

Unconfirmed Minutes of the Quality, Safety & Experience Committee

Held on 30.08.2023

Via MS Teams

Chair:		
Ceri Phillips	CP	Committee Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Keith Harding	IM	Independent Member – University
Mike Jones	MJ	Independent Member – Third Sector
In Attendance		
Claire Beynon	CB	Deputy Director of Public Health
Mike Bond	MB	Director of Operations for Six Goals and Financial Improvement
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Dino Motti	DM	Consultant in Public Health Medicine
Matt Phillips	MP	Director of Corporate Governance
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
Suzanne Wood	SW	Principal Public Health Practitioner
Observers		
Rebecca Aylward	RA	Deputy Director of Nursing
Richard Skone	RS	Deputy Medical Director
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Angela Hughes	AH	Assistant Director of Patient Experience
Rhian Thomas	RT	Independent Member – Capital & Estates

QSE 23/08/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh	
QSE 23/08/002	Apologies for Absence Apologies for absence were noted.	
QSE 23/08/003	Declarations of Interest No declarations of interest were raised.	
QSE 23/08/004	Minutes of the Committee meeting held on 18.07.2023 The minutes of the Committee meeting held on 18.07.2023 were received. The Committee resolved that: a) The minutes of the meeting held on 9 May 2023 were approved as a true and accurate record of the meeting.	
QSE 23/08/005	Action Log following the Meeting held on 18.07.2023 The Action Log following the Meeting held on 9 May 2023 was received. The Committee resolved that:	

	a) The Action Log from the meeting held on 9 May 2023 was noted.	
QSE 23/08/006	<p>Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
QSE 23/08/007	<p>Quality Indicators Report:</p> <p>The Quality Indicators Report was received.</p> <p>It was noted that the format of the reporting mechanism had changed and a slideshow was presented to the Committee.</p> <p>The Executive Medical Director (EMD) advised the Committee that reports had previously provided a large amount of narrative and not much data and so the change in format was to ensure better information was being received by the Committee.</p> <p>The Committee were provided with data and detailed information from a number of Quality Indicators which included:</p> <ul style="list-style-type: none"> • National Reportable Incidents and Never Events • Infection Prevention and Control • Falls and Pressure Damage • Medication Incidents • Patient Safety Solutions • Mortality Data • Clinical Effectiveness • Covid Investigations • Patient Experience Data • Patient Experience - Ombudsman Referrals • Patient Experience - CIVICA • Safe Care Data • Proposed Timely Care Indicators • Proposed Equitable Care Indicators <p>The CC advised the Assistant Director of Quality and Patient Safety (ADQPS) that benchmarking would be a useful visual tool to help provide further assurance to the Committee when receiving future Quality Indicator reports as well as providing an emphasis on the actions required for each area.</p> <p>The EMD thanked the ADPQS for pulling all of the work together and noted that it would be important to provide in future Quality Indicator Reports the:</p> <ul style="list-style-type: none"> • Data for each quality indicator • The "Why" for each quality indicator • The actions coming out from each indicator • The target or trend that the Health Board would aim for to provide and drive improvement. <p>The QSE Committee resolved that:</p> <p>a) The Quality Indicators Report and plans for further development were noted.</p>	AS
QSE 23/08/008	<p>Stroke / Stroke Performance</p> <p>The Stroke / Stroke Performance was received.</p> <p>The Committee was provided with information on the current operational performance of the stroke service as measured against the UK Stroke Sentinel Audit Programme (SSNAP) and were presented with areas where the service had improved as well as areas where there were still gaps in service provision.</p> <p>The Director of Operations for Six Goals and Financial Improvement (DOSGFI) who was providing cover for the Chief Operating Officer (COO) advised the Committee that the latest quarterly SSNAP performance data scored the overall Health Board stroke service as a C.</p>	

The DOSGFI presented the Committee with a number of actions to improve the stroke service which included:

- 3 Internal Stroke summits had taken place which provided organisational support and focus on stroke patients' pathways and multidisciplinary meetings which brought together medical, nursing and therapy clinicians with operational and senior leaders.
- A Stroke Improvement Programme which was launched in January 2023 and overseen by a dedicated resource which consisted of a Stroke Service Manager and Clinical Director who would report to the Medicine Clinical Board and Executive Management Team.
- Collaborative, cross-clinical board workstreams which included a revision of the stroke imaging pathway and emergency stroke assessment pathway in the Emergency Department (ED).
- A workforce review through redesign of the optimal clinical model
- Implementation of digital solutions to support the emergency stroke assessment pathway and imaging interpretation.

The DOSGFI presented the Committee with the challenges faced by the stroke service which included:

- Delivery of thrombolysis treatment – treatment rates and timely administration
- The provision of senior specialist staff to ensure the optimal patient pathway could be delivered consistently
- Consistent scanning within 60 minutes
- Mortality was just within expected range.

He concluded by presenting the Committee with the next steps which included:

- Delivery of a SSNAP score of "A" which would be supported by the production of an investment business case for a 2024/25 consideration.
- A Clinical Model which had been agreed in principle that would enable 85% of suspected stroke patients to be seen by a consultant
- Consultant cover from 8am to 10pm, 7 days a week in the ED (stroke and neurology coalition).
- A middle grade doctor available 24 hours a day, 7 days a week in the ED
- A stroke Clinical Nurse Specialist (CNS) support 24 hours a day, 7 days a week in the ED, in a phased approach.
- Consultant led clinics for Transient Ischemic Attack (TIA) and established stroke symptoms in the Medical Same day emergency care (MSDEC)
- Junior Doctor and Stroke CNS support to the MSDEC.

The Executive Director of Therapies and Health Sciences (EDTHS) noted that pre-Covid, the stroke service had nearly received a SSNAP score of "A" and noted disappointment of the current "C" score.

She added that when observing national tables, England performed better in stroke than Wales and so regionalised care would be required.

The Independent Member – University (IMU) asked that patient involvement and outcomes be presented in any future data around stroke presented to the Committee.

	<p>The DOSGFI concluded that in order for the Health Board to receive a rating of A, an investment in resource would be required.</p> <p>The CC noted that the data presented was for October until December 2022 and asked if up to date information was available.</p> <p>The DOSGFI responded that it was a monthly report and noted that the SSNAP report was audited and validated which took a while to compile.</p> <p>He added that there was an indication that the Health Board's SSNAP score for January – March 2023 was also a C and that the data for April and June 2023 was being reviewed.</p> <p>It was noted that an update would be received by the Committee more frequently and the CC advised the Committee that they would not rest until the Health Board had a score of A.</p> <p>The QSE Committee resolved that:</p> <p>a) The current stroke performance position, the improvements made and the next steps regarding the new clinical model were noted.</p>	PB
<p>QSE 23/08/009</p>	<p>Policies</p> <p>The following policies and procedures were received:</p> <ol style="list-style-type: none"> 1. Laser Risk Management Policy and Procedure (UHB 324) 2. Consent to Examination or Treatment Policy (UHB 100) <p>The Assistant Medical Director, Clinical Effectiveness & Safety (AMDCES) advised the Committee that there were some typing errors in the Consent to Examination or Treatment Policy which would require amendment.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Laser Risk Management Policy and Procedure (UHB 324) was approved b) The Consent to Examination or Treatment Policy (UHB 100) was approved pending the typing error amendments. 	NS
<p>QSE 23/08/010</p>	<p>Cardiff and Vale of Glamorgan Childhood Immunisation Action Plan</p> <p>The Cardiff and Vale of Glamorgan Childhood Immunisation Action Plan was received.</p> <p>The Principal Public Health Practitioner (PPHP) advised the Committee that vaccination was a life-saving intervention, which prevented disease and outbreaks in communities.</p> <p>She added that uptake for vaccination was inequitable both locally and nationally and that the three 'C's' behind vaccine hesitancy needed to be addressed throughout the development of interventions designed to increase uptake which included:</p> <ul style="list-style-type: none"> • Complacency – the low perception of risk • Convenience – the availability and accessibility of vaccines; health literacy; language barriers and cultural context • Confidence – trust in vaccine safety and effectiveness and in policy makers and programmes <p>It was noted that The Cardiff and Vale of Glamorgan Immunisation Action Plan aimed to continue to work to improve uptake and reduce health inequities for vaccination in childhood, building upon previous improvement actions and insights work, which included 5 key themes:</p> <ul style="list-style-type: none"> • A data-informed approach • A behavioural sciences approach • Stakeholder engagement • Communication • Evaluation and continuous improvement 	

	<p>The Independent Member – Community (IMC) noted their support for the Cardiff and Vale of Glamorgan Vaccine Equity Strategic Plan and asked if there was anything he could do to help support a reduction in inequities for vaccine uptake in the local communities.</p> <p>The Consultant in Public Health Medicine responded that he would arrange a meeting with the IMC outside of the meeting to discuss further.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The progress to date was noted. b) The Childhood Immunisation Plan was endorsed and supported. 	
<p>QSE 23/08/011</p>	<p>Cardiff and Vale of Glamorgan Vaccine Equity Strategic Plan</p> <p>The Cardiff and Vale of Glamorgan Vaccine Equity Strategic Plan was received.</p> <p>The PPHP advised the Committee that the Cardiff and Vale of Glamorgan Vaccine Equity Strategic Plan was an important agenda that the Health Board needed to be on board with.</p> <p>She added that the action plan outlined requirements to improve the uptake in vaccination and noted that in order to redress inequities, the Cardiff and Vale of Glamorgan Vaccine Equity Strategic Plan sets out five strategic themes which included:</p> <ul style="list-style-type: none"> • A data informed approach • A behavioural insight approach • Stakeholder engagement • Communication • Evaluation and continuous improvement <p>It was noted that those 5 themes framed a ten-point action plan for 2023/24 to deliver equity in the communities which would require a multi-agency response, and build on the successful programme delivered during the COVID-19 pandemic.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The content of the Vaccine Equity Strategic Plan was noted b) The Vaccine Equity Strategic Plan was approved and supported 	
<p>QSE 23/08/012</p>	<p>Welsh Risk Pool Final Assessment Report</p> <p>The Welsh Risk Pool Final Assessment Report was received.</p> <p>The Executive Nurse Director (END) advised the Committee that the report provided the findings for the health body following a review conducted by an independent assessment team from the Welsh Risk Pool.</p> <p>He added that the Health Board had received substantial assurance in 5 areas which included:</p> <ul style="list-style-type: none"> • Management of Concerns (Complaints & Enquiries) • Redress Case Management • Claims Case Management • Learning from Events • WRP Reimbursement Process <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The content of the report and the improvement plan was noted. 	
<p>QSE 23/08/013</p>	<p>Introduction to the Public Health Wales Safeguarding Service, Self-Assessment Safeguarding Maturity Matrix (SMM) for Health Boards and Trusts.</p> <p>The Introduction to the Public Health Wales Safeguarding Service, Self-Assessment Safeguarding Maturity Matrix (SMM) for Health Boards and Trusts was received.</p> <p>The END advised the Committee that it was received by the Committee annually and was for information to show that the Health Board were on target for the self-assessment.</p>	

	<p>The Committee resolved that:</p> <p>a) The Introduction to the Public Health Wales Safeguarding Service, Self-Assessment Safeguarding Maturity Matrix (SMM) for Health Boards and Trusts was noted.</p>	
<p>QSE 23/08/014</p>	<p>Minutes from Clinical Board QSE Sub Committees:</p> <p>The Minutes from Clinical Board QSE Sub Committees were received.</p> <p>The Committee resolved that:</p> <p>a) The Minutes from the Clinical Board QSE Sub-Committees were noted.</p>	
<p>QSE 23/08/015</p>	<p>Items to bring to the attention of the Board / Committee:</p> <p>No items were raised.</p>	
<p>QSE 23/08/016</p>	<p>Agenda for Private QSE Meeting</p> <p>i) <i>Private Minutes -</i> ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i></p>	
<p>QSE 23/08/017</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
	<p>Date & Time of Next Meeting: Tuesday, 26 September 2023 via MS Teams</p>	