

## Confirmed Minutes of the Quality, Safety & Experience Committee

**Held on 09.05.23**

**Via MS Teams**

<b>Chair:</b>		
Ceri Phillips	CP	Committee Chair
<b>Present:</b>		
Akmal Hanuk	AH	Independent Member – Community
Keith Harding	IM	Independent Member – University
Rhian Thomas	RT	Independent Member – Capital & Estates
<b>In Attendance</b>		
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Suzanne Rankin	SR	Chief Executive Officer
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
James Quance	JQ	Interim Director of Corporate Governance
Aron White	AW	Nurse Informatics Lead
<b>Observing</b>		
Cerys Jones	CJ	Student
Lucy Jugessur	LJ	Audit Manager NWSSP
Frances Rees	FR	Student
<b>Secretariat</b>		
Nathan Saunders	NS	Senior Corporate Governance Officer
<b>Apologies</b>		
Marcia Donovan	MD	Head of Corporate Governance

QSE 23/05/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh	
QSE 23/05/002	<b>Apologies for Absence</b> Apologies for absence were noted.	
QSE 23/05/003	<b>Declarations of Interest</b> No declarations of interest were raised.	
QSE 23/05/004	<b>Minutes of the Committee meeting held on 11 April 2023</b> The minutes of the Committee meeting held on 11 April 2023 were received.  <b>The Committee resolved that:</b>  a) The minutes of the meeting held on 11 April 2023 were approved as a true and accurate record of the meeting.	
QSE 23/05/005	<b>Action Log following the Meeting held on 11 April 2023</b> The Action Log following the Meeting held on 11 April 2023 was received.  <b>The Committee resolved that:</b>	

	a) The Action Log from the meeting held on 11 April 2023 was noted.	
<b>QSE 23/05/006</b>	<p><b>Chair's Actions</b></p> <p>No Chair's Actions were raised.</p>	
<b>QSE 23/05/007</b>	<p><b>Quality Indicators Report</b></p> <p>The Quality Indicators Report was received.</p> <p>The Executive Nurse Director (END) advised the Committee that he would take the report as read and highlighted the following key elements:</p> <ul style="list-style-type: none"> <li>• Duty of Quality – It was noted that the report provided valuable insight with regards to the steps the Organisation was taking to embed that Duty into everyday process.</li> <li>• Duty of Candour – it was noted that the report detailed how the Duty of Candour was intended to promote a culture of transparency, openness, and learning within the Health Board by being open and honest about adverse events and that healthcare providers could improve patient safety, learn from mistakes, and prevent similar incidents from happening in the future.</li> </ul> <p>The END advised the Committee that early learning from the Duty of Candour data showed that 37% of the Health Board's incidents were being regraded because it had been found that staff had been scoring the incidents higher than they should have been and that learning would be shared with Clinical Boards around scoring correctly.</p> <ul style="list-style-type: none"> <li>• Incident Reporting &amp; Falls – The END advised the Committee that the key messages reported at previous Committee meetings remained the same.</li> <li>• Nationally Reportable Incidents (NRIs) – It was noted that an improvement had been observed which reflected the focus and hard work of the Clinical Boards and Patient Safety Team.</li> <li>• Infection, Prevention &amp; Control (IPC) – The END advised the Committee that there was variability in the data with Cdiff seeing a reduction in the last 4 months and the MSSA being stagnant where reductions were not being observed.</li> </ul> <p>The END added that the Cdiff oversight group was now also looking at MSSA to see if improvements could be made.</p> <ul style="list-style-type: none"> <li>• Concerns – It was noted that through December 2022 and January 2023, the Patient Experience Team was reporting a reduction in the number of concerns being managed in time, but in February and March 2023, the performance had improved (over 80%). That improvement was on the back of the highest number of concerns received into the Organisation in March 2023.</li> </ul> <p>The END advised the Committee that the Civica 'Once for Wales' platform went live in October 2022 and that the Patient Experience Team was surveying up to 600 patients daily via SMS with a month on month improvement in return rates for patient data.</p> <p>He added that a deep dive into the Civica data would be brought back to the Committee in August 2023.</p> <p>The Executive Medical Director (EMD) advised the Committee that she would take the report as read and highlighted the following key elements:</p> <ul style="list-style-type: none"> <li>• Mortality – It was noted that although there was a lot of data within the report, the EMD advised that there were no specific areas to comment on.</li> </ul> <p>She added that the report was not where she wanted it to be and that whilst benchmarking was extremely important in mortality data, that could not be undertaken at the moment.</p> <p>It was noted that what was reported regularly to the Committee was the cumulative benchmarking position from September 2021 to January 2023 against other Health Boards' in relation to Myocardial Infarction (MI) and fracture neck of femur.</p>	<b>JR</b>

	<p>It was noted that age standardised mortality data was also presented to the Committee previously and that Cancer mortality data required more time to be considered.</p> <p>The EMD concluded that in relation to Perinatal Mortality data, the Mothers and Babies, Reducing Risk through Audits and Confidential Enquiries (MBRRACE) report would be published and more detail would be provided to the Committee in August 2023.</p> <p>The Chief Operating Officer (COO) advised the Committee that he would take the report as read and highlighted the following key elements:</p> <ul style="list-style-type: none"> <li>Ambulance Patient Handover Improvement Trajectories – It was noted that the Health Board had done well on reducing the number of ambulatory waits and that Cardiff and Vale were the best Health Board by far within Wales.</li> </ul> <p>The COO added that the Health Board had moved towards a zero tolerance to 2 hour holds instead of 4 and that some of the data for April 2023 was really impressive which would be reported to the Committee in a later report.</p> <ul style="list-style-type: none"> <li>Emergency Department (ED) – The COO advised the Committee that due to the improved ambulatory data, an increased risk was being observed within the Emergency Department (ED). He added that more and more patients were being added to the ED and to mitigate that risk, on-boarding was occurring onto wards to improve safety.</li> </ul> <p>It was noted that the ED was designed for 45 patients and that 140 patients had been in the department and so ways to mitigate those risks and increase patient safety were being considered in collaboration with the Medicine Clinical Board.</p> <ul style="list-style-type: none"> <li>Stroke – It was noted that the Health Board was not where it wanted to be in regards to Stroke but that improvements were being made with a lot of organisational focus on the Stroke data with stroke summits being held.</li> </ul> <p>The COO advised the Committee that 33% of patients had been admitted to a Stroke ward within 4 hours which was an improvement and noted that further data could be provided to the Committee once the next summit had occurred.</p> <p>The Chief Executive Officer (CEO) noted that in terms of assurance, a number of the graphs within the report did not provide benchmarking against other Organisations which was crucial when reporting data.</p> <p>She added that some of the charts were also unclear as to whether improvements had been observed compared to previous months and asked for the relevant Teams to ensure that accurate data was included which could provide the Committee with the assurance it required.</p> <p>It was noted that conversations had been held between the CEO and the Assistant Medical Director, Clinical Effectiveness &amp; Safety (AMD) with regards to getting the reports ready for the Committee.</p> <p>The CEO advised the Committee that in relation to the still-birth data within the report, there was a point on the chart where the still-birth rate was identified for 2020 and that no assurance or comments had been provided on the number.</p> <p>The EMD responded that the data would be presented to the Committee at a future meeting under the MBRRACE report and that work would be undertaken to address the CEO's comments.</p> <p>The CC welcomed a deep dive on stroke data at the July 2023 Committee meeting.</p> <p><b>The QSE Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>The content and the developing process to monitor Quality Indicators was noted.</li> </ol>	<p><b>MJ</b></p> <p><b>PB</b></p> <p><b>PB</b></p>
<p><b>QSE</b> <b>23/05/008</b></p>	<p><b>Ward Accreditation &amp; Improvement</b></p> <p>The Ward Accreditation &amp; Improvement presentation was received.</p>	

The END advised the Committee that Tendable had been discussed at the QSE Committee previously and that it was the foundation and the platform which could be built upon for Ward Accreditation.

He added that the Nurse Informatics Lead (NIL) would provide the Committee with a presentation on the updates on Tendable and Ward Accreditation.

The NIL presented an overview of the plans and ambitions for Ward Accreditation to the Committee.

It was noted that Wards were increasingly using digital platforms to measure quality and record patient outcomes and so the Ward Accreditation programme was a way to benchmark how Wards were doing based on the data that could be obtained.

The NIL advised the Committee that Ward B1 was the first area with the Ward Accreditation platform and noted that the Ward had been run through 4 different Ward Accreditation frameworks from NHS England to see how they measured up against different standards.

He added that Wards would only be eligible to apply for Ward Accreditation if they had enough baseline data which included:

- Tendable – Audit compliance at 75% in 6 months and 50% of senior/lead nurses completion in 6 months.
- SafeCare Compliance – 80% in 3 months, staffing register and patient acuity would be required.
- Direct Nominations – As part of “Releasing Time to Care”, the Shaping Change Team could directly refer wards onto the Ward Accreditation pathway.

The NIL advised the Committee that once a Ward was on the programme, they would be asked to hold off on making improvements initially because an intense data trawling exercise would occur which included:

- Tendable – Peer reviews by the Bronze Team and Specialist Teams.
- Rostering Review Meeting to see how effectively a ward deployed its roster.
- Patient Feedback & Staff Survey
- Review of Clinical Incidents
- Review Other Available Data Sets

It was noted that once the data was collected, the Ward would be told how they measured up against the Ward Accreditation Framework consisting of 5 pillars:

- Quality & Safety
- Resources
- “Our People”
- Patient Experience
- Leadership & Improvement

The NIL advised the Committee that the Ward would then undertake the improvement work and would have dedicated data analytics support which would be bespoke reporting for Improvement Projects and Outcome Measures.

He added that once the relevant areas had been completed by the Ward, they would have a final external visit to confirm and start the road to the Silver accreditation.

The IMCE asked how staff felt regarding the Ward Accreditation.

The NIL responded that it had been really well received by the Wards and the Team had been taken aback at how much they had engaged with it.

The IMCE added that the challenge would be in relation to operational pressures.

	<p>The NIL responded that the aim was to run the programme at every quarter.</p> <p>The Independent Member – University (IMU) asked how much of the sense of wellbeing was taking the Health Board’s staff away from the frontline of the day to day Ward work.</p> <p>The NIL responded that the time staff were taking off the Ward was very minimal – ie was for 2 hour sessions in 3 months.</p> <p>He added that an extensive staff survey was undertaken to address staffing concerns.</p> <p>The END added that time had to be invested in the Ward Accreditation programme which could create huge opportunities and benefits which had been observed on Ward B1.</p> <p><b>The QSE Committee resolved that:</b></p> <p>a) The Ward Accreditation &amp; Improvement information was noted.</p>	
<p><b>QSE</b> <b>23/05/009</b></p>	<p><b>Board Assurance Report – Patient Safety</b></p> <p>The Board Assurance Report – Patient Safety was received.</p> <p>The Interim Director of Corporate Governance (IDCG) advised the Committee that he would take the paper as read.</p> <p>He added that a lot of the risks on the report linked to the discussions held by the Committee, such as Stroke, and noted that the deep dives actioned for future meetings would need to be aligned to the Board Assurance Framework (BAF).</p> <p>The CC noted that it made more sense to delve into specific risks such as Stroke rather than a broad overview which was received by the Board at its meetings.</p> <p>The EMD added that clarity was required on issues that required the Committee’s attention and the risks it was trying to mitigate.</p> <p>The CEO added that the Committee did not yet have a measure on the confidence of the data quality and asked how assurance could be provided that data was valid.</p> <p>She added that the conversation needed to be considered on a range of areas which included:</p> <ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Validity</li> <li>• Quality</li> </ul> <p><b>The QSE Committee resolved that:</b></p> <p>a) The proposed reporting cycle of BAF risks assigned to the Quality, Safety and Experience Committee was approved</p> <p>b) The approach in the Committee Chair’s report to the Board on 25th May 2023 was noted.</p>	
<p><b>QSE</b> <b>23/05/010</b></p>	<p><b>CHC Reports: Transport to Health Services</b></p> <p>The CHC Report: Transport to Health Services was received.</p> <p>The END advised the Committee that the Executive Director of Strategic Planning (EDSP) had provided assurance that the Health Board had looked at the report which outlined a range of considerations that the Community Health Council (CHC) had wanted to make the Health Board aware of.</p> <p>He added that many of the considerations were around the University Hospital of Wales (UHW) site and noted that it was a hospital in a City Centre and so parking was challenging.</p> <p>The Independent Member – Capital &amp; Estates (IMCE) noted that the report had contained areas that were already known to most and added that the report contained a significant amount of background material in support of the points raised.</p>	

	<p>She added that now that the CHC had transitioned to the Llais Service, it would be good if they could contribute to the ongoing consultations around future hospitals.</p> <p>She asked if they had been invited to address the concerns.</p> <p>The END responded that they had been and noted that considerable discussions were being held with Llais as part of the Citizen's Voice.</p> <p>The Senior Service Improvement Programme Manager (SSIPM) advised the Committee that it was important to appreciate the response had from the CHC and that it served as a reminder that the Organisation was trying to move away from planned care outpatient appointments and move more towards patient see-on-symptoms, virtual follow up and virtual consultations.</p> <p>She added that there was hope that as the work continued across the organisation with the Clinical Boards, the outpatient footfall would reduce and less would attend the hospital sites which would mitigate some of the areas identified within the report.</p> <p><b>The QSE Committee resolved that:</b></p> <p>a) The CHC Report: Transport to Health Services was noted.</p>	
<p><b>QSE</b> <b>23/05/011</b></p>	<p><b>Minutes from Clinical Board QSE Sub Committees:</b></p> <p>The Minutes from Clinical Board QSE Sub Committees were received.</p> <p>The END advised the Committee that assurance was required that the Clinical Board's Quality &amp; Safety Groups were sitting for meetings and that further action would be looked at to improve the visibility of minutes received by those Clinical Boards.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Minutes from the Clinical Board QSE Sub-Committees were noted.</p>	
<p><b>QSE</b> <b>23/05/012</b></p>	<p><b>Radiation Protection Group Chairs Report</b></p> <p>The Radiation Protection Group Chairs Report was received.</p> <p>The Executive Director of Therapies and Health Sciences (EDTHS) advised the Committee that the report came from the Health Board's Radiation Protection Group meeting held on 24<sup>th</sup> January 2023.</p> <p>She added that the Radiation Protection Service (RPS Cardiff) had undertaken a review of compliance against the Ionising Radiation Regulations 17 within the Health Board.</p> <p>It was noted that there were 2 actions for the Health Board which included:</p> <ul style="list-style-type: none"> <li>• To consider implementing a Health Board wide policy on training of non-radiation workers in radiation areas.</li> <li>• To review the radon risk assessment.</li> </ul> <p>The EDTHS concluded that the actions had been looked at and the need to develop a training policy was noted and would be discussed by the CD&amp;T Clinical Board in a meeting held that week.</p> <p><b>The Committee resolved that:</b></p> <p>a) Assurance could be given that the Health Board had a functioning committee for radiation protection, which oversaw regulatory requirements and compliance for the Health Board.</p> <p>b) The fact that there is a need to implement a Health Board-wide policy on training of non-radiation workers in radiation areas, which will be progressed was noted.</p>	
<p><b>QSE</b> <b>23/05/013</b></p>	<p><b>Items to bring to the attention of the Board / Committee:</b></p> <p>No items were raised.</p>	

<b>QSE</b> <b>23/05/014</b>	<b>Agenda for Private QSE Meeting</b>  i) <i>Private Minutes -</i> ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i> iii) <i>Pressure Damage – Children’s Hospital Update (Confidential Discussion)</i>	
<b>QSE</b> <b>23/05/015</b>	<b>Any Other Business</b>  No other business was raised.	
	<b>Date &amp; Time of Next Meeting:</b>  Tuesday, 6 <sup>th</sup> June 2023 at 2pm via MS Teams.	