Patient Quality, Safety and Outcomes Committee

Annual Report for 2024-25

February 2025

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Foreword

Chair's Foreword

I am pleased to present the Patient Quality, Safety and Outcome Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which extends to the full range of Health Board responsibilities and encompasses all areas of patient experience, quality and safety relating to patients, carers and service users.

Finally, I would like to express my personal appreciation to all who contributed to the patient quality, safety and outcomes agenda over the last 12-months, especially Pippa Britton as Chair and Louise Wright, Independent Member, as their time on the Committee comes to an end.

Diolch yn Fawr / Thank you

Helen Sweetland
Chair
Patient Quality, Safety and Outcomes Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Patient Quality, Safety and Outcomes Committee (referred to throughout this document as 'PQSOC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The Committee formally adopted its Terms of Reference, following the Board's approval, on 05 April 2022.

The purpose of the PQSOC is to 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 healthcare; and assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

1.4 This report describes how the PQSOC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2 2024-25 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PQSOC in 2024-25 is attached to this report (see **Appendix 2**).

2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives PQSOC flexibility to identify changing priorities or any need for further assurance or information.

3 PQSO Committee Meetings and Membership

3.1 During 2024-25, PQSOC met six (6) times via Microsoft Teams- in April 2024, June 2024, July 2024, September 2024, November 2024 and January 2025. Detail of the Independent Members and Executive Directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

Pippa Britton	Chair (Until December 2024)
Helen Sweetland	Vice Chair from May 2024, Chair from December 2024
Paul Deneen	Member
Penny Jones	Member
Louise Wright	Member until May 2024

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration for the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

3.4 The Committee's agenda and papers were made public, save where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest. There were no 'in private' meetings held during 2024-25.

4 PQSOC Reporting Arrangements

4.1 Following each meeting, the PQSOC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link.

5. PQSOC Work Programme: 2024-25

5.1 During the year the Committee received updates in respect of the following items:-

5.2 The Committee received regular updates on the key risks allocated to the Committee and the position of each risk. At the end of the year the Committee's risk environment had remained relatively stable, with no changes in the risk score or exposure to the three strategic risks that the Committee monitors, with 3 risks reporting as a risk level of Moderate or High.

5.3 In September 2024, the Committee received the Covid-19 Nosocomial Investigation Report that outlined the Health Board's conclusion of its Nosocomial Covid-19 Investigation Programme on 31 March 2024, in line with the objectives set by Welsh Government.

The findings from the investigation highlighted difficulties in regard to communications with family and friends throughout the pandemic, with visiting restrictions having an adverse effect on the patients and family members, however the investigation found the restrictions were necessary to reduce the transmission of the Covid-19.

5.4 The Committee received the Listening and Learning Framework which complemented and built on Divisional and Directorate assurance arrangements by supporting the Health Board to learn lessons from a range of internal and external sources, with the framework acting as a learning repository for future use.

5.5 The Committee received the Primary Care Quality Report which outlined the areas of focus throughout the year including the following:-

- General Dental Services
- Urgent Access and Wait Times
- Orthodontic Services
- General Ophthalmic Services
- General Medical Services
- Enhanced and Supplementary Services
- Community Pharmacy Services

5.6 In July 2024, the Committee received a report on the investigation and subsequent improvement actions of the Mortuary Incident. The Health Board's investigation found that the root causes of the incident were due to failures in staff adherence to Health Board policies and procedures. Whilst the policies were deemed appropriate, they have since been strengthened and simplified for clarity.

5.7 The Committee received the Commissioning Assurance Framework which outlined the efforts to create a standardised process for collecting quality information from commissioned services with the aim to ensure consistent and rigorous data collection across the Health Board.

5.6 During the year, the Committee received quarterly reports on the Performance of Patient Quality and Safety Outcomes. During the year the following information was reported:-

Duty of Candour Triggers
Between December 2021 to March 2024 there had been 70,645 incidents reported on Datix and 29 incidents of duty of candour since April 2024. The Committee were assured that 95% of the unrejected incidents were closed, with 76% of closed incidents coded as no or low harm.

Infection Prevention and Control
During the year the Committee noted that the main areas of infection concern was C.Difficile with high levels being reported in June 2024. A multidisciplinary team had been established to address the increase and to return rates to within normal levels. This included the implementation of an action plan, with enhanced cleaning continuing and bespoke training in areas of outbreaks.

Enhanced Monitoring
At the last meeting of the year, the Committee was advised that there were 2 areas within the Health Board in enhanced monitoring, with assurance provided that action plans were in place to improve the position of each department – Urgent & Emergency and Mental Health & Learning Disabilities.

Falls incidents
Throughout the year the Committee received regular updates in respect of falls, noting that there had been a decrease in the total number of fall incidents, which averaged at 302 per month, with 99% being no or low harm. There were ongoing efforts to minimise harm, which included collaboration with Divisions to identify any anomalies or areas needing targeted intervention.

Complaints, concerns and compliments
At the January 2025 meeting, the Committee received an update on complaints and concerns, noting early resolution was reporting at 67%. The 30day compliance for responding to complaints was currently 55%, which was below the target of 75%. The Committee was assured that this was a focus for the Health Board.

Health, Fire and Safety
Throughout the year the Committee received regular updates on the progress being made on the Health Board's Health, Fire and Safety action plan. In January 2025, the Committee was advised that 16 incidents were reported to the Health and Safety Executive (HSE) in accordance with Reporting Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) and compliance with RIDDOR had significantly improved at 86%. It was highlighted that work was ongoing to improve the manual handling training compliance, which remained low at 69%.

Ward and Team Accreditation
At the November 2024 meeting, the Committee received an overview of the Ward and Team Accreditation that creates a structured system to continuously raise standards of care through effective goal setting, measurement, feedback and staff engagement which brings benefit to patients, staff and the organisation.

In January 2025, the Committee received an update on the Ward and Team accreditation programme, noting that there had been a positive roll out across several divisions and 3 accreditations had been awarded in December 2024. These wards were now working toward their silver award.

Health Inspectorate Wales (HIW) Inspection
In June 2024, the Committee noted that Health Inspectorate Wales had undertaken an inspection at Ty Lafant, Llanfrechfa Grange in April 2024, and no recommendations had been made. In November, it was noted that there had been a total of 8 Health Inspectorate Wales immediate assurance letter responses.

Never Events
In June 2024, the Committee received an overview of the never events performance noting that, since November 2023, the Health Board had not experienced any Never Events. In January 2025 the Committee was informed that there had been 2 never events between April to December 2024. 1 was within a non-theatre environment and the other being historical and found during a scan. Assurance was provided to the Committee that both events had resulted in no harm.

5.7 In July 2024, the Committee received the Maternity Services Organisational Improvement and Action Plan which outlined the plan to improve outcomes for women and babies and support staff, and innovations and improvement in practice for the future. It was noted that there were 95 actions in total as part of the improvement plan over a three-year period.

5.8 **Annual Reports**

Throughout 2024/25, the Committee received the following Annual reports: -

Pharmacy and Medicines Management Annual Report

The report confirmed progress in the priority areas of safe prescribing; antimicrobial stewardship and value was scrutinised.

The following areas were identified within the annual report:-

- In January 2024, the Pharmacy Service published its Vision and Mission Statement;
- The Value and Sustainability work programme established to deliver on the 13 national recommendations set by Welsh Government overseen by the Medicines Management Programme Board;
- Service developments;
- The contribution of pharmacy services to improved patient safety and medicines governance through direct patient care and the work of the Medicines and Therapeutics Committee, Medicines Safety Group, and the Controlled Drugs Local Intelligence Network;
- The performance of the Health Board against the National prescribing indicators.

Volunteering Annual Report

This report celebrated the key achievements over the past year and noted the valuable contribution made by volunteers, with the aim of improving the experience for patients, their families, and carers whilst ensuring volunteer experience.

The Committee noted that as a result of the pandemic the number of volunteers had reduced, and the Health Board was continuing to improve the volunteer provision including end-of-life champions in the community.

Hospital Transfusion Committee Annual Report

This report outlined several achievements, including the successful integration of a Primary Care representative into the HPC (Health Professional Council) and the introduction of a new clinical Standard

Operating Procedure (SOP) for the Haematological Management of Major Haemorrhage.

The programme had begun identifying staff who required essential transfusion practice training and continued to provide training on Blood Track Enquiry.

Quality Annual Report
This report outlined the quality journey throughout the year, a review of the past objectives and the new priorities for improving patient and staff safety, outcomes, and experiences.

The Health Board had adopted the reporting structure from NHS England which mapped progress on quality and patient safety against the pillars of quality, as follows:-

- Patient and staff experience and stories;
- Incident reporting – falls, pressure ulcers, medicines management and mortality;
- Complaints, concerns and compliments;
- Health, safety and security;
- Infection Control and Prevention;
- Safeguarding.

The Committee noted that the learning and improving approach had been approved with a meeting structure in place to provide regular updates to the Committee throughout 2024/25.

Putting Things Right Annual Report
This report had been prepared in accordance with the Putting Things Right (PTR) regulations and demonstrated the ongoing commitment to the population of the Health Board.

The report outlined the priorities for the annual work programme for 2024/25 including the following:-

- Putting Things Right Regulations and Health Board Concerns Management;
- Improving Quality Patient Safety experience, Learning and Improving;
- Partnership Engagement & Collaborative working.

Human Tissue Act Annual Report
The Committee received the Annuel Human Tissue Act report for assurance that the Health Board were meeting the standards required to maintain the licences within the following areas:-

- Post-mortem provision at the Grange University Hospital, Royal Gwent Hospital and Nevil Hall Hospital;

- Human application bone bank at Royal Grange Hospital;
- Research at Royal Gwent Hospital.

Organ Donation Annual Report
At the September 2025 meeting, the Committee received the Annual Organ Donation report for assurance which outlined what work had been completed throughout 2023/24, noting the following:-

- 8 organ donations over the past 12 months with 13 consented donors which resulted in 19 patients receiving a transplant;
- The Organ Donation Committee Chair, Shelley Bosson, had now retired and a new chair was being sought;
- The Health Board was continuing to raise awareness and encourage people to become donors;
- The Organ Donation team had looked at how they could develop training and protocols throughout the Health Board.

Dementia Care Annual Report
This report reviewed the progress made on the implementation of the dementia standards, noting the Welsh Government's commitment to promote the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Dementia Board had been put in place with a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the National Plan.

The Committee noted the Gwent Regional Dementia Board and Dementia Friendly Communities programme had delivered against the aims, objectives and priorities aligned to both the Dementia Action Plan for Wales.

Falls and Bone Health Management Annual Report
This report outlined the data analysis, key activities, challenges and next steps in support of reducing falls incidents alongside improving bone health as an ongoing commitment in further enhancing the quality of patient care.

The report also outlined the following areas identified within the annual report:-

- The Health Board was represented nationally across a number of forums and were ensuring the Health Board were following the national guidelines when lifting a patient following a fall;
- A pilot for patients within a hospital setting to be allocated yellow wrist bands to identify which patients were at a high risk of falls and the aim was to roll out across all Health Board sites;

- Training of all staff members in relation to falls remained a challenge for the Health Board, to address this, a Falls Training Strategy was to be completed by March 2025.

Health and Safety Compliance Annual Report
This report identified the opportunities and challenges for the Health Board in ensuring and sustaining compliance within Health and Safety legislation, including specific compliance improvement action delivered in 2023/24.

The Health, Safety and Fire action plan had been created to focus on improving the following area:-

- Fire Safety
- Health and Safety Training Provision
- Manual Handling
- Risk Management
- Violence and Aggression

The Committee noted there had been challenges around the compliance of the Health and Safety policies, to address this, a plan was in place for 2024/25 to review the policies which were out of date.

Radiation Protection Committee Annual Report
This report provided assurance that all activities related to the use of Ionising Radiation and the storage and disposal of radioactive substances in the Health Board had been carried out in accordance with National legislation, published guidance and local policies and procedures.

The Committee noted that the governance structure of the Committee and was assured there were no outstanding areas of concern from the HIW report from April 2023.

Research and Development Annual Report
This report outlined the Health Board's key achievements, progress and planned next steps in implementing the Research and Development Strategy, noting that the Health Board had exceeded the Welsh Government target of the trials open to recruitment, recruiting to time and target with a performance of 95% increased from 89%.

The Committee noted that the focus for 2024/25 was to establish the Research and Development Committee as of the priorities.

Infection Prevention, Decontamination, and Antimicrobial Stewardship Annual Report
At the July 2024 meeting, the Committee received the Annual Infection Prevention, Decontamination, and Antimicrobial Stewardship report. The report confirmed improvements in cleaning standards and the successful use of Regional Integration Funds to enhance care across Primary and Secondary Care. It had been a challenging year with the Health Board reporting below the national average for reportable organisms and experiencing an increases in certain infections due to factors like antimicrobial resistance and suboptimal prescribing.

The following was highlighted within the report:-

- Low respiratory infection rate, below the All-Wales average;
- C-section rate had returned to pre-pandemic levels at 3.9%;
- The target to reduce antimicrobial prescribing by 25% in Primary Care had not been met achieving only a 14.8% reduction, partly due to challenges from Strep A outbreaks.

Safeguarding Annual Report
The Committee receive the statutory Annual Safeguarding report for assurance which outlined progress, performance, emerging trends, lessons learned, and the vision for 2024/2025, noting a significant increase in activity within child and adult cases, which was putting resources under pressure and delaying assurance and improvement work.

The Following was highlighted within the report:-

- Training for levels 1 and 2 safeguarding was exceeding 80% compliance;
- Training for level 3 training safeguarding remained low at 15%, falling short of the 50% target.

6. Patient Centred Care

6.1 On behalf of the Committee at Board level the presentation of Patient-Staff Stories continued. Topics presented included:

- Respecting patient's wishes at end of life, improving communication with families and our bereavement offer;
- Hospital to Home Service;
- Children's Rights - Enabling Children's Voice and the Best Start in Life;
- My Medical Record App.

7. Self-assessment and Evaluation

7.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Patient Quality, Safety and Outcomes Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members were requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	**Room for improvement**	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	**Meeting standards**	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	**Excelling**	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix .

Overall rating based on scores	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment and Ways of Working (Q1 - 26)	**Self Assessment:** Current questionnaire is too long. Propose that a discussion is held at Committee with a survey to follow up.	• Review Self Assessment process and introduce more discussion amongst members
	Induction process: New IMs to meet all the Execs and encourage conversations with other IMs.	• Revised local Induction Programme being developed for the Health Board
	Site Visits: It would be helpful to be able to visit different areas of the Health Board, so that IMs can see the environment and talk to staff. This should be an ongoing role for IMs	• Patient Safety Leadership Visits are in the process of being arranged
	Quality of Reports: Reports should be shorter and the successes and challenges addressed under headings, with links only to the main reports	• Report writing included within Development programme being developed with the Good Governance Institute
	Committee meetings: Try to ensure that there is 5 minutes left at end of meeting for final 'wrap up'	• Review of agenda format to include a short feedback section at the end of each meeting to enable a 'wrap up'
Clinical Quality Governance Q27 - 31)	**Data/Information:** The committee would need more information about each pillar and its criteria and a mapping exercise in order to be able to fully scrutinise the information	
Patient Experience & Involvement (Q32 - 34)	Definite progress has been made in this area, but still need to address some clinical areas where response rates are low	

High Quality, Safe & Effective Healthcare (Q35 - 40)	n/a	
Research & Development and Improvement & Innovation (Q41 - 42)	n/a	
Compliance with H&S regulations and Fire Safety Standards (Q43)	n/a	
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board's effectiveness. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

8. Key Areas of focus in 2025/26

8.1 As a result of the work of the Committee in 2024/25 the following areas of focus were identified:

- Explore ways of ensuring greater assurance and opportunities for committee members to be better appraised of patient experience matters.
- Strengthened focus on reporting of Joint Committee activity to this Committee.
- Secure a greater understanding of those improvement projects through better reporting to the Committee and to capture this on the forward work plan for the Committee.
- Health and Safety Assurance reporting to be strengthened to include a focus on risk and assurance gaps.
- Agendas to include an item on reflection upon meeting to aid ongoing self evaluation.

9. Conclusion

9.1 This report provides a summary of the diverse and often complex work undertaken by the PQSOC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2025.

Patient Quality, Safety and Outcomes Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Patient Quality, Safety and Outcomes Committee Terms of Reference – 2022/23
Date of Document:	March 2022
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1. INTRODUCTION

1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.3 The Health Board has established a committee to be known as the **Patient Quality, Safety & Outcomes Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

2.1 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Citizen Experience; and
- Quality and Safety of directly provided and commissioned services.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

a. The robustness of the Board's Clinical Quality Governance Arrangements;
b. the experience of patients, citizens and carers ensuring continuous learning;
c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

A. Seek assurance that the Health Board's **Clinical Quality Governance Arrangements** remain appropriate and aligned to the National Quality Framework and is embedded in practice.

B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:

- the delivery of the Patient Experience Plan; and
- the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:

- the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
- the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on ABUHB's behalf;
- the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
- the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;

- the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;
- the development of the Board's Annual Quality Priorities; and,
- performance against key quality outcomes focussed indicators and metrics.

D. Seek assurance on the arrangements in place to support **Research and Development** and **Improvement and Innovation**, including:
   - an overview of the research and development activity within the organisation;
   - alignment with the national objectives published by Health and Care Research Wales (HCRW);
   - an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
   - the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.
This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise of five (5) members:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Three other independent members of the Board *[one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing
- Director of Therapies and Health Science
- Medical Director
- Director of Primary, Community Services and Mental Health

4.3 By invitation:
The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of 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.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5 COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly (six times yearly)**, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and

- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

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

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

In doing so, this contributes 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.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix Two

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	QTR 1		QTR 2	QTR 3		QTR 4
			30th April	4th June	30th July	2nd Sept	12th Nov	20th Jan
Attendance and Apologies	Chair	SI	√	√	√	√	√	√
Declarations of Interest	All members	SI	√	√	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√	√	√
Action Log and Matters Arising	Chair	SI	√	√	√	√	√	√
Development of Committee Annual Programme of Business 2025/26	Chair & DoCG	AN					**√D**	**√D**
Review of Committee Programme of Business 2024/25	Chair	SI	√	√	√	√	√	√
Annual Review of Committee Terms of Reference 2024/25	Chair & DoCG	AN					**√D**	**√D**
Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN					**√D**	**√D**
Outcome of Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN						**√D**
Committee Annual Report 2023/24	Chair & DOCG	AN	√					
Committee Annual Report 2024/25	Chair & DOCG	AN						**√D**
Committee Risk Report	DOCG	SI	√	√	√	√	√	√

NHS Wales Joint Commissioning Quality Committee Report	DOCG	SI	√	√	√	√	√	√
Pharmacy Robot Risk Assessment	DOCG	Action			√ (incl. in risk report)			
Quality Strategy - Quality Outcome framework	DoN	Quarterly			√		√	
Quality Annual Report 2023/24	DoN	AN				√		
Quality Assurance Framework Annual Review and Evaluation of Progress (Deferred to March)	Clinical Executives	AN						**√D**
Primary Care Quality Report	COO	Bi-AN				**√D**	√	
Performance Report on the Pillars of Quality, to include:- • Patient experience and stories • Incident reporting - falls/ pressure ulcers medicines management and mortality • Healthcare Inspectorate Wales Operational Plan • Complaint, concerns and compliments • Health Safety and Security • Infection Prevention and Control • Safeguarding	DoN/MD & DOTHS	Quarterly		√	√		√	√

• Clinical Negligence Claims and Coroners Inquests Report • Quality & Engagement (Wales) Act, Preparedness and Implementation • Tracking of Improvement Actions Arising from Inspections and Reviews • Cleaning Standards Annual Report • Infection Prevention and Control • MCA & DOLs • Child and Adolescent Mental Health Quality Outcomes Report, including self-harm and suicide • Clinical Audit • Mental health and learning disabilities assurance • Listening and Learning Framework Outcomes • Never Event Incidents • Clinical Effectiveness and Standards Committee Report (January Meeting) • Closure of incident dates Sbar • Operational Quality updates on: ○ Cancer								

○ U&EC ○ Planned Care								
Pillars of Quality Interim Report	DoN	Bi-Annual	√			√		
Healthcare Inspectorate Wales Annual Report	DoN	AN	√					
Commissioning Assurance Framework, Development, and Implementation	Clinical Executives	AN		**√D**	√			
Commissioning Outcomes Report (deferred to March)	Clinical Executives	Bi-An				**√D**	**√D**	**√D**
Putting Things Right Annual Report 2023/24	DoN	AN				√		
Maternity Services: Organisational Improvement and Action Plan	DoN	Bi-An			√			√
Learning from Death Report	MD	Bi-AN	√				**√D**	√
Listening and Learning Framework	DoN	AN	√					
Listening & Learning Forum Minutes	DoN	SI	√	√	√	√	√	√
IPC and Cleaning Standards	DoN	AN		**√D**	√			
Annual Volunteering Report	DoN	AN		√				
Mortuary Incident Action Plan	DoT&HS	AN		**√D**	√			

Covid-19 Nosocomial Investigations Report	DoN	AN		**√D**	**√D**	**√**		
Challenges in securing improvements within the Mental Health & Learning Disabilities	DoN	Action				**√**		
Clinical Advisory Committee Minutes	DoN	SI	**√**	**√**	**√**	**√**	**√D**	**√**
Protocol for patients presenting with Sepsis **PQSOC 3007/07**	DoN	Action					**√**	
Report on time closure of patient safety incidents **PQSOC 3007/07**	DoN	Action					**√**	
Serious Incident Learning Report	DoN	AN					**√**	
Medical Devices Annual Report (Deferred to March)	DoT&HS	AN					**√D**	**√D**
Radiation Protection Committee Report	DoT&HS	AN					**√D**	**√**
Falls and Bone Health Management Annual Report • Deep Dive on Falls **PQSOC 3007/07**	DoT&HS	AN		**√D**	**√D**	**√D**	**√**	
Health and Safety Compliance Annual Report	DoT&HS	AN			**√D**	**√D**	**√**	
Human Tissue Act Group Annual Report	DoT&HS	AN				**√**		

Pharmacy and Medicines Management Annual Report	MD	AN			√			√
Safeguarding Annual Report	DoN	AN			√			
GP Engagement and Child Protection Report **PQSOC30/07 3.4**	DoN Action	AN				√		
Update Optimal Antimicrobial Prescribing **PQSOC 3007/14 & PQSOC 0209/2.8**	MD Action	AN					√	
Ward Accreditation Report	DoN	AN					√	
Nurse Staffing Levels (Wales) Act 3-year report	DoN	AN					√	
Nurse Staffing Levels Wales Act Recalculations	DoN	AN				√ **D**	√	
Update on Staff Members wearing cameras while working policy. **PQSOC 0209/2.8**	DoT&HS	Action					√	
Research and Development Annual Report	MD	AN				√		
Hospital Transfusion Committee Annual Report	MD	AN			√			
Organ Donation Annual Report	MD	AN				√		
Annual Report on Clinical Audit Activity 2023 – 2024	MD	AN		√				

Nutrition and Hydration Committee Update Report	DoT&HS	AN					**√D**	**√D**
Review of neurodevelopmental service for U18s	DoN	AN			√			
Children's Rights & Participation Forum	DoN	Bi-AN			√			√
Dementia Care Annual Report	DoN	AN				√		
Children and Young Peoples Board Minutes	DoN	SI				**√D**	√	√
SOP Deep Dives **PQSOC 1211/08**	DoN	Action						√
Amendment to the six-monthly Nurse Staffing Act Report due to respiratory service changes (Macken Ward) **PQSOC 1211/17**	DoN	Action						√
Mental Health Act Monitoring Report	COO	Action						√

Appendix Three

Patient Quality, Safety and Outcomes Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

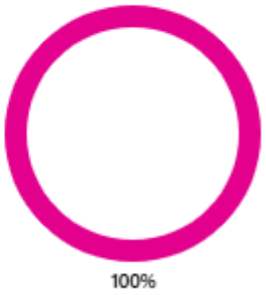
Meeting Dates	April	June	July	September	November	January
Independent Members						
Pippa Britton	X	X	X	X	X	X
Louise Wright	X					
Paul Deneen	X	X	X	X	X	X
Helen Sweetland	X	X	X	X	X	X
Penny Jones	X	X	X	X	X	X
Executive Directors						
Medical Director	X	X	X	X	X	X
Director of AHPs & Health Science	X	X	X	X	X	X
Director of Nursing	X	X	X	X	X	X
Chief Executive	X	X	X	X	X	X
Director of Corporate Governance	X	X	X	X	X	X

Appendix Four

PQSOC Committee Self Assessment

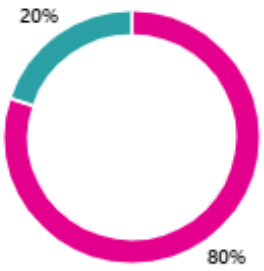
1. Does the Committee have written terms of reference and have they been approved by the Board?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



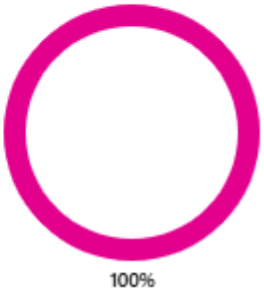
2. Are the terms of reference reviewed annually?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0

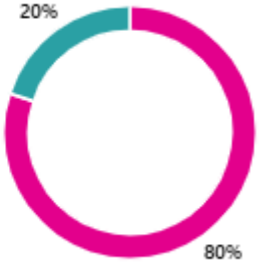


4. Has the Committee been quorate for each meeting this year?

1 - Room for Improvement	0
2 - Meeting Standards	2
3 - Excelling	3

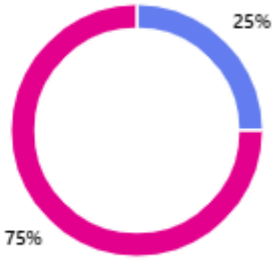
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



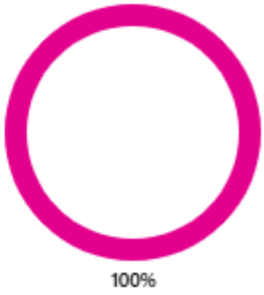
6. Members who have recently joined the PQSOC have been provided with induction training to help them understa nd their role and the organisation?

1 - Room for Improvement	1
2 - Meeting Standards	3
3 - Excelling	0



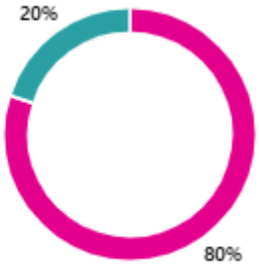
7. The Committee is clear about its role in relationship to other Committees that play a role in relations to patient qu ality and safety matters?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



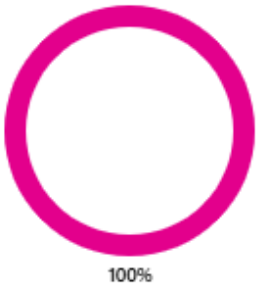
. 8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of in terest?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



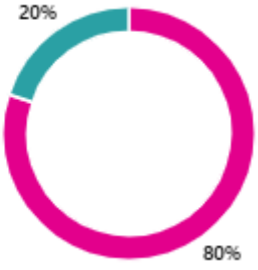
. 9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where n o assurance is provided, or where the quality of the assurance is poor?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



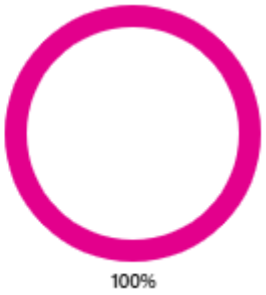
10. The Committee has an established a plan of matters to be dealt with across the year?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



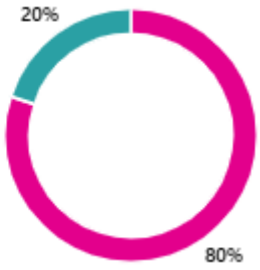
11. Does the Committee consider issues at the right time and in the right level of detail?

1 - Room for Improvements	0
2 - Meeting Standards	5
3 - Excelling	0



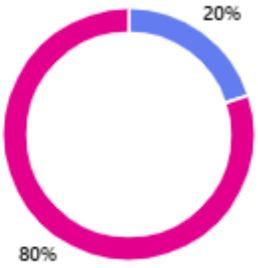
12. The Committee ensures that the relevant executive director(s) attends meetings to enable it to understand the reports and information it receives?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



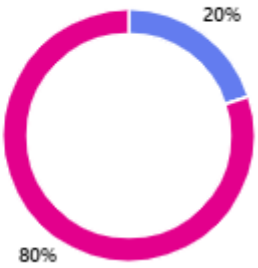
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



15. Committee meetings are chaired effectively?

1 - Room for Improvement	0
2 - Meeting Standards	3
3 - Excelling	2

16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

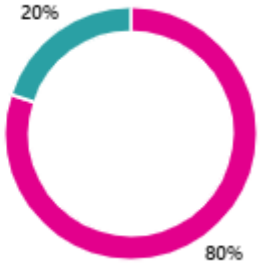
1 - Room for Improvement	0
2 - Meeting Standards	2
3 - Excelling	3

17. The Committee environment enables people to express their views, doubts, and opinions?

1 - Room for Improvement	0
2 - Meeting Standards	2
3 - Excelling	3

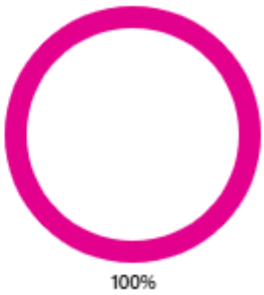
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



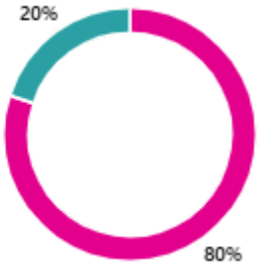
19. Members hold their assurance providers (management) to account for late or missing assurance?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing wha t, when and how and how it is being monitored?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1

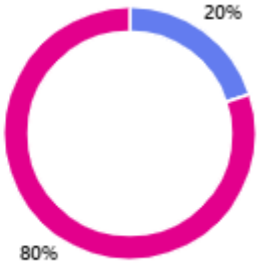


21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worke d well, not so well etc?

1 - Room for Improvement	2
2 - Meeting Standards	3
3 - Excelling	0

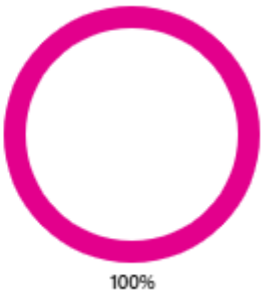
22. Decisions and actions are implemented in line with the timescale agreed?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



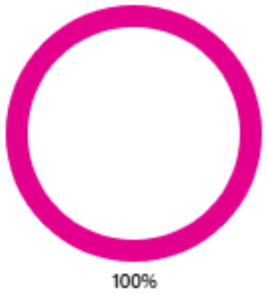
23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



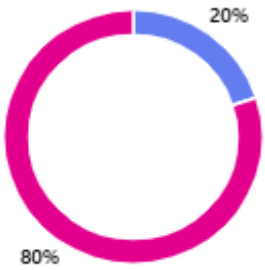
24. Does the Committee prepare an annual report on its work and performance for the Board?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	0



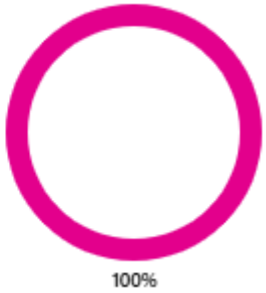
25. The results of the annual self-assessment are used to inform and influence succession planning and improve effe ctiveness.

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



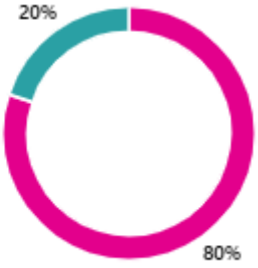
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	0



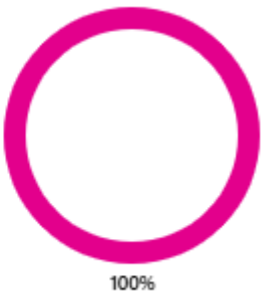
. 27. Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on Clinical Quality Governance

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



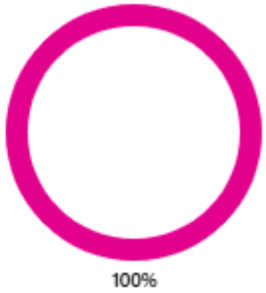
. 28. Is the Committee assured that the Health Board's Clinical Quality Governance Arrangements remain appropriate and aligned to the National Quality Framework

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



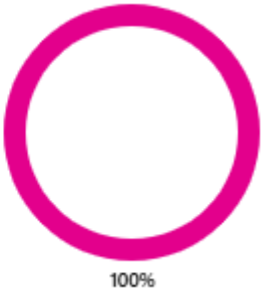
29. Is the Committee assured that Clinical Quality Governance is embedded in practice?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



30. Does the Committee receive sufficient assurance that the systems, processes and plans to measure, monitor and enhance the quality of our healthcare services are fit for purpose

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0

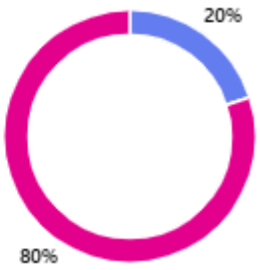


31. Does the committee effectively scrutinise the quality performance issues and key performance indicators (6 pillars):

Person Centred	5
Safe	5
Timely	5
Effective	5
Efficient	5
Equitable	4

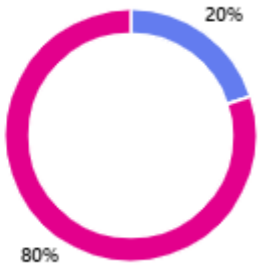
32. Does the Committee receive assurance that the arrangements for capturing the experience of patients, citizens and carers are sufficient, effective and robust?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



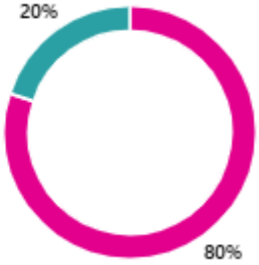
33. Does the Committee review progress against the Patient Experience and Involvement Strategy

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



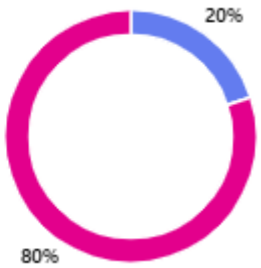
34. Does the Committee receive and consider sufficient information on compliance with Putting Things Right Regul ations, including trends and ensuring lessons are learned?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



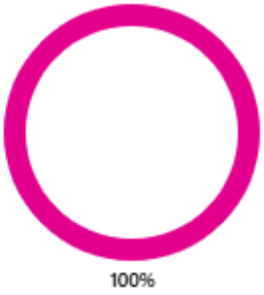
35. Does the Committee receive assurance that commissioning arrangements are in place to ensure the efficient, eff ective, timely, dignified and safe delivery of those services commissioned for delivery on behalf of ABUHB?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



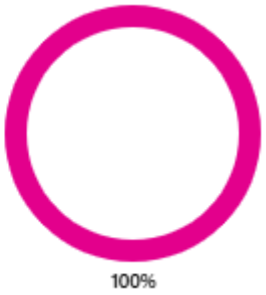
36. Is the Committee satisfied that arrangements are in place to undertake, review and act on clinical audit activity which responds to local and national priorities?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



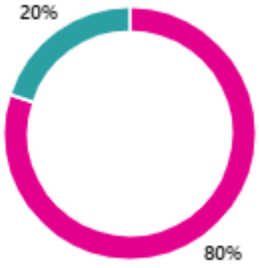
37. Does the Committee consider recommendations made by internal and external review bodies and ensure that a ction is taken in response?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



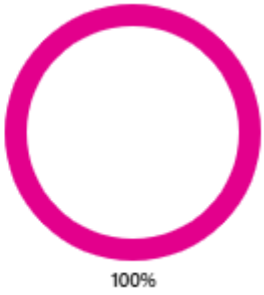
38. Does the Committee received sufficient assurance that arrangements are in place to ensure that there are robus t infection prevention and control measures in place in all settings?

1 - Room for Improvement	0
2 - Meeting Standards	4
3 - Excelling	1



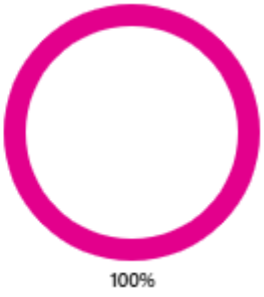
39. Does the Committee contribute to the development of the Health Board's Annual Quality Priorities?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



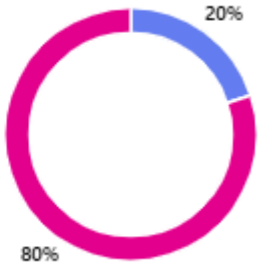
40. Does the Committee consider performance against key quality outcomes focussed indicators and metrics?

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



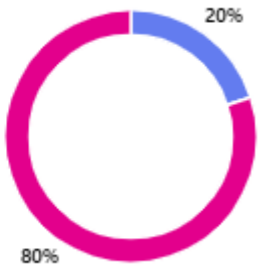
41. Does the Committee receive assurance in respect of the research and development activity within the organisati on?

1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



42. Does the Committee receive assurance in respect of improvement and innovation projects to improve the qualit y and safety of services?

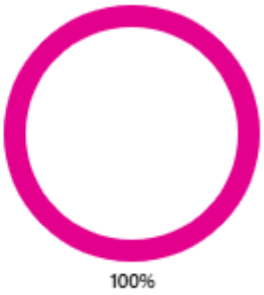
1 - Room for Improvement	1
2 - Meeting Standards	4
3 - Excelling	0



43. Does the Committee receive assurance in respect of arrangements in place for compliance with Health and Safe ty Regulations and Fire Safety Standards, including operating practices in respect of:

- Staff Health and Safety
- Stress at Work
- Patient Health and Safety (ie falls, patient manual handling violence and aggression)
- Fire Safety
- Risk Assessment processes
- Safe handling of loads
- Hazardous substances

1 - Room for Improvement	0
2 - Meeting Standards	5
3 - Excelling	0



Overall Score

Room for improvement - The PQSOC is falling short of requirements and should consider how it can wo...	0
Meeting standards - The PQSOC is performing to the required standard in this area. There may be...	5
Excelling - This is an area where the PQSOC is performing beyond the standard expectations and i...	0