

**MINUTES OF THE MEETING OF THE  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT  
9AM ON 17 APRIL 2018  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Maria Battle	UHB Chair
Michael Imperato	Independent Member – Legal

**In Attendance:**

Abigail Harris (part)	Director of Planning
Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
Lee Davies	Deputy Chief Operating Officer
Dr Rebecca Broomfield	Clinical Leadership Fellow (Observer)
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Stuart Egan	Staff Representative

**Apologies:**

Dawn Ward	Independent Member – Trade Union
Peter Welsh	Director of Corporate Governance
Dr Sharon Hopkins	Director of Public Health
Steve Curry	Interim Chief Operating Officer
<b>Secretariat:</b>	Julia Harper

**QSE 18/043                      WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting, in particular, Members of the Clinical Board for Children and Women who were attending the meeting to deliver the patient story and their quality and safety report.

**QSE 18/044                      APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**QSE 18/045                      DECLARATIONS OF INTEREST**

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

**QSE 18/046                    MINUTES OF THE SPECIAL COMMITTEE HELD ON  
13<sup>th</sup> FEBRUARY 2018**

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

**QSE 18/047                    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:

1. **QSE 17/138 and 17/179 & 18/004 Nutrition and Catering Policy and Never Event NG Tube** – Work to update the Policy continued. This would be brought back to the Committee for approval.  
**Action Dr Fiona Jenkins**
2. **QSE 17/204 & 18/004 IPC Tier 1** – The UHB Chair reported that she would take on the role of Board Champion for Cleanliness and Hygiene herself. **Complete.**
3. **QSE 18/012 Committee Workplan** – There had been no changes to the Committee Workplan following the Board Development Day, but Members may, in future, find more detail in reports with overarching reports at Board. **Complete.**
4. **QSE 18/019 Outpatient Follow Ups** – No update on the reasons for DNAs was provided.  
**Action – Mr Steve Curry**

**QSE 18/048                    CHAIR'S ACTION TAKEN SINCE THE LAST MEETING**

The Chair reported that together with two Independent Members, the Medicines Management Policy and Medicines Code had finally been approved and published on receipt of the Equality and Health Impact Assessment.

**QSE 18/049                    PATIENT STORY – CHILDREN AND WOMEN'S  
CLINICAL BOARD**

The Executive Nurse Director introduced Ms Sarah Spencer, Senior Midwifery and Gynaecology Manager as the Royal College of Midwives Midwife of the Year. Mrs Walker advised that this was the second year running that a midwife from the UHB had won this award. This award relied on patients to nominate midwives who had delivered exceptional service.

Ms Spencer shared the patient story that had led to her nomination for the award and related to the care given to all parties in a surrogate pregnancy. Following a failed pregnancy and subsequent infertility, Surrogacy UK supported two couples from Birmingham and Barry to conceive twins through IVF.

As soon as the families made contact with the UHB Maternity Service, a meeting was arranged with all parties to discuss their needs and wishes throughout the pregnancy and birth. As an elective caesarean delivery was planned, it was possible for the parents to make arrangements to attend the hospital for the birth and all were present in theatre. Care was taken to support the new parents and their extended family with their babies whilst special arrangements were made for the surrogate mother. Staff even made it possible to get the father's name included on the birth certificate.

Such situations were still rare, but staff went through the legislation carefully and made every effort to ensure all parties had a good birth experience.

The Chair thanked Ms Spencer for delivering the inspirational patient story and congratulated her on the RMC award.

## **QSE 18/050                      CHILDREN AND WOMEN'S CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT**

Mrs Cath Health, Director of Nursing, and Rachel Burton, Director of Operations for the Children and Women's Clinical Board attended the meeting to present their comprehensive report.

Mrs Heath described the governance arrangements for the Clinical Board and reported good representation at quality and safety meetings. In addition, an Internal Audit had provided substantial assurance in the risk management arrangements, although the Clinical Board still carried some substantial risks.

Ms Health also described the developments and successes over the last 18 months including achievement of the Baby Friendly Initiative status and significant improvement in infection rates. She advised that the current focus was on developing a Children's Charter and embedding children's rights and sustaining good referral to treatment times.

The Chair invited comments and questions on the comprehensive report:

- It was requested that details of mortality and morbidity reviews and information governance issues were included in this report and on the agendas of quality and safety meetings.
- The importance of getting children's views on their services was stressed so they were able to contribute to their own care and services were shaped to their needs. In addition, Cardiff Council was committed to working towards becoming a child friendly city. The Clinical Board was also at the start of a 3 year programme to implement the new ALN

Bill (Additional Learning Needs). Mrs Rose Whittle was leading a UHB Group to develop this.

- It was suggested that there may be opportunities to work with the Council and access training programmes on ALN and Cllr Elsmore would provide links to this if required.
- A request was made for the Clinical Board to review their risks around medical devices and to ensure this was discussed at quality and safety meetings.
- Each death in the Clinical Board was thoroughly reviewed including stillbirths. No themes or causes of concern had emerged in the last year.
- In terms of PICU, this was a WHSSC commissioned service. However, WHSSC had requested evidence to support the plan to introduce a 7<sup>th</sup> bed. It was anticipated that recruitment would not be a problem if this was progressed.
- 16 cots were open including 4 in HDU and 8 in special care and there was flexibility. The UHB was now operating at commissioned capacity.
- There were good links with the CAMHS.
- There was engagement with children in local schools to ensure a diverse range of views were captured.
- Children would be part of the interview process for the new Psychologist.
- There were no repeated patterns of complaint in the Clinical Board and all were graded by the Executive Nurse Director.
- A reduction in the number of women smoking during pregnancy had been seen but the figures for 2017/18 were not yet available.

**ASSURANCE** was provided by:

- Internal Audit Risk Management Report 2016
- Regular Performance Management
- Governance and QPSE priority within the Clinical Board and Directorates

The Committee:

- **NOTED** the progress and approach taken by the Clinical Board and its planned actions.
- **APPROVED** the approach taken by the Clinical Board.

The Chair thanked the Clinical Board for the report and their attendance.

## **QSE 18/051          COMMUNITY HEALTH COUNCIL (CHC) REPORT**

The CHC Chief Officer, Mr Stephen Allen, presented the report that identified areas of good practice as well as areas of concern. He highlighted the areas of sensory loss, capacity in Gwenwyn ward, the recommendations made, and the UHB's positive response to visit reports with 90% of recommendations having been actioned. In future, advocacy would be integrated into visits.

In general, comments from visits were positive on the level of care provided by staff and it was pleasing to hear from staff what they were doing to enhance the patient experience.

Mr Allen advised that the CHC had set up a system for patients to send live text updates to the CHC on the care they were receiving whilst in hospital. In addition, publication of an all-Wales report on the effects of delayed treatment on patients was imminent – “Our Lives On Hold”. It was agreed that this report would be received at the Committee.

**Action – Mr Stephen Allen**

Mrs Walker advised the Committee that the quality of UHB responses to CHC reports had improved and that intelligence gathered by the CHC influenced both HIW's and Welsh Government's perception of the UHB.

The Committee **RECEIVED** and **NOTED** the report of the CHC.

## **QSE 18/052                      HOT TOPICS – SERIOUS INCIDENTS INVOLVING WAST (WALES AMBULANCE SERVICES TRUST)**

The Executive Nurse Director, Mrs Ruth Walker gave an oral update on 11 serious incidents connected with WAST and commented that for several of these, the UHB had been completely unaware they had been reported by WAST.

Work was now underway to determine whether the UHB had contributed in any way to the delays in ambulance arrival at scene because they were stacked outside the A&E department. Regular meetings were being held with WAST and it had been agreed that the UHB would be kept informed of any future incidents. It had been a difficult winter, but these incidents demonstrated how important it was for the UHB to release ambulances as quickly as possible and in this regard, the UHB was constantly trying to improve patient flow.

Miss Battle reported that she had spent a day with a front line ambulance crew to get a better of feeling of the service and the challenges they faced. Interestingly, the general view of the crews was that patients were safer in the back of an ambulance than in a corridor in A&E. However, it would be even better for all concerned if there was better care within the community to avoid admission to hospital in the first place. It was clear that not all patients needed to come into hospital but this would require a substantial change in human behaviour.

The grading of ambulance calls was another area that required further work. It was suggested that some Independent Members may wish to spend time with the Ambulance Service and this would be arranged if requested.

It was **AGREED** to receive a progress update in June.

**Action – Mrs Ruth Walker**

**QSE 18/053**

## **QUALITY SAFETY AND IMPROVEMENT FRAMEWORK UPDATE**

The Assistant Director of Patient Safety and Quality, Mrs Carol Evans presented the report and advised that broad cross cutting themes from the Clinical Boards had been considered in order to develop areas on which to focus in 2018/19. Good progress had been made and better connectivity was seen across the Clinical Boards.

It was noted that Welsh Government had set its areas for focus for the next year and included orthopaedics and ophthalmology. It was suggested that the values based work be included in the framework along with the work on transformation.

Dr Shortland reported that outcome measures for ophthalmology were being developed for roll out.

An issue with end of life care was raised. Community nurses had expressed their concern that they were attending patients who needed IV drugs when death was imminent, yet they had not had any contact with the family previously who had been cared for by Macmillan nurses. This was not providing a good experience for the patient, the family or the staff. It was agreed that this would be investigated further, including whether the Hospital at Home Service was able to administer IV drugs. The CHC also raised the difficulty of getting prescription drugs through the Out of Hours system.

**Action – Mrs Ruth Walker**

**ASSURANCE** was provided by:

- The range of achievements during 2017-2018
- Identification of particular areas for focus during 2018-2019

The Quality, Safety and Experience Committee:

- **CONSIDERED** progress with implementation of the Quality, Safety and Improvement framework.
- **NOTED** the main high level achievements for 2017/2018.
- **AGREED** to monitor the implementation of the Framework and to receive a more detailed outcome based report in June 2019.

**QSE 18/054**

## **ETHICS COMMITTEE TERMS OF REFERENCE AND NEW CHAIR**

The Medical Director, Dr Graham Shortland advised that the Ethics Committee was looking more at UHB wide ethical issues rather than individual cases. Any member of staff who wanted to serve on the Committee could approach the new Chair for further information. Dr Shortland thanked Dr Richard Hain for his Chairmanship of the Committee over many years.



**ASSURANCE** was provided by:

- Review and updating of the Terms of Reference for the Clinical Ethics Committee
- Plan for greater awareness of the work of the Committee

The Quality, Safety and Experience Committee:

- **NOTED** and **AGREED** the Updated Terms of Reference including exception reporting to Quality, Safety and Experience Committee, (Appendix One).
- **NOTED** the appointment of the new Chair, Professor Angus Clarke.

## **QSE 18/055 OUT OF DATE QSE POLICIES**

The Executive Nurse Director, Mrs Ruth Walker presented the report that highlighted the number of out of date policies and procedures but also demonstrated the progress that had been made to reduce the number outstanding. Mrs Walker explained to the Committee that there would always be a number out of date due to the nature and timing of the process.

Concerns were expressed that perhaps staff did not completely understand the process for getting controlled documents approved and perhaps the whole process could be simplified. It was agreed to ask Board to reconsider the Policy for the Production of Written Control Documents

**Action – Mr Peter Welsh**

**ASSURANCE** was provided by:

- Progress that had been made since the last report to the Committee in September 2017 and the intention to continue to address outstanding policies, procedures and guidance.

The Quality, Safety and Experience Committee:

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

## **QSE 18/056 CARE OF THE DETERIORATING PATIENT – REVISED RISK ASSESSMENT**

The Executive Nurse Director, Mrs Ruth Walker reminded Committee that a number of actions had been ongoing for some time concerning care of the deteriorating patient. This was a high risk to the UHB and the current process had been completely risk assessed through new methodology in order to take stock of where the UHB was, what mitigating actions were being taken and what else was needed.

There was a risk of death if staff failed to identify deteriorating patients, and there were currently inconsistencies in how measurements were taken and the nature of the response. The good news was that the previous trend was

not being seen and indicated that deteriorating patients were being spotted and treated.

The Chair invited comments and questions:

- It was important for the UHB to be honest and open in its organisational self-assessment and to develop an action plan in response.
- Ideally there should be a unified system for Hospital at Night and the Out of Hours service. In this regard, the Medical Director said he may need some resource following the changes to the junior doctor rota in April 2019. In response, the Finance Director said that as no new resource was available and the issue was not identified in the IMTP, money would have to be shifted from other areas.
- The future configuration of services at Llandough needed to be known before a plan for managing deteriorating patients could be developed.
- Hospital at Night was available at both hospitals and was safe but stressful. It had not been possible to sufficiently recruit to run the service. In terms of Out of Hours, this required a full range of clinical staff.
- There was sufficient capacity in the systems when the rotas were full but there were gaps. Junior doctors had started to report times when there were rota gaps. The UHB Chair reported that she would be shadowing a junior doctor through Hospital at Night as the Ambulance Service had reported some concerns when taking 999 patients from Llandough. There was a national cap on locum costs and all decisions were based on patient safety whilst being mindful of financial pressures. Though Hospital at Night was struggling, there was no evidence of an increase in incidents and Management Executive considered staffing issues on a weekly basis.
- It was suggested that families were often better placed to identify condition changes and deterioration and should be encouraged to report this to nursing staff. CHC Members would test this out during their visits.
- Ward based kiosks captured feedback on whether families felt involved in care decisions – this area scored highly.

**ASSURANCE** was provided by:

- Review of this risk by the Corporate Nursing Directorate as set out in the Risk Assessment at Appendix 1
- The control measures that were already being taken and actions identified to further reduce the score of this risk
- Oversight of this risk by the Executive Lead and this Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the current risk rating of 20.
- **CONSIDERED** the range of measures being taken to mitigate and reduce the risk that staff would fail to recognize the deteriorating patient.



- **AGREED** to receive further assurance on Hospital at Night in the Autumn.  
**Action – Dr Graham Shortland**

## **QSE 18/057                      INFECTION PREVENTION AND CONTROL – REVISED RISK ASSESSMENT**

The Executive Nurse Director, Mrs Ruth Walker presented the revised risk assessment for infection prevention and control and reminded Committee that the lack of single rooms for isolation remained an issue within the UHB. The risk assessment described the controls in place and the further work required. In particular, the IPC team was small, but with the current financial challenges and the improvements that had already been seen, there were no plans to increase its size in the IMTP. However, discussions would be held with Public Health Wales to fill all 6 sessions allocated to leading the IPC team.

Dr Shortland advised the Committee that the UHB was performing well on antimicrobial prescribing, particularly in the PCIC Clinical Board.

**ASSURANCE** was provided by:

- Review of this risk by the Corporate Nursing Directorate as set out in the Risk Assessment at Appendix 1.
- The control measures that were already being taken and actions identified to further reduce the score of this risk.
- Oversight of this risk by the Executive Lead and this Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the current risk rating of 20 and
- **CONSIDERED** the range of measures being taken to mitigate and reduce the risk associated with reduced capacity of the Infection, Prevention and Control team i.e. the potential that the UHB would not deliver the annual infection prevention and control programme and achieve the Welsh Government reduction expectations.

## **QSE 18/058                      PATIENT FALLS EXCEPTION REPORT**

The Director of Therapies and Health Sciences, Dr Fiona Jenkins told Committee that falls occurred because of a loss of balance or a patient's inability to maintain an upright posture. Many frail patients were compromised physically and medically and were therefore already at an increased risk of falling, particularly in unfamiliar surroundings and wide open spaces. The key to reducing falls was to keep patients in their own homes for as long as possible and much work was ongoing in the community and in nursing homes to support this. There was no undue concern at the number of falls reported. Within hospitals it was important to reduce the level of harm caused when a patient fell.

It was noted that Canterbury had managed to reduce the number of admissions because of a fall and the UHB had set up a Group to consider the falls pathway and monitor UHB figures. This topic would probably be considered later in the year by the Board as part of the UHB's Strategy.

**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 continued to be limited assurance relating to inpatient falls causing serious injury. The trend had not shown any increase. Ongoing analysis was being done as no specific hotspots had been identified which required targeted intervention.

The Committee:

- **NOTED** that the UHB was continuing to hold the reduced trend seen in 2016.
- **SUPPORTED** the key actions for 2018 with an emphasis on development of the community falls prevention pathway and service.

## **QSE 18/059          REPORT ON OUTLIERS**

Mr Lee Davies, Deputy Chief Operating Officer presented the report and advised that the aim was to align demand and supply. There was currently a mismatch and work was ongoing to balance the risk of delayed admission, admission to the wrong ward or maintaining patients in the back of an ambulance. The majority of outliers were medicine patients located on surgical wards.

Action had been taken to alleviate pressure but the UHB had seen much higher demand than the rest of Wales during a bad winter and consequently there had been an upturn in outliers. The Board would be receiving a review of the winter period at its meeting in May.

The Committee considered the hospital and community reasons for untimely discharges and noted that the impact of culture should not be underestimated. This would be amalgamated into the work on length of stay.

**LIMITED ASSURANCE** was provided by:

- The initiatives implemented for Winter 2017/18 to meet higher levels of demand, including a dedicated team for medical outliers.
- The daily management of patient flow to include the balance of risk approach described in the report.
- The formal approach in place within the UHB for reviewing winter planning.

The Committee:

- **NOTED** the level of outliers during the winter and the steps taken to reduce the risks associated with this including the establishment of a dedicated clinical team.
- **NOTED** the “balance of risk” approach to ensuring patients had timely access to a hospital bed to avoid greater potential risks related to extended EU trolley waits and the inability to release ambulances into the community.
- **ENDORSED** a review of Winter Planning in advance of planning for next winter to ensure adequate processes and “surge” bed capacity was available to mitigate the need for placing outlying patients.

## **QSE 18/060                      CANCER PEER RE REVIEW – CANCER PATHWAYS**

The Medical Director, Dr Graham Shortland told Committee that the UHB had been waiting for this work and it was slightly different from the usual specialty peer review that the Committee received regularly.

**ASSURANCE** was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and the Peer Review reporting process. Any concerns identified would be addressed via an action plan.

The Quality, Safety and Experience Committee:

- **NOTED** the report.
- **AGREED** that a formal action plan would be presented to the Committee in June 2018 following the agreement and discussion of cancer structures by the Management Executive.

## **QSE 18/061                      HEALTHCARE INSPECTORATE WALES (HIW) ACTIVITY UPDATE**

The Executive Nurse Director, Mrs Ruth Walker presented the update and advised Committee that it had come to light that HIW had undertaken a number of inspections in primary care that had not been shared with the UHB. HIW had promised to ensure this did not happen again and conveyed that no concerns had been identified. Oral feedback had been positive. Detailed reports from the visits would be shared with the Committee at a later date. Mr Allen reported that the CHC had undertaken joint primary care visits with HIW but had not been able to share the reports with the UHB as they were owned by HIW.

**ASSURANCE** was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Progress reports through the Clinical Board Quality, Safety and Experience Sub Committee (QSE), as well as through the Health Board QSE Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the level of HIW activity across a broad range of services.
- **AGREED** that the appropriate processes were in place to address the recommendations and to receive future assurance reports as the findings of the Thematic reviews were published.
- **AGREED** that a more detailed report and progress update on HIW activity in Primary Care services was received at the June 2018 Committee.

## **QSE 18/062                      ENDOSCOPY – SERIOUS INCIDENTS AND LESSONS LEARNED**

The Executive Nurse Director, Mrs Ruth Walker presented the report that described the action that had been taken and the lessons learned from 24 serious incidents received since May 2015. Root cause analyses had been undertaken and demonstrated that the administration system had failed. Serious Incidents (SIs) would continue to be reported to Board, but the number was not disproportionate to the population served.

It was hoped that the imminent start of a new consultant and nurse endoscopists would improve the position and sustainability. In addition, a single entry pathway was being developed. However, the department was not without issues and the team was being supported to work through these.

Questions on the timescale for polyp activity (page 123) were raised and would be referred to Mr Steve Curry outside the meeting.

### **Action Mr Steve Curry**

It was also noted that the Tentacle system had been implemented in gastroenterology and would be rolled out to lung and breast. The pros and cons of the system would be considered at Management Executive.

**ASSURANCE** was provided by:

- The actions identified to address the outstanding themes and trends.

The Quality Safety and Experience Committee:

- **NOTED** the current position and work ongoing in relation to the management of quality and safety issues in endoscopy services.
- **CONSIDERED** the actions currently being taken.
- **NOTED** the current position.
- **AGREED** a process for ongoing monitoring of the situation.

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

The following items were **RECEIVED** and **NOTED** for information.

## **QSE 18/063                      NUTRITION AND HYDRATION**

**REASONABLE ASSURANCE** was provided by:

- The status report submitted.

The Quality, Safety and Experience Committee:

- **NOTED** progress on actions listed within the Patient Nutrition, Hydration and Catering experience management action plan particularly in relation to the model ward pathfinder project and the pilot of the nutrition and dietetic service within the Emergency Unit.
- **WAS ASSURED** that the Nutrition and Catering Steering Group kept a regular review of the action plan to ensure and update on progress.

## **QSE 18/064                      MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES**

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – JANUARY**
2. **MENTAL HEALTH – MARCH**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JANUARY**
4. **SPECIALIST SERVICES – JANUARY**
5. **MEDICINE – JANUARY**
6. **SURGERY – JANUARY**
7. **CHILDREN AND WOMEN – NOVEMBER**
8. **DENTAL – NOVEMBER AND JANUARY**

It was noted that going forward there would be a focus on securing better medical engagement at quality and safety meetings, looking at the ways Directorates assured Clinical Boards and the content of the Dental agenda and minutes. Dr Jenkins asked Mrs Evans to remind Clinical Boards to assess their risk around medical devices and to report outcomes at the QSE Sub Committees.

**Action – Mrs Carol Evans**

In addition, the Children and Women's Clinical Board would be asked to submit their minutes in a more timely fashion.

**Action - Mrs Carol Evans**

**QSE 18/065                    AGENDA FOR THE PRIVATE QSE MEETING**

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

**QSE 18/066                    ITEMS TO BRING TO THE ATTENTION OF THE  
BOARD/OTHER COMMITTEE**

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

**QSE 18/067                    REVIEW OF THE MEETING**

There was nothing to add to the meeting.

**QSE 18/068                    DATE OF NEXT MEETING**

The next meeting would be held at 9am on Tuesday 12<sup>th</sup> June 2018.

Independent Members were reminded that a tutorial session had been arranged for them on 30<sup>th</sup> May 9.30am to 12.30pm in Llandough.

**Members were asked to notify Mrs Ruth Walker of any topics they would like to see covered.**