GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Confirmed Minutes of the Public Quality, Safety & Experience Committee

Held on 21st May 2024

Via MS Teams

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Emma Cooke	EC	Interim Director of Therapies & Health Science
Andy Jones	AJ	Director of Nursing / Midwifery – Children & Women's Clinical Board
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Richard Skone	RS	Interim Executive Medical Director
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Suzanne Rees	SR	Lead Nurse – CD&T
Francesca Thomas	FT	Head of Corporate Governance
Tara Cardew	TC	Head of Patient Safety
Catherine Wood	CW	Director of Operations – Children & Women's Clinical Board
Oliver Williams	OW	Specialist Registrar in Public Health
Abigail Holmes	AH	Director of Midwifery and Neonatal Services
Observers		
Urvisha Perez	UP	Audit Wales
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Angela Hughes	AH	Assistant Director of Patient Experience

		ACTION
QSE 24/05/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	
QSE 24/05/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 24/05/003	**Declarations of Interest** No declarations of interest were raised.	
QSE 24/05/004	**Minutes of the Committee meeting held on 26.03.2024**	

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	To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=71 The minutes of the Committee meeting held on 26.03.2024 were received. **The Committee resolved that:** a) The minutes of the meeting held on 26.03.2024 were approved as a true and accurate record of the meeting.	
QSE 24/05/005	**Action Log following the Meeting held on 26.03.2024** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=136 The Action Log following the Meeting held on 26.03.2024 was received. QSE 23/12/005 – Action Log: - The CC confirmed that actions assigned to the future could be added to the Forward Plan and marked on the Action Log as complete. QSE 23/12/007 – Royal College of Psychiatrists (RCP) Review: - The END and I-EMD informed the Committee that they were still awaiting a response from the RCP, and that they would reach out to the RCP. QSE 24/03/009 - Consent to Examination and Treatment: - the END reminded the Committee of his concerns regarding the changes to the Welsh Risk Pool (WRP), and there may be a financial impact due to compliance issues with consent training. The Exec colleagues were having urgent discussions on how to progress this work forward. The I-EMD added that this had been brought to Senior Leadership Board (SLB), where a decision was taken that regardless of any other training undertaken outside of the UHB, there should be mandatory internal consent training. **The Committee resolved that:** a) The Action Log from the meeting held on 26.03.2024 was noted.	
QSE 24/05/006	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 24/05/007	**Children & Women Clinical Board – Assurance Report** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=434 The DON-C&W presented the Assurance Report which provided the Committee with a summary of their arrangements, progress, and outcomes within the Children and Women Services Clinical Board in relation to the Quality, Safety and Patient Experience agenda over the last 12 months. It also described the key residual risks and their mitigating actions to carry forward into 2024/25. The IM-C asked for the key reasons behind staff leaving, and for more detail on the risks scored above 20. The DON-C&W responded that approximately 400 letters had been sent to staff leaving to understand why they left the organisation. The key issues identified included communication, leadership and management, supervision, and support. A piece of work was being developed to support staff on these key issues.	

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	In regards to the risk register, the DON-C&W summarised that the Clinical Board had struggled with the maternity lifts, staffing constraints, and particular demand and capacity issues in services (e.g. the neurodiversity service). The DO-C&W provided assurance that the Clinical Board team met monthly to review the risks to ensure that they were content with the level of mitigation and action to bring them to safe conclusion. These risks were also presented in their Executive Performance Reviews every month to ensure that everybody was cited on the risks. The EDPH asked for more detail around the pain data in their Civica results. The DON-C&W responded that the Civica data was updated on a weekly basis, and that it presented a challenge in compiling the individual patient comments. Specific areas were being targeted for improvement based on feedback, and pain management was one particular focus. He added that this issue was relatively new, but that efforts were being made to apply the PDSA (Plan-Do-Study-Act) cycle for necessary improvements. The COO noted that the Children & Women's Clinical Board had the most developed risk register, which was reviewed every month in Executive Reviews. In addition, they had a comprehensive maternity dashboard to help benchmark against other organisations. He concluded that whilst a lot of improvements had been made, there was still a way to go. The CC concluded that the work demonstrated was very positive. **The Committee resolved that:** 1) The progress made by the Clinical Board to date was noted; and 2) The content of the report and the assurance given by the C&W Clinical Board was noted.	
QSE 24/05/008	**Deep Dive – Nationally Reportable Incidents (NRIs)** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=2300 The HPS presented the NRI reporting Cardiff and Vale 2023-24 Report and slides to the Committee which provided an overview of the NRI Management Process, NRI Performance and improvements, learning from the NRIs and emerging themes, and further action to be taken in 2024/25. The END emphasised the importance of timely review, investigation, and resolution of NRIs, and acknowledged the significant increase in both open and overdue cases. He noted that Clinical Boards would undertake a deep dive that week for the Executive reviews to discuss open cases. The I-EMD noted significant improvements in the organisation's approach to the post-NRI closure process, particularly in terms of learning and follow-up actions. **The QSE Committee resolved that:** a) The information was noted for awareness.	
QSE 24/05/009	**Prison Inquest Update** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=3072 The END provided the report and highlighted the following:	

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	- The unfortunate passing of an individual at HMP Cardiff 2021 and the subsequent coronial process resulted in the outcome of a combination of misadventure, self-neglect, and neglect. - This led to the implementation of Regulation 28, which prompted the UHB to take actions to prevent future occurrences. - Since the incident, a Prison Improvement Oversight Group had been established, led by the Deputy Director of Nursing, to work with the healthcare team and the Prison Governor at HMP Cardiff. - Six weeks ago, the case was presented to the coroner, who was assured that the health board had diligently worked on an improvement plan since the incident. - The intention was to bring it to the Public QSE Committee and a future Board session to provide assurance to Mr D's family and the public about the ongoing work. The IM-CE was encouraged by the Coroner commending the improvements made, and asked for more detail regarding the sustainability concerns around overnight staffing and access to GP provision in the long-term. The END responded that: - The sustainability of staffing, particularly at night, was a national challenge. - The environment in prisons and cohort of patients presented significant challenges for nursing and patient care. - The issue had been discussed at length in Executive Reviews, and efforts had been made to utilise agency staff as a temporary measure. - A meeting had been organised between the END, the COO, and the Clinical Board triumvirate to create a sustainable model. - A GP practice had expressed interest in taking ownership of the service. - They had invested in a Head of Healthcare for the prison who had been instrumental in pulling the Improvement Plan together. The COO added that nursing staff provision was problematic, however, he was more optimistic about GP cover and primary care within the prison service. The I-EMD highlighted that the challenge faced by teams in caring for the prison population were significant due to their unique and diverse needs. The proposal to have a consistent practice take over the healthcare sessions was seen as a positive step in the right direction. The CC noted that the Regulation 28 PFD Improvement Plan would be brought to QSE in November 2024. **The QSE Committee resolved that:** - The inquest findings and subsequent improvement plan was noted.	
QSE 24/05/010	**Clinical Effectiveness Committee** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=3494 The CBD-M presented the Clinical Effectiveness Committee Bi-Annual Report which provided the Committee with an overview of highlighted data from several national audits which were of particular interest to Clinical Boards, specialities, and clinical audit leads to help scrutinise and improve services. The CC asked what learning was being taken from the audits generally. The CBD-M responded that the audits provided the opportunity to discuss the data around where to grow or focus their services.	

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	The I-EMD explained that the audits were useful in providing a sense of benchmarking. However, a limitation as that the results were delayed and provided them with a sense of what they were doing a year ago. The ADQPS highlighted the potential of using data proactively to drive improvements in healthcare services. The I-EMD emphasised the need to be judicious in responding to the retrospective data, and to learn how to apply the information effectively without unnecessary diversions. **The QSE Committee resolved that:** 1) The Headline data and some of the areas of improvements covered in the report were noted.	
	Items for Approval / Ratification	
QSE 24/05/011	**Equity, Equality, Experience and Patient Safety Action Plan** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=4107 The EDPH explained that in 2023, the Board approved the Equity, Equality, Experience and Patient Safety Framework. The team had developed an Action Plan and a support tool for staff to consider how they could impact on reducing health inequalities across their service. The Special Registrar in Public Health (SRPH) presented the Action Plan slides which set out the 24 initial action areas agreed upon in 2023, a snapshot of progress made over the past six months, and the next steps. The IM-C asked what practical steps were being taken to collect data and increase engagement. The EDPH responded that: - A survey had been undertaken across Clinical Board teams the previous year to measure how they saw their progress against collecting data amongst the protected characteristics. - Basic information like date of birth and postcode was well collected, whilst data on ethnicity, sexuality, and other protected characteristics saw a significant drop in collection rates, down to about 30%. - Efforts were being made to utilise the available data (e.g. analysis of inpatient and outpatient waiting lists using the Welsh index of multiple deprivation linked to postcodes). - The initiative aimed to stimulate discussions on further necessary commitments against equality legislation. - Alternative sources of information, such as census data, was being considered to compensate for the gaps in data collection. - The report emphasised the need to improve data collection and integration across primary, secondary, tertiary, and prevention care to enhance service delivery. The IM-C suggested meeting outside of the Committee to discuss how he could help to improve engagement and communication with community leaders and events. He suggested the possibility of developing a project with Cardiff University to analyse the key questions. The EDPH added the following: - An analysis of the vaccination data collected during COVID had been conducted, and there was an ongoing effort to link this data to other vaccination types to identify which groups were being missed across Wales.	

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	- The Vaccine Equity Group (chaired by the EDPH) had requested more detailed data connections. - To further support community engagement, funding from the Prevention and Early Years pot had enabled the hiring of an Ethnic Minority Connector within the local council. This would facilitate conversations and connections with the communities to improve co-creation sessions and understanding barriers and facilitators for change. - While current data connections may not be robust, there was optimism for future improvements and support for this work. **The QSE Committee resolved that:** 1) The actions underway in the action plan to address health inequities in Cardiff and the Vale of Glamorgan was supported; 2) The six-month progress that had been made against the actions, including the challenges around health inequality data availability, was acknowledged; and 3) The receipt of a further update in another six months was agreed.	
	Items for Noting & Information	
QSE 24/05/012	**Minutes from Clinical Board QSE Sub-Committees and the Safeguarding Steering Group (SSG)** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=4828 The Minutes from the Clinical Board QSE Sub-Committees were noted. The END informed the Committee that the timing of the SSG meeting did not align with QSE, and the minutes would be brought to the following Committee. **The QSE Committee resolved that:** 1) The minutes from the Clinical Board QSE Sub-Committees and the Safeguarding Steering Group were noted.	
QSE 24/05/013	**Minutes from the WHSSC Quality Patient Safety Committee (QPSC)** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=4877 The CC informed the Committee that WHSSC had asked for the minutes to be brought to QSE for information. **The QSE Committee resolved that:** 1) The minutes from the WHSSC Quality Patient Safety Committee (QPSC) were noted.	
QSE 24/05/014	**Chair's Report Radiation Protection Group** To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9lVZC6mznqn8msCNnOV&t=4895 The I-EDTHS took the report as read. **The QSE Committee resolved that:** 1) The summary of the key issues from the meeting were noted.	
QSE 24/05/015	**COVID-19 Investigation Programme**	

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	To view the minute: https://youtu.be/czH_7z4NFXc?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=4910 The ADQPS informed the Committee that the COVID-19 Investigation Programme was completed on the 31st March 2024, with all cases of nosocomial COVID-19 having been investigated. There was still a small number which remained in the Putting Things Right Process. The END thanked the ADQPS and the COVID Investigation Team for the significant amount of work undertaken. **The QSE Committee resolved that:** 1) The assurance provided by the completion of reviews against the programme framework was noted.	
	Items to bring to the attention of the Board / Committee:	
QSE 24/05/016	*No items.*	
	Agenda for Private QSE Meeting	
QSE 24/05/017	*i) Minutes and Action Logs from the Private QSE Committee on 26.03.2024* *ii) Any Urgent / Emerging Themes – Verbal Update* *iii) Plans/Trajectories for Overdue Follow Ups* *iv) Ophthalmology WET AMD* *v) Discharge Advice Letters – Update* *vi) 2023/24 Annual Quality Plan*	
	Any Other Business	
QSE 24/05/018	*No items.*	
	Date & Time of Next Meeting:	
QSE 24/05/019	Tuesday 16th July 2024 at 2pm via MS Teams	

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