

**CONFIRMED MINUTES OF THE MEETING OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT
9AM ON 6 DECEMBER 2017
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Maria Battle (part)	UHB Chair

In Attendance:

Angela Hughes	Interim Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Catherine Salter	Staff Health and Safety Representative
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Steve Curry (part)	Interim Chief Operating Officer

Apologies:

Michael Imperato	Independent Member - Legal
Stuart Egan	Independent Member – Trades Unions
Abigail Harris	Director of Planning
Fiona Salter	Staff Representative
Robert Chadwick	Director of Finance
Dr Sharon Hopkins	Director of Public Health
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Secretariat:	Julia Harper

QSE 17/188

WELCOME AND INTRODUCTIONS

The Chair, welcomed everyone to the meeting, in particular, two Management Trainees, Hattie Cox and Laura Jones who were observing the meeting.

It was noted that the attendance of the Specialist Services Clinical Board had been cancelled as part of the “7 Days No Delays” project.

QSE 17/189

APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 17/190

DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

**QSE 17/191 MINUTES OF THE SPECIAL COMMITTEE HELD ON
17th OCTOBER 2017**

The Minutes of the last meeting were **RECEIVED** and **APPROVED**.

QSE 17/192 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log and **NOTED** the number of actions that had been completed. These would be removed. The action log was updated as follows:

QSE 17/132 Ward Bathroom Refurbishment – As there had been no correlation found, it was agreed to **close** this action.

QSE 17/056 Patient Safety Solutions Alerts and Notices – as no response had been received from the Community Health Council, it was agreed to **close** this action.

QSE 17/132 CHC Report – Mr Curry had provided details of repatriation difficulties to the CHC. **Complete.**

QSE 17/101 Cancer Peer Review – Action was in hand so this this item was **closed**.

QSE 17/176 Dental CB Assurance Report – Mandatory training was monitored at Performance Reviews and it was therefore agreed to **close** this action.

QSE 17/179 Never Event NG Tube – The Policy was anticipated for approval at Committee in February 2018.

QSE 17/152 Carers - A plan with dates would be available by February 2018. It was therefore agreed to **close** this action.

QSE 17/181 NatSSIPs – The Medical Director nominated Dr Tony Turley. **Complete.**

Critical Care Outreach/Care of Deteriorating Patients - Challenging and ongoing. New issues in Llanfair were emerging. A service was available but was not comprehensive. Agreed a full report to QSE with timeframe in February 2018.

Action - Mrs Ruth Walker and Dr Graham Shortland

QSE 17/132 – Trends and Themes in SIs (Patient Wristbands) – It had been difficult to release a member of the safety team to complete the work but the significance of the work was recognised. A report would be presented to BCAG in January for priority to be considered and included in the IMTP.

Action – Mrs Ruth Walker

QSE 17/017 HIW Ophthalmology Thematic Review – The Executive Nurse Director gave a breakdown of the number of concerns received as this had not been included in the report that was on the agenda.

April – November 180, average April – July was 18 per month with 40 in August. The figure fell in September to 26 as extra clinics were put on. This fell again to 21 in November. Concerns were mainly from glaucoma patients about the reasons for numerous cancellations. Of the 180 complaints, 72 related to cancelled appointments, 42 for waiting time and 19 about medical treatment.

It had been difficult to replace a consultant but 3 additional sessions were secured and more recently a further 2 had been made available. The post was currently out to advert.

It was anticipated that by the end of quarter 3, the UHB would clear the 36 week waiters but this would be hard to sustain. To meet the challenge in ocular plastics, a nurse appointment had been made.

Progress was being made with cataracts and 36 week waits should be cleared by the end of March.

Work was underway on improving the responses to complaints and the clinical pathways.

Independent Members requested a further update on waiting times and complaints at the April 2018 meeting to ensure no harm was being caused to patients.

Action – Mr Steve Curry and Mrs Ruth Walker

QSE 17/193 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

The Chair reiterated changes to the Committee Terms of Reference agreed at the last Board meeting.

QSE 17/194 PATIENT STORY – SPECIALIST SERVICES

In the absence of the Clinical Board, the Nurse Director, Mrs Ruth Walker delivered a story of the experience of a patient and his family following a serious road traffic accident. The themes highlighted were speed of treatment, distance from home, wonderful care of staff and communications. Overall, the patient's experience was positive but communication on general wards could have been improved. This was being developed by the Clinical Board and colleagues would ask staff at Walkrounds how challenges were managed by staff.

It was noted that the UHB was taking part in consultation on the major trauma network on which there was considerable clinical engagement. It was anticipated that a report would be prepared for the March Board meeting as there was considerable financial risk in becoming major trauma centre.

Action – Dr Graham Shortland

The Chair thanked Mrs Walker for delivering the patient story which reminded Board Members of their purpose in the UHB.

**QSE 17/195 SPECIALIST SERVICES CLINICAL BOARD QUALITY,
SAFETY AND EXPERIENCE REPORT**

The Chair invited the Executive Nurse Director to take comments and questions in the absence of the Clinical Board:

- The Director of Capital and Estates would be asked about the timescales for BMT, theatre capacity, bathrooms and Rookwood Hospital.
- The Committee often discussed the environment and as yet, no resolution had been found to many of the issues.
- There were robust quality and safety arrangements in place in Specialist Services with good clinical engagement and actions were embedded.
- Dr Sortland would enquire about arrangements for mortality reviews.
Action – Dr Shortland
- The Comms Team would be asked to use the poem on social media.
Action – Mrs Carol Evans

ASSURANCE was provided by:

- Internal Audit Risk Management Report 2016
- Leadership and management approach of the Clinical Board Core Team and Directorate Management Teams having open, inclusive and transparent multi-disciplinary team core business and processes
- Regular performance management
- Governance and quality, safety and patient experience priority within the Clinical Board and Directorates.

The Quality Safety and Experience Committee:

- **NOTED** the progress and approach taken by Specialist Services Clinical Board to date and its planned actions
- **APPROVED** the approach taken by Specialist Services Clinical Board.

QSE 17/196 COMMUNITY HEALTH COUNCIL (CHC) REPORT

In the absence of the CHC Chief Officer, Mr Stephen Allen, the report was **RECEIVED** and **NOTED**.

**QSE 17/197 CHC REPORT: OLDER PEOPLE IN COMMUNITY
HOSPITALS – AVOIDING BOREDOM AND
LONELINESS**

The Executive Nurse Director, Mrs Ruth Walker advised that this report was an update on the action plan that had previously been received by the Committee. It was a challenge to manage the CHC's expectations against what was reasonable with the finances and space available – eg the provision

of day rooms on all wards. The work of the volunteers in this agenda was commended and the Chair agreed to thank those involved in helping to alleviate boredom and loneliness.

Action – Cllr Susan Elsmore

ASSURANCE was provided by:

- Current status and future plans were reported through the Quality Safety and Experience Committee
- The Health Board had considered and formally responded to the Community Health Council.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made to provide engagement and activities for patients
- **NOTED** the challenges in providing engaging activities for patients.

QSE 17/198 POLICIES FOR APPROVAL

1. SAFETY NOTICES AND IMPORTANT DOCUMENTS MANAGEMENT POLICY

Mr Peter Welsh, Director of Corporate Governance stressed the importance of getting a consistent approach and a robust audit trail in governance arrangements. In response to concerns, it was agreed that this policy would be taken to the Executive Assistants' Group to ensure corporate staff were able to take all necessary action.

Action – Mr Peter Welsh

ASSURANCE was provided by:

- The former Policy had been in existence for several years within the UHB and had been reviewed and updated with the support and contribution of key staff.
- The Equality and Health Impact Assessment for Admin-Type Policies agreed last year was relied on to support this Policy.
- Consultation had taken place across the UHB and following meetings, comments received were incorporated into the updated version.

The Quality Safety and Experience Committee:

- **APPROVED** the updated Safety Notices and Important Documents Management Policy and Procedure.
- **APPROVED** the full publication of the Policy and Procedure in accordance with the UHB Publication Scheme.

Action – Mrs Julia Harper

2. DNACPR ALL WALES POLICY REVIEW

ASSURANCE was provided by:

- Dissemination of information across the UHB.
- Training of Staff.
- Audit of DNACPR (Annual).
- Audit of 2222 calls (ongoing).

The Quality, Safety and Experience Committee:

- **APPROVED** the revised Sharing and Involving – All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy
- **APPROVED** the full publication of the All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy in accordance with the UHB Publication Scheme.
Action – Mrs Julia Harper

3. THE MEDICINES CODE

The Medical Director, Dr Graham Shortland explained that this Code brought together a number of policies and procedures into one document and that it was hoped a primary care supplement would also be developed. The document had been in draft for a long time and wide consultation had taken place.

ASSURANCE was provided by:

- Aligning UHB Practice to the All Wales Policy for Medicines Administration Recording Review and Storage (MARRS 2015).
- Annual Medicines Audit completed by Clinical Boards and reported to UHB Medicines Management Group.

The Quality, Safety and Experience Committee:

- **APPROVED** The Medicines Code
- **APPROVED** the withdrawal of 13 policies/procedures on page 3.
- **APPROVED** the full publication of the Medicines Code in accordance with the UHB Publication Scheme.
- **AGREED** that Chair's action would be taken to approve the Equality and Health Impact Assessment that had unfortunately not been undertaken at the time of production.
Action – Mrs Julia Harper

4. PRECEPTORSHIP FOR NEWLY QUALIFIED NURSES AND MIDWIVES POLICY AND PROCEDURE

The Executive Nurse Director advised that this policy had been refreshed to ensure nurses were safe and supported in transition from student to new registrant.

ASSURANCE was provided by:

- The policy and procedure were based on national guidelines, best practice and regulatory requirements and subsequent recommendations.
- Allocation of a trained preceptor to support and guide all newly registered nurses and midwives.
- Staff had access to education and training provided through the Nurse Foundation Programme or equivalent in-house training.
- Preceptors identified any new nurses or midwives who required additional support.
- Maintained staff training records and conducting PADR/Appraisal.
- Evaluation of preceptorship programmes and feedback.

The Quality, Safety and Experience Committee:

- **APPROVED** the Preceptorship for Newly Registered Nurses and Midwives Policy and Procedure.
 - **APPROVED** the full publication of the Preceptorship for Newly Registered Nurses and Midwives Policy and Procedure in accordance with the UHB Publication Scheme.
- Action – Mrs Julia Harper**

5. DISCHARGE POLICY AND PROCEDURE

Mrs Judith Hill attended to present this new Policy and Procedure. Committee noted that delayed transfers of care had improved but work continued on a daily basis and relationships with Local Authorities had improved.

The Director of Corporate Governance advised Committee that all Policies brought forward for approval had already been through the full engagement and consultation process as described in the Management of Policies and Other Written Control Documents Policy that had been agreed at the last meeting of the Board.

ASSURANCE was provided by:

- The implementation of a training and development programme to support the implementation of the Policy by ward based staff.
- Monitoring of compliance against the policy on a regular basis, supported by improvement plans to address recommendations

The Quality, Safety and Experience Committee:

- **APPROVED** the new Discharge from Hospital Policy and Procedure
 - **APPROVED** the full publication of the Discharge from Hospital Policy and Procedure in accordance with the UHB Publication Scheme.
- Action – Mrs Julia Harper**

**QSE 17/199 QUALITY AND SAFETY IMPROVEMENT
FRAMEWORK UPDATE**

The Assistant Director, Patient Safety and Quality, Mrs Carol Evans gave an oral update. Meetings had been held with all Clinical Boards to embed requirements of the framework and reflect the position within their Integrated Medium Term Plans. All work was aligned with Health and Care Standards and a number of areas had been identified for further work. A full report would be prepared for the next meeting.

Action – Mrs Carol Evans

**QSE 17/200 IMPLEMENTATION OF THE REFRESHED PATIENT
EXPERIENCE FRAMEWORK**

The Interim Assistant Director, Patient Experience, Mrs Angela Hughes was pleased to report activity in all four quadrants of the framework. In particular she cited the good work with schools to identify and support young carers. It was noted that the driver for the framework was ‘what it was like to be a patient’, as told by patients themselves. The UHB was on target to deliver the framework. It was agreed to share a recently prepared report with the Chair.

Action – Mrs Angela Hughes

ASSURANCE was provided by:

- The evidence of the progression of the Framework.

The Quality, Safety and Experience Committee:

- **NOTED** the progress of the implementation of the Framework

**QSE 17/201 HEALTH AND CARE STANDARDS PROPOSED
APPROACH FOR 2017 SELF ASSESSMENT**

The Executive Nurse Director, Mrs Ruth Walker advised Committee that the Standards underpinned quality in all UHB business. Robust processes were in place to measure and deliver progress against the Standards and the report described the approach for the next self-assessment. As the timescales were tight, it was requested that dates for sign-off be added to the diaries now.

Action – Cllr Susan Elsmore and Lead Executive Directors

It was agreed to amend Lead Executives for Standards 2.8 and 3.4.

Action – Mrs Carol Evans

ASSURANCE was provided by:

- The progression of work to support continuous ongoing assessment against the standards
- Internal Audit Report 2017

The Quality, Safety and Experience Committee:

- **AGREED** the proposed approach for the assessment of compliance against the Health and Care Standards for the period 2017-2018.

QSE 17/202 PATIENT SAFETY WALKROUNDS

The Executive Nurse Director, Mrs Ruth Walker reiterated the rationale and proposals for Safety Walkrounds and encouraged Members to stick to the programme given the time spent planning and developing it and staff in all locations were well prepared and ready to receive Members to their areas. In this regard, the UHB Chair would be writing to all Board Members and it was agreed that the Committee Chair would do likewise, reiterating this was a concentrated one hour safety session and should not be used for other purposes.

Action – Cllr Susan Elsmore

The Committee **NOTED** the progress of WalkRounds.

QSE 17/203 NEONATAL IMPROVEMENT PLAN FOLLOWING ACINETOBACTER BAUMANNII OUTBREAKS

The Executive Nurse Director, Mrs Ruth Walker advised that the report described the progress made since the outbreak.

ASSURANCE was provided by:

- The development and ongoing monitoring of a robust improvement plan to address the recommendations made as result of the Independent Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

QSE 17/204 INFECTION PREVENTION AND CONTROL (IPC) – TIER 1 INFECTION REDUCTION EXPECTATIONS FOR HEALTHCARE ASSOCIATED INFECTIONS

The Executive Nurse Director, Mrs Ruth Walker advised that the report covered the depth and breadth of the IPC agenda. A more detailed operational plan based on the driver diagram shared at the last Board meeting was also being developed. Discussion with the Chief Executive would take place to give greater consideration to the UHB's culture and communications as corporate branding of the IPC agenda was insufficient and action was not consistent, especially bare below the elbow.

The UHB Chair advised that she had not yet appointed a new Champion for hygiene and cleanliness and hoped that a greater impetus could be given to the agenda once an appointment was made.

Action – Miss Maria Battle

QSE 17/205 CLEANING UPDATE

The Capital Estates Director, Mr Geoff Walsh attended the meeting to represent the Director of Planning for this item. He began by answering the questions asked by the Committee earlier in the meeting (see item 17/195).

- BMT – it was anticipated that a business case would be submitted in September 2018 with full design and tendered costs.
- Rookwood Hospital – a business case had been submitted to Welsh Government but the process was being repeated because the contractor had withdrawn from the scheme. It was anticipated that a new business case would be submitted in January 2018 and work could start as early as May 2018, though funding was still a risk.
- T5 bathrooms – instead of just upgrading bathrooms, refurbishment of whole wards was being undertaken. Three wards had been completed, but due to winter pressures, work was on hold until Spring.
- Dementia Friendly – work on better use of colour was being actioned through the refurbishments.
- Theatre capacity – there was no timeline for any additional theatre capacity as the demand and capacity modelling had not yet been completed. However the development of a Business Justification Case for the first phase of the UHW theatre refurbishment programme was anticipated by July/August 2018.

In terms of cleaning, standards had been maintained in very high and high risk areas. The UHB had previously made a decision on financial grounds to invest resources in these areas at the expense of public areas such as corridors.

The Audit Committee had recently not been assured on the processes and systems for auditing cleaning - staff were not available to take measurements. The Committee was advised that the Limited assurance awarded related to processes and was not a reflection of cleanliness in clinical areas. However, Mr Walsh commented that following a review of the maintenance resource, a review of housekeeping would be undertaken and consideration was being given to the trial of cleaning robots.

LIMITED / REASONABLE ASSURANCE was provided by:

- Audit Report Draft Report – September 2017
- Actual Cleaning Scores for Very High & High Risk Area Scores vs Target

The Quality Safety and Experience Committee:

- **AGREED** that update content was appropriate and proportional.

**QSE 17/206 HEALTH AND CARE STANDARD 2.9 MEDICAL
DEVICES, EQUIPMENT AND DIAGNOSTIC SYSTEMS**

Dr Fiona Jenkins, Director of Therapies and Health Sciences thanked Mr Clive Morgan for his work in this area.

ASSURANCE was provided by:

- The UHB's Medical Equipment Group as part of the Medical Equipment Management Governance Framework.

The Quality Safety and Experience Committee:

- **NOTED** assessment of corporate level compliance to Health and Care Standard: 2.9 Medical Devices, Equipment and Diagnostic Systems
- **SUPPORTED** the improvement actions to be included in the Medical Equipment Group (MEG) work programme for 2017/2018.

QSE 17/207 CORPORATE RISK AND ASSURANCE FRAMEWORK

The Director of Corporate Governance, Mr Peter Welsh advised Committee that there had been a reduction of the risk rating in the neonatal service.

The overall approach to risk was still under review and guidance had been produced in support of the new process which was being trialled on a small number of risks at Committees. It was agreed that this new method would be trialled on care of the deteriorating patient for the February Committee.

Action – Mrs Carol Evans

It was also agreed to engage with the IT team in terms of Cyber Security.

Action – Mr Peter Welsh

ASSURANCE was provided by:

- Assignment of risks to a Lead Executive and Committee
- The CRAF was a standard agenda item at Board and its Committees
- The review of the CRAF that was currently taking place recognised that this area could be strengthened to provide better assurance and was aimed at achieving this.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the CRAF Update Report and the potential for change to risk reference 6.4.12.
- **NOTED** the proposed next steps in the CRAF review.

QSE 17/208

UHB SELF ASSESSMENT AGAINST HEALTH AND CARE STANDARD 2.6 MEDICINES MANAGEMENT – MID YEAR UPDATE

The Medical Director, Dr Graham Shortland commented that the report was a mid-point review. A rating of 3 had been agreed because there was no consistency across the board to be able to progress to the next level.

ASSURANCE was provided by:

- Action plans were being managed via the corporate Medicines Management Group.

The Quality, Safety and Experience Committee:

- **NOTED** the mid-year update on self-assessment against Health and Care Standard 2.6 (Medicines Management).

QSE 17/209

SINGLE POINT OF ENTRY FOR CHILDREN

This item was taken earlier in the meeting when the Chief Operating Officer, Mr Steve Curry, was present. Mr Curry spoke about the clinical pathway variation by having two points of entry: the paediatric A&E unit and the children's assessment unit. A project team had been set up to scope how the two systems could be amalgamated as there were cost pressures to running two systems concurrently. The Management Executive would be considering the scoping exercise further in December and it was anticipated that a further report would be presented to Committee in February 2018.

Action – Mr Steve Curry

It was important to consider this in conjunction with geography and space issues that would arise as a result of the major trauma centre decision. It was confirmed that consideration would be given to the model for the multi-professional workforce required if any changes to the current system were made.

The UHB Chair reminded Committee that the thinking to close one entry point had originally been raised with her under the safety valve process.

ASSURANCE was provided by:

- The establishment of a multi-disciplinary project to develop a sustainable model for paediatric unscheduled care services
- The project was progressing as per the original plan with regular updates to Management Executive

The Quality, Safety and Experience Committee:

- **NOTED** the work being done to agree a model for a Single Point of Entry.

QSE 17/210

PATIENT SAFETY SOLUTIONS – ALERTS AND NOTICES – UPDATE ON OUTSTANDING AREAS OF NON COMPLIANCE

The Executive Nurse Director, Mrs Ruth Walker, by way of assurance, advised Committee that there were a number of actions involved in order to comply with each safety notice. In many areas several of the required actions may have been completed but until the UHB was complaint with all action required, the notice remained outstanding. However, the UHB was continuing to make progress.

ASSURANCE was provided by:

- The UHB was currently 90% compliant with all existing Patient Safety Solutions (PSS). Work was underway to address the requirements of recently issued PSS to declare compliance with historical alerts.
- The actions that were being undertaken to address the outstanding areas of non-compliance.

The Committee:

- **CONSIDERED** the update provided within the report.

QSE 17/211

CANCER PEER REVIEW – COLORECTAL CANCER

The Medical Director, Dr Graham Shortland advised that the UHB was now into its second cycle of peer reviews. In relation to the concerns expressed about endoscopic ultrasound, local health boards were working together to develop a centralised service within Cwm Taf University Health Board.

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and Peer Review reporting process. Any concerns identified were addressed via an action plan and were regularly reported within the required process; at the Clinical Board performance reviews and by WG and the South Wales Cancer Network.

The Quality, Safety and Experience Committee:

- **NOTED** the report.
- **AGREED** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.
- **NOTED** that the NHS Wales Peer Review Framework WHC 17 037 had been received and would be considered by the QSE in February 2018.

Action – Dr Graham Shortland

QSE 17/212 MORTALITY DATA AND MORTALITY REVIEW

The Medical Director, Dr Graham Shortland advised that mortality statistics were regularly reviewed and reports on trends/themes were brought to Committee eg 7 day working.

Internal Audit reports would advise if the UHB was using the information in a systematic way. Dr Shortland asked Committee to let him know if there were any particular areas on which a report was required.

In terms of the Medical Examiner role, implementation had been delayed to April 2019. This was welcomed given the number of deaths which occurred within the UHB as compared to availability of staff for greater investigation.

With regard to vulnerable patients, further work was being undertaken to ensure that the mortality reviews undertaken on patients with a learning disability, dementia or mental health problems, did not identify that these particular groups had been compromised or disadvantaged in terms of their clinical care.

ASSURANCE was provided by:

- Monitoring of Mortality measures reviews
- Mortality Data

The Quality, Safety and Experience Committee:

- **AGREED** the ongoing proposed plans for mortality reviews.

QSE 17/213 HIW PRACTICE INSPECTION REPORT – PRIMARY CARE GENERAL MEDICAL SERVICES AND DENTAL GOVERNANCE

The Executive Nurse Director, Mrs Ruth Walker, told Committee that this report demonstrated that processes were in place and that more work on assurance would be undertaken with the Primary, Community and Intermediate Care Clinical Board.

ASSURANCE was provided by:

- The processes in place to monitor the outcomes of HIW inspections in primary care
- Overall positive findings

The Quality, Safety and Experience Committee:

- **CONSIDERED** the report and the findings of the inspections.

QSE 17/214 HIW ACTIVITY UPDATE

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report.

ASSURANCE was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Progress reports through the Clinical Board Quality, Safety and Experience Sub Committee (QSE), as well as through the UHB QSE Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the findings following the Children's Hospital for Wales inspection
- **NOTED** the level of HIW activity across a broad range of services
- **AGREED** that the appropriate processes were in place to address the recommendations and to receive future assurance reports as the findings of the thematic reviews were published.
- **AGREED** that a more detailed report, outlining the UHB position against the findings of the All Wales HIW report would be received at the February 2018 Committee.
Action – Mrs Carol Evans

(The meeting was no longer quorate)

QSE 17/215 HIW OPHTHALMOLOGY THEMATIC REVIEW

The Executive Nurse Director, Mrs Ruth Walker presented the position paper. The gap in the action plan on page 455 had been updated by Mr Curry earlier in the meeting. A further report would be requested for April 2018.

Action – Mr Steve Curry

ASSURANCE was provided by:

- The development, implementation and monitoring of an improvement plan to address recommendations that resulted from the Thematic Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION

**QSE 17/216 LEARNING DISABILITIES SPECIALIST, SECONDARY
AND PRIMARY CARE SERVICES**

ASSURANCE was provided by:

- Ongoing work to progress the integration and governance of Learning Disability Services.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made against the joint Care and Social Services Inspectorate Wales and Health Care Inspectorate Wales Improvement Plan.

**QSE 17/217 REMOVAL OF “STATUTORY” SUPERVISION OF
MIDWIVES AND A NEW MODEL FOR WALES**

The Nurse Director, Mrs Ruth Walker explained that the report detailed the UHB’s process for supervision of midwives following the removal of the statutory element by the regulators.

ASSURANCE was provided by:

- The development and ongoing monitoring of a robust improvement plan to address the recommendations made as result of the Independent Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

**UHB 17/218 MINUTES FROM CLINICAL BOARD QUALITY AND
SAFETY SUB COMMITTEES**

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – AUGUST AND SEPTEMBER**
2. **MENTAL HEALTH – SEPTEMBER AND OCTOBER**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JULY**
4. **SPECIALIST SERVICES – JULY, AUGUST X 2 AND SEPTEMBER**
5. **MEDICINE – AUGUST AND OCTOBER AND ACUTE AND EMERGENCY WAITS – JUNE/JULY AND AUGUST/SEPTEMBER**

6. SURGERY – JULY

7. CHILDREN AND WOMEN – AUGUST

8. DENTAL – SEPTEMBER

QSE 17/219 AGENDA FOR THE PRIVATE QSE MEETING

The private agenda was published as part of the culture on openness.

**QSE 17/220 ITEMS TO BRING TO THE ATTENTION OF THE
BOARD/OTHER COMMITTEE**

There was nothing to bring to the attention of the Board.

QSE 17/221 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 17/222 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 13th February 2018.