Confirmed Minutes of the Quality, Safety & Experience Committee Held on Tuesday, 16th June 2020, 9:00am – 12:30pm Via Skype

Chair Dawn Ward	DW	Committee Vice Chair & Independent Meml Trade Union
Present: Michael Imperato	MI	Independent Member – Legal (via Skype)
In Attendance: Richard Desir	RD	Director of Nursing – PCIC (via Skype for part of the meeting)
Lisa Dunsford	LD	Director of Operations – PCIC (via Skype for part of the meeting)
Carol Evans	CE	Assistant Director of Patient Safety and Quality (via Skype)
Nicola Foreman Akmal Hanuk	NF AH	Director of Corporate Governance (via Skype) Independent Member – Community (via Skype)
Angela Hughes	АН	Assistant Director of Patient Experience (via Skype)
Charles Janczewski	CJ	Interim UHB Chair (via Skype for part of the meeting)
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science (via Skype)
Fiona Kinghorn	FK	Executive Director of Public Health (via Skype for part of the meeting)
Hywel Pullen Ruth Walker Stuart Walker	HP RW SW	Assistant Director of Finance (via Skype) Executive Nurse Director (via Skype) Executive Medical Director (via Skype)
Observers Urshiva Perez	UP	Wales Audit Office
Secretariat Laura Tolley	LT	Corporate Governance Officer (via Skype)
Apologies: Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Abigail Harris	AH	Executive Director of Strategic Planning

QSE 20/06/001	Welcome & Introductions	
	The Committee Vice Chair & Independent Member – Trade Union (CVC / IM-TU) welcomed everyone to the public meeting. The CVC / IM-TU	



	extended a special welcome to Richard Desir, newly appointed Director of Nursing for PCIC (DON-PCIC) and Urshiva Perez who represented Wales Audit Office and observed the meeting.	
QSE 20/06/002	Apologies for Absence	
	Apologies for absence were noted.	
QSE 20/06/003	Quorum	
	The CVC / IM-TU confirmed the meeting was quorate.	
QSE 20/06/004	Declarations of Interest	
	There were no declarations.	
QSE 20/06/005	Minutes of the Committee Meeting held on 14th April 2020	
	The Committee reviewed the minutes of the meetings held on 14 th April 2020.	
	The Interim Chair (IC) raised in relation to matters arising that communication, in particular to ethnic minority had taken significantly longer than planned so requested the Committee ensure this would be actioned. In response, the Assistant Director of Patient Experience (AD-PE) advised this would be addressed outside the meeting as a matter of urgency.	
	Resolved that:	
	(a) the minutes of the meeting held on 14 th April 2020 be approved as a true and accurate record.	
QSE 20/06/006	Action Log following the Committee Meeting held on 14th April 2020	
	The Committee reviewed the action log and noted the following updates:	
	QSE 20/02/19 – it was confirmed this action was complete.	
	QSE 20/04/014 – both actions that related to this minute were complete.	
	The IC requested that an estimated timeframe be included against actions deferred due to the COVID-19 Pandemic.	LT
	Resolved that:	
	(a) the Committee noted the action log and the verbal updates provided.	
QSE 20/06/007	Chairs Action taken since the last Committee Meeting held on 14 th April 2020	
	There had been no Chairs Action taken.	

QSE 20/06/008

PCIC Clinical Board Assurance Report

The DON-PCIC introduced the report and confirmed it provided a snapshot of assurance to demonstrate that PCIC was committed to the safe delivery of all patients and service users of Cardiff & Vale UHB. The DON-PCIC added it was important to note that the report author was Kay Jeynes, his predecessor.

The DON-PCIC informed the Committee that the daily operations meeting discussed any quality, safety & experience issues and these were raised to the PCIC bi-monthly meeting.

The Director of Operations – PCIC (DO-PCIC) advised the Committee of four significant risks that scored highly within the report;

- COVID-19 To address this, an additional COVID-19 Risk Register had been developed;
- LDP Growth;
- Complex packages of care; and
- Primary Care and Community estate development

The Committee were informed that all scored 20, were also evident in 2019-20, and it was important to note an additional risk not included within the report which was:

• GMS Sustainability.

The CVC / IM-TU queried why the risk was not included within the report. In response, the DO-PCIC explained that work had been completed to address the risk therefore, the pressures on the service had not been evident.

The Executive Director of Therapies & Health Science (EDTHS) thanked the DON-PCIC for the leading work in Wales that was being undertaken, especially within Ophthalmology and added that PCIC Clinical Board were leading the way, delivering the UHB Strategy in relation to delivering care closer to home.

After Committee discussion, it was agreed Clinical Board reports would be further developed to include recovery plans and improvements to IMTP, this would enable each Clinical Board to showcase the work that had been undertaken within their area.

SW/RW

The CVC / IMTU expressed thanks to PCIC Clinical Board for keeping patients safe.

Resolved that:

(a) the Committee approved the PCIC Clinical Board Assurance Report

The IC, DON-PCIC and DO-PCIC left the meeting.

QSE 20/06/009 | COVID-19 Related Incident Reporting – Themes and Actions

The END introduced the report and it was taken as read by all present.

The Assistant Director of Patient Safety & Quality (AD-PSQ) advised that a COVID-19 category had been added to the DATIX reporting system and informed the Committee that a larger piece of work would be conducted, led by Welsh Risk Pool which would investigate all incidents reported to look at potential harm caused to non COVID-19 patients during the pandemic. A report on this work would be brought to a future meeting.

CE

The CVC / IMTU asked if there were any particular areas identified in relation to infection control breaches. In response, the END explained that it was believed that patients were COVID-19 negative, however they were COVID-19 positive, and this was unknown as they were asymptomatic.

The END added that it was not appropriate that the UHB did not have social distancing in practice and a number of staff needed to self-isolate because of this, therefore, further significant work was needed in this area.

Resolved that:

(a) the Committee noted the COVID-19 Related Incident Reporting – Themes and Actions

The Executive Director of Public Health left the meeting.

QSE 20/06/010

COVID-19 Patient Experience Response

The AD-PE introduced the report and confirmed the following:

- 480 tablets had been managed and set up, with thanks to the IT department, which helped to enable family contact and virtual visiting;
- Bereavement helpline launched which had received 280 calls to date:
- 'Chatterline' launched which was run by volunteers for patients and carers who are lonely;
- Repatriating of property for the bereaved, this included a condolence card, developed by C7 but amended and used across the UHB;
- Chaplaincy service, a day of prayer was held and was very successful achieving over 20,000.00 hits on social media.

The CVC / IMTU commended the Patient Experience team for the work that had been undertaken during COVID-19.

Resolved that:

	(a) the Committee noted the COVID-19 Patient Experience Response.	
QSE 20/06/011	COVID-19 Assurance on Reporting of Deaths	
	The Executive Medical Director (EMD) introduced the report and confirmed the UHB provided excellent assurance in reporting COVID-19 deaths in all areas, with a very low number of missed cases.	
	The Independent Member – Community (IM-C) asked how relatives and /or the community were informed should a patient die, who had a negative test but Doctors believed they had COVID-19. The EMD advised that the uncertainty would be described in an honest, open, and sensitive discussion.	
	Resolved that:	
	(a) the Committee noted the COVID-19 Assurance on Reporting of Deaths.	
QSE 20/06/012	Annual Quality Statement	
	The AD-PSQ introduced the report and advised the Committee that due to COVID-19, the team were unable to provide patient stories and videos in the statement and the Annual Quality Statement was presented in draft format due to timing issues with the designer used, the Committee were informed that the end of year data was outstanding and would be added to the report and the final Annual Quality Statement would be brought to the August meeting.	CE
	The AD-PSQ welcomed feedback on the statement and requested this be sent by the 3 rd July 2020.	
	All Committee members commended the team for the excellent piece of work.	
	Resolved that:	
	(a) the Committee considered the Annual Quality Statement.	
QSE 20/06/013	End of Year Position on Quality Indicators	
	The END introduced the report and confirmed although the UHB were in an ongoing pandemic, a number of indicators had reduced which was very positive and significant progress had been made in all areas. Pressure Damage required further work, therefore it would be a focus for 2020-21.	
	The Committee were informed a workshop would be held to agree other areas of focus for 2020-21, this would be brought to a future meeting along with detail on how performance indicators would be delegated into sub committees. It was also noted that future indicators would be benchmarked against other Health Boards in and outside of Wales.	

The Independent Member – Legal (IM-L) commented that pressure damage had been seen in the Committee for over 2 years so would welcome this being moved on. The EMD explained that looking at the proposed quality and safety indicators for 2020-21 would also lead into a broader area on how the UHB could have an integrated performance report that would go to Board. The Director of Corporate Governance (DCG) added that a piece of work on the development of an integrated performance report had begun a number of months ago, led by the Director of Digital & Health Intelligence and this would be picked up outside of the meeting. The IM-C asked if learning could be taken from the UHB experience with Canterbury. In response, the END confirmed that work had been undertaken with Lightfoot. Resolved that: (a) the Committee noted the End of Year Position on Quality Indicators. QSE 20/06/014 **Concerns and Claims Report** The END introduced report and advised the Committee there had been a 10% increase which was positive as the UHB encouraged people to raise concerns. The number of concerns closed had increased by 15% and performance was above Welsh Government targets at 82%. The Committee were informed there was no particular change with themes and the team expected to receive PI claims going forward, along with clinical negligence claims due to COVID-19. Resolved that: (a) the Committee noted the Concerns and Claims Report QSE 20/06/015 Items for Noting & Information The following item was presented for noting: Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic Resolved that: • the Committee noted the Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic QSE 20/06/016 **Any Other Business** The EMD requested Dr Raj Krishnan - Assistant Medical Director for Quality & Safety be added to the Committee membership going forward. After Committee discussion, this was agreed and the DCG advised the membership could be reviewed again when the Terms of Reference are revised in September. Resolved that:

	(a) the Committee noted the any other business raised (b) the Committee approved that Dr Raj Krishnan be added to the Committee membership	LT
QSE 20/06/017	Items to bring to the attention of the Board/Committees.	
	There were no items to be brought to the attention of the Board or sub Committees.	
QSE 20/06/018	Review of the Meeting	
	The IM-TU facilitated a review of the meeting. Members confirmed that: • Very well Chaired meeting • Skype worked well	
QSE 20/06/019	Date & Time of next Meeting	
	Tuesday 18 th August	
	9:00am – 12:30pm Via Skype	
	i via Okype	