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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	21st February 2019	Agenda Item	3.7
Report Title	Quality and Safety Committee Work Programme		
Report Author	Liz Stauber, Committee Services Manager		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Pam Wenger, Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline the proposed 2019-20 work programme for the Quality and Safety Committee.		
Key Issues	<p>Quality and safety is viewed by the board as one of the most significant risks the organisation holds. With the current challenges on finance, performance and quality and safety, these issues need to be addressed to enable the organisation to progress and improve.</p> <p>As part of reviewing the 2018 structured assessment by Wales Audit Office, there been some concern that the committee was not functioning as effectively as a board committee should. Over the past few months, it has benefitted from a new executive lead, which is an opportunity to develop the future remit of the committee. This proposed work programme will strengthen the governance arrangements.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> - NOTE the report; - APPROVE the work programme. 		

Quality and Safety Committee Work Programme

1. INTRODUCTION

The purpose of the report is to outline the proposed work programme for the Quality and Safety Committee.

2. BACKGROUND

Quality and safety is viewed by the board as one of the most significant risks the organisation holds. With the current challenges on finance, performance and quality and safety, these issues need to be addressed to enable the organisation to progress and improve.

As part of the 2018 structured assessment by Wales Audit Office, there was some concern that the committee was not functioning as effectively as a board committee should. Over the past few months, it has benefitted from a new executive lead, which is an opportunity to develop the future remit of the committee. This proposed work programme will strengthen the governance arrangements.

3. GOVERNANCE AND RISK ISSUES

While the majority of the reports on the previous year's work programme were standing items, there were a few which were standalone items or areas for action which have since been completed. These are as follows and it is proposed that they be removed from the 2019-20 iteration:

- Ward to board dashboard as this is now being implemented;
- Blood glucometry, for which the action plan is completed;
- DU report as the final report has now been received; and
- Patient recorded outcome measures and children and adolescent mental health services which were adhoc reports requested by the committee.

The committee has two regular reports from the clinical lead for integrated pharmacy; one relating to medicines management and the other in regard to controlled drugs. Given the operational nature and the work being undertaken to re-establish the remit of the Quality and Safety Forum, it is suggested that these now fall part of the forum's remit, and updates be relayed to the committee by way of its key issues report.

In addition to the Quality and Safety Forum, two other fora reported to the committee; the clinical outcome group and the health and care standards scrutiny panel. As these have now been stood down, they have been removed from the work plan, but consideration is needed as to how the committee will receive updates in relation to clinical audit.

Previously, it has been the norm for each delivery unit to attend once a year to present a patient story and an exception report. However this means the committee receiving updates only once every 12 months. As such it is proposed that a report be received from all the units at each meeting which they do not have to present, but should any issues arise, they be invited to the next meeting for further discussion. A patient story would still be expected from the relevant unit.

Finally, following a review of the function of the Workforce and Organisational Development (OD) Committee, it was agreed that all workforce related issues be added to that work programme rather than divided across other sub-committees. As such, the staff survey results and Nurse Staffing Levels (Wales) Act 2016 updates will no longer be received by the Quality and Safety Committee.

In addition to the public work programme, a separate schedule has been developed for the in-committee session.

4. FINANCIAL IMPLICATIONS

There are no financial implications to note.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report;
- **APPROVE** the work programme.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
							✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
			✓				
Quality, Safety and Patient Experience							
Quality and safety is an integral part of the governance structure.							
Financial Implications							
There are no financial implications.							
Legal Implications (including equality and diversity assessment)							
There are no legal implications.							
Staffing Implications							
There are no staffing implications.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - https://futuregenerations.wales/about-us/future-generations-act/)							
The development of a work programme for the Quality and Safety Committee will help shape the long-term governance arrangements for the health board.							
Report History	Standalone report						
Appendices	Appendix 1 – draft work programme.						



Quality and Safety Committee Work Programme 2018-19



	Lead	April	June	August	October	December	February
1. Patient Story	Service Directors						
2. Preliminary Matters							
Minutes of the Previous Meeting	Director of Corporate Governance						
Action Log	Director of Corporate Governance						
Work Programme	Director of Corporate Governance						
3. Quality							
Annual Quality Statement	Director of Nursing and Patient Experience						
4. Benchmarking, Learning and Quality Improvement							
Infection Control Report	Director of Nursing and Patient Experience						
Staying Healthy	Director of Public Health						
Safeguarding Report	Director of Nursing and Patient Experience						

Healthcare Quality Division Feedback Report	Director of Nursing and Patient Experience						
5. Clinical and Service Quality Compliance and Performance							
Quality and Safety Performance Report	Director of Nursing and Patient Experience						
Patient Experience (to include complaints and concerns)	Director of Nursing and Patient Experience						
6. Governance and Risk Management							
Terms of Reference	Director of Corporate Governance						
Committee Annual Report	Director of Corporate Governance						
Committee Self-Assessment	Director of Corporate Governance						
Unit Exception Report							
Board Assurance Framework/Corporate Risk Register	Director of Corporate Governance						
Report from Quality and Safety Forum	Director of Nursing and Patient Experience						
Internal Audit Update	Head of Internal Audit						
Ombudsman's Annual Report	Director of Nursing and Patient Experience						
Welsh Risk Pool Annual Report	Director of Nursing and Patient Experience						
EMRTS Clinical Governance	Medical Director						
External Inspections	Director of Nursing and Patient Experience						



Quality and Safety Committee In-Committee Work Programme 2019-20

	Lead	April	June	August	October	December	February
1. Preliminary Matters							
Minutes of the Previous Meeting	Director of Corporate Governance						
Action Log	Director of Corporate Governance						
Work Programme	Director of Corporate Governance						
2. Exception Reports							
Safeguarding	Director of Nursing and Patient Experience						
Patient Experience	Director of Nursing and Patient Experience						
Infection Control	Director of Nursing and Patient Experience						
Serious Incidents and Never Events	Director of Nursing and Patient Experience						
Sensitive Issues	Executive Directors						