



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 21.5.19 in The Boardroom, Carlton Court, St Asaph

Present:

Mrs Lucy Reid	Independent Member (Chair)
Cllr Cheryl Carlisle	Independent Member (<i>part meeting</i>)
Mrs Lyn Meadows	Independent Member

In Attendance:

Mrs Deborah Carter	Acting Executive Director of Nursing and Midwifery
Mrs Michelle Denwood	Associate Director Safeguarding (<i>part meeting</i>)
Mrs Kate Dunn	Head of Corporate Affairs
Mrs Sue Green	Executive Director of Workforce and Organisational Development (OD)
Mrs Grace Lewis-Parry	Board Secretary (<i>part meeting</i>)
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance (via VC for <i>part meeting</i>)
Miss Teresa Owen	Executive Director of Public Health
Dr Chris Stockport	Executive Director of Primary and Community Services
Mr Adrian Thomas	Executive Director of Therapies and Health Sciences
Mr Mark Thornton	Chair of Community Health Council (CHC)

Agenda Item Discussed	Action By
<p>QS19/61 Chair's Opening Remarks</p> <p>The Chair welcomed everyone to the meeting and noted some adjustments would be made to the order of the agenda in response to availability of presenters.</p>	
<p>QS19/62 Declarations of Interest</p> <p>None declared.</p>	
<p>QS19/63 Apologies for Absence</p> <p>Apologies were received for Mr G Evans, Mrs G Harris, Mrs J Hughes and Dr M Maxwell.</p>	
<p>QS19/64 Minutes of Previous Meeting Held in Public on the 19th March 2019 for Accuracy, Matters Arising and Review of Summary Action Log</p>	

<p>QS19/64.1 The minutes were agreed as an accurate record pending the following amendments:</p> <ul style="list-style-type: none"> • Amend QS19/32.2 to read “Learning Disabilities” not “Learning Difficulties” • Amend date on QS19/42.1 to 3.11.18 <p>QS19/64.2 Updates were provided and noted within the summary action log.</p>	
<p>QS19/65 Patient Story</p> <p>QS19/65.1 The Committee received a video presentation of the services provided over a number of years by the Mental Health and Learning Disabilities Division. The story related to an individual with a diagnosis of autism with challenging behaviours who was admitted to a villa environment within Bryn y Neuadd Hospital and how these behaviours significantly improved upon the change in his living experience in 2010. The individual was able to take more control of his own time, and plan his daily life.</p> <p>QS19/65.2 The story was well-received by the Committee and the Chair agreed to draft a letter of thanks to contributors. A wider conversation around patient stories ensued with members keen to see a balance of positive stories and those where there were lessons to be learned. In addition, it was noted that outcomes were key and that over time the Committee would wish to be assured how the learning was rolled out and impacted more widely across BCUHB.</p>	<p style="text-align: center;">LR</p>
<p>QS19/66 Integrated Quality and Performance Reports</p> <p>QS19/66.1 The Director of Performance presented this agenda item and confirmed that two reports had been provided to include a year-end position as well as the monthly report. She confirmed that all national indicators had been aligned with the Board’s operational plan, and a cross-check made as to relevance with Committees’ terms of reference. She set out challenges in terms of ensuring timely reporting now that the QSE Committee met every two months.</p> <p>QS19/66.2 Questions were invited on the year-end report. In terms of pressure ulcers and the collaborative it was confirmed that this was not a Welsh Government (WG) indicator. The Committee requested that this be continued as a local indicator for reporting of performance trends in each IQPR report and to also add narrative update reports on the work of the collaborative to the cycle of business in September and March. In terms of clinical coding, the Executive Medical Director confirmed that he was confident the target would be reached as set out. [<i>Cllr C Carlisle left the meeting</i>]. A conversation took place regarding the range of qualitative reports that were also submitted to WG and members were informed that the majority were monitored and reported to other Committees or Forums. However it was noted that the report on Improving the Health and Well-being of Homeless and Specific Vulnerable Groups was not currently received elsewhere and that this subject was an important area for the QSE Committee. It was agreed that the latest report would be circulated. A question was raised regarding the 30 day concern target and whether there were any specific areas of</p>	<p style="text-align: center;">JN DC</p> <p style="text-align: center;">JN</p>

concern across the divisions. The Acting Executive Director of Nursing and Midwifery indicated that in terms of actual numbers, the acute sites were most challenged in meeting the trajectory and there was a notable change in the complexity of complaints. The Chair raised queries around the accompanying narrative for the Patient Safety Notices and Alerts and the Executive Medical Director confirmed that a lead had been identified for PSA009, and that a decision around PSN046 was expected at the next Quality Safety Group (QSG) meeting. In respect of immunisations and children's vaccines, clarification on the terminology around "treatment queues" was provided and the Executive Director of Public Health confirmed that performance was positive. An error was noted on slide 28 regarding the Mental Health Measure in that the arrow should indicate a deterioration. Reference was made to the mental health related helplines and members were advised that the numbers did not relate to the actual numbers of calls received. There were also challenges in relation to the criteria for monitoring, for example calls to the dementia helpline from family members under the age of 40 are not counted in the figures. Members suggested that awareness of the various helplines could be improved.

QS19/66.3 Questions were then invited on the April report. It was clarified that the patient falls data incorporated community information too, and the reduction was welcomed. In terms of nurse staffing, members were advised that the new graduate recruitment weekend in March had gone very well and a number of nurses had been recruited. However, the Executive Director of Workforce and OD reminded members that the organisation was still losing more nurses than were being recruited, therefore retention was a key challenge. The Chair of the CHC enquired if there was a view as to the success of the Nurse Staffing Levels (Wales) Act 2016 and it was acknowledged that it provided better benchmarking opportunities, although it was noted the Act did not apply universally to all wards. The Executive Director of Public Health added that other professions had an important skillset to offer in terms of ward staffing which was not taken into account within the definitions of the Act. An increase in EColi infections was noted and it was confirmed there was a similar picture nationally and that actions had been taken to address. It was highlighted that the sepsis six bundles performance indicator was shown as red, however, the Director of Performance confirmed that performance was marginally above plan and should have shown as green.

QS19/66.4 It was resolved that the Committee note the report.

QS19/67 Infection Prevention and Control - Safe Clean Care Update

QS19/67.1 The Acting Executive Director of Nursing and Midwifery presented the slides which provided a summary of the work ongoing in terms of Safe Clean Care. She added that Ms Jan Stevens was currently undertaking her revisit to BCUHB and her report would hopefully be available for the July QSE meeting. Members were keen that it was also shared at Board level. Members acknowledged how the Safe Clean Care programme had been positively received by staff across a range of teams. The Chair of the CHC suggested that sustainability and maintaining the positive momentum would be the key challenge

and the Acting Executive Director of Nursing and Midwifery set out a range of actions to address this including the re-profiling of teams to ensure they also cover community services, increasing the number of infection prevention champions, and onward monitoring through local infection groups up to QSG.
[Dr J Newman left the meeting]

It was resolved that the Committee note the information presented.

QS19/73 Safeguarding and Protection of People at Risk of Harm Annual Report 2018-19 *[Agenda item taken out of order at Chair’s discretion]*
[Mrs Michelle Denwood joined the meeting]

QS19/73.1 The Associate Director of Safeguarding presented the report and highlighted the challenges and achievements against the key drivers of the HASCAS and Ockenden reviews. She suggested that 4 of the 6 specific safeguarding recommendations were now fully implemented and confirmed that the 2 outstanding actions related to the corporate safeguarding structure and Deprivation of Liberty Safeguards (DOLS). She highlighted progress in terms of the appointment of Best Interest Assessors. The Committee’s attention was drawn to the potential impact on activity in terms of commissioned services in care homes, due to amendments to the Mental Capacity Act. Finally, the Associate Director confirmed that all 9 outstanding recommendations from the internal audit review had now been implemented.

QS19/73.2 A discussion ensued. Generally, members acknowledged the progress made within safeguarding to support and enhance the protection of vulnerable people. In terms of the alleged abuse data it was suggested that it would be helpful in future for the report to include outcome information to provide context and progress. A typographical error was noted in paragraph 4.6 which should read “priority for 2019-20”. The Chair noted there were challenges as BCUHB was not the lead agency for safeguarding. The Chair of the CHC queried the status terminology against the HASCAS and Ockenden recommendations and it was confirmed that “actioned” meant there was ongoing action with an intention to recommend closure to the Committee as part of the next report. The Acting Executive Director of Nursing and Midwifery reminded members that progress against the HASCAS and Ockenden recommendations were reported separately to the Committee and the Health Board.

QS19/73.3 It was resolved that the Committee:

1. Note the progress made this year within the Corporate Safeguarding Team, particularly in relation to the implementation of the HASCAS/DO recommendations.
2. Note the emphasis of the Corporate Safeguarding Team on embedding continual improvement through developing benchmarking, peer review and identifying data led areas for improvement in an open and transparent way.
3. Approve the Corporate Safeguarding Priority Action Plan for 2019-20 for delivery.

<p>QS19/68 All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Update on Implementation</p> <p>QS19/68.1 The Acting Executive Director of Nursing and Midwifery presented the report which set out how the Board was meeting the all Wales standards of service delivery that people with sensory loss should expect when they access healthcare. She indicated that the organisation had received some positive informal feedback from WG on how this agenda was being addressed in BCUHB.</p> <p>QS19/68.2 Members welcomed the update. It was acknowledged the report was based on a national template, however, members asked that additional self-assessment narrative be included to help readers reconcile the risks that the report was highlighting.</p> <p>QS19/68.3 It was resolved that the Committee support the recommendations in the organisational action plan to embed the actions where possible in the wider organisation and governance performance framework</p>	DC
<p>QS19/69 Clinical Audit : The Proposed Way Forward</p> <p>QS19/69.1 The Executive Medical Director presented the paper and confirmed that as a result of work to realign executive portfolios, the responsibility for clinical audit now lay within the Office of the Medical Director which would strengthen links with the development of the Board’s Clinical Strategy. The paper detailed the three tiers of audit (national, corporate and divisional) and the role of the Audit and QSE Committees in the clinical audit agenda. It was also highlighted that a summary of actions from the Joint Audit and QSE Committee meetings had been included. Finally, members’ attention was drawn to the conclusions and next steps as set out.</p> <p>QS19/69.2 A discussion ensued. Members were supportive of realigning responsibility to the Office of the Medical Director but sought assurance that momentum would be maintained once a new Executive Director was appointed. It was noted that Dr Melanie Maxwell (Associate Medical Director) would have a key lead role for clinical audit. The Committee Chair felt there would need to be further conversations regarding the clarity of the roles of the respective Committees including the Joint Audit, Quality and Safety Committee and noted that the paper would also be considered by the Audit Committee on the 30th May.</p> <p>QS19/69.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Endorse the proposed way forward in terms of managing the clinical audit function; 2. Endorse the proposals in relation to the clinical audit plan for 2019/20 acknowledging that the plan will be further refined over coming months to provide assurance against risks to the Quality Improvement Strategy by September 2019. 	

<p>QS19/70 Quality Assurance "CLIICH" Report</p> <p>QS19/70.1 The Committee Chair suggested that this paper be considered alongside the Putting Things Right (PTR) Annual Report as she had found that gaps within assurances in the CLIICH report had been supported by information within the PTR report. The Acting Executive Director of Nursing and Midwifery presented the paper and indicated that feedback to improve future reports would be welcomed.</p> <p>QS19/70.2 Members acknowledged that the report was evolving and made a range of detailed and specific comments which were captured and would be reflected within the next version. The Chair highlighted that the report needs to include more analysis and details of lessons learnt in order to provide assurance on organisational learning. More general comments were made in that members were surprised that the category of ‘abuse of staff by patient’s’ was in the top three themes for reported incidents. The Executive Director of Workforce and OD suggested there may be a need to undertake some work to strip out the non-patient elements from this report and would look into this further. It was also requested that any outstanding never events or regulation 28s carry forward into the next report and a longer timeframe included to provide trend analysis. The amount of work being undertaken to address outstanding actions from Healthcare Inspectorate Wales (HIW) reports was acknowledged, however the detail in relation to the actions should be clearer. The Chair of the CHC noted that 1,200 falls had been reported in the reporting period of three months and enquired whether this was of concern. The Acting Executive Director of Nursing and Midwifery assured the Committee that this benchmarked well with other Health Boards and that falls with actual harm were very low.</p> <p>QS19/70.3 It was resolved that the Committee note the content of the report and requested further improvements in the quality going forwards.</p>	<p>DC</p> <p>SG</p>
<p>QS19/72 Putting Things Right Annual Report <i>[Agenda item taken out of order at Chair’s discretion]</i></p> <p>QS19/72.1 Following on from the discussion of item QS19/70, the Acting Executive Director of Nursing and Midwifery presented the annual report, noting that it included a brief update on the response to HASCAS and Ockenden reports as requested by WG. In response to a question regarding sustainability, she added that actions were being developed as ‘SMART’ actions which could provide organisational-wide learning.</p> <p>QS19/72.2 The Committee Chair referred to several sections of the report which she felt gave a better level of analysis and detail which could be used to inform the format of the ‘CLIICH’ report. These related to redress, lessons learnt from incidents, never events and clinical negligence claims. The Acting Executive Director of Nursing and Midwifery welcomed the feedback and would reflect how to utilise the best practice within the CLIICH report.</p>	

<p>QS19/72.3 It was resolved that the Committee approve the annual report.</p>	
<p>QS19/71 Review of Corporate Risks Assigned to the QSE Committee : Executive Leads</p> <p>QS19/71.1 A general concern was raised that the target risk score dates were not achievable based upon the narrative and age of the risk. It was noted however that a review is being undertaken of risk management processes across BCUHB and this could be addressed as part of that review. A discussion on the specific risks ensued:</p> <ul style="list-style-type: none"> • CRR02 Infection Control – noted that this remained a significant risk area for the organisation although there had been a good level of progress. • CRR03 Continuing Health Care – the Executive Director of Primary and Community Services indicated that progress was being made and hopefully a reduction in risk score could be recommended shortly. • CRR05 Patient Experience – noted that the narrative was due for review and that the operational group would consider this risk. • CRR13 Mental Health - noted that a briefing note had been circulated from the Division to explain the recommended reduction in risk score, however, the Committee had outstanding concerns that sufficient assurance had not been provided to warrant a reduction from 12 to 8. The Committee Chair would raise with the Division as to the expectations of the Committee. • CRR16 Safeguarding - noted. 	LR
<p>QS19/74 Reducing Avoidable Mortality - Update on Progress</p> <p>QS19/74.1 The Executive Medical Director presented the paper and summarised that the organisation remained on an improving journey to get to a position where morality rates were better than expected. He drew members' attention to specific areas where mortality rates required a higher level of focus, namely – stroke, myocardial infarction, hip fracture and sepsis.</p> <p>QS19/74.2 The Committee Chair fed back a range of comments on the format and flow of the report, and expressed a concern about the overall quality of the report and that at times the information was difficult to interpret. She requested that these points be addressed in future reports and suggested that one author take ownership of the preparation of the paper and ensure that the information was presented clearly with meaningful analysis in order to provide the Committee with assurance.</p> <p>QS19/74.3 It was resolved that the Committee note the report for information</p>	EM
<p>QS19/75 Review of Maternity Services at Cwm Taf Health Board (15-17 January 2019) – Report Published by Welsh Government on 30th April 2019</p> <p>QS19/75.1 The Executive Director of Public Health thanked the Committee Chair for enabling an update paper to be provided at short notice to sight the Committee on this issue which had recently received a high media profile across Wales. She</p>	

<p>confirmed that the paper provided the background and a link to the full report. Welsh Health Boards had been required to submit assurances to WG regarding maternity services in their areas, and thanks were expressed to officers for completing this within the short timeframe available. The Committee was reminded that maternity services had been de-escalated from special measures within BCUHB some time ago but that robust monitoring of quality and safety within the service had continued. As part of responding to the Cwm Taf report, further work had been identified around estates; timely care; bereavement care pathways; recruitment and retention; the requirement for challenges to the quality of data by Independent Members and Board training in corporate manslaughter.</p> <p>QS19/75.2 A discussion ensued. Members welcomed the timely update. Reference was made to recommendation 7.4 on the assurance template regarding monitoring of clinical practice and the point raised whether there were additional mechanisms other than those listed. The Executive Director of Public Health undertook to work to strengthen the recording of evidence within any future narrative updates. With regards to recommendation 7.11 relating to mandatory attendance at meetings it was confirmed that the quorums were monitored and mandated. With regards to recommendation 7.13 concerning the identification of a clinical lead for governance it was confirmed that overall this would fall to the Director of Midwifery and Women’s Services. In view of the current situation with clinical audit, a query was raised regarding how the Board gained assurance of the quality and safety of maternity and neonatal services (recommendation 7.25). The Executive Director of Public Health acknowledged the question however she was content with the green status as noted within the document. Finally, a query was raised as to how ownership by the consultant on-call could be evidenced (recommendation 7.38), and the Executive Director of Public Health undertook to discuss with the Director of Midwifery and Women’s Services.</p> <p>QS19/75.3 It was resolved that the Committee</p> <ol style="list-style-type: none"> 1. Note the assurances provided by the Directorate and support the identified areas for improvements. 2. Recommend that the amber actions be specifically highlighted to the Health Board with a copy of the full response being shared with all Board members 	<p>TO</p> <p>TO</p> <p>TO</p>
<p>QS19/76 Health and Safety Update Report</p> <p>QS19/76.1 The Executive Director of Workforce and OD presented the update paper and highlighted that the new Associate Director had now taken up his post and was identifying a range of areas for focus and improvement, building on the work already done. She was confident that the Health and Safety annual report and improvement plan would be available for the July QSE Committee and Board meetings. She referenced a growing area of concern around security services which had formerly been managed within the estates teams and that there remained an element of unhelpful separation. She indicated that the initial priority would be to identify a new provider on acute sites and manage the associated contract change. It was noted that the scope for a formal security review was being prepared and until this had taken place, she did not recommend</p>	

commencing any significant new work relating to security. Finally, the Executive Director drew members’ attention to the detail of the HSE inspection following a breach within Women’s Services. She confirmed that the inspector was positive about how the Board had engaged with the review.

QS19/76.2 A discussion ensued. Members were keen to see how the new Strategic Health and Safety Group would develop, noting that it would be chaired by the Executive Director of Workforce and OD and would be a joint group with Trade Union partners. It would meet on a monthly basis for the first 12 months and would be supported by an operational group chaired by the Associate Director. With regards to the arrangements for security services, the Executive Director of Workforce and OD reminded members of the former and current providers, and that clarity on the scope and expectations was essential. Finally, it was acknowledged that enforcement of the smoke free legislation would have a significant impact on estates teams in particular. The Committee acknowledged the progress being made to improve the management of health and safety across BCUHB and recognised that it would take time to fully embed these improvements.

QS19/76.3 It was resolved that the Committee note the position outlined in the report.

QS19/77 HMP Berwyn Health and Well-Being Annual Quality and Performance Report 2018-19

QS19/77.1 The Executive Director of Primary and Community Services presented the report and highlighted key points to the Committee. He noted that the Did Not Attend (DNA) and Could Not Attend (CNA) rates across all health appointments may appear high but they were in line with expectations within a prison environment. Some operational issues impacted adversely on CNA rates with challenges in terms of the prison estate and recruitment and retention. He reported that the longest waits related to dental care, and that it was only recently that the second dental chair had been utilised due to estates issues within the prison. He confirmed though that this had not affected the provision of urgent dental care. He reported that the medication data for the prison was consistent with other prison sites, and that the peer mentorship programme had been well-received. Members were informed that an early draft report from HIW and HM Inspector of Prisons appeared to be positive overall. Finally, it was reported that confirmation had been received that HMP Berwyn would be taking remand prisoners in future. This was a matter of concern due to the significant impact on workload and challenges in terms of recruitment and retention.

QS19/77.2 A discussion ensued. A member noted that there was no mitigation of risks set out in the paper and it was confirmed this would be detailed within the internal risk register. Reference was made to previous concerns regarding the Liverpool prison and it was noted the Committee had received an update in September 2018. A question was asked whether length of stay was taken into account when prioritising the needs of the men under Part 2 of the MH Measure relating to active care and treatment plans. The Executive Director of Primary

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and Community Services would respond to the Committee Chair outside of the meeting. The Executive Director of Public Health noted that she could not find reference within the report to a new health needs assessment on the prison population which was commissioned in 2018-19. Finally, it was noted that it was not anticipated that the prison would be up to capacity even when it started taking remand prisoners.

QS19/77.3 It was resolved that the Committee receive and note the report

QS19/81 Continuing NHS Health Care (CHC) Assurance Report

[Agenda item taken out of order at discretion of Chair. Mrs Grace Lewis-Parry joined the meeting]

QS19/81.1 The Board Secretary presented the paper which followed a familiar format of reporting to the Committee. She informed members that she was seeking clarification from WG as to which indicators the organisation was required to report on, and to benchmark the format against other Boards’ reports to develop the template for the future. She went onto highlight the use of a system called Broadware which now held all new cases and the majority of historic cases, and which would be tested in terms of generating data and reports from around July onwards. She reminded the Committee that the Board spent around £100m on continuing health care each year and cared for about 400 patients in care homes.

QS19/81.2 A discussion ensued. Members welcomed the helpful paper and the intent to strengthen and improve the format and content for the future. They sought assurances around how the organisation would be addressing the fragility of the residential sector more widely. The Board Secretary indicated that this approach was multi-stranded and would include methodology for fees, workforce aspects and collaboration with Local Authorities. She acknowledged there was a degree of variability across Local Authority areas but there were no significant issues of concern.

It was resolved that the Committee:

1. Note issues identified in the report
2. Note the development of Corporate CHC Team and Functions
3. Note the current position of the Health Board on the processing of retrospective claims;
4. Note the review of national policy and delivery systems that may include a review of the role of the National Complex Care Board;
5. Note the Health Board position on the current WG mandated performance measures, and the work underway which aims to embed CHC performance within the wider outcomes frameworks in future years.
6. Note the immediate priorities for the CHC department

[Mrs G Lewis-Parry left the meeting]

<p>QS19/78 Policies, Procedures or Other Written Control Documents for Approval</p> <p>Committee members raised concerns at the volume of policies coming through the Committee and that there were issues around quality assurance of the documents including formatting and grammatical errors, lack of clarity over consultation and the quality of the associated Equality Impact Assessment documentation. It was suggested that where amendments to an existing policy were being submitted there should be a mechanism to draw out and highlight those specific changes. It was also suggested that a cover sheet should be provided at the front of every policy to provide explicit sign off by the Executive Lead confirming that the document had received sufficient scrutiny such that its status is appropriate for Committee approval. The Executive Director of Workforce and OD referred to a recent paper approved by the Remuneration and Terms of Service Committee which offered a proposed solution to ensuring a manageable and timely approach to policy approval, and suggested this might be appropriate for the QSE Committee also. It was agreed that this would be reviewed to see if it was suitable to be adopted by this Committee. Subject to these comments from Members, it was agreed that the following policies would be approved by the Committee.</p>	SG
<p>QS19/78.1 Pandemic Influenza Plan Distribution - Collection and Delivery of Antivirals</p> <p>It was resolved that the Committee approve the policy for implementation.</p>	
<p>QS19/78.2 Cardiopulmonary Resuscitation (CPR) Policy</p> <p>It was resolved that the Committee approve the changes to the Cardiopulmonary Resuscitation Policy</p>	
<p>QS19/78.3 PTR1 Concerns Policy (Complaints, Claims and Incidents)</p> <p>It was resolved that the Committee approve the policy.</p>	
<p>QS19/78.4 Policy for Administration and Use of Emergency and Non Emergency Oxygen in Adults in Managed Services</p> <p>It was resolved that the Committee approve the policy.</p>	
<p>QS19/78.5 Unlicensed Medicines Policy</p> <p>It was resolved that the Committee approve the policy.</p>	
<p>QS19/78.6 Medicines Policy</p> <p>It was resolved that the Committee approve the policy</p>	

<p>QS19/78.7 Mental Health and Learning Disabilities Division Section 17 Leave of Absence Policy</p> <p>It was resolved that the Committee approve the policy for implementation.</p>	
<p>QS19/78.8 Mental Health and Learning Disabilities Division Therapeutic Engagement and Observation Policy</p> <p>It was resolved that the Committee approve the policy for implementation.</p>	
<p>QS19/79 Quality Safety Group Assurance Reports March and April 2019</p> <p>QS19/79.1 The Acting Executive Director of Nursing and Midwifery presented the reports, noting that the format had been reviewed to allow for better identification of themes.</p> <p>QS19/79.2 A discussion ensued. With regards to the Gosport report, members were informed that assurances had been received from the Pharmacy and Medicines Management team, however, a short contextual explanatory note and assurance as to whether prescribing patterns were within expected levels would be circulated. In terms of the Reducing Avoidable Deaths Group, members were assured that these meetings were now taking place. Clarification was provided as to the significance of the stated secondary care radiology risk in that this related to the ability to recruit to specialist clinicians. A member noted that DBS checks had been flagged as an issue within the Mental Health and Learning Disabilities Division, and it was confirmed this was an issue across all organisations and that the Executive Director of Workforce and OD would need to work with others in terms of the levels of checks. A question was also asked about whether independent contractors were required to register with the on-line service and it was agreed that this would be checked.</p>	<p>EM</p> <p>SG</p>
<p>QS19/80 Progress report of Recommendations Arising from HASCAS Independent Investigation and Ockenden Governance Review</p> <p>QS19/80.1 The Acting Executive Director of Nursing and Midwifery presented the progress report which built upon previous submissions. She highlighted that a self-assessment RAG rating had been undertaken against each recommendation with some red ratings having now moved to amber (eg; records and psychotic medication). A paper was being prepared for Executive Team discussion seeking additional resources to try and move actions on further. The Acting Executive Director of Nursing and Midwifery also reported that teams were testing what the Board had committed to achieving and whether these messages had filtered through more widely.</p> <p>QS19/80.2 The CHC Chair suggested that a target date for closure and a 'percentage complete' indication for actions would help demonstrate how far off the Board was from achieving the whole suite of recommendations and delivering</p>	

<p>outcomes. This would be taken into consideration however it was acknowledged that there were complexities in translating the broad recommendations into timely and deliverable actions and reporting clearly against each of these.</p> <p>QS19/80.3 It was resolved that the Board note the progress against the recommendations to date</p>	DC
<p>QS19/82 Annual Quality Statement (AQS) 2018-19</p> <p>QS19/82.1 The Acting Executive Director of Nursing and Midwifery presented the Annual Quality Statement and set out a range of ongoing challenges to ensure the content and format met the statutory requirements whilst also being meaningful and appropriate for a public audience. She indicated the possibility that there may be national changes to the requirements for the AQS in future.</p> <p>QS19/82.2 A discussion ensued. It was noted that the Committee Chair would need to agree a statement for inclusion. A comment was made regarding the section on concerns and incidents and that the narrative could be improved to provide a balanced view of the year rather than just stark figures. This would be taken on board.</p> <p>QS19/82.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Approve the AQS. 2. Note that the final formatting will take place following approval in preparation for publication on 31st May 2019. 	LR DC
<p>QS19/83 Issues Discussed in Previous In Committee Session</p> <p>It was resolved that the Committee note the information within the paper.</p>	
<p>QS19/84 Documents Circulated to Members</p> <p>Details of documentation circulated between meetings was noted.</p>	
<p>QS19/85 Issues of Significance to inform the Chair's Assurance Report</p> <p>To be agreed with Chair.</p>	
<p>QS19/86 Date of Next Meeting</p> <p>QS19/86. 1 Noted as Tuesday 16th July 2019 @ 9.30am. The Chair noted that routinely the duration of the meeting was likely to be extended to a full day meeting to ensure that the Committee had sufficient time to deal with its business.</p>	

<p>QS19/86.2 In her closing remarks the Chair extended her thanks to Dr Evan Moore who was stepping down from his Executive role shortly.</p>	
<p>QS19/87 Exclusion of Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'</p>	