Primary Community & Therapies Group (PCTG)

Quality & Safety Assurance Group

Terms of Reference

Policy Owner: Quality & Safety Improvement Manager
                       Primary Community & Therapies Group

Policy Approved By: PCTG Board
                       Primary & Community Services

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caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are **friendly, helpful** and **attentive**. We **welcome others** with a smile. We **see people as individuals**. We do the right thing for every person and treat everyone with **dignity and respect**. We are **kind, compassionate, patient**, and **empathetic** to the needs of others.	We **communicate openly** and **honestly** and **explain things clearly**. We take time to **listen, understand** and **involve people**. We **value everyone's contribution** and we work with our partners to join things up for people. We are **open to, and act on, feedback**. We **speak up** if we are concerned.	We keep people **safe** and provide an **efficient** and **timely** service. We are **professional** and **responsible** and **hold ourselves and each other to account**. We **choose a positive attitude, seek out learning**, and **continually develop** our skills and services.
We won't ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won't let each other down, exclude or criticise people.	We won't accept second best or choose a negative attitude.

1 PURPOSE

The **Primary, Community & Therapies Group (PCTG) Quality and Safety Assurance Group** (the "Group") is a formal management group, established by the Group Nurse Director to discharge the responsibility of the PCTG Board in relation to quality and safety. The aim of the group is to manage clinical and quality governance, and associated risks, to achieve the best possible safety, experience, outcomes and clinical effectiveness for patients, their families, carers, and staff who interact with PCTG services including directly managed, contracted and commissioned services.

2 ROLE

The role of the group is to establish and effectively implement systems and/or processes in PCTG to:

- Receive assurance of clinical and quality governance across all PCTG services (including directly managed, contracted and commissioned), ensuring:
  - required standards are achieved;
  - investigations are commissioned and actioned where concerns about quality are identified;
  - staff are encouraged and able to deliver care that is safe, effective and of quality.
- Plan and drive continuous improvement, identifying, sharing and ensuring delivery of best-practice, identifying and managing risks to quality of care;
- Monitor the PCTG arrangements to implement the Quality and Safety Framework and quality priorities as set out in the annual plan/three-year plan
- Ensure a cohesive function link between Corporate Quality Groups and PCTG Board by providing timely and accurate that key critical clinical systems and processes are effective and robust. These systems will include, but are not limited to:
  - Incident management and reporting;

- Quality improvement;
- Quality care which is safe, effective with positive patient experience
- Compliance with the health and care standards;
- Learning from service user, staff and stakeholder experiences, and improving services as a result of feedback;
- Research and development;
- Maintaining clinical competence.

- Highlighting to the attention of the Senior Leadership Team and PCTG Board any urgent quality and safety matters requiring intervention and escalation to the Executive Board
- In exceptional circumstances e.g. National Pandemic the normal working of the Group and its ToR may be modified to reflect the circumstances at the request and agreement of the Health Board.

3. DUTIES

The Group will, in respect of its assurance role, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of PCTG responsibilities(including directly managed, contracted and commissioned services).

Quality and Safety Framework/Quality and Safety Priorities
- Ensure Quality and Safety mechanisms are operating effectively and consistently across the PCTG to implement the quality and safety framework; ensuring a cohesion with corporate quality priorities defined in the annual plan/three year plan;
- Monitor progress against the six domains of quality – safe, effective, patient centred, timely, efficient and equitable;
- Scrutiny of new risks and regular review of risks scored at 16+ in relation to PCTG services to ensure controls, mitigations and risk score are appropriate;
- Bring to the attention of the Senior Leadership Team, and the PCTG Board, any urgent quality and safety matters requiring intervention, and escalation to the Executive Board;
- The Group will seek service assurances that there is:
  o A consistent approach to quality
  o Continuous improvement of patient care and clinical outcomes
  o A reduction of the risk from concerns, as well as a commitment to learn from mistakes and share the learning across the PCTG
  o Assurance that the PCTG is well managed and compliant with regulatory requirements
  o Engaged, sustainable and skilled workforce which aims to provide excellent quality care

Internal/External Assurance
- Ensure that PCTG services operates in compliance with external regulations
- Monitor progress against external and internal assurance reports or improvement reviews/notices and action plans, in relation to clinical or quality governance, resulting from external assessors
- Ensure there is an appropriate mechanism in place for action to be taken in response to clinical audit and recommendations of any relevant external reports;

Serious Incidents/High Risk Cases/Patient Experience
- Ensure systematic sharing of information and support learning from serious incidents, feedback and other forms of quality intelligence;
- Review high risk cases, serious incidents or high risk complaints, including the root cause analyses and any other serious issues, provide scrutiny and oversee responses and action plans. Where relevant, these will be escalated to the PCTG Board;
- Oversee processes to ensure appropriate action is taken in response to adverse clinical incidents, complaints and litigation and examples of good practice are disseminated within PCTG, the health board and beyond if appropriate;
- Assure there are processes in place to safeguard children and adults;
- Agree the annual patient experience plan and monitor progress, ensuring up to date and real time data is available;
- Identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey and ensure appropriate action is taken;
- Monitor trends in complaints received by PCTG and commission actions in response to adverse trends where appropriate;

Health and Care Standards
- Monitor performance and achievements against Health and Care Standards and look for evidence that risks to compliance have been assessed and appropriate actions are in place to address identified gaps/concerns;

Compliance/Governance
- Monitor compliance with relevant licensing standards, and clinical standards and guidelines including but not limited to NICE guidance and guidelines
- Advise the PCTG Board of significant risk or governance issues and action that needs to be taken to improve performance results;
- Oversee the implementation of the metrics and dashboards to monitor quality and safety in terms of clinical outcomes, patient safety, effectiveness and experience, and expected levels of performance;
- Promote a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the health board's policy;
- Direct PCTG services to take specific corrective actions to ensure safety and quality is maintained;
- To liaise with the Risk Management Group, PCTG Health & Safety Group and any other group when necessary to ensure connectively;
- Receive assurance of the quality and safety arrangements for commissioned and contracted services

4. MEMBERSHIP
- The following shall be members of the Quality, Safety and Patient Experience Group:

  - o Group Dental Director (Chair)
  - o Group Nurse Director (Vice Chair)
  - o Clinical Director of Therapies
  - o Heads of Service, Nursing
  - o Head of Service, Audiology
  - o Head of Service, Primary Care

- o Dental Clinical Director for Quality and Service Improvement
- o Head of Service, Speech and Language Therapy
- o Head of Service, MCAS, Podiatry, Persistent Pain and Orthotics
- o Head of Service, Nutrition and Dietetics
- o Head of Service, Occupational therapy
- o Head of Service, Physiotherapy
- o Head of Integrated Community Services
- o Quality and Safety Improvement Manager
- o Urgent Primary Care Manager

- Members are expected to attend at least 7 of the 12 meetings within any twelve (12) month period. A nominated deputy may attend to make up the quorum. The chair will follow up any issues related to the unexplained attendance of members. Should non-attendance jeopardise the functioning of the group, the Chair will discuss the matter with the member and if necessary seek a substitute or replacement.
- Members are asked to nominate a deputy to attend a meeting if they are unable to personally attend.
- The following shall be required to attend by standing invitation of the Chair to provide specialist advice to the Group:
  - o Assistant Director of Health and Safety / Health and Safety Manager
  - o Health Board Estates Team / Primary and Community Estates Manager
  - o Emergency Planning and Business Continuity Lead
  - o Internal Auditor
  - o Representatives from shared partnerships may be invited to attend meetings when shared quality and safety issues are to be discussed
- With the approval of the chair, other persons may be asked to attend meetings from time to time for a specific purpose.
- The group shall invite appropriate partnership representatives, including a staff side representative for the relevant site to attend the group when necessary.
- The chair of the group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items.

8. QUORUM
The quorum of the group is six members and must include:
- o The chair or vice chair;
- o A member of the governance team;
- o Three service representatives;
- In the absence of the Chair of the Group, the Vice Chair will chair the meeting.

10. FREQUENCY
The group will meet monthly, a fortnight before the PCTG Board in order to ensure timely reporting.

11. AUTHORITY
- The PCTG Quality and Safety Assurance Group is authorised to discharge the duties set out in these terms of reference within the authority delegated to the individual members, both in the scheme of Delegation, and from time to time by the PCTG Board as recorded in the minutes of meetings.

- The functions and actions of the group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations. Individuals remain responsible for their duties and accountable for their actions.
- Although the PCTG Board has delegated authority to this committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The group is directly accountable to the PCTG Board for its performance in exercising the functions set out in these terms of reference.

12. REPORTING
- The Quality and Safety Assurance Group will receive reports from:
    - Nursing and Community Quality & Safety Group
    - GMS, Optometry and Pharmacy Quality & Safety Group
    - Oral Health Quality and Safety Group
    - Therapies and Audiology Quality & Safety Group
    - Controlled Drugs and High Risk Medicines Group
    - Cross Service Prison Action and Improvement Plan Meetings
    - Safeguarding Adults and Children
    - PCTG Infection, prevention and control meetings
    - PCTG pressure ulcer scrutiny panel meetings
    - PCTG Health and care standard submissions
- The Quality and Safety Assurance Group must submit a written report following the meetings of the group to PCTG Board, including the annual approval of its terms of reference.
- Reports will also be submitted to the following corporate sub-groups, dependent on the terms of reference of the groups:
    - Quality Priorities Programme Board
    - Patient and Stakeholder Experience Group
    - Patient Safety and Compliance Group
    - Patient Outcomes and Clinical Effectiveness Group
- Action notes and records of discussions will be made.
- The group will consider any issues referred from the PCTG Board.

13. SUB-GROUPS
- The sub-structure of the Quality and Safety Assurance Group is set out in appendix one and includes sub-groups focussing on areas of professional speciality, which includes Nursing and Community, Contracted Services, and Therapies and Audiology.
- In addition, given the key focus being given to infection prevention and control, this PCTG group will also report directly to the Quality and Safety Governance Group. Where necessary, it will commission deep dives or reports from specific areas of a sub-group's remit.

14. ESCALATION
- In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario, the chair is required to escalate the matter to the Group Directors and Senior Management Team for escalation to executive director immediately.

- In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario, the service group medical and/or nurse director must include it on the service group risk register if appropriate.
- There will be circumstances whereby the group may wish to consider escalating an issue to the PCTG Board or Management Board. If such an instance arises, then the chair of the group must discuss Service Lead to arrange for a written report setting out the issue, and the actions taken to resolve/mitigate the risk/issue.

15. STANDING AGENDA ITEMS

The administration will operate a forward planner to schedule agenda items during the year. The following items shall be received and reviewed by the group:
- Patient and stakeholder stories
- Risk and assurance – to include:
  - Scrutiny and approval of new risks
  - Confirm controls, mitigations and scoring of risks scored 20 or higher.
- Patient outcomes and clinical effectiveness
  - Progress report on clinical audits
  - Learning from mortality reviews
  - Learning from nosocomial reviews
  - Patient reported outcome measures
- Patient safety and compliance – to include:
  - NICE guidance
  - HMP Swansea report on clinical governance and combined action plan,
  - Infection, prevention and Control reports
  - Pressure Ulcer reports
  - Safety alert compliance reports
  - Reports from external audits
  - Safeguarding children and adults
  - Information governance breaches
  - Health and care standards
- Patient and stakeholder experience – to include:
  - Incident performance, themes and learning
  - Serious incident investigations and
  - Monitor themes from complaints, ombudsman cases and claims for themes and to ensure appropriate actions are taken
  - Dissemination of learning
  - Monitor progress against the PCTG listen and learn from service users action plan
  - Monitor actions from independent audits
- Quality priorities – to monitor progress against action plans for corporate quality priorities defined in the annual plan/three year plan;
- Deep dives

16. SUPPORT

The group shall be supported by the Quality and Safety Support Officer, specifically with regard to secretarial duties, minute taking and administrative support.

Duties shall include:
- Agreement of the meeting agendas with the chair of the group;

- Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;
- Enforcing a disciplined timeframe for agenda items and papers, as below:
  - At least 5 working days before each meeting, papers will be due;
  - At least 3 working days prior to each meeting, papers will be issued to all group members and any invited attendees;
- Advising the chair and the group about fulfilment of the terms of reference and related governance matters;
- Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within seven working days from the date of the last meeting;

The group will report 'key information' on a monthly basis, including any explicit issues the group agreed, with the PCTG Board.

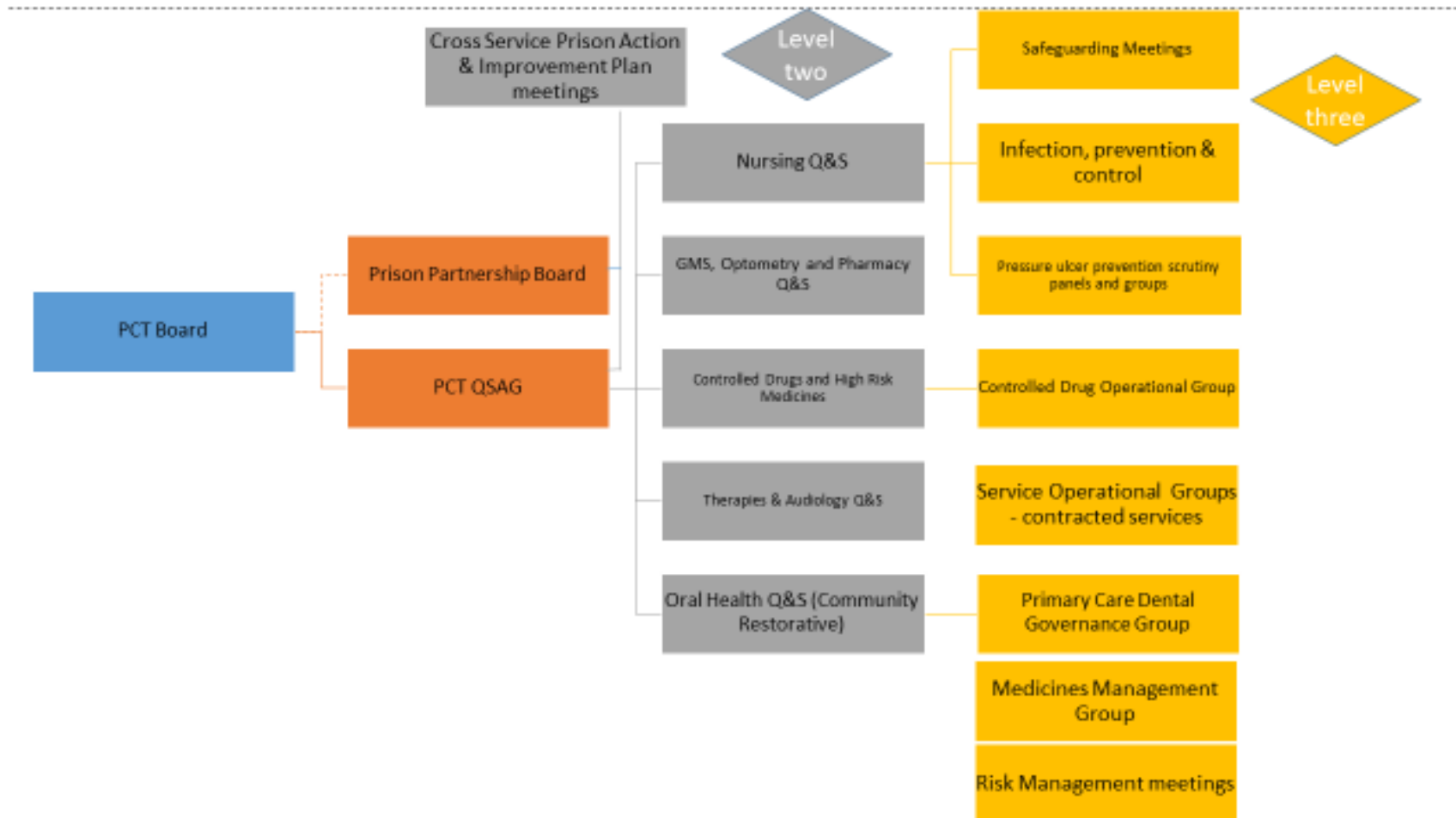Minutes of these meetings will be circulated to all group members.

Separate notices will also be issued, as required, on matters which may arise outside of the meeting of the group.

17. REVIEW OF TERMS OF REFERENCE
The group will monitor the effectiveness and working arrangements of these terms of reference annually.

Appendix 1 – PCTG Quality & Safety Assurance Reporting Structure

Appendix 2 – PCTG Reporting Templates

Level two Q&S meetings highlight report template

TBC

PCTG Board reporting template

TBC

Appendix 3 – PCTG QSAG Annual Workplan

To be inserted