

## QUALITY, SAFETY & EXPERIENCE

### SUB-COMMITTEE (QSESC) UPDATE REPORT

**Date of last meeting:** 15 July 2025

**Quoracy:** Met

**Report by:** Mr Mark Henwood, Vice Chair

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#### KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

**Alert<sup>1</sup>** (may require discussion)

The Quality, Safety & Experience Sub-Committee had no matters of which to **alert** the Committee.

**Advise<sup>2</sup>** (to monitor)

The Quality, Safety & Experience Sub-Committee wish to **advise** members of the Committee that:

- The progress to complete the actions and recommendations from the Ministerial Advisory Group report on NHS Wales Performance and Productivity was shared as part of the **Community and Integrated Medicine Clinical Care Group (CIMCCG) Report**. The report demonstrated the significant improvements required across the system but particularly in relation to Emergency departments (ED). Urgent quality improvement initiatives are underway to resolve the actions via the Accelerated Programme of Care Workstreams. An update on progress is being considered for presentation at the Integrated Quality Finance and Performance (IQFPD) Group meeting in August 2025.
- System General Managers have been asked to review outstanding actions for the **Getting it Right First Time (GIRFT)** recommendations for Emergency Medicine and submit a detailed plan outlining the trajectory for completion by 31 July 2025, in light of concerns raised regarding the 15 outstanding actions.
- Limitations in body storage capacity across the Health Board mortuaries was highlighted as part of the **Human Tissue Authority Assurance Group Update Report**. In response, Sub-groups are being established to explore and develop short, medium and long-term solutions to address these capacity challenges and to identify the associated financial implications for consideration by the Executive Team.

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<sup>1</sup> There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

<sup>2</sup> There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

- **Assure<sup>3</sup> (to note)**

The Quality, Safety & Experience Sub-Committee wish to **assure** members of the Quality, Safety & Experience Committee that:

- An overview of the newly established governance arrangements aimed at supporting effective monitoring of quality, safety and patient experience, particularly in relation to progress to meet the Duty of Quality, was presented for the following Clinical Care Groups during the meeting:
  - CIMCCG
  - Operational Allied Health Services (OAHSCCG)
  - Estates and Facilities (EFCCG)
  - Public Health Directorate (PHD)

Detailed reports were presented outlining the CCG's operational risks, incident trends, infection prevention and control metrics, compliance with Welsh Health Circulars, and data on complaints and claims, along with other aspects of the Safe, Timely, Equitable, Efficient, Evidence Based and Person Centred (STEEEP) domains. The key highlights discussed during the meeting included the following:

- The **Infection Prevention Control Steering Group** is considering an investigation to understand the recent reduction in community onset infections, in contrast to the continued levels of hospital onset infections reported via the CIMCCG.
- In response to the 'limited assurance' findings for the Standards of Cleanliness Audit and Health and Safety Regulations Audit, **EFCCG** has developed detailed action logs. A lessons learnt report will follow upon completion. Additionally, a meeting involving Assistant Directors of Nursing, Executive Leads, Infection Prevention Control (IPC) and **EFCCG** representatives is planned to strengthen business planning, review infection prevention and control governance arrangements and draft a plan for presentation at Executive Team.
- The **Public Health Directorate** reported significant changes to the routine childhood vaccination schedule and to the selective hepatitis programme, effective from 1 July 2022, with further amendments planned from 1 January 2026. These changes are designed to optimise the protection for children and align with current public health priorities.
- A comprehensive review of current provision and access options has been undertaken to inform service improvements for future **workforce flu vaccinations**.
- Challenges related to staffing deficits within Facilities, which have been reported as impacting patient **nutrition and hydration**, are being scoped. An **urgent** improvement plan is being developed collaboratively between the Dietetics and Facilities teams.

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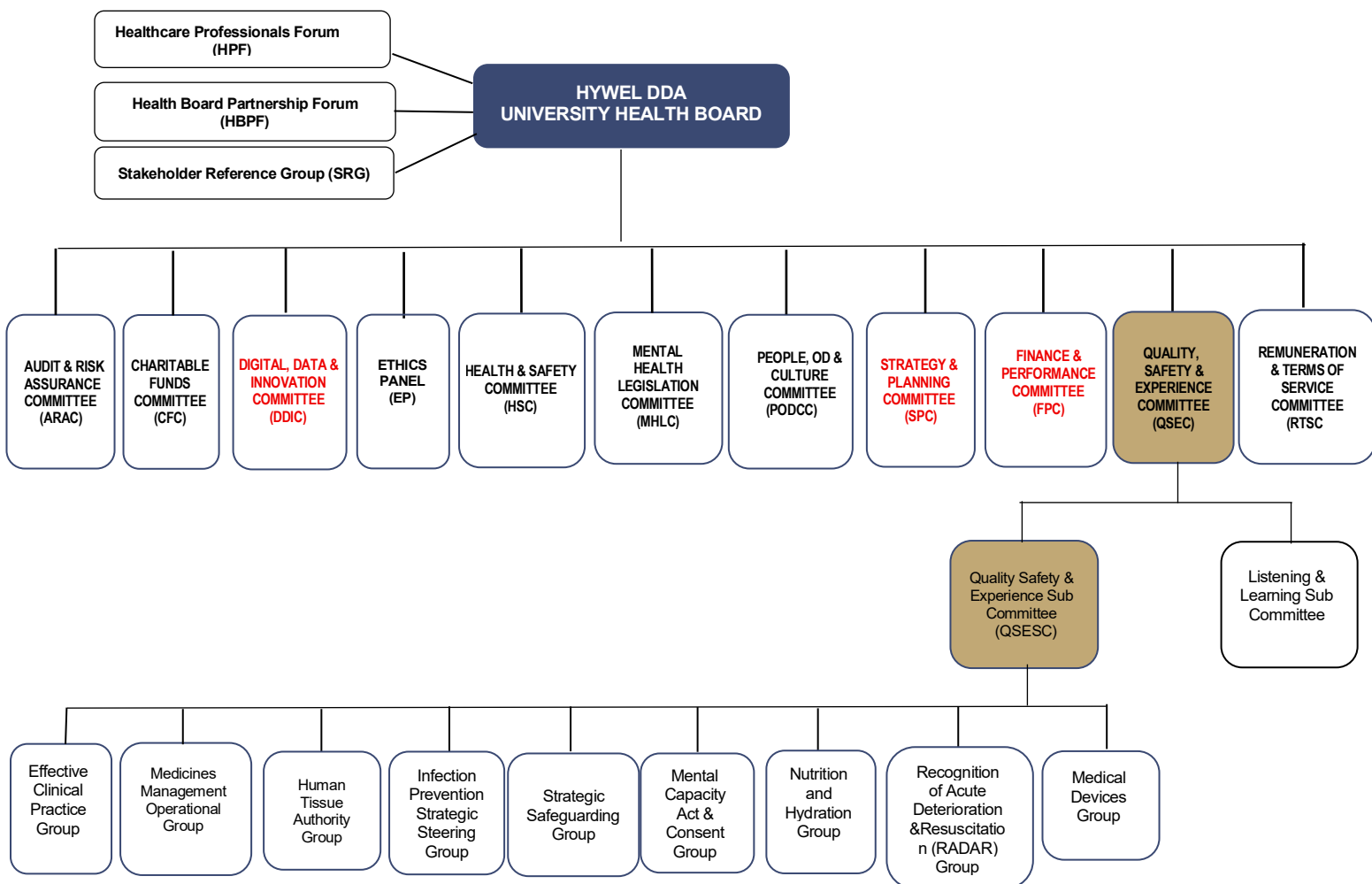
<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- As the meeting was not quorate and minor amendments to the Membership were identified, it was agreed that the Sub Committee's **Terms of Reference** would be updated and circulated for approval via Chair's Action. Proposals aimed at strengthening and streamlining quality and safety governance arrangements across both the operational and the assurance functions of the Health Board are currently under consideration by the Executive Team, ahead of presentation to QSEC for approval.

### **Recommendation**

The Quality, Safety & Experience Committee is asked to:

- Approve the Quality, Safety & Experience Sub-Committee Terms of Reference.
- Note the 'advise' items and receive assurance from the 'assure' items.



**QUALITY, SAFETY & EXPERIENCE SUB-COMMITTEE**

**DRAFT TERMS OF REFERENCE**

Version	Issued to:	Date	Comments
V0.1	Quality, Safety & Experience Assurance Committee Workshop	29.05.2018	
V0.2	Operational Quality Safety and Experience Assurance Sub Committee	10.07.2018	Approved
V0.3	Operational Quality Safety and Experience Assurance Sub Committee	20.09.2018	Approved
V0.4	Quality, Safety & Experience Assurance Committee	16.10.2018	Approved
V0.5	Operational Quality Safety and Experience Assurance Sub Committee	24.01.2019	Approved
V0.6	Quality, Safety & Experience Assurance Committee	05.02.2019	Approved via Chairs Action 28.03.2019
V0.7	Operational Quality Safety and Experience Assurance Sub Committee	03.09.2020	Approved
V0.8	Quality, Safety & Experience Assurance Committee	06.10.2020	Approved

V0.9	<b>Operational Quality Safety and Experience Sub Committee</b>	06.07.2021	Approved
V0.9	<b>Quality, Safety &amp; Experience Committee</b>	10.08.2021	Approved
V10	<b>Operational Quality, Safety and Experience Sub Committee</b>	02.11.2021	Approved
V10	<b>Quality, Safety, Experience Committee</b>	07.12.2021	Approved
V11	<b>Operational Quality, Safety and Experience Sub-Committee</b>	06.07.2023	Approved
V11	<b>Quality, Safety, Experience Committee</b>	08.08.2023	Approved
V12	<b>Operational Quality, Safety and Experience Sub-Committee</b>	14.05.24	Approved
V13	<b>Quality, Safety and Experience Committee</b>	11.06.2024	Approved
V14	<b>Quality, Safety and Experience Committee</b>	15.08.2024	Approved
V15	<b>Quality, Safety and Experience Sub Committee</b>	06.08.2025	Approved via Chair's Action
V15	<b>Quality, Safety and Experience Committee</b>	14.08.2025	For Approval

## 1. Constitution

- 1.1 The Quality, Safety & Experience Sub-Committee has been established as a Sub-Committee of the Quality, Safety & Experience Committee and constituted from 1 September 2024, replacing the Operational Quality, Safety & Experience Sub-Committee. From June 2018 the Operational Quality, Safety & Experience Sub-Committee replaced the Primary & Community Services Quality, Safety & Experience Sub-Committee. From September 2020, the Operational Quality, Safety & Experience Sub-Committee subsumed the Mental Health and Learning Disabilities Quality, Safety & Experience Sub-Committee.

## 2. Purpose

- 2.1 The Quality, Safety & Experience Sub-Committee will, as delegated by the Quality, Safety and Experience Committee, monitor the **operational** quality, safety and experience governance arrangements ~~Acute, Mental Health & Learning Disabilities and Primary and Community services~~. In doing so, the sub-committee will hold services accountable for the management and mitigation of those quality and safety issues, thus allowing the Quality, Safety and Experience Committee to be strategically focused and provide upward assurance to the Board.

## 3. Key Responsibilities

- 3.1 Aligned to the Duty of Quality and Health & Care Quality Standards, the sub-committee will monitor the quality, safety and experience of care delivered to patients. Data triangulation from the Quality & Safety and Performance Dashboards reviewed by the Quality Safety Intelligence Group (QSIG) will inform this alongside patient feedback, surveys and patient stories. Lack of assurance and resolution is escalated to the Integrated Quality, Planning, Finance and Delivery Group (IQPFD) to inform the Escalation and Directorate Improving Together processes and to Board via the Quality, Safety and Experience Committee.
- 3.2 Where re-directed by the Listening & Learning Sub-Committee, monitor concerns (incidents, complaints, and claims) ensuring that they are being managed in a robust and timely manner at service level, agreeing mitigating actions where required.
- 3.3 Request a deep dive report.

- When action plans following investigations into serious incidents and concerns and the identification of lessons learned breach the agreed timescales. Ensuring actions are completed in a robust and timely manner and seek assurance that learning is disseminated and embedded across all the Health Board's activities as appropriate.
  - To consider themes arising from triangulated information at service specific level and agree and monitor any action plans required to deliver improvements.
- 3.4 Ensure and monitor compliance with recommendations from external reviews and national guidance, including HIW, Royal Colleges, NICE, NSFs, National Confidential Enquiries, outcome reviews and national clinical audits and Health Board clinical written control documents.
- 3.5 Inform and monitor progress against agreed performance indicators in the Quality & Safety Dashboard and the Performance Dashboard as identified by QSIG.
- 3.6 Seek clarification and assurance on the management of operational risks that have been aligned to the Sub-Committee where the risk tolerance is exceeded or where there is a lack of timely action. Lack of assurance and resolution is escalated to the Quality, Safety and Experience Committee.
- 3.7 Aligned to the Domains of the Duty of Quality receive **Clinical Care Group Quality Assurance Reports** and ~~seek assurance on new elements of a directorate risk which requires consideration on a broader scale. Any risk escalated should clearly reference the risk as noted on the register.~~
- 3.8 Receive assurance from the Advisory Groups reporting to the Sub-Committee and consider how escalated issues are addressed/resolved.
- 3.9 Receive position reports on:
- Quality Impact Assessment Panel
  - Risk Register
  - Key Risks associated with preventing harm to patients determined through Triangulation of data.
- 3.10 Assure itself that clinical written control documentation, which falls within the remit of the Sub-Committee, has been adopted, developed, or reviewed in line with HDdUHB Policy 190 – Written Control Documentation prior to approving it.
- 3.11 Develop an annual work plan, responding to operational service priorities, consistent with the strategic direction for the organisation, for approval by the Quality, Safety and Experience Committee. Oversee delivery to improve the quality, safety and effectiveness of care delivered and enhance the patient experience.
- 3.12 Inform the work plans for Advisory Groups and vice versa.
- 3.13 Address any other requirements stipulated by the Quality, Safety and Experience Committee.
- 3.14 Agree issues to be escalated to the IQPFD Group.

#### 4. Membership

4.1 The membership of the Sub-Committee shall comprise:

Title
Executive Director of Allied Health Professionals and Healthcare Sciences (Chair)
Executive Medical Director (Vice-Chair)
Executive Director of Nursing, Quality and Patient Experience
Assistant Director of Nursing, Quality, Assurance and Safeguarding/ Head of Quality and Governance
Assistant Director, Legal and Patient Support
Associate Medical Directors from each Clinical Care Group
Deputy Medical Director – Acute Services
Deputy Medical Director – Primary Care & Community Services
Assistant Director of Nursing, Acute Services
Associate Medical Director, Quality & Safety
Deputy Director of Allied Health Professionals
Deputy Director of Health Science
Digital Director
Assistant Director of Public Health
Director of Midwifery
Clinical Director of Pharmacy and Medicines Management
Deputy Chief Operating Officer
Assistant Director of Workforce
Assistant Director of Assurance and Risk
County Directors
Senior Nurse, Infection Prevention
Representative from each Clinical Care Group (Assistant Director of Nursing)
Assistant Director of Primary Care
Chairs of Advisory Groups

4.2 The membership of the Sub-Committee will be reviewed on an annual basis.

## 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third of the membership, one of whom must be the Chair or Vice Chair of the Sub-Committee, together with representation from Clinical Professions (Medicine, Nursing, Allied Health Professionals and Health Sciences) and each Directorate/Care Group.
- 5.2 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.3 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.4 Should any officer member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.
- 5.5 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of specific matters.
- 5.6 internal experts on subject matters will be invited when required.

## **6. Agenda and Papers**

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Sub Committee members. Following approval, the agenda and timetable for request for papers will be circulated to all Sub Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within two days of the meeting. The minutes and Table of Actions will be circulated to the Chair within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next seven days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

## **7. Frequency of Meetings**

- 7.1 The Sub-Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Sub-Committee.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

## **8. Accountability, Responsibility and Authority**

- 8.1 The Sub-Committee will be accountable to the Quality, Safety & Experience Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Sub-Committee shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

## **9. Reporting**

- 9.1 The Sub-Committee, through its Chair and members, shall work closely with the Board's other committees, including joint /Sub Committees and groups to provide advice and assurance to the Board through the:
  - 9.1.1 joint planning and co-ordination of Board and Committee business; and
  - 9.1.2 sharing of information;

- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Sub-Committee may, subject to the approval of the Quality, Safety & Experience Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive an update following each group's meetings detailing the business undertaken on its behalf. The following groups have been established:
- 9.3.1 Recognition of Acute Deterioration and Resuscitation Group
  - 9.3.2 Nutrition and Hydration Group
  - 9.3.3 Mental Capacity Act and Consent Group
  - 9.3.4 Medical Devices Group (including Point of Care Testing and Ultrasound Governance)
  - 9.3.5 Strategic Safeguarding Group
  - 9.3.6 Infection Prevention Strategic Steering Group
  - 9.3.7 Human Tissue Authority Group
  - 9.3.8 Radiation Protection Group
  - 9.3.9 Effective Clinical Practice Group
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety & Experience Committee on the Sub-Committee's activities. This includes the submission of Sub-Committee update report, as well as the presentation of an annual report within 6 weeks of the end of the financial year.
  - 9.4.2 Bring to the Quality, Safety & Experience Committee's specific attention any significant matters under consideration by the Sub-Committee.
  - 9.4.3 Bring to the Integrated Quality, Finance, Planning and Delivery Group's attention any significant matters arising from the quality metrics or matters discussed at the Sub-Committee.

## **10. Secretarial Support**

- 10.1 The Sub-Committee Secretary shall be determined by the Director of Corporate Governance /Board Secretary.

## **11. Review Date**

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Quality, Safety & Experience Committee.