Minutes of the Public Quality Committee

Held on 1st April 2025 via MS Teams

To view the meeting: CAVUHB Public Quality Committee 01.04.2025

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
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
Claire Beynon	CB	Executive Director of Public Health
Thomas Lancaster Kitchen	TL	Consultant Anaesthetist
Rhian Grapes	RG	Interim Senior Nurse – Trauma & Orthopaedic
Sara Williams	SW	Staff Nurse – Trauma & Orthopaedics
Clare Wade	CW	Director of Nursing – Surgery Clinical Board
Abraham Theron	AT	Surgery Clinical Board Director
Rachel Thomas	RT	Director of Operations – Surgery Clinical Board
Andy Jones	AJ	Director of Nursing/Midwifery - Children and Women's Clinical Board
Sarah Martin	SM	Research & Development Manager
Matthew Wise	MW	Locum Consultant in Intensive Care
Lisa Parry	LP	Infant Feeding Coordinator – Health Visiting
Catherine Bickerton	CB	Senior Nurse Health Visiting
Paula Davies	PD	Lead Nurse – Community Child Health
Lynne Topham	LT	South and East Cardiff Locality Manager - PCIC
Observers		
Lauranne Cullen	LC	Regional Director for Llais
Natasha Goswell	NG	Deputy Executive Nurse Director
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Akmal Hanuk	AH	Independent Member – Local Community

QC 25/04/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**ACTION**

QC 25/04/002	**Apologies for Absence** Apologies for absence were noted.	
QC 25/04/003	**Declarations of Interest** No declarations of interest were raised.	
QC 25/04/004	**Minutes of the Committee meeting held on 18.02.2025** The minutes of the Committee meeting held on 18.02.2025 were received. **The Committee resolved that:** a) The minutes of the meeting held on 18.02.2025 were approved as a true and accurate record of the meeting.	
QC 25/04/005	**Action Log following the Meeting held on 18.02.2025** The Action Log following the Meeting held on 18.02.2025 was received. QSE 24/11/009 - Equity, Equality, Experience and Patient Safety Action Plan Update - The Executive Director of Public Health (EDPH) noted that continued conversations with the Director of Digital Health Intelligence (DDHI) around how to improve equity data, and this had been suggested to Internal Audit to focus on in the following financial year. She noted that data around gender and age was good, but more data was needed around ethnicity and other protected characteristics. The Assistant Director of Patient Experience (ADPE) suggested she share survey information which had been nationally agreed across Wales, with feedback from Public Health. **The Committee resolved that:** a) The Action Log from the meeting held on 18.02.2025 was noted.	
QC 25/04/006	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QC 25/04/007	**Surgical Clinical Board – Assurance Report** A presentation was provided to the Committee on the challenges faced by the Enhanced Recovery Unit (ERU) at the University Hospital of Llandough (UHL), its background, development, and their current challenges. The Executive Medical Director (EMD) praised the great work undertaken but noted that more data was needed to demonstrate the benefits clearly. The Independent Member – Trade Union (IM-TU) asked how they managed staff given that the unit only operated three days a week. He also highlighted the difficulty in handling unexpected admissions to the unit, which complicated staffing management. The Consultant Anaesthetist (CA) responded that the unit was staffed by ward staff for the three days, and that it could handle unplanned admissions if there was capacity. For unplanned admissions when the unit was closed, the fallback was the treatment transfer pathway to critical care services at University Hospital of Wales (UHW), although this was	

	not without risk. He noted that creating beds and managing resources across different units incurred costs and affected staffing levels, highlighting the challenges in resource allocation. The Interim Senior Nurse – Trauma & Orthopaedic (ISN-TO) added that staffing was managed using an alternate week 1 and week 2 rota, which was incorporated into the overall allocated rota sent to staff. The Staff Nurse – Trauma & Orthopaedics (SN-TO) added that they had become proficient at reviewing both theatre and trauma lists to identify patients to ensure comprehensive planning. The CA noted that the number of unplanned admissions was higher than expected, which the original business case funding did not include. Currently, the project was funded by the Surgical Hub at UHL. The small unit made it challenging to measure changes in length of stay due to the diverse surgical backgrounds of patients. The EMD responded that it was important to look beyond the length of stay and outcomes of individual high-risk patients. Instead, they ought to focus on the overall performance of the entire unit. The Director of Nursing – Surgery Clinical Board (DN-SCB) noted that discussion highlighted the need to consider UHL as a site given it is where the highest acuity patients can be looked after. The Surgery Clinical Board Director (SCBD) noted that they needed to evaluate if the ERU reduced the number of patients needing transfer to UHW. He praised the Orthopaedic nurses who upskilled themselves during COVID whose care was vital to delivering the service. The DN-SCB presented the Surgery Clinical Board Assurance Report to the Committee which detailed the arrangements, progress and outcomes within the Surgery Clinical Board in relation to the Quality, Safety, and Patient Experience agenda during 2024/25. The EMD noted that whilst the mortality dashboard was a positive step forward, he noted the focus for clinical boards should be on specific areas to reduce mortality or gain a deeper understanding of it. The DN-SCB responded that the data would be available soon. The EMD asked where they needed to implement an improvement programme to monitor it through the dashboard. The DN-SCB explained that one of their current challenges was the absence of an Assistant Director for Quality and Safety, which was crucial for driving improvements and setting up standard ways of working within the Directorate. Efforts would be made this year to appoint someone. Given the four never events in 2024, the CC asked whether the actions being implemented would reduce the number of never events to zero. The DN-SCB responded that they needed to adopt a radically different approach by engaging with daily practitioners, assigning responsibility for checklist parts, and establishing strong barriers. Specifically, no patients should leave the wards without a consent form. Achieving this required engagement from all staff groups.	

	The SCBD noted that the majority of never events occurred because existing processes were not followed. The focus needed to be on engaging staff to follow these nationally established processes to prevent harm. Efforts would be made to relaunch these processes and potentially implement hard rules, although the goal would be for staff to engage willingly. The Executive Nursing Director (END) noted that it was crucial to have checking mechanisms in place throughout the patient pathway to prevent never events. The improvement work initiated by the surgery team aimed to instil accountability and responsibility amongst clinicians, and progress was being made through ongoing meetings. The EMD noted it required a cultural and behavioural shift rather than compliance. He suggested that it would be beneficial to see the plan once it was formed. **The Committee resolved that:** 1) The assurance provided by the Surgery Clinical Board QSE assurance report was noted; 2) The mitigation being taken to improve quality, safety and experience and reduce harm by the Clinical Board was agreed.	
QC 25/04/008	**Deep Dive – The Deteriorating Patient** The Associate Medical Director Patient Safety and Clinical Effectiveness (AMDPSCE) presented the Deep Dive on the Care of the Deteriorating Patient to the Committee, and summarised the following programmes of work: • National Early Warning Score 2 (NEWS2) • Treatment Escalation Plan (TEP) • Patient at Risk Team (P@RT) • Call for Concern • Resuscitation The EMD suggested that a map showing how all these services worked together and how their effectiveness was monitored would be beneficial. The AMDPSCE responded that the hope was that mapping and planning exercises would naturally occur with the implementation of NEWS2. The EMD noted it was important to get more upstream and engage with all teams early to understand and identify escalation processes with patients. The AMDPSCE responded that there was ongoing TEP work within the community, and the implementation of All Wales TEP forms would help to initiate conversations earlier and reduce unnecessary or unwarranted escalations for patients. The Senior Service Improvement Programme Manager (SSIPM) noted that the previous year, the UHB participated in the Safe Care Collaborative. This year, there would be a second collaborative focused on deteriorating patients, with visits to every UHB around the implementation of NEWS2. The END explained that the goal of NEWS2 and acute deteriorating patient work was to enhance the skills of ward nurses. Success meant early detection and reducing the need for ITU or critical care. **The Committee resolved that:** 1) The assurance provided by the Implementation of P@RT and the Resuscitation service was noted;	

	2) The implementation of the Call 4 Concern service to meet the requirements of Martha's Rule was noted; 3) The improvement work to deliver NEWS2 and TEP with the health board wide education programmes was noted.	
QC 25/04/009	**Children Looked After Assessment Backlogs – Six Month Update** The Director of Nursing/Midwifery - Children and Women's Clinical Board (DN/MCWCB) provided a six-month update to the Committee on the backlog of Children Looked After (CAL) assessments. He noted the improvements made in processes and staffing but highlighted the ongoing challenges due to increased complexity and caseloads. The Committee Vice Chair (CVC) noted concern over the increasing number of referrals and complexity. There was a need to understand the influence CAVUHB have on assessments for patients outside of the area, and how reciprocal responsibilities were managed. The DN/MCWCB responded with the following: • The increase in cases over the past 4-5 years had been significant and largely due to communication issues. Effective communication around the 28-day notification had led to improvements. • Teams were working closely with other UHBs in Wales to recognise the importance of the 28-day assessments and to prioritise them. • However, the growing numbers and complexity remained challenging. Efforts were focused on working more effectively and efficiently to free up staff time to undertake more assessments. The CVC asked whether the measures discussed were intended to manage the performance for both children within the area and those outside of it. The DN/MCWCB responded that the measures primarily focused on those within the CAV area. He would try to obtain data by other UHBs to present next time. The END highlighted the following: • Significant progress had been made over the past 12 months in reducing the lists, despite the increasing complexity and number of young people requiring attention. • There were ongoing challenges in maintaining this progress. • Health visiting had been integrated into this effort, supported by school nurses, marking a first across Wales. • It may be useful to explore role redesign to further improve the situation • Timely assessments were important to mitigate risks. The END suggested they continue to address this issue in monthly executive reviews with the clinical board, and bring back another update to the Committee in six months. The CC expressed concern about the increase in the number of initial assessments awaiting completion within CAV which had risen from 47 in August 2024 to 99 currently. In contrast, there had only been a slight increase of four outside of CAV. Whilst the number of reviews had slightly decreased, the out-of-area placements remained unchanged. The CC suggested that the progress being made was not sufficient and suggested that further internal review was needed. The EMD asked for clarity on the reasons behind the increase in workload and children in need. The DN/MCWCB responded with the following:	

	• The reasons behind the increase were unclear. • Whilst the post-pandemic period brought significant challenges for families, the upward trend began in 2017. • The CAV CAL population was likely more significant due to the areas' demographics. • He suggested collaborating with other teams to gather comparative data from other UHBs. • The complexity of cases had increased, particularly post-pandemic, which aligned with trends seen in other dysregulated children and young people. The EMD suggested that by identifying the underlying causes, there may be alternative ways to support families more effectively. The CC suggested an update to be brought back to the Committee in six months to include data on the reasons behind the increase in workload for children looked after assessments and compare data with other Health Boards. **The Committee resolved that:** a) The contents of the paper and the actions taken to mitigate the risks associated with child health assessments was noted.	
QC 25/04/010	**Research and Development Six Month Update** The Research and Development Manager (R&DM) and the Locum Consultant in Intensive Care (LCIC) presented the research and development (R&D) six-month update, which highlighted the structure, activity, and successes of the research team within the UHB. They also discussed plans for future research and the importance of embedding research into clinical practice. The CVC asked about the commercial risk associated with not meeting the recruitment targets for both commercial and non-commercial studies, and whether it could lead to withdrawal/reduction of funding or penalties. The LCIC responded dismissed the importance of recruitment time targets set by organisations, and noted the following: • In commercial research, the primary concerns were how quickly study was set up, whether the required number of patients were recruited, and the quality of data entry. • The main risk of not meeting recruitment targets was that the company may not return for future studies. • Commercial studies often involved novel therapies for rare diseases which were more expensive, providing treatment options for patients who might not have other alternatives. The R&DM explained that the financial model for commercial studies involved payment in arrears. The R&D review ensured the team had capacity for this work and plans for reinvestment into new staff or future plans. Efforts were being made to improve financial transparency and support research. Currently the risk was low. The EMD asked for feedback from the Committee on what additional information would be good to see in the research report. **The Committee resolved that:** 1) The progress made by Research to date was noted; 2) The content of this report and the assurance given by R&D was noted.	

QC 25/04/011	**Baby Friendly Breastfeeding Accreditation** The Infant Feeding Coordinator – Health Visiting (IFC-HV) presented the paper to the Committee and reported on the successful reassessment of the health visiting service for the Baby Friendly Initiative (BFI). She highlighted the achievements and plans for achieving the gold standard accreditation. The END congratulated the team on maintaining their accreditation for the past few years, and acknowledged the hard work involved. The CVC shared a personal reflection on how their baby benefitted greatly from the service between the initial accreditation and the reaccreditation period. As a new mother at the time, she had found reassurance and support provided by the service to be fantastic. The ADPE queried whether the interviews with mothers considered the diversity of the community. She highlighted the importance in ensuring that information was provided in appropriate languages and communication methods. The IFC-HV responded with the following: • Heath visitors obtained consent from mothers for the BFI assessment and ensured that diversity was considered. • Most mothers audited were diverse, with only a few requiring an interpreter. • The team conducted audits during visits to capture a broad range of mothers in the CAV area, not just typical breastfeeding mothers. • Currently, a study on breastfeeding challenges was being conducted with Cardiff Met University. • The BFI focused on population needs, and the management team used referral data to determine the need for local support groups and additional staff training. These statistics would help guide future efforts. The Executive Director of Public Health (EDPH) highlighted that the annual Director of Public Health report focused on children aged 0-5 years, with a chapter on breastfeeding. She noted that white mothers had the lowest breastfeeding uptake at around 61%, compared to 80% among the Asian population. She emphasised that breastfeeding should be a collective societal responsibility to make it a positive and comfortable experience. **The Committee resolved that:** 1) Baby Friendly would be added as a standard agenda item to the QSPE agenda and ensure data was reported through this and performance processes; 2) Additional staff resource to support the Infant Feeding Specialist Team was considered. This would enable the IF Coordinator to have ringfenced time to strategically manage the Baby Friendly project and work towards achieving Gold sustainability. 3) In principle, UHB commitment to support the cost of maintaining Baby Friendly Accreditation (costs as above) 4) Staff to be provided with appropriate equipment when supporting a mother to breastfeed (small cost to service) 5) Training to upskill breastfeeding champions covering the infant feeding specialist clinic – Tongue Tie assessment course (non-accredited training £145.00, Level 3 accredited £185.00) Approx 10 staff. 6) Leadership course recommended for Infant Feeding Lead.	
	Items for Approval / Ratification	
QC 25/04/012	*No items.*	

	Items for Noting & Information	
QC 25/04/013	**Minutes from Clinical Board QSE Sub-Committees** **The Committee resolved that:** 1) The minutes were noted.	
QC 25/04/014	**Medical Records Tracking Update** **The Committee resolved that:** 1) The update was noted.	
QC 25/04/015	**Cancer Services – Audit Wales report** **The Committee resolved that:** 1) The report was noted.	
QC 25/04/016	**Smoking Cessation Internal Audit Report** **The Committee resolved that:** 1) The report was noted.	
QC 25/04/017	**Joint Commissioning Committee Quality Safety and Outcomes Highlight Report** **The Committee resolved that:** 1) The report was noted.	
QC 25/04/018	**Quality Committee Annual Report 2024/25** **The Committee resolved that:** 1) The annual report was noted.	
	Items to bring to the attention of the Committee	
QC 25/04/019	The END suggested that he would speak to the Clinical Boards to ensure that their QSE minutes are being fed into this Committee for noting.	
	Agenda for Private QSE Meeting	
QC 25/04/020	*i) Minutes and Action Logs from the Private QSE Committee on 18.02.2025* *ii) Any Urgent / Emerging Themes – Verbal Update*	
	Any Other Business	
QC 25/04/021	*No items.*	
	Date & Time of Next Meeting:	
QC 25/04/022	13th May 2025 at 2pm via MS Teams	