



QUALITY & PATIENT SAFETY COMMITTEE

ANNUAL REPORT

2020-2021

Sub-Committee/Group Chair:

Emrys Elias

Report Approved by Sub-Committee:

08 June 2021

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 and Patient Safety Committee produces an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference during the financial year.

The purpose of the Welsh Health Specialised Services Quality & Patient Safety Sub-Committee (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:

- Oversee the development of a quality assurance framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the implementation of the quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Oversee the development of a patient engagement framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the 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 2002-2021 was as follows:

Emrys Elias	Independent Member from Aneurin Bevan University Health Board (Chair)
Delyth Raynsford	Independent Member from Hywel Dda University Health Board
Dilys Jouvenat	Independent Member from Cwm Taf Morgannwg University Health Board
Trish Buchan	Independent Member from Powys Teaching Health Board
Lucy Reid	Independent Member from Betsi Cadwaladr University Health Board
Martyn Waygood	Independent Member from Swansea Bay University Health Board
John Union	Independent Member from Cardiff and Vale University Health Board

Other attendees include:

- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning;
- The WHSSC Committee Secretariat; and
- Community Health Council Representative

3.0 MEETINGS

The *Quality & Patient Safety Committee* met on the following dates during 2020-21 and was quorate on all occasions.

14 April	16 June	11 August
13 October	19 January	23 March

4.0 ATTENDANCE

The Quality & Patient Safety Committee achieved an attendance rate of 70% of members during the period 01 April 2020 to 21 March 2021 as set out below (80% is considered to be an acceptable attendance rate). Attendance was initially difficult due to the COVID-19 pandemic and clashes with Health Board committee meetings but has since settled.

	14.04.20	16.06.20	11.08.20	13.10.20	19.01.21	23.03.21	Attendance
Aneurin Bevan UHB							6/6 100%
Hywel Dda UHB							5/6 83.33%
Cwm Taf Morgannwg UHB	N/A						3/5 60%
Powys THB	N/A						5/5 100%
Betsi Cadwalader UHB	N/A						3/5 50%
Swansea Bay UHB	N/A						2/5 40%
Cardiff & Vale UHB	N/A						5/5 100%

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 an key topic such as learning from an incident investigation.

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.

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 which will be of interest to the committee that are not usually for discussion.

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 Q&PS DEVELOPMENT DAYS

Q&PS Development Days are held on a bi-annual basis. Development Days are half-day sessions in which members attend workshops and discussion groups centred on learning and sharing good practice.

A Development Day took place on 15 September 2020. In addition to the WHSSC Q&PS members, invitations were sent to all of the Q&PS Chairs and Quality Leads from each of the Health Boards to attend the day.

The purpose of the day was to review the terms of reference, revisit the self-assessment and to consider what could be done to strengthen the relationships and reporting mechanisms back into Health Boards. It also provided an opportunity to share good practice and developments.

The WHSSC Quality Assurance Framework has been under review during 2020-2021 and a presentation on the key changes was a key part of the session.

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 and help build upon the work of the specialised commissioning *Quality Assurance Framework (QAF)* (July 2014).

The QAF was 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.

The Quality Assurance Framework has been under review during 2020-2021 and has been replaced with a Commissioning Assurance Framework and supported by a suite of documents to underpin patient quality safety and assurance. This review process will be completed during 2021 and the documents published thereafter.

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 Q&PS 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 and Quality Leads 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:

- Ongoing COVID-19 contingency planning;
- Update on the Neonatal Transport Review;
- COVID-19 recovery planning;
- Regular updates on a complex needs, high cost patient;
- Updates on the CTMUHB Cochlear service;
- 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 SBUHB cardiac surgery service;
- Independent Review of the Tavistock & Portman Foundation Trust Gender Identity Development Service (GIDS);
- Updates on the CVUHB paediatric surgery service; and
- Updates on the revised WHSSC Risk Management process.

10.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Quality & Patient Safety 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 Committee undertakes a self-assessment and this will be undertaken in July 2021 and any actions will be picked up as part of the work plan for 2021-2022.

11.0 ASSURANCE TO THE BOARD

The Quality Patient Safety Committee wishes to assure the Joint Committee that on the basis of the work completed during 2020-2021, 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.

Work remains ongoing on the Corporate Risk Assurance Framework (CRAF) and the alignment to the Escalation Process. Progress continues to be made in terms of the reporting and monitoring of quality indicators and an updated Quality Assurance Framework will be launched during 2021.

12.0 CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2021-2022 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 Q&PS;
- Further development of reporting and monitoring of quality indicators;
- Work with WHSSC Q&PS committee members to develop an integrated assurance report to monitor the quality and outcomes for specialised services;

- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;
- Further development of the corporate risk, escalation and assurance mechanisms.