

Minutes of the Medicine Clinical Board Quality, Safety & Experience Committee Meeting 15 April 2026 14:15 – 15:45, via MS Teams

	Attending	Apologies
MCB Operations/ Nursing Directors & Deputy Directors	Claire Main Emma Davies (joint Chair) Jane Murphy (joint chair)	
Clinical Directors	Nikola Creasey Katja Empson	
Patient Safety Team		Rajani Ponnada
Staff-side	Jonathon Strachan-Taylor	
Pharmacy		
People Services		
Quality & Governance Lead	Zara Jenkins Lyndsey MacDonald	
Consultant Nurse Practitioner, ED		
General/ Deputies Managers		
Lead Nurses	Wayne Parsons Lisa Green Natasha Whysall	
Senior Nurses	Harriet Foley Susamma Mathew	
Consultant Nurse	Ruth Cann	
Senior Nurse, Resuscitation		
Professional & Practice Development Nurses	Liz Vaughn Sam Hughes	
IP&C CNSs	Leeanne Provis	
Organisational Learning Facilitator, Mortality Lead	Nick Denny	
Ward Clerk, C4		
Endocrine Registrars		
I&I		
Secretariat		
Presenters	Ella Antebi	
1. PRELIMINARY ITEMS		
MCBQSE/ 2026/26	Welcome and Introductions – were undertaken. To receive the minutes of the previous meeting held on 18/3/26 – the minutes were accepted as an accurate account of the meeting. Action Log – was updated. Declarations of Interest – none declared.	Action
2. ITEMS FOR REVIEW AND ASSURANCE		
MCBQSE/ 2026/27	Patient Story – Senior Nurse Susamma Mathew presented the patient story- An older patient admitted to the Emergency Department with infection, fever, and mild confusion fell from a trolley overnight in the Majors area, resulting in a left intertrochanteric femoral fracture and a prolonged hospital stay. Although initial falls risk assessments were completed and the patient’s daughter was present throughout, decisions regarding disengaging trolley side rails were not clearly documented or regularly reviewed, and supervision needs were not reassessed when circumstances changed. The fall	

	<p>occurred while the patient was sleeping with the side rail down, following earlier mobilisation to the toilet at the daughter's request. Inconsistent documentation around mobility, over-reliance on family support, and a lack of risk-based reassessment contributed to the incident. The harm was initially graded as low, leading to delays in escalation, review, and Duty of Candour, increasing distress for both the patient and her family.</p> <p>Action: Senior Nurse continuing to liaise with QSE Lead and Redress team</p> <p>The group resolved: it</p>	
<p>MCBQSE/ 2026/28</p>	<p>MCB Concerns, March 2026 –</p> <p>Briefly discussed concerns. More in-depth discussion to be held in May QSE meeting.</p> <p>ND Mortality lead discussed feedback and learning from Civica.</p> <p>Action: Senior Nurse to share feedback with relevant wards.</p> <p>Compliments- compliments received for A2 in relation to care of deceased.</p> <p>Action: Feedback to be shared with relevant wards via Senior Nurse.</p> <p>Family feedback –</p>	<p>ND</p>
<p>MCBQSE/ 2026/29</p>	<p>Infection Prevention and Control (IP&C)</p> <p>Leeann provided an update in relation to IPC. Explained that for the month of March there has been a 100% reduction in on Pseudomonas and no cases for the month of march.</p> <p>CDiff saw a 37% reduction</p> <p>11% increase of MMSA Bacteraemia's</p> <p>80% Reduction in MRSA Bacteraemia's</p> <p>22% increase in Klebsiella Bacteraemia</p> <p>9% reduction with E.coli Bacteraemia.</p> <p>Current Incidents and Outbreaks</p> <p>16 outbreaks in medicine for them month of March, compared to February there were 20 outbreaks but only 133 bed days lost. 63% of March outbreaks were Norovirus related and this</p>	

tends to prolong the number of beds closed. 7 of the wards had outbreaks of Norovirus and these lasted approximately 2-3 weeks with significant transmission between staff and patients.

	Total number of outbreaks In March 2026	Total patients affected	Total staff affected	Total number of bed days lost
TOTAL MCB	16	139	35	303
TOTAL UHW	12	94	27	201
TOTAL UHL	4	45	8	102

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Audits – 25 environment audits were undertaken. 25 commode audits and 24 hand hygiene audits.

Ward	Audit date range	Environmental	Commod	Hand Hygiene	Bare Below Elbows	Bed audit	Mattress audit	No. consider due to nise	Equipment	Linen	CRO	MRSA	PVC/ VIPS	CVC/VIP S	Urinary Catheter
A2	14-17.4.25	83	0	78	80				86	100	9	8			
B7	15.05.25										47	63			
Emergen	28.05.25	89	25	90	90				92	100					
A11 Amrat	29.05.25	64	50	100	100				91						
Endoscop	30.05.25	98	100	100	100				100						
B7	18.06.25	90	50	80	90				79	89	75	61	84		72
C4 Stroke	29.07.25	81	33	63	100	0	33		86	100	50	50	64		89
C7	20.08.25			72	100										
A7	27.08.25			70	60										
A7	02.09.25	90	100	100	100	0	100	0	84	100	29	62	87	96	93
C4 Stroke	04.09.25	95	100	100	100	50	100	0	98		100	100	91		86
C7 UHW	09.09.2025	81	75	90	100	0	67	1	86	100			83		94
C7 UHW	23.09.25	86	100	92	90	100	67	0	87	89					
C7 UHW	07.10.25	92	100	100	99					93					
EU	11.11.25				80										
EU	11.11.25				90										
C7	12.11.25		100							91	89				
C7	20.11.25	75			100										
A7	29.01.26	80	0	90	100				86	89			79		68
A7	05.02.26		50												
Heulwen	06.02.26	91	0	80	90	0	70		94	100	50	57	79		79
A1South	03.02.26	78	100	92	100	0	80		84	100					
LSGFW1	10.02.26				100										
LSFW3	17.02.26	78	33		70				88	89					
LSGFW2	05.03.26	93	100	92	100	50	50		91	100					
A2	24.03.26	86	100	90	90	73	67		91	89	28	14			

The areas highlighted in red showed common themes and these were found to be easily resolved. Common themes:

Environment – High and low surfaces dusty, fans dusty, integrity of fixtures and fittings in sluice, Products not stored above Floor level, communal items in bathrooms (UHL)

Equipment – Raised toilet seats soiled, suction cannisters dusty, resus trolley dusty, IV stands not visibly clean, dressing trolleys not visibly clean, bed pans stored inappropriately, usually on windowsill, not inverted on racks.

Bed & Mattress – Beds: under mattress panels soiled, IV stand holders full of dust and debris

PVC – No insertion documentation, VIP scores within the last 24 hours.

CRO & MRSA – Risk assessments not being completed, or RA completed but criteria for screening missed, for example, staff tick that patient has not been in another hospital in the last 12 months, when they have been transferred from another hospital outside the UHB.

RCA return rate- significant improvement 86% return rate. 11 RCA's outstanding.

Other News

Link Practitioner away days- last day scheduled had 10 staff attend. Next away day dates- 1/7/26 & 2/10/26.

C7 have undergone bespoke education sessions- so far 4 sessions have been held.

Reminder that there has been an increase in Norovirus across both sites in March- it remains essential that staff do not attend work if symptomatic and only return once 48 hours symptom free.

World Hand Hygiene Day on 5th May- areas encouraged to promote the day and IPC happy to support.

Actions/ the group resolved:

3 ITEMS FOR APPROVAL/ RATIFICATION

MCBQSE/ 2026/30	National Reportable Incidents (NRIs): Case presentations to be rolled over to April 2025 for discussion. Update: 21 open NRIs as of 9/4/26- 9 overdue and reviewers are working hard to get these finished and finalised. Focus is on the overdue NRIs currently. New NRI's Reported: for month of March- 3 new NRI's reported.	ZJ
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	<p>NRI's For Closure: 5 closures in March.</p> <p>The group resolved: To continue to work towards closing overdue NRI's. Weekly meeting with DON/DDON</p>	
4 ITEMS FOR NOTING AND INFORMATION		
MCBQSE/ 2026/31	<p>Ruth Cann presented slight changes to MCB enhanced supervision framework. This was discussed at the last session however Ruth has raised a point for consideration. Level 3 enhanced supervision and the use of cohort bays.</p> <p>Action: Proposed changes to be shared with the group and comments back to be Ruth by 24th April.</p>	
MCBQSE/ 2026/32	<p>4.2 Patient Safety Alerts/MDAs/ISNs – none shared.</p>	
MCBQSE/ 2026/33	<p>4.3- Ella Antebi presented the results of medicine clinical boards Mental Capacity audit. Prompted discussion from the group around staff attending the MCA courses- LV asked the possibility of shorter MCA training sessions as this would allow staff to attend or MCA team attending team away days- some areas have difficulty releasing staff for whole days. Ella discussed the 7 minute briefings to raise awareness of topics around MCA/DOLS.</p> <p>KE raised that whilst the audit did raise valid points around MCA completion there were concerns noted around solutions to the issue. KE discussed that before this audit is shared with the wider MCB a plan needs to be put in place to support clinicians with implementing it in practise.</p> <p>4.4- LM discussed the New MCB QSE Standard Operating Procedure, with a view to 'go live' early summertime. This document will support each directorate with governance- quality and safety. It will clarify distinct roles, scope and processes.</p>	
MCBQSE/ 2026/34	<p>Minutes from Directorate QSE Groups and Chairs Reports/Exceptions:</p> <p>The group resolved:. Action from discussion:</p>	
MCBQSE/ 2026/35	<p>Minutes from QSE Sub-groups: none shared.</p> <ul style="list-style-type: none"> • 	
MCBQSE/ 2026/36	<p>Feedback from UHB QSE Committee; None shared</p>	
MCBQSE/ 2026/37	<p>AOB- none declared by group</p> <p>The following items will be carried over to next month's meeting.</p> <p>Closed NRI cases to be presented in May QSE meeting.</p> <p>Safeguarding update to be presented in May QSE meeting.</p> <p>–</p>	
5. ANY OTHER BUSINESS/ DATE AND TIME OF NEXT MEETING		
MCBQSE/ 2026/38	<p>Date and time of next meeting – May 20th 2026</p>	

