

Confirmed Minutes of the Quality, Safety & Experience Committee

Held on 19th December 2023

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		
Charles Janczewski	CJ	The UHB Chair
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Angela Hughes	AH	Assistant Director of Patient Experience
Claire Beynon	CB	Deputy Director of Public Health
Meriel Jenney	MJ	Executive Medical Director
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
Edward Chapman	EC	Head of Clinical Engineering
Mark Doherty	MD	Director of Nursing – Mental Health
Sarah Martin	SM	Research & Development Manager
Matt Wise	MW	Consultant – Critical Care
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Suzanne Rankin	SR	Chief Executive

QSE	Welcome & Introductions	ACTION
23/12/001	The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	
QSE 23/12/002	Apologies for Absence Apologies for absence were noted.	
QSE 23/12/003	Declarations of Interest No declarations of interest were raised.	
QSE 23/12/004	Minutes of the Committee meeting held on 28.11.2023 The minutes of the Committee meeting held on 28.11.2023 were received. The Committee resolved that:	

	a) The minutes of the meeting held on 28.11.2023 were approved as a true and accurate record of the meeting.	
QSE 23/12/005	<p>Action Log following the Meeting held on 28.11.2023</p> <p>The Action Log following the Meeting held on 28.11.2023 was received.</p> <p>The UHB Chair suggested that the items on the Action Log that were too far in the future be reviewed and placed on the annual work plan.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 28.11.2023 was noted.</p>	
QSE 23/12/006	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
QSE 23/12/007	<p>Mental Health Clinical Board – Assurance Report</p> <p>The DON-MH provided two Staff Stories around the Recovery College, which included the experiences from a student nurse, and a service user.</p> <p>The DON-MH provided the Mental Health Clinical Board Assurance Report which provided assurance to the QSE Committee, and aimed to demonstrate that quality, safety and patient experience was at the heart of the delivery of services to mental health services users within CAVUHB.</p> <p>The UHB Chair asked whether the length of stay for inpatients formed part of their 'Business as Usual' portfolio, as he sought continual assurance on this.</p> <p>The DON-MH provided assurance that there was a piece of work underway around this, which formed part of the wider Length of Stay work across the UHB.</p> <p>The CC suggested that this be articulated on the 'Business as Usual' diagram included within the report.</p> <p>In the context of violence and aggression, the UHB Chair asked about staff wellbeing.</p> <p>The DON-MH responded that a wellbeing exercise had been put together by the Head of Psychology and People's Services, but it was not yet complete. Signposts were available across the UHB, such as Canopi, and the ability to provide clinical supervision from quality and practice development nurses had improved. He added that a programme of wellbeing support, which was mental health bespoke, would be in place sometime in the new year.</p> <p>The CC asked if there was any risk to other patients.</p> <p>The DON-MH confirmed that there were risks, and that they had seen assaults between patients. He explained that the only way to successfully mitigate this risk was to have appropriate staffing levels to intervene when necessary.</p> <p>Regarding one of the elements of the Inpatient Safety and Stability Plan (ISSP), the UHB Chair asked if the original footprint in Hafan Y Coed was still fit for purpose.</p> <p>The DON-MH responded that:</p> <ul style="list-style-type: none"> - It would be an oversimplification to say that they wished to return to the old footprint, as the nature and function of wards had altered by design since COVID - Bed capacity currently met demand, but it needed to be managed carefully 	

- Elm Ward had been closed due to concerns around managing it safely, and its future use was still being discussed
- The review of incidents had been completed and disseminated, and suicide prevention training had been rolled out to inpatient services, and it was being considered for the community, prison, and elsewhere in the UHB
- The cluster response plan was ongoing, and the WARRN risk assessment tool had been implemented
- The Royal College of Psychiatrists (RCP) Review was completed in October, and feedback was expected in January. The observation policy had been reviewed and was now more detailed and helpful.

The CVC asked for more detail on the RCP Review.

The DON-MH responded that they had approached the RCP to undertake a specific review on the suicide cluster that took place several years ago, and the clinical risk management processes within the clinical board. The College requested no immediate assurances, and they expected some more detailed feedback in January 2024.

The END added that the outcome of their internal investigation would be brought back to a future QSE and Board meeting in early 2024.

Action:

1. To report back on the feedback from the Royal College of Psychiatrists review (JR / MJ)

The UHB Chair asked for additional assurance around the Young People / CAMHS Interface, as it did not contain much detail.

The DON-MH responded that they had previously reported on the bed pressures and the issue of having young people in adult settings. Earlier in the year, they had set up a steering group called 'Young People in Psychological Distress' which included colleagues from Children & Women's departments – however, due to a lack of bandwidth, the group was currently on hiatus. He added that the expectation was for the conversation to continue the following year, but he wished to ensure that the Committee was kept up to date with its progress.

The CVC asked for the Committee to be continually briefed on progress in this area for assurance.

The UHB Chair noted two observations:

1. More information was needed around how learning from adverse events had been implemented, and how they intended to monitor future improvements as a result; and
2. For the DON-MH to liaise with the Director of Corporate Governance around the format of risk registers.

The EMD explained that the structure of the assurance reports was being worked through, to allow Clinical Boards to represent their data more clearly to the Committee.

The IM-C agreed that the risk registers needed to be clearer, and asked for an update on the mitigations regarding the smoking and fire risk assessment.

The DON-MH responded that mitigation was an inherent part of risk assessments, and that fire risks now formed part of individual's clinical care plans. He added that smoking had been switched off, and that technology had been introduced at the door of each ward to check every person when they entered.

Regarding the Mental Health Audit, the UHB Chair asked who was accountable for monitoring and implementing the actions to improve the turnaround of the recommendations, and when it would be on track.

	<p>The END provided assurance that this information was tracked through their monthly Executive Reviews, and that they continually saw an improved picture.</p> <p>The UHB Chair asked if the Audit Committee could look at these recommendations to ensure that actions were being taken as appropriate, to provide the Board with full assurance.</p> <p>The ADWPS noted that they could take the audits through the Clinical Effectiveness Committee and Clinical Safety Group.</p> <p>The EMD informed Members that they had recently provided a presentation on the clinical audits being undertaken to the Audit & Assurance Committee, and that they had moved from a position of limited assurance to a position of assurance. She noted that the size and scope of the audits that they needed to review was enormous, but that the introduction of AMaT had made a significant difference in their ability to systematically review these audits.</p> <p>The CC asked whether there had been elements of double counting in the figures presented.</p> <p>The ADWPS noted that there could be, and that they needed to fine-tune the system.</p> <p>The CC emphasised that the interaction between the Audit Committee and this QSE Committee was vital, and that any audit recommendations and trackers that related to QSE issues should be return to this forum.</p> <p>The CC suggested that they needed to work at pace on how these Clinical Board Assurance Reports were framed, to be able to provide the necessary indicators to the Board for assurance.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. To share the report template with Clinical Boards to effectively provide assurance to the Board in the future (MJ) <p>The ADPE praised the work being undertaken on the Recovery College.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The content of the report were noted and discussed. 	
<p>QSE 23/12/008</p>	<p>Quality Indicators Report</p> <p>The ADWPS and the ADPE provided the Quality Indicators Report and slides which provided assurance in relation to a number of quality, safety, and patient experience priorities.</p> <p>Regarding National Reportable Incidents (NRIs), the DDPH asked if an analysis had been undertaken to determine whether the revised guidance around reporting intrauterine and neonatal deaths had accounted for the increase in NRIs.</p> <p>The ADWPS responded that there were additional reasons why the number of NRIs had increased:</p> <ul style="list-style-type: none"> - They had revised their approach to reviewing Infection, Control & Prevention (IP&C) incidents – patients who had contracted an infection that was potentially healthcare associated were now being reported. Some of these reports were retrospective, which dated back to the beginning of 2023. - The Medical Examiner in Wales had reviewed close to 100% of inpatient deaths since 2021, and had picked up on some cases of harm or concern that had previously not been detected. - Once the UHB had reported their NRIs every month, they would subsequently be stood down after investigation, as they had received the assurance required. 	

	<p>The CVC noted that there seemed to be a reoccurring issue around the storage of medication.</p> <p>The END responded that in every HIW inspection, medication was highlighted as an issue, due to the fast-paced nature of the ward staff's work.</p> <p>The CVC asked if there was any appetite or resources available to tackle this issue. She acknowledged that a lot could be attributed to behaviour and stresses, but this issue should be resolved.</p> <p>The ADWPS agreed, and highlighted that:</p> <ul style="list-style-type: none"> - The Clinical Safety Group (CSG) sought to address this – they had to move away from investigating individual incidents, and instead take a more strategic and Health Board wide approach. - The CSG sought to bring clinical advisory groups together to deliver strategies to reduce these risks. - A recent inspection in the Children's Hospital for Wales (CHfW) highlighted that they had not always systematically recorded the temperature of their fridges – once they investigated, they realised that information was not readily available to staff. A protocol had since been developed and displayed across the site. - Regarding medication storage, they realised that Estates needed to be involved in the strategic approach. <p>The SSIPM noted that as part of the ward accreditation and improvement work, medication errors, storage, and other issues were addressed via the Tendable audits. Additionally, the improvement plans for the wards included tackling medication issues.</p> <p>The IM-C asked about the timeline around this work, and whether something could be reported back to the Committee in the following 3-6 months to measure improvement.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. For an update to be shared on the assurance work around the omitted medication being undertaken by Tendable, and the electronic prescribing project to a future committee (AS) <p>The EMD provided assurance that there was an action plan against all of the themes highlighted, however there was concern around the volume of this work.</p> <p>The ADWPS highlighted that a Deep Dive on Medication Safety would be provided at the following Committee meeting.</p> <p>Regarding the use of Tendable, the UHB Chair asked whether there was a way that they could measure IP&C issues within the programme.</p> <p>The END responded that there were separate audits and inspections - the Executive Walkrounds contained a specific set of questions, the Ward Sisters conducted a range of audits in their clinical environments, and the IP&C team conducted specialist IP&C audits.</p> <p>The UHB Chair praised the Concerns team for the volume of work they had undertaken.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> a) The assurance provided by the report were noted. 	
<p>QSE 23/12/009</p>	<p>Research Update</p> <p>The EMD explained that the purpose of the paper was to provide an initial background regarding the breadth, depth, and complexity of the research and development undertaken within the organisation. She added that much of their core funding came from Health and Care Research Wales, who had recently reviewed the organisation positively.</p>	

	<p>The R&DM provided the Research and Development Update which summarised the research activities which had been undertaken by the UHB.</p> <p>The CVC asked what key risks Research & Development (R&D) faced.</p> <p>The R&DM responded that the main area of risk historically recorded on the risk register was the risk of an inspection. There were also risks to research within the organisation, mainly from an estates point of view. She added that the whole process needed to be reviewed, and that the risk register needed to contain sub-categories which linked to particular studies or directorates. The R&DM noted that this was in its early stages, and that the plan was to link with the University and the Joint Research Office to develop similar systems.</p> <p>The UHB Chair asked whether 700 studies were proportionate to the size of the organisation.</p> <p>The R&DM responded that the UHB could definitely do more, and that the team had looked at how to align research activity to the new Health Board strategy, and to be more strategic in their approach to research.</p> <p>The C-CC added that the UHB had underperformed in terms of research. He explained that access to novel therapies through clinical trials had huge benefits for patients, as well as economic benefits, and that it allowed the reduced use of acute services. It also helped attract and retain good staff and to develop expertise.</p> <p>The EMD highlighted the risk that research inherently held, and added that another risk was whether they could deliver that research, which was to be considered within the current climate. She noted that they were the most research active Health Board within Wales, but that they still did not do enough.</p> <p>The CC explained that given the current climate, it was important that the UHB was at the forefront of developments and driving research forward. He suggested that a conversation be had outside of the meeting on how they could work together to take this forward.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> To discuss proposals on how to increase the number and quality of research studies and report back to a future committee (MJ / MW / SM / CP) <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> The Committee noted the reassurance provided by the report. 	
<p>QSE 23/12/010</p>	<p>Learning Committee Update - Verbal</p> <p>This agenda item was delayed to the following meeting.</p>	
<p>QSE 23/12/011</p>	<p>HIW Activity Overview to include HIW Primary Care Contractors</p> <p>The END took the paper as read.</p> <p>The UHB Chair asked how they recorded and monitored the progress made against the HIW recommendations.</p> <p>The ADWPS responded that:</p> <ul style="list-style-type: none"> - A function had been implemented onto the AMaT system – Clinical Boards were in the process of updating and completing them. - In some cases, clinical audits had been undertaken to provide assurance - An exercise was ongoing to put historical HIW inspections onto the system - The following year, work would be done to start putting coding around the inspections to extrapolate themes such as medication or transfusion. 	

	<p>The END added that the Directors of Nursing provided an update on where they were regarding AMaT and the closure of action plans in their monthly Executive reviews.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The level of HIW activity across a broad range of services was noted; 2) The assurance provided by the improvements implemented and the processes to monitor and audit the improvements were noted. 	
QSE 23/12/012	<p>Quality, Safety and Experience Framework – effectiveness review</p> <p>The ADWPS and the ADPE provided a presentation which summarised the Quality, Safety and Experience Framework – effectiveness review.</p> <p>The CC suggested that the presentation be distributed and that they allow some time at the following meeting for comments and questions.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The QSE Framework – effectiveness review was noted. 	
	Items for Approval / Ratification	
QSE 23/12/013	<i>No items.</i>	
	Items for Noting & Information	
QSE 23/12/014	<p>Minutes from Clinical Board QSE Sub-Committees</p> <p>The Clinical Diagnostics and Therapeutics Clinical Board QSE Sub-Committee Minutes were noted for information.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The minutes from the Clinical Board QSE Sub-Committees were noted. 	
QSE 23/12/015	<p>WHSSC Patient Safety Minutes</p> <p>The WHSSC Joint Committee Minutes were noted for information.</p> <p>The QSE Committee resolved that:</p> <ol style="list-style-type: none"> 1) The minutes from the WHSSC Patient Safety Minutes were noted. 	
QSE 23/12/016	<p>Items to bring to the attention of the Board / Committee:</p> <p>The CC highlighted the need to ensure there was liaison between the Audit & Assurance Committee and the QSE Committee around the trackers.</p>	
QSE 23/12/017	<p>Agenda for Private QSE Meeting</p> <ol style="list-style-type: none"> i) <i>Private Minutes</i> ii) <i>Any Urgent / Emerging Themes – Verbal (Confidential Discussion)</i> 	
QSE 23/12/018	<p>Any Other Business</p> <p><i>No items.</i></p>	
	<p>Date & Time of Next Meeting: 13th February 2024 - 2pm-5pm - via MS Teams</p>	