



GIG
CYMRU
NHS
WALES

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

Annual Report of the Quality, Safety and Experience Committee 2021/22

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 2021/22 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director (Executive Lead for the Committee) 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 six times during the period 1 April 2021 to 31 March 2022 one of which (26 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 83% for (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below.

	13.04.21	15.06.21	15.09.21	26.10.21	14.12.21	22.02.22	Attendance
Susan Elsmore (Chair)	✓	✓	X	✓	✓	✓	83%
Ceri Phillips (Vice Chair)	X*	X*	✓	✓	✓	X	75%
Michael Imperato	✓	✓	X**	X**	X**	X**	100%
Gary Baxter	✓	✓	✓	✓	✓	✓	100%
Akmal Hanuk	X*	X*	✓	X	X	✓	50%
Mike Jones	✓	✓	X	✓	✓	✓	83%
Total	100%	100%	60%	80%	80%	80%	83%

*The Vice Chair of the Committee and Akmal Hanuk were approved to post in August 2021.

** Michael Imperato was a member of the Committee during the period April 2021 until June 2021.

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

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 22nd February 2022 and were approved by the Board on 31st March 2022.

5.0 WORK UNDERTAKEN

This Committee's focus is on ensuring patient and citizen quality and safety including

activities traditionally referred to as 'clinical governance'. In particular, the Committee should seek and provide assurance to the Board or to escalate areas of concerns and advise on actions to be taken in relation to the 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 financial year 2021/22 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

1. Impact of Covid-19 on Patient Safety
2. Themes and Trends in Never Events
3. Gosport Review
4. Quality, Safety and Experience Framework
5. Waiting Lists and Cancer Services
6. Pressure Damage
7. Falls Group
8. Perfect Ward
9. Update Report on: Healthcare Standards, Duty of Candour, National Quality Framework and Annual Quality Statement

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, SEPTEMBER, DECEMBER 2021 AND FEBRUARY 2022

1. Pandemic Update & Any Urgent/Emerging Themes
2. Corporate Risk Register
3. Review into working practices of CMHT's in C&V UHB
4. Nosocomial Investigation Position
5. Cardiac Surgery Report
6. DNAR Orders at St David's Hospital

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – SET AGENDA ITEMS

April 2021 - March 2022

Clinical Board Assurance Reports

The Committee discussed a number of Clinical Board Assurance reports received throughout the year. 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.

By way of example, in April the Committee received a report in relation to the Children and Women's 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 and the

concerns of clinicians as the country emerged from the second wave of the pandemic, in particular, the emotional well-being support that will be required for our children and young people.

Quality Indicators Report

In June 2020, the Committee agreed a range of quality indicators that would be routinely monitored at each meeting. To enable this, work was undertaken with the Information Department to develop a QSE dashboard.

The reports provided an overview of current performance against those quality indicators that were available within the dashboard.

Exception Reports

The Committee received five Exception Reports covering 3 areas:

1. IP&C Position
2. COVID reporting
3. System Pressures

COVID-19

At the April meeting, the Committee were provided with information regarding the impact of Covid-19 on Patient Safety which covered:

1. Progress on COVID-19 Mass Vaccination
2. COVID-19 related incident reporting
3. COVID-19 Patient Experience Response
4. COVID-19 Assurance on reporting of deaths

A Special Meeting of the Quality, Safety and Experience Committee 26th October 2021

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. Hot Topics
2. Quality, Safety and Experience Themes and Trends 2020-2021

Policies and Procedures

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

1. Thromboprophylaxis Policy
2. Swab, Instrument and Sharps Count Policy and Procedure
3. Prevention and Management of In-Patient Falls Policy
4. Patient Falls Policy
5. Incident, Near miss and Hazard reporting Policy
6. Patient Identification Policy
7. National Patient Safety Incident Reporting Policy
8. Gene Therapy Medicinal Products & Gene Therapy Investigational Medicines Products Policy & Procedure.

Inspections, Peer Reviews and Other Reviews

Eleven Inspections, Peer Reviews and Other Reviews were received and approved over the course of the year and included:

1. Health Inspectorate Wales Update Review
2. Health Inspectorate Wales Activity Overview
3. Health Inspectorate Wales Primary Care Contractors
4. Terms of Reference Annual Review (February 2022)
5. Patient Experience Overview (February 2022)
6. Committee Effectiveness Survey 2020-2021

Corporate Risk Register

At all meetings, the Committee received the Corporate Risk Register. 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.

Plans

Two plans were presented to the Committee and are as follows:

1. Health Care Standards Strategy and Action Plan
2. Annual Committee Workplan (February 2022)

Quality, Safety and Experience Framework

In September, the Committee received and approved the Health Board's draft Quality, Safety and Experience Framework 2021 to 2026. The Framework had been developed through extensive engagement with a great number of stakeholders over the previous twelve months and set out the Health Board's priorities in delivering safe, effective services that deliver excellent user experience.

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:

1. Blood Inquiry Update

The Committee received an update with regards to the Infected Blood Inquiry. That update had included the following points: -

- on 2 July 2018, the Independent Public Inquiry into Infected Blood and Blood Products (the Infected Blood Inquiry) was launched.
- The inquiry will examine the circumstances in which men, women and children treated by the NHS in the UK were given infected blood and blood products, in particular since 1970.
- Since responding to the Inquiry on 12th September 2018, the Health Board has continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

- Following a six-week suspension of the Blood Inquiry hearings from 31st March 2021 until 18th May 2021 for Easter, hearings recommenced the week commencing 17th May with additional hearings scheduled until August 2021.

2. Patient Safety Solutions

The Health Board regularly receives alerts and notices from Welsh Government which cover a range of patient safety issues. Each notice or alert contains a list of actions to be completed before compliance can be declared. The timescale given to undertake these actions varies according to the complexity of the actions required. By the specified deadline, the Health Board must report a position of compliance, non-compliance or not applicable.

In December the Committee received a report in relation to Patient Safety Solutions. Amongst other matters, the report provided details of a business case which had been submitted for additional resource within the team and for the implementation of AMaT software, both to provide further assurance with regards to this area.

Perfect Ward Presentation.

At its September meeting, the Committee received a presentation in relation to the "Perfect Ward". The presentation had highlighted that ward Accreditation was the development of a set of standards to enable areas for improvement to be identified and areas of excellence celebrated.

It was noted that Ward Accreditation was used quite frequently in England and highlighted that the Health Board was the first Health Board in Wales to introduce it.

The Committee had noted that the framework could be utilised in both Primary and Secondary care settings and that the aim would be to achieve a Bronze, Silver or Gold accreditation.

3. Health Care Standards Strategy Plan and Action Plan

The Committee was advised that work had been undertaken with specialist leads in the Health Board in order to make sure their improvement plans had been implemented.

4. Board Assurance Framework – Patient Safety

At its meetings, the Members of the Committee are provided with the opportunity to review the Patient Safety risk on the Board Assurance Framework. The purpose of the same was to provide an extra level of assurance to the Committee.

5. Patient Falls

In-patient falls are the most frequently reported incident for the Health Board (and this is true throughout the UK). With the Health Board's patient population increasing in age and complex multi-morbidity, the challenge to reduce the number of falls and injuries from falls is significant. The Committee was briefed upon the significant amount of work that has been done to date and to describe the proposed approach to falls prevention in Cardiff and the Vale of Glamorgan.

The Committee was advised that the falls delivery group continue to meet and excellent community work was underway. Much of this work was started by Oliver Williams, a physiotherapist working with the Patient Safety team and led on falls.

The Falls Policy was last ratified in 2016 and was reviewed and updated for approval at the June meeting.

6. Pressure Damage

In order to provide assurance, the Committee received a report which set out the proposed multidisciplinary approach to reduce health care acquired pressure damage. The Committee recommended that the pressure damage update was shared at full Board.

7. 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.

8. Healthcare Standards, Duty of Candour, National Quality Framework and the Annual Quality Statement updates.

At the February 2022 meeting, the Committee was provided with an update in relation to Healthcare Standards, Duty of Candour, National Quality Framework and the Annual Quality Statement after a number of policy and legislative changes.

9. Patient Experience Overview

The Committee was provided with an overview of the Patient Experience Team's roles and regulatory functions.

6.0 COMMITTEE GOVERNANCE

Reports submitted to the Committee for review in February 2022.

1. Committee Annual Report 2021/22
2. Committee Terms of Reference 2022/23
3. Committee work plan 2022/23

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

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

7.0 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.

8.0 OPINION

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2021/22 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