



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Committee Annual Report 2020-21

1. Title of Committee/Group/Forum:

Quality, Safety Experience Committee

2. Name and role of person submitting this report:

Mrs Gill Harris, Executive Director of Nursing and Midwifery

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 6 times and otherwise as the Chair deemed necessary. During the reporting period, it met (virtually) on 7 occasions in response to the need to balance the need to ensure quality and safety matters continued to be addressed during the Covid-19 pandemic, and ensuring that agendas were focused to free up operational time. Attendance at meetings is detailed within the table below. Attendance for Executive Directors and lead officers was limited by agreement of Committee Members and in accordance with Welsh Governance guidance to maximise capacity for the pandemic response.

| Members of the Committee | 5.5.20 | 3.7.20 | 29.7.20 | 28.8.20 | 3.11.20 | 15.1.21 | 2.3.21 |
|----------------------------|--------|--------|---------|---------|---------|---------|--------|
| Independent Members | | | | | | | |
| Lucy Reid (Chair) | P | P | P | P | P | P | P |
| Cheryl Carlisle | P | P | P | P | P | P | P |
| Jackie Hughes | P | P | P | P | P | P | P |
| Lyn Meadows | P | P | A | P | P | P | P |

| Formally In attendance (as per Terms of Reference) | 5.5.20 (reduced attendance) | 3.7.20 (reduced attendance) | 29.7.20 | 28.8.20 | 3.11.20 | 15.1.21 | 2.3.21 |
|--|--|--|----------------|----------------|----------------|----------------|---------------|
| Directors | | | | | | | |
| Gareth Evans Chair of Healthcare Professionals Forum | X | X | P | A | P* | P | P |
| David Fearnley Executive Medical Director (left BCU on 30.9.20) | P | X | P | P | ◆ | ◆ | ◆ |
| Sue Green Executive Director of Workforce & OD | X | X | P | P | P* | A | P |
| Arpan Guha Acting Executive Medical Director from 1.10.20 | ◆ | ◆ | ◆ | ◆ | A | P | P |
| Gill Harris Executive Director of Nursing & Midwifery (note was Acting CEO from 1.9.20 to 31.12.20 so not a member of QSE at that time) | P | P | P* | P | ◆ | P | P* |
| Debra Hickman Acting Exec Director of Nursing & Midwifery from 1.9.20 to 31.12.20 | ◆ | ◆ | ◆ | ◆ | P | ◆ | ◆ |
| Teresa Owen Executive Director of Public Health | X | X | A | P | P* | A | P* |
| Chris Stockport Executive Director of Primary & Community Services | X | X | X | A | P* | A | P |
| Adrian Thomas Executive Director of Therapies & Health Sciences | X | X | P | P | P | A | P |
| Representative for Mental Health & Learning Disabilities (in addition to Exec Lead) ¹ | P | X | X | P* | P* | P | X |

¹ : A number of interim arrangements were in place throughout 2020-21

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference "to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services." During the period that this Annual Report covers, the Committee focused on quality and safety relating to the pandemic and post pandemic response. The cycle of business was adjusted accordingly. The Terms of Reference are appended at Appendix 1.

Furthermore, a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 2 breaches of this nature (for the months of May 2020 and August 2020).

6. Main tasks completed / evidence considered by the Committee during this reporting period:

The Committee received a range of standing and regular items. The agenda setting process with the Chair and Lead Executive also allowed for flexibility to bring ad-hoc papers to the Committee such as those where assurances were requested against a current risk or issue, an all Wales issue requiring local consideration, or to ensure governance and scrutiny of an issue ahead of a forthcoming Health Board meeting. The main themes of these substantive reports in 2020-21 is as follows:-

- Infection prevention and health and safety updates to the Committee during the year were more focused in terms of the impact of the pandemic. They included reports on avoidable infections, cluster outbreaks of Covid-19 amongst staff, post infection reviews and estates issues. The Committee requested that lessons identified as part of the cluster investigations be disseminated as a matter of urgency across all areas of the Health Board, primary care and care homes. The Committee also confirmed its clear support for requiring the wearing of face coverings in healthcare settings.

- The Committee expressed ongoing concerns around the need to undertake robust investigations and rapid reviews for serious incidents, and the need to improve and be able to demonstrate organisational learning arising from incidents. An improved level of corporate oversight on incident reporting and a review of the investigation processes were progressed in-year. Further work on this is needed and an improved governance process around the commissioning of investigations has been agreed.
- In terms of risk management the Committee welcomed the development of the Board Assurance Framework and the refreshed Corporate Risk Register. The Committee had remaining concerns regarding clarity and consistency in scoring, together with a need to review the organisation's risk appetite. A suggestion was made by the Committee that this be considered at a Board level workshop.
- An exception report to the Committee highlighted the current risks across the Mental Health and Learning Disabilities Division including vacancies across the leadership team and the need to plan for the anticipated increase in demand in services. A later report to the Committee was welcomed in that it demonstrated progress in a number of areas. The Committee continued to require the Division to report on a regular basis and to focus papers on key areas of concern – for example engagement with stakeholders and capacity.
- The Committee were keen to ensure that action plans from future significant quality-related reports (such as the Holden report and HASCAS/Ockenden review) were appropriately tracked. As a result it was agreed to utilise the same internal governance framework and methodology of that used for Healthcare Inspectorate Wales actions. In addition the Committee would also receive clear close down reports when all actions are complete and proactive periodic follow up to ensure actions have been sustained.
- The Committee received regular updates on vascular services and the associated external review. The Committee requested that once the review report had been received that a robust implementation plan with critical oversight would be essential.

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

7. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

| Meeting Date | Key risks including mitigating actions and milestones |
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| Combined report for 5.5.20 and 3.7.20 | <ul style="list-style-type: none"> • There is a reduction in urgent and suspected cancer referrals and reduced access to screening and diagnostics, in particular endoscopy, as a result of COVID-19. Cancer teams are working with patients to provide support for patients. The |

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| | <p>Committee will receive an update on services at the next meeting as plans for Phase 2 are reviewed;</p> <ul style="list-style-type: none"> • It was noted that the backlog of waiting lists is increasing as a result of non-essential services being suspended as a result of the pandemic. Although this is a national issue being experienced by all health services, the Committee has sought assurance that the Health Board is utilising every opportunity to maximise capacity as part of the Phase 2 planning; • Concern was raised with regard to the number of avoidable infections and cluster outbreaks of COVID-19 amongst staff. The Committee requested that lessons identified as part of the cluster investigations be disseminated as a matter of urgency to ensure that they are communicated across the Health Board and all areas including primary care and care homes; • The need to be able to undertake robust investigations and rapid reviews for serious incidents and demonstrate learning arising from these was identified. It was noted that a review is being undertaken of the investigation processes to ensure focus on human factors and organisational learning; • The Committee received a verbal update on the Vascular Services review and CHC report. The report has been discussed with the CHC and would be presented to the May Board. The importance of a robust implementation plan with critical oversight was agreed and the Committee would submit questions to the Executive Medical Director upon reviewing both reports; • A report was provided on the current status of ophthalmology services and performance against the eye care measure. It was noted that the risk stratification process undertaken for this patient cohort had identified a significant number of patients at high risk of eye sight loss. Work was underway to manage the urgent eye care pathway with optometrists to reduce the potential risk of harm. This had been affected by the pandemic; • A number of concerns were highlighted in relation to the corporate risks allocated to the Committee for oversight including the need for a clear audit trail for updates and changes and clarity of scoring. The Committee noted the review of the risk register and related strategy that was currently underway; |
| <p>29.7.20</p> | <ul style="list-style-type: none"> • The Committee voiced concerns about the use of face coverings for patients and the public in healthcare settings. Post infection reviews had been undertaken to identify learning from health acquired COVID-19 infections. Estates issues were still apparent on a ward in Ysbyty Glan Clwyd and the Committee requested an urgent update be provided. • The Committee raised concerns again about the mortality review report and lack of assurance about the process. It was |

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| | <p>agreed that the Committee would receive a further report at the August meeting addressing these concerns.</p> <ul style="list-style-type: none"> • The challenges around maintaining essential services during the COVID-19 pandemic were highlighted. The added requirements for social distancing and infection prevention controls had a significant impact upon capacity. It was noted the service needed to continue monitoring activity and compliance with the revised essential services guidelines in order to mitigate the risk of harm. • The Committee received an update on the resetting and recovery of services and noted the significant challenges that the Health Board were facing. The service is undertaking risk stratifications of waiting lists to manage patient referrals on a risk basis rather than just based upon the longest waits. The waiting list management report was deferred to the next meeting |
| 28.8.20 | <ul style="list-style-type: none"> • The Committee noted ongoing concerns about the need to improve and be able to demonstrate organisational learning arising from incidents. An improved level of corporate oversight on incident reporting was being progressed to address this and a review was being undertaken. • An exception report highlighted the current risks across the Mental Health and Learning Disabilities Division including vacancies across the leadership team and the need to plan for the anticipated increase in demand in services. It was also noted that the psychological therapies review had been paused during the pandemic but that this would need to be commenced again. • The challenges restarting services across secondary care were noted using a risk stratification approach. The winter surge plans were under development and should be aligned with planned and unscheduled care work. |
| 3.11.20 | <ul style="list-style-type: none"> • The Committee noted capacity issues with the Infection Prevention and Control team and the impact that the pandemic has also had on the team. A business case to increase resource and capacity within the team had received Executive support and recruitment would be progressed; |
| 15.1.21 | <ul style="list-style-type: none"> • The Committee reviewed the corporate risk register and challenged some of the target risk dates and actions recorded. • The Committee were not assured that the risks were being managed effectively or that adequate scrutiny had been provided by the Risk Management Group due to the number of issues identified by members in the register. The Interim Director of Governance agreed to receive detailed feedback to address the Committee's concerns. • The Committee noted the deterioration in community acquired infections and it was confirmed that this was being pursued through accountability reviews and that clinical leadership and the local infection prevention groups were key to improvement |

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| | <p>being achieved. The outbreaks in care homes was also discussed and the Committee informed that support was being provided and a daily reports were received by the Executive Incident Management Team.</p> <ul style="list-style-type: none"> • There had been an increase in the number of RIDDORs reported in quarter 3, the majority of which related to staff testing positive for Covid-19. Themes had been identified from the reviews which included non-adherence to social distancing and PPE. The Committee were informed that work was ongoing to address behavioural aspects of the non-compliance. • The Committee received a report on the findings of a comprehensive review that had been undertaken on the implementation of actions arising from the Holden report issued in 2013. Whilst action had been taken at the time in response to the report, it was accepted that some of the same issues had recurred within the Division albeit in different circumstances and different outcomes. The Committee supported the proposal for a strengthened governance process around tracking action plans for all future significant quality related reports and clear close down reports being provided when actions had been implemented. • The Committee discussed the quality governance review that had been undertaken for Ysbyty Glan Clwyd and noted that the site had been asked to provide a detailed improvement plan, which would be received at a future meeting. |
| <p>2.3.21</p> | <ul style="list-style-type: none"> • The Committee received the latest version of the Board Assurance Framework and Corporate Risk Register and highlighted a number of areas that required strengthening. The Committee did not support the inclusion of CRR20-09 (diabetes) to the Corporate Risk Register • An update was received on the Covid-19 outbreak in Ysbyty Gwynedd and whilst the numbers of infections were reducing, there was further work required to ensure actions were sustainable. An external review was being commissioned to identify learning from the outbreak and this will be reported to the QSE Committee when completed • The Committee were informed of the death of another member of staff as a result of Covid-19, taking the total to four. One of these deaths is the subject of an investigation by the Health and Safety Executive. The requirements of the previous Improvement Notice issued against the Health Board have been completed and evidence submitted to the Health and Safety Executive. The Committee have requested themes arising from Make It Safe reviews and subsequent remedial actions should be more visible in future reports • The Committee received an update on the work of the Vascular Services Task and Finish Group and noted the reported delay in agreeing the diabetic pathway. The |

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| | Committee were informed that a multidisciplinary group had been brought together to address this |
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8. Review of Effectiveness

The QSE Committee has continued to meet during the pandemic with a revised focus on Covid-19 related matters. The Committee provided increased scrutiny on healthcare acquired infections and health and safety in recognition of the increased risks in these areas. Focused reports on learning arising from the Wrexham Maelor outbreak were received and this will be followed up as part of the cycle of business for 2021/22. The improvements in leadership across the Mental Health and Learning Disabilities Division have been recognised and evidence provided that this is translating into improve patient experience as well.

Organisational learning remains an area requiring significant improvement and the Committee will be focusing on this in the following year. In addition, the growing risks arising from delayed care for patients as a result of the pandemic and mitigating actions will be monitored.

9. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be:

- Evidence of improved governance and learning across the organisation following the implementation of the Board Assurance Framework and governance review;
- Safe restoration of services for patients based upon clinical risk and informed prioritisation;
- Service reviews and improvements such as Vascular Services and Urology Services;
- Organisational learning and implementation of improvement plans;