

**MINUTES OF THE MEETING OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT
9AM ON 13 FEBRUARY 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Maria Battle	UHB Chair
Michael Imperato	Independent Member – Legal

In Attendance:

Andrew Gough	Assistant Director of Finance
Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Caroline Bird	Deputy Chief Operating Officer
Clive Morgan	Deputy Director of Therapies and Health Science
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance
Ruth Walker	Executive Nurse Director

Observers

Len Richards	Chief Executive
Alun Jones	Deputy Chief Executive, HIW
Dr Aarij Siddiqui	Chief Registrar Medicine
Dr Kathryn James	Welsh Clinical Leadership Training Fellow
Yvonne Hyde	Senior Nurse, IPC

Apologies:

Abigail Harris	Director of Planning
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Salter	Staff Representative
Robert Chadwick	Director of Finance
Sharon Hopkins	Director of Public Health
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Steve Curry	Chief Operating Officer

Secretariat:

Julia Harper

QSE 18/001

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular, colleagues representing Executive Directors and several Observers. It was noted that colleagues from the Surgery Clinical Board would be attending from 9.30am – Dr Linda Walker, Clinical Board Director of Nursing, Mr Geoff Clark, Consultant Surgeon, Dr Richard Hughes, Consultant Anaesthetist and Mike Bond, Director of Operations.

QSE 18/002 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 18/003 DECLARATIONS OF INTEREST

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

QSE 18/004 MINUTES OF THE SPECIAL COMMITTEE HELD ON 6th DECEMBER 2017

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

QSE 18/005 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:

1. QSE 17/138 and 17/179 Nutrition and Catering Policy and Never Event NG Tube – The Policy was being considered at the Clinical Standards Group in March and following this would be available for consultation. It was anticipated for approval at Committee in June 2018. A timeframe for the completion of the Naso Gastric Tube Policy would be chased.
Action Dr Fiona Jenkins and Mrs Carol Evans

2. QSE 17/202 Patient Safety Walkrounds – Cllr Elsmore had written to Members about the importance of maintaining the programme for Walkrounds. These had started and were going well. The importance of writing a note of the visit was stressed to ensure actions could be followed through.

3. QSE 17/204 IPC Tier 1 – A Board Champion for Cleanliness and Hygiene would be considered at the Development Day next week.
Action – Miss Maria Battle

4. QSE 17/132 CHC Report – Work was ongoing about the role and function of the CHC. Their visit reports would be shared with the Committee to triangulate learning.

5. QSE 16/192 Critical Care Outreach/Care of Deteriorating Patients – A project structure had been put in place. No concerns had been identified from mortality figures. There were pockets of good practice and the NEWS system was used across the UHB but the response to a deteriorating score differed across the UHB.

It was agreed to consolidate the action log and provide a realistic time frame. It was also agreed to receive a short report at the next meeting, including the risk, priorities, mitigation and methodology.

Action – Dr Graham Shortland

The Resuscitation Team had managed successfully a call from the Llanfair Unit.

6. QSE 17/214 HIW Ophthalmology Thematic Review – The Executive Nurse Director advised that Management Executive had recently considered a report on waiting times and communication with patients. The Chief Operating Officer was streamlining a single plan and was personally overseeing progress, though it had to be recognised there were some very high risk areas. It was agreed to delay the update report to June so that the impact of these actions could be seen.

7. QSE 17/195 Specialist Services QSE Assurance Report – This was complete and the poem may also be used in the Annual Quality Statement.

The Chair expressed her concerns that timescales were often extended for work on items within the Action Log and this did not provide assurance. It was important for Executives to be open with the Committee and to commit to meeting the identified timeframes.

QSE 18/006 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

The Chair had nothing to report.

QSE 18/007 PATIENT STORY – SURGERY

Mr Geoff Clark, Consultant Surgeon delivered two patient stories that demonstrated both good and bad patient experience in emergency surgery.

As a result of a successful business case to support emergency general surgery, the UHB now had 2 surgical teams on call – one in theatre and one at the front door. In addition, the emergency CEPOD theatre had been enhanced. The teams covered upper GI and colorectal surgery.

The first case demonstrated that excellent communication between expert teams meant that a patient admitted in pain was diagnosed with advanced cancer very quickly, was supported when the bad news was broken, was discussed at a multi-disciplinary team meeting and was discharged with a care plan within 48 hours. All this care was provided by a consultant or specialist nurse.

The second case involved out of hours care which had not changed as a result of the business case. There was only one team with access to two theatres. A patient arrived via A&E and waited 11 hours for surgical review.

Knowing that a general anaesthetic was required, he was starved of food and drink. When it was known that he would not be able to access theatres he was discharged home, advised he could eat and was told to return in the morning. Due to poor communication, the surgeon was not aware that the second theatre was not available due to maintenance work. The first theatre was treating an emergency neuro case. The patient was finally taken to theatre at 5pm after starving all day and was “bumped” again due to another emergency neuro case. His operation finally took place at 3am the following morning. Overall the care was poor, yet the patient was so very grateful.

The Committee noted that weekend surgery was still a challenge and that there was no agreement for the SAU to open at weekends. In addition the constant need for 2 theatres was noted. The challenge was not all about money, but having sufficient staff. The establishment of 14 SPRs was running with 10 which left gaps in the rota.

The Chief Executive highlighted the need to make change easier in order to improve safety and quality and to change the culture to a “can do” attitude. This would also motivate staff and improve morale. Having just one extra pair of hands made a huge difference to performance, patient experience and morale. In terms of transforming emergency care, the key was training junior doctors in emergency surgery.

The Medical Director agreed to circulate a recent GMC case to Committee for information.

Action – Dr Graham Shortland

The Chair thanked Mr Clark for his excellent leadership and for sharing openly both good and not so good examples that focussed the mind and opened the debate across the organisation.

QSE 18/008 SURGERY SERVICES CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

The Chair invited comments and questions on the comprehensive report.

Dr Linda Walker commented on the action taken to improve infection rates, noting that “bare below the elbow” remained a challenge, but staff were talking about it. Refurbished areas had made a big difference to the environment.

A lack of interventional radiology was an issue out of hours. A consultant appointment had been made at Cwm Taf and it was anticipated that this would be resolved by the summer. Going forward, a regional partnership approach was needed to deliver an out of hours service with 2 serious incidents being investigated. It was agreed to receive a further report in June when progress was expected to be seen.

Action – Mr Steve Curry

Whilst the mortality review system had improved, there was still a need for more work on governance and assurance systems.

Dr Walker also answered questions on smoking cessation for pre-op patients, complaints response times and telephone assessment in the evenings. Nurse recruitment was doing well, but retention was harder and not helped by the number of medical outliers that damaged staff morale. This was being addressed in conjunction with the Medicine Clinical Board and the number had been reduced from 100 to 35 outliers. A business case was being prepared to address the requirements of the Nurse Staffing Act. It was agreed to receive a separate report on outliers at the next meeting.

Action – Mr Steve Curry

In terms of medical negligence claims, it was noted that the number was not proportionately high.

The Chair thanked the Surgery Clinical Board for attending the meeting and answering the Committee's questions.

ASSURANCE was provided by:

- The governance processes embedded in the core business of the Surgical Clinical Board and its Directorates
- Evidence of regular performance management reporting
- Independent review of the business of the Surgery Clinical Board by internal and external bodies such as Internal Audit, CHC, HIW, Welsh Risk Pool, Welsh Government

The Quality Safety and Experience Committee:

- **APPROVED** the content of this report and the assurance given by the Surgery Clinical Board.
- **NOTED** the progress and approach taken by the Surgical Clinical Board to date and planned future actions.

QSE 18/009 COMMUNITY HEALTH COUNCIL (CHC) REPORT

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

QSE 18/010 POLICIES FOR APPROVAL

1. PRESSURE ULCER RISK ASSESSMENT, PREVENTION AND TREATMENT

ASSURANCE was provided by:

- Full consultation across the UHB to ensure staff implementation and its integration into UHB pressure ulcer training programmes
- The policy was in line with national and international guidelines.

- Report to Clinical Board Quality and Safety Sub Committee meetings bi-monthly where each Clinical Board investigated, via a Root Cause Analysis, all category III, IV and un-stageable pressure damage.
- Continuing to identify the various causes of pressure damage and adopting appropriate preventative methods where possible.
- Qualitative audit activity of compliance to inform risk assessments.

The Quality, Safety and Experience Committee:

- **APPROVED** The Pressure Ulcer Risk Assessment, Prevention and Treatment Policy and Procedure.
- **APPROVED** the full publication of the Pressure Ulcer Risk Assessment, Prevention and Treatment Policy and Procedure in accordance with the UHB Publication Scheme.

2. MEDICINES MANAGEMENT

The Medical Director, Dr Graham Shortland explained that this Policy would overarch the procedures contained in the Medicines Code that was approved at the last meeting.

ASSURANCE was provided by:

- Aligning UHB Practice to the All Wales Policy for Medicines Administration Recording Review and Storage (MARRS 2015).
- Monthly Medicines Metrics Audit completed by Pharmacy and reported to the Clinical Boards.
- Annual secure storage of medicines audit, reported to Clinical Boards and UHB Medicines Management Group.
- Self-Assessment against Welsh Government's MARRS Policy.

The Quality, Safety and Experience Committee:

- **APPROVED** the Medicines Management Policy subject to the provision of an Equality and Health Impact Assessment within 14 days (by 26th February) for Chair's approval.
Action – Dr Graham Shortland
- **SUPPORTED** the provision of procedural guidance provided by The Medicines Code.
- **APPROVED** the full publication of the Medicines Management Policy and Code in accordance with the UHB Publication Scheme.
- **APPROVED** delegation of responsibility for the approval of Procedures (The Medicines Code itself) to the Medicines Management Group.
- **APPROVED** the withdrawal of a further 6 medicines management Policies/Procedures.
- **Action – Mrs Julia Harper**

QSE 18/011 REVIEW OF COMMITTEE TERMS OF REFERENCE

As part of the governance process, the Terms of Reference for the Committee were reviewed on an annual basis.

The UHB Chair advised that she had appointed two new Members to the Committee: Prof Gary Baxter as the new Committee Vice Chair and Dawn Ward.

ASSURANCE was provided by:

- Regular annual review of the Terms of Reference as well as adjustments made by the Board in November 2017.

The Quality Safety and Experience Committee:

- **APPROVED** the revised Terms of Reference of the Quality, Safety and Experience Committee for 2018 -2019.

QSE 18/012 COMMITTEE WORKPLAN FOR 2018/19

The Workplan was full, robust and aligned to the Health and Care Standards Framework, but hot topics would be added as and when necessary.

It was noted that the February Board Development session would be devoted to effective and efficient Board and Committee working and any changes made at that meeting would be incorporated as necessary.

Action – Mr Peter Welsh

ASSURANCE was provided by:

- Inclusion of items identified in the CRAF, Health and Care Standards as well as recommendations from external reports.

The Quality Safety and Experience Committee:

- **APPROVED** the Committee Work Plan for 2018 -2019 subject to the inclusion of Patient Experience Framework and Claims and Concerns.

Action – Mrs Carol Evans

QSE 18/013 WAO REPORT ON DISCHARGE PLANNING

Mrs Judith Hill attended the meeting at the request of the Audit Committee for this item. She commented on the assessment of WAO findings and the 4 recommendations with the subsequent management response that was now somewhat out of date.

It was noted that the number of delayed transfers of care (DTC) had reduced considerably from 157 in 2016 to 43. Weekly meetings were held with patients/families and each case was carefully scrutinized. It was clear

from these meetings that staff were very familiar with the needs of their patients and understood the need for timely information.

A new clinical dashboard had recently been shared with staff to help them monitor the situation and ensure patients were allocated to the correct pathway.

Timely discharge was a risk and it was important that staff understood this in terms of patient safety, community handover and patient flow. It was appropriate for Board Members to ask questions about this during Safety Walkrounds as it was a key part of the UHB's Strategy.

The Chair thanked Mrs Hill for all her work and commented that the Council was working closely with the UHB to ensure a seamless service for patients. The DTOC position was the best it had been in 12 years.

ASSURANCE was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Confirmation from the Wales Audit Office that the Health Board had robust discharge improvement plans, strong performance management arrangements and performance overall was improving but there was scope to improve ward staff training and awareness of policies and community services.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the main findings of the Wales Audit Office review.
- **AGREED** that the action plan addressed the recommendations made within the Wales Audit Office report.

QSE 18/014 SAFER PATIENT NOTICE 24 - PATIENT IDENTIFICATION BANDS

The Executive Nurse Director, Mrs Ruth Walker was delighted to inform the Committee that from April 2018, funding had been allocated for an electronic system and it was anticipated that this would also save money. Fortunately no correlation to patient harm had been found in the absence of a system whilst awaiting funding. It was also pleasing that the new bar code system would be able to offer further safety possibilities in the future. Mrs Walker thanked Mrs Carol Evans for all her work on this and for sourcing the system in order for the UHB to comply with the safety notice.

ASSURANCE was provided by:

- This update on progress to address non-compliance of the UHB with Safer Practice Notice 24.

The Committee **CONSIDERED** the update provided within the paper.

QSE 18/015 INFECTION PREVENTION AND CONTROL REVISED RISK ASSESSMENT

The report had been withdrawn.

QSE 18/016 CANCER PEER RE REVIEW – HEAD AND NECK

The Medical Director, Dr Graham Shortland advised that work had moved into the re review process. Good progress had been made and more learning had emerged. Work was underway with Surgery on ward staffing levels and skill mix, though there was a general recruitment issue in Pathology.

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 Welsh Government 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.
 - **AGREED** that this, and future action plans, should be made more explicit and contain timescales.
- Action – Dr Graham Shortland**

QSE 18/017 CLINICAL AUDIT PLAN 2017-18 PROGRESS UPDATE

Dr Graham Shortland, Medical Director, introduced the report and thanked Carol Evans and Alex Scott for the easy read dashboard for national audits. Post audit report, there was a 3 week window to report back to Welsh Government and a report was also taken to HSMB. It was agreed that there needed to be clarity and explanation of any areas where the UHB was classed as an outlier.

It was important that local audits aligned with the UHB agenda and addressed hot spot areas.

ASSURANCE was provided by:

- Progress against the clinical audit plans.
- The assurance processes in place around the National Clinical Audits.
- The additional Local Clinical Audit activity that was registered and ongoing.

The Quality, Safety and Experience Committee:

- **NOTED** the clinical audit activity undertaken in the Clinical Boards.
- **AGREED** to consider the clinical audit process for 2018 / 2019 on the June Agenda.

Action – Dr Graham Shortland

QSE 18/018 HEALTHCARE INSPECTORATE WALES (HIW) ANNUAL REPORT 2016-17

The Executive Nurse Director, Mrs Ruth Walker reminded Committee that as well as the Annual Report, separate individual reports from HIW were shared with Committee on a regular basis. This report addressed the action taken from the themes within the Annual Report.

ASSURANCE was provided by:

- The development and monitoring of improvement plans to address both local and national recommendations.
- Reporting and monitoring through the UHB Committees.

The Quality, Safety and Experience Committee:

- **NOTED** the Healthcare Inspectorate Wales Hospital Inspection Annual Report.
- **NOTED** the processes in place to monitor the required actions and improvements.

QSE 18/019 MANAGEMENT OF OUTPATIENT FOLLOW UPS AND ENDOSCOPY SURVEILLANCE

Mrs Caroline Bird, Deputy Chief Operating Officer advised the Committee that both areas were behind plan. Outpatient follow up had initially made good progress but this had slowed and action therefore needed to be refocussed. The PMS system was not designed to manage follow ups and staff were working with the IM&T team for other options. Unfortunately there was no clinical consensus on the management of follow ups due to the risk of the wrong patients being removed or left on the list. However, it was anticipated that a realistic view of the number of patients waiting would be available by the end of March. Following this, there would be a need to look at and change processes.

The number of patients waiting for endoscopic surveillance had deteriorated over the summer due to workforce issues. However, the opportunity had been taken to increase capacity through the use of two private hospitals and weekend insourcing at UHL. These lists appeared more efficient than the UHB's own lists and therefore there were lessons to be learned. The UHB was balancing the risk of patients waiting over 8 weeks and those awaiting surveillance.

Two further serious incidents had been received in the last week where delayed patients had been diagnosed with cancer. It was therefore important to receive a report on the lessons being learned and to ensure that risk was being balanced.

Action – Mr Steve Curry

It was noted that “spot purchase” was not helping. It would be more helpful if funding was recurrent in order to smoothly manage capacity and the growing demand.

In terms of streamlining administrative processes, it was suggested that lessons could be learned from Radiology where staff were very pleased with their booking system. It was also worth investigating DNA (did not attend) rates and whether they were lower at weekends when appointments were probably more convenient for working adults. It was agreed to look into DNA in greater detail to determine whether the service could make further improvements.

Action – Mr Steve Curry

As some patients were being failed, it was necessary for the Committee to be assured that the initiatives being taken were making a positive impact. In light of the gravity of the situation, it was agreed to receive a further comprehensive report in April.

Action – Mr Steve Curry

ASSURANCE was provided by:

- The Outpatient Follow-Up Improvement Plan was revised in July 2017, revising governance arrangements and re-focusing actions to increase the pace of improvement.
- Whilst there had been an increase in the number of patients overdue their planned surveillance endoscopy, the UHB had secured additional in-year capacity to reduce the number of patients delayed.
- There was a clinically agreed risk scoring methodology in place for patients waiting for a surveillance endoscopy.

The Quality, Safety and Experience Committee:

- **NOTED** the current position and work ongoing in relation to the management of outpatient follow up care and endoscopy surveillance.
- **AGREED** to receive a further report at the April meeting.

Action – Mr Steve Curry

QSE 18/020 UPDATE ON SINGLE ROOMS, ISOLATION ROOMS AND DECANT FACILITIES

In the absence of the Director of Planning, Mrs Ruth Walker advised Committee that it was recognized that the UHB had insufficient single rooms and this meant that patients sometimes spent longer in the Emergency Unit to

remain isolated. This was an ongoing challenge, but it was clear that more single rooms needed to be installed during the refurbishment process.

ASSURANCE was provided by:

- NWSSP – Specialist Estate Services Isolation Room Ventilation Inspection Report March 2017.
- Prioritisation of discretionary capital programme.
- Scrutiny at the Capital Management Group.
- Development of the UHB's estates strategic plan, the outline of which was discussed in the Strategy and Engagement Committee.

The QSE Committee:

- **NOTED** the position in relation to the identification of a decant ward area that would enable a rolling proactive ward refurbishment programme to be implemented.

QSE 18/021 SINGLE POINT OF ENTRY FOR CHILDREN

Mrs Caroline Bird, Deputy Chief Operating Officer, advised Committee that the service model would need to change in the interim and longer term and commented on the mitigating action that had been taken to address the risk.

A working group had excluded a number of options and the choice was now down to two. Miss Battle advised that a regional planning meeting would be held later in the day and that Cwm Taf had reduced their figures downwards for paediatrics and maternity and this may affect the UHB's planning work for the service and its funding.

ASSURANCE was provided by:

- Plans for a Single Point of Entry were progressing in line with the project plan and were aligned to the developing plans for the Major Trauma Centre.
- These plans, and the interim options, were being developed with the full engagement of medical, nursing and managerial teams from the Children and Women and Medicine Clinical Boards and in consultation with the other affected Boards and services.
- The alignment of the interim plans with the SWP paediatric changes had allowed the development of options which bridged the majority of the existing financial deficit.

The Committee:

- **NOTED** the progress with the plans for a Paediatric Single Point of Entry and the options developed for the interim arrangement.

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

The following items were **RECEIVED** and **NOTED** for information.

QSE 18/022 **WHC 045 2017 INTEGRATED GUIDANCE ON HEALTH CLEARANCE OF HEALTHCARE WORKERS AND MANAGEMENT OF HEALTHCARE WORKERS INFECTED WITH BLOODBORNE VIRUSES (HEPATITIS B AND C, AND HIV)**

ASSURANCE was provided by:

- Awareness of the Welsh Health Circular and actions taken to implement necessary changes.

The Quality and Safety Committee **NOTED** Welsh Government Request and the Cardiff and Vale UHB response.

QSE 18/023 **ANNUAL QUALITY STATEMENT 2017-18**

ASSURANCE was provided by:

- The plan of work to support the development of the Annual Quality Statement.

The Quality, Safety and Experience Committee **AGREED** the time frame for the development of the 2017 /18 Annual Quality Statement.

QSE 18/024 **MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES**

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – OCTOBER**
2. **MENTAL HEALTH – NOVEMBER AND DECEMBER**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - NOVEMBER**
4. **SPECIALIST SERVICES – OCTOBER, NOVEMBER AND DECEMBER**
5. **MEDICINE – NOVEMBER**
6. **SURGERY – SEPTEMBER AND NOVEMBER**
7. **CHILDREN AND WOMEN – OCTOBER**
8. **DENTAL – No Minutes since September**

The Committee found it unacceptable that no Minutes had been received from Dental since September and the Chair would write to the Clinical Board.

Action – Cllr Susan Elsmore

QSE 18/025 AGENDA FOR THE PRIVATE QSE MEETING

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

**QSE 18/026 ITEMS TO BRING TO THE ATTENTION OF THE
BOARD/OTHER COMMITTEE**

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

QSE 18/027 REVIEW OF THE MEETING

There was nothing to add to the meeting and a review would be held following the private meeting.

QSE 18/028 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 17th April 2018.