

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

Held on 18.07.23

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>		
Annette Beasley	AB	Macmillan Lead Cancer Nurse
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
Mike Jones	MJo	Independent Member – Third Sector
Sarah Lloyd	SL	Interim Director of Operations for Clinical Diagnostics and Therapeutics
Helen Luton	HL	Interim Director of Nursing and Multi-Professional teams – CD&T
Suzanne Rankin	SR	Chief Executive Officer
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety
Jason Roberts	JR	Executive Nurse Director
Paul Rogers	PR	Interim Assistant Director of Therapies and Health Science
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Vicky Stewart	VS	Head of Concerns & Redress
James Quance	JQ	Director of Corporate Governance
Clare Wade	CW	Director of Operations for Patient Flow
Aron White	AW	Nurse Informatics Lead
Oliver Williams	OW	Speciality Registrar in Public Health
Suzanne Wood	SW	Consultant in Public Health Medicine
Fiona Kinghorn	FK	Executive Director of Public Health
<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	Minutes	Action
23/07/001	<b>Welcome &amp; Introductions</b> The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh	
23/07/002	<b>Apologies for Absence</b> Apologies for absence were noted.	
23/07/003	<b>Declarations of Interest</b> No declarations of interest were raised.	
23/07/004	<b>Minutes of the Committee meeting held on 9 May 2023</b> The minutes of the Committee meeting held on 9 May 2023 were received.	

	<p><b>The Committee resolved that:</b></p> <p>a) The minutes of the meeting held on 9 May 2023 were approved as a true and accurate record of the meeting.</p>	
<p><b>QSE 23/07/005</b></p>	<p><b>Action Log following the Meeting held on 9 May 2023</b></p> <p>The Action Log following the Meeting held on 9 May 2023 was received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log from the meeting held on 9 May 2023 was noted.</p>	
<p><b>QSE 23/07/006</b></p>	<p><b>Chair's Actions</b></p> <p>No Chair's Actions were raised.</p>	
<p><b>23/07/007</b></p>	<p><b>CD&amp;T Clinical Board Assurance Report</b></p> <p>The CD&amp;T Clinical Board Assurance Report was received.</p> <p>The Interim Director of Nursing and Multi-Professional teams (IDNMPT) advised the Committee that the paper covered the period from the 1st of April 2022 to the 31st of March 2023 and outlined the progress made to improve quality, safety and patient experience in the Clinical, Diagnostics &amp; Therapies (CD&amp;T) Clinical Board, whilst highlighting some of the achievements and innovations undertaken to improve the quality of care for patients.</p> <p>She added that the report also outlined some of the key risks and the mitigations put in place.</p> <p>It was noted that CD&amp;T had a wide range of diagnostic and therapeutic procedures that were provided on a local, regional and sometimes a UK wide level and that the services underpinned some of the core components of almost every aspect of clinical activity undertaken across the Health Board.</p> <p>The IDNMPT shared a Patient Story with the Committee which had been received by the Committee in March 2023 from the Specialist Clinical Board.</p> <p>She added that the story was provided from the CD&amp;T point of view and how each of the CD&amp;T directorates were involved in the patient's journey.</p> <p>The Committee was reminded that that the patient had come off his quad bike at force and the quad bike had landed on him, which required the patient to be air-lifted to the University Hospital of Wales (UHW).</p> <p>The patient's journey was presented which included:</p> <ul style="list-style-type: none"> <li>• Critical Care – a 2 day stay in ITU</li> <li>• Polytrauma Unit</li> <li>• Staying on Ward West 8</li> <li>• Being discharged home nearly 12 months later from admission.</li> </ul> <p>The CD&amp;T areas that had touched that patient journey included:</p> <ul style="list-style-type: none"> <li>• Laboratory Medicine – 20 units of blood products were administered which had been managed by the Health Board's blood bank.</li> <li>• Radiology, Medical Physics and Clinical Engineering – The patient's medication was delivered via a medical infusion device, 78 images were taken of the patient during their hospital stay as well as outpatient appointments which included CT, MRI and ultrasound.</li> <li>• Pharmacy – Pharmacists and Pharmacy Technicians were all involved in the patient care and provided a number of services such as smoking cessation advice, diabetes management, wound management and vaccination.</li> <li>• Medical Illustration – Photographs were taken of the patient on 4 occasions for suspected deep tissue injury, pressure ulcer, moisture lesions and to document a rash.</li> </ul>	

- Therapies – A large number of therapists provided care to the patient including Psychologists, Dietitians, Rehabilitation Technicians, Physiotherapists and Occupational Therapists.
- Health Records and Outpatients – The patient’s hospital stay of almost 12 months created a significant volume of medical records which were collated, managed and stored securely by health records staff.

The Executive Nurse Director (END) advised the Committee that sometimes the CD&T Clinical Board felt quite hidden from the Health Board and that a significant amount of work and support was provided by the Clinical Board which needed to be identified and highlighted to the Committee.

The Interim Director of Operations for Clinical Diagnostics and Therapeutics (IDOC DT) reiterated to the Committee that the Patient had touched every aspect of CD&T and that the information would be taken back to the CD&T Clinical Board’s own Quality & Safety meetings within the directorates to bring that message back to the teams.

The CC responded that the intent was certainly conveyed via the Patient Story and thanked the CD&T Clinical Board teams for all of their hard work in relation to the patient’s care.

The IDNMPT then pulled out key points from the CD&T Clinical Board assurance report which included:

- Values Based Appraisals – It was noted that the Clinical Board remained committed to delivering the values and behaviours of the Health Board to all staff and that during the last 12 months there had been a particular focus on staff completing a values-based appraisal, with directorates providing trajectories to achieve 85% by July 2023 which had not quite been achieved but that the momentum was still ongoing.
- The Inclusion Agenda – it was noted that the Clinical Board was developing actions to deliver on the inclusion agenda and to create a Safe Space initiative, which would create an environment where colleagues felt free to be supported and to speak up if they had any concerns.
- Regulated and Accredited services – It was noted that a number of inspections and assessments had been undertaken from the CD&T regulatory bodies over the last 12 months and that all of the laboratory services had maintained their ISO accreditation from The United Kingdom Accreditation Service (UKAS).
- HIW Inspection IR(ME)R at University Hospital Llandough (UHL) – It was noted that Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations inspection and had reported that staff had a good awareness of their roles and responsibilities in line with IR(ME)R 2017.

The IDNMPT added that there was very positive feedback provided from patients about their experiences when attending the department. HIW had requested that action was taken to actively collect patient feedback on their experience of visiting the department and the team had now piloted a questionnaire accessible via QR code and paper copies in the department with a view to a wider roll out across the directorate.

- All Wales Quality Assurance of Aseptic Preparation Services UHL – It was noted that the inspection highlighted issues relating to the facility’s age, including general fabrication and the air handling units and the long-term future of the of the unit, which were linked to the regionalisation of aseptic services as part of the Transforming Access to Medicines (TRAMS) programme.

The IDNMPT advised the Committee that a number of the challenges and risks observed by the Clinical Board directly related to the fabric of the estate and some of the ageing equipment, which could impact on regulatory compliance.

She added that a business case for the refurbishment of the Mortuary had been submitted to Welsh Government, which would not only see an improvement in the environment but also increase capacity.

Another risk highlighted to the Committee related to the backlog diagnostics both for radiology and cellular pathology, which had resulted in a potential risk of increased morbidity and mortality due to long turnaround times for results.

The IDNMPT added that there were a number of Nationally Reported Incidents in relation to delays in cellular pathology which had an impact on patient pathways.

She added that backlogs had accrued in all areas within the cellular pathology pathway and that at one point in the system there had been a backlog of over 6000 cases in the microtomy section.

It was noted that there had been significant improvement due to the focused efforts of the team and the introduction of 7-day working which had resulted in the workload being reduced to a manageable operational level of around 100 specimens in the laboratory at any one time.

The IDNMPT concluded the report by highlighting a number of service improvements made by the CD&T teams which included:

- A project called “Kids Med Cymru” which was an initiative that aimed to get children off liquid medication and onto tablets by attending a “pill school”. It was noted that it added both an environmental and financial benefit to the Health Board as well as a benefit to children and their families.
- A Teledermascopy service – introduced by the Medical Illustration Service which had reduced the demand on dermatology by removing the requirement for all referrals to have an initial face to face appointment and redirecting capacity to those patients that really needed to have that face to face appointment
- A Rehabilitation Model and Operating Model - since updating the Rehabilitation Model the service had acted to communicate and embed the model throughout the Health Board and was recognised by the United Kingdom AHA awards 2023 and the team became the winner of the Welsh Government Award for Value based care: making the best use of resources to maximise outcomes.
- Radiology, Medical Physics and Clinical Engineering - During the last 12 months an ambitious programme of installation of new equipment had been undertaken with two new X-ray rooms being installed as part of the fracture clinic move back to the UHW site.
- It was noted that a number of installations and refurbishments had taken place during the programme which included:
  - Replacement of X-ray equipment in two rooms in the emergency department
  - Fluoroscopy suite upgraded in UHL
  - Refurbishment of CT room in UHL
  - Replacement of the MRI scanner in UHL
  - Refurbishment of the Cath Lab A in UHW

The CC noted that the report had been summarised very succinctly and thanked the IDNMPT and the wider CD&T Clinical Board teams for all of their hard work.

The Independent Member – Capital & Estates (IMCE) asked what work was being undertaken to mitigate the risk identified where by patients had complaints around the rearranging of appointments.

The IDNMPT responded that it had largely related to physiotherapy appointments held at the Cardiff Royal Infirmary (CRI) where there were significant telecoms issues which had been resolved and so fewer complaints were being received at present.

She added that work was being looked at to automate the system which would mitigate those issues in the future.

The IMCE asked for further information around pathology and the longer-term requirements needed to deal with the backlog identified in the report as well as how sustainable the changes were.

The IDNMPT responded that the 7-day working in pathology was well embedded and positive feedback had been provided by the teams which was sustained.

	<p>She added that the Health Board was one of the few laboratories in Wales that undertook 7-day working and noted that one of the challenges identified was that some reporting required outsourcing.</p> <p>The IDOCDT added that another area being focused on within pathology was technology and newer machines with quicker turnaround times and a future step change to move into a digital system.</p> <p>The Independent Member – Community (IMC) asked what was being done to mitigate the high risk around laboratory medicine.</p> <p>The IDNMPT responded that the large majority of incidents identified within the report were of “no harm” to patients and that the incidents were raised as part of a trigger warning as opposed to an actual incident.</p> <p>She added that the laboratory staff had a really good reporting culture and that the quality managers within the laboratories had a good handle on all of the incidents.</p> <p>The Executive Medical Director (EMD) acknowledged the detail and amount of work being undertaken by the clinical board and provided assurance to the Committee on pathology and noted that there was a strong focus on it.</p> <p>She added that since the report was written, changes had been implemented which had improved the service by way of new machinery and the implementation of the 7-day working.</p> <p>It was noted that there was also an infrastructure issue with the Radiopharmacy which would be discussed in the private session the meeting and then brought back to public at the September meeting.</p> <p><b>The QSE Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The progress made by the Clinical Board to date was noted</li> <li>b) The content of the report and the assurance given by the Clinical Diagnostics and Therapeutics Clinical Board was noted.</li> </ol>	
<p><b>QSE 23/07/008</b></p>	<p><b>Quality Indicators Report:</b></p> <p>The Quality Indicators Report was received.</p> <p><b>Deep Dive into Complaints.</b></p> <p>The Assistant Director of Patient Experience (ADPE) presented to the Committee and explained why good complaints handling was important.</p> <p>The key principles of good complaints handling were identified which included:</p> <ul style="list-style-type: none"> <li>• <b>Accessibility:</b> To ensure the complaints process was easily accessible to all individuals, regardless of their background or circumstances.</li> <li>• <b>Fairness:</b> To treat all complaints fairly, impartially, and without discrimination.</li> <li>• <b>Empathy:</b> Show empathy and understanding towards complainants, acknowledging their experiences and emotions.</li> <li>• <b>Timeliness:</b> Respond promptly to complaints, keeping complainants informed throughout the process.</li> <li>• <b>Transparency:</b> Maintain open communication, providing clear explanations and updates regarding the complaint's progress.</li> <li>• <b>Learning and Improvement:</b> Use complaints as an opportunity for learning, reflection, and continuous improvement.</li> </ul>	

The ADPE advised the Committee that the number of concerns and compliments data presented to the Committee was from between October 2021 until June 2023 and noted that a significant raise had been observed.

She added that the majority of concerns and complaints were received by the department via telephone with almost 4500 being received through that method, with the second highest being via email of which 3250 had been received.

The Committee was advised that a dedicated Early Resolution Hub to support timely outcomes to complainants was established and it was noted that between 65 to 80 % of concerns were managed via that hub and that during May and June 202, 69% of all concerns were managed under Early Resolution.

The ADPE advised the Committee that personal contact was made to all complainants on receipt of concerns to agree specific questions for investigation which was recognised good practice by the Welsh Risk Pool (WRP).

The Committee was presented with the concerns received by top 10 primary subjects in the last 12 rolling months and further detail was provided on each area which included:

- Appointments
- Communication issues (including language)
- Clinical Treatment/Assessment
- Attitude and Behaviour
- Patient Care
- Test and Investigation Results
- Referrals
- Medication
- Discharge Issues
- Environment/Facilities

The ADPE advised the Committee that it was important to note what was being doing around the mitigation of concerns and presented the actions undertaken around appointment and communication concerns which included:

- Clinical Boards were adding additional clinics and theatre time where possible as well as using insourcing and outsourcing.
- In order to reduce in patient Cataract waiting times, two new vanguard theatres were installed in the car park and two cataract fellows were appointed.
- Concerns raised regarding numerous cancellations in Neurosurgery resulted in a generic email address being set up so that GPs were easily able to contact the team if there were any concerns between appointments.
- WIFI phones were purchased for the sole purpose of improving communication between patients and relatives.
- Sister Clinics were being piloted in some areas whereby one day a week there would be a dedicated clinic where relatives could book an appointment with the sister to discuss ongoing care which had reduced concerns in that area.

It was noted that another area that communication concerns had increased was around bereavement and it was noted that during COVID the concerns team made a conscious effort to phone anybody who had a bereavement through the bereavement team which had provided helpful mitigations to the concerns raised but the ADPE added that it was difficult to sustain post COVID.

The ADPE concluded that in order to raise awareness of concerns, the concerns team had recently started circulating "Learning from Event" forms with every formal concern to highlight any learning, no matter how small and noted that in some areas the concerns and learning were being summarised and shared to areas so that patient experience and learning could be shared on a wider scale.

The Committee were presented with links to Online Training available in areas which included:

- Putting Things Right
- Breach of Duty
- Learning from Events
- Duty of Candour

The Committee was advised that from 1 September 2023, the concerns team would be collating feedback from people who had used the Concerns (Complaints) Duty of Candour and Redress process to listen and improve services.

The ADPE added that as well as capturing the feedback, the teams would also collect ethnicity data which was important to help the system identify any areas of deprivation.

The Committee was presented with information around redress where it was noted that some concerns could enter the redress process which could include:

- An apology
- Remedial Treatment and/or financial compensation up to the value of £25,000

The ADPE advised the Committee that anything that did go through the redress process could be reimbursed from the Welsh Risk Pool and so over the past 15 months, £109,251.75 had been received.

She concluded that a consultation was being undertaken in October 2023 around Horizon Fixed recoverable costs and that Fixed Recoverable Costs (FRC) was a term used in the legal system to refer to a set of predetermined costs that could be recovered by the winning party from the losing party in certain types of civil cases.

It was noted that FRC aimed to streamline the process of determining legal costs by setting predefined limits on the amount that could be claimed from April 2024 and that it could impact on the NHS redress process.

The Independent Member – University (IMU) asked if there were any benchmarks in relation to “time to resolution” of issues of concern.

The ADPE responded that the WG target was 75% of concerns to be responded to within 30 working days and that the Health Board was achieving around 79% to 83%.

### **Wales Cancer Patient Experience Survey**

The Macmillan Lead Cancer Nurse (MLCN) presented the latest Wales Cancer Patient Experience Survey to the Committee.

It was noted that it was the third survey undertaken and was conducted by IQVIA on behalf of Macmillan Cancer Support and the Wales Cancer Network in 2021.

The MLCN advised the Committee that the survey was designed to measure and understand the patient experience of cancer care and treatment in Wales to help drive improvements both locally and nationally.

She added that thanks should be noted to all of the people who took part in the survey.

It was noted that 935 questionnaires were returned which gave a response rate of 57.9% which was slightly below the all-Wales response rate of 59.5%.

The Committee was presented with the data around the respondents which included data around:

- The tumour group
- Sex
- Age
- Ethnicity
- Sexuality

It was noted that in terms of the headline results, 92% of respondents for the Health Board rated their overall care a 7 out of 10 or more and that the Health Board were the top scoring Health Board in Wales.

The MLCN provided the Committee with the positive scores which included:

- 90% of patients said they were always treated with dignity and respect whilst in hospital

	<ul style="list-style-type: none"> <li>• 94% of patients said they were always given enough privacy when being examined or treated</li> <li>• 93% of patients said they were given all the information required about their operation and tests</li> <li>• 92% of patients said that hospital staff had told them who to contact if they were worried about their condition or treatment after leaving hospital.</li> </ul> <p>She added that the teams should be congratulated for achieving relatively high results, but added that there were also some less positive scores which required addressing, including:</p> <ul style="list-style-type: none"> <li>• 37% of patients said their healthcare team completely discussed with them or gave them information about the impact cancer could have on their day-to-day activities.</li> <li>• 28% of patients said that, after leaving hospital, they were given enough care and help from their GP and GP practice.</li> <li>• 29% of patients said that, since their diagnosis, someone had discussed with them whether they would like to take part in cancer research.</li> </ul> <p>The Committee was presented with the next steps for the Wales Cancer Patient Experience Survey and the MLCN noted that the report had been shared with the Health Board's Executive Cancer Board and the report had also been shared with the patient experience team, clinical board triumvirates and the cancer workforce.</p> <p>She added that to facilitate and enable service improvement to strengthen areas in which people with cancer reported fewer positive experiences, engagement would be held with clinical boards and clinicians for their contribution to the action plan and that when completed, the action plan would be presented to the Executive Cancer Board.</p> <p>It was noted that ongoing monitoring of progress would be by the new Person Centered Care in Cancer Board and the Cancer Stakeholder Reference Group.</p> <p>The MLCN concluded that as a means to capture more frequent patient experience and to measure the effectiveness of service improvement, a patient experience questionnaire had been co-produced with the specialist cancer nursing workforce and the patient experience team.</p> <p>She added that the questions focussed on a number of identified themes within the Wales Cancer Patient Experience Survey and that the questionnaire would be used by all site-specific teams.</p> <p>The IMU noted that he had an association with the University Department of Surgery for nearly forty years and could remember discussions held 20 years ago, where it was said that for a University Hospital it should be the exception that patients were not included in clinical trials and noted that there was evidence that there was still more to do to ensure that the Health Board continued to justify its University Health Board status.</p> <p>The EMD noted that she shared the ambition and highlighted to the Committee that a business case was being prepared for the Cardiff Cancer Research Hub specifically for the acceleration of clinical trials, early phased trials and access for patients with cancer to those therapies across South Wales.</p> <p>The Director of Operations for Patient Flow asked if there would be a more up to date feedback mechanism because the survey was dated for 2021/22 which was when the service was running through the Covid-19 pandemic.</p> <p>The MLCN responded that a number of improvements had been reported already and noted that they had worked with the Cancer Clinical Nurse Specialist workforce and taken some areas of questioning from the Wales Cancer Patient Experience Survey and placed onto the CIVICA feedback process which would provide continual service improvement.</p> <p><b>The QSE Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Deep Dive into Complaints presentation was noted</li> <li>b) The Wales Cancer Patient Experience Survey report was noted</li> </ul>	
<p><b>QSE</b> <b>23/07/009</b></p>	<p><b>MBRRACE – Verbal Update</b></p> <p>The Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UH (MBRRACE) verbal update was received.</p>	



	<p>The EMD advised the Committee that the report referred to the Health Boards perinatal and stillbirth and neonatal mortality up to 2021.</p> <p>She added that further detail would be provided during the private session of the meeting and that more detail would be brought back to the public forum in the future.</p> <p>It was noted that the maternity services teams were working through a number of actions that had arisen over the last two years with an aim to show improvement, because the Health Board were not where it wanted to be in terms of the national basis for mortality.</p> <p>The EMD concluded that a matrix report would be brought back to the Committee which would outline a number of reports which would include the MBRRACE report.</p> <p><b>The QSE Committee resolved that:</b></p> <p>a) The MBRRACE update was noted</p>	
<p><b>QSE 23/07/010</b></p>	<p><b>HIW Activity Report</b></p> <p>The HIW Activity Report was received.</p> <p>The Assistant Director of Quality &amp; Patient Safety (ADQPS) advised the Committee that she would take the paper as read and noted that since January 2023, unannounced inspections had been held on the following wards:</p> <ul style="list-style-type: none"> <li>• Pine ward – Hafan Y Coed</li> <li>• Ash ward – Hafan Y Coed</li> <li>• East 12 ward – University Hospital Llandough (UHL)</li> <li>• East 16 ward – UHL</li> <li>• B5 ward – University Hospital of Wales (UHW)</li> <li>• T5 – UHW</li> <li>• A7 – UHW</li> </ul> <p>She added that planned inspection had recently taken place at the University Dental Hospital.</p> <p>It was noted that all of the reports had been published by HIW at the time of writing the report with the exception of the T5, A7 and Dental Hospital reports.</p> <p>The ADQPS advised the Committee that in addition to those HIW inspections a further inspection was undertaken in maternity services on the 27th 28th and 29th March 2023 and several immediate improvements were re-issued and several further immediate assurance issues were identified.</p> <p>She added that a combined report that provided oversight of both inspections and the overarching improvement plan was published on 21st June 2023 and that HIW had found that staff had worked hard to provide patients with a positive experience despite the pressures on the department.</p> <p>It was noted that a full action plan had been developed to support the requisite improvements and internal inspection and an audit was being undertaken on a regular basis to provide assurance that those improvements were being sustained.</p> <p><b>The QSE Committee resolved that:</b></p> <p>a) The assurance provided by the response to HIW inspections and the actions implemented to address immediate assurance issues where identified were noted.</p>	
<p><b>QSE 23/07/011</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 at the May 2023 meeting of the Committee it was agreed that a reporting cycle was required for risks to ensure that the Committee was able to afford sufficient time to discussing each of the risks on a regular basis to fulfil its responsibility to the Board.</p> <p>It was noted that the cycle enabled the Committee assurance to link more closely with the 'deep dive' approach into reporting of quality measures and in order to do so the cycle was not fixed as it would be expedient to report a particular BAF risk to coincide with the reporting of further detail into a particular area, for example as the result of regulatory or internal review.</p> <p>The IDCG advised the Committee that the inherent risk was 25 and that after controls it was still maintained at 20 which it had been for some time.</p> <p><b>The QSE Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The risk in relation to Patient Safety was reviewed.</li> <li>b) Assurance would be provided to the Board on 27th July 2023 on the management /mitigation of this risk.</li> </ul>	
<p><b>QSE 23/07/012</b></p>	<p><b>Policies &amp; Procedures:</b></p> <p>The following policies and procedures were received:</p> <ul style="list-style-type: none"> <li>• Mental Health Clinical Risk / Risk Mitigation Management Policy (UHB 119)</li> <li>• Clinical Audit Policy (UHB 509) and Procedure for Review and Implementation of NICE, Health Technology Wales Guidance and All Wales Medicines Strategy Group (UHB 510)</li> <li>• Labelling of Specimens submitted to Medical Laboratories Policy (UHB 017) &amp; Labelling of Specimens submitted to Medical Laboratories Procedures (UHB 452)</li> <li>• Nutrition and Catering Policy (UHB 221) &amp; Procedure for Inpatients (UHB 367)</li> </ul> <p>The IMCE advised the Committee that the readability of the policies needed a discussion because a number of policies were clinical and had a large volume of information.</p> <p>She asked if a summary could be provided for Committee members on future policy documents.</p> <p>The EMD responded that the policies were received by the Committee for ratification and that they were published for reference. She added that summarising a policy could be challenging on top of the already large amount of work undertaken by policy authors.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Mental Health Clinical Risk and Risk Mitigation Management Policy (UHB 119) was approved.</li> <li>b) The Clinical Audit Policy (UHB 509) was approved</li> <li>c) The Procedure for Review and Implementation of NICE, Health Technology Wales Guidance and All Wales Medicines Strategy Group (510) was approved.</li> <li>d) The Labelling of Specimens submitted to Medical Laboratories Policy (UHB017) and Labelling of Specimens submitted to Medical Laboratories Procedures (UHB 452) were approved.</li> <li>e) The Nutrition and Catering Policy for Inpatients (UHB 221) and Nutrition and Catering Procedure for Inpatients (UHB 367) were approved.</li> </ul>	
<p><b>QSE 23/07/013</b></p>	<p><b>Cardiff and Vale of Glamorgan Winter Respiratory Vaccination Plan 2023/24</b></p> <p>The Cardiff and Vale of Glamorgan Winter Respiratory Vaccination Plan 2023/24 was received.</p> <p>The Executive Director of Public Health (EDPH) advised the Committee that the Winter Respiratory Vaccination Plan was one part of the Health Boards armoury in being able to deal with and mitigate the challenges of winter.</p>	

	<p>The Consultant in Public Health Medicine (CPHM) advised the Committee that the plan would reduce morbidity and mortality and that it would also help to reduce admissions, in particular to the Intensive Care Unit (ICU).</p> <p>She provided the Committee with information around the previous season of 2022/23 where it was noted that the Health Board had maintained excellent levels of uptake amongst citizens aged 65 and over with over 75% vaccinated for flu and 80% vaccinated for Covid-19.</p> <p>It was noted that the overall uptake of flu vaccination for Health Board staff with direct patient contact was 37.9% in 2022/23, which was a decrease of 15% when compared to 2021/22 uptake and it was noted that the pattern was also observed for Covid-19 with uptake being 56.8% for Health Board staff with direct patient contact.</p> <p>The CPHM advised the Committee that inequities remained across the region with overall vaccine uptake for both vaccines being lowest across the City and South Cluster (56.1% for flu and 43.1% for Covid-19) and highest across the Western Vale Cluster (81.7% for flu and 76.9% for Covid-19).</p> <p>She added that the Public Health team were working hard around inequities and noted that there was significant momentum behind the programme.</p> <p>It was noted that throughout the plan, the 6 domains of quality from the American Institute of Medicine had been included and that those consisted of:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Effectiveness</li> <li>• Patient-centeredness</li> <li>• Timeliness</li> <li>• Equity</li> <li>• Efficiency</li> </ul> <p>The CPHM advised the Committee that a number of stakeholders had been engaged to ensure that all of the seldom heard groups had been reached within the plan and it was noted that the communications around the Winter Respiratory Vaccination Plan 2023/24 would be really important.</p> <p>She concluded that there was an action plan which outlined the key strategic areas that would be covered by the Public Health team.</p> <p>The EDPH advised the Committee that a number of Clinical Boards had responsibilities for the population out in the community and that all Clinical Boards needed to be championing vaccine uptake for Health Board staff.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The progress to date was noted.</li> <li>b) The Winter Respiratory Vaccination Programme Plan 2023/24 was approved</li> <li>c) Leadership and support to the implementation of the Plan was provided.</li> </ol>	
<p><b>QSE</b> <b>23/07/014</b></p>	<p><b>Cardiff and Vale University Health Board Hepatitis (B and C) Joint Recovery Plan 2023-25</b></p> <p>The Cardiff and Vale University Health Board Hepatitis (B and C) Joint Recovery Plan 2023-25 was received.</p> <p>The EDPH introduced the Speciality Registrar in Public Health (SRPH) and noted that alongside various teams, he had prepared the Cardiff and Vale University Health Board Hepatitis (B and C) Joint Recovery Plan 2023-25 to help eliminate hepatitis (B and C) as part of the wider health protection sustainable plan in place.</p> <p>The SRPH presented to the Committee.</p> <p>It was noted that a Welsh Health Circular had been received by the Health Board in January 2023 which outlined the requirement for:</p> <ul style="list-style-type: none"> <li>• Elimination and prevention of hepatitis (B and C) by 2023</li> <li>• 13 actions to be addressed for Health Boards</li> <li>• A Joint Recovery Plan to be provided by mid-July 2023.</li> </ul>	

	<p>It was noted that high risk groups had been identified from a mapping exercise which outlined a number of groups which included:</p> <ul style="list-style-type: none"> <li>• Migrants from high prevalence areas</li> <li>• Recipients of blood products</li> <li>• Recipients of tattoos/piercings from unregulated parlours or individuals</li> <li>• People who use drugs</li> </ul> <p>The SRPH advised the Board that in terms of the two viruses and their vaccine/treatment it was estimated that just under 20,000 people would require hepatitis B vaccine or treatment and just over 4000 people in Wales would require hepatitis C vaccine or treatment.</p> <p>He added that in March 2023 an Oversight Group was established and that the group had reviewed current structures, processes and outcomes, had identified the challenges and had produced an action plan.</p> <p>A number of actions from that plan were presented to the Committee and it was noted that the action plan provided 37 actions across 5 action areas for the first 2 years and formed part of the Cardiff and Vale of Glamorgan Health Protection Plan.</p> <p>The SRPH added that the 5 main themes included:</p> <ul style="list-style-type: none"> <li>• Infection prevention</li> <li>• Case Finding and Testing</li> <li>• Treatment</li> <li>• Re-engagement</li> <li>• Data</li> </ul> <p>He added that the plan had been received by the Senior Leadership Board the previous week and was now being received by the Committee to view the next steps of the plan which included:</p> <ul style="list-style-type: none"> <li>• An implementation group would take the work forward which required current services and staff within the system to incorporate additional pieces of work and additional staff and other resources from the WG health protection resource.</li> <li>• Working through how the Health Board could best deploy the people and resources currently in the system to support the health protection action required which included delivery of the hepatitis (B and C) plan.</li> </ul> <p>The CC advised the Committee that they had received further detail within the papers which could be read.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The Cardiff and Vale Eliminating Hepatitis (B and C) Joint Recovery Plan 2023-25 for submission to Welsh Government was approved.</li> </ol>	
<p><b>QSE</b> <b>23/07/015</b></p>	<p><b>Quality, Safety &amp; Experience Terms of Reference</b></p> <p>The Quality, Safety &amp; Experience Terms of Reference were received.</p> <p>The EDPH advised the Committee that that small additions made to the terms of reference had enhanced them and made sure that it was clear that reporting of the relevant frameworks would go through the Committee.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The proposed amendments included in the extract of the Quality, Safety and Experience Committee Terms of Reference were reviewed.</li> <li>b) The amendments to the Terms of Reference were ratified</li> <li>c) The Committee Terms of Reference be recommended for approval to the Board on 27th July 2023.</li> </ol>	
<p><b>QSE</b> <b>23/07/016</b></p>	<p><b>Executive Summary of Child and Adult Practice Reviews</b></p>	

	<p>The Executive Summary of Child and Adult Practice Reviews were received.</p> <p>The END advised the Committee that the Health Board undertook a child practice review as part of a multi-agency approach with Police and local authority colleagues and noted that the final reports were received by the Committee along with the recommendations from the findings of the reports.</p> <p><b>The Committee resolved that:</b></p> <p>a) The summary of recently published Regional Safeguarding Board Child and Adult Practice Reviews were noted.</p>	
<p><b>QSE</b> <b>23/07/017</b></p>	<p><b>Clinical Audit Strategy</b></p> <p>The Clinical Audit Strategy was received.</p> <p>The EMD advised the Committee that she would take the paper as read and had no further information to add.</p> <p><b>The Committee resolved that:</b></p> <p>a) The assurance provided by the 2023-2025 clinical audit strategy was noted.</p>	
<p><b>QSE</b> <b>23/07/018</b></p>	<p><b>Unpaid Carers Annual Report</b></p> <p>The Unpaid Carers Annual Report was received.</p> <p>The ADPE advised the Committee that it would be the last Unpaid Carers Annual Report because there were no longer transitional funds and so it would be held by the regional partnership board in future.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Unpaid Carers Annual Report was noted</p>	
<p><b>QSE</b> <b>23/07/019</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><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>23/07/020</b></p>	<p><b>Items to bring to the attention of the Board / Committee:</b></p> <p>No items were raised.</p>	
<p><b>QSE</b> <b>23/07/021</b></p>	<p><b>Agenda for Private QSE Meeting</b></p> <p>i) <i>Private Minutes -</i>  ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i>  iii) <i>MBRRACE Report – Verbal</i>  iv) <i>Cyber Security Update</i></p>	
<p><b>QSE</b> <b>23/07/022</b></p>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	
	<p><b>Date &amp; Time of Next Meeting:</b></p> <p>Tuesday, 30 August 2023 at 1pm via MS Teams.</p>	