



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 28.1.20 in The Boardroom, Carlton Court, St Asaph

Present:

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

In Attendance:

Mrs Deborah Carter	Associate Director of Quality Assurance / Interim Director of Operations
Dr Kate Clark	Medical Director for Secondary Care (<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)
Mrs Gill Harris	Executive Director of Nursing and Midwifery (<i>part meeting</i>)
Mr Matt Joyes	Assistant Director of Patient Safety and Experience (<i>part meeting</i>)
Dr Melanie Maxwell	Senior Associate Medical Director / Improvement Cymru Clinical Lead
Dr Jill Newman	Director of Performance (<i>part meeting</i>)
Miss Teresa Owen	Executive Director of Public Health (<i>part meeting</i>)
Mr Sean Page	Consultant Nurse (<i>part meeting</i>)
Prof M Rees	Vice Chair, Healthcare Professionals Forum (HPF)
Mrs Lesley Singleton	Acting Director of Mental Health & Learning Disabilities
Dr Chris Stockport	Executive Director of Primary and Community Services
Mr Adrian Thomas	Executive Director of Therapies and Health Sciences
Miss Emma Woolley	Director for Medical and Dental Education (<i>part meeting</i>)

AGENDA ITEM DISCUSSED	ACTION BY
QS20/1 Chair's Opening Remarks The Chair welcomed everyone to the meeting.	
QS20/2 Declarations of Interest Cllr C Carlisle expressed an interest in item QS20/13 in that the Conwy Community Mental Health Team came under her portfolio within Conwy Local Authority.	
QS20/3 Apologies for Absence Received for Mr G Evans, Mr A Roach, Mr D Harries, Mr M Thornton and Mr M Wilkinson	

<p>QS20/4 Minutes of Previous Meeting Held in Public on the 19.11.19 for Accuracy, Matters Arising and Review of Summary Action Log</p> <p>QS20/4.1 The minutes were agreed as an accurate record pending the following amendments:</p> <ul style="list-style-type: none"> • QS19/165.4 to replace “although” with “despite” • To note that Mr A Thomas had rejoined the meeting by item QS19/168 <p>QS20/4.2 Updates were provided to the summary action log</p> <p>QS20/4.3 It was noted that a briefing note on suicides had been circulated to members, although the Chair expressed concern that it did not provide a thematic review of the cluster of suicides within the West as previously requested and asked that this be provided for the March meeting. A typographical error was noted on page 4 of the briefing note in terms of the date reported. In response to a range of questions from an Independent Member, the Acting Director of Mental Health and Learning Disabilities (MHLDS) stated that retention of staff was a continued challenge but there was a workforce plan in place. She confirmed that the Division was reviewing its risk assessment process and associated training for staff, with significant improvements now being seen in how risk assessment was being carried out. The Executive Director of Public Health felt there were clear links to Public Health Wales reporting. The Executive Director of Nursing and Midwifery set out an ambition for zero tolerance towards mental health suicides and requested that the paper being prepared for the Committee in March went through the Quality Safety Group in February.</p>	LS LS
<p>QS20/5 Minutes of Meeting of Joint Audit and Quality, Safety & Experience Committees Held in Public on the 5.11.19</p> <p>The minutes were noted.</p>	
<p>QS20/6 Patient Story</p> <p>QS20/6.1 The Associate Director of Quality Assurance / Interim Operations Manager presented the patient story which related to the ICAN urgent care centres for mental health support. She noted there were common links and themes in terms of language and the ability to recognise and meet individuals' needs.</p> <p>QS20/6.2 The Acting Director of MHLDS felt the story gave a clear indication of what was meant by alternatives to admission and service provision, and that there were positives points to take away from the story. The Vice Chair of the Healthcare Professionals Forum highlighted the importance of asking the right questions of patients and service users eg; “what matters to you, what is important”.</p>	
<p>QS20/7 Quality/Safety Awards and Achievements</p> <p>QS20/7.1 The Associate Director of Quality Assurance / Interim Director of Operations indicated she had prepared a short written update and would circulate as a briefing note. The Chair also set out her intention to discuss with the Health Board Chair the potential of sharing such information at Board meetings.</p>	DC LR

QS20/8 Annual Plan Monitoring Report (APMR)

QS20/8.1 The Director of Performance presented the report and highlighted that it included some deep dives, and narrative on red and amber performance areas. She clarified that in general the actions relating to health improvement and care closer to home ones were allocated to the QSE Committee for scrutiny. An Independent Member suggested that links to APMR reports to other Committees might be helpful.

JN

QS20/8.2 A discussion ensued. An Independent Member noted that in terms of stroke there was no update since November 2019. The Executive Medical Director agreed there was a need to bring together a range of actions around the development of a business case for stroke services. Another member enquired as to progress with AP008 to develop a partnership plan for children with a strong focus on Adverse Childhood Experiences, and the Executive Director of Primary and Community Services indicated progress was being made at a good pace but was not meeting the timeline originally set. A formatting error was noted in terms of the colour of the RAG status against AP025 regarding endoscopy which should have shown as red as at December 2019. It was also noted that the rheumatology review had been completed and therefore AP024 should not be shown as red. In response to a point raised regarding medical workforce capacity the Executive Director of Workforce and Organisational Development set out a range of work around stress risk assessments and elements of workforce optimisation. The Chair reiterated a general concern that was expressed at the Health Board meeting that many areas within the report indicated “no update”, which in some cases was incorrect and defeats the objective of providing the narrative

JN

QS20/8.3 The Chair suggested an amendment to the recommendation that the Committee receive the report for information and **it was resolved that** the Committee receive the report for assurance subject to the feedback provided on the importance of reporting accuracy and clear narrative.

QS20/9 Integrated Quality & Performance Report

QS20/9.1 The Director of Performance drew members' attention to the executive summary of the report and highlighted areas of positivity including flu vaccination, a reduction in the backlog of serious untoward incidents and the achievement of the Child Adolescent Mental Health Services (CAMHS) measures. She went on to highlight the further work required around the psychological therapies and neurodevelopment indicators to move the organisation on. In terms of infection prevention and control she noted that the indicators remained out of line with national trajectories and it was becoming more unlikely that the organisation would be able to deliver these by the end of March. The Director of Performance recognised that performance in terms of sepsis indicator work in Emergency Departments (EDs) was lower than last year. The Associate Director of Quality Assurance / Interim Director of Operations confirmed that whilst the report stated there had been no new never events in-month, one had been reported after the IQPR had been produced and Committee members had been informed separately. The Chair highlighted the need to ensure the narrative provided in the reports link to the previous reporting period to enable the Committee to receive the complete picture.

JN/DC

QS20/9.2 A discussion ensued. A general point was made that there appeared to be a number of deteriorating trends that did not appear to be explained within the narrative. The Executive Medical Director noted the ongoing issue of a potential conflict between antimicrobial resistance and sepsis. The Executive Director of Primary and Community Services noted that solutions in a medicalised environment often would not work in primary care and that this was a live debate that remained a challenge. The HPF Vice Chair felt that patients often didn't seek medical help when they should do so, and that the messages of 'Choose Well' needed to be sustained.

QS20/9.3 An Independent Member referred to the target to achieve 95% of children receiving second dose MMR by age five, and enquired how many children this related to in numbers. The Executive Director of Public Health did not have the actual numbers to hand but assured the Committee it would not be significant. She also assured members that Health Visitors continued to work hard to encourage uptake but there remained the element of choice.

QS20/9.4 An Independent Member noted that patient falls were increasing. The Associate Director of Assurance / Interim Director of Operations suggested that a focus on identifying falls would always mean an increase in reported numbers. She noted that those teams and wards with the highest numbers were being supported and the work of the collaborative being widened. The Executive Director of Nursing and Midwifery added that accelerated unscheduled care pressures often resulted in more patient moves which was also an inherent risk to falls. The Senior Associate Medical Director / 1000 Lives Clinical Lead reported that early work to monitor the impact of the collaborative was being carried out with some high level data being identified.

QS20/9.5 Members were pleased to note the CAMHS performance and assurance was given that the Children's Services teams would continue to monitor locally to ensure that any dropping off of performance was picked up and escalated as necessary. An Independent Member noted that the Infection Prevention and Control section of the report confirmed 22% of infections were avoidable. The Associate Director of Assurance / Interim Director of Operations confirmed there was a large area of work being undertaken focussing on the avoidable infections, in particular around device care and catheter care to address this. The Independent Member (Trade Unions) enquired about staffing levels within maternity. The Associate Director of Assurance / Interim Director of Operations indicated that a further review was being undertaken. The Executive Director of Workforce and Organisational Development stated that the matter had also been raised at the Strategic Occupational Health and Safety Group (SOHSG). The Executive Director of Public Health would pick this matter up and ensure transparency of reporting and sharing of information with Trade Union partners.

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[Miss Teresa Owen left the meeting and Dr Kate Clark joined the meeting].

QS20/9.6 An Independent Member noted with concern the performance relating to psychological therapies waiting times in terms of the 26 week target. The Acting Director of MHLDS acknowledged the waits against this recently added indicator were unacceptable and that a paper was being prepared for the next Committee. She confirmed that a review of psychological therapies was identified in 2018 as a key piece of work in the Division's annual plan but that field work was not completed until August 2019, with the report having been received at the end of September 2019 and

<p>was reviewed by the Division in October 2019. The report had been discussed in a range of forums and it had been agreed to identify project support via a Task and Finish Group to implement the recommendations. The Executive Director of Nursing and Midwifery suggested that the terms of reference for this group be shared for ratification with the Committee at the next meeting. It was further agreed that the resultant action plan would need to be approved and monitored via QSE.</p>	LS
<p>QS20/9.7 In relation to postponed procedures the Committee Chair noted that the Committee had not received the briefing note on the non clinical reasons for postponements referred to in the November Committee report. The Director of Performance agreed that this would be provided at the March meeting.</p>	JN
<p>QS20/9.8 The Executive Director of Primary and Community Services indicated that given the ongoing discussions about what should or should not feature within the IQPR, Executives would welcome explicit guidance from Committee members to allow them to focus on meeting the Committee's needs. The Chair advised that she had met with the Director of Planning and Performance recently to discuss the reporting requirements.</p>	
<p>QS20/9.9 It was resolved that the Committee receive the report and the feedback provided on the report would be actioned</p>	
<h3>QS20/10 Endoscopy Update</h3>	
<p>QS20/10.1 The Executive Director of Therapies and Health Sciences presented the paper, confirming that work was still ongoing to identify trajectories and to work through risk stratification and the identification of harms. He drew members' attention to changes in operational management within the service and ongoing capacity and infrastructure challenges to meeting the needs of the endoscopy service. BCU continued to participate within the national endoscopy group which had four main workstreams, and in addition BCU had a fifth workstream around service redesign. It was noted that work continued towards achieving JAG accreditation with positive feedback having been received for Ysbyty Glan Clwyd (YGC) and Ysbyty Gwynedd (YG) with feedback awaited for Ysbyty Wrexham Maelor (YWM). In terms of diagnostics, the Executive Director of Therapies and Health Sciences indicated there were still issues with the water quality of the vanguard unit at YGC. There had been a reduction in waiting times for YG and YGC and the organisation was now looking to procure a unit for WMH. Overall it was felt that progress was being made and patient waits were decreasing.</p>	
<p>QS20/10.2 A discussion ensued. The Executive Medical Director enquired whether the implications of a new diagnostic test had been built into assumptions as it may increase the number of endoscopies required. The Medical Director for Secondary Care confirmed this had not yet been worked through but was part of a workstream for the national group, as were the implications of changes to bowel screening testing. She added that the capacity and demand modelling tool had highlighted some issues with the organisation's data. The HPF Vice Chair referred to capacity and stress on clinicians and that different ways of working would indicate a broader workforce than medics. He noted that the report mentioned blocks in recruitment and the Medical</p>	

Director for Secondary Care confirmed there was a related workforce strategy which included proposals to upskill endoscopy staff.

QS20/10.3 In response to a question regarding a modular room in Wrexham, the Executive Director of Therapies and Health Sciences confirmed this was additional to the Vanguard unit. A member noted that Appendix 1 was due for review in January and enquired whether all the phase 1 elements that were due in December 2019 had been achieved. The Medical Director for Secondary Care indicated that had been the initial target and there was a meeting the following day to review progress.

QS20/10.4 The Medical Director for Secondary Care added that the work that had been done nationally had helped quantify the size of the issue facing the Health Board. She reported that she had prepared a brief overview of harms attached to endoscopy waits and it had been encouraging to find that the vast majority were linked to other organisation risks.

QS20/10.5 **It was resolved that** the Committee continue to support the increased level of focus on the design and implementation of the recovery plan to address the core capacity improvement, backlog reduction and sustainable solutions for endoscopy services across BCUHB working closely with the National Endoscopy Programme Board and the Delivery Unit to deliver both shorter and longer tem plans.

[Dr Kate Clark left the meeting]

QS20/14 Development of Dementia Services

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

[Mr Sean Page joined the meeting]

QS20/14.1 The Associate Director of Quality Assurance / Interim Director of Operations introduced the agenda item which had arisen from a previous patient story presented to the Committee.

[Miss Teresa Owen rejoined the meeting]

QS20/14.2 The Consultant Nurse outlined that it was known that numbers of people living with dementia were increasing and that sufferers often had other conditions which would lead them to have contact with a whole range of the Board's services. He reminded members that the Dementia Strategy for 2018-20 focused on 6 strategic areas with safeguarding at the very heart. He reported that the Board was now moving to articulate a different model via a dementia care pathway which focused on clinical aspects of care for those with dementia, and that a consultation was soon to take place.

QS20/14.3 The Consultant Nurse went onto highlight the challenges around Emergency Departments (EDs) and elements of training that were being delivered there. He reported that data on frequent ED attenders was collated and targeted work done around these patients. He also drew members' attention to a programme of work with care homes, work ongoing with the Ambulance Service and Macmillan and that a national audit of dementia had just been completed. He concluded by saying he felt there was evidence of increased awareness and ownership of actions, and that there

was a positive amount of activity and energy around this agenda which would be co-ordinated through the Dementia Strategy Group chaired by Mr Trevor Hubbard (Deputy Nurse Director).

QS20/14.4 A discussion ensued. In response to a question regarding the social care elements of dementia services, the Consultant Nurse confirmed that the new strategy was being developed in partnership and the traditional healthcare role whilst important, was part of a bigger picture. The Independent Member (Trade Union) asked about prioritisation of levels of training for staff as there could be areas or teams not normally associated with direct care of dementia patients that would still require the training. The Consultant Nurse clarified that the prioritisation was based on Welsh Government (WG) definitions focused around clinicians delivering care in 'dementia heavy' areas eg Care of the Elderly. A comment was made regarding alignment with Regional Partnership Board (RPB) work around dementia. The Acting Director of MHLDS confirmed that the RPB was developing a dementia strategy under Local Authority leadership and there would be a need to determine how the Health Board could specifically contribute to this

QS20/14.5 It was resolved that the Committee receive the report.

[Mr Sean Page left the meeting]

QS20/20 General Medical Council Enhanced Monitoring of Medicine Training and Wrexham Maelor Hospital

[Agenda item taken out of order at Chair's discretion. Miss Emma Woolley joined the meeting]

QS20/20.1 The Executive Medical Director reported that following concerns raised by HEIW regarding the medical education and training environment in medicine at WMH, the General Medical Council (GMC) had the programme under Enhanced Monitoring arrangements in July 2019 for failing to meet the required standards. The paper provided an update on actions taken to meet the required standards.

QS20/20.2 The Director for Medical and Dental Education indicated that the situation in WMH was being highlighted as there were leadership issues at the time, but the situation could easily be replicated in other departments across BCUHB. She added there were continued challenges in balancing educational training with capacity whilst ensuring delivery of a service. She felt the situation was compounded by how workload was currently allocated and there was a need to look at what tasks could be undertaken by clinicians other than doctors. She also suggested that the situation was compounded by digital and connectivity issues. She drew members' attention to the conclusions within the paper which sought funding to be agreed urgently for experienced physician associates working in the medical team to support and manage the current workload.

QS20/20.3 A discussion ensued. The Executive Director of Primary and Community Services observed that departments that had lost their trainee post were unlikely to easily attract senior doctors to come and work there. The HPF Vice Chair supported the view of the Director for Medical and Dental Education that the situation was urgent and a symptom of the levels of stress that many clinicians were under. The Director for

Medical and Dental Education confirmed that HEIW would be returning to undertake another review in the next few months and if the Health Board had not shown adequate improvement in the training environment, the training status was at risk. The Executive Director of Workforce and Organisational Development concurred that early resolution was required and that the appointment of physician associates to supplement teams was being investigated. She also reported that in terms of a service review some workforce optimisation work had already been done and related to the flow and acuity of patients. Services that were high cost and fragile would need to be prioritised alongside ensuring appropriate accountability and agreeing a systematic approach as an organisation as a whole. The Director for Medical and Dental Education felt there was a lack of understanding around the role of physician associates which needed to be addressed but she would wish to see their appointment in response to this immediate challenge. The HPF Vice Chair would support the use of physician associates. The Executive Director of Workforce and Organisational Development assured the Committee that this continued to be a live discussion for her with the appropriate leads, and that the opportunities within WMH would be shared with the group of physician associates and interns to seek expressions of interest. She confirmed that the immediate issue was in hand but the longer-term approach needed agreeing. In response to a question from an Independent Member regarding funding the Executive Director of Workforce and Organisational Development added that this was being addressed by herself, the Office of the Medical Director and the Hospital Management Team, within the context of the Board's financial position. She felt that a detailed financial discussion was the remit of the Finance and Performance Committee.

QS20/20.4 The Committee Chair noted the concern of Committee members and the risk to the Health Board and it was agreed that the matter should be escalated to the Board.

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[Cllr Cheryl Carlisle left the meeting]

QS20/13 Mental Health and Learning Disabilities Exception Report

[Agenda item taken out of order at Chair's discretion. Mr Steve Forsyth joined the meeting]

QS20/13.1 The Executive Director of Nursing and Midwifery noted that the report set out a range of areas where progress had been made, and asked the Division to share what they felt to be their key risks and opportunities moving forward, noting that there would be work coming out of the psychological therapies review.

QS20/13.1 The Director of Nursing MHLDS confirmed that the main risks centred around out of areas placements, staffing matters and environment aspects pertaining to doors within units. He noted that performance against the Mental Health Measure had dipped as expected but there were positive conversations with the Delivery Unit as to when actions would deliver to get performance back on track. The Committee Chair enquired regarding trajectories and the Director of Nursing indicated that the Division was committed to clearing the waiting list and hitting the target by April 2020.

[Mrs G Harris left the meeting]

<p>QS20/13.2 The Director of Nursing MHLDS was referred to the Thematic Review of Suicides Report that had been circulated to members. He confirmed that there was no evidence within the report of cluster contagions. The Committee Chair asked about the review that had been undertaken on the cluster of suicides in the West, which had been previously requested by the Committee. The Acting Director of MHLDS agreed that a report would be provided to the Committee meeting in March 2020.</p>	LS
<p>An Independent Member noted that the report referred to an increase in bed based provision and the Acting Director of MHLDS clarified this related to remodelling and different provision and that overall there would be a reduction in bed based care. The Committee Chair referred to the statement within the paper that the number of incidents closed by WG had changed, and the Associate Director of Quality Assurance / Interim Director of Operations clarified that this related to WG having put in additional resources to allow the Board to receive their feedback in real time. In terms of learning from incidents previously reported, the Committee Chair felt this was not covered within the paper. She accepted that common themes had been identified from them but was keen to see an increased visibility around actual lessons learnt. The Acting Director of MHLDS would work to develop this for the next report. The Chair reiterated that she was not looking for an expanded report but one that was more targeted and focused; she gave an example of good practice as the primary care exception report. The Committee Chair also noted that the recommendations to the Committee included noting progress made relating to the risk register but that the report did not contain sufficient information in this regard and therefore could not be noted. Finally, the HPF Vice Chair enquired whether a watching brief was maintained regarding any suicides within the workforce. The Executive Director of Workforce and Organisational Development confirmed that none had been reported but any cases would be reported straight through to the Executive Team.</p>	LS
<p>QS20/13.3 It was resolved that the Committee note the report and that the Director of MHLDS would provide a report on the thematic review of cluster suicides in the West at the March Committee meeting and would act upon the feedback provided on the report.</p>	LS
<p>QS20/21.4 Mental Health and Learning Disabilities Division - Resubmission of Policies <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>QS20/21.4.1 The Committee Chair reiterated her concern that divisional policies such as these were coming to the Committee at all. It was agreed to have a wider discussion at the next Committee Business Management Group and to invite the Statutory Compliance, Governance and Policy Manager to the meeting.</p> <p>QS20/21.4.2 In terms of the individual policies the Chair felt that they hadn't addressed fully the issues raised by the Committee previously and there were still issues with the equality impact assessments (EqIAs). The Director of Nursing MHLDS would review again with support from the equalities team for EqIAs and with Peter Bohan in terms of getting clearance through the SOHSG which the Executive Director of Workforce and Organisational Development felt was appropriate.</p> <p>QS20/21.4.3 It was resolved that the MHLDS Division further review the policies.</p>	KD

<p><i>[Mr S Forsyth left the meeting]</i></p>	
<p>QS20/11 Occupational Health & Safety Q3 Report</p> <p>QS20/11.1 The Executive Director of Workforce and Organisational Development presented the paper, noting it was a comprehensive report but that much of the context had been shared with the Committee on previous occasions. She confirmed that officers were moving forward with the Health and Safety Improvement Plan with the detail being discussed at Strategic Occupational Health & Safety Group (SOHSG), the meetings of which were very well attended. She highlighted that the SOHSG had agreed to conduct a similar process for non-patient safety as for patient safety, particularly focusing on incidents. She also noted that there was an ongoing process to strengthen root cause analysis. Additional health and safety risks have been identified as requiring escalation to the Corporate Risk Register and would be considered by the Committee today.</p> <p>QS20/11.2 A discussion ensued. The Independent Member (Trade Union) reported that a Health and Safety Representatives' Group had been established and that a key output would be to produce a document to remind managers of representatives' legislative rights. She also raised that the number of incidents relating to sharps was unacceptable. In response to a concern regarding an ongoing vacancy for an Occupational Health physician, the Executive Director of Workforce and Organisational Development reported that this post had been out to advert twice. There was a similar position nationally in terms of a shortage and she indicated there may be a need to look at a contracted solution which was being explored. Another Independent Member felt that the report did not easily inform the reader as to whether the approach and management of health and safety had improved since the last report.</p> <p>QS20/11.3 In response to a query from the HPF Vice Chair, it was confirmed that a separate report on occupational health was provided to the SOHSG. The HPF Vice Chair referred to a valuable presentation on health and well-being and avoiding stress which Mr Jack Jackson (Team Leader in Occupational Health) had provided at recent roadshows. He noted the events hadn't been very well attended and also felt that the lack of an Occupational Health Physician would impact heavily on this agenda. The Executive Director of Workforce and Organisational Development suggested that low attendance would predominantly be due to capacity within teams to release staff. She assured members that a consistent approach to stress risk assessments was being developed.</p> <p>QS20/11.4 The Committee Chair wished to acknowledge the progress made with Occupational Health and Safety within the last 12 months and it was resolved that the Committee note the position outlined in the Quarterly Report.</p>	SG
<p>QS20/11b</p>	
<p>The Executive Director of Public Health took the opportunity to provide a verbal update on the Corona Virus. She confirmed that this was a new virus and that there was now a test available within the UK. She is receiving daily updates from Public Health Wales who are linked in with WG and Public Health England colleagues who are leading</p>	

<p>activity across the UK. She confirmed that to date the matter had not been declared as a pandemic, but if it was in the future then this would trigger a formal process. Current advice was that the impact was likely to be moderate with a low risk to population. In confirmed cases outside of the UK the virus was affecting older people with other underlying conditions. She assured the Committee that the organisation was well used to responding to new incidents such as this and that Welsh pathways were being followed.</p>	
<p>QS20/12 Patient Safety Report <i>[Mr Matt Joyes joined the meeting]</i></p>	
<p>QS20/12.2 The Assistant Director of Patient Safety and Experience presented the new style report which replaced the former 'CLICH' report and aimed to better triangulate data relating to patient safety. He acknowledged the format would continue to evolve and he would welcome feedback from members. He highlighted a notable increase in patient safety incidents which did triangulate with an increase in complaints, and that investigation of this trend had identified there was primarily low or no related harm. Secondly he referred to the open patient safety alerts and that one of the two reported had now been recommended for closure. Finally he reported on work ongoing to improve the complaints processes and that a workshop had been held and there were also discussions planned with the Community Health Council.</p>	
<p>QS20/12.3 A discussion ensued. The HPF Vice Chair referred to the surgical Never Events detailed within the paper and noted these should easily have been avoided by the use of checklists. The Associate Director of Quality Assurance / Interim Director of Operations agreed that the latest event was still subject to an ongoing investigation but she agreed that the use of a checklist would likely be an outcome. An Independent Member referred to the section on claims and was concerned that an individual could possibly identify themselves from the detail. The Associate Director of Quality Assurance / Interim Director of Operations assured members that the level of detail within the paper was already in the public domain. The Committee Chair welcomed the helpful presentation of data in graphs, which enabled clear identification of outliers and would support this approach being replicated in other reports. The Senior Associate Medical Director / 1000 Lives Clinical Lead pointed out a challenge in terms of different software packages in use across the organisation that presented data differently. It was agreed that officers continue the conversation outside of the meeting to see if more consistency could be achieved.</p>	JN DC MM MJ
<p>QS20/12.4 The Committee Chair raised her continued concern that the 'golden thread' was yet to be achieved in terms of lessons learnt from Never Events and incidents being carried through into future reports. She also felt that the reporting profile for incidents did not match what she would expect an organisation such as BCUHB to have. She asked that the highest incident categories be expanded further rather than just reporting on the top 3, which are already the focus of other reports.</p>	DC/MJ
<p>QS20/12.5 It was resolved that the Committee receive the report, noting the highlighted areas and that the Committee's feedback on the report would be actioned.</p>	
<p>QS20/15 Serious Incidents Report <i>[Agenda item taken out of order at Chair's discretion]</i></p>	

QS20/15.1 The Assistant Director of Patient Safety and Experience presented the report acknowledging there was duplication with the Patient Safety Report although this report attempted to pull out common learning points from completed incidents. He stated that 22 of the 100 identified no learning and all but 1 were patients known to mental health services who had died but that the deaths are not necessarily related. He confirmed that each action arising from the learning identified had a nominated owner and a target date and he would be looking to strengthen the review process.

QS20/15.2 The Committee Chair reiterated her wish for the organisation to demonstrate learning more clearly. The Executive Director of Workforce and Organisational Development referred to a discussion at the SOHSG around a potential unintended consequence of encouraging staff to close off actions and incidents within Datix and that there should be a mechanism to remind people not to compromise on quality when closing off an action. The Director of Performance noted her surprise that there were no incidents regarding eyecare within the report.

[Mr Matt Joyes left the meeting]

QS20/15.3 It was resolved that the Committee receive the report for assurance and feedback provided by the Committee would be actioned.

QS20/16 All-Wales Self-Assessment of Quality Governance Arrangements	
QS20/16.1 The Committee Chair explained that this paper had been discussed with members outside of the Committee and was being shared formally in public session for completeness. The associated action plan that would be developed would be agendered at the next meeting. It was also noted that the All Wales QSE Committee Chairs had agreed to share each other's action plans.	GH
QS20/16.2 It was resolved that the Committee receive the report.	
QS20/17 Healthcare Inspectorate Wales (HIW) – the Health Board's position statement	
QS20/17.1 The Associate Director of Quality Assurance / Interim Director of Operations presented the paper, which had been refreshed to try and meet the requirement to ensure the Committee was appropriately sighted on activity by HIW. The report detailed how the various actions arising from inspections are being monitored.	
QS20/17.2 The Committee Chair welcomed the level of detail provided within the tracker tool and felt it provided much better detail on progress. Members also found it helpful to have the full reports appended and asked that this continue.	DC
QS20/17.3 Members were concerned at the findings of the follow up inspection of Wrexham Maelor Hospital Emergency Department. The Associate Director of Quality Assurance / Interim Director of Operations reported that three of the concerns raised all related to the care of the same patient by the same nurse. Whilst inexcusable, this did make the data appear worse. She drew members' attention to the fact that when the matters were brought to the attention of the nurse in charge, their response was recorded as commendable. An Independent Member noted that it was pleasing to read about the improved relationships within the maternity department at YGC.	
QS20/17.4 It was resolved that the Committee note the report and appendices [Mrs G Harris rejoined the meeting]	
QS20/18 Corporate Risk Register and Assurance Framework Report	
QS20/18.1 The Committee firstly considered the current risks as set out within the paper. The following was agreed:	
<ul style="list-style-type: none"> • CRR05 Learning from Patient Experience – members noted this had been referred back from the Audit Committee for review. The Committee accepted the current risk description and score. • CRR13 Mental Health – the Committee was being asked to approve a reduction in risk score from 16 to 12. It was noted that the Committee had not approved the previous reduction in score on the report and this is evidenced in the commentary. Whilst members felt the controls were much clearer, they did not yet warrant a reduction. There was also concern at the ability to achieve the target score by March 2020. Members also felt that the original risk description needed refreshing to take out reference to governance "at all levels". The Committee requested that 	LS

<p>the description be updated as discussed and did not approve the reduction in the risk score.</p> <ul style="list-style-type: none"> • CRR20 Security risk – noted that the target date of March 2020 had been revised in line with the improvement plan. The Committee accepted the current risk description and score but did suggest that a separate briefing may be needed at a future stage. • CRR21 Health and Safety Leadership – the Executive Director of Workforce and Organisational Development explained that this group of risks had been identified through the gap analysis. Those relating to Estates were aligned with the improvement plan and had been through the SOHSG. She acknowledged the risk scores were high but felt it was an accurate reflection. The Committee accepted the current risk description and score. 	
<p>QS20/18.2 The Committee then considered the risks for escalation as set out within the paper. The following risks were accepted to be added to the corporate risk register, noting the individual comments below:</p>	SG
<ul style="list-style-type: none"> • ID 3024 Non-Compliance of Fire Safety Systems – members noted that the target date was missing. • ID3019 Asbestos Management and Control • ID3020 Contractor Management and Control • ID3021 Vibration Control • ID3022 Electrocution at Work • ID3023 Legionella Management and Control • ID 2956 Potential to comprise patient safety due to large backlog and lack of follow-up capacity – members noted that “comprise” should read “compromise”. The Executive Director of Nursing and Midwifery confirmed there had been clinical input into the development of this risk. 	SG
<p>QS20/18.3 The Committee then considered the following risk which was recommended for de-escalation:</p>	GH CS
<ul style="list-style-type: none"> • ID 2950 Potential inability of Care Homes to provide safe quality care – it was noted that the Committee was being asked to de-escalate the care home element from the wider risk. The Executive Director of Nursing and Midwifery assured members that there was early intervention in place. The risk description was felt to be unclear as the issue was more around the ability of the Health Board to respond proactively to support care homes when concerns arose. It was agreed that this would be revised. 	LM (KD)
<p>QS20/18.4 There was a suggestion that with the increased number of health and safety related risks, there should be some independent member input – perhaps through the SOHSG. It was suggested this be raised at a future IMs meeting.</p>	
<p>QS20/18.5 The Executive Director of Workforce and Organisational Development noted that the officer risk group was to meet on the 31st January and feedback from this discussion could be given there.</p>	
<p>QS20/18.6 It was resolved that the Corporate Risk Register would be updated based upon Committee's feedback.</p>	

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<p>QS20/23 Improvement Group (HASCAS & Ockenden) Chair's Assurance Report : HASCAS <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>It was resolved that the Committee note the progress of the recommendations to date.</p>	
<p>AT THE CHAIR'S DISCRETION THE COMMITTEE THEN WENT INTO PRIVATE SESSION TO DISCUSS ITEM QS20/35 HARMS REVIEW</p>	
<p>THE COMMITTEE THEN RETURNED TO PUBLIC SESSION</p> <p><i>[Mrs D Carter and Dr J Newman left the meeting]</i></p>	
<p>QS20/21 Policies, Procedures or Other Written Control Documents for Approval</p>	
<p>QS20/21.1 Review of Open Visiting Policy</p> <p>QS20/21.1.1 Members felt that Appendix 2 was too harsh and directive, that the Welsh language aspect should be moved higher, and that as a revised policy tracked changes should have been used or a summary of changes provided. The Executive Director of Workforce and Organisational Development also stated that the EQIA had not been approved.</p>	
<p>QS20/21.1.2 It was resolved that the Open Visiting Policy be further reviewed.</p>	GH (AMR)
<p>QS20/21.2 Nurse Staffing Levels Policy</p> <p>QS20/21.2.1 The Executive Director of Workforce and Organisational Development noted that Lawrence Osgood had made some suggestions to the draft policy which had not been included.</p>	
<p>QS20/21.2.2 It was resolved that the Nurse Staffing Levels Policy be approved pending the inclusion of Workforce colleagues' comments.</p>	GH (AMR)
<p>QS20/21.3 Clinical Audit Policy</p> <p>QS20/21.3.1 The Committee noted that the policy would be reviewed again within the year due to a number of changes that will be implemented across the organisation's governance structure. Members felt that quarterly reports on the clinical audit plan was too frequent and should be amended, particularly as the ongoing governance review should create improved scrutiny through the Clinical Effectiveness Sub Committee.</p>	MM
<p>QS20/21.3.2 It was resolved that the Committee approve the draft policy and procedure document pending the amendment above.</p>	
<p>QS20/24 Health and Social Care (Quality and Engagement) (Wales) Bill : Mrs Gill Harris <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>It was resolved that the Committee to receive the report.</p>	

QS20/22 Quality Safety Group Assurance Report	
QS20/22.1 The Vice Chair of the HPF noted the repeated messages about workforce. The Executive Director of Workforce and Organisational Development confirmed these were being picked up.	
QS20/22.2 It was resolved the Committee note the reports.	
QS20/26 Issues Discussed in Previous Private Session	
It was resolved that the Committee note the report	
QS20/27 Documents Circulated to Members	
<p>It was noted that the following had been circulated:</p> <p>5.12.19 APPMR for October 19.12.19 QSG Notes of November meeting 21.1.20 QSG Notes of December meeting</p>	
QS20/28 Issues of Significance to inform the Chair's Assurance Report	
To be agreed outside of the meeting.	
QS20/29 Date of Next Meeting	
Tuesday 17.3.20 @ 9.30am in Carlton Court, St Asaph.	
QS20/30 Exclusion of Press and Public	
It was resolved 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.'	