

**Unconfirmed Minutes of the Quality, Safety & Experience Committee
Held on 16th February 2021 at 09.00am
Via MS Teams**

Chair:		
Susan Elsmore	SE	Independent Member – Local Authority
Present:		
Gary Baxter	GB	Independent Member – University
Michael Imperato	MI	Independent Member – Legal
In Attendance		
Stephen Allen	SA	Chief Officer – Community Health Council
Guy Blackshaw	GB	Clinical Board Director - Specialist
Steve Curry	SC	Chief Operating Officer
Lisa Dunsford	LD	Director of Operations – PCIC
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Ann Jones	AJ	Patient Safety & Quality Assurance
Fiona Kinghorn	FK	Executive Director of Public Health
Rajesh Krishnan	RK	Assistant Medical Director (Patient Safety and Clinical Governance)
Claire Main	CM	Interim Director of Nursing – Specialist Services
Hywel Pullen	HP	Assistant Director of Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Joy Whitlock	JW	Head of Quality and Safety
Catherine Wood	CW	Interim Director of Operations – Specialist Services
Observer		
Annie Burren	AB	Patient Safety Team
Emily Howell	EH	Audit Wales
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Abigail Harris	AH	Executive Director of Strategic Planning
Christopher Lewis	CL	Interim Executive Director of Finance
Tracey Meredith	TM	Vale Locality Integrated Manager

QSE 21/02/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the first QSE Committee meeting of 2021.	
QSE 21/02/002	Apologies for Absence	
	Apologies for absence were noted. The Chief Operating Officer (COO) advised the CC that he would need to leave the meeting at 10am to chair the COVID response meeting.	

QSE 21/02/003	<p>Declarations of Interest</p> <p>The Executive Director of Therapies & Health Science declared that she sits on board of Cwm Taf Morgannwg University Health Board.</p>	
QSE 21/02/004	<p>Minutes of the Committee Meeting held on 15th December 2020</p> <p>The minutes of the meeting held on 15th December 2020 were reviewed.</p> <p>Resolved that:</p> <p>a) The minutes of the meeting held on 15th December 2020 be approved as a true and accurate record.</p>	
QSE 21/02/005	<p>Action Log following the Meeting held on 15th December 2020</p> <p>The Executive Nurse Director (END) advised the Committee that item QSE 19/12/014 had been stood down because of work being started on the perfect ward. She noted that a report would be brought to September's meeting and the Action Log would be updated.</p>	NS
QSE 21/02/006	<p>Chair's Action taken since last meeting</p> <p>No chairs actions had been taken since the previous meeting.</p>	
QSE 21/02/007	<p>Specialist Clinical Board Assurance Report</p> <p>The Interim Director of Operations – Specialist Services (IDOSS) presented to the Committee.</p> <p>The presentation was intended to highlight how the team had delivered on the patient safety agenda and to show what the clinical board had been doing.</p> <p>The Specialist Clinical Board had taken a safe response to the pandemic and wanted to focus on what had been learnt, achieved and enabled despite COVID and not just in terms of what had been done to develop the patient safety agenda but also how it was done.</p> <p>She added that the Specialist Services clinical board had worked to key principles which were assumed in everyday practice but which they had made very clear and explicit. These were:</p> <ol style="list-style-type: none"> 1) Symbiotic Relationship between leadership culture and patient safety. 2) Servant Leadership model. 3) Patient Experience. 4) Staff engagement –staff are the biggest asset. 5) Performance 6) Innovation – Clinically driven changes. <p>The IDOSS advised the Committee that the team wanted to be become leaders in their field. Their work would be underpinned by financial integrity, the use of data to understand, demonstrate and prove change and to provide a focus on operational excellence.</p> <p>The IDOSS highlighted the following achievements.</p>	

- 1) Clinical innovation – This had enabled the UHB to become the second unit in the UK to undertake hepatitis C transplantation for both kidney and pancreas patients, the first unit in the UK to have undertaken Normothermic Perfusion, enabled the delivery of CAR-T therapy and the UHB was a pilot site for Catheter Directed Therapies.
- 2) Quality Improvement – They had implemented a Blood Count Analyser in the Haematology Day Unit, implemented a support care programme, started work on a STEP UP programme and had started work on a Patient at Risk Team (PART)
- 3) They had achieved a reduction in All Key HCA Metrics – reduced across the board using data to improve performance and sharing successes.

The Clinical Board Director – Specialist (CBDS) and the Interim Director of Nursing – Specialist Services (IDNSS) then shared operational examples of how the Specialist service were delivering on the principles mentioned as well some of the nascent actions in place that they wanted to implement over the following year.

The CBDS advised the Committee that Cardiac surgery were going through a journey and one of the headlines was that before COVID-19 hit, the service was carrying significant risk with long waiting times associated with high morbidity and mortality. He added that it was relatively clear from the onset of Covid UK that having major surgery and contracting COVID-19 perioperatively was a bad combination and that the mortality rate would have been approximately 50%.

The CBDS advised that it was important that changes made were Clinician led and that after much deliberation, the decision was made to move services to Llandough Hospital (UHL) where a green pathway was instigated. He noted that it had been a huge success and that the data spoke for itself.

He added that there had been no COVID-19 deaths via the green zone and that initially it was thought that the move to UHL was the “least worst” option but had realised that it was a successful move.

The CBDS advised the Committee that it had taken just 3 weeks between the decision to move to UHL and starting to deliver the service at UHL. He added that the waiting list had gone down by 50% and that by the end of March they were hopeful that there would be less than 100 patients on the list which Surgeons had deemed a stable waiting list.

The CBDS advised the Committee that a significant reduction in cancellations was noted and that the team appeared to be more stable and morale had increased.

He noted to the Committee that during the initial stages they had put as much work into one theatre at UHL as they had been in 2 theatres at UHW and productivity was excellent.

The CBDS advised the Committee that the Green Zone had been really positive which enabled the team to restore confidence in their own service and in the public.

The CBDS advised the Committee that with Cardiology being based at UHW, it made sense that at some point, the cardiac surgical services would need to be repatriated to UHW but hoped that it could be done with some of the changes implemented to make the service of the very best quality.

He added that with the expansion of ITU into C3 North and South, the cardiologists had noted that they did not want that space back and wanted everything to be on the first floor at UHW which made sense and what they hoped to achieve was to continue the good work undertaken to support cardiac surgical services, cardiology and ITU which would deliver the appropriate spaces.

The Interim Director of Nursing – Specialist Services (IDNSS) presented on the Major Trauma Service.

She advised the Committee that the service was designed to go live in April 2020 but due to COVID it was delayed. She added that during that time the polytrauma unit was repurposed as the Coronary Care Unit (CCU) and although they had pulled together a team ready to deliver the Major Trauma Service those staff members were kept in their existing employment or redeployed to support other units.

The IDNSS advised the Committee that a decision was then made for the Major Trauma Service to go live in September 2020 which brought a number of challenges.

She advised the Committee that the advantage of the Dragon's Heart Hospital was taken and a lot of simulation training was performed there through online platforms.

The IDNSS advised the Committee that all of the policies had to be revisited which involved cross collaboration with other Health Boards and other directorates within the UHB to make sure everybody would be aware of the impact of the service.

The IDNSS commented that the impact of going live was significant and was an unknown quantity in the context of what patients would come into the service given the public restrictions in place.

The IDNSS advised the Committee that 262 patients had gone through the service up until December 2020 of which 93 had been involved in serious vehicle incidents and a mixture of falls predominantly from Cardiff and Vale but also from Cwm Taf Morgannwg UHB and Aneurin Bevan UHB.

She added that they had tested all of the pathways that were implemented through the Major Trauma Service and brought together the Health Boards and repatriated the patients either back to their home (155 patients) or back to local specialist areas for rehabilitation and follow up care.

The IDNSS advised the Committee that an important key focus was that they had kept the team together despite not having an initial base which proved beneficial in their Key Performance Metrics.

The IDNSS advised the Committee that they had focussed on the MTC service and had worked closely with a specific MDT approach. She added that the important thing was to link with the community service to help support.

The IDNSS advised the Committee that it had been a testament to starting a brand new service in a short space of time and that they were currently working on the 2nd phase of the business case which was driven by the team coming together and wanting to deliver this service.

The IDNSS advised the Committee that Critical Care was a well-established service within Specialist Services and the information provided to the Committee had been worked to recognise that whilst there were 35 beds in the system the team had been working towards 50 level 3 beds for a number of years.

The IDNSS advised the Committee that one of the most significant pieces of work within Critical Care was that the unit went from reporting zero Datix incident reports to being one of the highest reporters and had developed an open and trusting culture.

The teams focus was on the patient at risk team recognising early on the patients who were deteriorating.

The team were piloting a high intensity rehabilitation area where patients are stepped down from Critical Care to ensure that they could get the therapy they needed to reduce their length of stay and get them home.

It had been identified that access to space and expansion was possible and that the team would need to focus on the important things within the MDT about driving critical services.

The IDNSS advised the Committee that the Haematology Service was being looked at as a new project which included:

- 1) Accreditation of JACIE – The current service did not meet the clinical needs for accreditation.
- 2) Meeting the needs of the future population.
- 3) Collaboration with Medicine, Specialist Services and Velindre.
- 4) Planning and Capital Involvement.

The IDOSS advised the Committee that clinically led services worked well and that they had adopted a mature risk based approach to performance management which had enabled progression and transformation in relation to the patient safety agenda.

She added that they had asked one of the teams recently how they had felt after a performance review and their answer was that they felt excited which was a real demonstration in the team's belief. She noted that transformation was motivating and the team were keen to do more.

The CC complimented the team and noted that it was a comprehensive and coherent presentation which highlighted the team's ambition.

The Executive Director of Therapies & Health Science (EDTHS) noted that she was really assured by the attention given to the presentation.

The EDTHS noted that there had not been information provided around Artificial Limb and Appliance Service (ALAS) and wanted to advise the Committee that the Welsh Health Specialised Services Committee (WHSSC) would be funding micro-processor knees which would make a huge difference to the quality of care given to amputees.

The EDTHS also advised the Committee that Paul Rogers had been appointed as one of her Assistant Director of Therapies & Health Science (ADTHS) and asked that the ADTHS would have a good link with Specialist Services.

The Independent Member – University (IMU) asked:

- 1) In relation to the Critical Care environment, the IMU was unsure of the deficiency in bed numbers identified in 2014 and if it had been addressed.

The IDNSS responded that they were still working in the surge capacity so were working with in excess of 50 beds. They were working closely with estates to get a more robust layout for the 50 beds.

- 2) The IMU noted that isolation facilities remained a significant risk. He asked what was being doing to address that risk.

The IDNSS responded that they had been working alongside IP&C colleagues about how they would cohort and segregate patients.

- 3) What was the status of CAR-T therapy during COVID-19 and what were the plans for scale up of CAR-T therapy in post COVID-19 era?

The IDOSS responded that CAR-T therapies had progressed as per pre-pandemic levels throughout all of 2020 and that they had developed a green pathway which enabled the safe delivery of the CAR-T programme.

The IDOSS added that new NICE indications for increasing the scope of CAR-T therapies which were being planned which fitted in with the new haematology model presented.

The CBDS advised the Committee that CAR-T was on the verge of an explosion and that the latest information he had received suggested that they were considering treatment of multiple myeloma which would be an enormous expansion.

He added that within the new post anaesthetic care unit (PACU), where all green pathway surgical patients go, there had been talk of an area being established for CAR-T therapies.

	<p>The Assistant Director of Patient Safety and Quality (ADPSQ) advised the Committee that she could provide assurance that she would attend the QSE meetings with the specialist clinical board and that in April, she would be bringing the Quality and Safety framework for the next 5 years to the Committee.</p> <p>The END advised the Specialist Service Team that they should be proud of what they had been able to maintain during COVID-19 and how they had moved the service forward and decreased mortality which demonstrated really good learning.</p> <p>The END advised the Committee that she could not let the opportunity pass to commend the Specialist Service team for their work around IP&C and the improvements they had made.</p> <p>The END what advice the team would give to colleagues elsewhere in the UHB about improving incident reporting.</p> <p>The IDNSS responded that the reporting side more work was needed to get the information out. She added that what they had learnt was how to pull together themes from the reports and report those back. From that they could develop a quality improvement programme and take an MDT approach.</p> <p>The Independent Member – Legal (IML) advised the Committee that at every meeting there was talk of pressure damage and asked if there was a timeline to the Specialist approach to this and whether something could be reported to the QSE Committee to understand how to approach the problem.</p> <p>The END responded that the QSE Committee were due to have a paper on pressure damage at the next meeting.</p> <p>The IDNSS responded that within specialist services and critical care they were working through the understanding and the huge amount of data around pressure damage. She added that they would look back over the previous 12 months and would need to balance what had happened to get a full context of what was happening to patients and how to look at targeted interventions.</p> <p>The CC asked the Specialist Team how staff morale was.</p> <p>The IDOSS responded that staff were tired but morale was good. She added that there were specific wellbeing pieces in place and there was a strong sense of comradery within the team.</p> <p>Resolved that:</p> <ul style="list-style-type: none"> a) The Committee noted the progress made by the Clinical Board to date. b) The Committee noted the approach being taken by the Clinical Board. c) The Committee approved the content of the report and the assurance given by the Specialist Services Clinical Board. 	<p>CE</p> <p>NS</p>
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QSE 21/02/008

Quality Indicators Report

The Assistant Director of Patient Safety and Quality (ADPSQ) advised the Committee that the Quality Indicators Report was still a work in progress and noted that there was more to be done on the dashboards.

The ADPSQ highlighted some of the key areas within the report, including:

- 1) The number of Serious Incidents had reduced
- 2) Clinical Board – Increased closures were noted
- 3) Pressure Ulcer damage
- 4) Never events – Since May 2020, there had been 6 which was higher than normal. The events were under investigation and a detailed view would be brought to the April meeting.

The ADPSQ advised that there were some concerning trends around stroke data. She added that the data which provided most concern was patients getting to the stroke unit within 4 hours which had reduced to 17%. This would be discussed in detail at a future clinical effectiveness meeting.

The ADPSQ advised the Committee that the Mortality Data for level 1 reviews compliance was improving and noted that there was a well-functioning mortality group chaired by Dr Krishnan.

The ADPSQ advised the committee that in regards to IP&C, they were performing well.

The EDTHS advised the Committee that she had an update on the stroke position. She noted that the UHB performed better than other Health Boards and that it needed to be recognised that the impact of COVID-19 had dictated the data and that the stroke team had been outreaching to other wards.

The EDTHS advised the Committee that she was assured around the quality of care and that we were doing the very best we could during this time.

The Chief Officer – Community Health Council (COCHC) noted to the ADPSQ that the graphs around inpatient falls appeared to be going up and asked if this was due to an increase in falls or was it the way the data was being presented.

The ADPSQ responded that she needed to look closely at the data and would monitor that over time. She added that Annie Burrin had joined the Patient Safety Team recently who would be undertaking focused work to support falls prevention in the UHB.

The COCHS asked the ADPSQ if the nutrition scores going down was a good thing.

The ADPSQ responded that the scores should be as high as possible so the data would need to be looked at.

The END added that if a patient assessment was undertaken on admission, the nutrition score would remain absent throughout the patient's stay so

	<p>during the COVID-19 period they probably would not have done as well on admission.</p> <p>The CC asked that in terms of the dental never events were there aspects of clinical supervision that the Committee needed to be concerned about.</p> <p>The ADPSQ responded that they had taken a thematic review of dental surgery and supervision was a recurring theme. She added that as part of the past work around never events, dental had linked up with centres of excellence from England and had agreed that when appropriate, somebody would come in and have a look at the processes in place in an external review process would be undertaken.</p> <p>The Executive Medical Director (EMD) responded that dental wrong tooth extraction was the biggest single never event in UK. He added that dental extraction was the only operation undertaken by students in health board so there was always a risk.</p> <p>The EMD advised the Committee that when there are complex dental issues it required attention to detail at every step which was way in excess of any other area. He noted that the key would be to take the learning from such events and utilise the external review process referred to by the ADPSQ.</p> <p>Resolved that:</p> <ol style="list-style-type: none"> a) The Quality, Safety and Experience Committee noted the contents of the Quality Indicators report and the actions being taken forward to address areas for improvement. 	
<p>QSE 21/02/009</p>	<p>Exception Reports and Impact of Covid-19 on Patient Safety</p> <p>A verbal update was provided by the END.</p> <p>The END advised the Committee that her time was focused on 4 main things.</p> <ol style="list-style-type: none"> 1) Keeping going 2) Managing the ongoing COVID-19 pandemic 3) Ensuring we understand the demand for reopening activities such as surgery 4) The General Q&S agenda. <p>The END advised the Committee that what was seen in COVID-19 was a general slow down into the summer of patients presenting with COVID-19, but gains in hospital acquired COVID.</p> <p>She advised that there had been a peak in hospital acquired COVID during January 2021, particularly at UHL.</p> <p>To address that concern teams had undertaken the following actions:</p> <ul style="list-style-type: none"> • Increased lateral flow testing of staff. 	

- Tested patients 3 days post admission in amber areas.
- Continued with point of care testing in EU
- Refreshed the communication plan across the UHB with a particular attention to staff behaviour.
- Asked Gwen Low, Consultant in Public Health, to provide a fresh look at the work they were currently undertaking.
- Increased focus on core IP&C and cleaning standards
- Maintained the good working between the IP&C team and the Local Command Centres.

The END advised the Committee that they knew the increase in hospital acquired infections related to geography and environment but it had also been about patients testing negative on arrival and then positive during their stay.

The END advised the Committee that individual behaviours played a big part in this. She gave examples of car sharing, sitting together at lunch and not wearing masks.

The END advised the Committee that it was important from an assurance perspective to note that the team were looking at the things within the Health Board's own control such as staff behaviour.

The END advised the Committee that discussions had been had around lateral flow testing and the retesting of patients 3 days into their stay. It was agreed that this approach would be taken forward.

The END advised the Committee that colleagues had revisited the link between the operations meeting and the IP&C meeting and that the Executive Director of Public Health had also been invited to attend.

The CC noted that certain actions were within the control of the UHB and asked for an example of what was not in the control of the UHB.

The EMD responded on behalf of the END that the key issue for the UHB was community incidents and that when talking about transmission in hospital by staff or visitors, the chance of those staff/visitors outside of work having COVID depended entirely on the community incident.

The EMD advised the Committee that as Community incidents drop so should the transmissions.

The EMD advised the Committee that the number of asymptomatic staff they had identified had been tiny.

The EMD advised the Committee that there had been good therapeutic advances in relation to COVID-19 which had a direct knock on effect of the number of patients who were escalated to AGPs and Critical Care.

The EMD advised the Committee that the clear ongoing issue was workforce wellbeing. He added that a new wellbeing survey would be shared at the operational meeting on Thursday 18th February.

Resolved that:

	<p>a) The Quality, Safety and Experience Committee noted the verbal update on Exception Reports and the Impact of Covid-19 on Patient Safety.</p>	
<p>QSE 21/02/010</p>	<p>Progress on Mass Vaccination</p> <p>The Director of Operations – PCIC (DOP) gave the Committee an overview of the Mass Vaccination work.</p> <p>The DOP advised the Committee that the majority of vaccines were being delivered through 3 mass vaccination centres.</p> <ol style="list-style-type: none"> 1) Splott, which had opened in December 2020 2) Pentwyn Leisure Centre 3) Holm View in Barry <p>She advised the Committee that in January hubs were established at UHW and UHL, and there had been mobile teams going out to care homes and more recently, to the patients who were housebound.</p> <p>The DOP shared the following figures with the Committee:</p> <p>Total vaccinations: 111,658 Total for groups 1-4: 96,503 (89%)</p> <p>Group 1: care home staff and residents: 81% Group 2: people 80+: 87% Group 2: frontline health and care staff: 98% Group 3: people 75-79: 88% Group 4: people 70-74: 90% Group 4: clinically extremely vulnerable: 74%</p> <p>The DOP advised the Committee that there were also a small number of people who had declined the vaccine or did not turn up to an appointment.</p> <p>The DOP advised the Committee that they had also been vaccinating patients in hospital and had patients in the lakeside wing, Barry Hospital, Rookwood Hospital and St. Davids Hospital had been vaccinated.</p> <p>The DOP advised the Committee that they had started some clinics at UHL for people who may have had allergic reactions.</p> <p>The DOP advised the Committee that there was a reduced vaccine that week and that teams would be focusing on 2nd doses.</p> <p>The DOP advised the Committee that the Patient experience team had undertaken a snapshot survey and received 68 responses. 97% were very satisfied and 3% satisfied with the work at the vaccination centres, which was a positive response.</p> <p>The DOP advised the Committee that in relation to incidents – there had been 16 to date. A small number of people had fainted and had adverse reactions.</p>	

The DOP advised the Committee that there would be a formal review by (Health Inspectorate Wales) HIW and that they would be visiting 2 mass vaccination sites in March 2021. A self-evaluation report would be also be required which could be shared in the future.

The Executive Director of Public Health (EDPH) advised the Committee that some work had been undertaken around what could be done if there was a larger amount of the vaccine and whether Cardiff and Vale would be able to become a mass vaccination area. She added that the biggest challenge was the supply of vaccine and talks were ongoing with Welsh Government (WG) around this.

The EDPH advised the Committee than an analysis on the BAME community had started which was not complete as ethnicity data was only completed on 49% of those who had had the vaccine.

The CC noted to the Committee that the Imam's in various mosques had held meetings around the BAME community uptake on the vaccine.

The Assistant Director of Patient Experience advised the Committee that they had been looking at the seldom heard groups and were writing a strategy to take to the board. She added that they were working with local authorities around that and that it was a fast moving action.

The END advised the Committee that the focus would be on something that was bespoke for those communities and in regards to the traveller community, the vaccinations would have to travel to them.

The IMU asked about the sustainability of mass vaccination when looking forward to the prospect of a winter booster programme.

The DOP responded that in terms of workforce it was challenging. There had been a lot of offers for help but it had been challenging. She added that in an ideal world, longer shifts needed to be covered but staff had been reluctant to cover long shifts.

The DOP advised the Committee that in terms of planning for ongoing immunisation, they had been working on the 2 vaccines for priority groups and they could employ people on a more permanent basis if there was a booster programme.

The END added that the training programme was "quite something" and they would revisit that develop a more pragmatic approach.

The COCHC offered his help with communications within the community.

The EDPH responded to the COCHC and suggested that the Head of Communications could get involved in the discussions around communication and that there was a regional incident management team that met each week.

Resolved that:

	The Quality, Safety and Experience Committee noted the update on Mass Vaccination progress.	
QSE 21/02/011	<p>Board Assurance Framework – Patient Safety</p> <p>The DCG advised the Committee that the report should be taken as read and reminded Committee members that the framework was shared for review before providing assurance to the board.</p> <p>Resolved that:</p> <p>a) The Quality, Safety and Experience Committee reviewed the Board Assurance Framework risk in relation to Patient Safety to enable the Committee to provide further assurance to the Board when the Framework was reviewed in its entirety at the March Board meeting.</p>	
QSE 21/02/012	<p>HIW Activity and Reports Update</p> <p>The ADPSQ advised the Committee that it was a short report and that the HIW had stepped down their activity during COVID-19.</p> <p>She added that since the last report, HIW had quality checked MEAU at UHL and an improvement plan had been submitted.</p> <p>The ADPSQ advised the Committee that they were still communicating with the HIW in terms of the maternity review and that an update would be brought to the next QSE Committee meeting.</p> <p>The ADPSQ advised the Committee that HIW would be attending the mass vaccination centres in March 2021 and they had also started a thematic review of mental health crisis prevention in the community.</p> <p>Resolved that:</p> <p>a) The Quality, Safety and Experience Committee noted the level of HIW activity across a broad range of services and agreed that the appropriate processes were in place to address and monitor the recommendations.</p>	
QSE 21/02/013	<p>Health Care Standards Self-Assessment Plan and Progress</p> <p>The ADPSQ advised the Committee that every year a self-assessment was undertaken against Health Care Standards, however due to the pressures of 2020, a full assessment was not carried out.</p> <p>She advised the Committee that progress updates had been provided to the Committee on improvement plans.</p> <p>She advised the Committee that a self-assessment would be undertaken in 2021 against 17 of the standards.</p> <p>She suggested that, with permission of the Committee, she would work with the specialist groups until the end of April to submit SBARs and would bring a paper back to the June Committee.</p>	

	<p>Resolved that:</p> <p>a) The QSE Committee noted and agreed the proposed approach to the 2021 Health and Care Standards self-assessment.</p>	
<p>QSE 21/02/014</p>	<p>Terms of Reference</p> <p>The DCG advised the Committee that the Terms of Reference (ToR) feed into the end of year arrangements and are reported through to the annual report and she was keen to get them in this year as they were not in last year's report.</p> <p>The DCG advised the Committee that Audit Wales had delayed and slowed down their quality review due to ongoing pressures relating to Covid 19.</p> <p>The DCG advised the Committee that the ToR had been brought for the Committee approval.</p> <p>The EMD advised the Committee that he was unsure if the Organ Donor Committee would report to QSE but that the possibility had been left open in the ToR. He added that he did not think the Learning Committee would report to QSE and thought it was the outcomes that would be provided.</p> <p>The END advised the Committee that she agreed that the outcomes of the Learning Committee should be reported to QSE.</p> <p>Resolved that:</p> <p>a) The Quality, Safety and Experience Committee approved the Terms of Reference and recommended them for approval to the Board on 25th March 2021.</p>	
<p>QSE 21/02/015</p>	<p>Work Plan</p> <p>The DCG advised the Committee that the Work Plan had been drafted broadly and that it reflected what was in the ToR.</p> <p>Resolved that:</p> <p>a) The Committee reviewed and approved the Committee Work Plan for 2021/22 and recommended approval to the Board on 25th March 2021.</p>	
<p>QSE 21/02/016</p>	<p>Committee Annual Report</p> <p>The DCG advised the Committee that the Committee annual report provided a summary of all the work undertaken by the committee during the year.</p> <p>The CC commented that Committee Members should endeavour to improve their attendance figure of 73%.</p> <p>The DCG responded that work was being undertaken around who would sit on which Committee which would be taken to Board in March.</p>	

	<p>Resolved that:</p> <p>a) The Committee reviewed the draft Annual Report 2020/21 of the Quality, Safety and Experience Committee and recommended the Annual Report go to the Board for approval.</p>	
QSE 21/02/017	<p>Policies and Procedures</p> <p>The DCG advised the Committee that not all policies came to the Committee for approval. She added that at each meeting the Committee would be provided with a list of policies for ratification and that due diligence regarding prior approval of the documents would have been undertaken</p> <p>The DCG advised the Committee that ratification was needed for the following policies:</p> <ol style="list-style-type: none"> 1) Ultrasound Risk Management Policy and Procedure. 2) Use of Antimicrobial Agents Policy. 3) Blood Component Transfusion Policy and Procedure. 4) New Procedure Policy. <p>Resolved that:</p> <p>a) The Quality, Safety and Experience Committee ratified the Policies/Procedures listed following their approval by appropriate quality and safety sub groups of the UHB.</p>	
QSE 21/02/018	<p>Board of Community Health Councils in Wales Report - Feeling forgotten? Hearing from people waiting for NHS care and treatment during the coronavirus pandemic</p> <p>The COCHC advised the Committee that it would be helpful to have a discussion with somebody from the UHB around this.</p> <p>It was suggested that the Chief Operating Officer (COO) would be the best person to discuss this with.</p> <p>Resolved that:</p> <p>a) The Committee agreed to provide a continued commitment to ongoing communication with people regarding service delivery.</p>	
QSE 21/02/019	<p>Minutes from Clinical Board QSE Sub Committees: Exceptional Items to be raised by Assistant Director Patient Safety & Quality.</p> <ol style="list-style-type: none"> a) Children & Women's Clinical Board minutes – 24/11/20 b) Specialist Clinical Board minutes – 30/10/20 c) CD&T Clinical Board minutes – 11/11/20 d) Surgery Clinical Board minutes 17/11/20 f) Medicine Clinical Board Minutes – Unconfirmed 	

	<p>Resolved that:</p> <p>a) The minutes of each of the sub committees were noted approved as a true and accurate record.</p>	
QSE 21/02/020	<p>Items to bring to the attention of the Board / Committee</p> <p>No items were noted.</p>	
QSE 21/02/022	<p>Any Other Business</p> <p>No other business was noted</p>	
QSE 21/02/023	<p>Review of the Meeting</p> <p>The CC commented that she liked to give ample time to presenters as this provided the Committee with good quality presentations.</p>	
QSE 21/02/024	<p>Date & Time of Next Meeting:</p> <p>Tuesday 13th April 2021 at 9am. Via MS Teams</p>	