



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 16.7.19 in The Boardroom, Carlton Court, St Asaph

Present:

Mrs Lucy Reid	Independent Member (Chair)
Mrs Jackie Hughes	Independent Member
Mrs Lyn Meadows	Independent Member

In Attendance:

Mr Peter Bohan	Associate Director of Health, Safety and Equality (deputising)
Mrs Deborah Carter	Acting Executive Director of Nursing and Midwifery
Mrs Kate Dunn	Head of Corporate Affairs
Ms Liz Fletcher	Assistant Area Director – Children (West) (<i>part meeting</i>)
Mr Steve Forsyth	Director of Nursing, Mental Health and Learning Disabilities (<i>part meeting</i>)
Dr Arpan Guha	Deputy Executive Medical Director (deputising)
Ms Fflur Jones	Wales Audit Officer (Observing)
Dr Jill Newman	Director of Performance
Ms Carolyn Owen	Head of Patient and Service User Experience (<i>part meeting</i>)
Miss Teresa Owen	Executive Director of Public Health
Mr Andy Roach	Director of Mental Health and Learning Disabilities
Dr Chris Stockport	Executive Director of Primary and Community Services
Mr Rod Taylor	Director of Estates and Facilities (<i>part meeting</i>)
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>QS19/95 Chair's Opening Remarks</p> <p>QS19/95.1 The Chair welcomed everyone to the meeting. She went on to note with some disappointment that she continued to have concerns over the quality of many of the submitted papers, even though guidance had been provided to authors to try and ensure they met the requirements of the Committee. The Chair emphasised the importance of ensuring robust reporting to the Committee in order to provide assurance to the Board on quality and safety matters. This would be formally escalated as part of the Chair's assurance report to the Board.</p> <p>QS19/95.2 Chair's action was reported regarding approval of the Covert Administration of Medicines Clinical Policy previously considered by the Committee which now was supported by an equality impact assessment. The Chair thanked JH for her input on this.</p>	LR

<p>QS19/96 Declarations of Interest</p> <p>None declared.</p>	
<p>QS19/97 Apologies for Absence</p> <p>Apologies for absence were recorded for Mrs Sue Green, Dr Evan Moore, Dr Melanie Maxwell, Cllr Cheryl Carlisle and Mr Gareth Evans.</p>	
<p>QS19/98 Minutes of Previous Meeting Held in Public on the 21st May 2019 for Accuracy, Matters Arising and Review of Summary Action Log</p> <p>The minutes were approved as an accurate record and updates were provided to the summary action log.</p>	
<p>QS19/99 Patient Story - Welsh Language Communication</p> <p>QS19/99.1 Mrs J Hughes presented the patient story which related to the experience of her late father in law and family members in terms of failures to meet his first language communication needs whilst an in-patient at Ysbyty Glan Clwyd.</p> <p>QS19/99.2 The Committee were grateful for the reminder of the importance of communication in the delivery of services. It was reported that the newly appointed Patient Advice and Liaison Service (PALS) officers on each site were all Welsh speakers which would enable patients to be able to communicate in Welsh when providing feedback on their experience across the Health Board. In terms of next steps, it was noted the patient story was scheduled for the next Quality Safety Group (QSG) and it was also suggested that the story be featured within the next Welsh Language monitoring report. The Chair suggested that there be an annual reflection on the outcomes and improvements made as a result of the patient stories received in-year as part of the Committee Annual Report process.</p>	<p>DC</p> <p>DC</p>
<p>QS19/100 Integrated Quality and Performance Report (IQPR)</p> <p>QS19/100.1 The Director of Performance presented the report. She highlighted that the performance team were working to standardise all the elements of IQPR that fed into Committees and up to the Board and aligning them to the health economy and divisional reports. She indicated that the revised format aimed to show current performance using the latest available validated data to illustrate where performance had improved or worsened since the previous report, and to include clear actions being taken with intended outcomes within an expected timeline.</p> <p>QS19/100.2 The Director of Performance confirmed that training sessions were being delivered with lead officers on how to write exception reports. She also set out continued challenges in linking up the various reports and to ensure the Committees received data in a timely manner to scrutinize ahead of the Board meetings. A broad discussion ensued on</p>	

<p>QS19/101.4 It was resolved that the Committee note the report.</p>	
<p>QS19/102 Quality and Safety in Primary Care</p> <p>QS19/102.1 The Executive Director of Primary and Community Services presented the paper, noting that the format was a work in progress and he would welcome feedback from Committee members.</p> <p>QS19/102.2 A discussion ensued. A member commented that whilst a comprehensive report, the paper did not assure the reader as to whether there were any major concerns about individual contractors. It was noted that this was partly due to the independent contractor status and reporting requirements not being mandatory. There was discussion about other quality performance indicators that would assist, including for example the Quality Outcomes Framework and the Clinical Governance Practice Self Assessment which could be incorporated into the report. Where concerns or complaints had been shared with the Health Board by practices, the Clinical Governance teams would feed this into the local Quality Safety Groups following which the findings were collated and learning shared with other practices. It was confirmed that there had been no removals from the performers' list during the period reported as a result of a performance concern. In terms of ongoing monitoring and support it was reported that a Quality Assurance Visiting Programme was in place and ideally each practice would receive a visit from the Health Board at least annually, but this was dependent on capacity and would likely be undertaken based on an assessment of risk. The focus for 2019/20 is for all GP practices to be visited. The Chair requested whether a heat map style summary could be provided in future reports and the Executive Director of Primary and Community Care would work to provide this.</p> <p>QS19/102.3 The CHC Chair welcomed the detailed report at Committee level. He enquired whether the data for General Dental Services related to NHS practices only. It was confirmed that the majority of practices in North Wales held an NHS contract although there was a significant variation in terms of how much NHS activity was delivered alongside private work. The CHC Chair also wished to record the value of information relating to patient views of GP practices which could be gleaned from CHC visits to practices.</p> <p>QS19/102.4 In terms of incidents it was confirmed that there had been no catastrophic graded incidents within the reported quarter. It was also clarified that the references to temporary pharmacy closures related to short notice applications from pharmacies to temporarily curtail their hours. A pattern had been established, particularly in the West, of these becoming frequent. The Chair asked that future reports include details of lessons learnt from incidents and not just the numbers. The Chair asked how primary care related Patient Safety Alerts were shared. It was confirmed that the Area Clinical Governance teams had a rolling programme to ensure these were cascaded.</p> <p>QS19/102.5 A question was asked regarding Health and Safety (H&S) requirements for primary care contractors and the Executive Director of Primary and Community Services indicated that the recently appointed H&S Adviser for primary care had been broadly welcomed by practices. He was not aware of any serious concerns or practices not engaging at all, however, there were a few practices that had not yet prioritised the H&S agenda as he would have hoped.</p>	<p>CS</p> <p>CS</p>

<p>QS19/102.6 The Director of Performance welcomed the report and invited members to reflect as to whether there were additional primary care indicators they would wish to see developed within the IQPR.</p> <p>QS19/102.7 It was resolved that the Committee</p> <ol style="list-style-type: none"> 1. Confirms the core indicators meet the requirements of the Committee – pending strengthening of lessons learnt and key risk areas as discussed 2. Notes the actions taken in terms of the core indicators 3. Notes the progress in relation to the health and safety of GP practices 4. Considers any ‘focus on’ topics that the Committee would find useful 5. Notes the example provided in relation to quality improvement 	
<p>QS19/103 Infection Prevention Report Q4 (January to March 2019) Incorporating the Infection Prevention Annual Report for 2018 -2019</p> <p>QS19/103.1 The Acting Executive Director of Nursing and Midwifery presented the paper which provided an overview of infection prevention activity, achievements and performance and highlighted some risks. Members were informed that the report from Jan Stevens on her revisit to the Health Board had recently been received and was broadly positive in terms of her ability to identify significant improvements, together with setting out guidance as to making further progress. The Committee were informed that the Safe Clean Care campaign would continue and it was acknowledged that basic infection prevention and control measures make a real difference.</p> <p>QS19/103.2 Members identified a range of concerns mentioned within the report around water safety including a lack of representation by Estates and Facilities on the water safety group and a lack of clarity as to where that group reported to. It was confirmed it reported to the Strategic Infection Prevention Group (SIPG) with cross-over into the Strategic Health and Safety Group. The matter would be picked up further under the Occupational Health and Safety report later on the agenda.</p> <p>QS19/103.3 A question was asked regarding the lack of isolation areas in Wrexham and the Acting Executive Director of Nursing and Midwifery confirmed this matter was on the relevant risk register and that SCC monies had been utilised to create a decant facility to allow for the effective isolation of patients.</p> <p>QS19/103.4 The Chair raised issues regarding the content and flow of the report and that it did not explain what actions had been taken or were planned to address issues or risks raised. In addition, there was reference to monthly reports to the QSE Committee which needed amending to reflect the change to the frequency of Committee meetings. The report would be refreshed to take into account the discussion and comments.</p> <p>QS19/103. It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the Infection Prevention Q4 report and improvements requested by the Committee 2. Note the Annual Report for 2018/19 	<p>DC</p>
<p>QS19/104 Occupational Health and Safety (OHS) Annual Report 1st April 2018 -31st March 2019</p>	

[Mr R Taylor joined the meeting]

QS19/104.1 The Associate Director of Health, Safety and Equality presented the report which provided an overview of incidents, accidents, occupational health, safety activity and training. He drew members' attention to section 4 of the executive summary which set out key issues of note. He also reported that the newly established Strategic Occupational Health and Safety (OHS) Group had met twice since his appointment and had been well attended. He summarised that a lot of work had been undertaken completing a gap analysis to ensure that the Health Board was actively managing OHS risks and were in compliance with the legislation.

QS19/104.2 A discussion ensued. A comment was made that whilst the report advised on training activity it would have been useful to have included a trajectory and confirmation of the gap between actual and planned delivery. A point was raised regarding the number of occasions staff did not attend for planned training and that there were no consequences for this. It was confirmed that the training needs analysis would be key to managing this more effectively going forward. The Independent Member (Trade Unions) very much welcomed the re-establishment of a strategic group for OHS and she felt it was working well so far. In terms of violence and aggression towards staff she suggested that very often this was seen as the norm, with staff 'expecting' to receive some abuse. She highlighted that the role of the Violence and Aggression Case Manager was not resourced to undertake prevention work and she also had concerns at the security of staff on some sites. The Associate Director of Health, Safety and Equality indicated that a full assessment of security and violence and aggression incidents was planned which would inform areas to be addressed. He noted though that there would be a resource implication to this. The Executive Director of Public Health felt there was an anomaly within the data of violence and aggression incidents within Public Health Wales and she would look into this further with the Associate Director of Health, Safety and Equality.

QS19/104.3 The Chair enquired about the 38 deaths reported by the Mental Health Division in Datix, the nature of these deaths and why they had been included within the OHS report. The Acting Executive Director of Nursing and Midwifery explained that all deaths were reported within mental health services even if the individual was not receiving care from the Health Board at the time. She agreed to work with the Associate Director of Health, Safety and Equality to ensure clear reporting parameters. She did assure the Committee that all deaths were monitored on a weekly basis.

QS19/104.4 In response to a query regarding root cause analysis (RCA) for RIDDOR incidents, the Associate Director of Health, Safety and Equality reported that there was no consistently applied system for tracking RIDDOR RCAs and he and the Acting Executive Director of Nursing and Midwifery would pick this up jointly in terms of incident reporting training.

QS19/104.5 The Committee Chair raised the issue of water safety management as linked to the earlier discussion around infection prevention and legionella. The Director of Estates and Facilities confirmed that the Water Safety Group had been established in line with Welsh Government (WG) guidance with an annual report to the group being prepared which was submitted to the IPSPG and onto QSG. He accepted there had been challenges in terms of little used outlets where taps had not been flushed regularly. Overall, he reported that the controls were robust but that operational management and checks at

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<p>ward level were essential to ensure that water safety management became everybody's business. The associated risk of legionella had been escalated appropriately with an action to review and refresh the policy to clarify responsibility. The Committee Chair outlined her concern that the closing of areas due to water supply issues impacted directly upon the provision of care and that there must be more of a focus on prevention.</p> <p>QS19/104.6 The Director of Estates and Facilities added that the matter of representation on the Strategic OHS Group had been noted and he was working to address capacity issues to enable attendance.</p> <p>QS19/104.7 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the position outlined in the Annual Report. 2. Support the proposed improvement plan and full review of OHS systems through a gap analysis of legislative compliance and subsequent proposed project plan and time line. <p><i>[Mr R Taylor left the meeting]</i></p>	
<p>QS19/106 Patient and Service User (PSUE) Experience Strategy 2019-2022 <i>[Agenda Item Taken out of order at Chair's discretion]</i></p> <p>QS19/106.1 The Acting Executive Director of Nursing and Midwifery introduced the Strategy which aimed to provide a vision for patient and service user experience in line with the NHS Wales' "quadruple aim". The Head of Patient and Service User Experience was pleased to present the Strategy to the Committee and felt that it would address the identified gaps and variations across North Wales in terms of an equitable model for PSUE. She highlighted key points from the Strategy in terms of:</p> <ul style="list-style-type: none"> • The targeting of areas which had been identified as lacking in feedback; • Use of the "You Said We Did" real-time feedback mechanism; • A refresh of the Listening and Learning Group with a focus on more senior representation; • The important role of the CHC in terms of feeding into PSUE mechanisms. <p>QS19/106.2 A discussion ensued. The Director of Performance commented that connecting PSUE to the outcome measures was critical to improving services and delivering care closer to home. The Executive Director of Primary and Community Services was pleased to see that managed practices had been involved in the deployment and development of the sensory loss toolkit as the majority of patient contacts were within a primary care setting. The CHC Chair welcomed the Strategy and the clear focus on making a positive difference. The Committee Chair felt that the Strategy would be a valuable service improvement tool but did ask that the aspects relating to primary care be strengthened, in particular to widen the scope beyond general medical services. She also noted that Primary Care Cluster Development Teams were listed as part of external engagement opportunities which she felt was inaccurate. The Director of Performance noted that there was a cohort of patients who had a long-term relationship with the Health Board in terms of delivery of their care and there would be opportunities to engage with them relating to their experience of the associated care pathways. It was also suggested that the workforce was also a valuable resource in terms of user experience as they were patients too. The Head of Patient and Service User Experience would take all these comments on board.</p>	<p>DC/CO</p> <p>CO</p>

<p>QS19/106.3 The Committee Chair requested that the next steps for formally ratifying the Strategy be confirmed, but also suggested that a workshop session on service user experience as a whole would be beneficial.</p> <p>QS19/106.4 It was resolved that the Committee endorse the ratification of the Patient and Service User Experience Improvement Strategy for organisational and operational delivery to be adopted across BCUHB.</p>	DC
<p>QS19/105 Listening and Learning from Experience Report</p> <p>QS19/105.1 The Head of Patient and Service User Experience presented the report which provided a summary of PSUE within the Health Board. She accepted there were ongoing issues in terms of readability but confirmed that arrangements were in hand going forward to rationalise and strengthen the narrative. She highlighted that the role of the PSUE team had been reviewed in terms of remit, responsibilities and consistency of application. She added that the standardising of the Patient Advice and Liaison Service (PALS) would also contribute to improvements and a better patient experience.</p> <p>QS19/105.2 A discussion ensued. The CHC Chair welcomed the implementation of PALS but was keen to ensure that this did not deter people from utilising the formal Putting Things Right (PTR) process where appropriate. The Head of Patient and Service User Experience agreed and indicated that this was covered in staff training as part of trigger points within the pathway. The recent clarification from Welsh Government with regards to the categorisation of 'On the Spot' resolution was noted and may result in an increased in the number of concerns recorded as a result. The Committee Chair enquired whether there was any evidence that negative feedback in Emergency Departments (ED) was dependent upon the point within the pathway that patient satisfaction was measured as specified in the report. It was clarified that there was a trend to suggest this, but it was an assumption based on the location of the feedback kiosk.</p> <p>QS19/105.3 In terms of future reporting the Committee Chair requested that attention be given to improving the analysis of data to clearly show what improvements had been made as a result of feedback. She also felt that the improvement actions for each quarter needed to be more distinct to enable clear monitoring of progress.</p> <p>QS19/105.4 It was resolved that the Committee endorse the improvement actions identified within this report and provide feedback in relation to additional interventions which may address the identified issues and risks, especially in relation to developing improvement organisational and operational accountability for Listening, Learning and Acting on patient and service user experience.</p> <p><i>[Ms Carolyn Owen left the meeting. Mr S Forsyth joined the meeting]</i></p>	DC /CO
<p>QS19/107 Mental Health Quality Safety and Experience Report [including progress against Quality Improvement Governance Plan, Together for Mental Health Strategy and Performance]</p>	

QS19/107.1 The Committee Chair invited comments and questions on the report, noting that all members would have read the paper. A query was raised regarding the ward metrics data in the table on page 14 and the Director of Nursing for Mental Health and Learning Disabilities Services (MHLDS) clarified it indicated a decline against all headings which was disappointing. The Acting Executive Director of Nursing and Midwifery added that ward staff were being supported to improve their understanding of the dashboard and how data should be input. A member asked about the performance against the Mental Health Measures which are not meeting the national target. The Director of MHLDS confirmed that whilst performance was delivered regularly in some areas there were ongoing resource capacity issues which impacted on other areas. He was however confident that a sustained improvement would be achieved which would be key to taking mental health out of special measures. He also reported positively that additional capacity had been approved by Welsh Government. The Chair of the CHC enquired whether this would reduce the reliance on locum or agency staff. The Director of Nursing of MHLDS indicated that the division was not a significantly high user of agency or locum staff. Whilst the funding would allow for improved opportunities to make substantive appointments, there were also historical challenges with the recruitment of medical staff particularly in the West.

QS19/107.2 The Committee Chair noted that the paper referred to an Internal Audit review of governance arrangements during 2018-19 but there was no detail within the report as to how the recommendations had been addressed. The Director of MHLDS would pick this matter up at the relevant management meeting and ensure detail was included within the next report. A comment was made that section 4.3 of the report stated that there was a continued downward trend in the number of reported incidents, however, it was accepted this was a statistical normal variation. The Committee Chair referred to section 4.7 on learning from concerns, incidents and complaints and asked that the next report include a narrative to provide examples of lessons learnt and/or improvements made. She also noted reference to good practice and learning having been applied in Cefni Hospital following a desktop review of adult at risk referrals, however, the QSG report had highlighted some safeguarding issues at that site. The Director of Nursing for MHLDS explained this was a timeline issue with the desktop review looking at data from April to August 2018. It was also noted that the report did not meet the Committee's requirements. The Director of Nursing for MHLDS stated that he had decided not to include some of the information as he understood it had been reported elsewhere. The Committee Chair went on to note that section 5.1 provided very little narrative around performance against the Mental Health Measure and asked that this be addressed in future reports. In terms of the Quality Improvement Governance Plan the Committee Chair suggested that it could be better aligned to the Board's overall strategy and used the Children's paper, also on the agenda, as an example of good practice. The Director of MHLDS would take all of the above comments regarding content of future reports on board.

QS19/107.3 The Director of Nursing MHLDS took the opportunity to celebrate that a TODAYICAN publication had been included in a national journal for the first time and that the Division had had two areas shortlisted for Nursing Times awards.

QS19/107.4 It was resolved that the Committee note the contents of the report and the requirements for future reports.

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QS19/109 Children's Services Update

[Agenda item taken out of order at Chair's discretion]

[Mrs Liz Fletcher joined the meeting]

QS19/109.1 The Committee Chair welcomed the report which she found to be clear and helpful and was also pleased that it was laid out in terms of aims and objectives. The Executive Director of Primary and Community Services summarised that there were areas that continued to be a challenge but the report did highlight good progress including a positive partnership approach within children's services. He also acknowledged that the Sub Regional Neonatal Intensive Care Centre had been operational for a year and was setting standards in terms of ward accreditation.

QS19/109.2 A discussion ensued. An Independent Member expressed concern at the risks identified within the report. It was noted that Healthcare Inspectorate Wales (HIW) had recently undertaken a thematic review of Children's Services, which provided a summary of performance across Wales. The Committee Chair asked that the organisational response to this review be agendered for September's meeting. The Executive Director of Primary and Community Services indicated that for him the biggest concerns were around Child and Adolescent Mental Health Services (CAMHS) and the ward environment, although he did have a sense that there was movement towards a sustainable solution for CAMHS and that overall the actions in place were sufficient to enable the Board to sustain services. He alluded to other areas of risk, for example, issues with Tier 4 services and the Abergele Unit not being commissioned to accept 24/7 admissions. The Assistant Area Director for Children's Services felt that overall the Board could be better sighted on Children's Services but the position across BCUHB had improved compared to 3-4 years ago. She suggested that a focused drive on the pre-conception and early years care would positively impact on Children's Services as a whole.

QS19/109.3 An Independent Member expressed concern at the workload of school nurses and the capacity of one individual to support a caseload of around 3000 children. The Assistant Area Director for Children's Services acknowledged this concern and confirmed it was included on the relevant risk registers. The Director of Performance referred to the positive discussions at the recent deep dive event pertaining to neuro-development and the expectations on partners. The Executive Director of Primary and Community was of the view that Local Authorities did acknowledge this as an issue and that it was on the relevant action plan.

QS19/109.4 The Executive Director of Public Health welcomed the paper and the focus on the child's voice and improving outcomes in the first 1000 days. In terms of obesity she enquired whether partners were engaged in this agenda. The Assistant Area Director for Children's Services indicated that partners were keen to see initiatives focused on achieving a healthy weight in children.

QS19/109.5 It was resolved that the Committee note:

1. The progress that is being made to services for children, young people and their families.
2. The risks that are identified and being managed through the Area Teams.
3. The external reviews of CAMHS during 2018-19 with a fuller report to be provided

[Mrs L Fletcher left the meeting]

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<p>QS19/108 Quality Improvement Strategy (QIS)</p> <p>QS19/108.1 The Acting Executive Director of Nursing and Midwifery delivered a presentation on the ongoing opportunities from the QIS which included:</p> <ul style="list-style-type: none"> • Five pillars of reducing mortality - reducing harm, improving the reliability of care, delivering what matters most and delivering integrated care; • Leadership and Culture; • Reducing mortality; • Ward accreditation programme; • Focus on four main harms – falls, pressure ulcers, safe clean care and medication errors; • Collaborative approach to reducing harms; • Interactive harms dashboards; • Delivering what matters most – PALS; embed ‘always events’ as part of the nurse rounding; dignified end of life care; listening and learning from real time feedback; • Improving the reliability of care; • Building capacity; • Celebrating successes. <p>QS19/108.2 The Director of MHLDS welcomed the work around ward accreditation and noted there was a good level of momentum amongst staff. The Executive Director of Therapies and Health Sciences added that the buy-in from teams on leadership walkarounds was commendable. The CHC Chair welcomed the positive focus on cultural change. An Independent Member suggested that the roll-out of ward accreditation would be useful even for those wards that had their own schemes.</p>	
<p>QS19/110 Update paper following National audit of Handover of Care at Emergency Departments - Health Board Related Recommendations</p> <p>QS19/110.1 The Committee Chair reminded members that the national audit report had originally been considered by the Audit Committee who had referred a quality and safety concern to this Committee to be monitored. The update was requested to provide assurance as to how the transfer of risk associated with the handover of patients from the Ambulance to the Emergency Department was being managed.</p> <p>QS19/110.2 The Acting Executive Director of Nursing and Midwifery reported that a range of mechanisms were being implemented to reduce the risk and the position was mapped on a weekly basis, with a key aim being to reduce congestion in corridors. She assured the Committee that the numbers of related incidents had reduced significantly and in her view handover was broadly safe although she acknowledged that from a patient experience perspective it was still not where it needed to be.</p> <p>QS19/110.3 It was resolved that the Committee note the report which provides assurance that:</p> <ol style="list-style-type: none"> 1. Regular review of the ambulance handover performance and actions are embedded within existing process. 2. Structures are in place to effectively monitor patient safety within the Emergency Departments particularly in times of escalation. 	

3. Systems are supporting data capture to identify harm and recording performance impact	
<p>QS19/111 Policies, Procedures or Other Written Control Documents for Approval</p> <p>QS19/111.1 A new composite coversheet was received together with a range of written control documents. The Committee Chair noted that it was not easy for the Committee to be aware of whether the document was a new or amended version and what the substance of the changes were. She reminded the Committee of previous discussions and proposals with regard to the review and ratification of policies by Committees. The Committee were informed that discussions were still ongoing.</p> <p>QS19/111.2 The Committee approved the Community Treatment Order Policy MHL0051 for implementation within BCUHB.</p> <p>QS19/111.3 The Committee approved the Seclusion Policy for implementation within BCUHB.</p> <p>QS19/111.4 The Committee would wish to seek clarification whether the Consent to Examination or Treatment Policy MD01 was “based on an All Wales Policy” or was in fact an All Wales Policy, as there were conflicting references in the policy. If the latter then the Committee would expect the Equality Impact Assessment to reflect the local population and any particular issues in BCUHB. A point was also raised around the accuracy of the terminology relating to the legislation in that the correct reference was the Equality Act. Following clarification of these points with the author, the Committee would be happy to agree Chair’s Action to approve.</p> <p>QS19/111.5 The Committee approved the Restricted Items Policy for implementation within BCUHB.</p>	
<p>QS19/112 Quality Safety Group (QSG) Assurance Reports</p> <p>QS19/112.1 The Acting Executive Director of Nursing and Midwifery presented the reports from the meetings of the QSG held on 8th May and 11th June.</p> <p>QS19/112.2 An Independent Member noted there were two 5x5 risks highlighted relating to the recruitment of breast radiologists and prescribing competencies of junior doctors, and sought assurance that the associated action plans were sufficient. The Executive Director of Therapies and Health Sciences confirmed that the breast radiology services was being managed appropriately on an interim basis until newly recruited radiologists took up their posts in September. The Acting Executive Director of Nursing and Midwifery indicated there was an active conversation around the 5x5 scores but confirmed that these areas did remain the highest scoring risks.</p> <p>QS19/112.3 The CHC Chair noted that the organisation still did not have a Medical Devices Safety Officer which was a recommendation of a Patient Safety Alert (PSA) from 2014. The Executive Director of Therapies & Health Sciences assured the Committee that this</p>	

<p>role was discharged effectively through other mechanisms but he would check whether that specific PSA was closed at that time even without this appointment being made.</p> <p>QS19/112.4 The Committee Chair made reference to the Countess of Chester Hospital (CoCH) neonatal issue and the Executive Director of Public Health confirmed that the situation continued to be monitored, however the maternity specification had not yet been signed off by CoCH.</p>	AT
<p>QS19/113 Progress report of Recommendations Arising from HASCAS Independent Investigation and Ockenden Governance Review</p> <p>QS19/113.1 The Acting Executive Director of Nursing and Midwifery presented the report and indicated that this version attempted to address a previous request to confirm the percentage of compliance element. She also reported that the Coroner had now asked for all reports on patients who had died at the time of or since Tawel Fan, amounting to over 80 cases. The Coroner was now considering which of those may require an inquest to be opened. It was noted that ongoing support to the affected staff was continuing to be provided.</p> <p>QS19/113.2 The CHC Chair was pleased to note that the Health Board Chair would be attending the Stakeholder Group. It was also confirmed that the Estates and Facilities team would be represented.</p> <p>QS19/113.3 It was resolved that the Committee note the progress of the recommendations to date.</p>	
<p>QS19/114 Issues Discussed in Previous In Committee Session</p> <p>It was resolved that the Committee note the information in public.</p>	
<p>QS19/115 Documents Circulated to Members</p> <p>It was noted that the following had been circulated:</p> <ul style="list-style-type: none"> • 28.5.19 Updated safeguarding annual report 	
<p>QS19/116 Issues of Significance to inform the Chair's Assurance Report</p> <p>To be determined with the Chair.</p>	
<p>QS19/117 Date of Next Meeting</p> <p>Tuesday 24.9.19 @ 9.30am in Carlton Court</p>	
<p>QS19/118 Exclusion of Press and Public</p>	

<p>Resolution to Exclude the Press and Public - "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>	
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