Unconfirmed Minutes of the Quality, Safety & Experience Committee

Held on 26.09.2023

Via MS Teams

Chair:		
Ceri Phillips	CP	Committee Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Third Sector
In Attendance		
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Emma Cooke	EC	Deputy Director of Therapies and Health Sciences
Gavin Forbes	GF	Consultant Microbiologist
Angela Hughes	AH	Assistant Director of Patient Experience
Andy Jones	AJ	Director of Nursing – Children & Women's Clinical Board
Helen Kemp	HK	Deputy Clinical Board Director - PCIC
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Mogie	AM	Deputy Director of Nursing - PCIC
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
Richard Skone	RS	Deputy Medical Director
Yvonne Hyde	YH	Head of Nursing, Infection Prevention & Control
Clare Wade	CW	Director of Operations for Patient Flow
Observers		
Matthew McCarthy	MM	Interim Head of Safety, Quality and Organisational Learning
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Keith Harding	IM	Independent Member – University
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Suzanne Rankin	SR	Chief Executive Officer

QSE 23/09/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh	**ACTION**
QSE 23/09/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 23/09/003	**Declarations of Interest** No declarations of interest were raised.	
QSE 23/09/004	**Minutes of the Committee meeting held on 30.08.23** The minutes of the Committee meeting held on 30.08.23 were received.	

	The Committee resolved that: a) The minutes of the meeting held on 30 August 2023 were approved as a true and accurate record of the meeting.	
QSE 23/09/005	**Action Log following the Meeting held on 30.08.2023** The Action Log following the Meeting held on 30.08.2023 was received. **The Committee resolved that:** a) The Action Log from the meeting held on 30.08.2023 was noted.	
QSE 23/09/006	**Chair's Actions** No Chair's Actions were raised.	
QSE 23/09/007	**PCIC Assurance Report** The PCIC Assurance Report was received. The Deputy Director of Nursing – PCIC (DDNP) advised the Committee that she would take the report as read and noted that she and Deputy Clinical Board Director - PCIC (DCBDP) would raise key points for the Committee which included: • Duty of Candour – it was noted that the Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into effect in April 2023 and had imposed several new duties on all Clinical Boards, including PCIC around the Duty of Candour (DoC) aspects and it was noted that PCIC had not been required to proceed with any DoC declarations to date. • The Medical Examiner Service (MES) – it was noted that with the DoC and the mortality review process, PCIC had been working with independent contractors to make sure that the required support was available in both processes and the Committee were made aware that the PCIC governance team had been working with the lead medical examiner and lead medical examiner officer around the implementation of the mortality review process. • Safe Care: - it was noted that PCIC had no open Nationally Reportable Incidents (NRIs) with 3 being closed over the past 6 months with learning identified from those. - PCIC had reported 1 Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) incident to HIW. The incident was investigated which had identified no harm and a full report would be submitted in October 2023 to meet the regulatory requirements. - It was noted that PCIC were good at scrutinising investigations around Pressure Damage with weekly scrutiny panels held in localities where positive feedback was received by care home staff. • Community Pharmacy – it was noted that PCIC had a very close relationship with the community pharmacy service and collaborated well around incident reporting, complaints and responses from an independent contractor perspective. • Infection prevention and control (IP&C) – it was noted that PCIC had identified that support for independent contractors was required on advice around IP&C requirements and noted that work was ongoing with those contractors.	

	• Key Risks for PCIC – it was noted that a number of risks had been identified within PCIC such as the change to medication policy and impact on supporting patients and prison staffing and it was highlighted that action plans had been formed to mitigate the risks with a number of controls put in place. • Developments – it was noted that a PCIC academy had been established and that the expectation of the Academy would be to effectively consider and coordinate training and education for a broad range of professionals working within primary and community services as set out in the Primary Care Model. The DCBDP concluded that a large amount of strategic work was being undertaken by PCIC around the performance list and engagement with other Health Board colleagues around improvements and various strategic programmes. The Independent Member – Capital & Estates (IMCE) asked if it was felt that the Cardiff and Vale population had sufficient access to local pharmacy services. The DCBDP responded that it was their understanding that there was a population needs assessment undertaken which would be referred to around pharmacy access and noted that there was a Primary Care Panel which would reference that. She added that awareness of impact was identified for when electronic prescribing would start within pharmacies and noted that it had been identified as a risk for PCIC. The IMCE noted that the mobile dental units available for the Cardiff and Vale population were not fit for purpose and asked for further context on those. The DDNP responded that the answer would be sought offline from dental colleagues and provided to the IMCE via email which was undertaken the following day upon completion of the meeting. The Executive Director of Public Health (EDPC) noted that staffing around the prison service was a regularly reported risk and asked for further assurance around that. The DDNP responded that a skill-mix review had been undertaken and questions had been asked around recruitment of staff with new roles being introduced to the service. She added that a lot of work was ongoing around recruitment and collaborative work with prison staff and the overall prison regime to ensure that PCIC could meet the core critical service needs. The CC noted that continued pressures in the prison service had been identified within the report received by the Committee and noted that lessons learned were subject to action plans monitored via QS&E meetings held by PCIC. He asked that those action plans be received by the Committee at future meetings. **The Committee resolved that:** a) The current position and also the actions taken since the previous report to strengthen assurance and manage risks within PCIC Clinical Board were noted.	**NS**
QSE 23/09/008	**Quality Indicators Report – Deep Dive: Infection Prevention & Control (IP&C).** The Quality Indicators Report Deep Dive was received. The Head of Nursing, Infection Prevention & Control (HNIPC) advised the Committee that she would take the report as read and noted key elements to highlight to the Committee which included:	

- Staffing – it was noted that extra staff had been provided to the IP&C team over the past 4 years which had allowed them to continue supporting Clinical Boards and the Corporate Team and it was noted that the team was appointing a Band 8a Senior Nurse in IP&C which would free up the Head of Nursing for IP&C to undertake a more strategic role both within the health board and on an all-Wales level.

- Key Outbreaks – it was noted that the IP&C team continued to support Clinical Boards with incident and outbreak management with outbreaks/incidents of infection including:

  - MRSA outbreak in Neonatal Intensive Care
  - MDR Klebsiella pneumoniae in West 8 UHL where a meeting was held in August 2023 to close the W8 MDR Klebsiella outbreak after nearly 4 years,
  - SSI (Surgical Site infection) in Trauma & Orthopaedics,
  - MSSA in Renal
  - COVID19/Influenza/norovirus outbreaks in multiple clinical areas.

- The Welsh Health Circular 2023/031 – it was noted that the Antimicrobial Resistance & Healthcare Associated Infection Improvement Goals for 2023-24 was received by the Health Board in August 2023 which described the current Health Board position with regards to the reportable bacteraemia's outline.

- Improvement Goals – the HNIPC advised the Committee that a number of improvement goals were identified and highlighted goal 7, 8 and 9:

  - Improvement Goal 7, a reduction in the annual incidence of P. aeruginosa and Klebsiella spp. bacteraemia by 10% against 2017-18 figures. It was noted that there had been 9 cases of Pseudomonas bacteraemia to the end of August 2023, a rate of 4.27 cases per 100,000 and that the Health Board was currently on the trajectory to achieve the reduction expectation of 6.38 cases per 100,000 population and to have the third lowest rate in Wales.

  - Improvement Goal 8, a reduction in the annual incidence of C. difficile disease to 25 cases per 100,000 or below where it was noted that the Health Board would achieve that goal and that there had been 49 C'difficile toxin positive cases in the Health Board from April 1st to the end of August 2023, 10 cases less than the equivalent period in 2022/23.

  - Improvement Goal 9, a reduction in the annual incidence of Staphylococcus aureus bacteraemia to 20 cases per 100,000 or below, with zero tolerance of preventable MRSA blood stream infections and a continued drive to reduce cases. It was noted that there had been 5 cases of MRSA in the Health Board from April 1st to the end of August 2023 and MRSA bacteraemia cases had reduced by 2 compared to the equivalent period in 2022/23.

The HNIPC advised the Committee of other key areas identified within the report which included the work done alongside non-clinical teams (Capital, Estates, and Facilities and procurement) and noted that current ongoing work with procurement included:

- Reviewing the cleaning products used to clean clinical areas which had the potential to make an annual saving for the Health Board of almost £29,000 whilst maintaining high standards of cleaning.

- Effective decontamination of Ultrasound probes.

- Working with pharmacy to source appropriate pre-operative skin cleansing solutions due to a national shortage of what was currently in use

	• Collaborative working between IP&C, Surgery Practice Educators and Procurement to promote the "RCN Gloves off Campaign". She concluded that Since April 2023 there had been over 500 audits undertaken by the IP&C nurses which was the most ever undertaken by the team and noted that a clinical quality dashboard was in development to triangulate the staffing, capacity, acute / dependency and IPC data which would give greater intelligence and understanding of the impact of those variables in relation to healthcare associated infection. The Executive Nurse Director (END) advised the Committee that the link of IP&C to the Tendable system enabled staff to do more audits than ever before which was a positive outcome. **The QSE Committee resolved that:** a) The assurance provided by the actions underway to support scrutiny and oversight of bacteremias and to embed improvements in practice was noted.	
QSE 23/09/009	**Looked After Children – Assessment Backlogs** The Looked After Children – Assessment Backlogs was received. The END advised the Committee that a report was received by the Committee approximately 6 months ago which noted that an update would be received approximately 6 months later which was the reason for the update. The Director of Nursing – Children & Women's Clinical Board (DNCW) advised the Committee that Looked After Children (LAC) remained a key area for the Children & Women's Clinical Board as it was clear that LAC had adverse outcomes and so the continued assessment of their needs was vital. It was noted that the paper received by the Committee previously had described the scope of the problem and since March 2023 the Clinical Board, in response to the problem had looked at additional actions to implement to enable the team to meet the statutory health assessments. The DNCW added that there had been a consistent increase in children in care in Cardiff and the Vale of Glamorgan and that there were currently 1,666 children on the database in September 2023 with 399 children who were looked after out of area which left the Health Board with a considerable number of children living across Cardiff and Vale that the CLA team had statutory obligations around the new initial health assessment, and review health assessment. Actions taken were identified which included: • An additional 2.90 Whole Time Equivalent (WTE) nurses had been appointed to increase the nursing workforce to 7.10wte. • Nurses were now undertaking all initial and review health assessments for children over where prior to March 2023 medical staff were undertaking all health assessments for children under 10. It was noted that the above actions demonstrated the increase in Heath Assessments undertaken and the reduction in the backlog of Health Assessments and that whilst there had been a significant improvement in the numbers waiting, meeting the regulations continued to be a challenge.	

	The DNCW advised the Committee that workforce was still the biggest challenge and noted that the demand still exceeded the Clinical Board's capacity. He added that that there were a number of options outlined within the report to bridge the gaps identified and it was noted that the Clinical Board were working through those options to find the best action to take which would hopefully enable the Clinical Board to continue to report a level of improvement to the Committee. The Independent Member – Capital & Estates (IMCE) noted that it was important for the Committee to remain sighted on LAC and asked what relationship was held between the Health Board and the Local Authority (LA) around the LAC context and if there were any issues. The DNCW responded that there were no significant issues held between the Health Board and the LA and noted that some of the solutions to help with LAC could be digital solutions to work across multiple platforms and progression was required on those digital solutions to ensure that the referral process could be smoother. The Independent Member – Community (IMC) asked if the Digital & Health Intelligence Committee could be sighted on the digital restraints as it was important work to progress. The END agreed and asked that the Committee receive a further LAC update in 6 months' time. **The QSE Committee resolved that:** a) The content of the paper and the actions taken to mitigate the risks associated child health assessments was noted.	**JR**
QSE 23/09/010	**Covid Investigation Programme Update** The Covid Investigation Programme Update was received. The Assistant Director of Quality and Patient Safety (ADQPS) reminded the Committee that 18 months ago, a statutory requirement to investigate all potential and confirmed Healthcare acquired cases of Covid-19 was established in Wales with funding allocated to the Health Board to do that which ran until March 2024. She noted that the charts outlined within the report received by the Committee showed that the Covid Investigation programme was exceeding the trajectory with more investigations completed than required at the current time and if the Health Board continue on that trajectory, it would complete the programme early. It was noted that despite the positive trajectory, there were still risks identified with the programme including staffing because a number of the Covid investigation team were on fixed term contracts until March 2023 and so were in the process of looking for new roles. The ADQPS advised the Committee that to date, there were 511 investigations remaining, down from the starting figure of just over 3500 and that of those 511, 49 were completed but were subject to further scrutiny through either the Covid panels or the Covid Scrutiny Clinic to quality assure the investigation. She added that areas of good practice and learning continued to be collated and noted that learning fitted under four broad overarching themes: • Infection, Prevention and Control, • Operational, • Patient/Family Experience • Estates and Environment.	

	It was noted that the development of AMAT (Audit Management & Tracking) software was currently underway to strengthen the sharing of learning whilst ensuring the programme's legacy. The Independent Member – Trade Union (IMTU) asked if the Health Board were in a position to put a contingence in place should the staffing situation worsen. The ADQPS responded that the Health Board had a number of staff working on the bank within the Covid Investigation team and so those could be drawn upon if required. The IMTU asked what the consequences would be if the Health Board were unable to complete the programme. The ADQPS responded that if the programme was not completed in the provided timeframe, it would pose a financial risk to the Health Board as it was duty bound to investigate. She added that assurance could be taken from the good progress mad so far and the fact that the Health Board was ahead. The ADQPS concluded that the biggest risk with the Covid Investigation programme was that a number of cases had been referred to legal and risk and so there was a potential that those cases would not have been resolved by the March 2024 deadline. **The Committee resolved that:** a) The assurance provided by the progress against the framework was noted	
QSE 23/09/011	**Transition to NRFit for Neuraxial Procedures** The Transition to NRFit for Neuraxial Procedures report was received. The ADQPS advised the Committee that medications could be given by a number of routes, including oral, intravenous and neuraxial. It was noted that neuraxial included spinal – into the cerebral spinal fluid, and epidural – into the extradural space and that there was ongoing requirement for the Health Board to plan switching from luer equipment to Neuraxial equipment with an aim to reduce accidental “wrong-route” errors. The Interim Head of Safety, Quality and Organisational Learning (IHSQOL) advised the Committee that the Health Board were 3 weeks away from the switchover and noted that the Health Board were now in a position to purchase enough neuraxial equipment to undertake all of the neuraxial procedures. He added that there was a very well-established task and finish group leading the work who had involved all relevant specialties in the planning for implementation including delivery of training and testing compatibility of the equipment with certain drugs including chemotherapy and that risks had been identified and mitigation put in place to minimise those risks. The Committee was advised of a number of areas that had been planned around the transition to NRFit for neuraxial procedures which included: • Changeover days - it was noted that changeover days were planned to avoid school holidays, winter pressures and rotation of junior medical staff and it was agreed by the local neuraxial task and finish group that the changeover should be implemented rapidly to minimise the period of time during which the Luer	

compatible neuraxial devices remained in circulation after the introduction of NRFit equivalents.

- Stock – it was noted that in order to ensure the safe transition to NRFit, an initial central order of NRFit equipment and consumables had been placed by procurement and that the initial central order had been designed to give approximately 6 weeks usage for theatre and maternity areas, and a minimum of 4 weeks usage for other areas.

- Education and training – it were noted that a comprehensive SharePoint site had been developed with training material and resources, which included educational videos for anaesthesia and all other specialities and that local "NRFit Champions" had been trained in key clinical areas who provided training to theatre staff as part of safety and quality sessions.

The IHSQOL identified the key risks which included:

- Clinical areas missed from changeover – it was noted that a considerable number of different neuraxial procedures were performed within the Health Board by a wide range of clinical teams across many locations and so there was a risk that areas, particularly small areas, with low volumes of neuraxial procedures, would not be aware of the need to change to NRFit compliant equipment.

It was noted that the risk was managed by:

- Ensuring wide engagement with the Task & Finish Group from across clinical specialties.
- Using information from procurement systems to identify areas which currently used Luer neuraxial equipment.
- Engagement with Clinical Boards/Directorates and presenting at relevant meetings.

- Procedure delays due to incompatible equipment- it was noted that there was a risk that if an area was not fully transitioned to NRFit, it could cause delays in procedures.

It was noted that the risk was managed by a number of actions which included:

- Close working with clinical staff and those responsible for ordering stock in clinical areas to ensure that sufficient equipment would be ordered and delivered ahead of changeover.
- Education of staff to check that all the necessary equipment was available and NRFit compatible before starting a procedure.
- A changeover plan that minimised the time that Luer and NRFit neuraxial equipment was in circulation concurrently.

- Insufficient equipment received prior to changeover – it was noted that it was vital that sufficient quantities of NRFit equipment could be received into Health Board stores for delivery to clinical areas.

It was noted that the risk was managed by:

- Early provision of the initial central order (Mid-August 2023) to procurement to allow time for orders to be placed with suppliers and received into stores.
- A planned second order prior to changeover to add additional required items that had been identified since the initial order was placed.

	- Working with supplier representatives to receive early notification of any supply issues and resolving any issues. **The Committee resolved that:** a) The changeover to NRFit for neuraxial procedures on 15th/16th October 2023, subject to sufficient NRFit equipment being received in Health Board stores by 26th September was approved.	
QSE 23/09/012	**Paediatric Intensive Care Unit (PICU) Pressure Damage Update** The PICU Pressure Damage update was received. The END advised the Committee that the Welsh Health Specialised Services Committee (WHSSC) had identified concerns within the PICU which enabled a piece of work to be undertaken by the Health Board and a report was received via the private session of the Committee in May 2023 with an aim to update the Committee in the public session in September 2023. The DNCW advised the Committee that he would take the paper as read and noted that pressure damage remained a concern for the Clinical Board. He added that a retrospective review of pressure damage within the Acute Child Health Directorate was undertaken and identified 44 patient safety incidents relating to pressure damage reported between 1st March 2022 and 15th March 2023, with 24 children affected. It was noted that: • 11 cases related to incidents of moisture associated skin damage associated with incontinence or nappy rash. • 15 incidents related to medical devices including ventilator masks. The Committee was advised that analysis of the incidents evidenced good risk assessment and Tissue Viability Service and Medical Photography involvement for the most complex cases. It was noted that there were however, improvements required in the oversight and management of pressure damage related patient safety incidents and that immediate training was provided to senior and lead nurses to support appropriate management of incidents reporting and management. The DNCW noted that in response to the review, the Acute Child Health Directorate would implement a monthly Pressure Damage Scrutiny Panel to provide senior oversight of all incidents with involvement from the Tissue Viability Service, with the aim to identify areas of learning and improvement and to reduce pressure damage incidence. He added that A new skin integrity pathway was developed to ensure appropriate action was taken to prevent device related tissue damage within the vulnerable patient cohort and complex service area and that the pathway would commence within four hours of admission to PICU and would be reviewed daily. The Committee was advised that In June 2023 the Acute Child Health Directorate launched the use of the Paediatric Purpose-T pressure ulcer risk assessment tool which was being rolled out across Wales and supported proactive identification of risks of developing pressure damage and mitigating actions. The CC thanked the DNCW for the update and noted that the hard work identified within the report demonstrated the improvements and commitment of the Clinical Board.	

	The END added that the paper had also been received by WHSSC for their assurance. **The Committee resolved that:** a) The progress made by the Clinical Board to date was noted b) The content of the report and the assurance given by the Children & Women Clinical Board was noted.	
QSE 23/09/013	**Policies:** The Medicines Code 2023 (UHB 389) was received. The Staff Winter Respiratory Vaccination Policy and Procedure (UHB 494) was received. **The Committee resolved that:** a) The Medicines Code 2023 (UHB 389) was reviewed and approved. b) The Staff Winter Respiratory Vaccination Policy and Procedure (UHB 494) was reviewed and approved.	
QSE 23/09/014	**Bi-Annual National Clinical Audit** The Bi-Annual National Clinical Audit was received. **The Committee resolved that:** a) The assurance provided by the national audit results and oversight of the improvements was noted.	
QSE 23/09/015	**NG Tube Patient Safety Notice** The NG Tube Patient Safety Notice was received. **The Committee resolved that:** a) The reporting of compliance with Patient Safety Alert 008 – 'Nasogastric tube misplacement: continuing risk of death and severe harm' was noted.	
QSE 23/09/016	**Radiation Protection Group – Chairs Report** The Radiation Protection Group – Chairs Report was received. **The Committee resolved that:** a) The summary of the key issues from the meeting were noted.	
QSE 23/09/017	**Minutes from Clinical Board QSE Sub Committees:** The Minutes from Clinical Board QSE Sub Committees were received. **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees were noted.	
QSE 23/09/018	**Items to bring to the attention of the Board / Committee:** No items were raised.	
QSE 23/09/019	**Agenda for Private QSE Meeting**	

	i) Private Minutes - *ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)*	
QSE 23/09/020	**Any Other Business** No other business was raised.	
	Date & Time of Next Meeting: October – tbc - via MS Teams	