



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 19.11.19 in The Boardroom, Carlton Court, St Asaph

Present:

Mrs Lucy Reid	Independent Member (Chair)
Cllr Cheryl Carlisle	Independent Member
Mrs Jackie Hughes	Independent Member

In Attendance:

Mrs Deborah Carter	Associate Director of Quality Assurance
Mrs Michelle Denwood	Associate Director of Safeguarding (<i>part meeting</i>)
Mrs Kate Dunn	Head of Corporate Affairs
Dr David Fearnley	Executive Medical Director
Mr Steve Forsyth	Director of Nursing, Mental Health & Learning Disabilities (<i>part meeting</i>)
Mrs Sue Green	Executive Director of Workforce and Organisational Development (OD)
Mr Dave Harries	Head of Internal Audit
Ms Naomi Holder	Site Director of Nursing (<i>part meeting</i>)
Dr Melanie Maxwell	Senior Associate Medical Director / 1000 Clinical Lead
Dr Jill Newman	Director of Performance (<i>part meeting</i>)
Miss Teresa Owen	Executive Director of Public Health
Mrs Lesley Singleton	Director of Partnerships, Mental Health & Learning Disabilities (<i>part meeting</i>)
Dr Chris Stockport	Executive Director of Primary and Community Services
Mr Adrian Thomas	Executive Director of Therapies and Health Sciences
Mr Mark Wilkinson	Executive Director of Planning & Performance (<i>part meeting</i>)

Agenda Item Discussed	Action By
<p>QS19/158 Chair's Opening Remarks</p> <p>The Chair welcomed everyone to the meeting. She reported that the deferred item listed on the agenda related to a requirement to update the Committee on learning and improvements from limited assurance audit reports. She would discuss further with the respective leads to ensure they were clear on what was expected.</p>	LR
<p>QS19/159 Declarations of Interest</p> <p>None raised</p>	
<p>QS19/160 Apologies for Absence</p> <p>Apologies were received from Mrs Gill Harris, Mrs Lyn Meadows, Mr Andy Roach and Mr Mark Thornton. It was noted that Mr Adrian Thomas would need to leave the meeting to Chair a national conference call.</p>	

QS19/161 Minutes of Previous Meeting Held in Public on the 24th September 2019 for Accuracy, Matters Arising and Review of Summary Action Log

QS19/161.1 The minutes were approved as an accurate record.

QS19/161.2 A matter arising was raised in terms of the RAG rating for crude mortality rates within the Integrated Quality Performance Report. The discussion at the September meeting had queried whether the indicator should be green as it was higher than plan ie; 0.71% compared to plan of 0.7%. The Director of Performance clarified that for this indicator improved performance is to be below the plan level ie; mortality to be at or below 0.7% and therefore the report was correct.

QS19/161.3 Updates were recorded against the summary action log. The Chair was disappointed to note that there were several instances where updates had not been provided against actions at the time of publication of the papers.

QS19/161.4 The Committee noted that since the last meeting briefing notes had been provided for members on endoscopy and infection prevention.

QS19/162 Patient Story

QS19/162.1 The Associate Director Quality Assurance presented the paper which related to the Community Care Collaborative Hub in Wrexham in January 2017. She felt that the paper told a positive story about responding to and meeting the needs of individuals and communities.

QS19/162.2 A discussion ensued. Members welcomed the feedback on the hub and enquired how the model was being rolled out and enhanced. The Director of Partnerships, Mental Health and Learning Disabilities (MHLDS) Division confirmed that the Division was taking learning from the early work of the hub to create sustainability and to build on this through the ICAN model. It was noted that a community hub was being established in Pwllheli from next week. The Independent Member (Trade Unions) suggested that information on such community schemes should be shared more widely with BCU staff as some may wish to get involved or volunteer. The Executive Director of Public Health supported the value of projects that were not purely health-based and that a partnership approach was essential. The Executive Director of Primary and Community Services felt that the story provided an excellent example of social medicine. Members also noted the clear links with criminal justice and that this type of project would also have unseen and unexpected benefits.

[Mr M Wilkinson joined the meeting]

QS19/164 Annual Plan Monitoring Report (APMR)

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

QS19/164.1 The Director of Performance presented the report for the period as at September 2019 which had already been discussed by the full Health Board, and indicated that the next report was due out within the next few days. It was confirmed that the revised schedule for Board and Committee meetings from April 2020 would

<p>address some of these sequencing issues but this would be revisited again to ensure the APMR was as timely as possible. It was also noted that future reports should reflect if the Board had already scrutinized it and that the recommendation be relevant.</p> <p>QS19/164.2 It was resolved that the Quality, Safety and Experience Committee note the report.</p>	<p>JN</p>
<p>QS19/165 Integrated Quality and Performance Report (IQPR) <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>QS19/165.1 The Chair suggested that as mental health, including child and adolescent services, were discrete items on the agenda these can be discussed when those items are presented.</p> <p>QS19/165.2 The Director of Performance presented the report. She indicated that more detail on the infection prevention and control (IPC) element had been provided following the Committee's request for more granular information, and a breakdown as to whether infections were hospital or community acquired. The data showed the prevalence of community infections as a whole. The Associate Director of Quality Assurance reported there were a range of positive rates being sustained and the Director of Performance indicated that performance was in line with national trends.</p> <p>QS19/165.3 A discussion ensued. A member raised the issue of 'corridor nursing' and whether this affected infection control. The Associate Director of Quality Assurance acknowledged the requirement to consider the wider nursing environment and ensure high quality cleaning processes were in place within all settings. She highlighted the challenge of multiple bed moves in terms of IPC. A continued resource issue in terms of antimicrobial pharmacists within the central area was also noted. The Chair noted that the East area was flagged as a major outlier in terms of long waits for psychological therapies but there was no supporting narrative to explain this. The Director of Performance stated that there were inconsistencies in how this data was captured and reported and that the exception reports would be refined as they developed. The Director of Partnerships (MHDLS) accepted there was an issue with the model in the East and that the Division had commissioned a review. She undertook to ensure that future exception reports within the IQPR provided explanatory narrative where a major outlier was identified, together with timelines for addressing this.</p> <p>QS19/165.4 The Director of Performance reported that an attempt had been made to show more trends within the header bars of the report and confirmed that where there was a plan, performance was monitored against this and not the national target, with the arrows showing whether there had been a deterioration or improvement. The Chair found the executive and chapter summaries very helpful. The Director of Performance drew attention to the executive summary and the need to reflect the improvement in CAMHS despite the recent investment not yet having had the full impact. She also noted that in terms of the revised national reporting framework it was looking likely that 'A Healthier Wales' indicators and improvement indicators would be utilised, and some existing indicators stood down.</p>	<p>LS</p>

<p>QS19/165.5 A wider point was made around the detail and frequency of the IQPR and APMR reports. The Chair noted that although the IQPR was dependent upon reporting dates, the APMR was not and therefore should be presented with the latest position. It was agreed that a schedule would be provided to clarify deadlines for data reporting and the committee submissions. This would provide members with information on what information had been reported to which Committees.</p> <p>QS19/165.6 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. It was resolved that the Committee would be provided with a clear reporting schedule to ensure the most up to date information is provided to each Committee and reduce report duplication.</p> <p><i>[Mr A Thomas left the meeting]</i></p>	JN
<p>QS19/163 Quality and Safety Awards and Achievements</p> <p>The Committee was pleased to note a range of awards and achievements for the Health Board including</p> <ul style="list-style-type: none"> • Radiographer of year for Wales • Radiography team of year (Ysbyty Glan Clwyd) • An advanced specialist nursing award from the Nursing Times • Student nurse award from the Nursing Times 	
<p>QS19/167 Advanced Paramedic Roles and the Development of Multidisciplinary Teamworking</p> <p>QS19/167.1 The Executive Director of Primary and Community Services provided a verbal update on this joint venture between the Health Board and the Welsh Ambulance Services NHS Trust (WAST). He reported this was operational across 5 clusters with practices generally working in pairs with evidence of a good buddying system. An education framework had been commissioned to be delivered via GP training practices and a full evaluation would be undertaken on areas of patient experience, the design of the project, what worked well, areas for improvement and an economic evaluation. The Executive Director of Primary and Community Services confirmed that a memorandum of understanding had been agreed with Legal and Risk Services, and funding was secured through to the end of the first training cohort.</p> <p>QS19/167.2 Members welcomed the update and felt the scheme was a good example of partnership working. The question was asked whether there could be influence over introducing advanced prescribers into other professions, and the Executive Director of Primary and Community Services indicated this was an evolving dialogue also linked to the Physician Associates work. The Executive Director of Workforce and OD added that she had had a discussion with Bangor University regarding the identification of teams who could benefit from having non-medical prescribers.</p> <p><i>[Mr M Wilkinson left the meeting]</i></p>	

QS19/174 Children's Services - Healthcare Inspectorate Wales' Thematic Review

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

QS19/174.1 The Chair welcomed the clear and concise report. The Executive Director of Primary and Community Services reminded members that the report gave an all Wales picture as related to a thematic review, although some specific BCU inspections had been included.

QS19/174.2 A discussion ensued. A member referred to recommendations 32-33 relating to service models and thresholds between child and adult health services and enquired as to progress with undertaking a full review as indicated within the paper. The Executive Director of Primary and Community Services indicated that he was relatively comfortable with the approach within the larger services (eg; epilepsy, diabetes) but it was less clear how some of the more niche specialties could address this, as it was often more difficult to run specific multidisciplinary team clinics and more difficult to track. The Associate Director of Quality Assurance responded to another question regarding parents staying with children on paediatric wards and how the transition to an adult ward was handled. She confirmed there was guidance in place and invited members to share any examples of this not being followed. The Chair reported that on a recent visit to the Emergency Department (ED) in Ysbyty Glan Clwyd (YGC) a comment was made that parents were using ED as a quick access route to see a paediatrician. The Executive Director of Primary and Community Services accepted that this perception could exist but he was not aware of any examples being highlighted to him specifically. He acknowledged however that there were inappropriate ED attendances by both children and adults. The Executive Director of Workforce and OD referred to a successful project utilising health visitors and school nurses within the Single Integrated Clinical Assessment and Triage (SICAT) to divert paediatric 999 calls from EDs. The Executive Director of Public Health suggested that there were population and social reasons for increased ED attendances as very often the more vulnerable individuals without family or other support networks would turn to an ED facility for help. There would also be a cohort of the population who were not registered with a GP. A member noted that she was pleased to see that the paediatric area in the YGC ED was now protected.

QS19/174.3 It was resolved that the Committee:

1. Note the progress that is being made to services for children, young people and their families.
2. Note the actions being undertaken to address the recommendations within the review.

QS19/168 Infection Prevention : Second Safe Clean Care review by Jan Stevens (May 2019)

QS19/168.1 The Associate Director of Quality Assurance presented the report which summarised significant improvements noted by Jan Stevens since her initial visit in 2017, and also set out several recommendations around leadership, engagement with medical staff, isolation and personal protective equipment, prescribing, environment, post infection reviews, sustainability, communication and quantifying benefits.

<p>QS19/168.2 A discussion ensued. The Independent Member (Trade Union) referred to the recommendation for the continued reinforcement of not wearing lanyards and suggested that if this was also extended to non-clinical staff it may be easier to implement as a BCU-wide directive. The Associate Director of Quality Assurance acknowledged that the wearing of lanyards was a known IPC risk and that individuals within a close proximity of patients and wards should not be wearing them. The Executive Director of Workforce and OD wondered whether it would make better sense financially to procure an acceptable alternative on a large scale basis. On the basis of the discussion the Chair would include this matter within her report to Board. The Executive Director of Public Health alerted the Committee to a recent letter from the Chief Medical Officer regarding the strengthening of the health protection service and noted that elements of that work would support the role of IPC teams. The Chair felt that the review was positive and demonstrated what could be achieved with focus, and offered the Committee's support to those areas still requiring improvement. She asked that pressure be maintained on medical staff in particular to observe the bare below the elbow rule.</p> <p>QS19/168.3 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. It was resolved that the Committee note the report and the resources required to address the recommendations and sustainability for Safe Clean Care campaign and that the Committee supported the withdrawal of using lanyards across the organisation.</p>	<p>LR</p>
<p>QS19/169 Corporate Risk Register and Assurance Framework Report</p> <p>QS19/169.1 The extract of the Corporate Risk Register (CRR) which related to those risks allocated to the QSE Committee was received. The Chair highlighted that the CRR would be subject to further discussion at the Audit Committee workshop on the 2nd December 2019 but asked members if they were content with the current risk scores.</p> <p>QS19/169.2 In terms of the separating out of the care home component from CRR03 (Continuing Health Care), the Associate Director of Quality Assurance indicated this had not yet taken place. Assurance was sought that any risks from the Health and Safety gap analysis had been appropriately escalated, and the Executive Director of Workforce and OD confirmed she was content that identified risks had been appropriately themed, with security having been scored as 20 and therefore being recommended as a new separate risk. She also noted that the target risk dates on the two Health and Safety risks may have been misunderstood within the teams and they should read 1st November 2020 not 2019. This would be amended within Datix. The Chair asked whether the external Police Support Officer role was at risk and the Executive Director of Workforce and OD responded that whilst the post itself was not currently at risk the way the funding was utilised may need to change and she would pick this up further within the Health and Safety report. The Chair also highlighted that there had been concerns flagged previously regarding the management and updating of CRR13 (mental health) and confirmed that the current risk score had reverted back to the August 2018 score.</p>	<p>SG</p>

<p>QS19/169.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the current controls: 2. Having reviewed the actions in place agree that the risk scores remain appropriate for the presented risks – pending further consideration at the Audit Committee workshop 3. Approve the 2 risks (CRR20 and CRR21) for escalation onto the Corporate Risk Register. 	
<p>QS19/170 Listening and Learning from Patient and Service User Experience Report</p> <p>QS19/170.1 The Associate Director of Quality Assurance reminded the Committee that the format of Listening and Learning reports had undergone a range of iterations and continued to evolve to try and better describe the mechanisms for feedback and how it is utilised to make improvements. She invited comments on the paper.</p> <p>QS19/170.2 A discussion ensued. It was noted that there were consistently lower levels of feedback in the West area and the question asked why this was the case. The Associate Director of Quality Assurance stated that the other areas had had formal mechanisms for feedback for longer (IWantGreatCare in the East, and the early Patient Advice and Liaison Service – PALS - was piloted in Central) whereas the West area had only recently launched its PALS service. There were no underlying issues of concern it was just a case of now pushing ahead with PALS and encouraging feedback. It was reported that from December, patient feedback would be built into ward dashboards across all acute sites and there would be an opportunity to renew or refresh software as the current contract would come to an end in June 2020. A question was asked regarding the capture of primary care data and the Associate Director of Quality Assurance indicated that it was likely that comment cards would be utilised, together with the District Nursing teams to seek feedback. A member also raised the issue of obtaining the views and feedback from prisoners at HMP Berwyn and it was confirmed that BCU was looking to develop a bespoke method for this service. The Executive Medical Director welcomed the focus on carers but asked how wider family views were also sought. The Associate Director of Quality Assurance confirmed that cards and questionnaires were routinely offered to whole families, and that the Robin Volunteers also offered support in the use of tablets to provide feedback. In terms of out-patient services it was noted that there were some portable kiosks available however an options appraisal for a more consistent approach would be considered. A member noted that she was pleased to see Welsh language aspects coming out more strongly in the paper.</p> <p>QS19/170.3 It was resolved that the Committee note the report.</p>	
<p>QS19/171 Safeguarding and Protecting People at Risk of Harm <i>[Mrs Michelle Denwood joined the meeting]</i></p>	

QS19/171.1 The Associate Director of Safeguarding invited comments on the paper which provided an overview of safeguarding activity for the period April to September 2019.

QS19/171.2 A discussion ensued. A member noted that the report indicated that Deprivation of Liberty Safeguards (DoLS) had never been audited within BCUHB. This was acknowledged as not ideal and could be explained in part by the transfer of responsibility for safeguarding between the Offices of the Medical and Nurse Directors, however, it was confirmed that an internal audit review was shortly to commence. A question was raised regarding resourcing of the safeguarding teams and the Associate Director of Safeguarding confirmed there were currently a number of vacancies and challenges that were being pursued. She indicated that a key area of focus was around a review of job descriptions for the Best Interest Assessors (BIAs) and addressing cost implications from any revised bandings. In response to a comment regarding Adverse Childhood Experiences (ACEs) the Associate Director of Safeguarding accepted this was a challenging area as recent data had identified 126 children and young people with an ACE within one Local Authority area alone. A concern was raised that there was a decreasing trend in training compliance for Emergency Department (ED) medical staff across all acute sites. The Associate Director of Safeguarding recognised the challenges and confirmed that teams were engaging with EDs through walkabouts, in-house training, ICAN activity and other support. There was also close working with the MHLDS Division and engagement with HASCAS/Ockenden stakeholders. The Executive Director of Workforce and OD added that agency staff were also required to confirm they had undertaken the relevant training. The Executive Medical Director undertook to look at the uptake across various staff groups and provide a briefing note for Committee members ahead of the January meeting.

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QS19/171.3 A member suggested that the terminology “non accidental injury” was no longer used across the system and instead “suspected physical injury” was referred to. She also noted that whilst the data provided the numbers examined, there was no profile nor outcome. The Associate Director of Safeguarding indicated that there was a whole range of further data and detail behind these high level figures. The Chair enquired as to why referral data within the paper was predominantly reported by area and did not include data regarding the referrer. The Associate Director of Safeguarding would work to provide details of referrals by both area and referrer in future reports. The Executive Director of Public Health raised a comment regarding benchmarking and the Associate Director of Safeguarding undertook to have a follow up conversation with her in order to inform future reports. The Chair commended the progress which was evident from the work of the safeguarding teams but asked that future reports be less numbers-focused and concentrate more on outcomes and learning.

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QS19/171.4 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. **It was resolved that** the Committee noted the contents of the report and that future reports would address the feedback provided by members.

[Mrs M Denwood left the meeting]

QS19/175 Mental Health Services - Quality and Performance Assurance Report

<p><i>[Mr Steve Forsyth joined the meeting]</i></p> <p>QS19/175.1 The Director of Nursing (MHLDS Division) firstly wished to inform the Committee that the Division had won the Nursing Time Awards Team of the Year. He felt that this was a great achievement and wished to record his thanks and recognition to all staff and partners concerned. It was suggested that a letter of congratulations be sent to the Division by the Committee Chair.</p> <p>QS19/175.2 A discussion ensued. The Head of Internal Audit enquired how the outstanding actions from previous Healthcare Inspectorate Wales (HIW) inspections would be signed off as implemented The Director of Nursing confirmed this would be through the divisional 'QSEEL' group and then to the Quality Safety Group (QSG) with any necessary exception reporting to the QSE Committee. A summary of HIW actions was also incorporated within the biannual 'CLICH' reports to the Committee. The Executive Director of Workforce and OD referred to the later health and safety report which reported on work undertaken between the corporate health and safety team and the Division, and that there was work to do around the impact on staff of incidents involving patients. Reference was made to the report produced by Peter Lepping on this issue. The Director of Performance noted an improving position generally around delayed transfers of care, however, there were still a small number of patients who were experiencing very lengthy delays. A member commented that the location of the ICAN teams on acute sites was positive, but in terms of Ysbyty Glan Clwyd she felt it should be in closer proximity to the ED. The Director of Partnerships indicated the Division continued to work with the Hospital Management Team to ensure the most appropriate location taking into account safety aspects also. In response to a question from the Chair, the Director of Partnerships undertook to provide a briefing note ahead of the next meeting on the four locality thematic reviews undertaken in terms of confirmed suicides.</p> <p>QS19/175.3 The Director of Partnerships concluded by stating that the Division was still addressing a lack of confidence in the service that has existed over the past three years but she felt there was now good traction on making progress.</p> <p>QS19/175.4 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. It was resolved that the Committee noted the progress indicated within the report and the learning identified and that a briefing note would be provided to the Committee members on the locality thematic suicide reviews.</p> <p><i>[Mr Steve Forsyth, Mrs Lesley Singleton and Dr Jill Newman left the meeting]</i></p>	<p>LR</p> <p>LS</p>
<p>QS19/176 Mortality Surveillance Report April to September 2019</p> <p>QS19/176.1 The Chair reminded the Committee that feedback had been given on the mortality report submitted to the meeting in May 2019 as members had felt it lacked clarity and analysis and did not therefore provide sufficient assurance. She was disappointed to report that the Independent Members did not feel the content and format of this latest report had improved sufficiently for it to be formally considered at the meeting. This would be escalated in her Chair's report to Board.</p>	<p>LR</p>

<p>QS19/176.2 It was resolved that the Committee did not accept the report and the Committee Chair, Executive Medical Director and Senior Associate Medical Director meet to agree a way forward to ensuring an improved report be submitted to the January 2020 meeting.</p>	<p>DF/LR</p>
<p>QS19/179 Nurse Staffing Levels (Wales): Adult Acute Medical And Surgical Inpatient wards <i>[Agenda item taken out of order at Chair's discretion]</i> <i>[Ms Naomi Holder joined the meeting]</i></p> <p>QS19/179.1 The Associate Director of Quality Assurance reported there was positive recruitment and retention work ongoing with good numbers of nurses being recruited but acknowledged these were not always where most needed. She also indicated that there was a good upwards use of the nurse bank.</p> <p>QS19/179.2 A discussion ensued. Reference was made to the statement within the paper to a reliance on a temporary workforce on some wards within Wrexham Maelor Hospital and a comment around the number of harms. The Site Director of Nursing confirmed that additional Band 4 roles had been introduced to supplement nursing vacancies and there was good evidence around the value of this role. She confirmed there was a 50% vacancy nursing rate in some areas and whilst this was not directly attributable to a rise in harm on certain wards, it could not be dismissed as a factor. In response to a question from a member, she also confirmed that crash teams were not staffed from within the regular complement.</p> <p>QS19/179.3 A conversation was held regarding hotspots for recruitment and it was confirmed that there were very few vacancies within the community setting as a high proportion of newly qualified nurses were choosing to go straight into this area. Clarification was given regarding the conversion of a Band 5 to a Band 6 nurse in Ysbyty Gwynedd in that this was a short term solution via acting up, with a longer term intent to recruit.</p> <p>QS19/179.4 The Committee Chair referred to the ongoing issue of nursing rotas and the management of the associated risk. The Associate Director of Quality Assurance confirmed that standardisation across the organisation remained the aim, and that the Executive Team and others were working very closely with matrons and nursing teams. The Executive Director of Workforce and OD confirmed there would be a report prepared for the Finance and Performance Committee. She referred to the recent extraordinary meeting of the Local Partnership Forum (LPF) where there had been a high level of nursing representatives who were positive and receptive to the proposed changes. It had been made clear that the organisation had paused its implementation of the changes, not abandoned them, and that there remained a commitment to move forward in partnership to ensure safety. The Committee acknowledged there was potential for other staff groups to also be affected.</p>	

QS19/179.5 It was resolved that the Committee note the report.

QS19/177 Primary and Community Care Assurance Report

QS19/177.1 The Executive Director of Primary and Community Services presented the report, highlighting that some of the data related to primary care as a whole and not just General Medical Services (GMS). He also drew members' attention to section 3.4 around performance and that the figures reflected the impact of the increased number of managed practices and the remedial work needed. Finally, he noted the positive achievement around prescribing indicators and that BCU had moved from 7th to 3rd within some datasets.

QS19/177.2 A discussion ensued. It was clarified that the performance issues ranged from contractors requiring some additional support to those with specific performance issues and concerns. It was also noted that the three listed suspensions were as a result of both General Medical Council (GMC) action and local concerns resulting in performers' list action at this stage. The Committee Chair referred to the under-delivery of Units of Dental Activity (UDAs) and the Executive Director of Primary and Community Services indicated the Board was trying to encourage a move to a new dental reform contract which didn't focus on UDAs, however, where practices currently under-performed on UDAs this was being addressed. In response to a question regarding themes from the joint Healthcare Inspectorate Wales and General Pharmaceutical Council visits, it was stated that access always featured but this was not specific to BCU. With regards to the introduction of the Quality Assurance and Improvement Framework (QAIF) it was felt that the focus within the paper was timely but indicated a significant amount of work. The Executive Director of Primary and Community Services was not aware of any significant issues across GMS pertaining to the new contract that would suggest the need to review the risk situation for primary care at this point in time.

QS19/177.3 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. **It was resolved** that the Committee noted the report and updates provided.

QS19/177.4 The Executive Director of Primary and Community Services then went on to present the second part of the agenda item which provided an overview of Continuing Health Care (CHC), Funded Nursing Care (FNC), and Joint Funded Care with local authorities. He confirmed there was a good alliance between BCU officers and the National Commissioning Collaborative Unit (NCCU) and that some of the current work was setting the direction of travel for the rest of Wales. He accepted that there was work to be done in terms of the initial assessment process for CHC which would need to be undertaken in partnership. Finally, he highlighted a current challenge relating to a care home provider which had written to its residents regarding a perceived funding gap.

<p>QS19/177.5 A discussion ensued. Members welcomed the approach but noted the importance of ensuring this focused on ensuring the right care for each individual as opposed to a cost cutting exercise and shifting of expenditure to Local Authorities. The importance of appropriate discharge was also stated.</p> <p>QS19/177.6 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. It was resolved that the Committee note the contents of the report and approve for submission to Welsh Government.</p>	
<p>QS19/178 Occupational Health and Safety (OHS) Quarterly 2 Report 1st July to 30th September 2019</p> <p>QS19/178.1 The Executive Director of Workforce and OD presented the paper which provided an overview of incidents, accidents, health and safety activity and training for the given period. She highlighted that section 6 attempted to provide a greater level of detail around RIDDOR incidents, and that the improvement path for Root Cause Analysis (RCA) aimed to help the organisation understand what had happened and how to prevent a reoccurrence as this had not been as systematic and consistent as it could have been. Members were however informed that whilst there was room for improvement in terms of process and paperwork, RCA was undertaken in a timely fashion and by appropriate individuals. The investigation process was continually being redesigned and improved to ensure that lessons could be learnt from incidents. The Executive Director of Workforce and OD was mindful of the role of the Committee in ensuring quality was not adversely impacted when dealing with the impact of financial recovery. She informed members that a process had been put in place to ensure that any requisition for procurement that was essential to health and safety did not get halted as part of financial controls. Members' attention was drawn to the seconded role of Demand Reduction Inspector from the North Wales Police and that it had been reviewed to ensure it was more effective and was managed optimally. The Executive Director of Workforce and OD also referred to a visit by the Health and Safety Executive following the identification of a worker with vibration induced white finger. There was evidence of good multidisciplinary working on this matter and as a result no fine was given. Finally, it was reported that an audit report on the health and safety gap analysis had been produced which set out a range of helpful recommendations. In terms of the security action plan which was set out in an appendix to the report, it was noted that this would need to be revised in light of the gap analysis which would require longer a timescale. She indicated there was a risk in that the Board did not have the basic expected levels for security arrangements in place within some areas.</p> <p>QS19/178.2 A discussion ensued. The Committee Chair was pleased to see human factors being built into the categorisation of incidents. She also commented that the abuse of staff by patients determined as unpredictable could in fact be predicted in many cases. In addition, she noted there was a high number of violence and aggression incidents reported (V&A) but wondered whether the threshold for categorising an incident as V&A was too low as the reporting profile was unusual for</p>	

<p>an organisation of this type. The Independent Member (Trade Union) also suggested that staff may not report each V&A incident as it was to a degree anticipated in certain scenarios – for example when caring for patients with dementia.</p> <p>QS19/178.3 The appropriateness of the recommendation was considered and the Chair suggested amendments post-meeting. It was resolved that the Committee note the position reported and support the actions arising from the gap analysis, noting that the action plan was to be further reviewed.</p>	
<p>QS19/180 Policies, Procedures or Other Written Control Documents for Approval - Levels of Enhanced Care for Adult InPatients Policy</p> <p>QS19/180.1 The Associate Director of Quality Assurance presented the policy for approval, confirming it was a refreshed policy resulting from a piece of work undertaken on All Wales basis.</p> <p>QS19/180.2 Members made a range of comments:</p> <ul style="list-style-type: none"> • The need to identify clear communication cascade for the policy • That the review of staff rostering arrangements should be referenced in the “documents to be read alongside this procedure” section • The need to build in associated training implications • The document needed more localisation for BCU • There were inconsistencies in formatting in terms of the use of bullet points or numbering as sub sections to paragraphs • The introduction section appeared to also include the purpose of the policy • The Committee welcomed the equality impact assessment which they found to be robust and appropriate. <p>QS19/180.3 The Independent Member (Trade Union) made a general comment that the ability to find relevant and latest policies on the BCU intranet remained an issue.</p> <p>QS19/180.4 It was resolved that the Associate Director of Quality Assurance arrange for the amendments to be made as early as possible and to seek Chair’s Action for approval.</p>	DC
<p>QS19/181 Quality Safety Group Assurance Reports</p> <p>QS19/181.1 The Associate Director of Quality Assurance presented the assurance reports from the September and October meetings. The Independent Member (Trade Union) noted the reference to an information governance incident within children’s services. It was confirmed that despite significant data breaches no harm had been caused and the matter had been reported to the Information Commissioner’s Office. The Committee Chair suggested that the Digital and Information Governance Committee should be sighted on this matter.</p>	DC

<p>QS19/181.2 A member expressed concern at the statement that there were significant pressures within the oncology service due to an inability to recruit. The Executive Director of Therapies and Health Sciences confirmed this was being actively addressed. The Associate Director of Quality Assurance also reassured members that the risks within women’s services as set out in the paper were being addressed as a priority. In response to a question regarding the measles vaccination levels it was confirmed that the concern within the report was as at a given point in time and that the Executive Director of Public Health was not aware of a continued issue.</p>	
<p>QS19/182 Improvement Group (HASCAS & Ockenden) Chair's Assurance Report</p> <p>QS19/182.1 The Committee Chair confirmed that she had met with key officers before this report had been finalised. She advised that in her view a number of the original recommendations could be closed down but that additional actions had been identified as a result of addressing the initial recommendation. It had been noted that the document was becoming more unmanageable as a result and it had been agreed that the format would be amended for the next Committee meeting in January.</p> <p>QS19/182.2 The Associate Director of Quality Assurance indicated that many of the actions were now more mainstreamed and did not require such close monitoring, and in addition a number were due for closure in January 2020. She reiterated that managing the expectations of the stakeholders remained challenging. In terms of the actions that remained ‘red’ she noted that an audit had been identified for estates and a scoping exercise would be undertaken regarding clinical storage. The Committee Chair suggested that the latter may need to transfer over to the Digital and Information Governance Committee. This would be referenced within her Chair’s Assurance Report to Board.</p> <p><i>[Mrs S Green and Dr M Maxwell left the meeting]</i></p> <p>QS19/182.3 It was resolved that the Committee note the progress against the recommendations to date.</p>	<p>DC</p> <p>LR</p>
<p>QS19/183 Issues Discussed in Previous In Committee Session</p> <p>It was resolved that the Committee note the information in public.</p>	
<p>QS19/184 Issues of Significance to inform the Chair’s Assurance Report</p> <p>To be determined by the Chair.</p>	

QS19/185 Date of Next Meeting Tuesday 28.1.20 @ 9.30am	
QS19/186 Exclusion of Press and Public 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."	