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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 2020/21

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 2020/21 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 2020 to 31 March 2021 one of which (October 2020) was a special meeting. This is in line with its Terms of Reference.

The Quality, Safety and Experience Committee achieved an attendance rate of 73.3% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	14.04.20	16.06.20	08.09.20	13.10.20	15.12.20	16.02.21	Attendance
Gary Baxter	X	X	X	✓	✓	✓	50%
Susan Elsmore	✓	X	✓	✓	✓	✓	83%
Akmal Hanuk	X	✓	✓	X	X	✓	50%
Michael Imperato	✓	✓	✓	✓	✓	✓	100%
Dawn Ward	✓	✓	✓	✓	✓	*	83%
Total	60%	60%	80%	80%	80%	100%	73%

*In January 2021, Independent Member Dawn Ward left her role and did not attend February's meeting.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 16th February 2020 and are to be approved by the Board on 25th March 2021.

5.0 WORK UNDERTAKEN

During the financial year 2020/21 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

1. Mortality Review – Learning from Deaths
2. Ophthalmology waiting times and the management of Patient risk

3. End of Year Position on Quality Indicators
4. Quality, Safety and Experience Themes and Trends 2019-2020
5. Safeguarding Annual Report
6. Systemic Anti-Cancer Therapy Peer Review
7. Neonatal Peer Review

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, SEPTEMBER, OCTOBER, DECEMBER 2020 AND FEBRUARY 2021

1. Safeguarding report
2. Abduction Policy
3. Key Issues – Cardiac Surgery
4. UHB Mortality Review Group Terms of Reference
5. Any Urgent / Emerging Themes
6. Covid Outbreaks
7. Paediatric surgery
8. Corporate Risk Register
9. Pandemic Update & Any Urgent/Emerging Themes
10. Corporate Risk Register
11. Review into working practices of CMHT's in C&V UHB

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – SET AGENDA ITEMS

April 2020 - March 2021

Clinical Board Assurance Reports

The reports provided detail 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. This is aligned to the UHB's Shaping Our Future Well Being Strategy 2015 – 2025, underpinning the development of the services by working collaboratively with the UHB workforce.

Exception Reports

The Committee received three Exception Reports:

1. Exception Reports – Key Issues
2. Exception Reports – IP&C Position
3. Exception Reports – COVID reporting

COVID-19

At each meeting, reports were provided to detail:

1. COVID-19 related incident reporting
2. COVID-19 Patient Experience Response

3. COVID-19 Assurance on reporting of deaths
4. Impact of COVID-19 on Patient Safety
5. Progress on COVID-19 Mass Vaccination

A Special Meeting of the Quality, Safety and Experience Committee 13th October 2020

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

1. Hot Topics
2. Quality, Safety and Experience Themes and Trends 2019-2020
3. Analysis of Themes and Trends in Deaths of Patients with Mental Illness - learning, action taken and improvement since last year

Policies and Procedures

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

1. Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic
2. Use of Antimicrobial Agents Policy
3. Health & Social Care (Quality & Engagement) (Wales) Act
4. Abduction Policy (Private Agenda)

Inspections, Peer Reviews and Other Reviews

11 Inspections, Peer Reviews and Other Reviews were received and approved over the course of the year and is as follows:

1. Mortality Review – Learning from Deaths (April 2020)
2. Healthcare Inspectorate Wales Update Review
3. Mortality Review (September 2020)
4. Systemic Anti-Cancer Therapy Peer Review
5. Neonatal Peer Review
6. Feedback from Effectiveness Review
7. Internal Inspections
8. Health Inspectorate Wales Activity Overview
9. Health Inspectorate Wales Primary Care Contractors
10. Health Inspectorate Wales Assessment Unit Update Report
11. Terms of Reference Annual Review

Risk and Assessments

The Committee received four reports:

1. UHB self-assessment and improvement plan against the Cwm Taf HIW/WAO governance review
2. Self-assessment of Committee Effectiveness & Forward Action Plan
3. Healthcare Self-Assessment Plan and Progress Update
4. Ophthalmology waiting times and the management of Patient risk

Plans

Three plans were presented to the committee and are as follows:

1. Clinical Audit Plan – Local and National - The AD-PSQ advised the Committee that the National Clinical Audit Plan had been stood down by Welsh Government, however, the team would keep in touch with the Clinical Audit Teams to ensure that data is still inputted, although it is not a priority
2. Quality, Safety & Experience Workshop – Feedback & Action Plan
3. Annual Committee Workplan

Other Reports

Over the course of the year 12 other reports were presented to the Committee. The following was highlighted:

1. Maintaining Quality and Safety in Non-COVID Essential Services

The Deputy Chief Operating Officer summarised the position of the UHB in maintaining Quality and Safety in Non-COVID essential services and provided assurance that actions would continue to be guided by clinicians and be within the frameworks outlined in the report with the overriding principle of minimising harm for Covid and non Covid patients.

2. Controlled Drugs Local Intelligence Network

The report summarised the activities of the CDLIN over the past 12 months under the relevant headings of the Regulations:

Regulation 4: Accountable Officer

Regulation 7: Funds and other resources available

Regulation 10: Adequate destruction and Disposal arrangements for controlled drugs

Regulation 11: Monitoring and audit of the use of controlled drugs

Regulation 12: Declarations and self-assessments

Regulation 13: Appropriate training of relevant individuals

Regulation 15/16/17. Regulation 29 Records of concerns, assess, investigate and take action in relation to concerns. Occurrence reports

Regulation 18. Establish arrangements for information sharing

3. Concerns and Claims Report

The Executive Nurse Director advised the Committee there had been a 10% increase in concerns raised to the UHB. The number of concerns closed had increased by 15% and performance was above Welsh Government targets at 82%. The Committee were informed there was no particular change with themes and the team expected to receive PI claims going forward, along with clinical negligence claims due to COVID-19.

4. Safeguarding Annual Report

The END advised the Committee that an increase in activity had been seen following the 2015 legislation on domestic homicide and FGM. The report highlighted referrals of children around neglect, mental health and domestic abuse and of adults around physical abuse, neglect and pressure damage although pressure damage was linked to how they were reporting at the time.

5. Health Care Standards Self-Assessment Plan and Progress Update

The Assistant Director of Patient Safety and Quality (ADPSQ) advised the Committee that work had been undertaken with specialist leads in the UHB and making sure their improvement plans had been implemented.

The ADPSQ advised the Committee that they were looking across the small central Clinical Audit team and that there were 38 national mandated audits and that the UHB are signed up to 35 of these.

6. Board Assurance Framework – Patient Safety

The Director of Corporate Governance advised the Committee that each of the risks are allocated to a Committee.

The DCG noted to the Committee that the reason for bringing Patient Safety Risks to the Committee is to provide an extra level of assurance and to open it up for check and challenge before going back to the board.

7. Annual Quality Statement

NHS bodies are required to publish Annual Report and Accounts, an important element of this will be the publication of the Annual Quality Statement. The AQS is intended to provide an opportunity for the Health Board to inform the public about the quality and safety of the services that it provides, including how it is making better use of resources to deliver safe, effective and patient centred services and how it provides care that is dignified and compassionate.

8. Patient Safety Solutions

The UHB regularly receives alerts and notices from Welsh Government. These 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 UHB must report a position of compliance, non-compliance or not applicable.

9. Patient Falls

Falls and falls-related injuries are a major public health concern, and are a one of the biggest causes of morbidity and mortality for older people in the home, community and in hospital settings.

The Committee was briefed on 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 is underway and much of this work was started by Oliver Williams, a physiotherapist working with the patient safety team and led on falls.

10. Infected Blood Inquiry Update

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 UHB has continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

11. Ophthalmology Report

The Committee was informed that a plan for Ophthalmology had been developed as the volume of individuals requiring access to the service was a problem across Wales. It was advised that there was a high level of risk associated with long waits as an individual's eyesight could deteriorate quickly. The Ophthalmology team had developed and tested a virtual service which was successful. An update was provided on progress against the priorities set out in the Ophthalmology Plan.

12. 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.

13. Advancing Applied Analytics Health Foundation Project Presentation

A report was presented to the Committee around Patient Safety and applied analytics around that and how to achieve a complete view of Patient Safety.

A Patient Safety Facilitator advised the Committee that extracting and exploring data from the incident reporting system was labour intensive and time consuming so to roll that data project across the UHB, a dashboard was developed by the Business Intelligence team.

6.0 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.

7.0 OPINION

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2020/21 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