Confirmed Minutes of the Quality, Safety & Experience Committee

Held on 13th February 2024

Via MS Teams

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Angela Hughes	AH	Assistant Director of Patient Experience
Claire Beynon	CB	Executive Director of Public Health
Meriel Jenney	MJ	Executive Medical Director
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Paul Bostock	PB	Chief Operating Officer
Francesca Thomas	FT	Head of Corporate Governance
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Ceri Chinn	CC	Lead Nurse Peri-Operative Care
Rachel Thomas	RT	Director of Operations – Surgery Clinical Board
David Scott-Coombes	DSC	Clinical Board Director - Surgery
Timothy Banner	TB	Clinical Director Pharmacy & Medicine
Jenna Walker	JW	Medication Safety Officer
Rebecca Aylward	RA	Deputy Executive Nursing Director
Sian Griffiths	SG	Consultant in Public Health Medicine
Carolyn Alport	CA	Quality & Safety Clinical Nurse Lead - Surgery
Catherine Twamley	CT	Interim Director of Nursing – Specialist Services Clinical Board
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Matt Phillips	MP	Director of Corporate Governance
Aled Roberts	AR	Assistant Medical Director, Clinical Effectiveness & Safety

QSE 24/02/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**ACTION**
QSE 24/02/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 24/02/003	**Declarations of Interest** No declarations of interest were raised.	
QSE 24/02/004	**Minutes of the Committee meeting held on 19.12.2023**	

	The minutes of the Committee meeting held on 19.12.2023 were received, subject to minor wording amendments. **The Committee resolved that:** a) The minutes of the meeting held on 19.12.2023 were approved as a true and accurate record of the meeting.	
QSE 24/02/005	**Action Log following the Meeting held on 19.12.2023** The Action Log following the Meeting held on 19.12.2023 was received. QSE 23/12/005 – the CC noted that a discussion had not yet taken place, but an update would be provided at a future committee meeting. QSE 23/07/009 – it had been agreed that an update on MMBRACE would be brought to a future private and public meeting, with a focus on neonatal. QSE 23/12/007 – the templates had been circulated offline and could be marked as complete. QSE 23/12/007 – this action would be referred to the CVC / IM-CE for action. QSE 23/12/007 – Royal College of Psychiatrists (RCP) review update – the EMD noted that there had been another delay. It had been almost a year since they commissioned the RCP, and despite a review and discussion, there had been no update for three months. The EMD suggested that a formal request for an update would be made to the RCP in writing. **The Committee resolved that:** a) The Action Log from the meeting held on 19.12.2023 was noted.	
QSE 24/02/006	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 24/02/007	**Surgical Clinical Board – Assurance Report** The Patient Story was presented, where the LNPOC provided the Committee with a summary of her experience as a breast cancer patient in Cardiff and Vale UHB (CAVUHB). The END thanked the LNPOC for sharing her story, which highlighted the importance of human touch and communication, as well as the anxiety that patients experience before radiology and blood tests. The EMD recognised that there was room for improvement in some areas. The IM-C suggested that the LNPOC's story and experience be archived within the Surgical Clinical Board, and he raised concerns about communication with patients from different cultures, ethnicities, and languages. The EMD asked the LNPOC for an example of an area that needed improvement. The LNPOC highlighted the difficulty in getting a GP appointment, and she suggested that staff be realistic with patients over the expected waiting time for test results. The DO-SCB presented the Surgical Clinical Board Assurance Report which provided the Committee with a summary of the arrangements, progress and outcomes within the Surgery Clinical Board in relation to the Quality, Safety, and Patient Experience agenda during 2023.	

The DO-SCB additionally highlighted the following:

1. Risk Registers – documentation was being reviewed at both the Directorate and Clinical Board levels.
2. Cases of redress and negligence – a big piece of work was being undertaken in the clinical board to review the concerns received, to identify themes, to tackle fixable issues, and to initiate wider conversations across the organisation.

The CBD-S explained that it had been a busy year and that there had been changes to the senior nursing team.

The EDTHS asked what work had been undertaken to rectify the increase in night-time falls, and whether the reduction in falls through December had been maintained in subsequent months. She also asked whether the equipment incidents (which accounted for 5% of total incidents) were reported to the Medical Equipment Group.

The LNPOC responded that most of the equipment incidents were within theatres, and confirmed that they linked in with the Medical Equipment Group.

Regarding falls, the DO-SCB explained that a piece of work was being undertaken which focused on reducing the length of stay, and that an action plan was in place. She noted that these concerns would be fed back to her team.

The END noted that there had been good evidence of a reduction in IP&C data, with MRSA and MSSA dropping by 30% or more. Additionally, the use of Tendable helped the clinical board to provide assurances to the Executive team on the quality agenda.

The IM-CE asked for more context around how the increase in theatre capacity had been achieved. She also asked how confident the Clinical Board were that their Value Based Appraisals (VBAs) were moving in the right direction.

The DO-SCB responded that:

- Theatre capacity – the Theatre Delivery Group met fortnightly and had been worked on improving and monitoring theatre utilisation, and they had increased the number of sessions throughout the year.
- VBAs – It had been a difficult task for their complex clinical board, but they were confident that the weekly reporting plan would help them reach the 85% target for March.

The CBD-S added the following:

- Theatre time was their most precious resource, and they wanted to get the most value for the large number of patients waiting.
- Theatres were not operating as desired as they wished for cardiac to return, which was planned for high volume low complexity surgery. They were optimistic that this would drive down waiting times once it starts the following summer.
- They had confidence in the data captured on theatre utilisation.
- Data also showed opportunities to improve around late starts and early finishes. They had redone their job plans over the previous year, with anaesthetists and surgeons starting at 7:30am to have time for pre-surgery tasks.

The COO noted that VBAs were monitored weekly at the Operational Delivery Group, and they had started to see some traction in recent weeks. He confirmed that the change of senior nurse had been nothing but positive.

The IM-C asked for more clarity and context around the incident percentages, as it was unclear how many patients this concerned in reality.

The DO-SCB suggested that she would circulate the figures which supported the percentages to the Committee outside of the meeting.

	The EMD asked for a strategic review on the priorities for the following year. The CBD-S responded that the situation was always unpredictable, but that one of their top priorities for the following six months would be patients lost to follow-up. The DO-SCB reiterated that the clinical board wished to focus on their risk management process and governance structure. She wished to ensure that all staff (both clinical and non-clinical) were aware of the concerns within their area and were focused on fixing them. **The Committee resolved that:** 1) The assurance provided by the Surgery Clinical Board QSE assurance report was noted; and 2) The mitigation being taken to improve quality, safety, and experience and reduce harm by the Clinical Board was agreed.	
QSE 24/02/008	**Medication Safety – Deep Dive** The MSO presented the Medication Safety Deep Dive report and slides, which provided the Committee with a summary of the work being undertaken in CAVUHB in relation to medication safety. The EMD highlighted the presence of champions in the areas of greater risk (e.g. paediatrics), who included clinicians, pharmacists, doctors, and nurses who all had particular areas of interest and focus. She added that the electronic prescribing and medicines administration (EPMA) was the essential next step for the health board in preventing errors, auditing, and recording drugs usage. The CDPM added that the EPMA system would provide better data and awareness of issues, such as missed doses. He discussed the challenge of maintaining knowledge of high-risk medicines and drug alerts, and hoped that the EPMA system would aid this by providing prompts. The CDPM hoped to return the following year to discuss the EPMA's achievements. **The QSE Committee resolved that:** a) The assurance provided by the work underway to oversee medicines safety was noted.	
QSE 24/02/009	**Quality, Safety and Experience Framework – effectiveness review** The ADPE noted that the slides had been presented and circulated at the previous QSE Committee, and asked if anybody had any questions. The IM-CE asked for more context around the digital stories. The ADPE explained that digital stories were presented in various formats (e.g. videos, presentations, and poems), and were shared across Wales through the All Wales Library, which hosted a collection of stories that were applicable to many health boards. She emphasised the need to explore the different ways of presenting the stories, and the respect given to individuals who shared their experiences and their editorial rights over the content. The IM-CE asked if they had undertaken an evaluation on any gaps within the stories. The ADPE explained they had analysed where the gaps were in their digital stories, and the goal for the following year was to focus on reaching out to underrepresented groups and delivering care in the community. The END asked what support the team needed to ensure that the quality, safety, and experience framework was integrated throughout the organisation.	

	The ADQPS responded that their data, insight, and digital journey was evolving – for example, the development of the EPMA system. Additionally, the scrutiny of the mortality data had changed the conversation about the quality of care. She acknowledged the difficulty in obtaining data, and the need for resources and accessible tools for clinical boards. The ADPE added that psychological safety was also crucial, and emphasised the need to listen to patients and staff and to take actions based on their feedback. The support of staff led to good quality of care. She added that the Duty of Candour should be a fundamental part of an organisation's culture, and not just a legal requirement. The EDTHS emphasised that they needed to ensure that everybody in the organisation used the same system as they moved forwards. The CC suggested that the progress with the EPMA be added as a QSE standing item the following year. **The QSE Committee resolved that:** 1) The Committee noted the reassurance provided by the report.	
QSE 24/02/010	**Learning Committee Update** The ADQPS presented the Learning Committee Update slides and summarised the following: - In 2021, the Quality, Safety and Experience Framework was published, which spanned five years. As part of this, they set out a revised structure for quality, safety and experience across the organisation, which involved the further development of the Clinical Effectiveness Committee and the production of a biannual report. - In 2023, efforts were focused on the delivery of the Clinical Safety Group, which oversaw all clinical advisory groups and linked them with the clinical boards. Additionally, the Executive Quality meetings had been revised to consider current and emerging issues, and to manage constraints and risks. - The final piece was the delivery of the Organisational Learning Committee to address the cross-cutting themes across the organisation. The committee oversaw the initial developments of improvements, spread good practice, and monitored interventions and improvements. • Some themes discussed included the transition from paediatric to adult services, the recognition and management of deteriorating patients, the follow-up of patients, the delivery of consent, and professional standards and the handovers of care between specialities. - Six enablers were identified to address these themes: culture and valuing people, workforce and leadership, data and insight, digital strategy, whole systems approach, and learning research. The membership of the Committee had been aligned to these enablers. - The aim was to address cross-cutting themes in a wide-reaching and long-lasting way, linking in with key members over the following few months. The initial meeting of the Organisational Learning Committee was planned for the end of the 2024 financial calendar year. The CC asked why the work was planned for the end of 2024. The ADQPS acknowledged the need to be realistic and the importance of understanding the role of the university and local authorities. A lot of work was needed to make the initiative run well and be successful from the outset, which might not be feasible to push for an earlier start. The IM-C asked how much work had been done in collaboration with the Digital team and the university in terms of innovation and systems.	

	The ADPE responded that two university students would soon join the Patient Experience Team to undertake project work around the analysis of themes, which would be useful for the Learning Committee. She emphasised the importance of developing and building on the existing relationships with the universities and other stakeholders. **The QSE Committee resolved that:** 1) The Committee noted the reassurance provided by the report.	
	Items for Approval / Ratification	
QSE 24/02/011	**Health Protection Plan** The EDPH noted that the initiative had come from close working relationships with regional colleagues established during the COVID period, particularly in the areas of testing, tracing, and vaccination. The Regional Partnership aimed to control and mitigate communicable diseases, and involved key partners such as Cardiff Council, the Vale of Glamorgan Council, and Public Health Wales (PHW). The CPHM presented the Cardiff and Vale Health Protection Plan report and slides, which described how their intention to build upon existing relationships and use their experience of the pandemic response to strengthen the regional system in line with the national principles (as set out by WG). The CC asked about the extent of engagement with organisations who were not core partners, but were still important for any health protection scheme (which included both private and public sector bodies). The CPHM responded that WG saw the year 2023-24 as a transition year from COVID to an all-hazards approach, and that relationships with third sector organisations could be critical. Broader relationships would need to be considered going forward. The CC asked what could be expected in 2023-24. The CPHM emphasised the importance of being prepared for future pandemics and working well together as organisations. She noted that measles was currently a concern, and a lot of planning was being undertaken around this. The CPHM added that they were dealing with communicable disease threats and planning for other national priority diseases such as TB, Hepatitis B, and HIV. They hoped to see delivery against the big national priorities in the following year. **The QSE Committee resolved that:** 1) The contents of the Cardiff and Vale Health Protection Plan was approved; and 2) The actions to drive further service development and integration within the UHB and across the partnership was actively supported.	
QSE 24/02/012	**Policies** The following policies were approved by the Committee: - Intraoperative Cell Salvage Policy & Procedure (UHB 030 & 403) - Swab Instrument and Needle Count Policy & Procedure (UHB 191) - Inpatient Welsh Language Policy (UHB 513) The following policy was noted by the Committee: - Individual Patient Funding Request (IPFR) Policy The COO sought clarification on the journey for the policies requiring approval, and where the discussion of these policies had taken place.	

	The DCG explained that there was an ongoing corporate effort to review the management and approval process of policies, and provided assurance that the issue would be addressed. Clarification would be provided once the work was completed. **The QSE Committee resolved that:** 1) The policies were noted and approved.	
	Items for Noting & Information	
QSE 24/02/013	**Minutes from Clinical Board QSE Sub-Committees and Radiation Protection Group Chair's Report** The Minutes from the Clinical Board QSE Sub-Committees and the Radiation Protection Group Chair's Report were noted. **The QSE Committee resolved that:** 1) The minutes from the Clinical Board QSE Sub-Committees and the Radiation Protection Group Chair's Report were noted.	
QSE 24/02/014	**Health Inspectorate Wales Annual Report 2022-23** The ADQPS informed the Committee that this report looked at Health Inspectorate Wales (HIW) activity over the previous year, as well and themes and trends across Wales. **The QSE Committee resolved that:** 1) The contents of the HIW Annual Report 2022-23 was noted.	
	Items to bring to the attention of the Board / Committee:	
QSE 24/02/015	*No items.*	
	Agenda for Private QSE Meeting	
QSE 24/02/016	*i) Minutes and Action Logs from the Private QSE Committee on 19.12.2023* *ii) Any Urgent / Emerging Themes – Verbal Update* *iii) Prison Inquest Update – Verbal* *iv) Discharge Advice Letters (DAL) Update* *v) Ophthalmology WET AMD* *vi) Breast Look Back Exercise – Interim Update following Clinical Review* *vii) Safeguarding Update – Verbal* *viii) Joint Inspection of Child Protection Arrangements (JICPA)*	
	Any Other Business	
QSE 24/02/017	The EMD informed the Committee that there may be a scheduling conflict for the next QSE meeting as it coincided with the planned Industrial Action.	
	Date & Time of Next Meeting:	
QSE 24/02/018	Tuesday 26th March at 2pm via MS Teams	