

**CONFIRMED MINUTES OF A MEETING OF THE QUALITY, SAFETY AND  
EXPERIENCE COMMITTEE HELD ON 18<sup>TH</sup> DECEMBER 2018  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Maria Battle	MB	Chair
Abigail Harris (Part)	AH	Director of Planning
Akmal Hanuk	AK	Independent Member – Community
Dawn Ward	DW	Independent Member – Trade Unions
Professor Gary Baxter	GB	Vice Chair/Independent Member – Cardiff University
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Dr Graham Shortland	GS	Medical Director
I Wile	IW	
Angela Hughes	AH	Asst. Director Patient Experience
Carol Evans	CE	Asst. Director Patient Safety and Quality
Michael Imperato	MI	Independent Member – Legal
Ruth Walker	RW	Executive Nurse Director
Nicole Foreman	NF	Director of Corporate Governance
Jayne Tottle	JT	Clinical Board Nurse – Mental Health
Susan Elsmore	SE	Councillor – Independent Member
Jennifer Jenkins	JJ	Director of Therapies & Health Science

**Secretariat:**

HB Helen Bricknell

**Apologies:**

Annie Proctor	AP	Clinical Board Director
Fiona Kinghorn	FK	Consultant in Public Health
Robert Chadwick	RC	Director of Finance

<b>QSE 18/185</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>QSE 18/186</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>QSE 18/187</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest made.	
<b>QSE 18/188</b>	<b>MINUTES OF THE MEETING HELD ON 16 OCTOBER 2018</b>  The minutes of the meeting held on 16 October 2018 were reviewed and confirmed to be an accurate record.  <b>Resolved that:</b>	

	The minutes of the meeting held on 16 <sup>th</sup> October were approved by the Committee as an accurate record.	
<b>QSE 18/189</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>QSE 18/144</b> – Work to support the Blood Inquiry was ongoing.</p> <p><b>QSE 18/138</b> – Cleaning Standards - There are some excellent patient stories to share from Estates and Facilities. They have a great performance data dashboard. Action complete.</p> <p><b>QSE 18/135</b> - Still awaiting Ombudsman Public letter to be released by the Ombudsman.</p> <p><b>QSE 18/155.1</b> –Welsh Government package of deals around securing urgent monies for urgent capital clinical schemes is being taken forward. Update to be provided at the February meeting.</p> <p><b>QSE 18/177</b> - Hot Topics – action would be discussed later in the meeting.</p> <p><b>Resolved that:</b> Members of the Quality, Safety and Experience Committee received and noted the action log.</p>	<p>RW</p> <p>AH</p>
<b>QSE 18/190</b>	<p><b>PATIENT STORY</b></p> <p>The patient story was introduced and the following comments were made:</p> <ul style="list-style-type: none"> <li>• A letter had been received from the daughter of a patient with Alzheimer’s Disease where all teams (including the ELPOP team support workers) had worked together to get the very best results for the patient.</li> <li>• Referrals were made to Third party services such as the British legion Admiral service on discharge to support the patients and families and to help to reduce length of stay.</li> <li>• Work was currently being undertaken within Mental Health Services inpatient areas which had led to a significant reduction in specialising, money savings and improved quality of care to patients. This work included an In-Reach service Clinical Model at Llandough.</li> <li>• There was dementia training for CAV UHB staff but training was enhanced when the team train staff on-the-job whilst they are supporting the patient</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Mental Health Clinical Board provided good assurance that they are taking learning and taking action from patient stories.</p> <p>(b) Assurance was required that the Clinical Board had an agreed plan for Medical Care at Hafan y Coed and the Llanfair Unit.</p>	<p>SC</p>

<p><b>QSE 18/191</b></p>	<p><b>MENTAL HEALTH CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE ASSURANCE REPORT</b></p> <p>The Mental Health Clinical Board introduced their assurance report and the following comments were made:</p> <ul style="list-style-type: none"> <li>• Length of stay for older people was almost double the national average so a Project Manager had been appointed to undertake improvement work to try to the reduce length of stay over the next 12-month contract. There were only two Senior Nurses so a Band 7 has been appointed to work closely with the Project Manager. The Complex Care Commissioning Team has also expanded.</li> <li>• Working Time Directive - small progress had been made with some shift pattern changes on some of the wards which allowed the UHB to be compliant with the Health &amp; Safety regulation in allowing staff to have meal breaks off the ward. The Clinical Board will continue to look at this but were struggling to meet complete compliance due to funding restrictions. This was discussed at the Strategy &amp; Delivery Group and the Clinical Board agreed to address this in their IMTP.</li> <li>• Adult Care admissions were discussed and it was noted that on a particular day 27% of patients did not need to be in on that day.</li> <li>• Nurse recruitment was good in this area because the nursing staff were well supported, therefore there were no issues recruiting nurses to the Clinical Board.</li> <li>• Concern was expressed that the percentage of the staff responding to the staff survey was disappointingly low and also the responses were disappointing. Issues such as sickness and bullying were of particular concern.</li> <li>• Police forces were doing a lot of training with regard to supporting the UHB when issues occur. One policewoman would be based in an office at Hafan y Coed.</li> </ul> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee approved the actions being taken by the Mental Health Clinical Board.</li> <li>(b) The action update be noted.</li> <li>(c) The Committee would like to see the Project Plan at the April Committee Meeting.</li> </ul>	<p>SC</p>
<p><b>QSE 18/192</b></p>	<p><b>PRESENTATION ON PATIENT SUICIDE (TOLERANCE)</b></p> <p>The presentation was introduced and the following comments made.</p> <ul style="list-style-type: none"> <li>• The background of the suicide was that approximately every 2 months 11 community deaths of patients known to the mental health services are reported as SI's. Not all the deaths are suicides. Mental Health Capacity Act Committee members had been invited to attend the presentation.</li> <li>• NCAS report for last year had been recently published. This showed that there were 11 suicides from January to October which was just slightly under the national average for the UK. Most</li> </ul>	

	<p>instances of death were drug overdoses or natural causes. 73% of suicides were people not known to the mental health services.</p> <ul style="list-style-type: none"> <li>• There were approximately 5,000 people on community caseloads across adult and older people services in any one year.</li> <li>• Referral rates seemed to be doubling every 4-5 years; 35,000 were currently being referred annually.</li> <li>• Chaplaincy had been very helpful at the Llandough site but this had been more difficult in the community.</li> </ul> <p><b>Resolved – that:</b> The Committee noted the presentation on patient suicide.</p>	
<b>QSE 18/193</b>	<p><b>TAWEL FAN REPORT</b></p> <p>The report was introduced and the following points raised during discussion by Committee Members:</p> <ul style="list-style-type: none"> <li>• In North Wales there had been a number of reports about the care provided by Tawel Fan. The biggest issue was that the patient's relatives' voices were not being listened to when they were raising concerns about patient care.</li> <li>• The Mental Health Clinical Board shared with QSE Committee the actions they were taking in order to prevent the poor practice in Tawel Fan occurring in Cardiff &amp; Vale University Health Board. They explained that data was being collated from patient satisfaction surveys. There was a social group for carers to meet every fortnight outside the hospital called ICAN. ICAN feedback concerns or areas of good practice some issues are raised there and actioned.</li> <li>• 15 carers group in the Vale were visited last year and the UHB gained some useful feedback from this exercise which had led to changes in service.</li> <li>• The Committee were asked to note the baseline assessment which had been undertaken in relation to learning from the Tawel Fan situation and note the actions which were being taken to progress the work so that CAV UHB did not find itself to be in the same position.</li> </ul> <p><b>Resolved – that:</b> The Committee noted the report.</p>	
<b>QSE 18/194</b>	<p><b>POLICIES FOR APPROVAL</b></p> <p>The following policies were put forward for Committee approval</p> <ol style="list-style-type: none"> <li>I. Being Open Policy</li> <li>II. Being Open Procedure</li> <li>III. Confirmation on an Expected Death by Nurses Policy and Procedure</li> </ol> <p><b>Resolved – that:</b> The Committee approved The Being Open Policy The Committee approved The Being Open Procedure The Committee approved Confirmation of an Expected Death Policy</p>	

<p><b>QSE 18/195</b></p>	<p><b>HEALTH AND CARE STANDARDS SELF-ASSESSMENT TIMETABLE FOR 2018/19</b></p> <p>The Health and Care Standards Self-Assessment Timetable for 2018/19 was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>• The report set out the timeline for completion.</li> <li>• w/c 13<sup>th</sup> May – during this week work would be happening with Executive members to sign off standards relating to the Quality, Safety and Experience Committee</li> <li>• w/c 20<sup>th</sup> May – during this week work would be taking place with Independent Members to sign off the files.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Committee approved the approach and timeframe.</p>	
<p><b>QSE 18/196</b></p>	<p><b>EMERGING THEME FROM UK MATERNITY SERVICE REVIEWS</b></p> <p>The report on Maternity Service Reviews was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>• Following the Morecombe Bay investigation into the deaths of babies at Morecombe Bay Hospital and emerging themes coming out of Shrewsbury and Telford and over the last few weeks an emerging theme from Cwm Taf Health Board the Executive Nurse Director felt it was timely to meet with the Children and Women Clinical Board and particularly Midwifery to go through all of the reports. Key areas to note were Medical staffing, lone working, ante-natal clinic transitional care and Maternity lifts. The Committee considered the areas and the actions that the Clinical Board were putting in place were robust. The Executives of the Health Board saw the report and were satisfied with the work being progressed and therefore the UHB was able to demonstrate that the learning the UHB has so far from one health board and two trusts in England was being addressed.</li> <li>• The CEO of the Royal College of Midwives had visited and spoke positively about CAV UHB. This was important as it was the practice and failure of the midwives in Morecombe Bay to work as an MDT and assess their own practice.</li> <li>• There had been no response from Cwm Taf UHB to CAVs Commissioning Officer with regards to the 80 women from CAVs community who chose to deliver in Cwm Taf. A formal request would go to Cwm Taf regarding this issue.</li> <li>• Regarding the Deanery, CAV UHB was undertaking a recruitment phase early next year for senior Grades in Obstetrics &amp; Gynaecology. The service was currently safe but there was a cost as it was not uncommon for Consultants to act down at registrar grade so CAV were paying a premium when this is occurring. The Clinical Board was hoping to fill more posts rather than expanding the number of trainees.</li> <li>• Regarding the Ante-natal clinic at Llandough a question was raised regarding where Mums would go to in the Vale and there was a request that Barry Hospital should be considered as an important hub. The Executive Director of Strategic Planning would consider</li> </ul>	<p>SH</p>

	<p>this action.</p> <ul style="list-style-type: none"> <li>The lifts were part of a refurbishment programme and there was a contingency in place. The priority on this was to be raised. The Executive Director of Strategic Planning was asked to report back progress at the next QSE meeting in February 2019.</li> </ul> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee considered the priority areas identified.</li> <li>(b) The Committee noted the baseline position and the Safety Improvement Plan that was being taken forward.</li> </ul>	<p>AH</p> <p>AH</p>
<b>QSE 18/197</b>	<p><b>ANNUAL QUALITY STATEMENT 2018/2019</b></p> <p>The Annual Quality Statement 2018/19 was discussed the following comments made:</p> <ul style="list-style-type: none"> <li>The report provided the timetable for development of 2018/2019 AQS. This would be the final year of production of the statement in this way. In the future the UHB would be expected to set up a live internet site providing this sort of information on an ongoing basis. Thereafter the AQS would be produced following patient stories through the year.</li> </ul> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee approved the plan and timescale.</li> </ul>	
<b>QSE 18/198</b>	<p><b>THEME 1: STAYING HEALTHY (HEALTH PROMOTION, PROTECTION AND IMPROVEMENT)</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/199</b>	<p><b>THEME 2: SAFE CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/200</b>	<p><b>HIGH VIGILANCE ARRANGEMENTS REQUIRED FOR THE USE OF SYNTHETIC VAGINAL MESH AND TAPE</b></p> <p>The report was discussed and the following comment made:</p> <ul style="list-style-type: none"> <li>Vaginal Mesh was a high profile issue and it was confirmed that CAV UHB did have a good register and significant expertise in this area and there was confidence that the UHB had met the conditions set out by Chief Medical Officer.</li> </ul> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>(a) The Committee noted the actions put in place by Medical Director</li> </ul>	
<b>QSE 18/201</b>	<p><b>INFECTION PREVENTION AND CONTROL</b></p> <p>The Infection Prevention and Control report was discussed and following comments made:</p> <ul style="list-style-type: none"> <li>Twice a year an IP &amp; C detailed report was presented to the</li> </ul>	



	<p>Committee with progress made. Welsh Government were happy with the progress being made.</p> <ul style="list-style-type: none"> <li>• Work had been undertaken regarding UTIs in care homes</li> <li>• C Section infection rates had seen dramatic improvements</li> <li>• The IP &amp; C team asked that the logos and the approach which CAV UHB was taking be refreshed.</li> </ul> <p><b>Resolved – that:</b> The Committee accepted the report.</p>	
<b>QSE 18/202</b>	<p><b>MEDICATION</b></p> <p>The report provided a six monthly update on the Medicines Management and how well it was progressing.</p> <p><b>Resolved – that:</b> (a) The Committee <b>NOTED</b> the actions and progress made.</p>	
<b>QSE 18/203</b>	<p><b>POINT OF CARE TESTING</b> This was discussed:</p> <ul style="list-style-type: none"> <li>• The report had already been discussed at HSMB. Point of Care Testing was reviewed periodically by the Quality and Safety Team. All POCT testing systems do go into our Central Laboratory System. Systems from across the whole of the UK were considered to be quite innovative. However, it had revealed that CAV UHBs adherence to putting in the correct information such as patient number and staff ID was poor. Until there were improvements in the Audit outcomes it was important to support the POCT Teams in not allowing any further POCT testing developments.</li> <li>• CAV UHB are strengthening the process which Clinical Boards will be asked to sign off at their Quality and Safety Committees. The POCT applications will go through the POCT team.</li> <li>• Point of Care Testing would be reviewed again in 6 months.</li> </ul> <p><b>Resolved – that:</b> (a) The Committee noted this report</p>	RW
<b>QSE 18/204</b>	<p><b>THEME 3: EFFECTIVE CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/205</b>	<p><b>CANCER PEER REVIEW – BREAST</b></p> <p>The Cancer Peer Review on breast was reviewed:</p> <ul style="list-style-type: none"> <li>• The Lead Cancer Nurse had assisted in writing the report and reported that there was improvement since the Peer review and so this was now a second cycle of many of the cancer Peer Reviews. Good practice was noted and significant achievements had been made. There were some concerns which were dealt with in the Action Plan.</li> </ul>	

	<p><b>Resolved – that:</b></p> <p>(a) The Committee noted the report and agreed that appropriate assurance had been provided and the Welsh Peer review framework was noted.</p>	
<b>QSE 18/206</b>	<p><b>CANCER PEER REVIEW – ACUTE ONCOLOGY SERVICE</b></p> <p>The Cancer Peer Review of the Acute Oncology service was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>A Business Plan had been developed by Medicine to sustain the service. This was a fragile service and had made a real difference in terms of length of stay, identification of sepsis and the outcomes for patients with cancer. CAV UHB would continue to support this service and look at the benefits.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the report.</p>	
<b>QSE 18/207</b>	<p><b>CLINICAL AUDIT PLAN PROGRESS</b></p> <p>Progress on the Clinical Audit Plan was discussed and it was reported that:</p> <ul style="list-style-type: none"> <li>CAV UHB was making progress, particularly around the National Clinical audit and the structures in place.</li> <li>More work would be carried out on the Fractured Neck of Femur audits where mortality was satisfactory but could improve on aspects of care.</li> <li>Previously around 60% of clinical audits didn't complete the cycle and this was considered to be a waste of resources, CAV UHB was now in a much better situation.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the progress.</p>	
<b>QSE 18/208</b>	<p><b>THEME 4: DIGNIFIED CARE</b></p> <p>The following was discussed:</p> <ul style="list-style-type: none"> <li>A hospital based ward review would be undertaken at some point in the future.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted this ongoing work.</p>	
<b>QSE 18/209</b>	<p><b>HIW ACTIVITY</b></p> <p>This was discussed and it was reported that:</p> <ul style="list-style-type: none"> <li>Corporately the UHB were satisfied that assurance had been met and Clinical Board and monitoring</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the ongoing work in relation to HIW activity.</p>	



QSE 18/210	<p><b>SENSORY LOSS</b></p> <p>The sensory loss report was discussed and the following was noted:</p> <ul style="list-style-type: none"> <li>The report indicated good progress over the last couple of years and particularly the work now being undertaken by the Patient Experience Team with the deaf community</li> <li>The Committee felt that this work should be put this forward as a Health Service Recognition Award</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee <b>NOTED</b> progress being made.</p>	
QSE 18/211	<p><b>THEME 5: TIMELY CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
QSE 18/212	<p><b>THEME 6: INDIVIDUAL CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
QSE 18/213	<p><b>ITEMS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE</b></p> <p>Exceptional Items:</p> <ul style="list-style-type: none"> <li>Issues dealt with in a timely manner.</li> <li>Increase in medication errors in the paediatric setting regarding the decimal place (so getting 10x). This would go forward to the Medication Safety Group.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee approved the actions being taken by the Mental Health Clinical Board.</p>	
QSE 18/214	<p><b>MINUTES FROM CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEES – EXCEPTIONAL ITEMS TO BE RAISED BY THE ASSISTANT DIRECTOR, PATIENT SAFETY AND QUALITY</b></p> <p>Assistant Director of the Patient Quality &amp; Safety gave an overview of the minutes from the following QSE meetings:</p> <ul style="list-style-type: none"> <li>Clinical Diagnostics and Therapeutics – July</li> <li>Mental Health – July</li> <li>Primary, Community and Intermediate Care – May</li> <li>Specialist Services – July</li> <li>Medicine – June</li> <li>Surgery – May</li> <li>Children and Women – May</li> <li>Dental – June</li> <li>CE to get more timely minutes for the public domain</li> <li>The corporate template for the clinical board be refreshed from time to time</li> <li>Uniformity and standardised minutes - review being carried out</li> </ul>	

<b>QSE 18/215</b>	<b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD</b> <ul style="list-style-type: none"> <li>• There was an ongoing theme which came through in the meeting which was – listen to patients and staff. The Committee agreed it was important to continue to listen.</li> <li>• The Committee had received a review of the Community Deaths of patients known to the Mental Health Services and had learnt that in the first 9 months of the year there had been 11 suicides which was less than the national average.</li> </ul>	
<b>QSE 18/216</b>	<b>AGENDA FOR THE PRIVATE QSE</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Insourcing Ophthalmology Concerns</li> </ul>	
<b>QSE 18/217</b>	<b>DATE OF THE NEXT MEETING OF THE BOARD</b>  Thursday 19 February 2018, 9.30am – 12.00pm Corporate Meeting Room, Headquarters	
<b>QSE 18/218</b>	<b>ANY OTHER URGENT BUSINESS</b>  There was no other business raised.	