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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the Quality, Safety and Experience Committee 2022/23

1.0 INTRODUCTION

In accordance with best practice and good governance, the Quality, Safety and Experience Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members, one whom must be a member of the Audit and Assurance Committee. During the financial year 2022/23 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director and the Executive Medical Directors (Joint Executive Leads for the Committee), the Executive Director of Therapies and Health Sciences, the Executive Director of Public Health, the Assistant Director of Patient Experience, the Assistant Director of Patient Safety, Quality and Improvement, and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met seven times during the period 1 April 2022 to 31 March 2023 one of which (11 October 2021) was a Special meeting. This is in line with its Terms of Reference.

The Quality, Safety and Experience Committee achieved an attendance rate of 75% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below.

	12.04.22	15.06.22	30.08.22	11.10.22	29.11.22	10.01.22	07.03.22	Attendance %
Susan Elsmore (Chair)	√	√	X	√	√	X	X	57
Ceri Phillips** (Vice Chair)	√	√	√	√	√	√	√	100
Gary Baxter	√	√	√	√	√	X*	X*	100
Keith Harding	X***	X***	X***	X***	X***	X	√	50
Akmal Hanuk	X	X	X	√	X	√	√	43
Mike Jones**	√	√	√	√	√	√	√	100
Total	80%	80%	60%	100%	80%	60%	80%	75%

* Gary Baxter was a member of the Committee until 31 December 2022.

**Mike Jones and Ceri Phillips are also Members of the Audit and Assurance Committee.

***Keith Harding was a member of the Committee from 1st January 2023

4.0 TERMS OF REFERENCE

The Terms of Reference are reviewed on an annual basis. The Terms of Reference were reviewed and recommended for Board approval by the Committee on 10th January 2023. The Terms of Reference are due to be approved by the Board on 30th March 2023.

5.0 WORK UNDERTAKEN

As set out in the Committee's Terms of Reference, the purpose of the Committee is to provide:

- a) Evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to quality, safety and experience of health services;
- b) Assurance to the Board on the setting of local organisational Quality and Safety standards and supporting organisational safety culture;
- c) Evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, health promotion and health protection activities;
- d) Assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services; and
- e) Assurance to the Board in relation to improving the experience of patients, carers and citizens and all those who come into contact with our services.

In addition and amongst other matters, the Committee reviews and monitors the implementation of the Quality, Safety and Experience Framework and oversees the necessary developments to deliver the following seven identified work streams:

- Organisational Safety Culture
- Leadership and the prioritisation of quality, safety and experience
- Patient experience and involvement in quality, safety and experience
- Patient safety learning and communication
- Staff engagement and involvement in safety, quality and experience
- Patient safety, quality and experience data and insight
- Professionalism of patient safety, quality and experience

During the course of the year, there were a number of standing agenda items which are received by and discussed at each Committee meetings which included: -

An assurance report and Patient Story from each Clinical Board, a Quality Indicators Report, an Overview of the Health Inspectorate Wales (HIW) activity and any HIW reports received by the Health Board, a report on the Community Health Council (CHC) inspections undertaken/reports received, the Board Assurance Framework in relation to the Patient Safety Risk and the Workforce Risk.

The Public Quality, Safety and Experience Committee also reviewed a number of key items at its meetings which included:

1. Quality, Safety and Experience Framework
2. Maternity Services
3. Pressure Damage
4. Mortality Data

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – STANDING AGENDA ITEMS

April 2022 - March 2023

Clinical Board Assurance Reports

The Committee discussed Clinical Board Assurance reports and Patient Stories received throughout the year from each of the Clinical Boards, namely:

- Mental Health Clinical Board
- Clinical Diagnostics and Therapies (CD&T) Clinical Board
- Primary, Community and Intermediate Care (PCIC) Clinical Board
- Medicine Clinical Board
- Surgical Clinical Board
- Specialist Clinical Board

These reports provided details of the clinical governance arrangements within the Clinical Boards in relation to Quality, Safety and Patient Experience (QSPE). The reports identified the achievements, progress and planned actions to maintain the priority of QSPE which had arisen during the previous twelve months.

By way of example, in April the Committee received a report in relation to the Mental Health Clinical Board. That report had provided the Committee with an update of the continued progress made regarding the Quality Safety and Patient Experience Agenda. The report had also highlighted the considerable pressures faced by the Clinical Board as the number of adverse incidents had increased during the period. The Medicine Clinical Board Assurance Report which was received by the Committee in November had highlighted the significant risk being seen with regards to maintaining safe and timely Patient flow within the Emergency Unit (EU) together with some of the measures that had been taken to address the same. By way of example, a new Frailty zone / service had been set up in the Assessment Unit.

At its September meeting, the PCIC Clinical Board presented a Patient Story which showed care home residents talking about their experiences with Covid-19 lockdowns and how it had affected them.

Quality Indicators Report

At each meeting, the Committee received an overview of the Health Board's current performance against a range of agreed quality indicators (which included Patient concerns, Patient Safety, Nationally Reportable Incidents, Pressure Damage, and Hospital infection).

In August, the Committee was advised that the number of concerns, in particular in relation to the EU, had increased, while the hospital infection measurements were showing an in-year improvement. The Quality Indicators Report had also informed the August Committee meeting of a number of significant challenges which included (i) ongoing staffing pressures, (ii) an increased presentation of Patients with complex mental health and behavioural needs, and (iii) an increased volume and complexity of maternity cases coupled with ongoing staffing pressures that had contributed to the Maternity Services being under significant pressure.

HIW Activity Reports

The Committee received a report, at each meeting, which provided an overview of the reviews and inspections (unannounced and announced) carried out by HIW. Each report detailed the

actions that were being implemented in response to the findings of the inspections and how the actions were being monitored.

During the past year the Committee received reports in relation to a number of inspections, which included the following: -

Cardiothoracic services at UHL

Mental Health Services at Hafan y Coed

Emergency Department at UHW

Maternity Services

Stroke Services

Nuclear Medicine Department at UHL

Community Health Council Reports

The Community Health Council (CHC) had suspended its announced scrutiny visits during the pandemic. Those visits recommenced during this year and, consequently, the Committee received a number of reports which related to visits which had been carried out by the CHC, which included: -

- Midwife Led Unit, UHW.
- Island Ward Children's Hospital for Wales, UHW.
- East 4 Medical, UHL.
- Spinal Rehabilitation, UHL.
- Mental Health Service
- Veterans Survey Report
- The Impact of Covid restrictions on people receiving care and their families and care for people living with long Covid.
- Alcohol Treatment Centre
- Ward West 1 UHL

The Committee noted that there were a number of common themes highlighted by those reports, namely: -

- Visiting restrictions
- Lack of Day Room and TV facilities
- Lack of Quiet Room
- Improvement to showering facilities for patients with mobility issues
- Improved storage facilities

Board Assurance Framework – Patient Safety

At its meetings, the Members of the Committee was provided with the opportunity to review the Patient Safety risk on the Board Assurance Framework (BAF) and to ensure that the same were being appropriately managed. During the year, a number of new risks which related to Patient Safety were added to the BAF. This included (i) Maternity, (ii) Critical Care, (iii) Cancer, (iv) Stroke and (v) Planned Care.

As at March 2023, the highest scoring risks which related to Patient Safety were:

- Maternity (risk score of 20)
- Critical Care (risk score of 20)

Corporate Risk Register

At all meetings, the Committee received the Corporate Risk Register (CRR). Each risk within the Register is linked to a Committee of the Board and the Board Assurance Framework. The Committee noted those operational risks, which were linked to the Quality, Safety and Experience Committee together with the work being undertaken to address those risks.

In November, the Committee was advised that 17 of the extreme risks on the CRR were linked to, or had Patient safety elements associated with them.

Exception Reports

The Committee received one Exception Report which covered 2 areas:

1. Pressures in the Emergency Department
2. Overall System Pressures

Other Reports

Over the course of the year a number of other reports and presentations were presented to the Committee. They included the following items:

a) Maternity Services

At its meeting in June, the Committee was advised that there had been a strained environment regarding National Maternity Services over the past few years with issues raised in Telford, Cwm Taf and the subsequent Ockenden Report.

It was noted that the Health Board had carried out its own thematic review in response to the Ockenden Report, and that WG had put an assurance template together so that there was a standard template across Wales for all health boards.

It was noted that the Health Board had provided assurance against that template and that it had been submitted to the Chief Nursing Officer (CNO) and WG for validation.

In November the Committee was advised that Health Inspectorate Wales (HIW) had undertaken an unannounced visit in November 2022. The Health Board was working on an improvement plan which could be received by the Committee as soon as the HIW report has been published.

In January the Committee was advised that work had continued with Maternity services and that a Maternity Oversight Group had been implemented that met every 2 weeks. It was noted that the Health Board had undertaken a gap analysis which would be taken to the Business Case Approval Group (BACG) for consideration to complete the gap analysis and actions identified.

At the time of writing this Annual Report, the HIW report relating to Maternity Services had not been published.

b) Mortality Indicators

In June, the Committee was advised that there had been concerns about the Risk Adjusted Mortality Index (RAMI) being high which had led to the Medical Team wanting to explain to the QSE Committee what that meant and what was being done about it.

At its meeting in November 2022, the Committee received an update on the Mortality Indicators, in particular with regards to the development of a more mature reporting structure for mortality and that developmental work was on-going. The Committee was advised that the Learning from Death Framework set out three tiers of mortality indicators:

- Organisational Mortality
- Clinical Board Mortality
- Speciality Mortality

c) Quality, Safety and Experience Implications Arising from IMTP:

In April the Committee was advised that the key focus for the 2022/23 period was laid out within the received report and aligned to the Framework for Quality, Safety and Experience.

It was noted that the Framework had identified eight key areas and all the actions were aligned to those areas.

It was noted that there were no key performance indicators (KPIs) identified within the report because the Health Board was waiting for those to be received from WG. Once received, they would be brought back to the QSE Committee.

d) Recommendations from The Nuffield Trust Report:

In April, the Committee received a report which set out the background to the Velindre University NHS Trust (VNHST) commissioned report by the Nuffield Trust to provide independent advice on the proposed model for non-surgical tertiary oncology services in South East Wales.

The report made a number of recommendations which were accepted by the Velindre Board and its partner organisations (including Cardiff and Vale Health Board).

e) Blood Inquiry Update:

The Committee received an update with regards to the Infected Blood Inquiry. That update had included the legal proceedings timetable from which it was noted that the final hearings were scheduled for December 2022, with conclusions and findings to be presented approximately 6 months later.

f) Implementation of Datix OfWCMS:

The Implementation of Datix Once for Wales Concerns Management System (OfWCMS) report was received by the Committee.

g) Duty of Candour:

The Duty of Candour report was received by the Committee to raise awareness of the new Duty and Duty of Quality. It was noted that it would be taken to the Board when the process developed further.

h) Dental Services

The Committee received an update with regards to Dental Services at its meeting held in June. In particular, the Committee was advised that the impact of the Pandemic had resulted in a significant backlog and reduced access to all types of dental services, where all areas had been prioritising patients with the highest need, resulting in increased pressure on access to urgent care. As part of Recovery, investment had provided additional capacity for both routine and urgent dental care across all providers of services.

i) Ultrasound Clinical Governance Position

In June the Committee was advised that following an internal audit of Ultrasound Governance across the Health Board, several shortcomings had been identified. Those had centred around a lack of assurance of appropriate governance in the correct and safe use of ultrasound across the Health Board and insufficient communication and escalation pathways.

The Committee was advised that a number of actions had been taken or were in progress to address the short fallings which had included (i) a review of the Ultrasound Clinical Governance Group (UCGG) with a new set of Terms of Reference, (ii) new members being added to include all areas of diagnostic and therapeutic ultrasound across the Health Board, and establishment of a clear reporting pathway for the UCGC.

j) Ombudsman Annual Letter and Report

The Public Service Ombudsman for Wales annually writes to each Health Board in Wales and provides an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year. The letters are published on the Ombudsman's website. At its meeting in August the Committee noted that this year's Annual Letter was positive.

k) Looked After Children – Assessment Backlogs

In March, the Committee received a report which outlined an updated position regarding assessments for Looked after Children (LAC). The Committee was advised that regulations stipulated that within 28 days of being accommodated by the Local Authority the child should have a holistic health assessment. The Committee was informed of the difficulties of meeting that timescale currently due to insufficient capacity for both medical and nursing assessments.

The Committee was advised that alternative staffing models had been explored to address the backlog, meet current demand and also to manage caseload in line with recommendations.

l) Review of Quality Governance Arrangements - Audit Wales Report and Health Board Management Response

In March, the Committee received an update regarding progress with the implementation of the recommendations of the Audit Wales Report 'Review of Quality Governance Arrangements'.

It was noted that the implementation of recommendations continued to be monitored by the Health Board's Risk and Regulation Team and that a number of the recommendations were recognised as longer-term and formed part of the Health Board's preparations for the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

m) Safeguarding Annual Report

The Committee received and discussed the above report at its meeting in November. The Safeguarding Annual Report provided detail on the significant work that had been undertaken by the Safeguarding Team during the last twelve months.

Policies and Procedures

A number of policies and procedures were discussed & approved at the Committee as follows:

1. Interventions Not Normally Undertaken (INNU) policy and intervention list.
2. Medical Equipment Policy and Procedure
3. Exposure of Patients to Ionising Radiation Procedure
4. Radioactive Substances Risk Management Policy and Procedure
5. Exposure of Staff and Public to Ionising Radiation Procedure
6. Venepuncture for non-clinically qualified Research Staff Policy and Procedure
7. Referrals by Non-Medical Practitioners for Diagnostic Imaging Investigations (Excluding Clinical Trials and Research) Policy and Procedure.
8. Deteriorating Patient Policy.

At its meeting in November, the Committee recommended that the Concerns, (Complaints), and Claims (Clinical Negligence, Personal Injury and Redress) Policy was recommended to full Board for approval.

In addition, the Committee reviewed and endorsed the Unpaid Carers Charter during its meeting in August.

A Special Meeting of the Quality, Safety and Experience Committee 11th October 2022

This meeting is held each year to focus on Serious Incidents and provides a deep dive into particular issues. The following items were presented:

1. Maternity/Neonatal Services
2. Mental Health Services
3. The Five Harms
4. Quality, Safety and Experience Themes and Trends

6.0 COMMITTEE GOVERNANCE

Reports submitted to the Committee for review in January 2023.

1. Committee Annual Report 2022/23
2. Committee Terms of Reference 2023/24

Reports submitted to the Committee for review in March 2023

3. Committee work plan 2023/24

Also presented to the Committee at each meeting were the minutes from the:

1. Clinical Board QSE Sub Committees
2. Clinical Effectiveness Committee

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, AUGUST, NOVEMBER 2022 AND JANUARY, MARCH 2023

1. Pandemic Update & Any Urgent/Emerging Themes
2. Cardiac Surgery
3. Maternity Services
4. HIW report relating to the Emergency Unit at UHW
5. Cardiac Surgery Report
6. DNAR Orders at St David's Hospital
7. Inpatient Suicides

REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of Quality, Safety and Experience Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Quality, Safety and Experience Committee. The report is presented by the Chair of the Quality, Safety and Experience Committee.

7.0 OPINION

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2022/23 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SUSAN ELSMORE
Committee Chair

CERI PHILLIPS
Committee Vice Chair