CONFIRMED MINUTES OF A MEETING OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT 9am ON 12 SEPTEMBER 2017 CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Maria Battle	Chair
Margaret McLaughlin	Independent Member – Third Sector
Cllr Susan Elsmore	Independent Member – Local Authority

In Attendance:

Abigail Harris (part)	Director of Planning
Carol Evans	Asst. Director Patient Safety and Quality
Catherine Salter	Staff Representative
Clive Morgan	Deputy Director Therapies and Health Sciences
Fiona Salter	Staff Representative
Dr Graham Shortland	Medical Director
Hayley Dixon (part)	Director of Operations, Dental Clinical Board
Prof Ivor Chestnutt (part)	Clinical Director, University Dental Hospital
Prof Mike Lewis (part)	Clinical Board Director, Dental
Peter Welsh (part)	Director of Corporate Governance
Rowena Griffiths (part)	Governance and Quality Manager, Dental CB
Ruth Walker	Executive Nurse Director
Dr Sharon Hopkins	Director of Public Health Medicine
Stephen Allen	Chief Officer CHC

Apologies:

Akmal Hanuk	Independent Member – Community
Ivar Grey	Independent Member /Chair of Audit Committee
Martyn Waygood	Independent Member – Legal
Angela Hughes	Acting Assistant Director Patient Experience
Fiona Jenkins	Director of Therapies and Health Sciences
Steve Curry	Interim Chief Operating Officer

Secretariat: Julia Harper

QSE 17/128 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular, colleagues from the Dental Clinical Board.

QSE 17/129 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 17/130 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

QSE 17/131 MINUTES OF THE COMMITTEE HELD ON 20th JUNE 2017

The Minutes of the last meeting were **RECEIVED** and **APPROVED.**

QSE 17/132 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log and **NOTED** the number of actions that had been completed. These would be removed. The action log was updated as follows:

QSE 17/048 Ward Bathroom Refurbishment – The analysis of comparative data would be undertaken when recruitment had been made into the Falls post. It was anticipated this could be received in January 2018.
Action – Mrs Carol Evans

QSE 17/088 CHC Report – Mr Allen requested evidence from the UHB as to the effect of slow repatriation on the UHB in order to raise the issue more widely.
Action – Mr Steve Curry

QSE 17108 Plans for CMHT Accommodation – Some funding had been made available for Barry and further plans were being finalised. It was agreed that this would be better considered at the Strategy and Engagement Committee.
Action – Mrs Abigail Harris

QSE 17/048 Trends and Themes in Sis – Patient Wristbands – An electronic solution was taking longer to scope but, at the request of the Chair, would remain on the agenda until a decision was made on the business case.
Action – Mrs Ruth Walker

QSE 19/099 Care of the Deteriorating Patient - The current model would not change whilst a clinical services model was being developed for the Strategy and Engagement Committee. It was agreed to keep this on the QSE agenda.

QSE 17/133 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

No action had been taken in between meetings.

QSE 17/134 PATIENT STORY – DENTAL

Prof Mike Lewis, Clinical Board Director, Dental introduced his long term patient, Mrs Davies, who initially presented 15 years ago following kidney transplant. Prof Lewis commented that as part of the transplantation treatment, patients were immune suppressed to ensure that transplanted organs were not rejected. Unfortunately, when this occurred, patients normal defence mechanisms were unable to cope with cell changes.

Mrs Davies explained to the Committee that she could feel changes in her mouth. Of the 10 biopsies she underwent over a number of years, 5 of them were cancerous and a number of operations were required, the last being in 2008. Mrs Davies explained that with Prof Lewis' support and guidance, each operation was as minimally invasive as possible in order for her to keep her tongue. Further discussion also took place with the consultant nephrologist, Dr Kesh Baboolal. It was agreed between the consultants and Mrs Davies, that her drug regime be changed and reduced gradually in order to reduce the changes to her cells and the risk of further cancer and that bloods would be checked regularly to ensure the transplanted organ was not rejected.

Mrs Davies explained that she had been given very easy access to Prof Lewis and was able to contact him directly whenever she noticed any changes in her mouth. This helped reduce her fear as she knew she would be seen promptly. She also had regular reviews and gradually the length of time between reviews was extending.

It was clear from the patient's experience that careful consideration had been given to all available options balancing risks and benefits and that she had been central to the decision making. This was a fine example of empowering the patient with tailored and complex treatment and was central to the UHB's Strategy. Communication was a theme of many complaints and this particular case demonstrated how much better it was for all concerned when communications were good.

The Chair thanked Mrs Davies for sharing her patient experience which was an inspirational story for the Committee.

QSE 17/135 DENTAL CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

The Chair invited comments and questions on the report:

- The work to improve care and treatment of patients with a sensory loss was commended.
- A small investment had been made to undertake an assessment in order to pursue "Louder than Words" accreditation. Initial feedback would be available within the next week.
- In terms of reducing referral to treatment time (RTT), it was likely that more investment would be required in order to meet and maintain the

26 week target. It was noted that there had been a significant rise in demand for oral surgery.

- Flu vaccination rates were better than last year but there was still more work to be done.
- There was a good and active prevent programme which should be shared with other Clinical Boards.
- It was noted that oral health (tooth decay) was one of the best indicators of current and future overall health.
- The national oral health strategy had recently been updated to achieve earlier impact.
- The report did not address how themes from complaints were being taken forward. It was noted that a meeting had been set up to determine the action to be taken and how the Clinical Board would listen to the experience of patients.
- The report provided assurance on systems and processes. In the future, the Committee needed to be told how practice had changed as a result of incidents and feedback.
- Given there had been 100,000 attendances, many of which were managed by students under supervision, there were only 66 informal and 19 formal concerns raised.
- Mr Allen of the CHC offered support with the patient satisfaction process if required.
- Improvements had been noted in the level of discussion and recording of Clinical Board QSE sub committee minutes.
- The Clinical Board confirmed that a comprehensive audit was planned regarding mental capacity and 67% of staff had completed mandatory training.
- Regarding mandatory training, there were 13 on line modules and completion of these resulted in a loss of clinical time. The Clinical Board requested that future consideration be given risk assessing topics against individual staff roles as there was an impact on job planning. The Chair agreed to share this with the new Director of Workforce and OD.
  Action – Miss Maria Battle
  It was noted that there was a Mandatory Training Steering Group as part of LED and this received and considered requests from departments to expand the number of topics/modules. Each request had to justify the time spent on a topic. This discussion would be feedback to the Steering Group.
  Action – Ms Catherine Salter

ASSURANCE was provided by audits carried out by internal audit including:

- Medical Devices
- Medicine Management
- Patient access
- Quality Governance

that had provided reasonable and substantial assurances on the processes in place within the Dental Clinical Board.

The Quality Safety and Experience Committee:

- **APPROVED** the content of this report and approach taken by the Dental Clinical Board
- **NOTED** the progress made and the areas for further action.

QSE 17/136 COMMUNITY HEALTH COUNCIL (CHC) REPORT

The CHC Chief Officer, Mr Stephen Allen, drew the Committee's attention to the UHB's achievement of 64% of the CHC's recommendations and commented that by yesterday, this had increased to 70%. However, some of the key themes raised in previous reports remained outstanding.

The report was **RECEIVED** and **NOTED.**

QSE 17/137 CHC: GENERAL PRACTICE BRANCH SURGERY VISITS NOVEMBER/DECEMBER 2017

The Chair invited comments and questions on the report.

- It was queried how some surgeries managed appointments better than others and whether it was down to capacity or efficiency.
- The CHC had received 1,476 responses (34%) and distributed 4,400 surveys.
- The CHC had held conversations with practices on how it could better support patients and surgeries.
- It was noted that there were times when practices, because of their independent nature, were not able to be influenced.
- There was a growing creep in the number of struggling practises and this could lead to more branch closures, which was a concern.
- It was important that the UHB recruited more GPs and continued to provide ongoing support to branch surgeries.
- Overall there was a very high level of satisfaction with branch surgeries.

It was **AGREED** that long term sustainability of General Practice should be considered and discussed at the Strategy and Engagement Committee and this would be referred to the Committee Chair.
Action – Mrs Julia Harper

QSE 17/138 POLICIES FOR APPROVAL

1. **ALL WALES MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR) POLICY**

The Committee **NOTED** that the CHC did not want to participate in Appeals as this was considered a conflict of interest and was being discussed with Welsh Government.

ASSURANCE was provided by:

- The implementation of the All Wales IPFR policy for requesting individual funding for treatment.

The Committee:

- **APPROVED** the UHB's adoption of the All-Wales IPFR Policy.
- **SUPPORTED** the full publication of the All-Wales IPFR Policy in accordance with the UHB Publication Scheme.
- **NOTED** the Policy may change given the reservations raised by the CHC.

2. POINT OF CARE TESTING (POCT) POLICY AND PROCEDURE

The Policy was considered in conjunction with the POCT Governance Review report. It was noted that the Policy was in line with the Welsh policy and Ministerial letters and that there was a Welsh project to develop electronic monitoring in future.

The Nurse Director commented on the importance of the policy given the legal/disciplinary cases involving staff at another health board in relation to blood glucose monitoring. Assurance was provided that spot checks were rigorous and there was regular audit.

The greater concentration of work in the hospital was noted, however, conversations were being held with independent contractors through Medicines Management Group and the Local Medical Committee.

ASSURANCE was provided by:

- The POCT Policy and Procedures described the governance and management procedures to minimize risk and assure that any POCT undertaken in the UHB was safe and clinically effective.

The Quality, Safety and Experience Committee:

- **APPROVED** the Point of Care Testing Policy and Procedure.
- **APPROVED** the full publication of the Point of Care Testing Policy and Procedure in accordance with the UHB Publication Scheme.

3. NUTRITION AND CATERING POLICY AND PROCEDURE FOR INPATIENTS

The Policy was considered in conjunction with the Nutrition and Hydration report.

ASSURANCE was provided by:

- Quarterly reviews of the associated Nutrition and Catering Action Plan as part of the Nutrition and Catering Steering Group

The Quality, Safety and Experience Committee:

- **APPROVED** the Nutrition and Catering Policy for Inpatients, subject to formatting changes and separation of policy and procedures.
- **AGREED** to strengthen the procedure with reference to the involvement of carers at mealtimes (John's campaign).
- **APPROVED** the full publication of the Nutrition and Catering Policy for Inpatients in accordance with the UHB Publication Scheme.
- **AGREED** that the Policy be updated in the near future to include the outcome of the current work on NG tubes.

4. VENEPUNCTURE FOR NON CLINICALLY QUALIFIED RESEARCH STAFF POLICY

Assurance was provided that the Policy only related to the taking of blood and not the insertion of lines. It was also noted that patient consent was necessary for any such procedure.

ASSURANCE was provided by:

- This policy and related procedure which would ensure that non clinically qualified staff involved in research undertook the same rigorous training and education that was currently in place for clinically qualified staff and would ensure that standards of quality were being met.

The Quality, Safety and Experience Committee:

- **APPROVED** the Venepuncture for Non Clinically Qualified Research Staff Policy and related Procedure, subject to it being made explicit that it only related to the taking of blood.
- **APPROVED** the full publication of the Venepuncture for Non Clinically Qualified Research Staff Policy and related procedure in accordance with the UHB Publication Scheme.

QSE 17/139 UPDATE ON THE REVIEW OF OUTSTANDING POLICIES

The Assistant Director, Patient Safety and Quality presented the position paper that demonstrated progress and the plan to bring the outstanding policies up to date within 6 months.
Action – Mrs Carol Evans

The Committee noted that Internal Audit had provided reasonable assurance and the follow-up was also satisfactory.
ASSURANCE was provided by:

- Progress that had been made since the last report to the Committee in February 2017.
- The plan to address existing out of date policies.

The Quality, Safety and Experience Committee:

- **NOTED** the progress that has been made.
- **APPROVED** the proposal to achieve a position where all clinical policies were in date.

QSE 17/140 IMPLEMENTING THE NATIONAL STANDARDS FOR INVASIVE PROCEDURES

The Executive Nurse Director, Mrs Ruth Walker advised this report was a position statement. Whilst the UHB was currently non-compliant, good progress was being made.

ASSURANCE was provided by:

- Work that had progressed to implement the Standards to date.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the progress that had been made to date and
- **AGREED** to receive an update report at the October 2017 meeting in order to decide whether the UHB was complaint or not with the Patient Safety Notice 034.
  Action – Mrs Ruth Walker

QSE 17/141 PATIENT SAFETY SOLUTIONS – ALERTS AND NOTICES – UPDATE ON OUTSTANDING AREAS OF NON-COMPLIANCE

The Nurse Director, Mrs Ruth Walker advised Committee that work had moved on apace since the last report to the Board.

LIMITED ASSURANCE was provided by:

- The UHB was currently 90% compliant with all Patient Safety Solutions (PSS), and this would increase to 92% by October 2017, based on work underway to address the requirements of recently issued PSSs and declare compliance with historical alerts.
- The actions that were being undertaken to address the outstanding areas of non-compliance.
- Risk assessments that were in place to mitigate any outstanding risks.

The Committee:

- **CONSIDERED** the update provided within the report.
- **CONSIDERED** the risk assessments associated with outstanding areas of non-compliance.

- **AGREED** that compliance with PSA002 – the prompt recognition and initiation of treatment for Sepsis for all patients could be declared.

QSE 17/142 BLOOD PRODUCTS – HEALTH AND CARE STANDARD 2.8

The Medical Director, Dr Graham Shortland advised that this was a regular, annual report to the Committee.

ASSURANCE was provided by:

- The current annual self-assessment for Health and Care Standard 2.8 was assessed as "Meeting the Standard".
- Evidence of continuing improvement was provided for 2017/2018.

The Quality, Safety and Experience Committee:

- **AGREED** the report.

QSE 17/143 NUTRITION AND HYDRATION REPORT – AUGUST

The report covered the model piloted on wards A4 and East 2. All Welsh recommendations were included within the action plan and the very positive impact on patients was noted.

The pilot demonstrated reduced length of stay and it was hoped this could be expended across the UHB although it was noted the considerable pressure it put on ward nursing staff. Therefore a big project was being set up to reach agreement for a consistent approach to rolling out and supporting a number of initiatives.

The Committee noted that another assessment of nutrition and hydration would be undertaken by the CHC. Mr Allen hoped to see some consistency across wards with regard to protected meal times, visiting times, and the number of hot drinks available during the day. Such information was particularly important for carers and different standards caused confusion when patients were moved from ward to ward.

REASONABLE ASSURANCE was provided by:

- The status report attached.

The Quality, Safety and Experience Committee:

- **NOTED** progress on actions listed within the action plan particularly in relation to the model ward pilot and the pilot of the nutrition and dietetic service within the Emergency Unit.
- **WAS ASSURED** that the Nutrition and Catering Steering Committee kept regular review of the action plan to ensure and update on progress.

QSE 17/144 POINT OF CARE TESTING GOVERNANCE REVIEW

The Review was considered in conjunction with the POCT Policy. The Medical Director, Dr Graham Shortland advised that the UHB had a good POCT Team but it was small and experienced increasing pressure through the introduction of new technology. It was therefore planned to ask each Clinical Board to contribute to the development of the team as they were the beneficiary of its services and expertise.

ASSURANCE was provided by:

- The current governance and reporting structures in place.
- Further initiatives to strengthen the PoCT functionality.
- Training and educational programme.

The Quality, Safety and Experience Committee:

- **AGREED** the continuation of the current Governance Structure for Point of Care Testing and
- **NOTED** the initiatives for service improvement that were being put in place to further strengthen governance.

QSE 17/145 RISK TO PATIENTS DURING THE CHANGEOVER TO THE NEW NEURAXIAL CONNECTOR

The Medical Director, Dr Graham Shortland reminded Committee that it had been following progress on this patient safety initiative. He thanked Mrs Sian Rowlands for her support with the assessment of the risk associated with the changeover. He also advised that Management Executive would need to discuss the financial implications.

ASSURANCE was provided by:

- The setting up of a Task and Finish group to implement and monitor the introduction of the new neuraxial connector.
- The described work-plan and implementation plan consistent with an All-Wales approach.

The Quality, Safety and Experience Committee:

- **AGREED** the continued work of this group.
- **APPROVED** the initial risk assessment in Appendix 1.

QSE 17/146 CORPORATE RISK AND ASSURANCE FRAMEWORK

The Director of Corporate Governance, Mr Peter Welsh advised Committee that there had been no significant change since the last report. The review of

the risk management process continued and it was hoped that ownership of risk and risk descriptors would become more meaningful. It was anticipated the new process would be in place next year.

ASSURANCE was provided by:

- Mitigation of our risks being monitored by the appropriate Committees of the Board albeit the information provided via the CRAF required strengthening.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the CRAF Update Report and the high risks assigned to the Committee.

QSE 17/147 WRPS THEMED REVIEWS OF EMERGENCY DEPARTMENTS AND COMPOSITE THEMED REVIEW AND ACTION PLAN

The Executive Nurse Director, Mrs Ruth Walker, reminded Committee that the Welsh Risk Pool undertook an external review of high risk areas. This was a positive report that covered all Wales as well as the detail for the UHB. The key issues were induction, staffing and skill mix, morale, rotation of clinical nurse practitioners, capacity protocols, the separation of adults and children and incident reporting. It was pleasing to note that all had improved since the last report.

ASSURANCE was provided by:

- Positive findings of the Cardiff and Vale UHB review.
- Improvement plan developed to address the recommendations.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the WRP composite report of the themed review of Emergency Departments across Wales and the report of the review of the Emergency Department in Cardiff and Vale UHB**.**
- **NOTED** that the missing appendices would be circulated separately. **Action – Mrs Julia Harper**

QSE 17/148 PROVISION OF A DECANT WARD AT UHW AND UHL

The Director of Planning, Mrs Abigail Harris presented the report that was prepared at the request of the Committee because the UHB did not have a decant ward to enable ward refurbishment or manage infection outbreak.

At UHW a prefabricated ward had been ruled out on grounds of connectivity. However, the UHB was working with Welsh Government on a replacement for B4 haematology. During the summer, the UHB was able to release capacity to undertake refurbishment of half a ward at a time with 2 whole wards

completed. The area in the Duthie Library would be available again for increased capacity in the coming winter. It was important, however, for work to continue on a complete UHB bed plan as part of the wider clinical services plan. In addition, priority areas for next year's refurbishment would be identified.

Since the report was written, there had been a change in thinking for UHL. There was a possibility of a new ward being built on a car park and with reduced length of stay, a whole ward may be released.

It was noted that in New Zealand the whole care system had changed by supporting more people at home and they had managed to deliver the same Strategy the UHB was working towards. There were lessons that could be learned.

In terms of Gwenwyn Ward, UHL, it was noted that health and safety concerns had been raised by staff who had been told they would be merged with another ward. The Nurse Director explained that Gwenwyn was no longer a suitable environment for the client group. It was a small mixed sex area and there had been allegations of serious incidents. Any move would be subject to a full risk assessment to ensure safety features were included for staff. These concerns would be feedback to the Chief Operating Officer.
Action – Mrs Ruth Walker

ASSURANCE was provided by:

- The agreement to develop a Business Case for the re-provision of Blood and Marrow Transplant inpatient facilities including Haematology Ward and Day Unit which would result in the availability of B4H at UHW becoming vacant.
- The Surgical Clinical Board Business Case, 'Development of Emergency Surgery' which sought to reduce bed capacity by 13 beds at UHW.
- The feasibility undertaken to develop a ward at UHL by extending into the car park adjacent to the Board Room.

The Committee:

- **NOTED** the content of the report recognising that the options considered required the development of a number of Business Cases to secure Welsh Government funding.

QSE 17/149 CANCER PEER REVIEW – NEURO ENDOCRINE TUMOURS

The Medical Director, Dr Graham Shortland commented on the concerns about the UHB's co-ordination of this service. Steps were being taken to address service delivery and significant funding had been received from WHSSC to improve the service.

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and Peer Review reporting process. Any concerns identified were addressed via an action plan and were regularly reported within the required process; at the Clinical Board performance reviews and by Welsh Government and the South Wales Cancer Network.

The Quality, Safety and Experience Committee:

- **NOTED** the report
- **AGREED** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.
- **AGREED** to share the report with Health Inspectorate Wales.
  Action – Dr Graham Shortland

QSE 17/150 LEADING IMPROVEMENT IN PATIENT SAFETY (LIPS) UPDATE

The Executive Nurse Director, Mrs Ruth Walker, reported that there was a good number of participants and projects, more importantly, many projects aligned with the UHB's Strategy or transformation work. It was important to keep up the pace on conclusion of each project and include changes into everyday business. On the suggestion of the CHC, it was agreed to advertise the positive impact these projects had after the forthcoming celebration event.

ASSURANCE was provided by:

- The number of individuals and number of improvement projects being undertaken through the LIPS programs in Cardiff and Vale University Health Board.
- Unprecedented demand for places on LIPS.
- Ideas for future improvement projects to be undertaken next year already being generated by Clinical Boards.
- International interest in our LIPS programme.

The Quality, Safety and Experience Committee:

- **NOTED** progress of the LIPS programmes.
- **APPROVED** future plans.

QSE 17/151 ANNUAL CLINICAL AUDIT PLAN

The Medical Director, Dr Graham Shortland, thanked Mrs Carol Evans and her team for the work undertaken, but recognized there was still more to do. However, it had been noticed that Clinical Boards were at last beginning to focus on audits that would address their problem areas.

ASSURANCE was provided by:

- The development of a Clinical Audit Plan.
- The development of the Clinical Audit Strategy.

The Quality, Safety and Experience Committee:

- **APPROVED** the Clinical Audit Plan and
- **NOTED** the Clinical Audit Strategy.

QSE 17/152 CARERS

The Executive Nurse Director, Mrs Ruth Walker updated Committee on further progress since the report was written. Funding had been obtained for full time school and carer development workers until June 2018 to support the high number of school-age carers. The UHB would look to sustain these schemes when the funding ended, including the use of volunteers. An event was being arranged to promote the schemes and develop a "one stop shop" for carers in conjunction with local Councils and the Third Sector. An Expert Carers Panel was also being developed. In addition, a carers engagement officer would be appointed until June 2018.
Action – Mrs Angela Hughes

It was noted that Carers was one of the priorities of the Regional Partnership Board. It was also noted that the pace of work changed depending on the availability of funding.

The CHC commented that many GP practices had carers champions and further discussion would be welcomed. In terms of the carers leaflet, it was suggested that the Sensory Loss Group look over the draft as the watermark made it difficult for people with sensory loss to read. It would also be helpful if actual links were put into the leaflet rather than the general statement "ask staff" as not all staff would have the necessary information to pass on.

It was noted that given the recent changes on the Carers Measure, the mandatory training package would need urgent updating. The Nurse Director would ensure that Mrs Angela Hughes liaised with LED to make the changes.
Action – Mrs Ruth Walker

ASSURANCE was provided by the progress and actions highlighted within the report.

The Quality, Safety and Experience Committee:

- **NOTED** and **APPROVED** the contents of the paper.
- **AGREED** to share the report with Third Sector, the Regional Partnership Board and the two Children's Boards to ensure connectivity.
  Action – Mrs Ruth Walker

QSE 17/153 FEMALE GENITAL MUTILATION (FGM) SAFEGUARDING UPDATE

The Executive Nurse Director, Mrs Ruth Walker presented the position paper. In terms of handling community reaction, it was noted that the Head of Midwifery was holding engagement meetings and ensured that conversations were held with ladies during the clerking process. There was still some resistance to reporting FGM within some community groups but it was reiterated this was a legal requirement. It was noted that this was also being addressed by Cardiff Council during work with individual mosques.

ASSURANCE was provided by:

- The provision of a detailed Safeguarding report on the current UHB situation.
- Safeguarding Female Genital Mutilation training and raising awareness across the Health Board.
- The number of appropriate mandatory referrals and child protection referrals made.
- Consistent approach across the Health Board.
- Good working partnerships with statutory agencies.

The Quality, Safety and Experience Committee:

- **NOTED** this report

PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION

QSE 17/154 NICE GUIDANCE

ASSURANCE was provided by:

- The process of disseminating NICE guidance and recording levels of implementation.

The Quality, Safety and Experience Committee:

- **NOTED** the compliance with the current process and the intention to disseminate NICE Quality Standards.

QSE 17/155 HIW ANNUAL REPORT OF THE UHB

The Nurse Director, Mrs Ruth Walker thanked Mrs Carol Evans for all her work on this growing agenda. This was a very positive report and it was presented for noting only as each of the individual reports had already been considered by the Committee over the last year.

Asked about progress on issues around learning disability, it was noted that discussions with the provider were ongoing. Relationships were being built

with all concerned to determine the shape of the future service. The Committee would be receiving an update in December.

With regard to a recent court case, it was noted that the UHB had not been alerted. As a result, commissioning arrangements had been strengthened. It was further noted that this was also a priority area for the Regional Partnership Board.

ASSURANCE was provided by:

- A reduction in the number of immediate assurance issues to one, compared to the previous year.
- HIW statement that the UHB had demonstrated itself to be a learning organisation.
- HIW statement that it enjoyed a positive working relationship with the UHB.

The Quality, Safety and Experience Committee:

- **NOTED** the contents of the Cardiff and Vale UHB Healthcare Inspectorate Wales Annual report for 2017- 2020.

UHB 17/156 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – MAY, JUNE * JULY**

2. **MENTAL HEALTH – JUNE**

3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - MAY**

4. **SPECIALIST SERVICES – MARCH, APRIL, MAY & JUNE**

5. **MEDICINE – MAY & JUNE AND ACUTE AND EMERGENCY WAITS – MARCH/APRIL**

6. **SURGERY – MAY**

   Concern was expressed that the WHO checklist was not being used as it should be. It was noted that this would be an area for discussion at the Special meeting in October and the Clinical Board would be asked to attend.

   Action – Mrs Carol Evans

7. **CHILDREN AND WOMEN – MAY**

8. **DENTAL – JUNE**

QSE 17/157 AGENDA FOR THE PRIVATE QSE

The private agenda was published as part of the culture on openness.

QSE 17/158 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

There was nothing to bring to the attention of the Board.

QSE 17/159 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 17/160 DATE OF NEXT MEETING

The Special meeting would be held at 9am on Tuesday 17th October 2017 and the next normal meeting would be held a week earlier than planned originally, on Wednesday 6th December at 9am.