



# **QUALITY & PATIENT SAFETY COMMITTEE**

## **ANNUAL REPORT**

### **2023-2024**

**Sub-Committee/Group Chair:**

**Ceri Phillips (until 30 June 2023)  
Kate Eden (for August 2023 meeting)  
Carolyn Donoghue (from 23 October 2023)**

**Report Approved by Sub-Committee:**

## **QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)**

### **ANNUAL REPORT 2023-2024**

#### **1.0 BACKGROUND / INTRODUCTION**

In line with section 4.2.2 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 (JC) setting out how the Sub-Committee has met its Terms of Reference (ToR) during the financial year, its activities during the year and detailing the results of a review of its performance.

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

- Providing advice to the JC, including escalation of issues that require urgent consideration and action by the JC;
- Addressing concerns delegated by the JC; 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 JC to implement systems that:

- Monitor and support the development and implementation of the Commissioning 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 and experience 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 JC.

## 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 2023-2024 was as follows:

Carolyn Donoghue acted as WHSSC QPSC Chair (from 23 October 2023)	WHSSC Independent Member and WHSSC QPSC Chair, (Independent member from Cwm Taf Morgannwg University Health Board)
Ceri Phillips (until 30 June 2023)	Independent Member from Cardiff and Vale University Health Board (WHSSC Independent Member and QPSC Chair until 30 June 2023)
Sara Moseley (from July 2023)	Cardiff and Vale University Health Board (from
Pippa Britton	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
Kirsty Williams	Independent Member from Powys Teaching Health Board
Mike Larvin (from August 2023, there was no BCUHB representative until then)	Independent Member from Betsi Cadwaladr University Health Board
Steve Spill	Independent Member from Swansea Bay University Health Board

The CHC (now Llais) representative began with Gemma Morgan and she was replaced by Carol Williams. Llais are invited to attend meetings as an observer.

Other attendees include:

- Consultant Physician for Welsh Kidney Network who acts as their Quality and patient Safety Lead;
- The WHSSC Medical Director or their nominated deputy;
- The WHSSC Director of Nursing and Quality Assurance together with members of the Quality team;
- The WHSSC Director of Planning and Performance and/or Assistant Director of Planning;
- The WHSSC Director of Mental Health and/or Senior Planner for Mental Health
- The WHSSC Committee Secretariat; and
- Community Health Council Representative/Llais

### 3.0 MEETINGS & ATTENDANCE

During 2023-2024, WHSSC continued to meet virtually, and these virtual meetings and electronic communication continue to be the key to the Sub-Committee’s functionality.

To ensure business was conducted in as open and transparent manner as possible QPSC papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the operational pressures of recovery and the extreme financial pressures, the Sub-Committee met five times during 2023-2024 as outlined in the table below. This was in accordance with the ToR, which specify that the Sub-Committee should meet at least four times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate. The December 2023 meeting was stood down due to the sequencing and timing not aligning with the Joint Committee. In addition, during quarter 4 there was a significant amount of work in preparing for the new NHS Wales Joint Commissioning Committee.

18 April 2023	14 June 2023	16 August 2023
23 October 2023 (Development day and committee meeting held)	05 December 2023 (Cancelled due to the sequencing of meetings).	19 February 2024

#### 3.1 Members Attendance at Meetings

The Sub-Committee achieved an attendance rate of 63% of members during the period 01 April 2023 to 30 March 2024 as set out below.

Attendance has been difficult for some members due to diary clashes with their own HB's meeting dates. Some meeting dates have also been changed and this led to some members not being able to attend.

BCUHB had a turnover of IM's during the year and there was no representative at any of the QPSC meetings until Mike Larvin was appointed in August 2023.

Table 1 – Member/Health Board Attendance at QPSC April 2023-March 2024

<b>Independent Member Health Board</b>	<b>18.4.23</b>	<b>14.6.23</b>	<b>16.8.23</b>	<b>23.10.23</b>	<b>19.2.24</b>	<b>Attendance</b>
Aneurin Bevan UHB	Y	N	Y	N	Y	3/5
Hywel Dda UHB	Y	N	Y	Y	Y	4/5
Cwm Taf Morgannwg UHB	Y	Y	N	Y	Y	4/5
Powys THB	Y	Y	Y	Y	Y	5/5
Betsi Cadwalader UHB	N	N	Y	N	N	1/5
Swansea Bay UHB	Y	N	N	Y	N	2/5
Cardiff & Vale UHB (Chair)	Y	Y	N	Y (part meeting)	N	3/5

#### **4.0 MAIN AREAS OF SUB-COMMITTEE ACTIVITY**

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

##### **1. 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.

##### **2. 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.

In June 2023 a patient story on the benefits of self-administering subcutaneous immunoglobulin infusions at home was received. The patient story highlighted the positive impact that the Immunology Services had made to the patient's quality of life following her diagnosis of Non-Hodgkin's Lymphoma in 2002.

In August 2023 the committee received an informative patient story about a young girl who presented to the service initially with extremely complex issues and no experience of independent movement having never rolled, crawled or operated a wheelchair by herself. Despite this, the young girl was insistent on trying a powered wheelchair to gain more independence in her everyday life.

During the February 2024 QPSC meeting a patient story from a gentleman who had sustained a serious brain injury at the age of 59 and how a technique called "Rich Pictures" was used to obtain his thoughts and feedback was shared with the committee. Members noted the challenges that the patient faced at the outset and how the Neuropsychiatry service helped the patient and his family to obtain much needed support. The patient story highlighted the positive impact that the Neuropsychiatry service had made to the patient's quality of life.

Presentations have been provided on the following topics:

- An informative presentation which outlined the background of the South Wales Trauma Network (SWTN) and provided an update following the Peer Review.
- The functions of the Posture and Mobility service and the services it provides for children, young people and adults who require long term wheelchair use was received
- A presentation from the Welsh Kidney Network (WKN) outlining the impact of kidney disease and treatment options for patients with advanced kidney failure. The presentation highlighted the work the WKN had undertaken to increase the uptake of home therapy using value based healthcare to improve access for patients as well as employing welfare benefits officers to assist patients in navigating the benefits system to access available financial assistance.

The presentation explained the structure and role of WKN and highlighted the current commissioning responsibilities as:

- Haemodialysis (HD),
- Home HD,
- Peritoneal dialysis,
- Transplantation,
- Vascular access

An updated Mental Health Deep Dive covered the following key areas during the February 2024 QPSC meeting:

- Mental Health Strategy
- Secure Services

- CAMHS
- Eating Disorders
- Mother & Baby Unit (MBU)
- Neuropsychiatry

### **3. 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).

### **4. Routine Reports**

This section of the meeting includes update reports from the WHSSC Policy Group and summary updates on Serious Untoward Incidents, Complaints & Ombudsman Reports, and Regulatory summaries from Care Quality Commission (CQC), Health Inspectorate Wales (HIW) and Quality Assurance Improvement Team (QAIT). It also includes the monthly Corporate Risk Assurance Framework report highlighting risk issues and the Summary of Services in Escalation report.

### **5. Items for Information**

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

### **6. 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. Items for reporting to the Joint Committee through the chairs report and agenda items for the next meeting are also agreed with members.

## **5.0 QPSC DEVELOPMENT DAY**

The duty of quality Act come into force on 1 April 2023 and is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care. Quality is more than meeting service standards it's about implementing systems to support safe, effective, person-centred, timely, efficient, equitable care.

The Health & Care Quality Standards replace the Health and Care Standards (2015) and are a framework to help plan, deliver and monitor healthcare services in Wales. They are made up of six domains of quality and six quality enablers.

The purpose was primarily to update members on the work of WHSSC and to share how health boards have implemented the Duty of Quality Act which came into force on April 1st 2023.

The WHSSC Director of Nursing, Lead for Welsh Government on Duty of Quality, and HDUHB Health Board Quality Lead provided a useful update on the Act and ways in which reporting and evidence gathering could be strengthened. Presentation on the Duty of Quality provided the current all Wales position on this and how this further applies alongside the revised Health and Care Quality Standards to Commissioned services.

During the development of the Integrated Commissioning Plan 2024/25 the Quality Impact Assessment (QIA) tool was used to prioritise and make recommendations on investment decisions. This has ensured that the Duty of Quality is at the heart of our strategic planning process and has also been a useful practical exercise for our Commissioning Teams in using the QIA tool.

In addition, the Clinical Governance lead for the Walton (NHS England provider) gave a presentation as to how they monitor and report quality within the Trust and a presentation of the Patient Safety Incident Response Framework (PSIRF). This will be replacing the system in NHS England known as STeIs (Strategic Executive Information system for serious incidents). PSIRF is at various stages of implementation within NHSE Trusts.

Key actions and learning:

- Implementation and monitoring of the Duty of Quality alongside application of the Health and Care Quality standards within Commissioned services.
- Work within NHS England to understand reporting and impact of PSIRF for Welsh patients to ensure accurate monitoring reporting of incidents and appropriate review and follow up of these and sharing with health boards of residency.

The following describes some of the feedback received from the day:

*"Really interesting discussion around the implementation of PSIRF in NHSE and how this will impact learning from events".*

*"Excellent mix of in person and Teams, ensuring that everyone who wanted to contribute could".*

*"Meeting others and sharing experiences. Good opportunity for discussion".*

*"Updates and good practices in health boards re Duty of Quality".*

*"Really helpful day for networking and sharing of good practice".*

*"Understanding how the organisation works".*



## **6.0 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 was replaced with a Commissioning Assurance Framework (CAF) which was approved by the Joint Committee on 9 September 2021. This Framework is 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 need 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.

Whilst the team has been carrying a vacancy for some time this has now been recruited to which will strengthen the team and support the implementation of the new Duty of Quality from April 2023.

## **7.0 LINKS WITH OTHER COMMITTEES AND REPORTING RESPONSIBILITIES**

The Chair links with other committees such as JC and Integrated Governance Committee. It is the role, assurance, and outcomes from the Q&PSC that link to these committees. A Chair's report and summary of services in escalation is provided to the JC 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 Sub-Committee provide linkage with other Sub-Committees such as the Audit Committee and Clinical Networks. The WHSSC Director of Nursing presented to the All Wales Chairs on the Quality Patient Safety Committee earlier in the year to update them on the processes in place for the monitoring of commissioned services and the reporting mechanisms in place to provide reassurance back into the Health Boards.

## **8.0 WORK PROGRAMME**

In order to monitor progress and any necessary follow up action the Sub-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 Sub-Committee and from the Sub-Committee to the Integrated Governance Committee and the JC.

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

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

- Regular updates on Ty Llidiard which resulted in the service being removed from the Escalation in August 2023
- The de-escalation of FACTS.
- Regular updates on service provision for patients with Eating Disorders and progress with securing alternative provision following the end of the contract with Cotswold House.
- Progress with ongoing work with NHS England to consider a clinical model for the Gender Identity Development Service (GIDS) and explore a regional solution given the recommendation from the Interim Cass Review to move away from a single provider.
- Regular updates on the performance issues within the All Wales Lymphoma Panel service which culminated in the removal from the WHSSC escalation process in November 2023 due to implementation of the agreed action plan and an improvement in immunohistochemistry turnaround times.
- Updates from both South Wales cardiac centres and updates against their action plans. At the time of reporting both services remain in escalation Level 2.

In terms of CVUHB the planned repatriation of cardiothoracic surgery to UHW has been delayed until April 2024. An escalation focused review meeting with the Health Board was convened in January 2024, at which progress against those outstanding escalation actions was noted with a follow up meeting arranged for March 2024.

Swansea Bay Cardiac Surgery Service continues to make progress against its planned escalation actions as assessed by means of its performance dashboard.

- Updates regarding concerns in relation to the North Wales Plastic Surgery service and the Harms review. WHSSC continue to work alongside the Welsh Government escalation arrangements and attend the Task and Finish Group as an advisor. The interim report found no evidence of patient harm.
- South Wales plastic surgery waiting times continue to breach ministerial measures. QPSC have been provided with updates on the action plan developed to address the waiting times.
- Updates on the concerns raised following a relicensing inspection by the Human Fertilisation and Embryology Authority (HFEA) of the Women's Fertility Institute (WFI) in Neath Port Talbot Hospital, which was undertaken in January 2023.
- Updates on the updated WHSSC Corporate Risk Assurance Framework and the concerns around IPFR, more specifically the changes to the Terms of Reference and governance review.
- Reports from the temporary IF commissioning team who kept the committee updated with supply issues and the HPN contract renewal.
- Regular updates on the paediatric surgery concerns which resulted in outsourcing to help reduce the numbers of children on waiting lists.
- Reports on the neo-natal cot capacity following a decrease in bed availability.
- Reports on Paediatric Intensive Care.

The QPSC committee highlighted concerns regarding the number of services that were in escalation in the Women & Children's portfolio.

The following good news stories were also shared with the JC:

- A quarterly Quality newsletter is produced by the Quality Team which highlights key areas for updating and sharing. This has been positively received and is circulated with the Chairs report into Health Boards on a quarterly basis. Copies of the Newsletters are available on the WHSSC website.
- Re-establishment of Service innovation and Improvement Days with a six monthly report received by the committee.
- The First Minister made a visit to the Mother and Baby Unit in Tonna in July, which received positive feedback.
- A new Eating Disorder unit in Tŷ Glyn Ebwy Hospital, Hillside, Ebbw Vale was opened by the Deputy Minister for Health on the 9th November 2023. This Unit will allow for repatriation of out of area placements and reduce the risk identified with one of the current independent providers.

## **9.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES**

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR were reviewed and refreshed during March 2022 and were presented to the JC for approval in May 2023. The Sub-

Committee Terms of Reference were updated to include some minimal changes proposed to reflect some new executive appointments to the WHSSC management Team. The QPSC committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

The findings of the 2022-2023 QPS Committee Effectiveness self-assessment were shared with members on the 14 June 2023 and presented to IGC and to the JC in July 2023. Overall, the comments were positive. As the corporate governance team are heavily involved in drafting the new governance frameworks for the new Joint Commissioning Committee, it was agreed that the Committee Effectiveness exercise for 2023/2024 would be limited to the Joint Committee.

## **10.0 ASSURANCE TO THE BOARD**

The QPSC assures the JC that, based on the work completed during 2023-2024, 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 JC.

Embedding of the Corporate Risk Assurance Framework (CRAF) and alignment to the Escalation Process remains ongoing. Strengthening the reporting of services in escalation with the updated escalation trajectory continues to be a key priority during 2024.

Reporting mechanisms within Health Boards, whilst requiring ongoing improvement and monitoring, have seen a significant improvement in ensuring strong links between WHSSC and the Q&PSC with Health Boards, as was evidenced by the results of the Internal Audit Review and the substantial assurance rating for WHSSC process. There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair's report to their own quality committee meetings for scrutiny and assurance. However, WHSSC makes reference to this when circulating the QPSC Chair's reports to Health Board colleagues.

## **11.0 CONCLUSION AND LOOK FORWARD**

The Sub-Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2024-2025.

WHSSC will cease to exist on 31 March 2024 and the new JCC will be established on 1 April 2024. As the operating arrangements will be different across each of the constituent parts of the new JCC it has been proposed that in Q1 2024-2025 the remit of the QPS Sub-Committee includes the former business of WHSSC and is expanded to include mental health commissioning.

It is proposed that the non-officer membership will be made up of the current WHSSC sub-Committee members (i.e. seven Independent Members who are also members of the Health Board Quality and Safety Committees) for Q1, with one or two JCC lay members also joining the Sub-Committee.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help further strengthen the quality arrangements of WHSSC.

### **Chair of the Quality & Patients Safety Committee**