Confirmed Minutes of the Quality, Safety & Experience Committee
Held on Tuesday, 8th September 2020, 01:00pm – 04:30pm
Via Skype

Chair		
Dawn Ward	DW	Committee Vice Chair & Independent Member – Trade Union
Present:		
Michael Imperato	MI	Independent Member – Legal
Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
In Attendance:		
Carol Evans	CE	Assistant Director of Patient Safety and Quality *(via Skype)*
Nicola Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member – Community
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Caroline Bird	CB	Deputy Chief Operating Officer
Dr Raj Krishnan	RK	Assistant Medical Director
Observers		
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Steve Curry	SC	Chief Operating Officer
Hywel Pullen	HP	Assistant Director of Finance
Angela Hughes	AH	Assistant Director of Patient Experience

<table>
<tr><th>Minute Ref</th><th></th><th>ACTION</th></tr>
<tr><td>QSE 20/09/001</td><td>Welcome & Introductions

The Committee Chair welcomed everyone to the meeting and handed over to the Vice Chair due to IT difficulties. The VC was advised that the Quality Indicators paper was a previous version and therefore an up-to-date version would be presented at the next meeting.

Dr Raj Krishnan, Assistant Medical Director was welcomed to his first meeting.</td><td></td></tr>
<tr><td>QSE 20/09/002</td><td>Apologies for Absence

Apologies for absence were noted.</td><td></td></tr>
<tr><td>QSE 20/09/003</td><td>Declarations of Interest

There were no Declarations of Interest.</td><td></td></tr>
<tr><td>QSE 20/09/004</td><td>Minutes of the Committee Meeting held on 16th June 2020

The minutes of the meeting held on 16th June 2020 were reviewed.

Resolved that:

(a) the minutes of the meeting held on 16th June 2020 be approved as a true and accurate record.</td><td></td></tr>
<tr><td>QSE 20/09/005</td><td>Action Log – 16th June 2020

The action log of the meeting held on 16th June 2020 was reviewed and the following updates noted:

<table>
<tr><td>QSE 20/02/008
QSE 20/04/005</td><td>Medicine Clinical Board Assurance Report. Date to be agreed on work to follow up on the Frailty and FIT process – the Executive Nurse Director (END) confirmed this would be brought to the next meeting.</td></tr>
<tr><td>QSE 20/02/015
QSE 20/04/005</td><td>On the agenda</td></tr>
<tr><td>QSE 20/02/017</td><td>Director of Corporate Governance (DCG) confirmed that work is still in progress with the END working towards a December timeframe although this was dependent on work done in the workshop.</td></tr>
<tr><td>QSE 19/12/009</td><td>To come to the December meeting</td></tr>
<tr><td>QSE 19/12/014</td><td>END confirmed that they were in the process of reviewing the internal inspection process and</td></tr>
</table>
</td><td>RW</td></tr>
</table>

		looking to introduce a new accreditation process which would be brought to a future QSE.	
	QSE 19/12/016/ QSE 20/04/005	The Executive Director of Public Health was the lead but had sent apologies, the VC was happy to keep on the agenda.	
	QSE 19/12/019	To come to the December meeting	**CE**
	QSE 19/09/011	Work was outstanding but was willing to bring to a future meeting	
	QSE 20/06/008	Would be picked up on review of quality governance	**CE**
	QSE 20/06/009	Complete and a progress update would come to the February meeting	
	QSE 20/06/012	On the Agenda	
	QSE 20/02/009	DCG advised this was likely to come to the October Board Development Session.	
	Resolved that: (a) the Committee noted the action log and the verbal updates provided.		
QSE 20/09/006	**Chair's Action taken since last meeting** It was confirmed that no Chair's Action had been taken since the last meeting.		
QSE 20/09/007	**Exception Reports – IP&C Position** The END advised the Committee of the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB and items classified as hospital acquired infection. She highlighted that this was the same report as presented at the previous Private Board meeting. There had been 845 Covid positive patients and a breakdown of each clinical area was provided. The END advised the following key factors influenced the outbreaks: • Recognition of broad symptomatology • Transmission from healthcare workers • Changing PPE guidance • Overwhelmed IPC resources The END provided the Committee with assurance on actions taken to control these incidents and outbreaks. The outbreaks at East 2, University Hospital of Llandough caused the most concern in terms of the numbers. The END advised that measures were put in place such as PPE, placing patients in different wards and clear diagnostic processes but despite this, on 10th June 4 patients and 1 staff member were symptomatic on a nightingale ward. The observations made from this incident was that although staff were in PPE and social distancing, the patients were not and had been interacting with one another. 3 days		

	later the entire ward was closed as there were further spreads into the single rooms. The following key points were raised: • 31 patients tested positive to COVID-19 • 13 staff members tested positive to COVID-19 and • Further 6 who were symptomatic • 328 bed days were lost over the outbreak period The END emphasized that work was still required but was in progress to mitigate further risks. **Resolved that:** • The Committee noted and discussed the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB during the pandemic. • The Committee noted the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough.	
QSE 20/09/008	**Healthcare Inspectorate Wales Update Review / Healthcare Inspectorate Wales Re-inspection Report EU / AU** The Assistant Director of Patient Safety and Quality (ADPSQ) stated that the report provided a standard update on HIW activity however most activity had been stood down since the start of the Covid pandemic and would now take a tiered approach offsite. The updates related to: 1. National maternity review 2. Community clinics 3. National user survey of women who had children - were asked to review this report due to the unsatisfactory delivery - they had asked HIW to review approach 4. Announced visits 5. Unannounced inspections 6. Sam Davies Ward, Barry Hospital 7. Hafan Y Coed- Elm and Maple wards 8. Emergency Unit/Assessment Unit follow up inspection 9. Self- assessment of surgical services – trauma and orthopedic care 10. Primary Care Contractors The ADPS provided an overview of the follow up HIW inspection carried out in 2019, there were a few immediate assurance issues at the time which were acted upon with a focus on the assessment unit and lounge. An improvement plan was in place and had been taken forward by the Clinical Boards, this had been monitored throughout the year and when HIW returned in March, positive feedback was received on the progress being made. The footprint of the EU during the pandemic was referenced as the issue around the lounge did not exist at the moment. The END assured the Committee that the environmental issues referred to within the report were being addressed although the issue regarding the tunnels was not easily resolved. The Executive Medical Director further added that managing the front door would be challenging and would involve	

	consideration of how much room would be allocated to covid and non covid work streams. He commented that the right plan for acute medicine at the front door had not been established, how the ambulatory unit was utilized, the balance between UHL and UHW, and stated that until this was right it would be hard to determine the future of the AU area and what the permanent solution would be. **Resolved that:** • The Committee noted the level of HIW activity across a broad range of services. • The Committee noted the outcomes of the re-inspection and the progress with implementation of the improvement plan • The Committee considered sufficient progress was being made to improve quality, safety and experience in this area.	
QSE 20/09/009	**Maintaining Quality and Safety in Non-COVID Essential Services** The Deputy Chief Operating Officer highlighted within the report the summary position and that the report indicated success in protecting access to non COVID essential services and in balancing risk. She provided assurance that actions would continue to be guided by clinicians and be within the frameworks outlined in the report with the overriding principle of minimising harm for Covid and non Covid patients. The ADPSQ further commented that from a patient safety point of view there would be much wider impacts due to the pandemic which would be monitored through the incident reporting and complaints systems. The VC queried whether these systems would pick up on patients who had not been referred or had not accessed services. The ADPSQ responded that they would only pick up intelligence on patients who present and if clinicians recognise there has been an adverse incident or additionally audits may pick up on these wider impacts. The EMD further added there had been a dip in referrals but the level of cancer type activity had now returned to 90% pre-COVID levels and even though there may be a small cohort within our catchment that would present late, it was largely dealt with in real time. He added that the real issue was that from a national position we could have to support a more regional delivery. The END raised that individuals may now present due to mental health issues. The Committee were happy with the progress made in service continuity and services returning to pre-COVID levels as well as scheduled care with assurances being given by this further discussion. **Resolved that:**	

	• The Committee noted the range of actions that had been taken to ensure both the delivery and quality and safety of essential services had been maintained. • The Committee noted that actions taken had been based on clinical risk, local Executive led support groups and national guidance. • The Committee noted the continued uncertainty as a result of a potential second wave meaning that the current balance of risk approach would continue to be applied.	
QSE 20/09/010	**Mortality Review** The Assistant Medical Director (AMD) advised that the Medical Examiner Service was delayed due to Covid and would be reviewed in April 2021 although the ME recruitment process would be starting in the coming months. There would be a significant change in regards to the data as they would be looking into the stage 1 reviews and what triggers stage 2 whereas at the moment, junior doctors were currently doing the stage 1 reviews. The AMD updated regarding the Once for Wales approach to acquiring E-datix for implementation in March 2021 which would provide great benefits. He referred to the National Mortality Steering Group, set up in July 2020 and advised that this will be expanded to primary care deaths as the ME role expands. The purpose of the Group was contained within the report. Two meetings had been held thus far due to COVID, in July and September. The EMD added that this was a component part of the work being done by the team in regards to the quality, safety processes and praised the AMD and the team for progress made. The VC commented that the paper provided assurance especially in regards to the setting up of the Mortality Group. **Resolved that:** • **The Committee noted** the progress and future plans associated with learning from deaths.	
QSE 20/09/011	**Safeguarding Annual Report** The END advised that this was an annual report to the Committee that laid out activity undertaken for the year. The END admitted that an increase had been seen following the 2015 legislation on domestic homicide and FGM. The report highlighted referrals of children around neglect, mental health and domestic abuse and of adults around physical abuse, neglect and pressure damage although pressure damage was linked to how they were reporting at the time.	

	The END was keen that the Committee understand the depth and breadth of the work, the significance to those who are at the end of a difficult time in their lives and how traumatic it could be to those staff delivering this agenda. The openness and transparency of the internal reporting regarding allegations made against staff was also mentioned. The key areas were highlighted as being: • Volume • Depth • Breadth • Complexity • Partnership Working The CC queried the forecast areas (items 1 and 5) and asked for an update and reassurance. The END referred to the fact that some audits had not taken place due to delays and redeployment of staff so next year's report would look to prioritize areas of safeguarding that needed reporting on. The END provided assurance for the Committee in regards to safeguarding patients, information governance, and collaborative working with other local bodies and the Committee were happy with the report. The VC queried about collaborative practice and data protection and how the sensitivity of the information shared across sectors was managed. The END responded that sharing of safeguarding information was permissible in the interest of safety of the individuals involved. The END highlighted two upcoming court cases involving staff having allegedly assaulted patients. **Resolved that:** • The Committee noted the report.	
QSE 20/09/012	**Systemic Anti-Cancer Therapy Peer Review** The EMD flagged up respiratory cancer chemotherapy administration, which was administered at UHL and was an out of date model. This had been flagged previously in 2016 and 2019 as a significant concern, it had now been resolved but he queried why these issues were reoccurring and what it told us about governance around Cancer peer reviews. The EMD suggested that a Cancer governance framework was needed and this was currently underway and included an Executive led cancer group at which clinical pathways issues, peer reviews, performance metrics, and quality reviews would be considered. This was due to start in March but was now delayed to October. The EMD added that this would likely feed back to the Strategy and Delivery Committee as well as the QSE Committee. The CC appreciated the openness of the EMD and queried how the Committee could be assured that we were not missing issues in other	

	areas, and gave the example of the mortuary review. The EMD responded that although Clinical Boards are responsible for delivering on actions, plans, monitoring and providing assurance, it was clear at times this does not happen so a central monitoring function was a good approach. The Committee were happy with the approach of an Executive led group. **Resolved that:** • The Committee noted the paper • Reviewed and agreed the action plan • Noted Cancer Services would monitor progress against the agreed action plan and report to the QSE by exception on a quarterly basis.	
QSE 20/09/013	**Neonatal Peer Review** The EMD advised that this paper followed a template of peer review in general but was pleased that it showed a lot of strong reassuring outputs of the right standards of care. It also highlighted areas of improvement but flagged one important issue, the absence of a 24 hour neonatal service. The EMD expressed that a 24/7 neonatal solution was needed as the absence of the same left a gap in the service which had been filled by staff in their own time, with nursing and medical staff staying all evening or night to manage urgent transfers which was unsustainable. He informed Committee that there was a 6 week consultation that came out of WHSSC to increase to a 24/7 neo-natal transport arrangement, he was hopeful that this would result in a new commissioning arrangement. **Resolved that:** • The Committee noted the paper.	
QSE 20/09/014	**Annual Quality Statement 2019-20** The END thanked the ADPSQ and Ann Jones for the work done on the AQS. An early draft had been presented to the previous Committee meeting. The ADPSQ provided an overview of the AQS, the Committee were happy with the work undertaken and the final output. The Committee Chair asked that the final comment be removed from the CEO paragraph and be added to the end of the document. The ADPSQ advised that this would be the last version of the AQS although there would be a duty to report against compliance with the Quality Act but it was uncertain at this stage what this would look like. **Resolved that:** • The Committee noted the paper and ratified the AQS for 2019-20.	

QSE 20/09/015	**Use of Antimicrobial Agents Policy** The Committee were requested to approve the policy for dissemination and implementation. The END gave an overview of the policy and stated that it was to ensure the right use of antibiotics in different clinical situations and clarified that it was a C&V policy not a national one. **Resolved that:** • The Committee noted the paper and ratified the Policy.	
QSE 20/09/016	**Health & Social Care (Quality & Engagement) (Wales) Act** The ADPSQ advised that the Act came into force in April 2020 and Welsh Government were aiming for full implementation over the next two years. There was a duty now to be open with patients in respect of any incidents where there was more than minimal harm, the meaning of this was being looked at across Wales and whether it also included near misses. There would be an abolition of the CHC and the establishment of a Citizens Voice body. The provisions of the Act in relation to a duty of quality, was to reframe and broaden the current duty of quality, to ensure that it became a system-wide way of working and that focus was placed on outcomes. **Resolved that:** • The Committee noted the contents of the paper.	
QSE 20/09/017	**Controlled Drugs Local Intelligence Network** The Committee were happy to note the content of the report, approved the actions contained therein and noted that the same met the statutory obligations. **Resolved that:** • The Committee noted the contents of the paper.	
QSE 20/09/018	**Items to bring to the attention of the Board / Committee** There were no items.	
QSE 20/09/019	**Any Other Business** The END mentioned that the UHB Chair had asked for the IP&C exception report to be presented at the open Board meetings.	**RW**
QSE 20/09/020	**Review of the Meeting** The Committee and colleagues were thanked for their attendance and contribution.	
QSE 20/09/020	**Date & Time of Next Meeting:** Tuesday, 13 October 2020 9:00am – 12:30pm Via Skype	