CONFIRMED MINUTES OF THE MEETING OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT 9AM ON 12 JUNE 2018 CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Akmal Hanuk	Independent Member – Community
Dawn Ward	Independent Member – Trade Union
Maria Battle	UHB Chair & Chair of Meeting
Michael Imperato (part)	Independent Member – Legal

In Attendance:

Abigail Harris	Director of Planning
Alex Scott (part)	Patient Safety and QA Manager
Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Chris Lewis	Deputy Finance Director
Fiona Salter	Staff Representative
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance
Rhian Williams	Head of Patient Experience, WG (Observer)
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Steve Curry (part)	Interim Chief Operating Officer
Stuart Egan	Staff Representative

Apologies:

Susan Elsmore	Independent Member, QSE Chair
Prof Gary Baxter	Independent Member - University
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Robert Chadwick	Director of Finance
Dr Sharon Hopkins	Deputy Chief Executive / Director of Public Health

Secretariat: Julia Harper

QSE 18/080 WELCOME AND INTRODUCTIONS

The UHB Chair welcomed everyone to the meeting, and explained that she would Chair the meeting in the absence of the Committee Chair and Vice Chair. Members of the Clinical Board for Clinical Diagnostic and Therapeutics were attending the meeting to deliver the patient story and their quality and safety report.

QSE 18/081 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 18/082 DECLARATIONS OF INTEREST

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

QSE 18/083 MINUTES OF THE COMMITTEE HELD ON 17th APRIL 2018

The Minutes of the last meeting were **RECEIVED** and **APPROVED** subject to a correction to the 5th bullet point on page 12 to read –

The UHB Chair reported that she would be shadowing a junior doctor through Hospital at Night as the Ambulance Service had reported some concerns when taking 999 patients *from* Llandough.

QSE 18/084 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 **QSE 18/055 Out of Date Policies –** The overarching Policy had been reviewed and approved by the Board at the end of last year. Policies from other health boards would be studied, but it was not envisaged that the UHB policy would be amended further at this time. **Complete.**

2. **QSE 18/019 Outpatient Follow Ups –** The reasons for DNAs would be provided and an update on the "scraper" used on follow ups would be provided at the next meeting.
   Action – Mr Steve Curry

3. **QSE 18/062 Endoscopy SI and Lessons Learned –** details on timescales for polyp activity would be provided.
   Action – Mr Steve Curry

QSE 18/085 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

The Chair reported that it had not been necessary to take any action in between meetings.

QSE 18/086 PATIENT STORY – CLINICAL DIAGNOSTICS AND THERAPEUTICS

Mrs Sue Bailey, Clinical Board Director of Quality, Safety and Experience read a very sad letter from a family whose baby had died in Bridgend and was transferred to UHW for post mortem. The lack of communication between the

two Health Boards had caused considerable distress and a 12 day delay had meant that they had been unable to properly say goodbye to their daughter.

Mrs Bailey told the Committee that the UHB had failed to let Bridgend know that the post mortem had been completed and this delay had been avoidable. Following honest and open discussions within the Clinical Board, a letter of apology had been sent to the family. Failings were recognised and assurances that lessons had been learned and processes changed were given.

The family generously accepted the apology and thanked the Clinical Board for their honesty.

The Chair advised that it was always best to be honest and open, to offer apologies and assurances that incidents would not recur. It was also noted that the UHB had a policy that covered cultural/religious community concerns.

The learning from this incident would be shared with other Clinical Boards and was part of complaints training and consultant induction. However, it was noted that some individuals remained nervous about personal sanctions if they admitted making a mistake so it was important to provide ongoing reassurance.

The Chair thanked Mrs Bailey for sharing this story.

QSE 18/087 **CLINICAL DIAGNOSTICS AND THERAPEUTICS CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT**

Mrs Sue Bailey and Mr Matt Temby, Director of Operations attended the meeting to present their comprehensive report covering both challenges and successes in the Clinical Board.

The Chair invited comments and questions on the comprehensive report:

- In terms of regulatory compliance, governance arrangements and compliance had been reviewed and escalation and performance had been identified as a theme. In response, a Regulatory Compliance Group had been established and key metrics agreed.
- The change in culture including openness to challenge and engagement was welcomed.
- The new process would provide an “early warning” system.
- Regulators were looking more closely at the quality of services and whether this deteriorated during times of financial squeeze.
- There was a single-handed neuro interventional service with support from Bristol. This was doing well with the shortest ever waiting list but the service needed support to become sustainable.
- The comment of erroneous outcomes from ultrasound equipment was concerning. The difficulty of recruiting to medical physics and clinical

engineering was noted and the UHB was working in conjunction with Velindre. Unfortunately quality assurance was not being properly considered when new equipment was purchased and Clinical Boards were being reminded of their obligations.

- There was a good incident reporting culture in the Clinical Board so Members should not be concerned by the number of incidents recorded. However, it was important to look at incidents that resulted in harm.
- Implementation of GDPR was a significant challenge so it was important to get the basics in place.
- The response rate to complaints was 80%. The largest number of complaints were about communication, however there were small pockets of very good communication and it was important to learn from those areas.
- Storage of medical records had been a challenge for some time. It had been hard to retain staff and there were delays in appointing new staff and this had exacerbated the problem. Vast quantities of records had been stored in Whitchurch Hospital and these had to be transferred to Treforest and Carmarthen. In addition, records had not previously been destroyed if they had not been accessed in 8 years meaning the UHB held some 0.75m records. This was now being addressed. All Clinical Boards needed to recognise they had a role to play. The situation was being monitored at the Information Technology and Governance Sub Committee.
- Record digitalisation was being monitored by the Sub Committee and Miss Battle would discuss this further with the Sub Committee Chair so as not to duplicate discussions.
- **Action – Miss Maria Battle**
- The Medical Engagement Charter had started to make a difference and elements of it would benefit others. However, the greatest impact had been found by the use of a mediator.

ASSURANCE was provided by:

- The progress the Clinical Board had made on the range of key quality, safety and patient experience performance metrics and the focus on its integrated governance arrangements. The Clinical Board recognised the key areas of improvement and actions required to further improve the patient experience received.

The Committee:

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

The Chair thanked the Clinical Board for the report and their attendance.

QSE 18/088 COMMUNITY HEALTH COUNCIL (CHC) REPORT

The CHC Chief Officer, Mr Stephen Allen, briefly presented 3 reports from the CHC.

1. **Scrutiny Overview**

Mr Allen highlighted themes from CHC visits and feedback: staffing levels on wards, moving patients from ward to ward, parking and the environment. The report also highlighted areas of good practice and the increased satisfaction about the level of cleanliness.

Mr Allen also reported 90% completion of recommendations made by the CHC compared with 75% last year. Where it was stated staff were "unable to take personal responsibility", it was agreed this would be discussed separately with the Executive Nurse Director.
Action – Mr Stephen Allen
However, it was noted that compliance with the Nurse Staffing Act could be monitored on the new boards on every ward and CHC members could ask the ward sister/charge nurse how the risk of gaps were being managed.

2. **"Our Lives on Hold"**

Mr Allen commended the UHB for publishing this national report with its Committee papers. The stories described what it was like to be a patient waiting months and months for treatment. Mr Allen said he would share separately all the UHB patient stories and would welcome a UHB action plan in response to the report's findings.
Action – Mr Stephen Allen and Mr Steve Curry

It was noted that the UHB was seeing a theme emerging from its own systems and this would be raised as a "hot topic" (harm caused whilst waiting) and the UHB's focus was to reduce referral to treatment time.

3. **Sensory Loss Assessment of NHS Organizations Across Cardiff and Vale of Glamorgan**

Whilst there had been significant improvements, the CHC had found there to be a lack of good sensory loss awareness and training for staff. Five key questions had been used for the review and it was noted that whilst some areas had improved since 2016, others had declined. The report was just a snapshot but did include a breakdown by site.

Mr Allen asked the UHB to consider the recommendations and suggested some joint working with Velindre. The CHC looked forward to receiving the UHB's formal response.
Action – Mr Steve Curry

QSE 18/089 HOT TOPICS – SERIOUS INCIDENTS INVOLVING WAST (WALES AMBULANCE SERVICES TRUST)

The Executive Nurse Director, Mrs Ruth Walker gave an oral update. Information on specific cases had been provided to WAST and the outcome of their investigation was awaited.

With regard to waiting lists, it was important to get assurance that patients were monitored whilst waiting to ensure they were not coming to harm. In that regard, each Clinical Board would be asked to provide such assurance and the overall situation would be reported back to Committee.
Action – Mrs Ruth Walker

QSE 18/090 POLICIES FOR APPROVAL

The Committee received two all Wales Policies that required formal approval and adoption within the UHB and one local policy for approval.

1 NHS WALES PRIOR APPROVAL POLICY

ASSURANCE was provided by:

- The implementation of the All Wales Prior Approval policy for requesting individual funding for routine treatment.

The Committee:

- **APPROVED** the UHB's adoption of the All-Wales Prior Approval Policy
- **SUPPORTED** the full publication of the All-Wales Prior Approval Policy in accordance with the UHB Publication Scheme.

2 ALL WALES POINT OF CARE TESTING POLICY. WHAT, WHEN, HOW?

ASSURANCE was provided by:

- The UHB Clinical Lead who was the author of the document.
- The All Wales Policy was mapped to Health and Care Standards 2015 and the current UHB Point of Care Testing Policy was aligned to both the updated All Wales Policy on the Management of Point of Care Testing and the relevant clauses of the Health and Care Standards 2015.

The Quality, Safety and Experience Committee:

- **APPROVED** and **ADOPTED** the all Wales Policy on the Management of Point of Care Testing (POCT). What, When and How?
- **APPROVED** the full publication of the Policy in accordance with the UHB Publication Scheme

- **AGREED** that the EHIA approved by the Committee in September 2017 for the UHB POCT Policy could also be applied to the All Wales Policy on the Management of Point of Care Testing.

3 INTRAOPERATIVE CELL SALVAGE POLICY AND PROCEDURE

ASSURANCE was provided by:

- Compliance with the Management of Policies, Procedures and Other Written Control Documents Policy
- Continual training and assessment for users of Intraoperative Cell Salvage
- Review of the Policy and Procedure through the directorate governance forum

The Quality, Safety and Experience Committee:

- **APPROVED** the review of the provision of Intraoperative Cell Salvage Policy and Procedure
- **APPROVED** the full publication of the provision of Intraoperative Cell Salvage Policy and Procedure in accordance with the UHB Publication Scheme.

QSE 18/091 PATIENT EXPERIENCE FRAMEWORK UPDATE

Mrs Angela Hughes, Assistant Director Patient Experience presented good progress against the 3 year framework and reported that evidence was now available from all quadrants.

The use of “happy or not” machines had proved valuable in gaining feedback and were able to pinpoint the time of day and day of the week that feedback was given. In all, over 168,000 responses had been received.

From the feedback it was possible to distinguish carers’ perceptions from those of staff. In addition, bespoke questions were targeted at certain departments and volunteers were being used to improve patient experience.

Work for the coming year included UHB values, access for patients with sensory loss and whole service changes.

The Chair invited comments and questions:

- Carers wanted support that was sustainable, not support that was time limited by additional resources.
- Work had taken place with young carers in schools.
- Staff were raising difficulties with caring duties more frequently with Trade Unions.

- Feedback would be used to inform and influence service change, new pathways and transformation, but a formal mechanism for sharing knowledge was required.
- GPs and community nurses were being encouraged to use the engagement tools.
- CHC offered their support to get feedback and support engagement.
- Links with Cardiff Business School could be exploited to support work in this area.

ASSURANCE was provided by:

- The range of achievements during 2017-2018
- Identification of particular areas for focus during 2018-2019

The Quality, Safety and Experience Committee:

- **CONSIDERED** progress with implementation of the framework.
- **NOTED** the main high level achievements for 2017/2018
- **AGREED** to monitor the implementation of the framework and to receive regular updates.

QSE 18/092 REVISED CORPORATE RISK AND ASSURANCE FRAMEWORK

The Director of Corporate Governance, Mr Peter Welsh gave an oral update on the transition to a new system. This would be presented in detail at the June Board Development Day and go live in the UHB in July. The benefit would be that the new system of controls would be measurable. The Committee **NOTED** the update.

QSE 18/093 ANNUAL QUALITY STATEMENT (AQS)

The Executive Nurse Director, Mrs Ruth Walker introduced Ms Alex Scott, Patient Safety and Quality Assurance Manager who had produced the AQS that contained details of all the work done in the last year. This would be shared with Board and made available at the Annual General Meeting.

Ms Scott gave an overview of performance around the seven themes of the Health and Care Standards and the action that had been taken following learning from patient safety work.

It was noted that work on priority areas had been shared with Clinical Boards and fed into the IMTP process. Clinical Boards would be held to account on these areas and this ensured connectivity.

It was noted that the AQS had been received at Management Executive where it had been highly complimented. The CHC and Members concurred that its presentation was excellent.

Mrs Walker thanked Ms Scott and Mrs Carol Evans for all the work done on the AQS. In addition to some further comments from Internal Audit, the Chair agreed to send some information of her own that she would like included.
Action – Miss Maria Battle and Ms Alex Scott

ASSURANCE was provided by:

- The provision of the draft Annual Quality Statement 2017/18

The Quality, Safety and Experience Committee:

- **APPROVED** the draft Annual Quality Statement for 2017 / 2018; in readiness for endorsement at the public Board meeting in July 2018.

QSE 18/094 CLINICAL AUDIT PLAN 2018/19

The Medical Director, Dr Graham Shortland had nothing to add to the report but advised that there had been a significant improvement in the recording of audit activity including the benefits derived.

ASSURANCE was provided by:

- The development of a local Clinical Audit Plan based on Tier 1,Tier 2 and Tier 3 priorities

The Quality, Safety and Experience Committee **APPROVED** the Clinical Audit Plan.

QSE 18/095 INFECTION PREVENTION AND CONTROL EXCEPTION REPORT

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report and reminded Committee that the information on infection outbreaks was included as requested at the last Board meeting.

LIMITED ASSURANCE was provided by:

- Compliance with Welsh Government target for *C.difficile* during 2017-2018
- Well established and proactive Infection Prevention and Control Group
- Processes in place for the active monitoring and reporting of performance against targets
- Further focused work was required to meet the WG expectations for 2018-2019

The Quality, Safety and Experience Committee:

- **CONSIDERED** the contents of the report.

QSE 18/096 CLEANING STANDARDS

The Planning Director, Mrs Abigail Harris gave an oral update and confirmed that targets had been exceeded in the latest performance report. Good progress was probably linked to the number of ward and bathroom refurbishments that had been completed. Better supervision was required to complete audit and new technology was being trialled for risk areas.

It was agreed that up to date cleaning scores were required outside wards and that risk assessments needed to be carried out and recorded.
Action – Mrs Abigail Harris

QSE 18/097 MEDICINES MANAGEMENT – HEALTH AND CARE STANDARDS 2.6

The Medical Director, Dr Graham Shortland had nothing to add to the report and commented that whilst some progress had been made, the UHB was still "getting there". It was hoped that the UHB would have progressed to level 4 by next year.

ASSURANCE was provided by:

- The annual self-assessment process against the Health and Care standards was led by the multi-disciplinary corporate Medicines Management Group which met on a monthly basis
- Clinical Board Quality, Safety and Experience Sub Committees had the opportunity to contribute and share best practice in terms of medicines quality and safety work

The Quality, Safety and Experience Committee:

- **CONSIDERED** the self assessment rating of *"Getting there"* against the Health and Care Standard 2.6 Medicines Management.

QSE 18/098 POINT OF CARE TESTING (POCT)

The Medical Director, Dr Graham Shortland advised of the significant programme of work that had been put in place and the progress that had been made. However, the system required proper resource and governance and costs needed to be shared via a trading framework that was included in the IMTP.

ASSURANCE was provided by:

- The current governance and reporting structures in place.
- Further initiatives to strengthen the PoCT functionality.
- Training and educational programme.

The Committee:

- **AGREED** the continuation of the current Governance Structure for Point of Care Testing and
- **NOTED** the initiatives for service improvement that were being put in place to further strengthen governance.

QSE 18/099 CANCER PEER RE REVIEW – GYNAECOLOGY

The Medical Director, Dr Graham Shortland told Committee that this was a re-review of gynaecology.

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.

QSE 18/100 MORTALITY DATA AND MORTALITY REVIEW

The Medical Director, Dr Graham Shortland thanked Dr Tony Turley and Ms Joy Whitlock for their work and reminded Committee that it received an update twice a year. He invited Members to specify any areas of concern that would merit a closer investigation and mentioned that the Chief Executive had already asked for a greater focus on mortality audit. The benefit of this work supporting triangulation was noted.

ASSURANCE was provided by:

- Monitoring of Mortality measures and reviews
- Internal Audit report

The Quality, Safety and Experience Committee:

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

QSE 18/101 HIW ACTIVITY UPDATE

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report that contained an overview of the primary and community work. It was noted that more work was being done with Primary Community and

Intermediate Care Clinical Board on action planning but it was a challenge trying to influence the work of independent contractors.

ASSURANCE was provided by:

- No immediate assurance issues identified by HIW during visits to primary care contractors (since last report in August 2017)
- Actions taken by practices to address the recommendations
- Processes in place within Primary, Community and Intermediate Care (PCIC) to monitor outcomes and progress with improvements.

The Quality, Safety and Experience Committee:

- **NOTED** the ongoing monitoring and performance management systems and outcomes for Primary Care Dentists.

QSE 18/102 OPHTHALMOLOGY SERVICES PRESENTATION

Mr Mike Bond, Director of Operations, Surgery, gave a presentation to the Committee on the current situation with ophthalmology. He set the context of the situation, described the inter-relationships and complexity, the internal and external inputs and the impacts.

The service received 149 formal complaints in 9 months, but treated 258 patients per day. 43% of complaints related to cancellations and 37% were about waiting times.

The next steps involved a single plan and set of priorities based on safety first, capacity, adherence to national pathways and performance that covered AMD, glaucoma and cataract. One of the main challenges was to conform with the national pathway and a step change was required by September.

The Chair reported on a meeting that she and the Chief Executive had attended with AMs recently. Other health boards had managed to reduce their waiting lists considerably through a number of means and she asked Mr Bond to help draft a letter setting out the good news as well as the remaining challenges.

Members were assured that the UHB had a plan with a delivery time and requested an update in late Autumn.
Action – Mr Steve Curry

QSE 18/103 OUT OF HOURS INTERVENTIONAL RADIOLOGY

The Chief Operating Officer, Mr Steve Curry gave a brief oral update to the Committee. The UHB currently had 3 consultants but had never provided a 24 hour service, although demand for treatment out of hours (OOH) was growing and was met on a goodwill basis. There was no OOH service in Wales or much of England. A 24 hour rota to meet demand and growth would

require 8-9 staff and therefore a network solution was being considered along with the centralisation of the vascular service that accounted for 60% of interventional demand. The infrastructure for a networked service was being considered as this would also be needed to support the major trauma centre.

It was agreed that any change to the vascular service would require a process of engagement and consultation.

QSE 18/104 SENSORY LOSS

Mr Keithley Wilkinson, Equalities Manager attended the meeting for this item. In addition to the report, he agreed that the Sensory Loss Group needed to pick up the recommendations made by the CHC earlier in the meeting, and the work being done with the deaf community. Whilst there were pockets of success across the organization, the UHB needed to find more consistent and sustainable success.

It was also important not to favour one group above another and therefore it was important to invest in time and people to look at improving services for people with sight loss. It was also agreed that it would be helpful to find a way of sharing stories (video) of what it was like to be a patient with a sensory loss.

Accessibility to treatment was discussed, covering UHB letters and means of contact as well as parking signage. Whilst there were new national accessible communication standards, not all patients with a sensory loss were flagged on UHB patient management systems. There was, however, a checklist covering issues of sensory loss during ward and department refurbishments.

There were pockets of very good practice in Dental and Pulmonary Unit and this was being shared with champions. It was noted, however, that successes had been achieved on a cost neutral basis and significant improvements would require an increase in resources. It was agreed that the Director of Corporate Governance would look at whether Charitable Funds could be used to support progress.
Action – Mr Peter Welsh

The point was made that training needed to be continuous so that knowledge was not lost when staff left. This would be difficult as it was already clear from PADR and mandatory training rates that staff were having difficulty giving time to training. It was suggested that a particular campaign may bring better results.

It was agreed to receive an update in 6 months' time (December).
Action – Mr Steve Curry

ASSURANCE was provided by:

- Continued development of and action taken by the UHB's Sensory Loss Standards Working Group
- The UHB's six monthly report to Welsh Government against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss

The Committee **NOTED** the progress made in relation to sensory loss.

QSE 18/106 SINGLE ROOMS, DECANT FACILITIES AND ISOLATION ROOMS AT UHW

The Director of Planning, Mrs Abigail Harris gave a brief oral update to the Committee a year on since her last report. Mrs Harris was pleased to report that it had been possible to create some decant beds and that it had been possible to respond to an infection incident.

The provision of isolation rooms was compliant. It was harder to make single en suite rooms within the current building template but this would be achieved for bone marrow transplant.

In the longer term, major capital development money was required from Welsh Government. In the shorter term, the UHB needed to consider whether any more facilities were required to support the major trauma centre.

The Committee **NOTED** the current position.

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

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

QSE 18/107 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – MARCH AND APRIL**

2. **MENTAL HEALTH – MAY**

3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - MARCH**

4. **SPECIALIST SERVICES – FEBRUARY AND MARCH**

5. **MEDICINE – FEBRUARY**

6. **SURGERY – MARCH**

7. **CHILDREN AND WOMEN – JANUARY, FEBRUARY, MARCH AND APRIL**

8. **DENTAL – MARCH AND MAY**

QSE 18/108 AGENDA FOR THE PRIVATE QSE MEETING

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

QSE 18/109 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

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

QSE 18/110 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 18/111 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 18th September 2018.