GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Unconfirmed Minutes of the Quality, Safety & Experience Committee

Held on 28th November 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
Keith Harding	KH	Independent Member - University
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Paul Bostock	PB	Chief Operating Officer
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
Francesca Thomas	FT	Head of Corporate Governance
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Louise Platt	LP	Director of Operations - Medicine
Jane Murphy	JM	Director of Nursing - Medicine
Sian Rowlands	SR	Head of Quality & Clinical Governance - Medicine
Alun Tomkinson	AT	Clinical Board Director for Surgery
Rebecca Aylward	RA	Deputy Nurse Director (DND)
Matthew McCarthy	MM	Interim Head of Safety, Quality & Organisational Learning
Katherine Prosser	KP	Quality & Governance Lead - Medicine Clinical Board
Richard Skone	RS	Deputy Executive Medical Director
Observers		
Nathan Saunders	NS	Senior Corporate Governance Officer
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of People & Culture

		ACTION
QSE 23/11/001	**Welcome & Introductions** The Committee Vice Chair (CVC) welcomed everyone to the meeting in English & Welsh.	
QSE 23/11/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 23/11/004	**Declarations of Interest** No declarations of interest were raised.	
QSE 23/11/005	**Minutes of the Committee meeting held on 25.10.23**	

	The minutes of the Committee meeting held on 25.10.23 were received. **The Committee resolved that:** a) The minutes of the meeting held on 25th October 2023 were approved as a true and accurate record of the meeting.	
QSE 23/11/006	**Action Log following the Meeting held on 25.10.2023** The Action Log following the Meeting held on 25.10.2023 was received. **The Committee resolved that:** a) The Action Log from the meeting held on 25.10.2023 was noted.	
QSE 23/11/007	**Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 23/11/008	**Medicine Clinical Board – Assurance Report** The DO-M introduced the patient story about a 95-year-old lady to demonstrate the positive impact that digital technology and AI can have on a patient's journey, and summarised that: - CVUHB was the first Health Board to pilot the technology VISIONABLE (which started on 04.09.2023) in collaboration with WAST – the paramedic could contact the stroke consultant on call to discuss a patient - A 95-year-old lady with a suspected stroke was taken through the VISIONABLE app – it was determined that she had had a waking stroke, where they were unsure when she had had her stroke. - The paramedic was advised to take the patient through the A&E department into recess and CT scanned. - A waking stroke patient would not usually be thrombolysed - However, because of the new Perfusion CT scan (which Brainomix formed a part of), the Consultant received the scan on his phone to review, and they could make the decision whether to thrombolyse or not. - In this case they made the decision to thrombolyse the patient – she had since been discharged home. The IM-C asked if there was a specific type of phone required to use the technology. The CBD-S explained that the images were high-resolution and that most modern phones could support these images. He added that consultants on-call at home could still receive the images and advise on the care of a patient. The CBD-S commented that their thrombolysis and thrombectomy rates had improved significantly over the previous 2 months. The DO-M noted that to date they were at 23.5% for thrombolysis, and their thrombectomy was at 7.8%. The CBD-S noted that this technology was life-changing, as the patients otherwise would have very prolonged length of stays and complicated discharge packages, and in some cases the patients would not have survived. The EMD asked how patients got referred, and whether it was available to only C&V patients. The DO-M responded that both VISIONABLE and Brainomix were only available at present within CVUHB. The EMD asked whether there were plans to widen this in the long-term.	

The DO-M responded that SBUHB and BCUHB had gone live in the middle of November, and that CTMUHB and ABUHB would follow shortly.

The END highlighted that this technology was life-changing, and that if they got the stroke pathway right, it could have a huge impact on patient experience and quality.

The EDTHS provided congratulations to the whole team.

The IM-U informed the Committee that he was a stroke survivor himself, and he commended the care he had received in the stroke unit the previous January.

The CC noted that an underlying principle of the Committee was to aspire to excellence, and to achieve an A standard rating in SSNAP would demonstrate this.

The DN-M introduced the Assurance Report, and provided the following summaries:

National Reportable Incidents:

The DN-M highlighted that:

- Medicine had a high number of NRIs
- It was important to review these and feedback to the families in a timely manner - the main aim was to ensure that the NRIs did not become overdue
- The NRI's were cross clinical board and were very complex, however some would be downgraded after fact-finding
- They currently had 4 overdue, and 2 were near submission.
- Another risk was that they had an increasing gastro NRIs regarding delay of treatment, surveillance and cancer diagnosis – all of which was a large piece of work being undertaken by the Medicine Clinical Board to put plans in place
- They had managed 4-5 COVID potential healthcare acquired deaths, which had previously been managed by the COVID team
- Whilst they were concerned about the rise of NRIs, they did not have a high proportion overdue - they hoped to keep to 3 minimal
- They provided assurance that they were investigating and learning – they had started to use AmAt.

The END provided assurance that this had been discussed in great detail in their Executive Review the previous week, and that all of the Executives were aware of the NRIs. He noted concern over the increase in the number of overdue NRIs, as at the end of an NRI investigation was a family waiting for answers.

Staffing:

The DN-M highlighted that:

- Their nursing and retention plan contained 12 specific actions to maximise opportunities to recruit and retain staff.
- They had issues over the previous year's validation of vacancies – each directorate had undertaken a large piece of work to track their vacancies.
- New roles had been introduced over the previous year (specifically the Assistant Practitioner Band 4 role) – in some areas, they had received good results although it was still in the early stages.
- In response to the HIW report in EADU the previous year – the lead nurse had led a specific piece of work around recruitment and retention, and they had received excellent results. They had invested in the Senior Nurse for Education who focused on staff training and obtained feedback from new starters and staff.
- In October 2022 their turnover in ED was 16.31%, and this year it was 8.32%
- The Preceptorship Programme started 18 months ago with 12 nurses – all staff had been retained, and a second programme was underway at present
- They had also trained AMPs to aid with succession planning.

	<u>Patient Experience</u> The DN-M highlighted that: - The Civica system was praised as it provided live feedback, and it had been used to triangulate data and undertake diagnostic reviews on wards - A good action plan had been uploaded onto AmAt which was being worked through. The CC commended the emphasis on learning and improvement which had been evident throughout the report. He asked to what extent they had engaged with the Improvement Team. The DO-M responded that they had worked with the Improvement Team in a number of areas – notably around A1 and A2. The END stated that they had a positive discussion around quality and safety in the previous Executive Review. The ADQPS highlighted the learning around the NRIs, and that they used a thematic approach to investigation and reviewing them to find commonality. They used this information to look at similar issues across the Welsh Health Boards. The EMD commented that this work aligned with Mortality work, which would be discussed later in the meeting. Regarding IPC and how increased lengths of stay impact upon increased infection rates, the CC asked what Clinical Boards were doing to address these issues. The DN-M responded that there had been notable issues within the University Hospital of Llandough (UHL) due to the layout of the wards (Nightingale Wards). The END noted that he had reported to the Board around healthcare acquired infections across the organisation, where there had been mixed progress. Through 2024 there would be a focus on a zero-tolerance approach for any infection. <u>Mortality and Clinical Audits</u> The HQCG-M highlighted that: - The analysis of the mortality data was crucial, and it was important to ensure it was accessible to all clinicians and staff - In conjunction with BIS colleagues, a dashboard had been developed which provided more information on mortality data within EU and ward areas. - By the following committee, they hoped to share some data. The CC noted that there had been a degree of fiction around mortality rates due to the lack of data. **The Committee resolved that:** a) The assurance provided by the Medicine Clinical Board in this report and the steps being taken to improve quality, safety and patient experience across Medicine were noted.	
QSE 23/11/009	**Quality Indicators Report – Deep Dive on Mortality** The AMD-CES presented the report which set out the key sources of mortality information and how it was used to ensure the safety of the services provided by the Health Board. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 28/11/2023 for Agenda item 2.2.1. The EMD added that:	

	- They were proactively providing Executive oversight to ensure that any action plans were in place and completed. - Over the previous few years, all in-hospital deaths had been reviewed to further learning - this was a step change in the service provided across Wales so there was better scrutiny at local level. The CC asked how they planned on getting into the space of being better than average. The EMD responded that the COO had led on a number of summits which looked in detail at the pathways of care for some of the most vulnerable patients. They were undertaking deep dives and overviews to improve mortality data/outcomes in 2 years' time. The AMD-CES agreed with the EMD's comments and added that a lot of data was collected internally. The IHSQO Interim Head of Safety, Quality & Organisational Learning commented that the medical examiners valued feedback from families around their end of life care and treatment. The CC noted that they were in a good place to work proactively rather than reactively. **The QSE Committee resolved that:** a) The assurance provided by the UHB mortality rates reported were noted.	
QSE 23/11/010	**Outstanding Actions from the Ombudsman's Annual Letter** The ADPE presented the report which provided a summary of the outstanding actions which came from the Ombudsman's annual letter. The report is available to view in detail alongside the papers received for the Public QSE Committee on the 28/11/2023 for Agenda item 2.3. The CC thanked the team for the thorough report. **The QSE Committee resolved that:** a) The contents of the report was noted.	
	Items for Approval / Ratification	
QSE 23/11/011	**Healthy Eating Standards for Hospital Restaurant and Retail Outlets** The DDPH introduced the report and summarised the following: - Since 2016, C&V had a 75% healthy eating offer in the restaurants and retail outlets the UHB had control over for visitors and staff. - The report detailed the robust audit conducted over the previous years - In 2023 their compliance had dipped below the 75% - colleagues in the Capital, Estates & Facilities team had found compliance challenging due to staffing difficulties and the inability to pay it proper attention. - The proposal agreed was that for a 12-month period, they would reduce the compliance level to 60%. The IM-CE acknowledged that the team were being pragmatic in the context of the current climate. She asked what discussions had been had with their suppliers in terms of their pricing mechanisms. The DDPH recognised this was a challenge, and conversations were ongoing with the suppliers and those who manage the tills to provide them with more detailed information and ensure this was automated going forward. She added that their ambition was to get back to the 75% compliance level. **The QSE Committee resolved that:**	

	1) The temporary changes to the Standards and the plan to be back up to the original compliance of 75% by December 2024 was noted; 2) The revised Standards (in the Appendix) was approved.	
	Items for Noting & Information	
QSE 23/11/012	**Minutes from Clinical Board QSE Sub Committees** The END noted the minutes for PCIC (26.09.2023), Children & Women's (26.09.2023), and Specialist (02.10.2023) were available for the Committee members to view. **The QSE Committee resolved that:** 1) The minutes from the Clinical Board QSE Sub-Committees were noted.	
23/11/013	**Child Practice Review Report** The END introduced the report and summarised the following: - The lengthy report followed the sad death of a 17-year-old looked after child in C&V - The report was already in the public arena and press - For assurance, any child and adult practice reviews were brought to QSE - There was no action or requirements for the UHB. **The QSE Committee resolved that:** 1) The contents of the report was noted.	
QSE 23/11/014	**Items to bring to the attention of the Board / Committee:** No items were raised.	
QSE 23/11/015	**Agenda for Private QSE Meeting** *i) Private Minutes* *ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)* *iii) Prison (Confidential Discussion)*	
QSE 23/11/016	**Any Other Business** The CC thanked Keith Harding for his work as he was leaving at the end of the month. The CC informed the Committee that due to the schedule of the meetings, the preparation of the papers had become problematic. From 2024, the meetings would move to a 6-week schedule.	
	Date & Time of Next Meeting: 19th December - 2pm-5pm - via MS Teams	