

## Unconfirmed Minutes of the Public Quality, Safety & Experience Committee

Held on 8<sup>th</sup> October 2024

Via MS Teams

To view the meeting: [CAVUHB Public Quality, Safety & Experience Committee 08.10.2024 \(youtube.com\)](https://www.youtube.com/watch?v=CAVUHBPublicQualitySafetyExperienceCommittee08.10.2024)

<b>Chair:</b>		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
<b>In Attendance</b>		
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Richard Skone	RS	Interim Executive Medical Director
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Rebecca Aylward	RA	Deputy Executive Nursing Director
Matt Phillips	MP	Director of Corporate Governance
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Andy Jones	AJ	Director of Nursing/Midwifery – Children & Women Clinical Board
Lisa Green	LG	Senior Nurse – Emergency Unit
Emma Davies	ED	Nurse Staffing Levels Lead
Anna Mogie	AM	Deputy Director of Nursing - PCIC
Helen Kemp	HK	Deputy Clinical Board Director - PCIC
Siobhan Lewis	SL	Consultant – Internal Medicine
<b>Observers</b>		
<b>Secretariat</b>		
Rachel Chilcott	RC	Corporate Governance Officer
<b>Apologies</b>		
Angela Hughes	AH	Assistant Director of Patient Experience

<b>QSE</b> 24/10/001	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	<b>ACTION</b>
<b>QSE</b> 24/10/002	<b>Apologies for Absence</b>  Apologies for absence were noted.	
<b>QSE</b> 24/10/003	<b>Declarations of Interest</b>  No declarations of interest were raised.	

<p><b>QSE 24/10/004</b></p>	<p><b>Minutes of the Committee meeting held on 16.07.2024</b></p> <p>To view the minute: <a href="https://youtu.be/QLBg2PxlwvQ?t=12">https://youtu.be/QLBg2PxlwvQ?t=12</a></p> <p>The minutes of the Committee meeting held on 16.07.2024 were received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The minutes of the meeting held on 16.07.2024 were approved as a true and accurate record of the meeting.</p>	
<p><b>QSE 24/10/005</b></p>	<p><b>Action Log following the Meeting held on 16.07.2024</b></p> <p>To view the minute: <a href="https://youtu.be/QLBg2PxlwvQ?t=45">https://youtu.be/QLBg2PxlwvQ?t=45</a></p> <p>The Action Log following the Meeting held on 16.07.2024 was received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log from the meeting held on 16.07.2024 was noted.</p>	
<p><b>QSE 24/10/006</b></p>	<p><b>Committee Chair's Actions</b></p> <p>No Chair's Actions were raised.</p>	
<b>Items for Review &amp; Assurance</b>		
<p><b>QSE 24/10/007</b></p>	<p><b>PCIC Clinical Board – Assurance Report</b></p> <p>To view the minute: <a href="https://youtu.be/QLBg2PxlwvQ?t=100">https://youtu.be/QLBg2PxlwvQ?t=100</a></p> <p>The Deputy Director of Nursing - PCIC (DDON-PCIC) and the Deputy Clinical Board Director - PCIC (DCBD-PCIC) presented the Assurance Report which provided the Committee with a summary of the arrangements, progress and outcomes within the PCIC Clinical Board.</p> <p>Regarding the dental services, the Executive Director of Public Health (EDPH) asked whether the prioritisation of children on the waiting list would continue once the waiting lists had been centralised, and whether patients would be required to go out of their Health Board boundary.</p> <p>The EDPH also asked for further clarification on the numbers of patients on the waiting lists, as there was a discrepancy in the numbers between the report and presentation.</p> <p>The DDON-PCIC informed the Committee that she would enquire with her team around the prioritisation of children on the dental waiting list and would share the information following the Committee. The DDON-PCIC confirmed that the number discrepancy was due to a validation exercise, which removed 6000 names from the waiting list.</p> <p>The DCBD-PCIC noted that the mandate from Welsh Government (WG) meant that the Dental Access Portal (DAP) would be managed centrally, which would allow patients to choose their dental practice and go outside of Health Board boundaries.</p> <p>The Independent Member – Trade Union (IM-TU) asked what the current level of staff vacancies were within the prison, and how they compared to Parc Prison in Bridgend.</p> <p>The DDON-PCIC and DCBD-PCIC responded with the following:</p> <ul style="list-style-type: none"> <li>• There had been an improvement in filling vacancies.</li> <li>• Workforce modelling was needed to determine the required skills and bands, which impacted on recruitment and retention.</li> <li>• Other prisons also faced similar staffing challenges.</li> <li>• Efforts included linking with other Health Boards and developing training modules, such as an online prison nurse qualification, to support and retain staff. There was</li> </ul>	

	<p>also discussion about establishing a national nurse bank to further aid recruitment and retention.</p> <ul style="list-style-type: none"> <li>• The introduction of pharmacy technicians was a strategy to optimise nursing time</li> <li>• From a medical perspective, efforts were being made with Health Education and Improvement Wales (HEIW) and the Primary Care Academy to support the uptake of general practice as a specialty through a portfolio career pathway. The GP sustainability team connected interested individuals with vacancies, which included prisons.</li> <li>• There had been discussions around whether incentivisation should be addressed regionally or nationally, potentially through the Agenda for Change, and conversations were ongoing to determine if this was necessary across all prisons.</li> </ul> <p>The Committee Vice Chair (CVC) asked for an insight into CAV 24/7's current contribution and impact. Additionally, she asked for more context on the issues of staff sickness and high turnover rates.</p> <p>The DDON-PCIC responded that:</p> <ul style="list-style-type: none"> <li>• The context and impact of CAV 24/7 had changed since its introduction, as initially the CAV 24/7 service was not part of the National 111 service. Now CAVUHB utilised the 111 service.</li> <li>• The 111 service now included a "press 2" option for direct access to mental health practitioners, which was delivered by a small team who sat within the CAV 24/7 Out of Hours (OOH) GP service but was not hosted by them.</li> <li>• The small team consisted of Band 5 mental health practitioners (often psychology graduates), supervised by Band 6 &amp; 7 mental health registrants. Issues included long-term sickness amongst the supervisors and high turnover amongst the Band 5 staff.</li> <li>• It was suggested that better alignment with the mental health services could improve support and retention.</li> </ul> <p>The CC asked for clarification to be provided to the Committee members around the prioritisation of children within the centralised dental waiting list.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>1) The current position and the actions taken since the previous report to strengthen assurance and manage the risks within the PCIC Clinical Board was noted.</li> </ol>	
<p><b>QSE 24/10/008</b></p>	<p><b>Quality Indicators Report</b></p> <p>To view the minute: <a href="https://youtu.be/QLBg2PxIwwQ?t=2389">https://youtu.be/QLBg2PxIwwQ?t=2389</a></p> <p>The Assistant Director of Quality and Patient Safety (ADQPS) presented the Quality Indicators Report and slides which provided assurance in relation to several quality, safety and patient experience priorities.</p> <p>The CC noted concern around the current performance of infection, prevention and control (IP&amp;C) incidents and medication errors.</p> <p>The ADQPS responded with the following:</p> <ul style="list-style-type: none"> <li>• Significant work was ongoing to improve the reporting of medication incidents. Progress had been made in identifying themes and trends from the data.</li> <li>• The implementation of the Electronic Prescribing and Medicines Administration (EPMA) system was expected to be a major improvement, particularly for critical time medications and risk assessments.</li> <li>• Most incidents resulted in no or low harm, which was indicative of a strong reporting culture.</li> <li>• The Quality Excellence Programme Board would play a key role in driving further improvements.</li> </ul>	

	<p>The Interim Executive Medical Director (IEMD) noted that significant work had been done on IP&amp;C, with constant monitoring and real-time reactions to infections. They would implement a “back to basics” approach which focused on hand washing and no-touch techniques.</p> <p>The Executive Nursing Director (END) emphasised their focus on eradicating avoidable harm through the “Shaping Our Future Quality Excellence” strategy, which focused on personal responsibility. The two main areas of focus were IP&amp;C and reducing patient length of stay in hospitals. A significant push was planned for November to drive this initiative forward, with ongoing discussions with the Comms team to refine the strategy.</p> <p>The EDPH noted at the previous meeting, equity indicators were requested to be included in the Quality Indicators Report, and she asked for an update on the development of these indicators.</p> <p>The ADQPS responded that the Public Health Team had identified some indicators and were exploring the use of emergency department data related to self-triage for potential equity indicators. Conversations were ongoing, but there were challenges in collecting certain data.</p> <p>The Independent Member – Community (IM-C) asked how they collected data from staff’s perspective and whether there were any metrics to reflect the experiences, challenges, and opportunities faced by staff.</p> <p>The ADQPS responded that the Quality &amp; Patient Safety team planned to develop a comprehensive quality outcomes framework over the next 12-18 months which moved beyond the current performance indicators and would include workforce data. They would start with around 10 indicators and add more gradually, with the aim to make the data accessible and detailed for clinical boards. They also planned to align with the national Beacon dashboard to enhance the quality of care across clinical areas.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>1) The assurance provided by the quality indicators was noted.</li> </ol>	
<p><b>QSE 24/10/009</b></p>	<p><b>Improving Patient Experience within Emergency Unit Department following HIW Inspection</b></p> <p>To view the minute: <a href="https://youtu.be/QLBg2PxIwvQ?t=3823">https://youtu.be/QLBg2PxIwvQ?t=3823</a></p> <p>The Senior Nurse – Emergency Unit (SN-EU) presented the slides to the Committee which provided a summary of the significant pressure faced within the Emergency Unit (EU) post-COVID, the main findings from the unannounced HIW visit to the EU in June 2022, the ED and Assessment Unit (AU) redesign, other stakeholders, retention and the findings from the unannounced HIW visit in March 2024.</p> <p>The END thanked the team and noted that the second HIW visit commended them for their extensive efforts to enhance patient experience and address environmental issues.</p> <p>The IM-TU asked how much positive feedback they had received from patients and their relatives.</p> <p>The SN-EU responded that the latest Civica report indicated that 68% of people were very satisfied with their care, whilst 12% were not satisfied. The main concern from patients was around waiting times, which was being addressed.</p> <p><b>The QSE Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The Improving Patient Experience within Emergency Unit Department following HIW Inspection update was noted.</li> </ol>	

<p><b>QSE</b> <b>24/10/010</b></p>	<p><b>Emergency Unit, Acute Medicine and Frailty Showcase</b></p> <p>To view the minute: <a href="https://youtu.be/QLBq2PxIwvQ?t=5601">https://youtu.be/QLBq2PxIwvQ?t=5601</a></p> <p>The END highlighted the improvements made in the emergency department, particularly regarding the care and experience of older, frail patients. Significant efforts had been made to enhance the frailty model and patient flow, ensuring that elderly patients spend less time in the EU and were quickly moved to appropriate care pathways.</p> <p>The Consultant – Internal Medicine (C-IM) presented the slides which provided data on the risks of adverse outcomes for frail older people, the evolution of the acute hospital frailty service at CAV, data since the implementation of the pathway and next steps.</p> <p>The Chief Operating Officer (COO) emphasised future aspirations for improving acute medical care, utilising facilities at UHW, Lakeside and UHL, and expanding seven-day working. He noted that about one third of acute beds were now covered, and early indicators showed fewer medical patients needing care over weekends.</p> <p><b>The QSE Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>1) The Emergency Unit, Acute Medicine and Frailty Showcase was noted.</li> </ol>	
<p><b>QSE</b> <b>24/10/011</b></p>	<p><b>Looked After Children – Assessment Backlogs</b></p> <p>To view the minute: <a href="https://youtu.be/QLBq2PxIwvQ?t=7035">https://youtu.be/QLBq2PxIwvQ?t=7035</a></p> <p>The END referred to the ongoing challenges in conducting assessments for children under local authority care. He outlined the three types of assessments required:</p> <ol style="list-style-type: none"> <li>1. An immediate assessment when a child is deemed to be looked after by the local authority;</li> <li>2. Biannual assessments for children aged under 5;</li> <li>3. Annual assessments for children aged over 5.</li> </ol> <p>The END noted that these challenges were identified 14 months ago within the Executive monthly reviews and formed part of a recent assessment and improvement plan for the Joint Inspection of Child Protection Arrangements (JICPA).</p> <p>The Director of Nursing/Midwifery – Children &amp; Women Clinical Board (DN/M-CWCB) presented the report which provided the Committee with a summary of their updated position regarding assessments for Looked After Children.</p> <p>The CVC highlighted ongoing delays in notifications from the local authority and asked about the steps being taken to address this.</p> <p>The DN/M-CWCB responded that discussions had taken place in the Regional Partnership Board (RPB) and with Cardiff Children’s Services. Emphasis was on timely communication and notifications, and they hoped that increased engagement would lead to improvements.</p> <p>The END emphasised that this was an ongoing journey, and that regular executive oversight would be maintained. He noted his concern around the rising number of children being looked after and the relatively small team undertaking their assessments.</p> <p>The DN/M-CWCB confirmed that he would bring an update back to the Committee in six months' time.</p> <p><b>The QSE Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>1) The content of the paper and the actions taken to mitigate the risks associated with child health assessments were noted.</li> </ol>	

QSE 24/10/012	<b>Royal College of Psychiatrists Review – Update</b> <i>This item was postponed.</i>	
<b>Items for Approval / Ratification</b>		
QSE 24/10/013	<b>Policies</b> To view the minute: <a href="https://youtu.be/QLBq2PxlwvQ?t=7762">https://youtu.be/QLBq2PxlwvQ?t=7762</a>  The following policies were discussed: 1) UHB 068 – Blood Component Transfusion Policy 2) UHB 528 – Development and Approval of UHB Local Procedure Specific Patient Information Leaflets Principles and Framework  <b>The QSE Committee resolved that:</b> a) The policies were approved.	
<b>Items for Noting &amp; Information</b>		
QSE 24/10/014	<b>Minutes from Clinical Board QSE Sub-Committees</b> To view the minute: <a href="https://youtu.be/QLBq2PxlwvQ?t=7879">https://youtu.be/QLBq2PxlwvQ?t=7879</a>  <b>The QSE Committee resolved that:</b> 1) The minutes from the Clinical Board QSE Sub-Committees were noted.	
QSE 24/10/015	<b>Ombudsman Annual Letter</b> To view the minute: <a href="https://youtu.be/QLBq2PxlwvQ?t=7893">https://youtu.be/QLBq2PxlwvQ?t=7893</a>  <b>The QSE Committee resolved that:</b> 1) The Ombudsman Annual Letter was noted.	
<b>Items to bring to the attention of the Board / Committee:</b>		
QSE 24/10/016	<i>No items.</i>	
<b>Agenda for Private QSE Meeting</b>		
QSE 24/10/017	<ul style="list-style-type: none"> <li>i) <i>Minutes and Action Logs from the Private QSE Committee on 16.07.2024</i></li> <li>ii) <i>Any Urgent / Emerging Themes – Verbal Update</i></li> <li>iii) <i>Plans / Trajectories for Overdue Follow Ups – Ophthalmology</i></li> <li>iv) <i>Discharge Advice Letters - Update</i></li> </ul>	
<b>Any Other Business</b>		
QSE 24/10/018	<i>No items.</i>	
<b>Date &amp; Time of Next Meeting:</b>		
QSE 24/10/019	Tuesday 26 <sup>th</sup> November 2024 at 2pm via MS Teams	