Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Listening and Learning Sub-Committee
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Paul Newman, Chair
Cyfnod Adrodd: Reporting Period:	December 2021

Materion Ansawdd, Diogelwch a Phrofiad:
Quality, Safety & Experience Matters:

The Sub-Committee reviewed a number of presentations and individual cases from across the concerns agenda and public services ombudsman investigations. The main theme of the meeting was learning disability services.

Revised Terms of Reference

The Revised Terms of Reference, as agreed by the Sub-Committee on 1st December 2021, are presented to the Quality, Safety and Experience Committee for approval.

Patient Experience Story

James is a Learning Disability Champion for the Health Board and he described his journey from attending a jobs fair and then being seconded to Pembrokeshire People First. James became a member of the Dream Team, who are a group of people with learning disabilities that work with the service managers across the three counties. James feels that the approach by the Dream Team has empowered people with learning disabilities and also given confidence to the management team in their decision making. Through co-production, people can be full partners.

Shaun supports his brother who has a learning difficulty. He helps with appointments, such as dental appointments, as it is hard for his brother to understand what is being said; he may mishear words or sentences, or understand general conversation. James said he brought an extra pair of ears as he was able to understand and listen and prompt where needed. He keeps a full record of this information, as his brother can quickly forget. The story emphasised the importance of having support at appointments to help patients understand and recall information.

Public Services Ombudsman for Wales

Public Interest Report – Positive Behaviour Service

The public interest report of the Public Services Ombudsman was received, regarding provision of positive behaviour services to children and young people.

This report had also been presented to the Public Board in November 2021. The Sub-Committee was requested to provide assurance against the action plan.

Assurance was received that the actions would be achieved within the agreed timescales. An update against the review of child psychology services would be discussed at the next Sub-Committee meeting.

The Sub-Committee discussed concerns regarding the mainstream funding arrangements following ICF/Pilot funding. The Chair noted the importance of ensuring that sufficient monitoring and oversight arrangements are in place for such projects/services, in order that any issues with the sustainability of a project which would affect continuity of care and patient experience can be flagged and escalated in an appropriate way. It was agreed to highlight this matter as a risk to the Quality, Safety & Experience Committee.

Legal Services Update

Provision of Learning Disability Placement beds

The Sub-Committee received an update on Court of Protection cases, which highlighted the continued risk associated with the shortage of Learning Disability beds. There were reported increasing challenges in securing low and medium secure beds. Due to high demand for beds, service providers are choosing less challenging cases making placement very difficult. The patients presented with risks of assault, risk of absconding, and the Crown Court was continually expressing heavy dissatisfaction with the situation, despite the Health Board's best efforts to secure a bed. It was agreed to highlight this matter as a risk to the Quality, Safety and Experience Committee.

Visual Monitoring of Patients who Lack Capacity

The Sub-Committee noted the findings of a legal case, which resulted in the removal of a visual monitor in the community against expert clinical advice and expert witness. Consideration of visual monitors, in any setting should be subject to a best interests discussion, for any patient who lacks capacity.

Since this discussion at the Sub-Committee, a more recent Court case resulted in findings that the Health Board had acted unlawfully. It is necessary that the learning from this event is fed back across those who are or may be assisting patients lacking capacity throughout the Health Board – both inpatient and community. The Judge found:

- *No best interest process was followed prior to the installation of the visual monitor*
- *There is no clear evidential basis that the visual monitoring system should ever have been installed.*
- *The visual monitor is hugely intrusive and remained in place for 4 years and 4 months.*
- *No steps were taken to obtain any lawful authorisation for P's deprivation of liberty for over 6 years. As a joint commissioner, the Health Board should have considered making an application to the court.*

The case highlights the following points:
(a) The decision to put in place monitors for those lacking capacity on that issue should be subject to best interests considerations and should be kept under review.

(b) For those in the community, it is not enough to refer to Local Authority colleagues despite them paying for the greater share of the funding. Active steps have to be taken by Health Board staff through the legal services team where appropriate to ensure that the proper legal framework is in place.
(c) For those who are inpatients, consultation should be had with the Mental Capacity Act team at the earliest possible stage.
(d) That a review of commissioning arrangements for current and potential impact should be undertaken.

Failure to adhere promptly and thoroughly to the above measures is likely to lead to the Health Board being found to have acted unlawfully and claims for damages and declarations will follow.

It was agreed to highlight this matter as a risk to the Quality, Safety and Experience Committee.

Risgiau:
Risks (include Reference to Risk Register reference):

As discussed above, the Sub-Committee has identified the following risks:

a) Ensuring sufficient monitoring and oversight arrangements are in place for all short-term funded projects, when lack of sustainability will impact on continuity of care and patient experience.
b) Lack of Learning Disability Placement Beds, which is an ongoing but increasing challenge in meeting patient need and compliance with court orders, despite the Health Board's best efforts.
c) Ensuring appropriate best interest decisions are taken involving use of visual or other monitoring aids, for patients who lack capacity and ongoing commissioning arrangements carefully considering monitoring and assurance arrangements for all funded placements.

Gwella Ansawdd:
Quality Improvement:

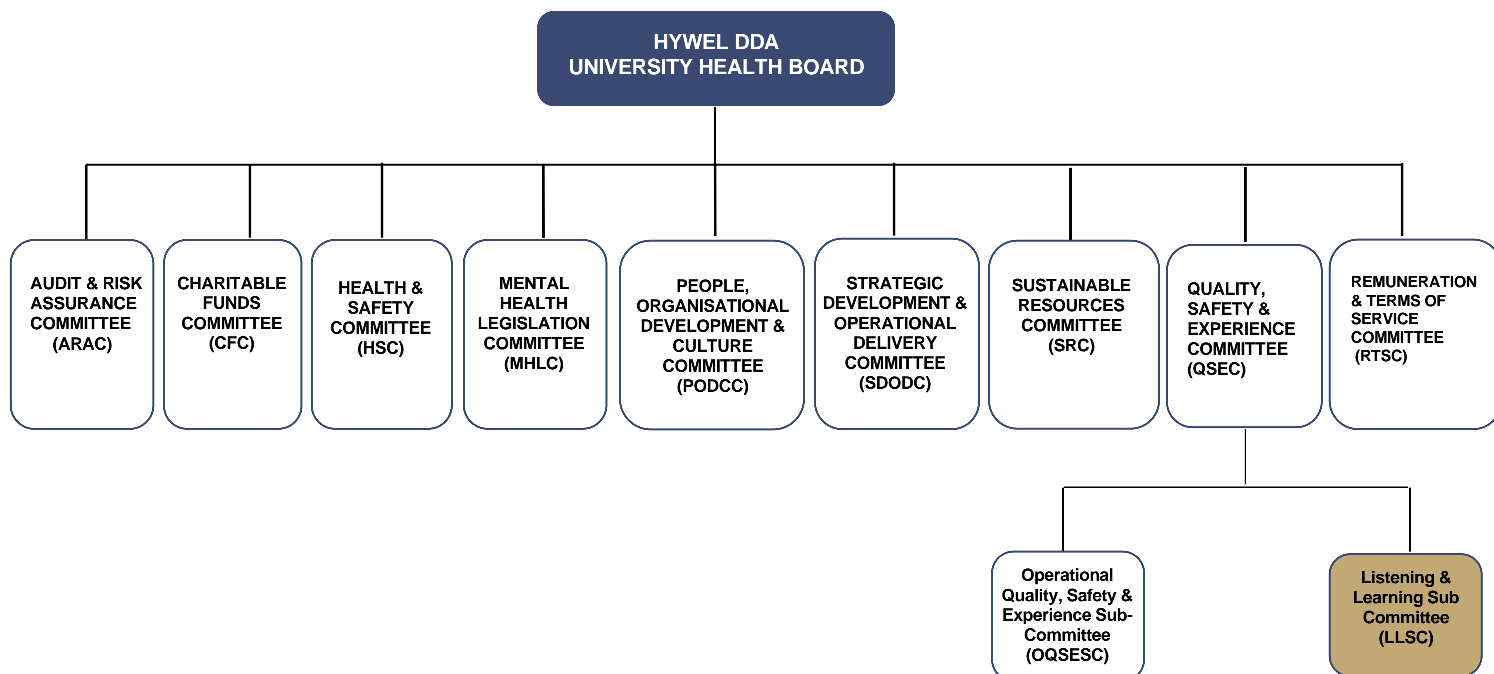
The actions for quality improvement have been identified as:
- Follow up and action of test results
- Improvements in relation to communication and DNACPR policy

Argymhelliad:
Recommendation:

- Decision, the Quality, Safety and Experience Committee is asked to consider and approve the revised Listening & Learning Sub-Committee terms of reference (see attached).
- Discuss whether the assurance and actions taken by the Sub-Committee to mitigate the risks are adequate.

Dyddiad y Cyfarfod Pwyllgor Nesaf:
Date of Next Sub- Committee Meeting:

2nd March 2022



Listening and Learning Sub-Committee

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Listening and Learning Sub-Committee	3/6/2020	Approved
V0.1	Quality, Safety and Experience Assurance Committee	9/6/2020	Approved
V0.2	Listening and Learning Sub-Committee	7/7/2021	Approved in Principle
V0.2	Listening and Learning Sub-Committee	1/12/2021	Approved
V0.3	Quality, Safety and Experience Committee	8/2/2022	For Approval

1. Constitution

The Listening and Learning Sub-Committee has been established as a Sub-Committee of the Quality, Safety and Experience Committee (QSEC) and constituted from June 2020.

2. Purpose

2.1 The Sub-Committee will provide clinical teams across the Health Board with a forum to share and scrutinise learning from concerns arising from the following, and to share innovation and good practice:

- Complaints;
- Incidents and near misses;
- Inquests;
- Claims;
- Clinical Audit;
- Patient Stories and experience feedback;
- Appreciative Inquiry – Compliments
- Staff related Incidents & Speaking up Safely
- Mortality Reviews
- Surveys;
- Audit Wales and Internal Audit Reports;
- External reports e.g. CHC
- Fundamentals of Care Surveys;
- National Audit Reports;
- Learning from national agencies, e.g. NPSA.

2.2 The Sub-Committee will also provide a forum to promote changes and innovations to service delivery and ensure that best practice is shared and areas of concern are highlighted and communicated to the responsible officer or Board Committee/Working Group.

2.3 The Sub-Committee is responsible for triangulating data, and identifying themes/emerging trends.

2.4 The Sub-Committee will identify learning points and changes to practice evolving from investigation and review of concerns, and identifying themes and trends arising out of this work. This will help provide the Health Board with assurance that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management. It will also provide a platform for the data streams from the many patient experience mechanisms to be reviewed to ensure that any learning or suggestions and changes can be considered and contribute to any changes to practice and service developments.

2.5 The Sub-Committee will work closely with the lead officers for quality improvement, ensuring feedback on themes and areas of good practice/ areas for improvement inform the quality improvement programme.

2.6 The Sub-Committee will receive quarterly reports on the patient experience programme update

3. Key Responsibilities

3.1 Ensure that the learning from the investigation of concerns (incidents, complaints and claims, health and safety incidents) is shared with and communicated with clinical teams across the Health Board

3.2 Ensure that the patient experience informs the evaluation of known or emerging concerns or challenges with clinical services, and solutions to improve the quality and safety of the services provided by the Health Board.

3.3 To provide a safe and open forum for peer review and support for the investigation processes and recommendations or learning arising from this work.

3.4 Identify themes and trends from feedback, external reviews and through other patient experience mechanisms such as surveys and patient stories. These will be represented by speciality, ward, clinical area, directorate and hospital.

3.5 Request 'deep dive' reviews into any areas of concern highlighted by the review of emerging themes/trends. Escalate any immediate areas of concern to the relevant group/committee or senior staff, as appropriate.

3.6 Consider actions that have been or are proposed to be implemented following investigations into concerns and consider where actions can be shared with other services to ensure that best practice and improvements to the quality and safety of patients and learning is disseminated across the Health Board.

3.7 Receive assurance on development of lessons learnt actions plans following external review, such as PSOW; HIW; Audit, CHC, and a compliance check review process, to ensure ongoing monitoring and implementation.

3.8 Seek assurance reports from relevant partnerships, and consider the actions required in relation to any issues identified.

3.9 Agree issues to be escalated to Directorate and Health Board Governance and Assurance Committees with suggestions for action.

4. Membership

4.1 The membership of the Sub-Committee shall comprise:

Title
Core Membership
Independent Member (Chair)
Deputy Medical Director (Acute Services)
Associate Medical Director (Primary Care & Community)
Associate Medical Director (Quality and Safety)
Assistant Director (Legal Services/Patient Experience) (Lead Officer)
Assistant Director of Nursing (Quality Improvement/Service Transformation)
Assistant Director of Nursing (Operational Nursing & Quality Acute Services)
Clinical Director, Therapies
Assistant Director of Therapies and Health Science
Senior Member Triumvirate Team (all directorates) & Link to Quality/Governance meetings
Head of Quality & Governance
Head of Complaints and Resolution Management
Head of Legal Services/Solicitor (or Deputy)
Head of Patient Experience
Head of Health, Safety & Security
Head of Culture and Workforce Experience
Clinical Effectiveness Manager
Service representatives – invited according to agenda
Workforce & OD – Relationship Management Team
Clinical Leads (appropriate agenda items)
Head of Engagement and Transformation

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

5. Quorum and Attendance

5.1 A quorum shall consist of a minimum of 6 members, one of whom must be the Chair or Vice Chair.

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 Should any officer member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.

5.4 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 particular matters.

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, fourteen days before the meeting date.

6.2 The agenda will be based around the work plan and action log from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all members.

6.4 The agenda and papers for meetings will be distributed seven days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **five** days to check the accuracy.

6.6 Members must forward amendments to the Secretary within the next five days. The Secretary will then forward the final version to the Chair for approval.

7. Frequency of Meetings

7.1 The Sub-Committee will meet bi-monthly and shall agree an annual schedule of meetings.

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 and Experience Committee for its performance in exercising the functions set out in these terms of reference.

8.2 The Sub-Committee shall embed the UHB'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 UHB'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 Directorate Governance Committees, to provide evidence of learning, assurance and emerging clinical risks to the Board through the:

9.1.1 Timely reporting of emerging trends, themes and hotspots
9.1.2 Sharing of learning from concerns and best practice

9.2 In doing so the work of the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuing that all sources of assurance are incorporated.

9.3 The Sub-Committee may establish groups or task and finish groups to carry out focused time sensitive pieces of work based on the assessment of data and risk assessment.

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 Directorate Governance and Concerns meetings and to QSEC on the Sub-Committee's activities.

9.4.2 Bring any actual or emerging problems or clinical risks to the attention of Directorate Governance and Concerns meetings and to QSEC

10. Secretarial Support

10.1 The Secretary shall be determined by the Lead Officer of the Sub-Committee.

11. Review Date

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