



**Quality, Safety and Experience (QSE) Committee**  
**Minutes of the Meeting Held in public on 28.8.20 via Webex**

**Present:**

Lucy Reid	Independent Member (Chair)
Jackie Hughes	Independent Member
Cheryl Carlisle	Independent Member
Lyn Meadows	Independent Member

**In Attendance:**

Clare Darlington	Assistant Director Primary Care and Community Services
Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
David Fearnley	Executive Medical Director
Jo Garzoni	Vascular Network Manager ( <i>part meeting</i> )
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Arpan Guha	Deputy Medical Director
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive
Matthew Joyes	Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience
Andrew Kent	Head of Planned Care Improvement ( <i>part meeting</i> )
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead ( <i>part meeting</i> )
Teresa Owen	Executive Director of Public Health
Michael Rees	Vice Chair, Healthcare Professionals Forum (HPF) ( <i>part meeting</i> )
Mike Smith	Interim Director of Nursing, Mental Health & Learning Disabilities ( <i>part meeting</i> )
Adrian Thomas	Executive Director of Therapies and Health Sciences
Marian Wyn Jones	Board Adviser ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<p><b>QS20/150 Chair's Opening Remarks</b></p> <p><b>QS20/150.1</b> The Chair recorded her thanks that there had been a clear improvement overall in the quality of committee papers. She noted there was a long agenda with many items having been listed for information. She assured officers and authors that the members had read all the papers but that in order to manage the meeting time that she intended not to invite presentations of papers but to go straight to questions from members.</p>	
<p><b>QS20/151 Declarations of Interest</b></p> <p><b>QS20/151.1</b> None declared.</p>	
<p><b>QS20/152 Apologies for Absence</b></p> <p><b>QS20/152.1</b> Recorded for Dave Harries, Gareth Evans, Jill Newman, Chris Stockport and Andy Burgen.</p>	

<p><b>QS20/153 Minutes of Previous Meeting Held in Public on the 29th July 2020 for Accuracy, Matters Arising and Review of Summary Action Log</b></p> <p><b>QS20/153.1</b> The minutes were agreed as an accurate record pending an amendment to QS20/136.2 to read "...reflected that deaths can be included in more than one trigger group on stage 1 review as these groups were not mutually exclusive"</p> <p><b>QS20/153.2</b> A matter arising was raised regarding the wearing of face masks by staff on BCU premises and it was confirmed that a joint communication had gone out from the Executive Director of Nursing and Midwifery and the Executive Director of Workforce and OD to mandate this was for staff. The Chair thanked them on behalf of members for progressing this.</p> <p><b>QS20/153.5</b> It was noted that a briefing on eye care services had been circulated to members. A member noted it referred to the use of charitable funds and felt that the narrative indicated an assumption that funding had already been agreed whereas the funds are currently overcommitted. Another member noted that the briefing paper alluded to the procurement of equipment to increase productivity and felt that this indicated a risk to be addressed. The Executive Director of Nursing and Midwifery undertook to share the comments with the Director of Performance and to raise at the planned care group that afternoon.</p> <p><b>QS20/153.4</b> Updates were provided and recorded against the summary action log.</p>	GH
<p><b>QS20/154 Patient Stories</b></p> <p><b>QS20/154.1</b> Members enquired whether the stories were shared back with wards and staff to both share positive aspects and to help them improve. It was confirmed this was the case and that the relevant management team was also required to demonstrate how it cascaded the learning. A member asked that future reports to Committee also summarise the learning. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience agreed that the template could be amended to incorporate learning. Members also acknowledged that basic or small interactions can have a huge difference on a patient care, and that Covid-19 will have had a detrimental impact on much wider aspects of the patient experience.</p> <p><b>QS20/154.2</b> It was resolved that the Committee receive the patient stories which help to understand the impact of COVID-19 on the care provided and that the template would be reviewed to incorporate learning.</p>	GH/MJ
<p><b>QS20/155 Quality &amp; Performance Report</b></p> <p><b>QS20/155.1</b> A member requested that Covid-19 rates per 100,000 of population be included rather than just by age group, and the Executive Director of Public Health indicated that this data was available from the dashboard and she would work with the performance team to include in future reports. A comment was made that dental care was not specifically reported upon within the QPR. The Assistant Director of Primary</p>	TO

Care and Community Services confirmed there were concerns about a backlog following the pandemic and this was being monitored by the primary care team in liaison with General Dental Practitioners. A member referred to unscheduled care performance in terms of patient safety, noting a related conversation had taken place at the Finance and Performance (F&P) Committee. The Executive Director of Nursing and Midwifery confirmed that the unscheduled care improvement group had been re-established and advised that if escalation reached level 4, a joint area and site investigation was undertaken to identify critical factors and whether any early warning signs missed. She undertook to discuss with the Interim Director of Operations how the learning from associated root cause analysis could be shared with the Committee. It was requested that future reports include a brief narrative against graphs showing the impact of Covid-19 on activity/waiting lists. This request would be shared with the Director of Performance.

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**QS20/155.2** A discussion took place on Covid-19 testing and it was acknowledged that whilst there was good access within communities and for staff, there was a need for improvements in terms of communication and messaging. The Executive Director of Public Health added that the Board was following national guidance for testing of symptomatic individuals, and that asymptomatic testing was undertaken as appropriate, for example upon the identification of clusters.

**QS20/155.3** A member set out her concerns around capacity within phlebotomy services and the Executive Director of Therapies and Health Sciences confirmed that demand was increasing and there were some challenges in relation to accommodation due to the requirement for social distancing. He reported that a recruitment programme was underway and options were being investigated in terms of utilising the Ysbyty Enfys and Deeside Hospitals for accommodation. The same member enquired as to the timeframe for returning surgical cases from Alder Hey, and it was confirmed that BCUHB access to Alder Hey was much reduced and assessed on a priority basis as their surgical capacity was low for similar reasons to that of BCUHB.

**QS20/155.4** In response to a question regarding supply of seasonal flu vaccinations, the Executive Director of Public Health confirmed that additional orders had been made and she had no concerns about supply at present. She acknowledged there was potential for a more challenging flu season and that the ongoing trials of a Covid-19 vaccine were of high importance. She added that currently it was thought that if this vaccine was developed it would need to be given separately to the seasonal flu vaccine.

**QS20/155.5** The Executive Director of Nursing and Midwifery noted she was conscious of the risk to mental health services in terms of increase in demand following Covid-19 and that it would be important for the Committee to be sighted on any expected increases in specific elements of this service eg Child Adolescent Mental Health Services (CAMHS). The Chair requested that this be noted on the cycle of business. The Executive Medical Director undertook to follow up and explain why no improvement was reported for delayed transfers of care within mental health as stated on page 14. The Board Adviser noted the marked improvement in performance against the Mental Health Measure for adult services and suggested that learning be shared

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<p>with CAMHS where performance was markedly poorer for assessments and interventions. The Executive Medical Director confirmed that discussions of this nature had taken place to maximise opportunities for learning, notwithstanding there were different challenges across adult and CAMHS services.</p> <p><b>QS20/155.6</b> The Acting Associate Director of Quality Assurance agreed to contact the Director of Performance regarding the correlation of Never Event information as the Chair noted a discrepancy in that the July report had stated that two Never Events had been opened and not closed, however the latest report stated there remained only one open event. The Chair also requested that the Committee receive clearer information on learning outcomes arising from Never Events. She advised the Committee of recent correspondence that had been circulated to the service by the Executive Director of Nursing and Midwifery highlighting issues with compliance of the surgical checklist. The Chair reported that she had raised the issue of reporting outstanding patient safety notices within the QPR as this should have been noted as an exception and highlighted to the Committee. This was being addressed by the Executive Director of Planning and Performance. The Acting Associate Director of Quality Assurance agreed that he would also consider the wider aspect of identifying learning.</p> <p><b>QS20/155.7</b> It was resolved that the Quality, Safety &amp; Experience Committee note the report.</p>	MJ
<p><b>QS20/156 Covid-19 Pandemic Update</b></p> <p><b>QS20/156.1</b> The Executive Director of Nursing and Midwifery delivered a presentation which focused on the Wrexham outbreak. She confirmed that an outbreak was declared on 20.7.20 and had been Executive-led since the 25.7.20 with daily outbreak control meetings taking place. These had now been stepped down to three per week with the full support of Public Health Wales and partners, however, the outbreak could not be declared over until 28 days after the last positive case. It was also confirmed that if a negative test had been returned but the patient continued to show symptoms of Covid-19 they would remain isolated until a retest was undertaken. Members were advised that themes from post infection reviews had been discussed and there were helpful elements of thematic learning. The Executive Director of Nursing and Midwifery noted that there had been some issues of poor compliance with the use of personal protective equipment which had been addressed and a number of audits undertaken.</p> <p><b>QS20/156.2</b> The Executive Director of Workforce and OD provided an update on staff testing, confirming that a separate reconciliation of agency staff had been undertaken. One contributory factor identified was around staff movement between and within shifts and the decision had been taken that temporary or agency staff would not go on adjacent shifts on a Covid-19 or non Covid-19 ward. It had also been agreed to commence a rapid risk based testing programme for roving staff whose roles required them to move from ward to ward and that 689 staff met this criteria. The Committee were advised this was a precautionary measure but would help inform plans for further outbreaks or resurgence of the virus.</p>	

<p><b>QS20/156.3</b> The Executive Director of Public Health outlined the epidemiology and geneology work that was ongoing to understand the strains of the virus that were circulating and patterns of transmission. She indicated that the metadata relating to the Wrexham outbreak suggested it was a closed transmission within the hospital but that epidemiology reports would be used over time to identify if wider actions were required.</p> <p><b>QS20/156.4</b> The Executive Director of Nursing and Midwifery added that clinical teams were also undertaking mortality reviews of patients who had died as result of the outbreak and that they were complying with the principles of a Duty of Candour with relatives. She concluded by confirming a key role for the outbreak control group would be to take actions and learning from the outbreak and share these widely.</p> <p><b>QS20/156.5</b> It was resolved that the Committee receive the update</p>	
<p><b>QS20/157 Serious Incident Report June/July 2020</b></p> <p><b>QS20/157.1</b> A member noted reference to mental health deaths within the community, recognising that these require reporting even where the death is not necessarily attributable the service but that with no further detail provided it was difficult to interpret this. The Acting Associate Director of Quality Assurance confirmed these would have been included within the category “unexpected deaths where the death is related to healthcare service delivery/failures”. He assured members that mental health deaths within a community setting continued to be reported and scrutinized although the small numbers would make the identification of trends and clusters difficult.</p> <p><b>QS20/157.2</b> The Executive Director of Workforce and OD assured the Committee that in terms of the death of a member of staff from Ysbyty Glan Clwyd (YGC), colleagues continued to work very closely with the Health and Safety Executive (HSE) and that immediate learning had been implemented.</p> <p><b>QS20/157.3</b> The Chair set out her continued concern that there was insufficient follow through from incidents in terms of findings and closing the loop, notwithstanding the reporting processes that the organisation was required to follow. She gave an example of the three unexpected deaths within the mental health setting and that she so far remained unassured that the review had determined if any of those deaths were related to mental health issues. The Executive Director of Nursing and Midwifery accepted the comment but felt that an improved level of corporate oversight to incidents would be achieved as the newly appointed Interim Director of Nursing within the Division was working with the Acting Associate Director of Quality Assurance on reporting structures. The Chair welcomed this and asked that the Committee be updated at the next meeting on this approach and associated timescales.</p> <p><b>QS20/157.4</b> It was resolved that the Quality, Safety and Experience Committee note the report.</p>	<p>MJ</p>

<p><b>QS20/158 Make it Safe Process : Updated Rapid Review Process</b></p> <p><b>QS20/158.1</b> A member enquired whether the team members on the panel of a 'Make it Safe' review had the capability and credibility to make the required decisions. The Acting Associate Director of Quality Assurance assured the Committee he had no concerns at the level of seniority in this regard. He also would take on board a suggestion that the proforma at Appendix 1 needed to clarify who was accountable for signing off the review.</p> <p><b>QS20/158.2</b> It was resolved that the QSE Committee note the report.</p>	<p>MJ</p>
<p><b>QS20/159 Quality Governance Structure Review</b></p> <p><b>QS20/159.1</b> The Chair welcomed the paper and acknowledged the work that had gone into the review aimed at strengthening the governance and reporting to QSE Committee. A member queried the status of the Occupational Health and Safety Group as a sub group of QSE Committee and the need for trade union input to any changes to the group. The Executive Director of Workforce and OD acknowledged that a great deal of work had gone into the paper but apologised that some elements of reporting lines regarding health and safety had not been clarified and there was further work to be done in terms of terminology and membership. It was agreed that trade unions would be involved in any change to the terms of reference of this group. The Chair reminded the Committee that the purpose of the paper today was to agree the proposal for the four groups directly reporting into the Committee. The Executive Director of Nursing and Midwifery and the Acting Director of Quality Assurance agreed that the detail with regards to the structure underneath those, including mapping out their functions and membership would be part of the next phase of work.</p> <p><b>QS20/159.2</b> The Vice Chair of the HPF offered the support of the Advisory Group in developing the sub-structure to the QSE Committee and noted there was a wealth of expertise amongst the professional staff. The Executive Director of Therapy Services queried where the Radiological Services Group would sit as there are statutory reporting requirements for this group. It was confirmed that this would be followed up as part of phase 2 of the discussions. The Chair asked if the clinical audit function would be incorporated into the Clinical Effectiveness Group. The Deputy Medical Director confirmed this would be the case. The Chair would wish to see primary and community care representation more visible within the membership of the subgroups as well. She asked whether a similar piece of work is going to be undertaken for the other committees to look at their reporting structures and that the overall structure would be reported to the Audit Committee and Board. The Executive Director of Nursing and Midwifery confirmed that this is planned and that the quality governance structure was the first piece of work of a wider plan.</p> <p><b>QS20/159.3</b> The Chair clarified some of the recommendations for the paper as the wording was unclear for some of them. She advised for example that the Committee</p>	<p>GH MJ</p>

would not be in a position to approve the terms of reference for the four subgroups at this point in time because more work was required. The Acting Director of Quality Assurance agreed and suggested that the Committee should be asked to approve the principle of some of the papers.

**QS20/159.4** The Chair then reviewed each recommendation in turn, seeking members' agreement to any adjustments as follows:-

1. The Committee supported the formal creation of four permanent groups reporting into the Committee, namely the Patient Safety and Quality Group, Clinical Effectiveness Group, Patient and Carer Experience Group and Strategic Occupational Health and Safety Group (SOHSG) noting that the accountability of the SOHSG would be clarified.
2. The Committee approved the requirement that any changes to the structure must have approval of either the parent Committee for changes to its reporting groups, or the new groups for the sub-structure. This did not prevent specific task and finish groups being established for clear, discrete purposes.
3. The Committee supported the principle of a standard terms of reference to be used for all subgroups which must be agreed by the parent committee/group and acknowledged further work was required on the draft terms of references provided.
4. The Committee approved the principle of standard templates for use across the quality governance structure, with the relevant Chairs to agree the detailed content and guidance for completion.
5. The Committee approved the use of a Chair's Report template instead of an Issues of Significance Report.
6. The Committee noted the draft cycles of business for the four sub groups which will be further refined by each group.
7. The Committee supported and approved the commencement of phase 2 of this work looking at the sub-structure beneath these four groups including divisional quality governance structures (this specifically includes the instruction that the term Committee is not to be used outside of a Board Committee).

#### **QS20/160 Quality Safety Group (QSG) Assurance Reports July and August 2020**

**QS20/160.1** A comment was made that there was a lack of correlation between the summary of matters discussed and the key advice being highlighted to the Committee, and that some of the terminology and phrasing was not helpful in a document in the public domain. The Executive Director of Nursing and Midwifery would take this on board.

**QS20/160.2** The Chair noted that the July report indicated that an update on actions relating to therapies waiting lists would be submitted to the next meeting, however, this was not reflected in the August report. The Executive Director of Nursing and Midwifery confirmed that QSG had received the action plan but not updates against the closed actions. In terms of harms the assessment had been completed but lessons

<p>learnt not yet described and there was therefore a more significant piece of work yet to be undertaken within the performance team.</p>	
<p><b>QS20/161 Mental Health &amp; Learning Disabilities Division Update Report</b>  <i>[Mike Smith joined the meeting]</i></p> <p><b>QS20/161.1</b> A member welcomed the balanced and refreshed approach evident within the paper and noted the importance of working closely with workforce colleagues as recruitment to key vacancies would be important to address the concerns across the Division. She enquired as to how communications would be moved forward within the Division and with partners. The Interim Director of Nursing thanked the Committee for the opportunity to share his personal opinion via the exception report and noted that he was confident it was a reliable summary of the current situation. In terms of communication he had specifically highlighted that this aspect, together with wider consultation and engagement, needed urgent attention to remedy the situation and ensure internal and external processes were more robust. He acknowledged that this would also apply to communications with partners in health and social care.</p> <p><b>QS20/161.2</b> In response to a question around confidence in patient safety across the Division the Interim Director of Nursing reported that he had undertaken many site visits and meetings with teams within the Division and he had consistently seen good quality patient care, with nothing having alarmed him that patients were at risk. He added that his intention was to be visible around the Division and to be approachable for teams and individuals. The Assistant Director Primary Care and Community Services offered her assistance in enabling contact with primary care colleagues either via the established clusters or other existing groups.</p> <p><b>QS20/161.3</b> A question was asked around sustainability of improvements. The Interim Director of Nursing confirmed that his engagement with the Division was for 6 months and that whilst he would not be able to change everything within that timeframe, he could change the experience for people and the basis of mental health services provision through the Together for Mental Health Strategy for Wales.</p> <p><b>QS20/161.4</b> The Chair welcomed the honest and open paper and acknowledged the amount of effort being made in the background with a number of regular meetings taking place to address the concerns for the Division. In this regard she accepted there was still a great deal of work to be done but that plans were being agreed.</p> <p><b>QS20/161.5</b> The Chair reminded members that the psychological therapies review had been paused during Covid-19 but this would need to be picked back up and the organisation would need to prepare for an increased demand post-pandemic. The Vice Chair of the HPF took the opportunity to provide some positive feedback about the important roles that clinical psychologists had played with the Staff Well Being and Support Service during the Covid-19 outbreak. The Interim Director of Nursing added that there was an international workshop the following week around developing a</p>	



<p>world-wide response to the post Covid-19 situation within mental health. He alluded to predictions of a possible 20% increase in primary care morbidity and up to a 40% increase in psychosis cases. The Chair asked that an update on these matters be included within the next paper from the Division to the Committee. The Executive Medical Director added that maintaining and improving relationships would be key in managing the changes ahead, and that aligning an approach regionally would be helpful.</p> <p><b>QS20/161.6 It was resolved that</b> the Committee note the report.</p>	MS DF
<p><b>QS20/162 Holden Report Update</b></p> <p><b>QS20/162.1</b> The Executive Director of Nursing and Midwifery reminded the Committee that there was a significant amount of interest in this report and that work was ongoing to go back through the original recommendations to pull out lessons learned and to identify any gaps in implementation. She assured members that this work was being triangulated with that relating to the HASCAS and Ockenden recommendations. The Chair stated that this work was an important piece of assurance for the Health Board and stakeholders.</p> <p><b>QS20/162.2 It was resolved that</b> the QSE Committee note the report.</p>	
<p><b>QS20/163 Improvement Group (HASCAS &amp; Ockenden) Chair's Assurance Report</b></p> <p><b>QS20/163.1</b> A member expressed concern at the statement that “the CHC advised that they do not support sign off at this stage”. The Executive Director of Nursing and Midwifery indicated that the Community Health Council (CHC) wished to consider the matter further with their members and that a stakeholder meeting was being arranged, with the Interim Director of Nursing (Mental Health and Learning Disabilities Division) being part of those discussions. She felt that the position reflected that there remained further work to do with stakeholders, however, there were many examples of great engagement. The Chair enquired whether it was still intended that an internal audit review be undertaken to provide an independent opinion of implementation of the recommendations, and it was confirmed that this was the case but not in the immediate future.</p> <p><b>QS20/163.2 It was resolved that</b> the Committee note the progress against the recommendations to date.</p> <p><i>[Mike Smith left the meeting]</i></p>	
<p><b>QS20/164 Quality Governance Self-Assessment Action Plan</b></p> <p><b>QS20/164.1</b> The Chair noted that understandably many of the actions did not meet the stated timescales and she felt that this project needed to report into the Audit</p>	

<p>Committee as part of the quality governance review. In response to a question regarding the deadline for the clinical audit plan, the Senior Associate Medical Director/Improvement Cymru Clinical Lead confirmed that confirmation from Welsh Government was still awaited relating to the mandated audits but the intention was to share the plan with the Committee in October. She also confirmed that although some of the work around pathways had a deadline of March 2021, some aspects of the work could proceed sooner.</p> <p><b>QS20/164.2 It was resolved that</b> the QSE Committee:</p> <ol style="list-style-type: none"> <li>1. Approve the draft version of the Quality Governance Self-Assessment Action Plan</li> <li>2. Confirm that update reports will be required at each future meeting until such times as the actions are complete and the Committee assured</li> </ol>	MM
<p><b>QS20/165 Mortality Review Update</b></p> <p><b>QS20/165.1</b> A presentation was delivered by the Deputy Medical Director and the Senior Associate Medical Director/Improvement Cymru Clinical Lead. It was acknowledged there was a need to refine the reporting of mortality to the QSE Committee and that the emphasis should be on learning. A process chart from the time of confirmation of death was shared and it was highlighted that a key aspect of the review stage remained the mortality/morbidity meetings. With regards to the learning stage it was stated that the role of the QSG would need refining in terms of analysing and identifying contributory streams to mortality. Members' attention was drawn to the development of a Medical Examiner Service for Wales which had already been partly implemented in England and would provide an independent scrutiny of all deaths not involving the coroner. The Medical Examiners would be experienced doctors with additional training in death certification and documentation review and they would work independently to ensure that an accurate cause of death was recorded and any concerns identified for investigation. A process would need to be in place to enable the organisation to respond quickly to the Medical Examiner. A question was asked around capacity and the Senior Associate Medical Director/Improvement Cymru Clinical Lead indicated she was not able to fully assure the Committee on this currently as it was dependent on efficiency although calculations suggested that 1.6wte would be needed.</p> <p><b>QS20/165.2</b> The Deputy Medical Director referred to discussions around mortality within primary care and that Cwm Taf Health Board had set up a panel of healthcare professionals not just medics. The Assistant Director Primary and Community Services indicated that Dr Liz Bowen had an interest in this area of work.</p> <p><b>QS20/165.3</b> The Chair thanked officers for the helpful update which enabled members to better understand the process and how it was planned to be standardised. She reiterated previous concerns that whilst there was plentiful raw data around mortality, the Committee needed it to be presented in a meaningful and clear way including learning arising from the reviews.</p>	

<i>[Marian Wyn Jones and Melanie Maxwell left the meeting]</i>	
<p><b>QS20/166 Healthcare Inspectorate Wales (HIW) Annual Report 2019/20</b></p> <p><b>QS20/166.1</b> It was noted that the planned presentation from HIW had been stood down as their representative was unable to attend. The Chair noted that the slides referred to an observation by HIW that actions were not always being taken by the Health Board as a result of HIW inspections, and she queried whether there was harm caused as a result. The Executive Director of Nursing and Midwifery was unable to provide full assurance that this wasn't the case but she confirmed that where significant issues were raised at HIW inspections these were followed through robustly at QSG. The Interim Associate Director of Quality Assurance undertook to establish if similar issues continued to be raised by HIW and weren't being addressed, and to discuss with Emma Scott in HIW. He noted that HIW had recently recommenced a virtual visiting programme.</p> <p><b>QS20/166.2</b> The Chair felt that it was important to have clarity on outstanding HIW actions before the report was submitted to the September Health Board. The Executive Director of Workforce and OD noted that the interdependencies between findings and actions was always challenging. The Executive Director of Nursing and Midwifery felt there was an opportunity for QSE Committee to feed the Board business in order to have a far more quality driven Board, whilst accepting there were difficulties in collating and aligning external reports to maximise learning opportunities.</p> <p><b>QS20/166.3</b> A member commented that the annual report was well-balanced and positive overall, but suggested that the organisation needed to pre-empt wider interest in infection prevention compliance issues as noted within the presentation slides for both primary and secondary care.</p> <p><b>QS20/166.4</b> It was resolved that the Committee receive for assurance the report and the presentation from the Healthcare Inspectorate Wales (HIW) Senior Inspector for the Health Board.</p>	<p>MJ</p> <p>MJ GH</p>
<p><b>QS20/167 BCUHB Annual Quality Statement 2019/20</b></p> <p><b>QS20/167.1</b> A member felt that the narrative within the CHC's statement about it "having grave reservations about the unique I-CAN service model" was unfortunate. The Executive Director of Nursing and Midwifery indicated that the CHC's concern related to their view that there was too much focus and reliance on I-CAN. Another member noted a typographical error on page 29 in that "compromised" should read "comprised". She also suggested the HIW section could be more appropriately placed within the document, and that reference should be made around Allied Health Professionals to encompass a wider range of students. The Chair felt the document was very secondary care focused and suggested that the Assistant Director of Primary and Community Services liaise with the Interim Associate Director of Quality Assurance</p>	<p>CD MJ</p>

<p>around strengthening the primary care aspect including reference to the Primary Care Academy as a way of demonstrating how the Health Board was responding to the recruitment challenges for primary care.</p> <p><b>QS20/167.2 It was resolved that the Committee:</b></p> <ol style="list-style-type: none"> <li>1. Note the Annual Quality Statement Editorial Group, Terms of Reference</li> <li>2. Note the Welsh Health Circular titled “Annual Quality Statement 2019 / 2020 Guidance” Welsh Government</li> <li>3. Approve the Annual Quality Statement 2019/20 final draft pending comments made above</li> </ol>	
<p><b>QS20/168 Primary Care Update</b></p> <p><b>QS20/168.1</b> The Executive Director of Nursing and Midwifery welcomed the paper and felt it provided a helpful opportunity to consider a range of issues through a Health Board lens on a pathway basis. She would like to see a more integrated approach for some areas e.g. eye care and mental health. The Chair referred to the development of Quality Improvement Projects through the Quality Assurance Improvement Framework and enquired whether there were any plans to review priorities within these in light of Covid-19 – for example the management of diabetic patients. The Assistant Director of Primary and Community Services would follow this up through the national group. The HPF Vice Chair enquired what the position was within primary care in terms of getting the workforce safely back to work and ensuring premises were Covid-19 secure. The Assistant Director of Primary and Community Services explained that the establishment of red hubs had enabled primary care to provide essential services and they were now reinstating enhanced services and working to ensure infection prevention guidance was followed. She felt that the ability to be more explicit around premises being Covid-19 secure would reassure patients to feel safe to returning to access primary care services.</p> <p><b>QS20/168.2 It was resolved that the Committee note:</b></p> <ol style="list-style-type: none"> <li>1. the confirmed delivery of essential services across primary care and significant work undertaken by all contractors to ensure access for patients requiring urgent care during the pandemic;</li> <li>2. the ongoing implementation of the ‘amber phase’ of the primary care recovery plans;</li> <li>3. the risks and challenges in the delivery of services across primary care</li> </ol>	CD
<p><b>QS20/169 Care Homes Update</b></p> <p><b>QS20/169.1</b> The Assistant Director of Primary and Community Services clarified that she was not the author of the paper as stated on the front template, but she would be happy to take away any questions to the lead officer Grace Lewis-Parry.</p>	

**QS20/169.2** A member noted that the paper indicated the assessment of need for patients was done separately by social care and by health, and she felt it would be better as a more inclusive partnership approach. She felt that a positive outcome of Covid-19 was how much closer health and social care had had to work, and the Assistant Director Primary and Community Services suggested that this would be further strengthened by the regional care home action plan. A member referred to the financial implications within the paper and the Assistant Director of Primary and Community Services confirmed that additional retrospective funding of the order of £5m had now been confirmed by WG to support care homes during Covid-19. In response to a question regarding the Discharge to Recover then Assess model, it was confirmed this aimed to ensure patients were discharged home or to a familiar community setting first before further assessment was made.

**QS20/169.3** It was resolved that the Committee note the progress made with regards to

1. The actions taken to date to support care homes, their residents and staff during Covid-19
2. The requirement to develop a regional care home action plan
3. The measures being taken to help mitigate risks that may exacerbate the fragility of the sector.

**QS20/170 Essential services and re-start update**

*[Andrew Kent joined the meeting]*

**QS20/170.1** In response to a question regarding the table of services that were re-starting, the Head of Planned Care Improvement confirmed the date shown was the date it had been agreed to restart the service, not necessarily when it had restarted. This was monitored on a weekly basis with a definitive standard operating procedure and restart toolkit being considered by the area or site management team, and cross referencing with other services being undertaken. It was reported that there was a move away from WG 36 week targets to a risk stratification approach and that the key challenge was that the waiting lists were now held by the clinicians. The Head of Planned Care Improvement also outlined the requirement for winter surge plans to be aligned far more closely. In terms of financial implications, it was reported that a paper had been considered by the F&P Committee on the 27<sup>th</sup> August which articulated the potential capital and revenue costs. The Executive Director of Nursing and Midwifery stated that the priority would be to mitigate the risk to patients ahead of confirming funding.

**QS20/170.2** The Chair queried what communication was being provided to referrers as services are restarted across the Health Board, noting that this covered all primary care not just general medical practice. The Assistant Director of Primary and Community Services offered to assist the planned care team in terms of sharing information with primary care generically or through links with the Local Medical Committee. A member suggested that it was vital to ensure accuracy and clarity of any information for the

<p>public around the restarting of services as she had noted inconsistency relating to when a patient would be tested for Covid-19 prior to admission.</p> <p><b>QS20/170.3</b> The Chair noted that the paper highlighted a risk around the Patient Administration System and asked whether the Digital and Information Governance Committee needed to be sighted on this and if consideration had been given to escalating to the corporate risk register. The Head of Planned Care Improvement confirmed that he had requested appropriate escalation including potentially to the corporate risk register. The Executive Director of Nursing and Midwifery added that the work on virtual access to clinicians (eg; the Attend Anywhere and Consultant Connect programmes) had underpinned the organisation's digital approach to the delivery of planned care.</p> <p><b>QS20/170.4</b> The question was asked whether the men within HMP Berwyn had been receiving any form of diagnostics service. The Head of Planned Care Improvement noted that the prison was regarded as an essential service but he would check this specific query and provide a response outside of the meeting. He did assure the Committee that he hadn't been made aware of any issues in this regard.</p> <p><b>QS20/170.5</b> <b>It was resolved that</b> the Committee note the content of the paper and the progress being made.</p> <p><i>[Andrew Kent left the meeting]</i></p>	AK
<p><b>QS20/171 Vascular Services Update</b> <i>[Jo Garzoni joined the meeting]</i></p> <p><b>QS20/171.1</b> A member enquired as to the timescale for the external review by the Royal College of Surgeons (RCS). The Vascular Network Manager reported this had not been confirmed as of yet but the RCS had indicated it was not likely to commence for several months. The terms of reference for the review had been developed and shared with the Committee Chair. In response to a question regarding CHC involvement the Vascular Network Manager confirmed that the CHC and carer/patient representatives had been involved in drafting the invitation to the RCS to undertake the review. A question was raised regarding palliative care and the Vascular Network Manager assured the Committee that patients were receiving appropriate palliative care currently. In terms of staff morale it was acknowledged that vascular services was a challenging area to work within currently, although the Chair was pleased to report that on a recent visit she was impressed with the dedication of the team and their candour. The service demonstrated that they were aware of the areas for improvement and the challenges that they had faced and were committed to doing so.</p> <p><b>QS20/171.2</b> The Chair stated that the response provided to the Committee questions previously submitted highlighted the wider governance issues evident within the service on implementation and noted that there were examples where key issues had been reported to the Vascular Implementation Group and/or Executive Management Group</p>	

<p>but not to the Board as would be expected. She felt that there was a wider learning in this respect which could apply to other service change implementation projects. The Executive Medical Director indicated that the vascular task and finish group had not focused on the governance aspects within its current remit. The Executive Director of Nursing and Midwifery agreed that the need to improve governance processes could be applied to any area of service change, and that wider benefits realisation must be pursued.</p> <p><b>QS20/171.3 It was resolved that</b> the Committee note the progress made by the Vascular Task and Finish Group</p>	
<p><b>QS20/172 Internal Audit Report Deprivation of Liberty Safeguards</b></p> <p><b>QS20/172.1</b> A member sought a timeline for when the outstanding training aspects would be delivered. Another member enquired as to what data was held around trends, figures and the impact of case law re young people aged 16 and 17. The Executive Director of Nursing and Midwifery would ask the Assistant Director of Safeguarding to respond on these points outside of the meeting but she anticipated that in terms of the case law query there would not be sufficient data to enable the monitoring of trends.</p> <p><b>QS20/172.2</b> A member noted that changes in responsibilities regarding the Liberty Protection Safeguards from April 2022 will mean an increase in assessment requests. The Executive Director of Nursing and Midwifery agreed that the Committee would need to remain sighted on this matter. The Chair clarified that the recommendations of the internal audit report itself would be tracked through the Audit Committee.</p> <p><b>QS20/172.3 It was resolved that</b> the Committee note the findings of the internal Deprivation of Liberty Safeguards (DoLS) audit and recognise the significant improvement to achieve and implement into practice all five (5) recommendations, as well as the continued work and development within the Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA) and Liberty Protection Safeguards (LPS) arena.</p>	GH
<p><b>QS20/173 Occupational Health and Safety Annual Report 1st April 2019 to 31st March 2020 and Quarter 1 Report</b></p> <p><b>QS20/173.1</b> The Chair noted that this report had been scheduled for information, however, the recommendation was seeking approval and that some of the annual reports were submitted for approval whereas others were for information/to note. It was not possible to confirm at the meeting whether there was a statutory requirement for the report to be approved.</p> <p><b>QS20/173.2</b> A comment was made that there appeared to be a high number of sharps incidents, and this had also come up as low compliance in terms of the gap analysis.</p>	

It was also noted that the issue of incidents being related to ethnicity was being picked up with the equalities team. The Executive Director of Workforce and OD wishes to record her thanks for the amount of work that the occupational health and safety teams had undertaken during the pandemic, and how responsive they had been. The Chair and Committee members also supported this.

**QS20/173.3 It was resolved that the Committee:**

1. Approve the Occupational Health and Safety (OHS) Annual Report 2019-2020 and Q1 Report
2. Note the position outlined in the report and support the recommendations therein that the OHS team:
  - Implement the 3 year OHS Strategy.
  - Ensure adequate staffing is available to provide an appropriate H&S security function to BCUHB.
  - Develop further policies and safe systems of work to provide evidence of practice.
  - Establish monitoring systems to measure performance including clear KPIs.
  - Train senior leaders and develop further competence in the workforce at all levels
  - Learn lessons from incidents and develop further the risk profile

**QS20/174 Independent Review of Fire Precautions at Ysbyty Gwynedd Stage 1 Report Prior to Agreement of Action Plan (May 2020)**

**QS20/174.1** The Chair confirmed she had accepted this report as a late inclusion to the agenda on the basis of it being a high risk area. She noted that recommendation 4 within the paper asked the Committee to support the inclusion of Ysbyty Gwynedd fire precaution risks being included on the Health Board corporate risk register, and she did not feel the Committee were in a position to do so as were not in possession of the appropriate detail. The Executive Director of Workforce and OD agreed with this and indicated that the Executive Team had recognised the specific risk did need to be on the risk register but the paper was being presented to QSE primarily to sight the Committee on the work ongoing.

**QS20/174.2 It was resolved that the Quality Safety and Experience Committee support the following recommendations :**

1. To receive the Independent Review of Fire Precautions at Ysbyty Gwynedd Stage 1 Report : Prior to Agreement of Action Plan – May 2020
2. To note the contents of the report and support the action being undertaken in developing an action plan to address prioritised risks identified within Appendix B of the independent report.
3. To note commencement of the specialist compartmentation survey to inform the Health Board action plan for completion by 31st of October 2020.
4. To support commencement of discussions with North Wales Fire and Rescue Service (NWF&RS) in regards to the contents of the independent report and actions being taken by the Health Board to reduce fire safety risks.
5. Fire Safety Management was identified as a risk within the Corporate Health and



<p>Safety Audit. The report will also be presented to the Strategic Occupational Health and Safety Group for consideration at its next meeting.</p>	
<p><b>QS20/175 Pharmacy and Medicines Management Annual Report</b></p> <p><b>QS20/175.1 It was resolved that</b> the Committee receive the report for information</p>	
<p><b>QS20/176 Annual Organ and Tissue Donation Report 2019-20</b></p> <p><b>QS20/176.1</b>The Executive Director of Therapies and Health Sciences wished to highlight to members the statement that organ donation was a gift that transformed and saved lives. He wished to record his thanks to all donors and their families who had made a precious gift in the last year. He added that it was pleasing to note that 6 donors had come forward by the 17<sup>th</sup> July which was extremely positive in the current circumstances.</p> <p><b>QS20/176.2 It was resolved that</b> the Committee note the report content and the future aims and objectives of the Organ and Tissue Donation Committee.</p>	
<p><b>QS20/177 Care Quality Commission (CQC) report and ratings for Shrewsbury and Telford NHS Trust</b></p> <p><b>QS20/177.1 It was resolved that</b> the QSE Committee note the report.</p>	
<p><b>QS20/178 Documents Circulated to Members</b></p> <p>18.8.20 Notes of July QSG 19.8.20 Briefing on eyecare services</p>	
<p><b>QS20/179 Issues of Significance to inform the Chair's Assurance Report</b></p> <p>To be agreed with Chair</p>	
<p><b>QS20/180 Date of Next Meeting</b></p> <p>27th October 2020 @ 9.30am</p>	
<p><b>QS20/181 Exclusion of Press and Public</b></p> <p><b>QS20/181.1 It was resolved that</b> 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</p>	

prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	
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