Unconfirmed Minutes of the Quality, Safety & Experience Committee

Held on 25th October 2023

Via MS Teams

Chair:		
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Present:		
Akmal Hanuk	AH	Independent Member – Community
Mike Jones	MJ	Independent Member – Third Sector
In Attendance		
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Abigail Holmes	AH	Director of Midwifery and Neonatal Services
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Kinghorn	FK	Executive Director of Public Health
Meriel Jenney	MJ	Executive Medical Director
Mathew King	MK	Interim Assistant Director of Therapies & Health Science
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
Francesca Thomas	FT	Head of Corporate Governance
Observers		
Nathan Saunders	NS	Senior Corporate Governance Officer
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Ceri Phillips	CP	UHB Vice Chair / Committee Chair
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences

QSE 23/10/001	**Welcome & Introductions** The Committee Vice Chair (CVC) welcomed everyone to the meeting in English & Welsh.	**ACTION**
QSE 23/10/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 23/10/003	**Declarations of Interest** No declarations of interest were raised.	
QSE 23/10/004	**Minutes of the Committee meeting held on 26.09.23** The minutes of the Committee meeting held on 26.09.23 were received. **The Committee resolved that:** a) The minutes of the meeting held on 26 September 2023 were approved as a true and accurate record of the meeting.	
QSE 23/10/005	**Action Log following the Meeting held on 26.09.2023**	

	The Action Log following the Meeting held on 26.09.2023 was received. It was noted that two actions in progress (QSE 23/04/007 and QSE 23/03/007) would have updates provided in today's meeting. **The Committee resolved that:** a) The Action Log from the meeting held on 26.09.2023 was noted.	
QSE 23/10/006	**Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 23/10/007	**Quality Indicators Report** The ADQPS presented and summarised the Quality Indicators Report and coinciding slides to provide assurance in relation to a number of quality, safety, and patient experience priorities. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 25/10/2023 for Agenda item 2.1. Regarding the falls prevention work, the CVC asked what work had been undertaken over the previous 3 years. The ADQPS responded that: - The COVID pandemic had interrupted work undertaken on the falls framework which had started in 2019/2020. Social distancing had interrupted simulation training for real-time incidents and events, and a Falls Lead had only been recruited around 3 months prior. - Within the previous 12 months, the UHB had refreshed the entire agenda of the Falls Delivery Group to focus on several key areas of the strategy. - The national picture had changed dramatically over the previous 18 months – e.g. the UHB had worked in partnership with Health Technology Wales to develop fall sensors. The EDPH highlighted that accessibility across C&V for falls preventative work within the helped the UHB's strategic intent on keeping people healthy at home. She added that this type of intervention at scale would start to impact on outcomes. The ADPE continued with the report and provided the Committee with a summary of the Quality Indicators Report around Patient Experience and Concerns. The IM-C highlighted the large amount of work being undertaken by a small team to analyse the data, and asked if they would receive further help. The ADPE responded that they had been in discussions with Cedar around the analysis of feedback. She added that discussions had been had nationally around Civica, and that CAVUHB might be a little further ahead in their analysis in comparison with the national picture. The IM-C asked if there was a possibility to use patient walkrounds as a means to obtain staff feedback. The ADPE responded that the data presented at this meeting was just a snapshot of the wider portfolio of feedback they had received. She explained that they undertook environmental walkrounds with Estates colleagues in which they speak to staff, as they aimed to be more proactive, rather than just waiting for complaints or incidents. The SSIPM stated that they had recently established the Patient At Risk Team (PART) which was embedded within the organisation, and whether they had yet received any feedback on this team. She added that as part of the Ward Accreditation Improvement	

	Programme, they collated staff voices on the wards which was reported via the Tendable audit. The ADPE responded that there had been concerns over the name 'call for concerns' in Wales, and it had been changed to 'call for clinical concerns' on the posters. She explained that there had been a low number of calls around feedback on the team, but that it was still early days. The EMD added that they had recently invested in PART to make it a 24/7 service, and that there was further communications work to be done. **The Committee resolved that:** a) The assurance provided by the quality indicators and the actions underway to drive the necessary improvements was noted.	
QSE 23/10/008	**Children & Women's Waiting List Update** The COO presented the report which provided an update on the volume of waiting lists within the Children & Women Clinical Board, and highlighted that: - This group of services had seen a huge increase in demand. - The Mental Health Summit held in September with Primary Care, Children & Young People and Adults Mental Health to talk through some issues and agree a way forward. - Significant efforts had been made to address some of the demand and to increase capacity. - The number of Children Looked After across C&V had increased to 1400, compared to 1280 pre-COVID. - The number of patients waiting for initial health assessments, and the backlog of assessments, had both decreased, and there had been some progress made within the eating disorders waiting lists. - They were unsure how long this demand would continue for. Regarding Children Looked After, the END added that: - The number was being monitored through Executive Oversight and their monthly meetings with Clinical Boards; - They had put resource in to try and reduce this number, and whilst they had halved the backlog of health assessments, there was still a considerable amount of work to do. The CVC asked how feasible it was as a mitigation to ask nurses / health visitors to complete one of the two annual assessments, as these teams were already under significant pressure. The END responded that there was an overlap between the health visitors and the Flying Start health visitors (who focused on this group of children). They were undertaking a whole system review to see what could be done to relieve some of their work to free up the health visitors to undertake these assessments. The EDPH commented that the increased awareness of neurodevelopmental disorders within communities had contributed to demand. In addition, she stated that there had been increased emotional mental health issues within the community due to the larger societal and socio-economic challenges at play (especially post-COVID), and she did not see the demand abating for several years. Regarding surgery and outpatients, the COO summarised the challenge they faced: - General Paediatrics Surgery had been commissioned by WHSSC, and everything else (Orthopaedics, ENT, etc) was commissioned by the Health Board - WHSSC had requested for a contract to deliver 36 week waiting times for surgery (maximum 1 year), while other patients had waited much longer.	

	- The UHB made the decision that they could not have some patients waiting 3-4 years whilst general surgical patients were treated quicker by WHSSC, which had resulted in the UHB being placed into escalation with WHSSC - A conversation was had the previous Monday with WHSSC on how to achieve a more equitable service - They wished for no children to wait longer than 2 years by December, in line with ministerial ambitions. They could not give more capacity to WHSSC at the expense of other Health Board patients. - For outpatients, the UHB had enough capacity. For surgery, they were working from a clinical priority perspective, regardless of speciality and starting with the longest waiters. - WHSSC had asked the UHB to review the patients on the waiting lists, however they had been clear that this would be done from a clinical priority perspective. The EMD added the following: - Because they were the Children's Hospital for Wales (CHfW), more complex patients came from elsewhere. - They had been having clear and open discussions with WHSSC, and the same was needed with other Health Boards in a collaborative effort to get this right. - Fundamentally, some of the challenges were around the workforce and the difficulties in recruiting and retaining staff. The COO stated that overall, the waiting lists had reduced, and by the end of March 2025 no children would wait over 2 years for surgery, regardless of their specialty. Conversations were needed around how to fairly allocate the capacity they had, and to be clear on the criteria for accepting patients from other Health Boards. **The QSE Committee resolved that:** a) The content of the paper and the actions taken to mitigate the risks associated with child health assessments was noted.	
QSE 23/10/009	**Maternity Thematic Review** The END and DMNS presented the report which summarised the key themes and findings from a number of recent reports, to demonstrate the actions being taken to make improvements to the organisation. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 25/10/2023 for Agenda item 2.3. The IM-TS noted that staffing issues were highlighted when he visited the post-natal ward the previous week. He asked whether they had offered staff the opportunity to retire and return, or if staff could use bank once they retired. Additionally, he asked if the UHB captured the reasons for midwives leaving the organisation once they had achieved a Band 6 role. The DMNS agreed that they had significant staff shortages, and responded that: - This year they had increased their commissioning and had employed 35wtes. - The majority of their midwives did retire and return, and they had explored other roles that they could come back to (e.g. elective work) to build flexibility within the workforce. - Andy Jones had undertaken a large piece of work around why midwives have left, and he had obtained a huge amount of data. They had looked at how to make Cardiff an attractive place to stay for their career, as many students had relocated after their two years had finished once they had received their Welsh bursary. The COO highlighted that this was a 2-3-year programme, and while they still had a lot of work to do, they were aware of what work was needed. The CVC asked for a periodic update to return to the committee. The END explained that the Maternity Neonatal Oversight Group met monthly, and the first meeting was two weeks prior. He confirmed that they would bring regular reports to	

	this Committee, and they had agreed that they would a bring 6-12 monthly summary to the Board. **The QSE Committee resolved that:** a) They would continue to have oversight of maternity and neonatal services, and noted the report.	
QSE 23/10/010	**Specialist Clinical Board Assurance Report** - <u>South Wales Trauma Network Verbal Update</u> The COO provided a verbal update, and summarised the following: - A formal review of the Major Trauma Centre (MTC) had been postponed until Q4 next year, which would be led by WG and the Trauma Network. - As a result of demands, they had created capacity potentially at the risk of some other services the UHB would provide. - Some of the funding excluded from the business case they have had to request back – for example, they had insufficient radiology resource. - The team would attend the Senior Leadership Board (SLB) in November to provide an update. The COO suggested that the team come to the QSE Committee to provide an update on what the MTC had achieved over the previous 3 years, and on their future plans. The CVC responded that she would speak to the UHB Vice Chair outside of the meeting to determine what the most appropriate governance route would be to review this work. The CVC asked whether there were any risks or challenges in light of the formal review being postponed until the following year. The COO responded that they were aware of the hotspots, particularly in imaging radiology, however they were able to provide the service. **The QSE Committee resolved that:** a) The South Wales Trauma Network Verbal Update was noted.	
	Items for Approval / Ratification	
QSE 23/10/011	**Policies -** <u>Interoperative Cell Salvage Policy and Procedure</u> The EMD provided assurance that they had just been inspected by the Human Tissue Authority (HTA), and that their policies were not highlighted as an issue. **The QSE Committee resolved that:** 1) The Intraoperative Cell Policy and Procedure was approved; 2) The full publication of the Intraoperative Cell Salvage Policy and Procedure in accordance with the UHB Publication Scheme was approved.	
	Items for Noting & Information	
QSE 23/10/012	**Minutes from Clinical Board QSE Sub Committees** <u>Clinical, Diagnostics & Therapies Minutes for 14.07.2023 & 22.09.2023</u> **The QSE Committee resolved that:** a) The minutes from the Clinical, Diagnostics & Therapies Meeting from 14.07.2023 and 22.09.2023 were noted.	
QSE 23/10/013	**Items to bring to the attention of the Board / Committee:** No items were raised.	
QSE 23/10/014	**Agenda for Private QSE Meeting**	

	i) Private Minutes *ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)*	
QSE 23/10/015	**Any Other Business** The IM-C asked for a verbal update around the increased rates of sepsis, as there seemed to be a growing concern. The EMD responded that the PART team enabled a clear pathway for patients who had deteriorated (which included sepsis), and they had recently advertised for a Clinical Lead for Sepsis who would lead the Sepsis Group. The EMD noted that there were no immediate causes of concern which had been brought to her attention. The IM-C highlighted that the Chief Medical Officer had referred to the culture, and that when people present to A&E, they were sometimes not being investigated as they struggled to express their symptoms. He suggested that this be picked up by the People and Culture Committee. The EMD responded that they were working hard to be transparent through Freedom to Speak Up (F2SU) and raising concerns. The EMD suggested that the cultural issue would be to support the workforce through these challenging times.	
	Date & Time of Next Meeting: 28th November – tbc - via MS Teams	