

**CONFIRMED MINUTES OF A MEETING OF THE QUALITY, SAFETY AND
EXPERIENCE COMMITTEE HELD AT 9am ON 18 APRIL 2017
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Maria Battle (part)	UHB Chair and QSE Chair
Akmal Hanuk	Independent Member – Community
Ivar Grey	Independent Member /Chair of Audit Committee
Margaret McLaughlin	Independent Member – Third Sector
Martyn Waygood	Independent Member - Legal
Cllr Susan Elsmore (part)	Independent Member – Local Authority

In Attendance:

Alun Jones (Observer)	Director of Inspection, Regulation and Investigation, HIW
Angela Hughes	Interim Assistant Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Ian Wile (part)	Director of Operations, Mental Health
Jayne Tottle (part)	Director of Nursing, Mental Health
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale CHC
Steve Curry (part)	Interim Chief Operating Officer
Stuart Egan	Staff Representative
Tony Turley	Representing the Medical Director

Apologies

Abigail Harris	Director of Planning
Alice Casey	Chief Operating Officer
Fiona Kinghorn	Acting Director of Public Health
Fiona Salter	Staff Representative
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance

Secretariat

Julia Harper

QSE 17/044

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Mr Alun Jones, Director of Inspection, Regulation and Investigation from Health Inspectorate Wales who was attending as an Observer. In addition, Mr Stuart Egan was attending his first meeting in his capacity as a Staff Representative.

The UHB Chair, Ms Maria Battle, advised Members that she was taking over the Chairmanship of the Committee since Prof Treasure had been appointed to lead Aberystwyth University. She thanked Professor Treasure for her many years of service chairing the Committee.

QSE 17/045 APOLOGIES FOR ABSENCE

Apologies for absence were noted

QSE 17/046 DECLARATIONS OF INTEREST

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

QSE 17/047 MINUTES OF THE COMMITTEE HELD ON 21st FEBRUARY 2017

The Minutes of the last meeting were **RECEIVED** and **APPROVED** subject to the following amendments:

Page 9 QSE 17/014 Review of Outstanding Policies

The third sentence would be amended to read:

A member of staff within the team had been identified to manage this particular project via a risk based approach and set priorities.

Page 16 QSE 17/027.9 WHSSC Quality and Patient Safety

The word *share* would be inserted before the words *good practice* on the last line.

QSE 17/048 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 17/005 Trends and Themes in SIs – The Executive Nurse Director agreed to present a report for funding consideration of patient wristbands to the Management Executive and to provide more detail for the next meeting.
Action – Mrs Ruth Walker

QSE 16/192 Care of Deteriorating Patients – In response to a request from the Chair for a timeline, it was agreed to present an action plan with dates at the next meeting.

Action – Mrs Ruth Walker and Dr Graham Shortland

QSE 17/009 CHC Report – Boredom and Loneliness – The Executive Nurse Director advised that she would have to approach WRVS Head Office for clarity on Strategy.

Action – Mrs Ruth Walker

QSE 17/011 Committee Work Programme – A session with new Independent Members would take place on 28th April.

QSE 17/013 Annual Quality Statement – This action was complete.

QSE 17/024 – Ward Bathroom Refurbishment – It was agreed that the Vice Chair would prepare a letter for Ms Battle with the support of the Executive Nurse Director, stressing the urgent need for a decant ward and single rooms.

Action – Mr Ivar Grey with Mrs Ruth Walker

It was recognised that in the event of ward closure or change, engagement with CHC would be required. It was noted that this had been on the agenda for a number of years and it had not yet been possible to make progress. It was also noted that work would commence shortly on B2 Duthie Library to provide more accommodation for decant and winter pressures.

Given that there were already some plans in place, it was agreed to ask for a brief summary from the Director of Planning for the next meeting.

Action – Mrs Abigail Harris

An analysis of comparative data remained outstanding. It was hoped that this data could be linked to the work undertaken by Mrs B Steer and used to justify funding requests (requested because the UHB had a higher than normal infection rate over winter).

QSE 17/027 Medicine QSE Minutes – The Interim Chief Operating Officer advised that the data referred to was quite old. Since that time, the UHB had developed an orthopaedic geriatric service and the average length of stay had reduced by 5 days. In addition, the percentage of patients discharged home was favourable.

QSE 16/046 Care for Patients with Learning Disability – The Chair asked for further discussion with the Executive Nurse Director and the Director of Therapies and Health Sciences to ensure that any deaths involving people with a learning disability were identified in mortality reviews

Action – Dr Fiona Jenkins

QSE 17/049 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

With the support of 2 Independent Members, Chair's action had been taken to approve the Equality Impact Assessment for the Patient Property Policy – the Policy itself had been approved by the Committee in September 2016.

QSE 17/050 PATIENT STORY – MENTAL HEALTH

Mrs Jayne Tottle, Nurse Director, Mental Health Clinical Board, presented Sally's story. This was a very sad story of a young and vulnerable lady who had a history of self-harm and had been diagnosed with an emotionally unstable borderline personality disorder. After committing several offences,

she served a prison sentence. On release just before Christmas, a risk assessment was undertaken and a plan of care was put in place. This required Sally's co-operation as there were no powers to force her to participate as her license had expired. The plan went reasonably well and her engagement with the complex trauma service and CMHT services progressed. Sadly Sally would not give consent to allow health professionals to share information about her use of ligatures with her mother, with whom she was living, (although her mother was aware that she used other methods to self-harm). In this difficult position, Sally's Mum was offered support as a carer. Following a family holiday, Sally used a ligature, and hanged herself. It was believed that this was not an intentional suicide attempt.

Mrs Tottle explained to the Committee the ethical dilemma the Clinical Board had been in regarding the issue of confidentiality and the decisions made about the best method of care. Following Sally's death, the family did not want to meet with the Clinical Board and so the information regarding her ligaturing behaviour that emerged at the Inquest came as a complete surprise and upset and angered the family. Reassuringly, the Coroner was of the opinion that health staff had acted appropriately.

The Committee often discussed suicides but did not receive this level of detail from the closure of Serious Incidents. The story and explanation highlighted that however hard staff tried, it was sometimes impossible to prevent a death by self-harm.

The Chair thanked Ms Tottle for presenting. The Committee **NOTED** the patient story.

QSE 17/051 MENTAL HEALTH CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

The Chair invited comments and questions on the report:

- Asked about the sustainability of the workforce given its age profile, it was noted that quarterly recruitment was ongoing but there was a national shortage of mental health nurses. The situation would ease in a few years given that the agreement for mental health nurses to retire at age 55 had been rescinded. In addition, the expansion of care in the community would support recruitment as would attempts to "right size" the bed provision for older people.
- In terms of the administration of medicines, it was noted that better training was being provided in college, but this was enhanced with role play during the bespoke 2 week induction programme developed and delivered in the Mental Health Clinical Board
- In terms of safeguarding, this was discussed along with lessons learned at monthly meetings. Behaviour, culture and codes of conduct were also discussed with staff.
- Concern was expressed that staff from outside Mental Health Clinical Board were subjected to acts of violence and aggression and they had

not received adequate training. It was noted that permanent members of staff from, for example, portering or housekeeping, who were working in mental health areas, could access the training provided to mental health staff, but this would be reiterated to Facilities Management.

Action – Ms Jayne Tottle

Staff were supported post incident through debriefing and were given the opportunity to access Employee Wellbeing Services or Occupational Health. Senior staff also supported colleagues.

- Progress had been made with services for Deaf patients. Loops and an information pack were also available. The Clinical Board Director of Operations agreed to refresh the work and invite representatives from the deaf community to walk the wards and community team bases.

Action – Mr Ian Wile

- In terms of the Estate, there were 17 community mental health teams (CMHT). Outpatient CMHTs were now co-located at the Llanfair Unit. The poorest accommodation in adult services was being reviewed in line with the UHB Strategy. It was agreed to request an update on estate issues.

Action – Mrs Abigail Harris

In addition, 8 teams would be combined into 3 Locality teams and a bid had been submitted for funding.

- With regard to advocacy, the UHB complied with the Mental Health Measure and had included in the SLA the need to communicate advocacy services to clients and offer them to community clients.
- The new reassurance observation system in Hafan y Coed was working well. The system was explained to patients on admission. On the whole this was well received as it avoided the need for staff to enter bedrooms at night and all activity was recorded to reassure both patients and staff.
- Supportive administration had worked well and it was suggested this may continue to MHSOP. Feedback from HIW had demonstrated that this had worked well for the Clinical Board.
- It was noted that the NMC had requested a visit to Hafan y Coed in May. In addition, the Chair asked for a visit to be arranged for the new Independent Members.

Action – Mrs Julia Harper

ASSURANCE was provided by:

- The operational leadership and management tone of the Clinical Board was to have an open and transparent Multi Disciplinary Team (MDT) approach to core business and processes.
- Regular performance management.
- Openness to learning and development.

The Quality Safety and Experience Committee:

- **APPROVED** the actions being taken by the Mental Health Clinical Board.

QSE 17/052 COMMUNITY HEALTH COUNCIL REPORTS

The CHC had nothing to report to the Committee at this time.

QSE 17/053 DONATION OF ORGANS AND TISSUES AFTER DEATH POLICY AND PROCEDURE

Dr Turley explained that minor tweaks had been made to the Policy and comments received most recently had been addressed in the Standard Operating Procedures. These may have some operational impact.

In terms of communication, it was noted that specialist staff spent a long time with donor families prior to the retrieval of organs. Sensitive conversations were bespoke to individual families, whilst Public Health Wales was responsible for national communications. Staff training involved role play with actors. It was noted that since the law change, staff had detected that families were more aware of their loved ones wishes. The wishes and the faith of the family were always respected. It was agreed to provide a patient story linked to faith for a future Board meeting.

Action – Angela Hughes

It was noted that an Annual Statement was being prepared on organ donation, though there were no plans to bring this to the Committee.

It was agreed to provide greater clarity on the qualifying relationship of (h) “friend of longstanding” on Boardbook page 54 of the procedure.

ASSURANCE was provided by:

- The document adhered to the Human Tissue and Transplantation Act 2013 (Wales).
- The documents complied with good practice guidance of the General Medical Council; Treatment and care towards the end of life.
- The documents supported clinical practice in line with National Institute for Clinical Excellence Clinical Guideline 135.
- The documents supported professional practice in line with guidance from the Royal College of Emergency Medicine for end of life care and certification of death and decision making around withdrawal of treatment from the Academy of Medical Royal Colleges.

The Quality, Safety and Experience Committee:

- **APPROVED** the Donation of Organs and Tissues After Death Policy and Procedure subject to making the small change to the Procedure mentioned above.

- **APPROVED** the full publication of the Donation of Organs and Tissues After Death Policy and Procedure in accordance with the UHB Publication Scheme

QSE 17/054 QUALITY SAFETY AND IMPROVEMENT FRAMEWORK

The Executive Nurse Director, Mrs Ruth Walker introduced the following two Frameworks that brought together all the quality, safety and experience work needed for the UHB Strategy.

Mrs Carol Evans, Assistant Director Patient Safety and Quality presented the Quality, Safety and Improvement Framework. It was noted that the Committee had previously discussed this Framework in private. Since then, much engagement had been undertaken and the Framework now reflected the work priorities for the next 3 years. A number of comments were made on communication, use of the Welsh language, sensory loss and the need to include an explanation on page 106 about ambulance handover times and these would be included.

Action – Mrs Carol Evans

The Executive Nurse Director thanked Mrs Carol Evans for all her work on the Framework and advised that the Committee workplan was aligned with this Framework, the Integrated Medium Term Plan and the Annual Quality Statement.

ASSURANCE was provided by:

- The triangulation work that had been undertaken to date to identify key areas that the QSI Framework would aim to improve.
- The plans in place to monitor and evaluate implementation over the next three years.
- The degree of consultation and engagement undertaken in the development and agreement of the Framework.

The Quality, Safety and Experience Committee:

- **APPROVED** the Quality, Safety and Improvement framework.
- **AGREED** to monitor the implementation of the framework and to receive twice yearly progress updates.

QSE 17/055 PATIENT EXPERIENCE REFRESHED FRAMEWORK 2017 – 2020

Mrs Angela Hughes, Interim Assistant Director of Patient Experience explained that the Framework was aligned with the Values into Action work. There were, variances in the maturity of Clinical Boards, but all focus was on what it was like to be a patient in the UHB and feedback would be used to deliver service change.

Where negative comments were clustered around certain times in the day, volunteers were being used to identify the reasons why.

In response to a number of comments, it was agreed to hold further discussions with Mrs McLaughlin outside the meeting and to share the methodology of the Framework with new Independent Members.

Action – Mrs Angela Hughes

ASSURANCE was provided by:

- The plans in place to monitor and evaluate implementation over the next three years.
- The collaborative working with internal and external stakeholders to deliver the framework.

The Quality, Safety and Experience Committee:

- **APPROVED** the Patient Experience Refreshed Framework
- **AGREED** to monitor the implementation of the framework and to receive twice yearly progress updates

QSE 17/056 PATIENT SAFETY SOLUTIONS ALERTS AND NOTICES

The Executive Nurse Director, Mrs Ruth Walker reiterated that a financial allocation had not yet been found to implement the Safety Alert on patient wristbands. The report highlighted where there was limited or no progress on some of the Alerts.

The Committee was concerned that other health boards had managed to implement some of the Alerts - in particular the wristbands. The crux was whether the Board felt that implementation was the highest priority for investment.

Mrs Carol Evans highlighted that the UHB was not completely non-compliant with all of the outstanding notices. There were instances where only a small part of the recommended action had not been taken. She circulated an example of a Patient Safety Notice to members to illustrate the complexity of what was required to declare full compliance, noting that often it was only one criteria that the UHB was not meeting. She also pointed out the practical difficulties of implementing some of the notices, for example in the case of the provision of a second controlled drug cupboard on all wards, there would be a financial implication as no wards currently had two such cupboards. With regards to Safe Storage of Medicines: Cupboards –no Health Board was able to declare compliance and it was likely that this particular Notice would be revised to be more achievable.

However, it was highlighted that the UHB was not completely non-compliant. There were instances where only a small part of the recommended action had

not been taken – particularly in the case of the provision of a second medicine cupboard on all wards and this was because there was no decant ward to enable the removal of asbestos in order to fit the cupboards. In this instance, no Welsh health board was compliant and it was likely that the notice would be withdrawn.

The potential requirement for the UHB to procure a more expensive PACS system was highlighted as an area where around £400k could be spent on safety solutions instead. The Chair would be writing to the Minister about the PACS proposal.

Action – Ms Maria Battle

With regard to the notice on spinal, epidural and regional devices, Dr Turley urged caution. Common sense was required to ensure that changing devices did not cause other problems. It was more beneficial to take action to reduce risks to all patients.

With regard to action on the early identification of the failure to act on radiological imaging reports, it was noted that the Welsh system was unable to record the necessary information. Other health boards had undertaken a random audit only and were unable to guarantee all patients were safe.

In terms of patient wristbands it was important to balance the risk to patients against the constraints of installation on the wards. Implementation required manpower as well as the technology. Mr Allen of the CHC offered to share evidence provided by patients about the lack of safe identification.

Action – Mr Stephen Allen

It was noted that the report did not contain timeframes. It was therefore agreed to receive a further report at the July Board with reasons for non-compliance, mitigating assurance actions and time scales noting that changing practice often took some time to complete.

Action – Mrs Ruth Walker

LIMITED ASSURANCE was provided by:

- A number of outstanding Safety Notices and Alerts that the UHB was currently unable to declare full compliance with.

The Committee:

- **CONSIDERED** the update provided within the report.

QSE 17/057

PATIENT FALLS EXCEPTION REPORT

The report was presented by the Director of Therapies and Health Sciences, Dr Fiona Jenkins. Currently there was no reliable Welsh benchmark against which the UHB could make comparisons but the UHB was in the middle of the Welsh figures for accidents/incidents. The Falls Group was therefore focusing with partners on the prevention of falls. It was noted that patients were

actually more vulnerable in hospital where the environment was unfamiliar and longer than necessary admission increased a patient's risk of falling. In addition the distance to ward bathrooms, particularly in UHL was cited as a difficulty.

It was agreed that analysis of the data would be undertaken to identify hotspots and the reasons for the fall and whether it was appropriate for the patient to be on that ward. Once available, this information could be shared with other stakeholders to reduce harm to others.

Action – Mrs Carol Evans

ASSURANCE was provided by:

- The UHB was currently demonstrating a stable trend in incidents relating to slips trips and falls. Significant work was underway particularly in the community in relation to falls prevention.
- There was however **limited assurance** relating to serious incidents due to inpatient falls which continued to show an upward trend in quarter 1 of 2017. Urgent action was being taken to identify hotspots, analyse trends and provide focused support.

The Committee:

- **NOTED** that the UHB was continuing to hold the reduced trend seen in 2016.
- **SUPPORTED** the reconstitution of the Falls Delivery Group which would provide focus to falls prevention across the whole pathway.

QSE 17/058 HM CORONER REGULATION 28 – PREVENTION OF FUTURE DEATHS REPORT

The Executive Nurse Director had nothing to add to the report but confirmed that much work had been undertaken on the safety of chest drains and this had been shared widely. The Committee was pleased to note evidence of this in the minutes of the Clinical Board Quality and Safety sub Committees.

ASSURANCE was provided by:

- The actions undertaken following conclusion of the internal investigations in conjunction with the responses provided to Her Majesty's Coroner.

The Quality, Safety and Experience Committee:

- **RECEIVED** the overview of the recommendations made by Her Majesty's Coroner.
- **NOTED** the actions undertaken in response to the internal investigations and Coroner's recommendations.

QSE 17/059 HIW VISITS UPDATE

The Executive Nurse Director, Mrs Ruth Walker commented that these reports were brought to the Committee regularly and full reports were received as required. Issues identified with regard to the lack of documentation and poor documentation were being driven nationally. With regard to the inspection process, staff were being reassured that inspections were not something to fear.

As a result of last year's report from HIW, the number of internal peer inspections had been increased to 120 and these were targeted with learning cascaded. However, there was still more work to do on integration of adult and older peoples mental health. In addition professional performance reviews were held with the Executive Nurse Director. Mr Allen confirmed that the CHC was not currently identifying any significant issues of concern.

ASSURANCE was provided by:

- Progress was reported through the Clinical Boards Quality, Safety and Experience meetings.
- Progress with Action Plan reported through the UHB Quality, Safety and Experience Committee.
- Verbal feedback from Health Inspectorate Wales.

The Committee:

- **NOTED** the progress made to address the findings of the HIW inspection at University Hospital Llandough in 2016 and recent verbal feedback following 2 unannounced visits in March 2017.

The Chair left the meeting and the Vice Chair, Mr Ivar Grey took over.

QSE 17/060 CORPORATE RISK AND ASSURANCE FRAMEWORK

Concern was expressed that "no update had been received" with regard to item 5.1.1 which was unacceptable and this would be relayed to the Director of Corporate Governance.

Action – Mrs Julia Harper

It was suggested that it would be useful for the Committee to consider some of the lower scoring risks at a future meeting to ensure the risks were being managed appropriately.

Action – Mr Peter Welsh

ASSURANCE was provided by:

- Mitigation of the risk was being progressed and was being closely monitored by the Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the Quality, Safety and Experience Committee Corporate Risk and Assurance Framework Update Report and the reduction in the number of extreme risks assigned to the Committee.

QSE 17/061 CANCER PEER REVIEWS

There were currently no reports outstanding.

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

QSE 17/062 LEARNING DISABILITIES SPECIALIST, SECONDARY CARE AND PRIMARY CARE SERVICES COMMISSIONING UPDATE

It was noted that the Learning Disability service was provided by ABMU Health Board. In addition, since the bundle had been implemented, no serious incident involving a patient with learning disabilities had been reported.

ASSURANCE was provided by:

- Continued work to progress the effective commissioning of NHS Learning Disability Services.

The Quality, Safety and Experience Committee:

- **NOTED** the progress update in relation to commissioning learning disability services.

QSE 17/063 HEALTHY RESTAURANT AND RETAIL POLICY

It was suggested that better promotion and advertisements for healthy food could be displayed in the UHB's catering facilities. This would be relayed to the Facilities department.

Action – Dr Fiona Jenkins

Concerns had been raised by staff about the cost of food and the opening times of the facilities. This resulted in inequality of access particularly for staff who worked nights and weekends. There was a double whammy of reduction in subsidy and an increase in costs at a time where a pay rise had been very limited for some years. In addition, facilities were not always open for the duration of visiting hours and this forced people into using more expensive facilities in the Concourse.

It was noted that the dining facilities were not yet breaking even and it was reported that the number of staff using the facilities had dropped due the reasons cited above. The comments would be reported back to the Facilities department.

Action – Mrs Fiona Jenkins

It was also agreed to ask the PPP Committee (or its replacement) to consider these views and to look into comments that had been made regarding the value for money of the all Wales food contract.

Action – Mrs Julia Harper

ASSURANCE was provided by

- The continuous monitoring of compliance with the Healthy Restaurant and Retail Policy by both the Public Health Team and Catering.

The Committee:

- **NOTED** the positive impact of the Healthy Restaurant and Retail Policy on improving the healthy options available.
- **NOTED** the continuous monitoring to assess the impact of the Policy on availability of healthy options and its impact on income.

**QSE 17/064 WAO REVIEW OF DELAYED TRANSFERS OF CARE
IN THE CARDIFF AND VALE HEALTH AND SOCIAL
CARE COMMUNITY – REVIEW OF DISCHARGES**

Asked when it was anticipated that progress would be seen (the UHB had the third highest number of delayed transfers of care) in Wales, it was noted that Mrs Alice Casey was taking the lead on length of stay through the transformation work and this would be reported to the UHB Board through the Transformation Board.

ASSURANCE was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Confirmation from the Wales Audit Office that Health Board and Local Authority Partnership arrangements had significantly improved in relation to the management of effective Discharge processes.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the main findings of the Wales Audit Office review.
- **AGREED** that the action plan addressed the recommendations made with the Wales Audit Office report.

**QSE 17/065 WELSH RISK POOL SERVICES AND
LEGAL AND RISK SERVICES ANNUAL REVIEW**

The low number of clinical negligence claims in Cardiff was welcomed and it was suggested that this was probably as a result of the work undertaken through Putting Things Right (PTR). It was noted that the PTR solicitors had withdrawn the service. This would not heavily impact the UHB with 9% usage, (the Welsh average was 24%) however, legal fees would increase.

UHB 17/066 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The Minutes were received and noted. The Executive Nurse Director agreed to discuss the attendance of the CHC at these meetings with Mr Allen separately.

Action – Mrs Ruth Walker

1. CLINICAL DIAGNOSTICS AND THERAPEUTICS – JANUARY AND FEBRUARY

The attendance of Ms Pritchard was welcomed.

2. MENTAL HEALTH - JANUARY AND FEBRUARY

3. PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JANUARY

Mobile coverage within parts of the Vale of Glamorgan would be discussed separately as staff were unable to use their equipment in some places.

Action – Mrs Ruth Walker and Dr Fiona Jenkins

4. SPECIALIST SERVICES – FEBRUARY X 2

5. MEDICINE (AND ACUTE AND EMERGENCY WAITS) – JANUARY, FEBRUARY AND MARCH

6. SURGERY – JANUARY

7. CHILDREN AND WOMEN – JANUARY

8. DENTAL – JANUARY

It was noted that there was more work to be done on the depth and breadth of the agenda in the Dental Clinical Board and this was being pursued.

Action – Mrs Carol Evans

QSE 17/066 AGENDA FOR THE PRIVATE QSE

The agenda was noted.

QSE 17/067

ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

- Funding for Patient Wristbands to be considered at Management Executive.
- Report to Board in July on Patient Safety Solutions, Alerts and Notices with timeframes and mitigating actions.
- Request PPP Committee (or its successor) to consider the comments from Staff Representatives on catering and the value for money of the all Wales catering contract for food.

QSE 17/068

REVIEW OF THE MEETING

There was nothing to add to the meeting, however, the Chair invited Mr Alun Jones of HIW to provide his observations on the meeting. Mr Jones said it was interesting to see the range of items discussed at the meeting, particularly the items that had concerned HIW, in particular patient falls and suicides. He found the debate on patient wristbands interesting and welcomed the discussions on HIW inspections and the themes from these contained in a number of the reports. In addition, the sharing of lessons learned was valuable. He acknowledged that it was evident the UHB was trying to identify issues before HIW.

The Executive Nurse Director recommended that HIW look at the regular Patient Safety, Quality and Experience reports to the Board for more detail and thanked Mr Jones for the HIW recommendation to ABMU of the need to share their learning disability data with the UHB.

QSE 17/069

DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 20th June 2017.