

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Committee (QSEC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis, Independent Member
Cyfnod Adrodd/ Reporting Period:	16 th December 2022
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>Patient Story: The Committee received a patient story told by the patient's wife via an audio recording, who attended A&E with her husband. A number of concerns were raised following their attendance at A&E, including the inconsistent mask wearing of patients and staff, a lack of communication during their wait and feedback that the patient's mental health issues were not being considered. The Committee recognised the extent of the distress caused by this experience and sought assurance that measures were in place to improve communication in A&. Whilst acknowledging the sheer scale of pressure being faced by staff at the moment, the Committee noted that the story will be a useful learning tool to raise awareness in service provision for people with complex needs across the Health Board and agreed that further information could be shared on the Health Board's website regarding support for patients with complex needs. Members received assurance that a daily assessment of risk is undertaken by the Senior Nursing and Infection Prevention staff to ensure a balanced approach to PPE and that discussions are underway to explore how the Single Point of Contact service can be utilised to answer queries, address concerns or re-direct patients to an alternative service pathway if appropriate. Improvement-focussed meetings to address staff concerns are underway and, following a recent Healthcare Inspectorate Wales (HIW) inspection, further actions are being put in place including measures to improve communication with patients waiting to be seen. The Committee noted that the patient and his wife are being supported by the Patient Advice and Liaison Service and requested that an update on the HIW report following the recent inspection at A&E and the Community Health Council report and actions will be provided at the QSEC meeting scheduled for February 2023 and for this to be shared with the patient who provided their experience/story following the meeting.</p> <p>Corporate Risks Assigned to QSEC: The Committee received the corporate risks assigned to QSEC and noted with reference to Risk 1548 that a significant level of work has taken place in planning for the Industrial Action to maintain safe services during the Royal College of Nursing strike. The Committee expressed gratitude to the management teams across the organisation who are working hard to try and mitigate the risks relating to quality, safety and patient experience.</p> <p>Discussion took place regarding the challenges being faced at the Minor Injuries Unit (MIU), Prince Philip Hospital as raised in the Operational Quality, Safety and Experience Sub Committee Update Report, which has been managed via the Directorate Risk Register for some time. In response, the Director of Operations and Board Secretary undertook to discuss this with the Assistant Director of Assurance and Risk and provide feedback to the Committee.</p> <p>The Committee discussed Risk 1027: Delivery of integrated community and acute unscheduled care services and noted concern that the impact of the pressures on the standard of services provided will become normalised and requested assurance that staff feel confident and comfortable escalating concerns if standards are not being met. Assurance was</p>	

provided by the Director of Operations that an Emergency Department Oversight Group has been established to discuss and address daily challenges and risks, performance measures and discuss patient experience and the quality of care. Engagement from medical colleagues has been forthcoming and the Executive Team feel assured that colleagues feel comfortable raising concerns and readily provide feedback and formal processes are in place to raise concerns and log incidents via the Datix system if required.

Winter Planning 2022/23 Update: The Committee received the Winter Planning 2022/23 Update, including an overview of the quality metrics which identify certain challenges being experienced and the initiatives underway to help improve the patient experience within the Urgent and Emergency Care (UEC) system. Examples of the key challenges include the acuity of patients presenting to the UEC, an aging population, workforce challenges and ambulance handover delays due to pressures. Members were pleased to note the development of a Directorate Harms dashboard which will be a useful tool to monitor and report high level quality metrics. The dashboard is routinely presented to the Executive Team and discussions are underway on how to progress integrated operational and management reviews as part of an 'Improving Together' initiative.

Quality Assurance Report: The Committee received the Quality Assurance Report providing an overview of quality and safety updates across the Health Board. The Quality Assurance and Safety Team continue to progress a review of each patient with nosocomial COVID-19 infection, with recruitment and accommodation challenges highlighted. It was noted that attempts are being made to increase the number of reviews being completed.

An unannounced HIW visit took place recently at A&E in Glangwili Hospital, with immediate assurance actions already underway. Concerns that were raised included the use of additional capacity surge bed and protecting patients' dignity and also the process for re-assessment and observations for patients following triage during an extended stay. Feedback was also received regarding children having a separate waiting area for Paediatric Care Unit assessment. Work is underway on assessing the associated risks and developing actions to mitigate the risks.

Members noted the positive steps undertaken to improve patient experience, such as providing access to hot meals and drinks for patients, and also highlighted the feedback regarding the kindness, caring and patience of staff and the team working ethos. It was noted that the inspection took place during a busy period and the positive comments were well received by colleagues. The draft report is expected in approximately 5 weeks' time. A media response and support for staff will be put in place.

Maternity Services: The Committee received an update from Maternity Services noting that the team at Glangwili Hospital recently received an unannounced inspection from HIW and the overall verbal feedback has been positive, with findings such as good governance arrangements observed, women and families receiving excellent care, staff feeling safe to escalate issues and concerns, and compassionate and accessible senior leadership. The Committee received assurance that an action plan has been developed to address the eight recommendations, with no immediate assurance requests received. The actions include steps to improve Performance Appraisal and Development Review's and medical training compliance and addressing delayed pain relief on the post-natal ward. Members noted that the feedback has had a positive impact on staff morale.

The Committee was pleased to note an increase in engagement in the Royal College of Midwifery survey, with no apparent themes identified. Previous themes which were highlighted within the survey earlier in the year have not been apparent in the most recent feedback. A number of initiatives are being taken forward to support staff, including the development of a Wellbeing Committee and progression of the People and Culture Team directorate-wide action plan within the service, to allow staff to feel joy and pride in the important service they provide.

The Maternity and Neonatal Safety Support Programme commenced in November 2022 to support learning from a number of key reviews, with no new themes emerging, therefore improvements initiatives are being explored based on local intelligence, and local champions have been recruited. The Committee were advised that local surveys are being produced to capture patient experience in Neo-Natal and Post-Natal care, with positive feedback received so far across the Health Board; these will be contributory in shaping services going forward.

The Committee received assurance from the positive feedback and developments in Maternity Services and expressed gratitude to Ms Katheryn Greaves, Head of Midwifery for exemplary leadership, which it was felt has been crucial to the progress

Infection Prevention Control Update: The Committee received an update on the Infection Prevention and Control (IPC) Healthcare Associated Infection Improvement Plan which has been developed in response to the increase in escalation status for Clostridium Difficile infection (CDI) which is applicable across Primary, Community and Secondary Care. Members were pleased to note the implementation of a dashboard in IPC, which will be a tool to identify hot spot areas based on data triangulation. The dashboard will be utilised to undertake targeted intervention where required and, although the dashboard shared with the Committee was not the final version, work is underway to finalise it and it will be helpful for improvement in IPC. The team is aware that across Wales there has been an evident correlation between COVID-19 Pandemic and hospital acquired infections, with four key areas of focus including targeted work to encourage hand washing, Antimicrobial Stewardship, environmental cleaning and patient isolation placement in hospital and the community. The Committee agreed to schedule routine updates from the IPC Team on the ongoing developments.

Infection Prevention Control Steering Group: The Committee received the Infection Prevention Control Steering Group Update and noted that a new Chair was appointed at the meeting held in September 2022 and that the Terms of Reference of the Group (Appendix 1) have been updated accordingly. The Consultant Practitioner for Infection Prevention now chairs the group, with other membership remaining unchanged.

'Y Lolfa' Alternative Care Unit Pilot, Glangwili Hospital: The Committee received an update on 'Y Lolfa' pilot in Glangwili Hospital which is a 15 bedded Alternative Care Unit created to support improving an individual's care by preventing deconditioning during hospital stay and accelerating discharge once identified as ready to leave hospital. The Unit has in place Registered Nurse oversight and team 'huddles' take place on a 24 hour basis to discuss steps for improvement and any learning opportunities. Members noted that the criteria for admission to the unit is strict, for Carmarthenshire residents who are medically-optimised, awaiting commencement of a domiciliary care package to support them in their return home. The Committee discussed the importance of partnership working with Social Services to avoid the Unit becoming backlogged with patients awaiting discharge. Highlighting the current Social Care challenges in Pembrokeshire, it was acknowledged that other areas in the Health

Board region will also need to be considered to ensure equity. Members acknowledged that the alternative care unit would not solve the wider system challenges and the Chair commented that ensuring HIW are confident regarding the regulatory and safeguarding processes in place will be essential.

Cancer Services Update: The Committee received an update from Cancer Services, highlighting the pathway backlog challenges due to the COVID-19 Pandemic in terms of demand and capacity. Sustainable progress is being made and the team are optimistic and confident that progress will translate into significant improvement, despite the fact that there are now 1298 more patients entering the pathway than in February 2020. The Chair, acknowledging that the backlog has never been greater for Cancer Services, asked whether data is being captured on prognosis, to ascertain the impact due to the delays in assessments. Highlighting the challenges in defining harm and how to capture the information in light of the wider context, the Committee agreed that it will be helpful for the Committee to receive a deep dive into Cancer Information Support Services to gain an insight into the impact the delays have had on individual patients which will be scheduled as part of the QSEC Work Programme.

Real Time Demand and Capacity Programme: The Committee received an update on the roll out plan of the Real Time Demand and Capacity (RTDC) programme in HDdUHB following the pilot success in Glangwili Hospital, highlighting the improvement in discharge times in hours. The approach uses a tool to identify key challenges to mitigate risks and facilitate hospitals to respond to changes in the environment which could be impacting upon discharge. Members noted key learning from the pilot, such as areas to improve engagement and ownership and ensuring alignment with the Transforming UEC Programme. An Allied Health Professionals (AHP) video was shared with the Committee which provides a summary of the key principles to ensure patients are discharged from hospital as efficiently and quickly as possible if appropriate. Communication and planning are key and the approach aims to optimise patient experience from the moment of admission. Members were advised that, as part of the enhanced monitoring actions, the RTDC will be built upon and implemented across all hospital sites as a tool to support the transforming UEC and will be supported by Improvement Cymru.

Critical Care Services: The Committee received an update on the temporary restricted level 3 access to Prince Philip Hospital since changes were implemented in August 2022. The workforce challenges continue which prevent rota sustainability. Since the changes were implemented, the Committee were advised that there have been a total of 11 patients transferred and the Standard Operating Procedure is in its final stages of development. Staff have continued to be engaged and well informed during the period with regular discussions with the team at PPH and meetings with the Senior Leads and Union. An update will be provided to Board in January 2023 and will include the safety metrics in place as part of the temporary revised model. Further conversations will take place regarding the Medium Term Plan; however, the current arrangements will be reviewed on a six monthly basis. The Committee expressed its gratitude to the staff across the service for their hard work and resilience in implementing the patient safety focussed revised temporary arrangements.

Planning Objective 5X Quality Management System: The Committee received an update on the developments of the Quality Management System (QMS) as a Health Board wide approach to achieving quality of care in a way that secures continuous improvement to adhere with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which

comes into force in Spring 2023. The QMS update includes four key components including Planning, Assurance, Control and Improvement focussed initiatives and an overview of the tools and what the changes will mean in practice for all staff was provided. Next steps will include developing a light weight, accessible document for the website which will include a diagram and hyperlinks to provide updates and work underway to develop the objectives by the end of the financial year.

Operational Quality, Safety and Experience Sub Committee (QQSESC): The Committee received an update from the QQSESC meeting held on 8th November 2022, highlighting ongoing risks due to operational pressures and workforce challenges, and the challenges being faced at the Minor Injuries Unit in Llanelli due to the high number of major injuries patients presenting to the department. Members were advised that discussions are underway between the Director of Primary Care Services and the Deanery to explore GP trainee placement at the Unit and that the Director of Nursing, Quality and Patient Experience has scheduled a visit to the MIU to discuss concerns with the team and develop an improvement action plan.

An inconsistency with Directorates providing Exception Reports to the Sub Committee was raised, which is being addressed by the Chair. Mrs Rayani acknowledged the feedback and explained that there are significant capacity challenges across a number of teams at present, which is impacting on reporting requirements. Members were assured that a discussion will take place with the Director of Operations to address the challenges and provide a timeline for improvement.

Listening and Learning Sub Committee: The Committee received an update from the Listening and Learning Sub Committee who received a presentation from a representative of another Health Board who had recently received a notification from the Health and Safety Executive (HSE). The HSE had concluded that the Health Board concerned had failed to act on learning from previous absconding incidents, which would have better protected a 74 year old patient who absconded and later died following a fall and fatal injury, due to icy weather. The Health Board was fined £850,000. A number of recommendations will be taken forward by HDdUHB in learning from the incident.

The Sub Committee had received an update from Legal and Risk Services, who provided a detailed presentation on personal injury related claims. Slips, trips and falls was the most significant theme within the claims received by the Health Board and an update on the Public Services Ombudsman for Wales report.

Strategic Safeguarding Working Group: The Committee received the key updates from the Strategic Safeguarding Working Group, highlighting significant levels of activity within the service due to the aftermath of the COVID-19 Pandemic. As part of the Violence against Women, Domestic Abuse and Sexual Violence statutory training requirement under the National Training Framework for strategic leaders, Members noted that Welsh Women's Aid have agreed to deliver bespoke Group 6 training to Health Board strategic leaders.

Discharge is the most prominent theme emerging from complaints and incidents, followed by standards of care. The hospital Heads of Nursing have been tasked with updating their action plans to address the ongoing issues related to discharge.

Highlighting the risks associated with the increase in activity as a result of an increase in Looked After Children (LAC) and movement of LAC in and out of the area which appears to be sustaining in the Health Board; together with delays in completing initial and review health

assessments to ensure their needs are identified and met, the Committee received assurance that resource is being explored to mitigate the risks.

Highlighting current pressures within the service, the Director of Nursing, Quality and Patient Experience undertook to raise awareness of the staffing capacity challenges at Executive Team, noting that the Head of Safeguarding has been working hard on the team's restructure in line with the Organisational Change Policy to maximise resource. Discussion will take place between the Director of Nursing, Quality and Patient Experience and the Head of Safeguarding to ascertain the gap in demand and capacity and discuss whether the risks require corporate level escalation via the Risk Register.

Enhanced Monitoring Group Update: The Enhanced Monitoring Working Group Update was circulated for information. Ms Lewis, as Chair of the Quality, Safety and Experience Committee, has attended the Working Group in an observational capacity and assured Members that touchpoint sessions are undertaken between the Chair of the Committee and the Director of Nursing, Quality and Patient Experience to discuss developments.

Welsh Health Specialised Services Committee Quality and Patient Safety Panel Report: The WHSSC QPS Joint Committee's Chair Report was circulated for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level approval.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues / Matters of Concern:

'Y Lolfa' Alternative Care Unit Pilot, Glangwili Hospital: Concern raised regarding 'Y Lolfa' becoming an extended ward area for patients awaiting discharge. Members acknowledged that the unit would not solve the wider system challenges and ensuring HIW are confident of the regulatory and safeguarding processes in place will be essential.

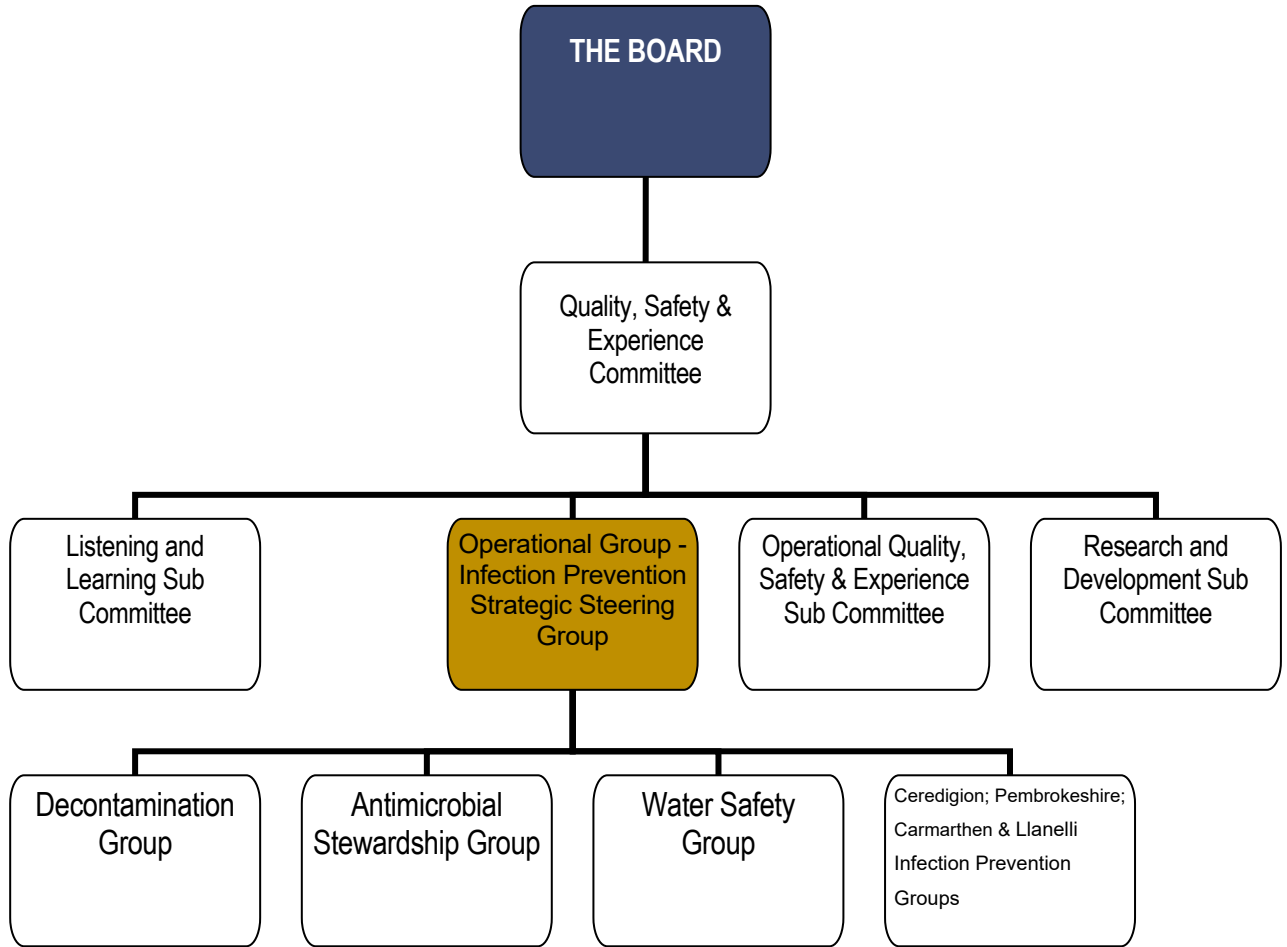
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

9:30am, 14th February 2023.



TERMS OF REFERENCE

INFECTION PREVENTION STRATEGIC STEERING GROUP

Version	Issued to:	Date	Comments
V1	Infection Prevention Strategic Steering Group	11 th June 2020	
V2	Infection Prevention Strategic Steering Group	4 th August 2020	
V3	Infection Prevention Strategic Steering Group	31 st May 2022	Approved with minor changes
V4	Infection Prevention Strategic Steering Group	1 st December 2022	

INFECTION PREVENTION STRATEGIC STEERING GROUP

1. Constitution

- 1.1 The Infection Prevention Strategic Steering Group (the Strategic Steering Group) has been established as an Operational Group of the Quality, Safety & Experience Committee and constituted from 11th June 2020.

2. Membership

- 2.1 The membership of the Strategic Steering Group shall comprise:

Title
Consultant Practitioner Infection Prevention (Chair)
Senior Nurse Infection Prevention (Vice-Chair)
Director of Nursing, Quality & Patient Experience
Director of Public Health (or representative)
Consultant Microbiologists
Assistant Director of Nursing
Advanced Nurse Practitioner for Infection Prevention
Deputy Medical Director
Assistant Director Operational Nursing & Quality, Acute Services
County Director Community Services
Mental Health & Learning Disabilities Representative
Clinical Director of Therapies
Directorate Nurse, Family & Child Health
Head of Operations
Decontamination Lead
Health & Safety Officer
Consultant in Communicable Disease Control
Public Health Nurse
Lead for Occupational Health
Clinical Pharmacy Lead for Patient Services Community
Senior Lead for Primary Care and Community Pharmacy Service
Head of Midwifery
Head of Dental and Optometry
Healthcare Epidemiologist
Antimicrobial Pharmacist

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice Chair of the Group.
- 3.2 Any officer of the Hywel Dda University Health Board (H DUHB) or from a partner organisation may, where appropriate, be invited to attend.

- 3.3 The Group may also co-opt additional independent 'external' experts from outside the organisation to provide specialist knowledge.
- 3.4 Should any member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 3.5 The Group 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.

4. Principal Duties

- 4.1 The purpose of the Infection Prevention Strategic Steering Group is to provide assurance to the Quality, Safety & Experience Committee around all matters relating to the prevention of infection.
- 4.2 The Strategic Steering Group will:
 - 4.2.1 Ensure that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in infection prevention and control.
 - 4.2.2 Oversee plans for the management of outbreaks within the Health Board or the community and monitor implementation.
 - 4.2.3 Ensure that measures are in place to promote sound clinical outcomes and consistent care across the health board, with staff and patient protection being a fundamental principle of its business

5. Operational Responsibilities

- 5.1 The Strategic Steering Group will, in respect of its provision of assurance/advice to the Quality, Safety & Experience Committee, ensure it:
 - 5.1.1 has an appropriate system for the development and monitoring of infection prevention and control in place across the Health Board
 - 5.1.2 has clear and established lines of responsibility and accountability for infection prevention
 - 5.1.3 has processes for continuously monitoring progress against national strategy and the NHS Delivery Framework
 - 5.1.4 has reporting arrangements in place which ensure that the Board, and the Quality Safety & Experience Committee are fully informed on the developments and risks related to infection prevention and control within the Health Board

- 5.1.5 takes all reasonable steps to prevent, detect and rectify irregularities or deficiencies in infection prevention and control
- 5.1.6 is implementing the infection prevention and control elements of the Health & Care Standards in Wales and the Code of Practice for the Prevention and Control of Healthcare Associated Infections
- 5.1.7 confirms the strategic direction for infection prevention across the Health Board
- 5.1.8 critically reviews external inspection reports, internal and external audits, national guidelines, etc, within the scope of the Strategic Steering Group, and considers action as required.
- 5.1.9 agrees actions which require escalation to other Quality, Safety & Experience Sub-Committees (as appropriate)
- 5.1.10 develops meaningful measures to report in to the Quality Dashboard.
- 5.1.11 develops policies, guidelines and Standard Operating Procedures within the scope of the Strategic Steering Group to recommend for approval to the Clinical Written Control Document Review Group
- 5.1.12 develops an annual Infection Prevention work plan addressing operational priorities, consistent with the strategic direction of the organisation, with input from the Operational & MHLD Quality, Safety and Experience Sub-Committees, and monitors delivery, agreeing mitigating actions where required
- 5.1.13 reviews the aggregated analysis of adverse events, infection related safety incidents, complaints, claims and litigation within the scope of the Strategic Steering Group, to identify common themes or trends to address
- 5.1.14 reviews and monitors items pertaining to infection prevention on the Risk Register
- 5.1.15 discusses and endorses a plan for the management of outbreaks in the Health Board and monitors its implementation
- 5.1.16 discusses and endorses a plan for the Health Board's response to major outbreaks in the community and monitors its implementation
- 5.1.17 ensures a system is in place to receive and monitor bi-monthly reports relating to compliance with the appropriate standards of healthcare ventilation, decontamination standards, and water safety standards
- 5.1.18 receives and considers bi-monthly reports on compliance to the National Standards of Cleanliness, Environmental Audits, Hospital Patient

Environment and Healthcare Inspectorate Wales Cleanliness Spot Check programme

- 5.1.19 receives and considers annual reports on compliance with food hygiene regulations
- 5.1.20 encourages communication between the different disciplines involved in infection prevention
- 5.1.21 ensures that all relevant infection prevention standards for Health Services in Wales are achieved/being worked towards
- 5.1.22 ensures that infection prevention recommendations made by national organisations such as Public Health Wales, Public Services Ombudsman (Wales), Independent Review Panel and Healthcare Inspectorate Wales, are fully implemented, and monitor implementation of relevant action plans
- 5.1.23 advises on and reviews the implementation of infection prevention policies, procedures and management strategies
- 5.1.24 advises on the most effective use of resources available for implementation of the Infection Prevention annual work programme and for contingency requirements
- 5.1.25 provides advice and support to the Acute, Community, Primary Care and Mental Health & Learning Disabilities Infection Prevention and Control function
- 5.1.26 Monitor the Strategic Steering Groups Table of Actions
- 5.1.27 monitors and reports on infection prevention issues relating to all staff groups via the Lead for Occupational Health
- 5.1.28 monitors the acute hospitals performance in meeting the key infection prevention quality performance indicators and compliance with national guidance including Health & Care Standards and the requirements of the Health Board's Quality Improvement Strategy
- 5.1.29 monitors risks within the scope of the Strategic Steering Group groups, ensuring that all identified risks are appropriately captured, and that risks above agreed tolerance levels are being regularly updated and sufficiently mitigated, agreeing mitigating actions where necessary
- 5.1.30 sets the standard and monitors compliance with the standards of education and training of all grades of hospital staff in infection prevention and control

6. Agenda and Papers

- 6.1 The Strategic Steering Group Secretary is to hold an agenda setting meeting with the Chair and/or the Vice-Chair, and the Lead Director (Director of Nursing, Quality & Patient Experience) at least **six/three** weeks before the meeting date.
- 6.2 The agenda will be based around the Strategic Steering Group work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Strategic Steering Group members. Following approval, the agenda and timetable for papers will be circulated to all Strategic Steering Group members.
- 6.3 All papers should have relevant sign off before being submitted to the Strategic Steering Group Secretary.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The draft minutes and table of actions will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Strategic Steering Group Secretary within the next **seven** days. The Strategic Steering Group Secretary will then forward the final version to the Strategic Steering Group Chair for approval.

7. Frequency of Meetings

- 7.1 The Strategic Steering Group will meet monthly/bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Strategic Steering Group.
- 7.2 The Chair of the Strategic Steering Group, in discussion with the Strategic Steering Group Secretary, shall determine the time and the place of meetings of the Strategic Steering Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Strategic Steering Group 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 Strategic Steering Group shall embed the University Health Board'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 University Health Board's Standing Orders are equally applicable to the operation of the Strategic Steering Group.

9. Reporting

- 9.1 The Strategic Steering Group, through its Chair and members, shall work closely with the Board's other Committees, including Joint/Sub-Committees and Groups too provide advice and assurance to the Board through:
 - 9.1.1 Joint planning and co-ordination of Board and Committee business; and the
 - 9.1.2 Sharing of information
- 9.2 In doing so, the Strategic Steering Group 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 Strategic Steering Group 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 Strategic Steering Group business. The Strategic Steering Group will receive written update reports following each meeting, detailing the business undertaken on its behalf. Groups reporting to this Strategic Steering Group are:
 - 9.3.1 Decontamination Group
 - 9.3.2 Antimicrobial Stewardship Group
 - 9.3.3 Water Safety Group
 - 9.3.4 Carmarthen; Llanelli; Pembrokeshire & Ceredigion Infection Prevention Groups
- 9.4 The Strategic Steering Group Chair, supported by the Strategic Steering Group Secretary, shall:
 - 9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety & Experience Committee on the Strategic Steering Group activities. This includes the submission of a Strategic Steering Group update, 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 matter under consideration by the Strategic Steering Group.
 - 9.4.3 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

10. Secretarial Support

- 10.1 The Strategic Steering Group Secretary shall be determined by the Lead Director (Director of Nursing, Quality & Patient Experience).

11. Review Date

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