



**Quality, Safety and Experience (QSE) Committee
Minutes of the Meeting Held in public on 2.3.21 via Zoom**

Present:

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

In Attendance:

Jackie Allen	Chair of Community Health Council (CHC) (<i>part meeting : not recorded</i>)
Louise Brereton	Board Secretary (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Gareth Evans	Chair of Healthcare Professional Forum
Simon Evans-Evans	Interim Director of Governance (<i>part meeting</i>)
Jo Garzoni	Vascular Network Manager (<i>part meeting</i>)
Andrew Gralton	Assistant Director Children and Young People's Services – East (<i>part meeting</i>)
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Arpan Guha	Interim Executive Medical Director
Dave Harries	Head of Internal Audit
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive (<i>part meeting</i>)
Sue Hill	Executive Director of Finance (<i>observing part meeting</i>)
Bethan Jones	Area Director - Central (<i>part meeting</i>)
Matthew Joyes	Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience
Andrew Kent	Interim Head of Planned Care Transformation (<i>part meeting</i>)
Jon Lloyd	Interim Head of Performance
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead
Teresa Owen	Executive Director of Public Health (<i>part meeting</i>)
Dawn Sharp	Deputy Board Secretary (<i>part meeting</i>)
Soroush Sohrabi	Vascular Consultant (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services
Adrian Thomas	Executive Director Therapies and Health Sciences
Jo Whitehead	Chief Executive (<i>part meeting</i>)

AGENDA ITEM DISCUSSED	ACTION BY
QS21/34 Chair's Opening Remarks	
QS21/34.1 The Chair welcomed everyone to the meeting and confirmed that the agenda was again more focused as a result of ongoing pandemic challenges.	

<p>QS21/35 Declarations of Interest</p> <p>QS21/35.1 Gareth Evans declared an interest in the vascular agenda item due to his substantive role within the Health Board.</p>	
<p>QS21/36 Apologies for Absence</p> <p>QS21/36.1 It was noted that various officers would need to leave the meeting early. Mike Smith had tried to join the meeting but experienced technical difficulties and submitted his apologies via email.</p>	
<p>QS21/37 Minutes of Previous Meeting Held in Public on 15.1.21 for Accuracy, Matters Arising and Review of Summary Action Log</p> <p>QS21/37.1 The minutes were agreed as an accurate record pending the correction of job titles for Debra Hickman and Matt Joyes.</p> <p>QS21/37.2 Updates were provided to the summary action log.</p>	
<p>QS21/38 Covid-19 Vaccination Update</p> <p>QS21/38.1 The Chair wished to record that Board members received regular written updates on progress on the vaccination programme and there were also weekly Covid Board Briefings.</p> <p>QS21/38.2 The Executive Director of Nursing and Midwifery reported that there was positive progress with the vaccination programme with the current focus on delivering the second doses of the Pfizer vaccine and ensuring nobody was left behind within cohorts 1-4. Primary care were making good strides in progressing cohorts 5 and 6. Conversations were ongoing with partners via the Gold vaccination group to finalise the Vaccination Plan and a final draft was expected within a week. She also acknowledged the support from Local Authority partners to the work around hard to reach groups. <i>[Dawn Sharp joined the meeting]</i> Members' attention was drawn to significant progress with the establishment of the call centre, strengthening of infrastructure and the piloting of new technology.</p> <p>QS21/38.3 Members acknowledged the hard work being undertaken in delivering the vaccination programme and expressed their thanks to all involved. A comment was made that whilst appreciating the need to follow the guidelines for priority of cohorts, the vaccination of carers would be welcomed. A member referred to a cohort of patients who were not registered with a GP and the Executive Director of Nursing and Midwifery confirmed this group had been flagged and identified.</p> <p>QS21.38.4 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the current vaccination number to date 2. Note the high ranking risks to the programme 3. Recognise the successful completion of gateway 1 the achievement of cohort 1-4 at above 80% 	

QS21/39 Board Assurance Framework (BAF) Principal and Corporate Risk Report (CRR)

QS21/39.1 The Deputy Board Secretary introduced the documentation and confirmed that the refreshed approach to risk management had been signed off by the Health Board in January 2021 and subsequently there had been meetings with respective leads to support them in reviewing and updating each risk.

QS21/39.2 The Chair invited general comments before detailed questions on the individual risks. The Chair of the Strategy, Partnerships and Population Health (SPPH) Committee confirmed that an equivalent paper had been received at SPPH on the 23.2.21 and observations there had included a request for a key against the assurances, concern at the lack of clarity around the risk appetite and that mitigating actions needed to be more robust. The SPPH Committee had stated that the decision to review the risk appetite should be taken at Board level rather than individual committees. The Interim Director of Governance indicated that the key for BAF assurances was included within the front narrative paper. He also confirmed that risk appetite would be considered by the Board at a Workshop in April. The Chair suggested that the BAF and the CRR should be presented as two separate agenda items. The Interim Director of Governance undertook to look at this possibility but noted that the single report had been developed with the aim of demonstrating the interdependencies. The Chair also noted with disappointment some incomplete sentences, confusing terminology and inaccurate references (eg to the Quality and Safety Executive).

QS21/39.3 The Chair then invited questions or comments on the BAF risks (Appendix 1):

- The progress in the development of a BAF as part of wider governance framework was acknowledged.
- BAF20-06 (pandemic management) – it was suggested some key controls were missing, for example the reporting against quality indicators to the QSE Committee.
- BAF20-08 (mental health services) – it was felt that the leadership team reporting into the Executive Team was an assurance process rather than a key control for the delivery of safe services as stated. In addition, the learning aspect needed to be more visible.
- BAF20-11 (infection prevention and control) – it was suggested that key controls were missing, for example surveillance, audit, learning from the action plan of the Wrexham outbreak.
- BAF20-13 (culture / staff engagement) – the point was made that reference to policies as key controls was inappropriate as whilst they may contribute to responding to a risk, their mere existence wasn't a key control. The Executive Director of Workforce and OD accepted the comment but felt the narrative reflected the situation previously which had prompted the review.

QS21/39.4 The Chair then invited questions or comments on the CRR risks (Appendix 2):

- CRR20-04 (non-compliance of fire safety systems) – it was asked whether this risk had also been flagged to the Finance and Performance (F&P) Committee and this was confirmed.
- CRR20-08 (clinical capacity relating to vision loss) – a member enquired as to the intended timeframe in achieving the target risk score of 6 from the current risk rating of 20. The Executive Director of Nursing and Midwifery suggested the timeline would need to

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<p>reflect the insourcing plans and she would ask the team to confirm their ambition for demonstrating improvement. A member felt that as the actions were given a RAG status of “on track” it was of concern that the current risk remained at 20. The Chair also felt that both of the actions related to the development of business cases which in themselves would not address the risk. The Executive Director of Nursing and Midwifery indicated there had been a conversation at the F&P Committee regarding the cross-over on this risk and she suggested that a meeting be arranged between herself, the QSE Chair, The Executive Director of Planning and Performance and the Executive Director of Finance to work this through. The Chief Executive added that whilst duplication was not ideal, one Committee could take assurance from another Committee’s assurances.</p> <p>QS21/39.5 The Chair then asked members to consider the three operational risks highlighted for escalation. Members supported the inclusion of CRR20-08 (ophthalmology). In terms of CRR20-09 (diabetes) the Chair expressed concern that this had been scored at the highest level however it would appear to have been created and scored on the basis of the situation pertaining to a single clinical post which had already been out for advert. She confirmed that the Committee did not approve the decision to escalate CRR20-09 onto the Corporate Risk Register as requested. The Chief Executive accepted this would need further review. With regards to CRR20-10 (GP Out of Hours) it was noted this was information and the assuring Committee would be the Digital and Information Governance Committee. The Chair raised a point of clarity in terms of consistency with the Risk Management Strategy and the role of the Board Committees which would be picked up outside.</p> <p>QS21/39.6 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF) and Corporate Tier 1 Operational risks presented. 2. That the review of the Risk Appetite Statement in the light of some of the existing target risk scores needed to be considered by the Board as a whole. <p><i>[Sue Hill and Dawn Sharp left the meeting]</i></p>	<p>GH</p> <p>LB</p> <p>JW/SEE</p> <p>SEE</p>
<p>QS21/40 Infection Prevention & Control (IPC) Report</p> <p>QS21/40.1 The Executive Director of Nursing and Midwifery presented the report and highlighted key messages as being - 1) the work that was being implemented to strengthen IPC and to get back to a zero tolerance position for Healthcare Acquired Infections (HCAs), with additional communications support now having been secured to reinvigorate that campaign; 2) a decision to appoint an external individual to undertake a table top review of the outbreak in Ysbyty Gwynedd (YG) against the Wrexham Maelor Hospital (WMH) action plan; 3) the need to be consistent and robust with the message that IPC is everybody’s business and actions will need to be long-term.</p> <p>QS21/40.2 The Chief Executive indicated that she had visited the YG site on the 1.3.31 and met with a range of clinicians and ward staff. She came away with an overwhelming observation around the strength of leadership and tangible personal support to staff. There was a high level of confidence that the actions put in place since the outbreak would bear fruit but that there would be a need to look at the human behavioural factors using the learning from Wrexham. The Executive Director of Nursing and Midwifery wished to personally</p>	

acknowledge and apologise for the harm that had been caused as a result of the outbreak, and also to commend all the staff who continued to work so very hard in very difficult circumstances.

QS21/40.3 A member noted an increase in c.difficile cases and the Executive Director of Nursing and Midwifery acknowledged that this was likely due to antimicrobial stewardship not being monitored as closely as it could have been whilst efforts were understandably being focused on Covid measures. A comment was made that the IPC Strategy needed to sustain progress where it had been made, and to require new actions to make a difference. Finally it was suggested that the narrative in the paper could set out links with the mortality paper more clearer in terms of IPC within a community and primary care setting.

QS21/40.4 It was resolved that the Committee take assurance from the Infection Prevention presentation this month.

[Bethan Jones and Andrew Gralton joined the meeting]

QS21/41 Health & Safety Update Report Covid19

QS21/41.1 The Executive Director of Workforce and OD presented the report and clarified that whilst there were other health and safety risks, this particular paper focused on Covid related matters. She confirmed that sadly a further member of staff had been lost as a result of Covid within the last week, taking the total to four. One of the deaths was subject to Health and Safety Executive (HSE) investigation but the Board had been informed there was not going to be an associated prosecution. The organisation was required to make improvements and currently these were being tested to determine how well they had been embedded. The Executive Director of Workforce and OD then went on to confirm that actions as a result of the recent HSE improvement notice had now been completed and evidence submitted to HSE. She also drew members' attention to performance in terms of staff Covid vaccinations with a revised timeframe for all second doses within cohorts 1-4 by the 17.3.21. In addition a cohort of staff who didn't receive their first dose was now being worked through. She concluded by advising that the significance of new and emerging variants should not be underestimated.

QS21/41.2 A member referred to the statement that 700 staff Covid cases had been reported under RIDDOR and enquired if there was a breakdown of this data which could help identify patterns – for example whether certain cohorts of staff were more susceptible. The Executive Director of Workforce and OD confirmed that a demographic breakdown including socio economic factors and ethnicity could be built into the next report. A member wished to highlight the hard work undertaken by the Fit Testing teams and that this data had now been added to ESR (electronic staff record). The Chair referred to the 'Make It Safe' reviews and suggested that themes with remedial action should be more visible in future reports.

QS21/41.3 It was resolved that the Committee note the position outlined in the report.

[Teresa Owen left the meeting. Sue Hill rejoined the meeting]

QS21/42 The Impact of Covid-19 on Child Health Services within BCUHB

[Bethan Jones and Andrew Gralton joined the meeting]

SG

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QS21/42.1 The Area Director presented the report which detailed that whilst children had been less affected by Covid as a disease, there were clear concerns at the impact and consequences of Covid and the pandemic on children and young people. She highlighted that normal pathways had been interrupted and networks such as school and social activities paused. She stated that partnership working had been vital throughout the pandemic and this had been positive and encouraging. It was noted that some non-urgent services were stood down at the start of the pandemic but on a prioritised basis, and the report set out a summary against each of the key services areas and identified the impact of Covid upon them. The Area Director confirmed that generally referrals into children's services had reduced and there was a concern that some things could have been missed during the pandemic. Referrals into CAMHS (Child Adolescent Mental Health Service) had also reduced and there would have been lost contact opportunities whilst Health Visitor visits into families' homes had been paused or reduced. In addition she noted that neurodevelopment assessments had been heavily affected by lockdown. The Area Director concluded that the full impact of Covid on children's services would not be fully understood for some time.

QS21/42.2 A member expressed concern at the need to recommence face to face care particularly for neurodevelopment assessment. The Assistant Director Children and Young People's Services assured the Committee that every referred child was individually risk assessed and if it was determined they needed a face to face assessment they would be offered this. For neurodevelopment assessments these were being carried out remotely with a new tool being developed. He recognised that the suspension in services, combined with a loss of capacity to ensure that social distancing requirements could be met, had impacted adversely across children's services and would need to be recovered. A member also noted a concern for parents and young carers who were struggling without the usual levels of support, and she felt there may be a need to increase safeguarding capacity once services opened up more widely. Finally she enquired around children and young people who had been placed out of area. The Assistant Director Children and Young People's Services responded that each child placed out of area had a nominated case co-ordinator and he could provide information outside of the meeting on the numbers that were either being seen face to face or remotely.

QS21/42.3 The Chair felt that the report was helpful and clearly set out identified risks and how they were being mitigated. The Executive Director of Primary and Community Services acknowledged with respect how the teams had managed to think creatively in order to keep services running in very difficult circumstances. The Area Director added that funding had been secured for the use of Information Technology within community children's services which she hoped would allow services such as Health Visiting to keep pace with modern practices that were in operation in other services.

QS21/42.4 It was resolved that the QSE Committee endorse the report

[Louise Brereton and Simon Evans-Evans left the meeting]

QS21/44 Covid-19 Mortality Report

A
Gralton

QS21/44.1 The Senior Associate Medical Director presented the paper which provided an overview of deaths where Covid-19 was a direct or contributory factor. She highlighted that BCUHB had experienced 562 excess deaths which was 7.5% more than expected compared to the previous three years. This figure was less than seen in other Health Board areas due to Covid-19 surge being experienced later in the North than the rest of Wales. Data indicated that the increase in mortality was predominantly related to Covid-19 with the peak of the current (second) surge being more severe than the first, however, the first surge was more sustained. The Senior Associate Medical Director referred to epidemiology activity based on Public Health Wales (PHW) data which demonstrated a national pattern that the further away an individual was from a positive Covid-19 test, the less likely it was that Covid-19 would be the cause of death. Overall there was however a higher proportion of Covid-19 having contributed to the number of excess deaths, combined with higher fragility levels and other underlying factors. In BCUHB the largest number had been seen in the East where stage 1 reviews were still ongoing. In the Centre, Ysbyty Glan Clwyd (YGC) was going through the medical examiner process and looking at the referrals so far there had not been significant concerns over the medical care of the patient. In terms of HCAs the Senior Associate Medical Director confirmed that there was some data from cluster analysis and that post infection reviews always took place with immediate actions around increased cleaning and the use of Personal Protective Equipment (PPE). The reviews focused on patient outcomes and learning from one site was shared more widely with a clear message that embedding a consistent approach was essential.

QS21/44.2 In response to a question regarding gaps in data for community sites the Senior Associate Medical Director confirmed that any death relating to an in-patient bed in the community setting was still recorded by the Health Board, however, there were differences in how the death certificate was completed. A comment was made that the presentation of the figures on deceased patients with HCAs was difficult to follow by the reader. The Senior Associate Medical Director stated that it was hoped to be able to include community deaths from HCAs in the future. A member noted with disappointment that the basics of effective use of PPE, hand washing and social distancing were still proving challenging in some areas and sites 12 months on into the pandemic, and that this was reiterated in other papers. She also referred to the findings of the Post Infection Reviews (PIRs) and suggested that the reporting of non-closing bay doors would not address the core issue and that the narrative could be stronger. In response to a question regarding the involvement of Health and Safety teams, the Senior Associate Medical Director confirmed that site Hospital Directors were involved in discussions across a range of teams to build on triangulating the totality of information coming out of the PIRs. A member referred to the role of Medical Examiners and whether they had all the information they needed. The Senior Associate Medical Director clarified that the Medical Examiners considered whether the clinical care received had been appropriate and it was not their role to look at environmental aspects. The Chair welcomed the inclusion of positive findings as learning points in the paper and felt this was often overlooked. She noted that there were recurring themes evident across a number of the reports which emphasised the need for organisational learning to be fully embedded across the HB. The Chair referred to the action plan provided and observed that the findings and subsequent actions did not consider the human factors and it was difficult to determine how

the actions would address the findings. She suggested a conversation outside of the meeting may be helpful in terms of content and presentation.

MM

QS21/44.3 It was resolved that the Committee review the report that documented deaths from COVID 19, findings from reviews undertaken and the associated learning.

QS21/46 Update on Planned Care Recovery and Essential Service Delivery Within Planned Care

[Andrew Kent joined the meeting. Agenda item taken out of order at Chair's discretion]

QS21/46.1 The Interim Director of Planned Care Transformation presented the paper which built upon previous updates on the quality and safety of planned care during the pandemic and the focus on the six point plan. In terms of a performance perspective across Wales, it was reported that BCUHB had the strongest 62 day cancer performance. The Interim Director of Planned Care Transformation confirmed that since writing there had been a declared outbreak in the West. Services had been paused and a "Once for North Wales" approach was being taken to move P2 risk stratified patients and services to the safest site in terms of Covid-19, including on occasions moving the surgeon to another site. Other categories of patients such as upper gastro-intestinal and urology could not currently be moved. The Planned Care Transformation Group (PCTG) were overseeing moving patients from West to East with Centre on standby to support. The challenge was that when patients were previously moved East to West, YG had all facilities running, whereas this was no longer the case. The Committee were informed that full Multi Disciplinary Team assessments were in place with each patient being risk stratified. In terms of insourcing, it was reported that ophthalmology at YG could continue as was a completely separate unit to the main site affected by the outbreak. A tender waiver had been developed by the insourcing group but the challenge in remaining Covid-safe meant it took longer to arrange capacity and get assurances from insourcing companies. The Interim Director of Planned Care Transformation confirmed there would be a blended workforce model of BCUHB consultants supported by insourced staff, and that the overall recovery programme could take up to three years with long waiters being treated when safe to do so.

QS21/46.2 A member referred to the single tender waiver for insourcing and asked whether there was a feeling around the quantum of patients that could be treated and whether there was an associated communications package. The Interim Director of Planned Care Transformation confirmed that a non-activity tender had been chosen so the anticipated numbers were not known. In terms of communications, he confirmed there would be a related launch and there were other plans in place such as a patient portal and an Escape from Pain Programme, but these had not broadly been advertised.

QS21/46.3 The Chair recalled the Committee's comments at the January meeting that the richness of the narrative in presenting the paper provided more assurances than the paper itself and was disappointed that this was again the case. She reiterated that whilst the F&P Committee would be interested in the numbers from a performance perspective, the QSE Committee should be able to focus on aspects of patient safety and potential harm and what was being done to address this. She felt this did not come through strongly enough within the

<p>paper. The Interim Director of Planned Care Transformation would reflect on these expectations ahead of the production of the next paper to the Committee.</p> <p>QS21/46.4 It was resolved that the Committee note the approach that is part of the six-point plan and its link to maintaining patient safety and quality</p>	<p>AK</p>
<p>QS21/45 Patient Safety Report Q3</p> <p>QS21/45.1 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience presented the paper which provided information and analysis on significant patient safety issues arising during Quarter 3 together with longer-term trend data, and information on the safety improvements underway. He wished to highlight that the Falls Improvement Group had met recently for the first time in a while and that BCUHB continued to report a number of falls resulting in serious harm. He also highlighted there continued to be avoidable Hospital Acquired Pressure Ulcers (HAPUs).</p> <p>QS21/45.2 Moving onto Never Events it was reported there had been one new Never Event within the quarter relating to a medication issue at YGC. The investigation was ongoing but there was early learning emerging around guidance and information given to patients at point of discharge and process issues when changing quantities. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience added there was a recurring theme in Never Events around surgical safety and the appropriate use of checklists, which was being reviewed with the relevant teams.</p> <p>QS21/45.3 With regards to Inquests it was noted that the Coroner had deferred a number during the pandemic which had resulted in a significant number now having accumulated. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience was keen to take these forward, recognising the impact of further delays on grieving families. He highlighted a new Coroner had been appointed in the West area. A question was raised that the figures did not tally on page 10 and this would be looked into outside of the meeting.</p> <p>QS21/45.4 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience drew members' attention to the Welsh Risk Pool review into the Emergency Department at YGC which identified a number of governance deficiencies that had resulted in a suspension of reimbursements until it had been addressed. He stated that the new clinical lead had taken on the associated improvement work resulting from this review.</p> <p>QS21/45.5 It was reported that there was 1 patient safety alert overdue since 2017 which related to national surgical safety standards and that following conclusion of work being undertaken within secondary care it was hoped this could be closed by April. An update to Datix was planned for launch from 1.4.21 which would hopefully improve functionality for reporting against patient safety alerts. The Chair welcomed this and felt it could be a positive step towards supporting better thematic reporting and aiding learning.</p> <p><i>[Gill Harris left the meeting]</i></p> <p>QS21/45.6 The Chair reiterated her wish to see a golden thread throughout future patient safety reports with each quarterly report following on from the previous as incidents and</p>	<p>MJ</p>

events would span multiple quarters. She added that the delay with the open safety alert was unacceptable. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience accepted these comments.

QS21/45.7 It was resolved that the Committee:

1. Note the concerns about the introduction of the Once for Wales Concerns Management System incidents module.
2. Receive the report and provide feedback on its evolving content and layout.

QS21/47 Vascular Task and Finish Group Update

[Jo Garzoni (Vascular Network Manager) and Soroush Sohrabi (Vascular Consultant) joined the meeting]

QS21/47.1 The Executive Medical Director presented the paper which provided an update on the work of the Vascular Task and Finish (T&F) Group. He wished to highlight three key elements – pathways, engagement and safety issues. Firstly, he confirmed that much of the pathway work was well progressed with some having been approved recently at the Clinical Advisory Group. The pathway with work still to do was the diabetic foot care pathway which required a true multidisciplinary approach. An update on progress would be made to the next meeting of the T&F Group on the 18.3.21. With regards to engagement the Executive Medical Director acknowledged the helpful representation to the T&F Group by CHC colleagues and their support in enabling elements of patient information to be approved. Finally, in terms of safety, quality and clinical effectiveness the Executive Medical Director indicated that the National Vascular Registry results showed that BCUHB was performing above the national average although was an outlier in terms of amputations. He stated that he had requested an internal multidisciplinary review of all deaths which did not note anything untoward, however, the findings of an external review from the Royal College was awaited.

QS21/47.2 A member queried why an additional 8 beds were needed so soon after the agreement of the original business case. The Vascular Network Manager confirmed the role of the T&F Group to revisit the bed capacity requirement and to confirm whether the allocation of beds should be determined by the pathway. A comment was made that it was difficult to compare data pre and post centralisation. The Vascular Network Manager reported that the Registry data went from January to December and there had been issues with data input. The Chair highlighted the apparent discrepancy in figures from 2017 to 2020. The Executive Medical Director accepted this and agreed that the earlier figures were clearly incorrect. A member highlighted that anyone reading the report would accept the raw figures for amputations and would assume there had been a large increase since centralisation which was not the case. The Executive Medical Director accepted this and confirmed there was an ongoing proactive process to disseminate the correct data.

[Louise Brereton rejoined the meeting]

QS21/47.3 A discussion took place around the delay with agreeing the diabetic pathway and the Chair referred to an earlier associated conversation as part of the corporate risk register. She also recalled that there had been agreement at Board level some time ago that the diabetic pathway would be prioritised for review. The Executive Medical Director responded

that the desired pathway had been identified and now that the right clinicians had been brought together he was hopeful that more progress could be made. The pandemic and changes in leadership had also contributed to challenges in making progress. The Executive Director of Primary and Community Services advised that for various reasons, the decision had been made to de-prioritise the review of the diabetic pathway. He added that it was crucial to get social and primary care aspects of this pathway right. The Executive Director of Therapies and Health Sciences highlighted the work ongoing within the podiatry service, and the care closer to home principles which were also relevant to this pathway.

QS21/47.4 It was resolved that the Committee note the progress made by the Vascular Task and Finish Group

QS21/48 Sub Group Chairs' Triple A Reports

QS21/48.1 Strategic Occupational Health and Safety Group

QS21/48.1.1 This consent item was noted

QS21/48.2 Patient Safety Quality Group

QS21/48.2.1 This consent item was noted

QS21/48.3 Clinical Effectiveness Group

QS21/48.3.1 This consent item was noted

QS21/49 Quality Improvement Strategy and Patient Safety & Experience Strategy

QS21/49.1 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience gave a short verbal position statement, highlighting that whilst operational pressures had caused the engagement workshops planned for January to be suspended, the drafting of the Strategy continued.

QS21/50 Issues Discussed in Previous Private Session

QS21/50.1 It was resolved that the Committee note the report

QS21/51 Documents Circulated to Members

QS21/51.1 It was noted that the following had been circulated:

14.1.21 Q3 and Q4 Operational Plan Monitoring Report as at November 2020

15.1.21 Quality and Performance Report as at November 2020

27.1.21 Limited assurance reports from Audit Wales on 1) Quality Impact Assessment and 2) Continuing Health Care

22.2.21 Dental briefing note

QS21/52 Issues of Significance to inform the Chair's Assurance Report

To be agreed with Chair

QS21/53 Date of Next Meeting

4th May 2021

QS21/54 Exclusion of Press and Public

QS21/54.1 It was resolved that members 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.