

**CONFIRMED MINUTES OF QUALITY, SAFETY AND EXPERIENCE COMMITTEE  
HELD ON TUESDAY, 18 FEBRUARY 2020  
COED Y BWL, WOODLAND HOUSE**

**Present:**

Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member – Legal
Dawn Ward	DW	Independent Member – Trade Union

**In attendance:**

Charles Janczewski	CJ	Interim UHB Chair
Rhian Thomas	RT	Independent Member - Estates
Steve Curry	SC	Chief Operating Officer
Barbara Davies	BD	Lead Nurse Specialised Medicine ( <i>Patient Story</i> )
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Yvonne Hester	YH	Clinical Nurse Specialist TB Control ( <i>Patient Story</i> )
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Geraldine Johnstone	GJ	Director of Operations, Medicine Clinical Board
Aled Roberts	AR	Clinical Board Director, Medicine
Gillian Spinola	GS	Senior Nurse Specialised Medicine ( <i>Patient Story</i> )
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Hywel Pullen	HP	Assistant Director of Finance
Sian Griffiths	SG	Consultant in Public Health Medicine
Glynis Mulford	GM	Secretariat
<b>Observers:</b>		
Stephen Allen	SA	Community Health Council
Urvisha Perez	UP	Wales Audit Office
Aaron Fowler	AF	Head of Corporate Governance
<b>Apologies:</b>		
Robert Chadwick	RC	Executive Director of Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health

QSE 20/02/001	WELCOME AND INTRODUCTIONS	ACTION
	The Committee Chair welcomed everyone to the meeting.	
QSE 20/02/002	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
QSE 20/02/003	<b>DECLARATIONS OF INTEREST</b>	
	<p>The Chair invited Committee members to declare any interests in relation to items on the agenda. The following declarations of interest were received and noted:</p> <p>Committee Chair and Independent Member – Local Authority declared an interest as Chair of the Regional Partnership Board.</p>	
QSE 20/02/004	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 17 DECEMBER 2019</b>	
	<p>The Committee reviewed the minutes of the meetings held on 17 December 2019.</p> <p><b>The Committee resolved that:</b></p> <p>a) The minutes of the meeting held on 17 December 2019 be approved as a true and accurate record.</p>	
QSE 20/02/005	<b>ACTION LOG FROM 17 DECEMBER 2019</b>	
	<p>The Committee reviewed the action log and noted the following updates:</p> <p><b>QSE 19/12/009 - Healthcare Standards Self-Assessment Plan and Progress Update:</b> Updates would be reported as part of the standard reporting process in line with the workplan. There was nothing of note to report to the meeting.</p> <p><b>QSE 19/12/014 – Internal Inspections:</b> In regard to sharing an ‘App’ designed to improve the quality and consistency of audit outcomes with the Community Health Council. The Executive Nurse Director informed the Committee that the Internal Inspection arrangements were being reviewed and that she had shared a proposed way forward with the Executive team. The new approach would be brought to a future meeting.</p> <p><b>QSE 19/12/019 – Healthcare Inspectorate Wales Primary Care Contractors:</b> The Community Health Council confirmed that a paper relating to their visits to Primary Care Contractors would be brought to the December 2020 meeting.</p> <p><b>QSE 19/09/008 – Children and Women’s Clinical Board Assurance Report:</b> The Chair requested this be brought to the April 2020 meeting.</p>	<p>RW</p> <p>SA</p> <p>CH</p>

	<p><b>QSE 19/09/016 – Centralisation of Endoscopy Decontamination:</b> It was explained that this covered future proofing decontamination. The report commissioned by the Executive Team had been received which was currently being worked through and would be taken to a future Management Executive meeting. <b>COMPLETED</b></p> <p><b>QSE 19/12/010 – Point of Care Testing:</b> Set in process a chain for POCT to be allocated to a Clinical Board. <b>COMPLETED</b></p> <p><b>The Committee resolved that:</b></p> <p>a) The action log and verbal updates be noted</p>	
<p><b>QSE 20/02/006</b></p>	<p><b>CHAIRS ACTION TAKEN SINCE LAST MEETING</b></p> <p>No Chair’s action had been taken since the last meeting.</p>	
<p><b>QSE 20/02/007</b></p>	<p><b>PATIENT STORY - MULTI AGENCY CARE PATHWAY FOR PATIENT WITH MULTI DRUG RESISTANT TB</b></p> <p>Barbara Davies - Lead Nurse Specialised Medicine, gave a presentation on patient B who was resistant to multi drug Tuberculosis therapy and the cross directorate collaboration involved in the patients care.</p> <p>The patient had a history of poor compliance and posed a public health risk in the community. The Health Board had a duty of care under the public health agenda to manage the patient’s treatment. There were also concerns regarding the patient absconding. The patient would require up to two year’s treatment and the Multidisciplinary Team did not know how long the patient would require secondary care. There were anticipated challenges which needed to be planned for which included securing third party support. The preparations with the multi-disciplinary team prior to admission was key and links were fostered with the family who met with secondary care staff. This produced a successful outcome for the patients care. Standard Operating Procedures were agreed and put in place prior to admission.</p> <p>The extensive prior planning led to a range of health care professionals and agencies, external to the Health Board, working together to implement a care plan that supported patient B. The patient has been fully compliant with the treatment plan and was discharged from hospital after 13 weeks rather than the anticipated 2 years. Treatment had since taken place in the community and the patient had also received daily supervised treatment from the TB team with support from their GP, Out of Hours and pharmacy.</p> <p>The good news story to take from the presentation was that because of the good work undertaken by Patient B’s treatment team, the patient had come to trust the staff so that their care was successfully transferred to the community and their inpatient stay was reduced. There was collaborative working across health care professionals and agencies which prioritised the public health agenda.</p>	

	<p>Thanks were extended to Gillian Spinola Senior Nurse Specialised Medicine and Yvonne Hester, Clinical Nurse Specialist TB Control who attended the meeting and also to the rest of their team for supporting the strategy to manage the situation.</p> <p>The Chair invited comments and questions:</p> <p>Independent Member – Legal asked how complicated was the Public Health Order application made to court and was this a difficult process. It was confirmed that Public Health was instrumental in taking the application forward and the Medicine Clinical Board had a good relationship with the Public Health Consultant who understood the health, family and public implications of the situation. It was further explained that Patient B’s lifestyle involved significant travelling which brought other challenges. This type of court order had not been encountered by the Health Board previously, it was therefore important that the team had gone the extra mile to have a relationship with the patient to ensure that the Order was granted. Technology had helped in the process and the patient was fully involved with everything and felt that he could trust the staff.</p> <p>Independent Member – Trade Union confirmed that she understood the complexity around consultation and engaging with Patient B, but queried what support was available for staff? In response it was stated that there was an exceptional ward manager who was willing to meet the patient to ease the journey to admission. Lessons had been learnt from their previous admission and a significant amount of time had been invested in preparation to ready staff members for the patient’s admission. The Medicine Clinical Board now had a model template to work from.</p> <p>The Chair commented that the story showcased the Health Board’s values in action, particularly the development of a relationship of trust with the patient. The staff went above and beyond considering the circumstances.</p> <p>A commendation was sent from the Committee to Andrew Brown, the Ward Manager of A7, who won the Mentorship Award at this year’s Nurse of the Year Awards.</p> <p>Thanks was also extended to the Community Staff who were working closely with Public Health Wales as this was not a role they had undertaken before and it was noted that they had performed extremely well.</p> <p>The Chair raised a question in regard to the management of Corona Virus as the presentation had touched on public health issues. The Executive Medical Director confirmed that this would be discussed outside the meeting.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The patient story be noted</p>	
QSE 20/02/008	<p><b>CLINICAL BOARD ASSURANCE REPORT: MEDICINE CLINICAL BOARD</b></p> <p>Aled Roberts, Clinical Board Director Medicine, Geraldine Johnstone,</p>	

Director of Operations, Medicine Clinical Board and Rebecca Aylward, Director of Nursing Medicine Clinical Board provided detail on the clinical governance arrangements in relation to the Medicine Clinical Board. The report centred on Shaping Our Future Wellbeing (SOFW) and collaborative working with patients. The report addressed healthcare standards, demonstrated the good practice that was occurring in the Clinical Board and focused on the quality improvement standards that were important to 'Wyn'.

Aled Roberts highlighted the key actions from the report:

**Emergency Department:** The National Emergency Department Quality and Delivery Framework for NHS Wales and the Health Board was included in the three adopter sites that support the framework. There was a huge amount of work around the framework which focussed on improving clinical outcomes within the Emergency Department (ED). This work sought to improve experience and the quality of care and to improve engagement and value for money for ED funding through innovation, improvement and adoption of good practice

**Early Adopter Site:** The Health Board (HB) was one of the first early adopter sites to trial what good triage looked like and was currently piloting the Rapid Assessment Triage Zone. The HB would direct patients to this area during the day between 11am and 6pm. The average triage time in the Rapid Assessment Triage Zone was around 13 minutes, this was previously 30 minutes. Compliance time reduced from 260 minutes to 196 within the pilot zone and it was felt that the pilot was improving patient experience.

The HB was the only early adopter site that had a Welsh Ambulance Service Trust (WAST) electric stretcher to reduce delays and other HBs had been asked to follow our lead. A record was kept of immediate releases that had been accepted or declined and this model had also been shared as good practice.

**Benchmarking:** The HB had been approached by NHS Benchmarking who were interested in the HB's two hourly safety huddles as NHS Benchmarking and were intending to use it as an example of good practice. The format was now standard for best practice in UK. Happy or Not machines had been installed across all ED sites and a weekly report was received and reviewed by teams each week.

**Frailty:** The Frailty Team were looking at people attending at the front door who did not need to be admitted to the hospital and who could be supported by social services or in other ways. The HB were working closely with local authority partners at both the UHW and UHL sites to assess and place patients appropriately to avoid lengthy admissions and complex care where this wasn't needed.

**Staff and Resources:** The Clinical Board experienced challenges around recruitment and the retention of registered nurses. There was previously approximately 120 band 5 registered nurse vacancies for the wards. This year was a different position and improvement had been

made to reduce vacancies to 57. This required a tremendous amount of effort from recruitment. A significant amount of nurses and skilled nurses were recruited from overseas and supported by the Adaptation Programme. It was highlighted that five agency nurses had taken on substantive posts. The recruitment and retention of staff would remain a focus for the Clinical Board.

The Chair invited comments and questions:

The Chair commented on the low appraisal rating. It was stated that the new system of Value Based Appraisal (VBA) would make a difference as it would be easier to obtain staff engagement. The VBA was being piloted and the feedback was positive.

Independent Member – Trade Union asked whether the FIT frailty service was a winter only scheme and if it represented value for money. Members were informed that the work at the UHL site was new this winter and an MDT team consisting of medical, nursing and therapy colleagues was working at the front door with the aim to get people out of hospital and back to their home with the appropriate care. UHW teams were more experienced and on average discharged two people a day to their home and significant savings were made on the time people spent in hospital but also in terms of bed days. For the UHL site this was a new project and the team there were discharging one person per day. In terms of outcomes, the aim of the scheme was to avoid unnecessary time spent in hospital where care could be provided in the community with the right care in place.

Stephen Allen – Community Health Council asked to meet with the Clinical Board to help understand the Frailty issue and FIT process.

The Chief Operating Officer confirmed that the impact of the scheme was reported on at page 18 of the report. He added that the overall length of stay showed improvement, particularly for patients staying over 14 days and he confirmed that there was some evidence available that more than one factor contributed to this dynamic. The pilot was started in January and looked at the front door in UHL. It had been noted in previous months two admissions had been avoided but in the month of January 2020, 21 unnecessary admissions had been avoided.

The Chair confirmed that the Health Board was supported by Local Authority partners and highlighted that the provision of social care was a key element for the improvement of patient flow through the system. The Clinical Board Director confirmed that none of the work undertaken was without engagement with social care and partnership working.

Independent Member – Legal asked whether the pathway impacted on the HB's relationship with the Local Authority or whether the relationship was working because of pathway. The Chair confirmed that there was a social care presence on the wards. In response it was stated that the partnerships were evolving as demand increased and that everyone wanted to help flow and avoid prolonged admission. It must therefore evolve across different pathways with a single point of access, with social

care operating within the team. Partners both, Local Authority and Third Sector were crucial in this and it was emphasised that collaborative working had been key to the project's success.

Executive Director of Therapies and Health Sciences informed the committee that the Deputy CMO had written to all Health Boards asking that they ensure what was reflected nationally was also reflected locally. She highlighted that many of the Clinical Board clinicians were leading on this work and influenced what was occurring nationally. There had been great work on respiratory and stroke. Evidence was given to the Cross Party Group on stroke and HIW had commended Dr T Hughes for his work on stroke, his leadership on staffing and his work looking at future proofing the HB by working with trainees to help the current staffing issues across Wales. The Cross Party Group would be presenting their findings in the near future and a report would be going to Welsh Government. The team were also commended for the reduction of injurious falls on the wards and reducing harm from falls.

Assistant Director for Patient Safety and Quality asked, in regard to the graph showing a reduction on the outpatient waiting list, if the data had improved in relation to the specialities where there had been challenges admitting urgent patients and also, if improvements had been made with medical engagement. It was acknowledged that work still needed to be undertaken but that the position was improving. The Quality and Safety meetings were attended by physician colleagues but plugging everyone into the meeting was quite difficult.

The Executive Nurse Director informed the Committee that she had briefed the Independent Members about the recent Coroner's Inquest and asked the Clinical Board members what was the biggest learning to take from the inquest and what actions had taken place. It was confirmed that there had been issues around documentation as there had been two different observation charts and there was a need to amalgamate both. Further work was also needed on the early warning scores and this had already started. The nurse had escalated her concerns but maybe her voice was not heard and this had been reflected on. Clinician colleagues between paediatrics and emergency medicine who work closely together would be reflecting on the outcomes.

The Chair summarised that it was a pleasure to read the report and felt it was accessible to the lay person. It was transparent around the good things that had been done and showed great leadership in UK best practice.

**The Committee Resolved that:**

- a) the progress made by the Medicine Clinical Board to date and its planned actions be noted; and
- b) the approach taken by Medicine Clinical Board be approved.

**HEALTH INSPECTORATE WALES ASSESSMENT UNIT UPDATE REPORT**

The Executive Nurse Director informed the Committee that there had been improvements and changes made to the Assessment Unit and to the Surgical Clinical Board in relation to TACU which were making a difference. It was acknowledged that there was still work to do and the Clinical Board was scrutinising the environment and recognised the issues surrounding patient flow and the need for patients to be placed in the right place first time. This was tied into the Length of Stay(LOS) work and the frailty project and it was noted that the changes and improvement plan could not be undertaken by the Medicine Clinical Board alone.

The Chair invited comments and questions:

Independent Member – Trade Union commented that some of the recommendations from the Community Health Council were really basic and there was a need for decisive and clear action to put these things right. It was stated that some changes had been put in place and it was hoped that this position would not become standardised. This was the HB's bottleneck and the Independent Member – Trade Union was comfortable that action had been taken to address the standard things but could not accept that this was an environment that was fit for purpose. In response it was stated that the improvement plan completes the actions asked for by HIW. But the question remained whether we were paying sufficient attention to the LOS work and flow of patients through our service.

The Chief Operating Officer confirmed that the Assessment Unit could not be divorced from the whole patient pathway and the issues were well established and well known on a national and international basis. At points in the system these pathways produce less desirable points of pressure. On the point of ownership, the patient flow pathway could not be owned by everyone so the Medicine CB had therefore taken ownership. The COO was encouraged that they had not taken a mechanical approach by fixing one point and moving the risk to another part of the system. Continuous improvements could be made by working with the Health Board's partners but this would take time.

Stephen Allen – Community Health Council (CHC) commented that it was positive to see changes implemented and he added that patients were providing feedback that they had seen improvements with facilities to make patients comfortable during their stay. The CHC would like to work with the CB and the LA to see if the patients could see what was being done and to allay some of the patient concerns. It was acknowledged that more work was needed around patients and staff in the AU.

The Executive Nurse Director commented that a multiagency approach to patient flow and improvements could be reviewed as part of Board Development and further conversation was needed with the executive team.

RW

	<p>The Director of Nursing for Medicine added that the Clinical Board had produced a CB staff newsletter and that they would circulate this to the Committee members.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The progress with implementation of the improvement plan be noted and</li> <li>b) The committee considered that sufficient progress had been made to improve quality, safety and experience in this area.</li> </ul>	RA / GM
<p><b>QSE 20/02/0010</b></p>	<p><b>NCEPOD – KNOW THE SCORE – PULMONARY EMBOLISM REPORT</b></p> <p>The Executive Medical Director gave an overview of the report and provided a UHB reflection against the report and other national reports. The appendices highlighted the HBs robust management for embolism work, the NCEPOD recommendation checklist and our response to this. The Executive Medical Director directed the Committees attention to items 2, 3, 9 and 13.</p> <p>2. The National scoring system and performance against this was fairly modest and national performance generally was very modest. This did not assess our patients on pulmonary embolism and was undertaken as standard clinical practice. Our compliance was poor and nationally the compliance was poor.</p> <p>3. In regard to CT angiogram reporting the marker should be shown and this was being picked up by the CDT team. This was on the HB’s agenda and was being addressed.</p> <p>9. This showed the process by which we flag up regular findings. It was recognised internationally as a very significant quality area and flagged up as a significant risk. The EMD was not assured by the process as it flagged up abnormal results and carried a degree of risk and the CDT Board was aware of the EMD’s concerns. The implementation of the national solution for Wales would partially resolve the issue but there was also a need for radiological reporting and the EMD would like to see a more robust process in place to flag up all unexpectedly abnormal results.</p> <p>13. This work was flagged as being at the high end of intervention for pulmonary embolism. The HB was not yet compliant but conversations had taken place to set up the service as part of the treatment networks. This was at the forefront of interventional technology and the EMD did not consider this as a failure and he confirmed that the HB’s position was in line with other centres. An expert in the field had been appointed and governance work was ongoing to ensure that the HB would soon be compliant.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the assurance provided by the NCEPOD report Pulmonary</li> </ul>	

	Embolism: Know the Score and the NCEPOD recommendation checklist be noted.	
QSE 20/02/011	<p><b>NATIONAL CLINICAL AUDIT UPDATE</b></p> <p>The Executive Medical Director provided the Committee with an update on the National Clinical Audit. He flagged the National Confidentiality Inquiry into Suicide and Safety in Mental Health and confirmed that the latest data for 2017/18 was presented and published in January which showed the following:</p> <p>Cardiff and Vale UHB had the second lowest suicide and homicide rate of any Health Board in Wales and had the second lowest in the UK. In contrast if you dug down into the figures and compared Wales' 7 Health Boards to the 44 regions in England and 17 regions in North Ireland or Scotland, out of the 68 regions Cardiff and Vale UHB came 44th. The question to ask was whether we were happy with the outcome. It was emphasised this encompassed the entirety of services for the population.</p> <p>One of the headlines from the report was that 47% of patients in Wales had their last contact with Mental Health Services within seven days of their death. It was important that Mental Health Services lead the way in multi-stakeholder conversations.</p> <p>In regard to maternity the EMD alerted the Committee that the HB had a maternal death during the week. He highlighted that there was nothing to suggest there were any concerns about her care.</p> <p>The Oesophago Gastric Cancer Review showed in the outcome data that the Health Board was largely in line with national performance. In the Welsh system the HB were doing well but the rest of Wales was not. Regional work needed to be undertaken and the Health Board was leading on this with colleagues in Swansea.</p> <p>The National Emergency Laparotomy Audit showed a clear issue with access to critical care.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The assurance provided by the recent National Clinical Audit results be noted;</li> <li>b) the assurance provided in relation to the actions undertaken in response to the raised mortality rate highlighted in the National Hip Fracture Database be noted; and</li> <li>c) It be noted that, as a result of the recent publication dates in the above audits, action plans are currently in development.</li> </ol>	
QSE 20/02/012	<p><b>FRACTURE OF NECK FEMUR NATIONAL AUDIT UPDATE</b></p> <p>The Executive Medical Director provided an update through a presentation. The report highlighted that the issue of concern related to the high mortality rate in the 2018 data and also flagged up the robust process undertaken to address this. The report showed the review undertaken in relation to inpatient deaths after hip fracture and some initial discussion on the outcomes of the more up-to-date review. The</p>	

	<p>EMD's presentation commented on data not set out in the report which was live until the end of October 2019 and the Committee was presented with slides which displayed a Dashboard presentation of the review:</p> <p>The Health Board was in the lower quartile and worsening in one measure of the review; the proportion of hip fracture injuries whilst an inpatient. The END stated that there was a correlation with patients falling who had a longer LOS. The EDTHS emphasised that we were outliers in LOS. The time to operation and mortality for 30 day rate had both reduced and therefore we were no longer outliers for this measure.</p> <p>The main KPI related to our performance against UK wide performance and provided a clear comparator to where the HB were and the comparative performance data highlighted the things the HB were good at. There had been a significant change. The data also showed the delivery of best practice and confirmed that anaesthesia and surgery were improving.</p> <p>The LOS was stable and significantly longer than the UK national LOS.</p> <p>The headline data highlighted that the previous information had been reviewed and a team had been put in place to manage it. The team were based in MDT care across the frailty pathway and the data showed that there had been significant improvements but it was acknowledged that there was still work to do.</p> <p>The EDTHS commented that there was a need to reduce older patients LOS in an unfamiliar environment and to do a piece of work in supporting our ward services in order to reduce fractures to the neck of femur.</p> <p>Independent Member – University asked if the data had been consistently double the average of the national figures or is it double of the UK figures. In response it was stated this was UK data and some measures were different and it was agreed that the current LOS was longer than what was aimed for.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The UHB position in relation to the National Hip Fracture Database in 2018, in particular the 30 day mortality rate, be noted and;</li> <li>b) the assurance provided by the 2019 National Hip Fracture Data and the improvements that have been implemented to date be noted.</li> </ul>	
<p><b>QSE 20/02/013</b></p>	<p><b>CANCER PEER REVIEW AND LUNG PEER REVIEW</b></p> <p>The Executive Medical Director provided a report which summarised the Cancer Peer Review. It was highlighted that the lung report had been omitted from the report but had been received earlier that day. The Teenage and Young Adult report had not been submitted to the UHB but clinical teams were able to take forward actions to improve the service based on verbal feedback. This was to be managed locally by speciality</p>	

	<p>services and solid tumour services and was to be taken by the leadership teams to MDT and Clinical Board. Work was also being undertaken with Velindre to take child services forward.</p> <p>An Executive Cancer Board was being put in place which would be chaired by the EMD. This Board would sit below and report into the QSE committee.</p> <p>The Chair asked for all slides to be shared with the Committee.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the report be noted; and</li> <li>b) it was agreed that appropriate assurance has been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.</li> </ul>	SW
QSE 20/02/014	<p><b>OPHTHALMOLOGY INSOURCING INCIDENT OVERVIEW</b></p> <p>The Executive Nurse Director informed the Committee that the Health Board had contacted affected patients formally with the outcome of the Root Cause Analysis.</p> <p>There had been regular communication with Strategic Health Solutions (SHS) and the reviews had been looked at chronologically and forwarded to SHS but these had been returned. SHS was again reminded and the RCAs resent. Communication was ongoing and it was emphasised that this would not affect the patients contacted.</p> <p>The CB was thanked for taking learning from insourcing so that it would not to be repeated. The service had gone out to procure again.</p> <p>The demand on this service was growing and it explained that this was a national issue. A capacity and demand profile was needed to meet the requirement of the service. The COO added that the profile was not in balance for ophthalmology as it was recognised there was a national shortage of ophthalmologists. The risks were calculated and learning had been embedded in the new procurement process. In terms of clinical oversight, the EMD scrutinised the clinical elements and had put in some additional checks.</p> <p>The END commented that the learning and processes would be embedded across the whole of Wales.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the contents of the report be noted and the actions being taken be supported.</li> </ul>	
QSE 20/02/015	<p><b>HEALTH INSPECTORATE WALES (HIW) ACTIVITY OVERVIEW</b></p> <p>The Assistant Director of Patient Safety and Quality provided an update. Since the last report there had been no announced or unannounced</p>	

	<p>visits. In regard to the Maternity Report, a robust improvement plan had been submitted to meet the recommendations. There would be a second phase of the Maternity Review which would entail two days of interviews that would look specifically at governance arrangements in the organisation.</p> <p>HIW would embark on an announced visit in March to Cardiff North CMHT and pre-work would be carried out ahead of the visits. The report on SRC in Rookwood had been published on the HIW website.</p> <p>Since writing the report the END informed that two visits had been undertaken by HIW at two clinical areas in Hafan y Coed where a few issues had been raised alongside positive feedback. One had been raised previously regarding Sleeping Out. Assurance would be brought back to the Committee once the report had been published.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the level of HIW activity across a broad range of services be noted and</li> <li>b) it be agreed that the appropriate processes are in place to address and monitor the recommendations.</li> </ul>	RW
QSE 20/02/016	<p><b>POLICIES FOR APPROVAL</b></p> <p>An overview of the policies and procedures were provided to the Committee for approval, these were the:</p> <p><b>1. Optimising Outcomes Policy</b></p> <p>The policy had been adopted by the HB in 2013 to systemically support weight management in elective surgery. Smoking and weight management had been integral prior to surgery and there had not been any changes made to the policy itself and only minor changes had been made to procedure.</p> <p>Preoperative smoking cessation referrals and weight management support were part of the elective surgical pathways and more was to be done to ensure that this was available across the HB.</p> <p>Stephen Allen – CHC asked if there was enough capacity for referrals. In response it was stated that within smoking cessation there was capacity but with weight management support could be delayed. This had to be reviewed on a case by case basis.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The updated Policy be approved;</li> </ul> <p><b>2. Laser Risk Management Policy</b></p> <p><b>The Committee resolved that:</b></p>	

	<p>a) Laser Risk Management Policy and Procedure be approved. b) the full publication of the Laser Risk Management Policy and Procedure in accordance with the UHB publication scheme be approved.</p> <p><b>3. Procedure and Policy for the Pregnancy Testing of Girls of Child Bearing Age (who are menstruating) Before Procedures and Treatments</b></p> <p><b>The Committee resolved that:</b></p> <p>a) the Policy for the Pregnancy testing of girls of child bearing age who have commenced menstruation before procedures and treatments be approved. b) the full publication of the Policy and Procedure in accordance with the UHB Publication Scheme be approved.</p> <p><b>4. South Wales Trauma Network Clinical Guidelines</b></p> <p>The Committee could take assurance that the governance arrangements around the guidelines were robust. There would be no additional resources as these were not new processes but the guidelines were being consolidated.</p> <p><b>The Committee resolved that:</b></p> <p>a) The South Wales Trauma Network Clinical Guidelines be approved.</p>	
QSE 20/02/017	<p><b>ANNUAL COMMITTEE WORKPLAN</b></p> <p>The Assistant Director of Patient Safety introduced the report and confirmed that there had been no significant changes to the workplan.</p> <p>The Director of Corporate Governance responded to a query from the Interim Chair of the Board who to a queried why there were no Terms of Reference accompanying the workplan. The Director of Corporate Governance stated that there were a number of areas which would require significant changes such as the publication of the Health and Social Care Bill, the work of the WAO on Quality Governance, the work on Governance Structures been undertaken by the Medical Director and Executive Nurse Director therefore it would be an inappropriate time to review them as they would require further changes in a few months. The Committee agreed that the Terms of Reference would be brought back to the September Committee and at that point the work plan for the Committee would be realigned to the Terms of Reference.</p> <p><b>The Committee resolved that:</b></p> <p>a) the Work plan 2019/20 was reviewed; b) the Work plan 2019/20 be approved subject to further review in September 2020 and aligned to the revised ToR; and</p>	NF

	<p>c) the work plan be recommended for approval to the Board of Directors for use until September 2020.</p>	
QSE 20/02/018	<p><b>COMMITTEE ANNUAL BUSINESS REPORT</b></p> <p>The Director of Corporate Governance presented the Annual Report to the Committee and confirmed that the report provided assurance on the work undertaken during the year 2019/20 as set out in the Terms of Reference.</p> <p><b>The Committee resolved that:</b></p> <p>a) the draft Annual Report 2019/20 of the Quality, Safety and Experience Committee was reviewed; and  b) the Annual Report be recommended to the Board for approval.</p>	
QSE 20/02/019	<p><b>ITEMS RECEIVED FROM CLINICAL BOARDS QUALITY SAFETY AND EXPERIENCE COMMITTEE</b></p> <p>The ADPSQ highlighted the huge staff engagement Mental Health Clinical Board had for lessons learnt but there was less engagement in their regular quality and safety meeting. There were no minutes received from the Medicine Clinical Board.</p> <p>Independent Member – Trade Union noted that Capital and Estates was not a Clinical Board but a Service Group and a report was not provided regarding quality and safety. The END said that she would take this away to consider in the context of a new workplan.</p> <p>EDTHS stated that all CBs should have an agenda item for medical equipment but the templates were not the same. Medical Equipment needed to be discussed as new legislation would be coming into place. In response the END confirmed that the agenda was standardised to healthcare standards and in regards to medical devices, CBs had the freedom to discuss what they felt needed to be focussed on but she realised that this was a recurring theme. The EDTHS requested that the agenda template be reissued with a message to raise the concerns flagged regarding medical equipment.</p> <p>In regard to the Mental Health CB the Interim UHB Chair asked what patient involvement do other CBs undertake in their meetings. In response it was stated that CBs were able to take their agenda forward to include what was important to them. An example was provided that the directorates in Children and Women engage in a Group but there was a variety of different approaches taken.</p> <p>The following minutes from Clinical Board Quality Safety and Experience Sub Committees were noted:</p> <ul style="list-style-type: none"> <li>• Children and Women – 22.10.19</li> <li>• Clinical Diagnostics and Therapeutics – 13.11.19 and 11.12.19</li> <li>• Mental Health – 17.10.19 and 21.11.19</li> </ul>	CE

	<ul style="list-style-type: none"> <li>Specialist Services – 19.09.19, 11.10.19 and 22.11.19</li> </ul> <p><b>The Committee resolved that:</b></p> <p>a) The minutes of the Clinical Boards be noted</p>	
<b>QSE 20/02/020</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>The Committee Chair asked for items to go forward to the Board / other Committee meetings:</p> <ul style="list-style-type: none"> <li>The END highlighted that there had been continual raising of Unscheduled Care Pathway and Length of Stay;</li> <li>The HIW report feedback; and</li> <li>An update on audit work which had not been detailed in previous Committees which provide upward assurance.</li> </ul>	
<b>QSE 20/02/021</b>	<p><b>REVIEW OF MEETING</b></p> <p>The Committee Chair facilitated a review of the meeting. Members confirmed that:</p> <ul style="list-style-type: none"> <li>Although timings were on the agenda the Chair felt additional time was needed for the Clinical Board reports. The additional time was needed to give the public assurance that our services were safe and the Chair confirmed that she would meet with CHC offline to discuss this.</li> <li>The meeting and minutes should be made available to the public in a more user friendly format. This should be addressed through the communications team.</li> <li>Independent Member – Estates – It was positive to see, as a new member, how supportive and positive the comments had been to move things along as it was an extensive agenda.</li> <li>The Assistant Director of Patient Safety confirmed that the Peer Review Group would look retrospectively at a set of committee papers to assess how the committee could make them look more public friendly and facing.</li> <li>It was noted that some attendees had wrestled with the number of papers and wondered how to prepare for the meeting. In response it was stated that it was not expected that IMs would need to read all policies and documents provided that they were satisfied that scrutiny had been undertaken during the drafting and agreement of the documents.</li> </ul>	
<b>QSE 20/02/022</b>	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Tuesday, 14 April 2020 at 9.00am Coed y Bwl Room, Ground Floor, Woodland House, Heath, Cardiff</p>	