

Held on 18th February 2025 via MS Teams

To view the meeting: [CAVUHB Public Quality Committee Meeting 18.02.2025](#)

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
Akmal Hanuk	AH	Independent Member – Local Community
In Attendance		
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
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Matt Phillips	MP	Director of Corporate Governance
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
David Fluck	DF	Executive Medical Director
Angela Hughes	AH	Assistant Director of Patient Experience
Sian Rowlands	SR	Head of Quality and Clinical Governance
Suzanne Wood	SW	Consultant in Public Health Medicine (SW)
Claire Main	CM	Director of Operations for Medicine and Unplanned Care
Katja Empson	KE	Clinical Board Director - Medicine
Linda Hughes-Jones	LHJ	Head of Safeguarding
Chisom Uwaezuoke	CU	Senior Nurse for Infection Prevention and Control
Barbara Davies	BD	Deputy Director for Nursing – Medicine Clinical Board
Paul Rogers	PR	Directorate Manager - ALAS
Sian Griffiths	SG	Consultant in Public Health Medicine (SG)
Observers		
Lauranne Cullen	LC	Regional Director for Llais
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Claire Beynon	CB	Executive Director of Public Health

QC 25/02/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	ACTION
QC 25/02/002	Apologies for Absence Apologies for absence were noted.	
QC 25/02/003	Declarations of Interest	

	No declarations of interest were raised.	
QC 25/02/004	<p><u>Minutes of the Committee meeting held on 26.11.2024</u></p> <p>The minutes of the Committee meeting held on 26.11.2024 were received.</p> <p>The Committee resolved that:</p> <p>a) The minutes of the meeting held on 26.11.2024 were approved as a true and accurate record of the meeting.</p>	
QC 25/02/005	<p><u>Action Log following the Meeting held on 26.11.2024</u></p> <p>The Action Log following the Meeting held on 26.11.2024 was received.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 26.11.2024 was noted.</p>	
QC 25/02/006	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
QC 25/02/007	<p><u>Medicine Clinical Board – Assurance Report</u></p> <p>A Patient Story was presented to the Committee about a gentleman who experienced a haemorrhagic stroke due to undiagnosed high blood pressure. He shared his journey from the initial stroke event through his treatment and rehabilitation process.</p> <p>The CC thanked the patient for sharing his story.</p> <p>The Clinical Board Director - Medicine (CBD-M), the Deputy Director for Nursing – Medicine (DDN-M), and the Head of Quality and Clinical Governance (HQCG) presented the Assurance Report which detailed the clinical governance arrangements within the Clinical Board in relation to Quality, Safety and Patient Experience (QSPE). It set out achievements, progress and planned actions to maintain the priority of QSPE.</p> <p>The Executive Medical Director (EMD) asked how they demonstrated improvement in certain areas, specifically regarding the eTriage.</p> <p>The CBD-M responded that they were collecting patient feedback on eTriage which should be available within a few weeks. Since its introduction, eTriage had demonstrably reduced the time to triage, although only about 40% of EU attendees used it. There was still an option to register in EU with the reception team, and efforts were being made to improve accessibility.</p> <p>The Independent Member – Trade Union (IM-TU) asked what they hoped to capture in the Stay Questionnaire's for staff, and how well they were working.</p> <p>The DDN-M responded that the Stay Questionnaire was a pilot which aimed to understand what factors made staff stay in the organisation rather than exit questionnaires. The pilot was pending data collection.</p> <p>The IM-TU asked for feedback on the questionnaires to be shared with the Committee.</p> <p>The Chief Operating Officer (COO) commended the team for their ambitious work programme and acknowledged the improvements made despite the challenges and risks.</p>	

	<p>The Independent Member – Local Community (IM-LC) asked for further information on their AI-based system and what they aimed to capture in terms of patient safety.</p> <p>The DDN-M responded that the Safe Care system focused on nurse rostering and recording patient acuity on the wards. It used a scoring system to assess acuity levels and respond accordingly, such as redeploying staff or providing additional support for high-risk patients. Additionally, the Welsh Nursing Care Records digitised nursing risk assessments.</p> <p>The Executive Nurse Director (END) highlighted the increase in the number of open and overdue Nationally Reportable Incidents (NRIs) and provided assurance that there was monthly oversight with Clinical Boards to address this.</p> <p>The END suggested that the Stay Questionnaire feedback be discussed in the People & Culture Committee.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The assurance provided by the Medicine Clinical Board in this report and the steps being taken to improve quality, safety and patient experience across Medicine was noted. 	
<p>QC 25/02/008</p>	<p><u>Quality Indicators Report</u></p> <p>The Assistant Director of Quality and Patient Safety (ADQPS) and the Assistant Director of Patient Experience (ADPE) presented the Quality Indicators Report and slides which provided assurance in relation to several quality, safety and patient experience priorities. It provided data through the end of January 2025 where available and detailed ongoing actions to drive necessary improvements. Additionally, it included exception reporting to highlight emerging trends and issues related to quality and patient safety.</p> <p>Regarding medication incidents, the IM-LC asked what the 18% of wrong doses administered represented in real numbers, and after such incidents were reported, what was the procedure to prevent reoccurrence.</p> <p>The ADQPS responded that the Datix system had limitations in classifying patients' incidents, often categorising them as dispensing, administration or prescribing issues. Most incidents occurred at the administration stage. She noted that there was some discrepancy across the UHB in how they manage patient safety incidents. The UHB supported staff using a just culture approach, focusing on system improvements rather than individual blame. Nurses underwent competency training when they joined the organisation and if involved in any patient safety incidents.</p> <p>The EMD agreed with the IM-LC's comments and noted that whilst they were good at recording issues, they needed to work out the improvement plan to stop reoccurrence.</p> <p>The CC suggested that the Senior Service Improvement Programme Manager (SSIPM) support the EMD's team.</p> <p>Regarding the NRIs, the CC asked whether an analysis had been conducted on the relationship between pressure damage and the prevalence of falls with the length of stay. If there was a relationship, it highlighted the need to reduce length of stay to mitigate these risks.</p> <p>The ADQPS responded that research from another organisation showed that pressure damage and falls increased the length of stay, as patients required additional care. Interestingly, patients were more likely to fall either at the beginning of their stay when acutely unwell or near discharge when more mobile. This highlighted the importance of</p>	

	<p>timely discharge to prevent deconditioning and ensure safety, as patients were often safer at home.</p> <p>The Committee resolved that:</p> <p>1) The assurance provided by the quality indicators was noted.</p>	
<p>QC 25/02/009</p>	<p><u>JICPA Update - Improvement Plan</u></p> <p>The END reminded the Committee that the UHB underwent a Joint Inspection of Child Protection Arrangements (JICPA) review in December 2023. The findings and recommendations from this review were presented to the Quality Committee approximately six months ago. The Committee had requested a progress update on the Improvement Plan in six months' time.</p> <p>The Head of Safeguarding (HOS) presented the JICPA Action Plan and highlighted the progress made in addressing the issues identified by Health Inspectorate Wales (HIW) and the ongoing work to improve safeguarding practices.</p> <p>The Director of Corporate Governance (DCG) asked whether progress was tracked on a local spreadsheet which contained recommendations and actions from HIW after inspections, or whether they used an AMAT-type system to track.</p> <p>The HOS responded that a multi-agency spreadsheet was used to track actions with partners in Cardiff MASH, including children's services and education. The spreadsheet was a working document that changed regularly.</p> <p>The QSE Committee resolved that:</p> <p>a) The JICPA Update – Improvement Plan was noted.</p>	
<p>QC 25/02/010</p>	<p><u>Healthcare Associated Infection (HCAI) Measures</u></p> <p>The Senior Nurse for Infection Prevention and Control (SNIPC) presented the HCAI 2024/25 Update to the Committee which highlighted the improvement goals and current status within the UHB for C. difficile infection, Staphylococcus aureus infection, and other infections. The importance of Infection Prevention and Control (IP&C) measures was emphasised, including training, audits, and reviews of cases.</p> <p>The END highlighted the following:</p> <ul style="list-style-type: none"> • IP&C was a major concern for the UHB, particularly focusing on MSSA and C.diff. • The IP&C team were actively addressing these issues, with national and internal efforts in place. • Monthly updates were presented in Executive Performance Reviews with Clinical Boards, and the IP&C Project Group had been established to drive improvements. <p>The END suggested allocating more time to IP&C on future Quality Committee agendas to keep IP&C issues prominent.</p> <p>The SSIPM noted that the Hospital Acquired Infection (HAI) Project was part of the Future Quality Excellence Programme, whose goal was to improve the visibility of HAI rates across the organisation to better inform clinical decision-making.</p> <p>The CC suggested giving the item more consideration in a future meeting.</p> <p>The QSE Committee resolved that:</p> <p>1) The Healthcare Associated Infection (HCAI) Measures update was noted.</p>	

<p>QC 25/02/011</p>	<p><u>Hepatitis B/C Recovery Plan Update</u></p> <p>The Consultant in Public Health Medicine (SW) (CPHM-SW) summarised the following:</p> <ul style="list-style-type: none"> • There was a global, national and local goal to eliminate Hepatitis B/C by 2030. • Hep B can be prevented with vaccination, and Hep C has a 90% cure rate with treatment. • The 2024/25 Elimination Plan for CAV was overseen by a bi-monthly meeting group. • Key achievements included resumed testing at HMP Cardiff, a mobile outreach van for testing and treatment, and opt-out bloodborne virus testing for substance misuse services. <p>The CC suggested that this item comes back in six months for a progress update.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The progress to date was noted; 2) The content and ambition of the Hepatitis B and C Elimination Plan 2024/25 was noted. 	
<p>QC 25/02/012</p>	<p><u>Gastro Surveillance Verbal Update</u></p> <p>The COO summarised the following:</p> <ul style="list-style-type: none"> • The Gastroenterology Department had addressed the issue of overdue surveillance, reducing the number of overdue patients beyond their surveillance interval from 2000 (April 2023) to 500, with plans to eliminate the backlog by April 2025. • Overdue surveillance had led to significant harm for some patients (around 10 patients). • There had been two false starts due to issues around the triaging of patients and consultant job planning and capacity. • This work had been at the expense of the diagnostic waiting times, which were in excess of eight weeks. <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The Gastro Surveillance Update was noted. 	
Items for Approval / Ratification		
<p>QC 25/02/013</p>	<p><u>Policies</u></p> <p>The following policies were presented and discussed:</p> <ol style="list-style-type: none"> 1) UHB 322 – Ultrasound Clinical Governance Policy & Procedure 2) UHB 282 – CAVUHB Reusable Medical Device Decontamination Policy & Procedure <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> a) The two policies were approved. 	
<p>QC 25/02/014</p>	<p><u>Healthy Eating Standards for Hospital Restaurant & Retail Outlets</u></p> <p>The CPHM-SW summarised the following:</p> <ul style="list-style-type: none"> • CAV had adopted the Restaurant and Retail Standards since December 2015. • Initially, a 75% healthy to 25% unhealthy food ratio on hospital and retail sites was set, later adjusted to 60% healthy due to financial challenges. The plan was to review the ratio in 12 months' time. 	

- Regular audits on hospital and retail sites had been undertaken, and in October 2024 an audit indicated that many areas were achieving the 60% target, although snacks and confectionaries were still quite low.
- An options appraisal proposed three options, with the agreed approach being a gradual shift to 65% healthy ratio, aiming for 75% by November 2025.

The IM-TU asked what control they had (if any) over what products were sold in the stores in the UHW Concourse.

The CPHM-SW responded that discussions were ongoing with outlets regarding the healthy/unhealthy food split with specific allowances detailed in the standards provided. The goal was to ensure a smooth transition, with future audits planned.

The Committee Vice Chair (CVC) asked whether the uniform approach to the healthy/unhealthy food split across all catering facilities had considered the specific needs of different settings, such as the Children’s Hospital for Wales (CHfW).

The CPHM-SW responded that the CVC’s suggestion to potentially make the food offer stricter/more nuanced on the CHfW site would need stakeholder feedback.

The Executive Director of AHPs, Health Scientists and Community Services Development (EDAHC) added that the Nutrition and Catering Group (NCG) was addressing the food provision at the CHfW, aiming to meet standards and reduce the high salt and sugar content in the adult foods currently offered. Discussions included increasing healthy choices and incorporating health promotion.

The COO mentioned that the UHB had been highlighted in the news for offering unhealthy food to patients and inquired about any initiatives to enhance the food options for inpatients.

The EDAHC responded that the NCG had received significant patient feedback on the food offer. Recent efforts involved collaboration between catering, public health and dietetics to improve and broaden the food options. She noted that this work was separate to the retail offer.

The IM-LC noted the timing of the inpatient food delivery was sometimes problematic which led to wastage. He emphasised the need for significant improvements to provide a balanced menu and meet diverse patient's needs.

The EDAHC agreed and noted that whilst various food options were available, they were not always accessible when needed. The focus for the year would be on improving the basics of food and catering services.

The CC suggested an amendment to the recommendation which asked for the review of the healthy/unhealthy food ratio split to be undertaken in January 2026.

The EDAHC suggested a future item come to the Committee around the catering offer for patients.

The QSE Committee resolved that:

- a) The Option 2 (65:35 split) for the next 12 months was approved;
- b) The amendments to the Healthy Eating Standards for Hospital Restaurants and Retail Outlets, which reflects Option 2 (Appendix A) were approved;
- c) The reversion to the 75:25 split in January 2026 was approved.

QC
25/02/015

[Good Food and Movement](#)

	<p>The CPHM-SW summarised the following:</p> <ul style="list-style-type: none"> • The “Move More Eat Well” Plan introduced in 2020 was a three-year plan which aligned with Cardiff Public Service Board (PSB), the Vale of Glamorgan PSB and the Regional Partnership Board (RPB). • Despite efforts, only 77.5% of reception-aged children had a healthy weight, with significant health inequalities between deprived and affluent areas. • A systems approach, considering settings, policies, and cultural factors, was needed. • Stakeholder engagement involved 160 participants from 35 organisations across CAV led to the creation of the “Good Food and Movement Framework”, a six-year plan with three two-year implementation phases. • The team sought approval for the Framework and current implementation plan. <p>The SSIPM suggested the team create a project plan to outline the progression of the improvement actions within the implementation plan.</p> <p>The QSE Committee resolved that:</p> <p>a) The Good Food and Movement Framework and Implementation Plan was approved.</p>	
<p>QC 25/02/016</p>	<p><u>Smoke Free Legislation Update</u></p> <p>The Consultant in Public Health Medicine (CPHM-SG) summarised the following:</p> <ul style="list-style-type: none"> • The team sought approval for a new no smoking enforcement approach on hospital sites. • The Health Board’s No Smoking Policy, updated in 2021, aligned with the 2020 Wales regulations making it illegal to smoke on hospital grounds. • The proposal involved partnering with the Vale of Glamorgan Council’s litter enforcement officers, authorising them to issue fixed penalty notices for smoking. • The plan included an initial educational phase until March 2025, followed by a full implementation with fines of up to £100. • They recognised that some areas within their sites were particularly sensitive (e.g. Hafan Y Coed), and a sub-group had been specifically set up for UHL. • The approach aimed to raise awareness and support smoking cessation. <p>The IM-TU noted his full support for the new enforcement approach.</p> <p>The CC suggested an update come back to the Committee in six months on the progress of the education phase and the initial implementation of the fixed penalty notices.</p> <p>The QSE Committee resolved that:</p> <p>a) The phased development and implementation of the new enforcement approach was approved.</p>	
	<p>Items for Noting & Information</p>	
<p>QC 25/02/017</p>	<p><u>Minutes from Clinical Board QSE Sub-Committees and the Safeguarding Steering Group (SSG)</u></p> <p>The QSE Committee resolved that:</p> <p>1) The minutes were noted.</p>	
<p>QC 25/02/018</p>	<p><u>Safeguarding Children and Adults at Risk Annual Report 2023/24</u></p> <p>The QSE Committee resolved that:</p> <p>a) The Safeguarding Children and Adults at Risk Annual Report 2023/24 was noted.</p>	

	<u>Items to bring to the attention of the Committee</u>	
QC 25/02/019	The END expressed concern around the UHB's IP&C position, specifically regarding MSSA and C.diff. He highlighted the need for a strong focus on these issues moving forward and suggested providing a more comprehensive update on the IP&C status in two months' time.	
	Agenda for Private QSE Meeting	
QC 25/02/020	<ul style="list-style-type: none"> i) <i>Minutes and Action Logs from the Private QSE Committee on 08.10.2024</i> ii) <i>Any Urgent / Emerging Themes – Verbal Update</i> iii) <i>Discharge Advice Letters (DALs) Verbal Update</i> iv) <i>Eye Health Needs Assessment</i> 	
	Any Other Business	
QC 25/02/021	<i>No items.</i>	
	Date & Time of Next Meeting:	
QC 25/02/022	1 st April 2025 at 2pm via MS Teams	