

Appendix 2

QUALITY & PATIENT SAFETY COMMITTEE

ANNUAL REPORT

2021-2022

Sub-Committee/Group Chair:

Ceri Phillips

Report Approved by Sub-Committee:

30 March 2022

1.0 BACKGROUND / INTRODUCTION

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Quality & Patient Safety Committee ('the Sub-Committee') produces an Annual Report to the Joint Committee setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The purpose of the Sub-Committee is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; and
- Ensuring that LHB Quality & Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway).

To achieve this, the Sub-Committee's programme of work is designed to support and enable the Joint Committee to implement systems that:

- Monitor and support the development and implementation of a quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and

- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.0 MEMBERSHIP

The membership of the Sub-Committee takes into account the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Membership will provide as wide a representation across Wales as possible and consists of no less than five Independent Members drawn from Health Boards.

Membership during 2001-2022 was as follows:

Emrys Elias (until September 2021)	Independent Member from Aneurin Bevan University Health Board
Pippa Britton (from January 2022)	Independent Member from Aneurin Bevan University Health Board
Delyth Raynsford	Independent Member from Hywel Dda University Health Board
Dilys Jouvenat	Independent Member from Cwm Taf Morgannwg University Health Board
Trish Buchan (until January 2022)	Independent Member from Powys Teaching Health Board
Kirsty Williams (from February 2022)	Independent Member from Powys Teaching Health Board
Lucy Reid	Independent Member from Betsi Cadwaladr University Health Board
Martyn Waygood (until December 2021)	Independent Member from Swansea Bay University Health Board
Steve Spill (from January 2022)	Independent Member from Swansea Bay University Health Board
John Union (until June 2021)	Independent Member from Cardiff and Vale University Health Board
Ceri Phillips (from June 2021)	Independent Member from Cardiff and Vale University Health Board (Chair)

Other attendees include:

- Consultant Physician for WRCN;
- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance together with members of the Quality team;
- The WHSSC Director of Planning and/or Assistant Director of Planning;
- The WHSSC Committee Secretariat; and
- Community Health Council Representative

3.0 MEETINGS

The Sub-Committee met on the following dates during 2021-22 and was quorate on all occasions.

8 June 2021	10 August 2021	12 October 2021
18 January 2022	10 February 2022 (Development Day)	30 March 2022

4.0 ATTENDANCE

The Sub-Committee achieved an attendance rate of 82% of members during the period 01 April 2021 to 30 March 2022 as set out below

Attendance was initially difficult for ABUHB due to a change in their IM membership.

BCUHB had a turnover of IM's and this resulted in their QPSC IM member having to attend other meetings for a period until new independent members were appointed.

Unfortunately the March 2022 QPCS meeting coincided with the Powys Board meeting date.

	8.06.21	10.8.21	12.10.21	18.01.22	30.03.22	Attendance
Aneurin Bevan UHB	N	N	N/A	Y	Y	2/4
Hywel Dda UHB	Y	Y	Y	Y	Y	5/5
Cwm Taf Morgannwg UHB	Y	Y	Y	Y	Y	5/5
Powys THB	Y	Y	Y	Y	N	4/5
Betsi Cadwalader UHB	N	N	Y	Y	N	2/5
Swansea Bay UHB	Y	Y	Y	Y	Y	5/5
Cardiff & Vale UHB (Chair)	Y	Y	Y	Y	Y	5/5

5.0 MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into 6 main parts:

Preliminary Matters

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising.

Patient Story/Presentation

This section of the meeting reports on individual patient experience providing a real-life dimension to reporting or a presentation on a key topic such as learning from an incident investigation.

During the year patient stories on Cleft Lip and Palate, Microprosser Controlled Prosthetic knee and Major Trauma were received.

Presentations have been provided on the following topics;

QAIS- Summary of the Review of NHS Wales CAHMS In-Patient Services Report.
Update on the Patient Engagement Framework.

Case Study – Major Trauma.

Mental Health Strategy.

NCCU – Secure Services Report.

Mother & Baby Unit Incident Feedback from ABUHB.

Items for Decision and Consideration

This section of the meeting includes update reports from the networks and WHSSC commissioning teams highlighting all commissioned services that are in escalation and the actions taken as well as in depth updates on any risks that appear on the Corporate Risk Assurance Framework (CRAF).

Routine Reports

This section of the meeting includes update reports from the WHSSC Policy Group and summary updates on SUIs, complaints, CQC and HIW, and Ombudsman reports. It also includes the monthly Corporate Risk Assurance Framework report highlighting risk issues.

Items for Information

This section of the meeting includes reports that will be of interest to the committee that are not usually for discussion. Included in this section is the Forward Work Plan and the Distribution list

Concluding Business

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

6.0 QPSC DEVELOPMENT DAYS

QPSC Development Days are held on annual basis. Development Days are half-day virtual sessions in which members attend workshops and discussion groups centred on learning and sharing good practice.

A Development Day took place on 10 February 2022. In addition to the WHSSC QPSC members, invitations were sent to all of the QPSC Chairs and Quality Leads from each of the Health Boards to attend the day.

The purpose of the day was to provide an overview of WHSSC for new members and anybody new to WHSSC. An update on the Commissioning Assurance Framework, which was approved in September 2021 and its key changes was provided. A useful discussion considered ways to strengthen the relationships and reporting mechanisms back into Health Boards. Board Secretaries are now included on the distribution list for the Joint Committee Chairs reports. The Development day also provided an opportunity to share good practice and developments in general.

Some feedback from the Development included the following “[comments](#)”;

“[It was a very helpful and informative few hours, with good engagement](#)”.

“[Thank you has been really informative and a great introduction session for a newbie](#)”.

“[It has been a really informative and useful session. It will also help me do my job as a committee member better and so I really appreciate the time you all took to put it together and deliver it. Thank you](#)”.

7.0 THE QUALITY ASSURANCE TEAM

The Quality Assurance Team has a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services.

The Quality Assurance Framework was reviewed during 2020-2021. This has now been replaced with a Commissioning Assurance Framework (CAF) and supported by a suite of documents to underpin patient quality safety and assurance.

The CAF has been designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic

infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services.

The Quality Assurance team plays a pivotal role working closely with the Medical Directorate and Commissioning Teams and monitor quality activities such as:

- management and learning from serious incidents and never events;
- co-ordination of investigations and responses to complaints and reported near misses;
- contribution to the commissioning cycle including planning,
- contracting and quality assurance of provider services;
- contribution to and being the specialised commissioning local representative for the agreed escalation process of quality concerns within their geographical area;
- compliance with key legislation such as the *Nurse Staffing Levels (Wales) Act 2018* which although it does not have a direct impact on many of the WHSSC commissioned services with its focus on acute medical and surgical staffing levels, has key principles that can be applied.

8.0 LINKS WITH OTHER COMMITTEES

The Chair links with other committees such as Joint Committee and Integrated Governance Committee. It is the role, assurance, and outcomes from the QPSC Committee that link to these committees. A Chair's report and summary of services in escalation is provided to the Joint Committee and sent to the Chairs of each of the Quality Patient Safety Committees, Quality Leads and Board Secretaries in the Local Health Boards.

Directors and other Members of the Committee provide linkage with other committees such as the Audit Committee and Clinical Networks.

9.0 WORK PROGRAMME

In order to monitor progress and any necessary follow up action the Committee was supported by the Corporate Governance Officer and Corporate Governance Manager in developing a work log that captured all agreed actions. This provides an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee.

Following each meeting, a Chair's report together with the summary of the services in escalation is sent to the Joint Committee Meeting.

The following areas were reported to the Joint Committee in the Chair's report over the past year:

- Regular updates on the Welsh Renal Clinical Network that included confirmation that by October 2021 transplant work had returned to pre Covid-19 rates. Updates were also provided on the Renal peer review process.
- Updates on the Neonatal Transport interim arrangements and governance arrangements
- Updates on cardiac surgery services including regular updates on the Getting it Right First Time (GIRFT) review and Action Plans.
- Regular updates on complex needs, high cost patients;
- Updates on the CTMUHB Cochlear service including the workshops held to agree the preferred clinical model;
- Regular updates on the escalation of Ty Llidiard including a presentation following an inquest;
- Updates on the risks to thoracic surgery provision for lung cancer patients in mid and south west Wales as a result of COVID-19;
- Updates on the revised WHSSC Risk Management process;
- Reports on the Intestinal Failure (IF) review which culminated in the creation of a temporary IF commissioning team who have identified a number of risks for inclusion onto the CRAF (from March 2022) ;
- Regular updates on the children and adult Cleft Lip and Palate Services. Whilst the children's service had recovered well, the adult service remained a concern and QPSC requested updates on the adult service.
- Updates on the Gender Identity Development Service for Children and Young People (GIDS).
- Reports on the neo-natal cot capacity following a decrease in bed availability.

10.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation and has primarily operated within its Terms of Reference and in accordance with the Governance and Accountability Framework. The Sub-Committee undertakes a self-assessment, this will be undertaken during April 2022 and any actions will be picked up as part of the work plan for 2022-2023.

During the first quarter of 2021, WHSSC appointed two new IMs including the new WHSSC QPSC Chair. The new WHSSC IMs have provided positive feedback on the induction they received and have settled well into their respective roles.

There has been a turnover in the WHSSC QPSC members and three new members have recently joined the WHSSC QPSC Committee. Feedback from the new members will be obtained to ensure the induction process continues to meet the needs of members.

The self-assessment process from 2020-2021 and the Audit Wales Governance Review commented that links with sub-committees could be strengthened.

Recommendation 1 referenced in the Audit Wales report “WHSSC Committee Governance Arrangements” and referred to strengthening the reporting to the Joint Committee, with specific reference to the QPSC committee and the need for an increased focus on quality at the Joint Committee.

Each Joint Committee meeting receives a Chair’s assurance report from each of the sub-committees, which provides an update on the business discussions of each sub-committee meeting. Each sub-committee chair or executive lead is asked to present the sub-committee Chairs report to the Joint Committee and to outline any salient points during the meeting.

An update on progress against Recommendation 1 was given to the Joint Committee meeting on 18 January 2022 and members noted the positive progress made. Feedback received from Audit Wales also indicated positive progress in this area.

11.0 ASSURANCE TO THE BOARD

The Quality Patient Safety Committee wishes to assure the JC that based on the work completed during 2021-2022, there are measures in place to monitor the quality and safety of commissioned services. There are no outstanding issues that the Group wishes to bring to the attention of the Joint Committee.

Embedding of the Corporate Risk Assurance Framework (CRAF) and alignment to the Escalation Process remains ongoing. The escalation paper at the request of WHSSC IM’s is now routinely sent to the Integrated Governance Committee for assurance. Reporting mechanisms within Health Boards whilst requires ongoing improvement and monitoring there has been a significant improvement in ensuring there is strong links between WHSSC and the Quality Patient Safety Committees with Health Boards. One area that the Committee want to particularly focus upon is the reporting and monitoring of quality indicators in line with the service specifications.

12.0 CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2022-2023 in respect of the following work plan:

- Further development of the committee members by completion of the self-assessment and development day[s];
- Continue to strengthen the relationship and reporting into Local Health Boards QPSC;
- Further development of reporting and monitoring of quality indicators, a half day workshop on the use of information for commissioning assurance is planned for June 2022;
- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;
- Further development of the corporate risk, escalation and assurance mechanisms.