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:	13 June 2023

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **QSEC Annual Review of Terms of Reference:** The Committee received and approved the Terms of Reference for onward submission to Board for ratification.

- **Patient Story:** The Committee received a mother's experience of supporting her son through treatment and medication for a skin condition and the psychological and physical impact of a delay in the referral to the Dermatology Team and the approving of medication. The Committee noted a lack of communication with the patient and across the pathways which caused unnecessary distress. A number of service improvement initiatives including cross pathway support, communication methods between services such as the Communication Hub and clinical teams and a review of processes, such as the typing of clinical letters are underway as a result.

- **Quality Assurance Report:** The Quality Assurance Report was presented to the Committee. The Chair highlighted the growing trend in concerns relating to pressure damage and medication errors and enquired what actions are being taken to address this and when the Committee can expect to see an improving trajectory for this activity. In response, The Committee received an update that additional data is now being captured from the Health Board's Community Pharmacies which may explain the increase in medication errors on the system. The Medication Review Group continues to investigate every error and thorough re-training is undertaken where required.

  It was highlighted from the incident reporting slides that for the pressure damage incidents, 26% are reported as developing or worsening during clinical care and there is an improvement action plan underway. An update on the actions and anticipated timelines for an improving trajectory for pressure damage concerns will be included within the next Quality Assurance Report.

  Discussion took place regarding the potential correlation between staffing levels and pressure damage rates, highlighting a recent engagement visit where the Ward staff were clearly aware of challenges and although the Nurse Staffing Levels requirements are met on this particular Ward, it was questioned whether the establishments are fit for purpose. In response, the Committee noted that regular reviews of staffing levels are undertaken within the Health Board, and if it is found that further investment is required, this proposition will be taken via Executive Team to prioritise resourcing. If there is a quality or safety risk for patients, Board will be kept informed on the decisions and implications.

  Clarity was sought on the update within the Infection Prevention and Control (IPC) slides that further commitment is needed from medical teams to conform with

mandatory 'Start Smart Then Focus' audits. In response, The Committee were advised that work is underway to urge medical attendance at the Multi-Disciplinary Team (MDT) IPC Quality Panels, in particular from the Secondary Care Directorate, noting that at the previous meeting there was one medic in attendance, appreciating the current pressures on staff. The Committee reflected upon the significance of MDT engagement to improve infection prevention, especially now in light of the enhanced monitoring measures in place from Welsh Government for C-Difficile infection rates.

- **Public Health Wales and Operational Plan In Response To The Llwynhendy Tuberculosis Review:** An overview was provided of the external review undertaken and the joint action plan for the Health Board and Public Health Wales. The Committee were advised that there are a range of actions which the Health Board are taking forward, some have met challenges due to funding issues and some are being managed through the TB Operational Group.

  The feasibility of the 3–6 month timelines for completion for a number of the actions was queried by the Committee. It was agreed that a review of the deadlines will take place at the next TB Operational Group and an updated action plan will be shared with the Committee's table of actions for the next Quality, Safety and Experience Committee in August 2023. The Public Health Wales (PHW) actions will be provided once shared and reviewed by the PHW Quality and Safety Committee in October 2023.

- **National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022/23:** The Committee received the key highlights from National Collaborative Commissioning Unit (NCCU) Quality Improvement Service Annual Position Statement 2022/23. Further clarity was sought on why Hywel Dda patients are not in the top five national providers for mental health inpatient care, noting that the reasons provided within the SBAR are not necessarily factors that are exclusive to Hywel Dda. The Committee were updated that Hywel Dda have a lower number of placement referrals than other Health Boards and work hard to prioritise keeping patients as close to home as possible. The Committee noted that there are dedicated staff including a Consultant Psychiatrist who focus upon the secure accommodation placement pathway to ensure that all local options are explored prior to booking private sector placements. The Committee further noted that commissioned placements have reduced significantly over the last 4 or 5 years.

- **Epilepsy in Learning Disabilities Service Review:** The Committee received an update that the draft report has been received with recommendations. A response has been submitted to a number of queries however, in the meantime work has commenced on solutions. The report will be shared with the Committee once finalised.

- **Mental Health and Learning Disabilities (MHLD) Outcome Of Self Assessment For Adult Inpatient Discharge Arrangements:** The Committee received the key highlights from the outcome report of the MHLD Self-Assessment for Adult Inpatient Discharge Arrangements, noting that the scale and scope of the review has been vast, with a number of recommendations spreading across a variety of themes. A key action will be to establish a Discharge Review Task and Finish Group as a temporary sub-group of the Mental Health and Learning Disabilities Quality, Safety and Experience Group (QSEG) and will look at compliance, improvements and shared learning. The group will also undertake formal benchmarking against National Institute for Care

Excellence (NICE) guidelines for transition between inpatient mental health settings and community or care home settings.

The Chair queried the timeframes for a number of actions which are within the next six months and questioned whether this is achievable. In response to this, it was highlighted that number of actions overlap with work that is already in progress. Being new in post, the Assistant Director of Nursing, MHLD, updated the Committee that the actions provide a focus over the next six months, and while some areas within the action table may face challenges, the Directorate are reviewing these on a regular basis via QSEG.

The Chair enquired whether there are particular causes for concern within the Department regarding the discharge process. In response, the Assistant Director of Nursing is not aware of areas of significant concern at this moment however, has asked for all serious incidents and deaths of discharged patients over the last two years to be collated and fed back in order to ascertain whether the data coming through is typical. An update will be provided to QSEC in October 2023 with an update on the triangulation of data and a review of risks. The Committee received assurance that the action plan and work underway is thorough and detailed, however received limited assurance from the existing arrangements and expressed caution at the ambitious timescales.

- **Assessing and Prioritising Fragile Services:** The Committee received an update on the piece of work underway to determine a definition of fragility, and methods to make the organisation aware of fragility within a service and the level of risks. The Committee discussed and supported the next steps to develop a Task and Finish Group and to explore processes that other Health Boards follow.

- **Liberty Protection Safeguards Update:** The Committee received an update on the indefinite postponement of the implementation of the Liberty Protection Safeguards (LPS). The Committee noted the number of referrals coming through the system are not manageable within the capacity of the team. The Deprivation of Liberty Safeguards (DOLS) arrangements have been in place for over ten years, however the level of demand for medical assessments is not being met. The Committee noted feedback from the team that as confirmation has been received regarding the indefinite postponement of the LPS, the team feel they can now focus on making the current processes work as best as possible, streamlining systems and improving compliance through training and targeted support for key professionals. The Committee noted that Welsh Government have committed to continuing to provide additional funding to reduce backlogs and improve Mental Capacity Act compliance.

- **Strategic Safeguarding Working Group:** The Committee received the key highlights from the Strategic Safeguarding Working Group such as the review of the Child Protection processes. Pembrokeshire Local Authority have been identified as one of the five Local Authorities in Wales to provide information as part of the objective to determine to what extent the current structures and processes to ensure children in Wales are appropriately placed on, and removed from the Child Protection Register when sufficient evidence indicates it is safe to do so.

  The Chair drew attention to the consistent increase in child safeguarding referrals, and the capacity challenges within the Corporate Safeguarding team and asked whether

the mitigating actions are fit for purpose. The Head of Safeguarding updated the Committee to say that there is a Named Nurse and Lead for Safeguarding Children starting in post who will be part of reviewing capacity in the Child Safeguarding Team. The risks are currently mitigated as there is a Band 6 secondment until the end of September 2023 who is supporting some operational and improvement work across safeguarding children and Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

- **Update Report On The Women's Rights Network Report On Rapes And Sexual Assaults In Hospital:** The Committee received an update on a report published by the Women's' Rights Network on alleged sexual assaults and rape in hospitals in England and Wales between January 2019 and October 2022. The figures include patients, staff and visitors and highlights Dyfed Powys Police (DPP) as being in the highest three force areas for reported rapes and sexual assaults in hospitals.

  The Committee were advised that DPP have given permission to share their data with relevant Heads of Nursing to try and triangulate this data with the Health Board's Incident Reporting System. While the Corporate Safeguarding Team are confident that the Health Board is transparent in reporting allegations to Police and/or safeguarding appropriately, where they are known to the Corporate Safeguarding Team. The Committee was advised that where any allegations are made against employees, a risk assessment is put in place and the Wales Safeguarding Procedures are fully complied with. Internal processes are followed, and Workforce Department would have those outcomes.

  Assurance was provided in relation to services having risk assessment processes in place to assess any risk of violence including rape and sexual assault on patients and/ or staff. An upgrade to CCTV systems in Accident and Emergency (A&E), Minor Injury Unit (MIU), Acute Clinical Decision Unit (ACDU) was noted. Further improvements are planned during 2023/24 on existing CCTV coverage across the various premises. Door Entry (access control) systems are already installed in various locations across the Health Board Estate these include A&E, MIU, ACDU, Women and Children, Mental Health and Learning Disabilities (MHLD), Care of the Elderly. The Chair of the Health and Safety Committee updated Members that work is underway by the Security Advisor to look at all door entry security arrangements and an update report will be presented to the Health and Safety Committee in July 2023.

- **Management & Distribution of Safety Alerts And Notices Policy:** The Committee received an approved the Management & Distribution Of Safety Alerts And Notices Policy.

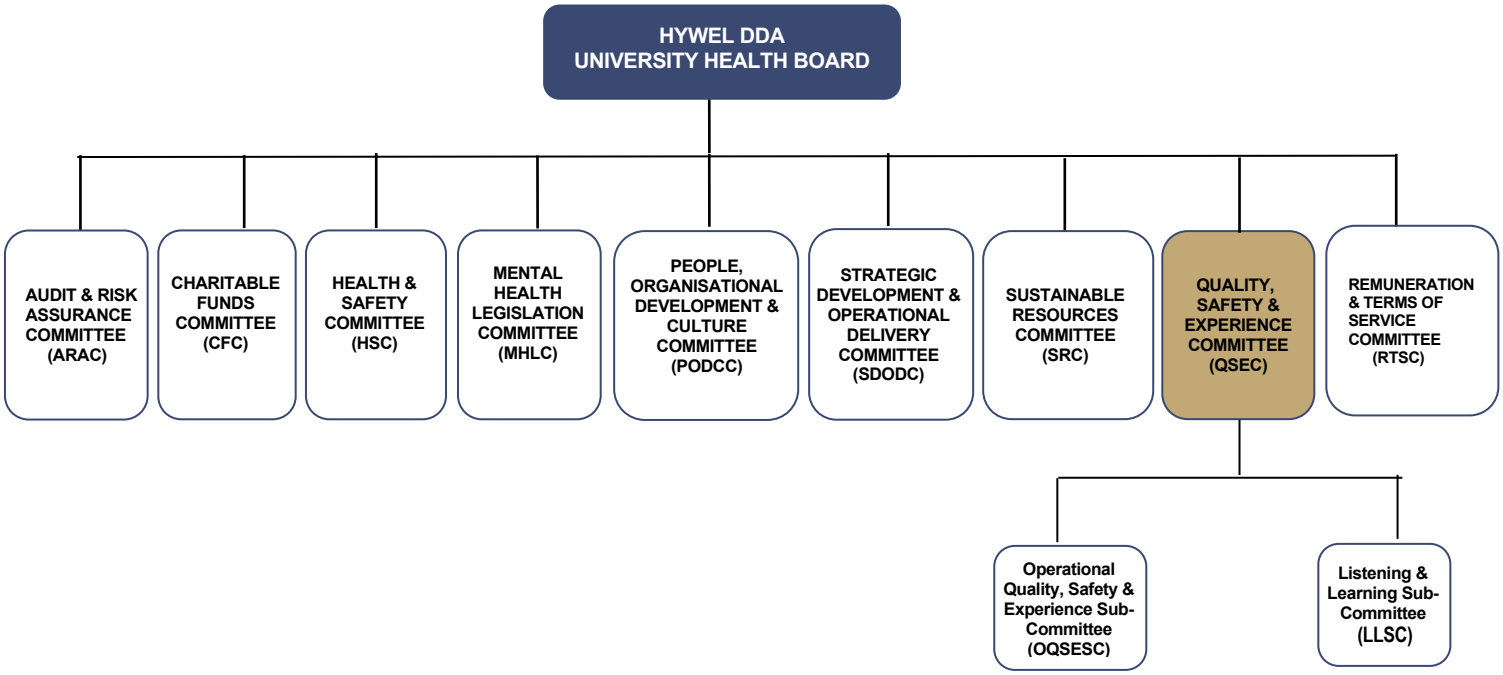
Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- There were no matters requiring Board level approval.

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

- The Committee raised concern regarding the ongoing unfilled Specialist Community Public Health Senior Nurse vacancies in each of the counties but especially in Ceredigion, which is particularly concerning for the safeguarding of children due to the Health Visiting workforce challenges. The fragility of the service was noted despite the

actions underway such as cross border working arrangements and review of skill and suggested that an update on the service position is presented to a future QSEC meeting.
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:
To be confirmed.



QUALITY, SAFETY & EXPERIENCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Quality Safety & Experience Assurance Committee	16.06.2015	Approved
V2	Hywel Dda University Health Board	30.07.2015	Approved
V3	Hywel Dda University Health Board	26.11.2015	Approved
V4	Quality Safety & Experience Assurance Committee	18.10.2016	Approved
V4	Hywel Dda University Health Board	26.01.2017	Approved
V5	Quality Safety & Experience Assurance Committee	20.02.2018	Approved
V5	Hywel Dda University Health Board	29.03.2018	Approved
V6	Quality Safety & Experience Assurance Committee	05.02.2019	Approved via Chair's Action 20.03.2019
V7	Hywel Dda University Health Board	28.03.2019	Approved
V8	Hywel Dda University Health Board	26.03.2020	Approved
V9	Quality Safety & Experience Assurance Committee	07.04.2020	Approved via Chair's Action on 18.05.2020
V.9	Hywel Dda University Health Board	28.05.2020	Approved
V10	Quality Safety & Experience Assurance Committee	02.02.2021	Approved

V11	Hywel Dda University Health Board	25.03.2021	Approved
V12	Hywel Dda University Health Board	29.07.2021	Approved
V13	Quality Safety & Experience Assurance Committee	22.06.2022	Approved
V13	Public Board	28.07.2022	Approved
V14	Quality, Safety and Experience Committee	13.06.2023	Approved
V14	Hywel Dda University Health Board	27.07.2023	For Approval

QUALITY, SAFETY & EXPERIENCE COMMITTEE

1. Constitution

1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 October 2009.

2. Purpose

The purpose of the Quality, Safety & Experience Committee is to:

2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

2.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.

2.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.

2.4 Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium Term Plan for sign off by the Board.

2.5 To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee (see Appendix 1), in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.

2.6 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.

3. Key Responsibilities

The Quality, Safety & Experience Committee shall:

3.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.

3.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

3.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

3.4 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.

3.6 Seek assurance on delivery against Planning Objectives aligned to the Committee, considering and scrutinising the processes that are developed and implemented, supporting and endorsing these as appropriate.

3.7 Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.

3.8 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.

3.9 Provide assurance to the Board 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.

3.10 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.

3.11 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.

3.12 Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations.

3.13 Approve the required action plans in respect of any concerns investigated by the Ombudsman.

3.14 Agree actions, as required, to improve performance against compliance with incident reporting.

3.15 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.

3.16 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.

3.17 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.

3.18 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.

3.19 Consider advice on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.

3.20 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.

3.21 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.

3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.

3.23 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.

3.24 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.

3.25 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.

3.26 Refer quality & safety matters which impact on people, planning and performance to the People, Organisational Development & Culture Committee (PODCC) and the Strategic Development & Operational Delivery Committee (SDODC), and vice versa.

3.27 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members (including Health and Safety Committee Chair and People, Organisational Development & Culture Committee Chair)

4.2 The following should attend Committee meetings:

In Attendance
Director of Nursing, Quality & Patient Experience (Lead Executive)
Medical Director & Deputy CEO
Director of Operations
Head of Quality and Governance
Director of Therapies & Health Science
Director of Public Health
Director of Primary Care, Community & Long Term Care
Associate Medical Director Quality & Safety
Assistant Director of Therapies and Health Science - Professional Practice, Quality and Safety (Chair of Operational Quality, Safety & Experience Sub-Committee)
Assistant Director, Legal Services/Patient Experience (Chair of Listening and Learning Sub Committee)
Llais Cymru/ Citizens Voice Body Representative (not counted for quoracy purposes)

4.3 It is expected that Sub-Committee Chairs will attend QSEC for the purpose of presenting their update reports.

4.4 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 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.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer 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.

5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Committee.

5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

5.9 The Chair of the Quality Safety & Experience Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.10 The 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 Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director, at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request for papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers 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 Lead Director within **seven** days ~~members within **ten** days~~ to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next seven days.

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

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The 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 Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The 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:

10.1.1 joint planning and co-ordination of Board and Committee business;
10.1.2 sharing of information.

10.2 In doing so, the 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.

10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:

10.3.1 Operational Quality, Safety & Experience Sub-Committee
10.3.2 Listening & Learning Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/ critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Board Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 Quality & Safety Committee Planning Objectives 2023/24

Strategic Objective	Domain	Strategic Goal	Planning Objective	Executive Lead
3	Our Patients: Our patients receive the highest quality care	3: Safe and high quality care Our services are safe and deliver good outcomes	3b infection prevention and control action plan A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia	Director of Nursing, Quality and Patient Experience