

**CONFIRMED MINUTES OF A MEETING OF THE QUALITY, SAFETY AND
EXPERIENCE COMMITTEE HELD AT 9am ON 20 JUNE 2017
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Maria Battle	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

In Attendance:

Abigail Harris (part)	Director of Planning
Carol Evans	Asst. Director Patient Safety and Quality
Catherine Salter	Observer (Health and Safety Representative)
Daniel Price (part)	Deputy Chief Officer CHC
Fiona Jenkins (part)	Director of Therapies and Health Sciences
Fiona Salter (part)	Staff Representative
Dr Graham Shortland (part)	Medical Director
Helen Donovan (part)	Senior Nurse, PCIC
Jonathan Webb (part)	Observer, Legal and Risk
Kay Jeynes (part)	Director of Nursing, PCIC
Peter Welsh (part)	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Sue Morgan (part)	Director of Operations, PCIC
Steve Curry	Interim Chief Operating Officer
Stuart Egan	Staff Representative
Urvisha Perez	Observer – Performance Auditor, WAO

Apologies:

Cllr Susan Elsmore	Independent Member – Local Authority
Angela Hughes	Acting Assistant Director Patient Experience
Dr Sharon Hopkins	Director of Public Health Medicine
Stephen Allen	Chief Officer CHC

Secretariat:

Julia Harper

QSE 17/080

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular, Urvisha Perez from Wales Audit Office who was attending the meeting as an observer, as part of Wales Audit Office Structured Assessment work.

QSE 17/081

APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 17/082 DECLARATIONS OF INTEREST

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

QSE 17/083 MINUTES OF THE COMMITTEE HELD ON 18th APRIL 2017

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

QSE 17/084 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 of 10 refurbished bathrooms did not demonstrate any significant decrease in the number of falls. However, one ward had seen a significant reduction, C1, and further work would be undertaken to identify the reason for this. The Chair asked for an analysis of the impact of colour to be undertaken at the same time. In addition, investigation into the use of transportable toilet bags (as per Manchester) would also be considered.
Action – Mrs Carol Evans

QSE 17/051 Mental Health QSE Sub Committee – In the absence of an update on identified action, the Chair asked that the individuals be invited to attend the next meeting.
Action – Mrs Julia Harper

QSE 16/192, 17/023, 17/048, Care of the Deteriorating Patient – There were systems in place, but this was not a single system. A report would be provided for the September meeting.
Action – Dr Graham Shortland

QSE 17/063 Healthy Restaurant and Retail Policy – In the absence of the Director of Planning, the Chair asked when healthy eating would be advertised in the UHB catering facilities.
Action – Mrs Abigail Harris

QSE 17/085 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

No action had been taken in between meetings.

Ms Helen Donovan, Interim Senior Nurse, Vale Locality, PCIC Clinical Board, presented Sally’s story. Sally was 26 years old and severely disabled. Due to an eating disorder, and due to her poor physical health, she could not be actively treated when she was diagnosed with MS. This led to an extended period of rehabilitation at Rookwood Hospital, completely dependent on others to meet her daily living and care needs. Sally also had challenging behaviour, OCD, anxiety and depression.

On discharge, Sally remained at home for almost 3 years with a comprehensive package of care. This package broke down when she became non compliant with her treatment which resulted in her BMI falling to an unacceptable level and she developed a non healing pressure ulcer. As a result, Sally was admitted to UHL.

Although Sally requested a quick discharge home, there was a difference of opinion as to whether she had capacity to make a safe decision. The community staff felt unable to support her discharge at that point, involved the full MDT and agreed a specialist care home placement should be made in her best interest.

Sally continued to ask to go home and the DoLs team and an independent advocate were brought in to support her. Sally’s physical and mental health improved as she continued to put weight on. As her capacity returned, and she understood the consequences of non compliance with treatment, a package of care was put in place for Sally to return home. Sally said “I am happier and in control of my life. I feel more confident and independent”.

The Chair invited comments and questions:

- The cost of a specialist nursing home was £107k and the care package at home was £50k. More importantly, Sally was happier and where she wanted to be. It was noted that a saving was not always the case, and normally it was more expensive to provide a comprehensive care package at home.
- Sally’s insight improved as she managed to put weight on and her physical health improved.
- Decisions on capacity were complex as acute consultants disagreed initially with the community team who were better acquainted with Sally. In addition, there was a lack of family support.
- The community team went above and beyond to meet Sally’s wishes as soon as they thought she was safe to return home.
- Around 80 patients currently had home care packages at a cost of £4m.

The Chair thanked Ms Donovan for presenting. The Committee **NOTED** the excellent example of advocacy in this patient story.

QSE 17/087

PRIMARY COMMUNITY & INTERMEDIATE CARE CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

Mrs Kay Jeynes advised that the Reviews undertaken in Prison Services and Asylum Seekers had been omitted from the report in error.

The Chair invited comments and questions on the report:

- Triangulation was not going well with commissioned services as the framework was outdated and awaiting Welsh Government review. UHB services were diverse but one theme was accessibility and waiting times for drop-in services. The Committee could expect to see reference to this in the Sub Committee Minutes.
- It was confirmed that sensory loss was included in engagement work.
- Guidance was awaited from Welsh Government on the uptake of GP enhanced service for adults with learning disability. In the meantime, this was being picked up by the contract monitoring team.
- Recruitment had improved. Workforce planning was being undertaken to map the need for staff over the next 5 years. There were currently 10 vacancies, a significant number for the Clinical Board. Efforts were being made to make jobs flexible and attractive and to retain staff. Exit feedback was being gathered in order to make improvements. However, recruitment was taking some time particularly when novice starters were appointed – this was the first time such staff were appointed. 40% of nursing staff were aged over 50 years.
- Specialist Nursing staff were key to supporting patients and reducing the need for clinic follow up appointments eg Diabetes reduced by 30%. This could be expanded to other specialties but required careful thought and modelling. It was agreed that the new Committee would be asked to consider this developmental work and connectivity with University syllabus.
Action – Mr Peter Welsh
- It was agreed that the new Committees would be asked to scrutinise PCIC's top priorities and the impact of the Local Delivery Plan.
Action – Mr Peter Welsh

ASSURANCE was provided by:

- The Internal Audit Department provided substantial assurance on the processes in place for quality, safety and experience within the Primary, Community & Intermediate Care (PCIC) Clinical Board (2016).

The Quality Safety and Experience Committee:

- **APPROVED** the contents of the brief report of the PCIC Clinical Board QSE Sub Committee
- **NOTED** the areas for further action:
1) Increase the PPI activity across the breadth of the Clinical Board's provider and commissioned services

- 2) Ongoing work required to ensure that a comprehensive and responsive interface system of incident reporting was in place
- 3) The work required to treat and mitigate the Clinical Board's top 5 risks
- 4) The ongoing safeguarding work and monitoring of commissioned placements that was being undertaken across the commissioned nursing homes through the Locality Teams.

QSE 17/088 COMMUNITY HEALTH COUNCIL (CHC) REPORT

Mr Daniel Price, Deputy Chief Officer of the CHC corrected the dates in the report summary and highlighted commencement of follow up visits.

In terms of recommendations, the information requested on hand hygiene was available in the Infection Prevention and Control report. Repatriation information was not normally supplied to the CHC but the CHC had representation on other UHB Committees and Groups where this was discussed. Repatriation was discussed regularly and every Monday all Chief Executives considered such issues. This was another area that would benefit from system rules. It was noted that the Medical Director was discussing the production of a repatriation policy with a professor from Bristol in advance of the setting up of the Trauma network. Enforcement may require the introduction of charges for non compliance. The Committee requested that the CHC instigated a national debate on repatriation.

Action – Mr Daniel Price

It was agreed that, in addition to feedback to wards and departments, the CHC would, in future, provide feedback to the Equality Manager.

Action – Mr Daniel Price

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

QSE 17/089 CHARGES FOR LOST HEARING AIDS POLICY AND PROCEDURE

The Director of Therapies and Health Sciences, Ms Fiona Jenkins confirmed that patients would be supplied with a new hearing aid but that they would be followed up for payment if they did not meet the exemption criteria.

ASSURANCE was provided by:

- Compliance with all Wales Policy
- An independent Appeals process was available so exceptional circumstances could be taken into account

The Quality, Safety and Experience Committee:

- **APPROVED** the Charges for Replacement of Lost Hearing Aids Policy

- **APPROVED** the full publication of the Policy in accordance with the UHB Publication Scheme.
Action – Mrs Julia Harper

QSE 17/090 EXTERNAL REGULATORY AND ACCREDITATION VISITS TO CLINICAL DIAGNOSTICS AND THERAPEUTICS SERVICES

The Executive Nurse Director, Mrs Ruth Walker commented that the report was positive, demonstrated robust governance and showed lessons had been learned. The Chair agreed to write a letter of thanks and support to the Clinical Board.

Action – Ms Maria Battle

ASSURANCE was provided by:

- The findings of the inspection visits, and completion and closure of action plans.
- Accreditation awards

The Quality Safety and Experience Committee:

- **NOTED** the report made by the Clinical Diagnostics and Therapeutics Clinical Board to date and its planned actions
- **APPROVED** the approach taken by the Clinical Diagnostics and Therapeutics Clinical Board.

QSE 17/091 ANNUAL QUALITY STATEMENT (AQS)

The Executive Nurse Director thanked Mrs Carol Evans, Assistant Director of Patient Safety and Quality and her Team for the depth and breadth of the work throughout the year that culminated in the production of the AQS. The timetable for production had been brought forward this year, but more engagement work had been undertaken. Mr Price confirmed the CHC section would be provided immediately.

The Chair invited comments and questions on the report:

- A sentence would be added linking the work to the Intermediate Medium Term Plan (page 94).
- Consideration would be given to making reference to improvements in the Emergency Unit and the current situation with Paediatric Surgery, although the dates were possibly not appropriate for inclusion until next year.
- In terms of engaging with young carers, details could be found in the Carer's Report.
- The author was asked to check pages 85, 125 to include behaviour and 128 to specify which disability awards this referred to. In addition,

the use of charitable funds to enhance patient experience would be included.

- It was noted that the template for the AQS had been set by Welsh Government as it was considered that this was easier for public digestion. Therefore, it may not be possible to reference benchmarking in the AQS.
- It was agreed to insert the traffic lights for clinical audit on page 106.
Action – Dr Graham Shortland

ASSURANCE was provided by:

- The provision of the draft Annual Quality Statement 2016/2017.

The Quality, Safety and Experience Committee:

- **APPROVED** the Annual Quality Statement for 2016/2017 in draft; prior to full design work being undertaken in readiness for endorsement at the public Board meeting in July 2017.
- **AGREED** to include, where possible, comments made at the meeting.
Action – Mrs Carol Evans

QSE 17/092 HEALTH AND CARE STANDARDS SELF ASSESSMENT 2016/17

The Executive Nurse Director, Mrs Ruth Walker, presented the annual assessment that was undertaken either by Clinical Boards or Committees. Links were available for Members to see the detail of each assessment. The final version for each assessment was signed off by an Executive Director and an Independent Member. The whole process had been given Reasonable Assurance by Internal Audit.

Concern was expressed about the verification process for the self assessments. It was noted that there was a tool for this and there would be a move away from self assessment in future years in favour of constant monitoring by Committees - progress would be clear in the QSE Sub Committees' minutes. The annual report would contain more detail on progress against key pieces of work so that areas of non-delivery would be identifiable.

ASSURANCE was provided by:

- The comprehensive assessments of each standard.
- Corporate validation of Self Assessments

The Quality, Safety and Experience Committee:

- **CONSIDERED** the outcomes of the Health and Care Standards Assessment for 2016/2017.

The report was presented by the Executive Nurse Director, Mrs Ruth Walker. The agenda was growing in significance in terms of the work undertaken and the number of cases. This was challenging operationally and strategically with no resource increase to the Safeguarding Team.

One item raised was the deep distress caused to the local Somali community by the UHB's reporting of female genital mutilation (FGM). This was a Welsh Government requirement and the figures were significant. Whilst the UHB wanted to be respectful of this community's beliefs and culture, the message was unequivocal – FGM was a criminal offence and supporters of this practice could be charged with aiding and abetting. It was not clear whether the practice was taking place locally or abroad and this was being explored. Mr Hanuk commented that the Yemeni and Somali communities were some of the oldest in Wales and were now 4th/5th generation. It would be worth engaging with them and opening the debate. It was agreed to provide the Committee with details of the number of cases and the action being taken in response.

Action – Mrs Ruth Walker

Concern was expressed about safeguarding financial support to the Sexual Assault Referral Centre (SARC) as one Police force was not contributing. A joint meeting was about to be held. The UHB was clear that the model was working well and referrals were increasing.

The capacity of the Safeguarding Team was noted. An increase in resources would require a business case, although different ways of working, such as MASH, were proving supportive. In addition, it would be helpful to reference the Iris project and the bereavement work undertaken with charities.

Domestic homicide was an emerging agenda. Meetings had been held with Local Authorities to ensure a robust governance framework was in place.

ASSURANCE was provided by:

- The provision of a detailed Safeguarding report
- Safeguarding training and raising awareness across the Health Board encompassing all safeguarding themes
- The number of appropriate safeguarding referrals made
- Consistent approach across the Health Board
- Good working partnerships with statutory agencies

The Quality, Safety and Experience Committee:

- **NOTED** this report.

QSE 17/094

INFECTION PREVENTION AND CONTROL EXCEPTION REPORT

The Executive Nurse Director had nothing to add to the report. It was noted that half a ward was currently being refurbished but this did not include the provision of single rooms. Isolation rooms required specific criteria. With regard to the provision of single rooms, this required increased investment as well as a loss of capacity that depended on Welsh Government support. None of this work could be achieved without identification of a decant ward. It was also noted that UHW wards did not lend themselves easily to a new configuration. Given this, the UHB currently had no plans to create single rooms as no empty ward was available for decant purposes. The hospital was full and was in a catch-22 situation. However, one ward had flexed down to 19 beds and this would be used to refresh as many areas as possible over the summer months.

It was noted that significant capacity had been lost last year following outbreaks of D&V. Ideally, two wards needed to be identified – one for decant to enable a rolling programme of refurbishment and one to re-provide a ward of single rooms. To achieve this, demand had to be reduced. The Chair requested that this plan be brought to the July Board.

Action – Mrs Abigail Harris

The resource available in the IPC Team was raised frequently and also featured in the Neonatal Unit external report. If investment in this area provided payback financially, it was worth reconsidering. It was therefore agreed to revisit the resource risk assessment.

Action – Mrs Ruth Walker

The UHB was carrying a risk at senior nurse level but it was not clear if investment in this area would bring savings elsewhere. Additional staff may not result in reduced levels of infection because many of the issues were linked to the fabric of the estate and antimicrobial prescribing.

LIMITED ASSURANCE

The Quality, Safety and Experience Committee:

- **APPROVED** and **NOTED** the content of the paper.

QSE 17/095

CLEANING STANDARDS

The Director of Planning, Mrs Abigail Harris commented that this had been discussed at the Health Systems Management Board. Resources did not benchmark well in low risk areas and some of the public areas were not prioritised and were looking shabby. An internal audit would be carried out in the near future.

Reference was made to findings in the external report on the Neonatal Unit. This cited the use of the correct cleaning solution, but the wrong process (not

being left long enough before washing off) and the fact that the special cleaning machine could not be used when the operator was on holiday. This was a training issue which the department was addressing, along with attempts to stabilise the high turnover and vacancy rates.

It was hoped that the good practice of each ward having its own housekeeper managed by the ward Sister or Charge Nurse would be strengthened, avoiding the need to move staff around.

LIMITED ASSURANCE was provided by:

- KPI scores on Very High and High Risk areas were meeting targets.
- 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:

- **AGREED** the implementation of the Credits for Cleaning and Welsh Government Standards were being embedded and scores had improved to meet targets (or were being managed for immediate improvement) in the high priority areas (Very High and High Risk) given the current resource profile.
- **AGREED** that the Health and Safety Committee would receive a further report on clutter and cleaning at fire exits.

Action – Mrs Abigail Harris

QSE 17/096 INDEPENDENT REVIEW OF THE MANAGEMENT AND RESPONSE TO ACINETOBACTER OUTBREAKS IN 2015

The report was presented by the Executive Nurse Director, Mrs Ruth Walker. It was noted that there was always an element of infection within hospitals, but where patients were placed affected its spread. On occasions, the UHB had reached the point where there was no physical space for this client group and admissions had been halted. However, a new environment was identified and made available very quickly.

The lesson was that the UHB knew it had a high risk (as identified in the CRAF), but failed to act. Fortunately no deaths had resulted from the infections. This had been a difficult agenda to balance, given the inertia whilst waiting for the outcome of the South Wales Plan that would have addressed the shortcomings.

Concern was expressed about the findings on hand hygiene. This was free and was within the UHB's control. The Policy was clear and had been

recently reiterated at the Health Systems Management Board and was also being reiterated at Clinical Board Performance Reviews.

ASSURANCE was provided by:

- Findings of the Independent review
- The development of a robust improvement plan to address the recommendations

The Quality, Safety and Experience Committee:

- **NOTED** the contents of the report
- **APPROVED** the improvement plan
- **AGREED** to receive 6 monthly progress updates on improvements (December and June)
Action – Mrs Ruth Walker

QSE 17/097 POINT OF CARE TESTING

The Medical Director, Dr Graham Shortland, gave a verbal update on the governance issues associated with POCT (point of care testing). It was important to have robust governance and accountability arrangements to ensure patients were not harmed. This was difficult without a national policy although the Committee would be asked to approve a local policy in September where POCT results would be sent directly to the clinical portal, providing a better audit trail.

The Committee **NOTED** the update.

QSE 17/098 CORPORATE RISK AND ASSURANCE FRAMEWORK

The Director of Corporate Governance, Mr Peter Welsh reminded Committee of the complete review of risk management that was being undertaken.

ASSURANCE was provided by:

- Mitigation of 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.
- **AGREED** to give further consideration to whether the risk descriptors and controls identified were adequate to provide assurance to the Committee. Comments would be provided to the Director of Corporate Governance by 20th July.
Action – All Members and Attendees

QSE 17/099 CARE OF THE DETERIORATING PATIENT

The Chair had requested that the Committee debate this item as it had remained unresolved for a number of years and the previous Chair of the Committee had expressed her concern that no way forward had been agreed. This item had already been raised as part of the Action Log and it was agreed that a report with clear timelines would be presented in September.

Action – Dr Graham Shortland

QSE 17/100 PATIENT WRISTBANDS

The Executive Nurse Director, Mrs Ruth Walker, gave a verbal update to the Committee as the UHB was being criticised for not implementing the Safety Notice. The Board had previously placed this Safety Notice on hold as it was not considered a top priority. A business case for a solution would be presented in July to the BCAG and it was also agreed to include IT requirements in the IM&T Outline Plan.

Action – Mrs Ruth Walker

QSE 17/101 CANCER PEER REVIEWS - BRAIN

The Medical Director, Dr Graham Shortland, reminded Committee that peer review was a good process and as the second cycle was entered, comparison would be possible. The process was moving into specialty areas but the teams needed support across the cancer pathway and this would be highlighted to the cancer network.

Action – Dr Graham Shortland

Concern was expressed that WHSSC had not prioritised several areas that had been brought to their attention and the UHB Board was not cited on the detail of the decision making.

There was some confusion with the structure of the network. For example, doctors were locally accountable and not accountable to the network. It was agreed that the Medical Director would brief the Chair in order for her to raise all the issues with the Chair of the WHSSC QSE Committee.

Action – Dr Graham Shortland and Miss Maria Battle

Mr Curry reported that he had met with the commissioning team where he had discussed the risk impact on the UHB priority areas that were currently not being supported and flows from other Health Boards. All issues came back to the lack of system rules and how Health Boards collaborated generally. It was agreed to undertake work on rules in order to challenge WHSSC and the cancer network.

Action – Dr Graham Shortland

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Healthcare Inspectorate Wales Cancer 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 and
- **DID NOT AGREE** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern. A report on “system rules” and collaboration would therefore be received at the September meeting.
Action – Dr Graham Shortland

QSE 17/102 MORTALITY DATA AND MORTALITY REVIEW

The Medical Director, Dr Graham Shortland, presented the 6 monthly trend report and made specific reference to the number of patient deaths at weekends. Fortunately, this demonstrated there was no significant difference. Further observation and work demonstrated that the allegations of higher incidence of deaths at weekends had been overstated in the media, probably by the use of inappropriate data. It was noted, however, that a different population of patient was admitted at weekends which did impact the likelihood of death. Mortality would continue to be monitored and the UHB still had the lowest crude mortality in Wales.

ASSURANCE was provided by:

- Monitoring of Mortality measures reviews
- Mortality Data

The Quality, Safety and Experience Committee:

- **AGREED** the ongoing proposed plans for mortality reviews.
- **NOTED** the planned introduction of the Medical Examiner Role.
- **NOTED** the discussion about weekend mortality.

QSE 17/103 UPDATE ON HEALTH INSPECTORATE WALES ACTIVITY

The Executive Nurse Director, Mrs Ruth Walker gave an overview of the very positive report. There were still some areas that required further work, in particular engagement with Mental Health staff.

The Chair requested that a progress report on the plans for a single point of entry for Paediatric Emergencies be brought to the next meeting in September.

Action – Mr Steve Curry

ASSURANCE was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the inspections that have been undertaken
- **AGREED** that the appropriate processes were in place to address the recommendations
- **AGREED** that a future report, outlining progress should be presented at the October 2017 Committee.

QSE 17/104 CARERS INFORMATION AND CONSULTATION STRATEGY

ASSURANCE was provided/demonstrated by:

- The progress and actions highlighted within the report.

The Quality, Safety and Experience Committee:

- **NOTED** and **APPROVED** the contents of the annual report

QSE 17/105 MANAGEMENT OF OUTPATIENT FOLLOW UPS AND ENDOSCOPY SURVEILLANCE

Ms Caroline Bird attended the meeting to comment on the strategy for outpatient follow ups and its impact on the number of patients waiting and the improvement in the waiting times for endoscopy.

The Chair invited comments and questions:

- Asked why the UHB had the highest DNA rates in Wales, it was noted that the number varied by specialty and was part of the Transformation work. It was suspected that the figures may, in part, be due to data quality issues and “cashing up” at the end of clinic.
- Assurance was provided that there had been an 80% reduction in the number of highest risk patients waiting.
- It was noted that work was ongoing and that there was no quick fix option available.

ASSURANCE was provided by:

- Progress made against the UHB’s Outpatient Follow Up Improvement Strategy and the re-focus of actions to increase the pace of improvement

- Outpatient Transformation was one of the Health Board's priorities for 2017/18 and was a key element of the National Planned Care Programme
- Reduced volume of patients waiting greater than 8 weeks and an improved risk profile for endoscopy surveillance patients.

The Quality, Safety and Experience Committee:

- **NOTED** the current position and work ongoing in relation to the management of outpatient follow up care and endoscopy surveillance.
- **AGREED** to receive a further report in February 2018.
Action – Mr Steve Curry

QSE 17/106 TRAUMA AND ORTHOPAEDIC JOINT REVISION RATES

The Medical Director, Dr Graham Shortland advised Committee that he had brought this report at the request of the Audit Committee where concern was expressed about the high number of joint revisions undertaken at the UHB. He confirmed that the reason for this was the UHB's use of an implant that was identified, by the manufacturer, as being substandard. All costs associated with the increased work had been reimbursed by the manufacturer. The Committee regretted the impact of this on patients.

ASSURANCE was provided by:

- A National UK Programme of monitoring hip replacement products had been introduced to better predict failure rates and reduce the likelihood of a further large scale product failure.
- Strict choice of local implants to produce better outcomes
- Established programme of audit and clinical review, including NJR
- Results over the last five years (NJR) confirmed revision ratios within normal outcome limits.

The Quality, Safety and Experience Committee:

- **APPROVED** the ongoing programme of audit and product selection to ensure improved patient outcomes.

QSE 17/107 SINGLE ROOMS, DECANT FACILITIES AND ISOLATION ROOMS AT UHW

Given the earlier discussion, it was agreed that no further comment was required on this report and it would be referred to Health Systems Management Board.

Action – Mrs Abigail Harris

LIMITED ASSURANCE was provided by:

- NWSSP – Specialist Estate Services Isolation Room Ventilation Inspection Report March 2017
- Capital Investment agreed to improve the existing ward environment on B6.

The Committee:

- **NOTED** the position in relation to the identification of a decant ward area that would enable a rolling proactive ward refurbishment programme to be implemented.
- **NOTED** the plans for an estates strategic plan which would set out the programme for development of the estate – both hospital and community facilities in order to deliver the strategy and ensure facilities were fit for purpose and sustainable.

QSE 17/108 COMMUNITY MENTAL HEALTH TEAM (CMHT) ACCOMMODATION – UPDATE ON PLANS

The Director of Planning, Mrs Abigail Harris advised Committee of current thinking around the critical mass needed for larger community mental health teams. This would mean that 3 teams would need accommodation in the new Hubs.

The Chair requested a timescale for the delivery of BIG 2. This would be discussed with the Director of Corporate Governance as to where and when this should be received.

Action – Mrs Abigail Harris

LIMITED ASSURANCE was provided by:

- Long term solution identified as part of Shaping Our Future Wellbeing in the Community Programme.
- Short term solution being considered at joint meetings with Local Authorities from Cardiff and the Vale.

The QSE Committee:

- **NOTED** the situation in relation to the current CMHT accommodation.
- **NOTED** the potential outcome of the review of CMHTs and the implications for accommodation.

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

QSE 17/109 HM CORONER REGULATION 28 PREVENTION OF FUTURE DEATHS

ASSURANCE was provided by:

- The actions undertaken following conclusion of the internal investigation in conjunction with the response 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 investigation and Coroner's recommendations.

UHB 17/110 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – APRIL**
2. **MENTAL HEALTH – MARCH AND LESSONS LEARNED – MAY**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - MARCH**
4. **SPECIALIST SERVICES – NO REPORT SINCE FEBRUARY**
5. **MEDICINE (AND ACUTE AND EMERGENCY WAITS) – APRIL**
6. **SURGERY – MARCH AND APRIL**
7. **CHILDREN AND WOMEN – FEBRUARY AND MARCH**
8. **DENTAL – MARCH**

QSE 17/111 AGENDA FOR THE PRIVATE QSE

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

QSE 17/112 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

Report to July Board on plans for decant facilities, single and isolation rooms.

QSE 17/113 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 17/114 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 12th September 2017.