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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Quality, Safety and Outcomes Committee

Annual Report for 2023-24

April 2024

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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 2024.

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.

In particular, I welcome the approval of the Quality Strategy by the Board in March 2024, which will ensure that quality is embedded in our culture and that we are delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do.

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.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Patient Quality, Safety and 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 2023 to 31 March 2024.

2 2023-24 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 2023-24 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 2023-24, PQSOC met Six times via Microsoft Teams- in April 2023, June 2023, July 2023, October 2023, December 2023 and February 2024. 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
- Louise Wright Vice Chair
- Paul Deneen
- Helen Sweetland

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', which it did on four occasions in 2023-24. 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.

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: 2023-24

- 5.1 During the year the Committee received updates in respect of the following items:
- 5.2 The Committee received a regular Committee Risk Report that details the summary of the key risks allocated to the Committee and the position of each risk. At the end of the year the Committee had 3 risks identified as a level of Extreme (20) which were:-
- There was a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse. – Risk level 20
 - There was a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. – Risk level 20
 - There was a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. – Risk level Extreme 20
- 5.3 During the year as part of managing risks, the Committee received an updated in relation to the management of medical devices and equipment within the Health Board. The Committee was advised of the challenges in achieving compliance with the 2017/18 Internal Audit recommendation. The Committee was assured that work had progressed to confirm the location of devices at ward level, noted improvements with staff competency whilst using devices and that the action was scheduled to be completed by May 2024. The Committee was advised that a Working Group within the QPS team would be established to ensure that compliance with recommendations was maintained and that a progress report would be brought back to the Committee in 2024.
- 5.4 At the February 2024 meeting, the Committee was provided with an overview of the internal and external audit recommendations resulting from the planned audit reviews that fall under the remit of the Committee. The audit reports were:
- Health & Safety
 - Medical Equipment and Devices
 - Medicines Management
 - Monitoring Action Plan
 - Discharge Planning

- Dementia Service
- Structure Assessment
- Putting Things Right: Advisory Review

The Committee was assured that appropriate action plans were in place to cover all recommendations with progress updates being provided to the Audit, Risk, Assurance Committee.

5.5

The Committee also received an update on the progress made in the development of the business case to replace the Pharmacy Robot at the RGH. The Committee was advised that the lifespan of the robot had been exceeded and was increasingly failing and noted that contingency plans had been developed should this occur. The Committee noted that the risk had been included in the corporate risk register and that a decision to procure and fund from next year's capital budget, a replacement pharmacy Robot had been made.

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

Duty of Candour Triggers

At the last meeting of the year, the Committee was advised that since 1 April 2023 to February 2024 there had been 20,807 incidents affecting patients reported on the Datix Cymru system, noting since the implementation of duty of candour reporting there had been an increase in incidents. The Committee noted that this was due to incidents being reported even if a patient did not come to harm.

In February 2024, it was agreed that the performance report would include a breakdown of reporting themes to improve the understanding.

Infection Prevention and Control

During the year the Committee noted that the main areas of infection concern was C.Difficile, and was advised that a deep dive had taken place on all patients testing positive since April 2023.

At the April 2023, the Committee received an update on Covid cases and noted that 32 positive incidents had been reported in respect of patients in hospitals. The Committee also noted that Covid-19 testing guidance had changed and that Covid would now be managed as a seasonal illness.

Covid-19 Investigations

At the April 2023 meeting, the Committee noted that Wave 1 of Covid Investigations was 100% complete and was advised that Wave 2 and 3 was underway. The Committee was assured that the Health Boards reporting on this matter had been identified as one of the best.

Fall incidents

Throughout the year the Committee received regular updates in respect of falls. At the April 2023 meeting, the Committee was advised that there had been a significant increase in falls throughout December 2022, when hospitals were under extreme winter demand and pressure. However, the Committee was assured to note at the December 2023 meeting that performance had improved and noted that there was now a consistent approach in place with regards to falls management as a result of the implementation of the falls policy that had been released in 2021.

Health, safety and security

At February 2024 meeting, the Committee was advised that throughout the year there had been 94 incidents reported to the Health and Safety Executive (HSE), in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The Committee was also informed that the HSE had notified the Health Board of a breach in relation to health and safety law, as a result of the failure to report a fall at Nevill Hall Hospital in 2019 within the specified timeframe.

The Committee noted that 7 risk areas had been identified as a focus for improvement in 2024, and was assured that these would be progressed through the implementation of an action plan.

Complaints, concerns and compliments

At the February 2024 meeting, the Committee was assured that progress had been made in responding to complaints with a 30-day period, although there was an acknowledgment that further work was required to achieve better compliance. The Committee was advised that a new Head of Complaints had been appointed earlier in the month and this role would be instrumental in securing improvements with compliance.

HIW Inspection

At the last meeting of the year, the Committee was advised that a HIW inspection had been undertaken in January 2024, at the Talygarn Unit, County Hospital. Following the inspection the Committee was advised that an improvement notice had been issued in respect of the inspection which had been responded to.

- 5.7 The Committee was provided with an overview of the Maternity Services three-year improvement plan and agreed to receive regular progress updates. The Committee was assured that when implemented this would:
- ensure the consistent provision of high quality individualised maternity care,
 - a approach to individualised, and,
 - a reduction in health inequalities.

5.8 **Annual Reports**

Throughout 2023/24, the Committee received the following Annual reports: -

Blood Management

The Annual Blood Management report provided the Committee with an overview of the progress made in addressing the priorities in respect of this area. The report acknowledged the assistance of the Hospital Transfusion Committee, and noted that one issue that remained was in respect of the level of compliance with traceability reporting and noted that a training plan was in place to address this matter.

Pharmacy and Medicines Management

The Committee received the Annual Pharmacy and Medicine Management report which confirmed progress in the four priority areas of safe prescribing; antimicrobial stewardship; cost efficiency; and access to medicine.

The report also outlined the following risks:-

1. Storage of IV Fluids at the Royal Gwent Hospital.
2. Concern regarding the functionality of the RGH pharmacy robot, responsible for the distribution of medicines to all wards, including The Grange University Hospital.

The Committee was assured that the business case to renew the pharmacy robot had been developed.

Research and Development

The Research and Development strategy was presented to the Committee, noting that the Research and Development was a University Health Board function, and the Health Board would produce an annual report to showcase the work being undertaken on the implementation of the strategy throughout the year and an update on its future strategic development. The Committee noted that the aim was to develop an infrastructure where research and development could flourish and where the Health Board could maximise the benefits of its investment in the new Clinical Research Centre at the Royal Gwent Hospital.

Infection Prevention and Control

At the July 2023 meeting, the Committee received the Annual Infection Prevention and Control report. The report confirmed that statistically the Health Board was in the lower average rate for all infections in Wales. The report identified that it had been a challenging year for the team and that a restructure had taken place and the teams function now included infection prevention in the wider community.

The following was highlighted:-

- The team were finalists for the Houdini Programme for the NHS Awards in Wales.
- Covid and flu data showed lower hospital onset in comparison to other Health Boards.
- The team has supported the following serious incidents, that included, a sporadic case of CJD, M-pox agenda, patient pathways and assessment of patients, increase in wound infections in trauma and orthopaedics, and Group A Strep infection.

Safeguarding

The Committee receive the statutory Annual Safeguarding report that highlighted:-

- A learning Group had been established to monitor the progress of the recommendations of the priorities for 2022/23.
- There were challenges around the national requirements for training compliance in respect of Level 3 Children and Adults. The Committee noted that this was as a result of the size of the cohort

requiring this training and was assured as to how the matter would be addressed.

- Increase in the numbers of children being harmed, that had resulted in attendance at strategy meetings.
- Increase in adult safeguarding concerns with a Datix submitted for each incident reported

The Committee was also informed that support was being provided to one local authority, as a result of their capacity issues and noted that a progress update would be provided at the April 2024 meeting.

Annual Clinical Audit Activity Report 2022/23

During the year the Committee received the Annual Clinical Audit Activity Report 2022/23, which included details of the Health Board's participation in the National Clinical Audit and Outcomes Review Plan for the present financial year. The Committee requested that future audit reports include a clear timeline of action, that when triangulated with data will enable greater assurance.

The Committee noted the following:-

- The Clinical Audit team was to develop a clinical audit programme for 2023/2024.
- the Health Board policy on Clinical Audit was to be updated.
- AMaT audit management system would be implemented across the Health Board.

5.9 The Committee received an overview of the of the Health Boards priority outcomes that aligned to the 6 Pillars for the Quality Strategy framework that included how the outcomes would be delivered, measures and continuously improved:-

- Priority 1 – Deliver PATIENT CENTRED care which involves patients, relatives, families, careers and system partners in the planning of care and opportunities to improve patient safety.
- Priority 2 - Provide SAFE care. We aim to reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.
- Priority 3 – provide TIMELY care, ensuring people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place first time.
- Priority 4 – Provide EFFECTIVE care – Deliver consistently effective and reliable care, based on evidence-based best practice which is delivered in a culture that encourages and enables innovation to Improve outcome.

- Priority 5 – provide care that is EFFICIENT by taking a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste.
- Priority 6 – Provide EQUITABLE care, ensuring equal opportunities for individuals to attain their full potential for a healthy life which does not vary in quality and is non-discriminatory.

5.10

In October 2023, the Committee received the National Incident Reporting Policy that detailed the arrangements of revised incident reporting. The Committee was assured that the Health Boards Patient Safety Incident Reporting & Management Policy had been reviewed to align with the expectations set out in the new national policy that was published in May 2023.

In particular the Committee noted the following:-

- Quality and patient safety resources would fall under the Nursing Directorate.
- Clear engagement practices in respect of the management of incident investigations with families were in place.
- A learning framework would be produced to ensure that learning from incidents informs quality patient safety planning processes.
- A family liaison officer/point of contact would be identified to support families/patients throughout investigations.
- Staff support was provided throughout the investigation process.

5.11

In December 2023, the Committee received a report that detailed the outcomes of the review into Never Events that had been completed by Theatres. The review identified the following themes to be addressed that included wrong site injections and retained swabs. The Committee was assured that the Orthopaedic and Radiology Governance leads would continue to work with the Anaesthetist team to standardise the process across all Theatres.

6. Patient Centred Care

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

- Alcohol Care Team
- Children's Rights and Participation Forum
- Tyleri Ward Community Resource Team.

7. Self-assessment and Evaluation

7.1 The outcome of the current years self-assessment that was reported to the Committee on 13th December 2023 confirmed that the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee was effective and meeting the standards.

Rating	Definition	Evidence
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.

The table below details the specific areas where suggestions for improving the Committee's effectiveness were made.

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
1 Committee Processes: Composition, Establishment, and Ways of Working	<ul style="list-style-type: none"> Report template to be reviewed and training on report writing to be delivered A programme of training for independent members to be developed Agendas to include an item on reflection upon meeting 	All actions to inform the development of an overarching Board Business Improvement Plan – January 2024 for Board approval	Director of Corporate Governance with Head of Board Business
2 - Clinical Quality Governance	<ul style="list-style-type: none"> Explore ways of ensuring greater assurance and opportunities for committee members to be better appraised of patient experience matters 	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with Director of Nursing
3 - Patient Experience and Involvement			

4 - High Quality, Safe and Effective Healthcare	<ul style="list-style-type: none"> Strengthened focus on reporting of Joint Committee activity to this Committee 	To be considered within the development of the Commissioning for Quality Framework	Director of Corporate Governance with Director of Nursing
5 - Research and Development and Improvement and Innovation	<ul style="list-style-type: none"> Secure a greater understanding of those improvement projects through better reporting to the Committee and to capture this on the fwp for the Committee 	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with Medical Director and Director of Nursing
6 - Compliance with Health and Safety Regulations and Fire Safety Standards	<ul style="list-style-type: none"> Health and Safety Assurance reporting to be strengthened to include a focus on risk and assurance gaps. 	In future reporting arrangements, in-line with the Committee's workplan.	Director of Therapies and Health Science with support of Head of Risk and Assurance

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. 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 2024/25

8.1 As a result of the work of the Committee in 2023/24 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 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One



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Aneurin Bevan
University Health Board

Patient, Quality, Safety and Outcomes Committee

Terms of Reference – 2022/23

Version: Approved

Date: 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

- 9.2 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

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Attendance and Apologies	Standing Item	Chair	✓
Declarations of Interest	All Members	✓	✓		✓	✓
Minutes of the Previous Meeting	Chair	✓	✓		✓	✓
Action Log and Matters Arising	Chair	✓	✓		✓	✓
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG			✓	
Review of Committee Programme of Business	Standing Item	Chair			✓	✓
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				
Committee Annual Report 2023/24	Annually	Chair & Director of CG				
Pharmacy and Medicines Management Annual Report	Annually	Medical Director				
Internal Audit Review: Medicines Management (Reasonable Assurance) – Update on actions	Annually	Medical Director				
Focus on Pillars of Quality - Infection Prevention and Control and Safeguarding - Incident report and Health Safety and Security - Patient and staff feedback and Complaints and Concerns				✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Mtg 30th April or 4th June - Jan to March data, Mtg 2nd July - no performance report, Mtg 1st October -April to June data, Mtg 10th December July to Sept data. Mtg 4th Feb October to December data			
Mental health and learning disabilities assurance			✓	✓	✓	✓
Learning from Death Report	Bi-Annually	Medical Director				
Cleaning Standards Annual Report	Annually	Director of Operations				
Nutrition and Hydration Standards and Strategy'	Annually	Director of Therapies & HS				
Falls Prevention and Management Report	Bi-Annually	Director of Therapies & HS				
Health and Safety Compliance Report	Annually	Director of Therapies & HS				
Safeguarding Annual Report	Annually	Director of Nursing				✓
Safeguarding Group Highlight Report (In Quality report)	Quarterly	Director of Nursing			✓	
Operation Jasmine Action Plan	Bi-Annually	Director of Nursing		✓		
Children's Rights & Participation Forum	Bi-Annually	Director of Nursing				✓
Infection Prevention and Control Annual Report (In Quality report)	Annually	Director of Nursing			✓	
Infection Prevention and Control Report	Quarterly	Director of Nursing			✓	
Blood Management Annual Report	Annually	Medical Director				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Organ Donation Annual Report	Annually	Medical Director	
Quality Assurance Framework Annual Review and Evaluation of Progress	Annually	Clinical Executives				
Commissioning Assurance Framework, Development and Implementation	Bi-Annually	Clinical Executives				
Clinical Effectiveness and Standards Committee Report (In quality report)	Bi-Annually	Medical Director				✓
Annual Clinical Audit Plan (prior to ratification) by the Audit, Risk & Assurance Committee	Annually	Medical Director			✓	
Clinical Audit Activity Report (Local and National) Feb 23 to include Annual Clinical Audit Draft Internal Audit Report	Quarterly	Medical Director			✓	
Quality Improvement Annual Report	Annually	Director of Planning				
Research and Development Annual Report	Annually	Medical Director				
Medical Devices Annual Report	Annually	Director of Therapies & HS				
Point of Care Testing Annual Report	Annually	Director of Therapies & HS				
Quality and Safety Outcomes Report (In Quality report)	Standing Item	Clinical Executives	✓	✓	✓	✓
Committee Risk Report, including BAF	Standing Item	Director of Corporate Gov	✓	✓	✓	✓
WHSSC QPS Committee Report	Standing Item	Director of Nursing	✓	✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Patient Story (In Quality report)	Standing Item	Clinical Executives	✓
Putting Things Right Policy (in quality report)	Every 3-yrs (2022)	Director of Nursing				✓
Putting Things Right Reporting (complaints, compliments, and redress) (In quality report)	Standing Item ¹	Director of Nursing				✓
Quality & Engagement (Wales) Act, Preparedness and Implementation (In quality report)	Annually	Director of Nursing				✓
Patient Experience Report	Quarterly	Director of Nursing		✓		
Dementia Care Annual Report	Annually	Director of Nursing		✓		
Clinical Negligence Claims and Coroners Inquests Report (In quality report)	Bi-Annually	Director of Nursing				✓
Patient Safety Incidents and Learning	Standing Item ²	Director of Therapies & HS	✓	✓	✓	✓
Covid-19 Concerns and Claims	Bi-Annually	Director of Nursing		✓		
Learning Disabilities	Annually	Director of PCCMH			✓	
Urgent and Emergency Care Demand and Impact on Outcomes	Quarterly	Director of Operations			✓	
Maternity Services: Organisational Improvement and Action Plan	Bi-Annually	Director of Nursing		✓		✓
Child and Adolescent Mental Health Crisis Hub and Safe Accommodation	Annually	Director of Nursing				

¹ Via Quality and Safety Outcomes Report

² Via Quality and Safety Outcomes Report

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Self-Harm & Suicide - Children & Young People	Annually	Director of Nursing	
Primary Care Quality	Bi-Annually	Director of PCCMH				
Internal Audit Reports relevant to the remit of the Committee	Ad-hoc	Clinical Executives				
External Audit Reports relevant to the remit of the Committee	Ad-hoc	Clinical Executives				
Action Plan for “ <i>Review of Quality Governance Arrangements</i> ” Audit, Wales Review (2021/22)	Bi-Annually	Clinical Executives		✓		
Internal Audit Review - Quality Governance arrangements for the commissioning of NHS Continuing Care within the Mental Health & Learning Disabilities (limited assurance) – Action Plan Update	Bi-Annually	Director of Primary, Community Care & Mental Health				✓
Internal Audit Review – Medical Devices – Action Plan Update	Bi-Annually	Director of Therapies & HS				✓
Overview of Audit Recommendation Tracking (relevant to the Committee)	Quarterly	Director of Corporate Gov			✓	
Inspections of Healthcare Inspectorate Wales	Ad-hoc	Director of Nursing				
Inspections of the Community Health Council	Ad-hoc	Director of Nursing				
Tracking of Improvement Actions Arising from Inspections and Reviews	Quarterly	Director of Nursing		✓		✓
Healthcare Inspectorate Wales Operational Plan (In Quality report)	Annually	Director of Nursing			✓	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26 th July	11 th October	13 th December	7 th Feb
			Healthcare Inspectorate Wales Annual Report	Annually	Director of Nursing	
WRP Report and Management Response/Action Plan: National Review of Consent to examination and treatment standards in NHS Wales		Medical Director				
HIW Report/ Stroke Assurance (Requested at October A/S meeting)		Director of Therapies & HS			✓	
Configuration of Midwifery-led Units evaluation	Ad - Hoc	Director of Nursing				✓
Committee Self-Assessment Results		Director of Corporate Governance			✓	

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	October	December	February
Independent Members						
Pippa Britton						
Louise Wright						
Paul Deneen						
Helen Sweetland						
Executive Directors						
Medical Director						
Director of Therapies & Health Science						
Director of Therapies & Health Science						
Chief Executive						
Director of Corporate Governance						

