



## Quality, Safety and Experience (QSE) Committee

### Minutes of the Meeting Held in public on 17.03.20 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:

Mrs Gill Harris	Executive Director of Nursing and Midwifery ( <i>part of meeting</i> )
Miss Claire Brennan	Head of Office, Executive Director of Nursing and Midwifery

AGENDA ITEM DISCUSSED	ACTION BY
<p><b>QS20/37 Chair's Opening Remarks</b></p> <p><b>QS20/37.1</b> The Chair welcomed everyone to the meeting and confirmed that decision had been taken to reduce attendance and prioritise discussions within the agenda, to allow Executive officers and other senior leaders to fully focus on the response to the COVID 19 pandemic.</p> <p><b>QS20/37.2</b> The Chair advised that all other relevant parties had been informed of this revised approach and WAO had confirmed they would not observe the meeting as previously planned.</p>	
<p><b>QS20/38 Declarations of Interest</b></p> <p>None were declared</p>	
<p><b>QS20/39 Apologies for Absence</b></p> <p>Received for Mr A Roach, Dr Chris Stockport Cllr Cheryl Carlisle made various attempts to join the meeting virtually but unfortunately due to technical issues this was not possible. Therefore apologies were noted despite intention to attend.</p>	
<p><b>QS20/40 Minutes of Previous Meeting Held in Public on the 28.1.20 for Accuracy, Matters Arising and review of Summary Action Log</b></p> <p><b>QS20/40.1</b> The minutes were agreed as an accurate record.</p> <p><b>QS20/40.2</b> The following discussions were noted regarding the summary action log.</p> <p><b>QS20/40.2.1</b> Action QS19/102.2 – The Chair advised that a sustainability assessment is being undertaken across primary care practices and a heatmap had been requested</p>	

<p>within the primary care report. However, due to the fact that the information had not been shared with providers previously, it was agreed that a higher level of detail would be presented in the first instance. It was therefore agreed to keep this action open and the Chair will discuss with the Executive Director of Primary &amp; Community Care at an appropriate time outside of the meeting.</p> <p><b>QS20/40.2.2</b> The Chair will address the requirements of actions relating to performance reporting which were agreed to remain open.</p> <p><b>QS20/40.2.3</b> QS180.4 page 7 enhanced care inpatient policy – submitted for approval LR to sign off</p> <p><b>QS20/40.2.4</b> further to the update provided on the summary log, ongoing concerns were expressed by Independent Members and it was agreed that JH will discuss further with GH and TO and action QS19/012.2 therefore remains open.</p>	<p>LR</p> <p>LR</p> <p>JH</p>
<p><b>QS20/41 Action log from Joint Audit and QSE Committee</b></p> <p>The minutes were noted.</p>	
<p><b>QS20/42 Patient Story</b></p> <p><b>QS20/42.1</b> standard item not reviewed due to prioritisation of agenda items in light of the COVID 19</p>	
<p><b>QS20/43 Quality/Safety Awards and Achievements</b></p> <p><b>QS20/43.1</b> standard item not reviewed due to prioritisation of agenda items in light of the COVID 19</p>	
<p><b>QS20/44 Annual Plan Monitoring Report (APMR)</b></p> <p><b>QS20/44.1</b> standard item not reviewed due to prioritisation of agenda items in light of the COVID 19</p>	
<p><b>QS20/45 Integrated Quality &amp; Performance Report</b></p> <p><b>QS20/45.1</b> standard item not reviewed due to prioritisation of agenda items in light of the COVID 19</p>	
<p><b>QS20/46 Exception Report on BCU response to audit report into postponed procedures</b></p> <p><b>QS20/46.1</b> item deferred in light of COVID 19 pandemic planning</p>	
<p><b>QS20/47 Infection Prevention &amp; Control Q3 2019-20</b></p> <p><i>Mrs G Harris in attendance for this item</i></p> <p><b>QS20/47.1</b> The Executive Director of Nursing and Midwifery advised that as part of the national work being undertaken a desk top review of lessons learned, will include an</p>	

<p>infection prevention &amp; control perspective. This will be given priority focus following the COVID 19 position and further review of lessons learned in respect of issues relating to infection that were reported during the pandemic.</p> <p><b>QS20/47.2</b> An Independent Member referred to narrative within the report that '78% of infections are unavoidable' and requested more information on the number of avoidable infections. There have been discussions regarding the role of community and public health staff and how they can support work to reduce incidences of infection.</p> <p><b>QS20/47.3</b> The Chair highlighted the difference in infection rates between sites with YGC reporting the highest number. Executive Director of Nursing and Midwifery explained how they are ensuring key metrics are in place, building on CHKS information and the need to share meaningful data to ensure site focus.</p> <p><b>QS20/47.4</b> An Independent Member referred to the financial implications set out in the report and the Executive Director of Nursing and Midwifery acknowledged the need to ensure that cost pressures are aligned with priorities.</p> <p><b>QS20/47.5</b> The Chair referred to the statement on page 9 of the report in relation to Ward 19 environment being difficult to clean and requested further information on this. The Executive Director of Nursing and Midwifery agreed to respond to this and provide more details on the specific issues. There was further discussion regarding ensuring issues that can be dealt with are addressed to ensure confidence in processes. The Executive Director of Nursing and Midwifery confirmed that approval for recruitment to domestic staff has been addressed through the Health Board's executive review process.</p> <p><b>QS20/47.6</b> An Independent Member sought reassurance on how domestic cleaning standards will be maintained during the COVID-19 pandemic given pending pressures and additional risks faced from COVID-19. The Executive Director of Nursing and Midwifery advised there was guidance for reasonable IPC measures and agreed to provide a detailed response.</p> <p><b>QS20/47.7</b> It was resolved that the Committee receive the report and the feedback provided on the report would be actioned</p>	<p style="text-align: center;"><b>GH</b></p> <p style="text-align: center;"><b>GH</b></p> <p style="text-align: center;"><b>GH</b></p>
<p><b>QS20/48 Ward Accreditation update</b></p> <p><b>QS20/48.1</b> An Independent Member noted with concern that procurement processes were impacting on wards obtaining necessary resources such as labels which are required to meet the standards. A suggestion was made to circulate a request on internal communication systems for supplies that maybe surplus within other departments.</p> <p><b>QS20/48.2</b> An Independent Member referred to the 82 wards having received their accreditation and queried what this equated to in terms of an overall percentage and whether this was in line with the trajectory. A query was also raised in respect of ensuring ward accreditation outputs are triangulated with other issues. The Executive</p>	<p style="text-align: center;"><b>GH</b></p>

<p>Director of Nursing and Midwifery agreed to ensure future iterations of the report is split by site/area in the same way as the IPC report.</p> <p><b>QS20/48.3 It was resolved that</b> the Committee receive the report and the feedback provided on the report would be actioned</p>	
<p><b>QS20/49 Serious Untoward Incidents</b></p> <p><b>QS20/49.1</b> The Committee Chair welcomed the revised level of detail included within the report.</p> <p><b>QS20/49.2</b> Members discussed the Never Event regarding an endoscopy appointment that was issued incorrectly to a patient who underwent the procedure unnecessarily and emphasised the need to ensure key learning is clear, supported by triangulation in the data / information between the performance and informatics teams.</p> <p><b>QS20/49.3</b> The Executive Director of Nursing and Midwifery advised that a patient safety and incident reporting workstream will also be undertaking rapid reviews of any serious incidents as a result of COVID-19 pandemic and members stated that this should also include examples of what went well. Concern was raised as to whether incident reporting will be impacted as a result of COVID-19, however, it a number of COVID-19 related incident reports had already been received.</p> <p><b>QS20/49.4 It was resolved that</b> the Committee receive the report and the feedback provided on the report would be actioned</p>	
<p><b>QS20/50 Monitoring of actions from Internal Audit report into WAST Handover at Emergency Departments</b></p> <p><b>QS20/50.1</b> An Independent Member raised a query in relation to recommendation a) on page 4 regarding funding and asked for specific details regarding operational issues referred to in the paper between BCUHB and WAST. The Executive Director of Nursing and Midwifery agreed to provide further details in this regard.</p> <p><b>QS20/50.2</b> An Independent Member queried whether the ‘Tuag Adref’ / Homeward Bound model in the West would be replicated in other areas. The Executive Director of Nursing and Midwifery advised that each area had identified models to support discharge which were in different stages of development and that discussions were ongoing across North Wales.</p> <p><b>QS20/50.3</b> An Independent Member asked about progress of the Building Better Care programme to date. The Executive Director of Nursing and Midwifery confirmed that there had been some developments during this early stage of the longer term programme of improvement work for Unscheduled Care but acknowledged that the Health Board wasn’t where it wanted to be and further work is continuing to deliver an improved position across North Wales. The Executive Director of Nursing and Midwifery also advised that a number of posts that had been implemented to support increased demand over winter pressures and consideration was being given to continue posts, such as progress chasers, where they were felt to be beneficial.</p>	GH

<p><b>QS20/50.4 It was resolved that</b> the Committee receive the report and the feedback provided on the report would be actioned</p>	
<p><b>QS20/51 Mortality Reporting</b></p> <p><b>QS20/51.1 The committee noted the report</b> and the update on proposed actions.</p>	
<p><b>QS20/52 Draft 2020-21 Clinical Audit Plan</b></p> <p><b>QS20/52.1</b> It was agreed to defer this item to September as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/53 Draft Annual Quality Statement (AQS) 2019-20</b></p> <p><b>QS20/53.1</b> defer item and committee annual report pending all Wales advice</p>	
<p><b>QS20/54 Patient Experience Report Quarter 3 2019-20</b></p> <p><b>QS20/54.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/55 Medicines Management Annual Report 2019*20</b></p> <p><b>QS20/55.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/56 Psychological Therapies Update</b></p> <p><b>QS20/56.1</b> The Committee received the update and Terms of Reference for the programme group. An Independent Member observed that the summary action plan was difficult to tie in with the recommendations of the report and it was agreed that this needs to be more explicit. The Chair also noted that the Terms of Reference for the membership of the group needs to be refreshed due to changes in roles.</p> <p>The Committee received the update and feedback would be provided to the Interim Director of Mental Health and Learning Disabilities</p>	LS
<p><b>QS20/57 Thematic Review of Suicides</b></p> <p><b>QS20/57.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/58 Primary &amp; Community Care Quality Assurance Report</b></p> <p><b>QS20/58.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/59 Quality Safety Group Assurance Report</b></p>	

<p><b>QS20/59.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/60 Primary Care CAMHS (Child Adolescent Mental Health Services) – Progress update against delivery Unit Recommendations</b></p> <p><b>QS20/60.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/61 Item Deferred</b></p>	
<p><b>QS20/62 Health &amp; Safety Policy HS01 for Approval</b></p> <p>QS20/62.1 The committee approved the policy.</p>	
<p><b>QS20/63 Committee Annual Report 2019-20</b></p> <p><b>QS20/63.1</b> It was agreed to defer this item until advice had been received from Welsh Government</p>	
<p><b>QS20/64 Summary of business considered in private session</b></p>	
<p><b>QS20/65 Documents Circulated to Members</b></p> <p>It was noted that the following had been circulated:</p> <p>27.01.2020 Psychological Therapies Review Report  18.02.2020 Annual Plan Progress Monitoring Report  02.03.2020 QSG January meeting notes  09.03.2020 Briefing note - Safeguarding Training Medical Staff in Emergency Departments</p>	
<p><b>QS20/66 Welsh Health Specialised Services Committee</b></p> <p><b>QS20/66.1</b> It was agreed to defer this item as a result of the COVID-19 pandemic planning</p>	
<p><b>QS20/67 Issues of Significance to inform the Chair's Assurance Report</b></p>	
<p><b>QS20/68 COVID-19 Pandemic Planning update</b></p> <p><b>QS20/68.1</b> The Executive Director of Nursing and Midwifery provided the Committee with an update on the planning work being undertaken to prepare for the expected increase in patient numbers. A Gold Command structure had been established with regular reporting in place. Workstreams had been set up to focus on key areas of planning including primary and community, workforce, clinical pathways and risk and governance. Regular reporting internally and externally had been agreed and a communications plan is being finalised. The workforce group is looking at redeploying staff across the Health Board to support critical areas.</p>	

<p>Members thanked the Executive Director of Nursing and Midwifery for the update and noted that a Board briefing was being arranged which will provide more detail of the plans. It was noted that the situation was changing rapidly and the plans would need to be adaptable to this.</p>	
<p><b>QS20/69 Healthcare Inspectorate Wales Inspection Reports</b></p> <p><b>QS20/69.1</b> The reports were noted but discussion deferred due to the COVID-19 pandemic planning</p>	
<p><b>QS20/70 Date of Next Meeting</b></p> <p>Tuesday 05.05.20 @ 9.30am in Carlton Court, St Asaph.</p>	
<p><b>QS20/71 Exclusion of Press and Public</b></p> <p><b>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 prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'</p>	