



Quality, Safety and Experience (QSE) Committee
Minutes of the Meeting Held in public on 29.7.20 via Webex

Present:

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

In Attendance:

Andy Burgen	Acting Chair, North Wales Community Health Council (CHC)
Kate Dunn	Head of Corporate Affairs (for minutes)
Gareth Evans	Chair, Healthcare Professionals Forum
David Fearnley	Executive Medical Director
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive (part meeting)
Emma Hosking	Hospital Medical Director, Ysbyty Glan Clwyd (observing)
Fflur Jones	Audit Wales (observing)
Matthew Joyes	Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead (part meeting)
Amanda Miskell	Assistant Director of Nursing – Infection Prevention (part meeting)
Jill Newman	Director of Performance (part meeting)
Adrian Thomas	Executive Director of Therapies and Health Sciences

Agenda Item Discussed	Action By
<p>QS20/128 Chair's Opening Remarks</p> <p>QS20/128.1 The Chair welcomed observers Emma Jane Hosking and Fflur Jones to the meeting, and also to Andy Burgen who was attending the Committee for the first time. She reminded members that the meeting had been arranged to predominantly pick up those agenda items which were deferred from the meeting held on 3rd July 2020.</p>	
<p>QS20/129 Declarations of Interest</p> <p>QS20/129.1 Gareth Evans declared an interest in item QS20/137 as he was a member of the vascular services task and finish group.</p>	
<p>QS20/130 Apologies for Absence</p> <p>Received for Lyn Meadows, Dave Harries and Teresa Owen</p>	

QS20/131 Minutes of previous meeting held in public on the 3.7.20 for accuracy, matters arising and review of summary action log

QS20/131.1 The minutes were agreed as an accurate record and updates were received for incorporating into the summary action log.

QS20/131.2 The Chair referred to the mortality paper on the agenda for later which related to a long-standing action, and was disappointed to note that what had been received did not include a plan setting out how mortality reporting would be undertaken in future and how inconsistencies across the Health Board would be resolved. The Executive Medical Director accepted that the paper did not address what the Committee had previously requested and apologised that the impact of Covid-19 had meant the matter had not been fully progressed.

[Melanie Maxwell and Amanda Miskell joined the meeting]

QS20/132 Infection Prevention Report

QS20/132.1 The Assistant Director of Nursing – Infection Prevention confirmed that the paper had been updated since it had been prepared for the meeting on the 3rd July 2020, and she invited comments and questions from members.

QS20/132.2 A question was asked around the routine testing of BCU staff for Covid-19 as this seemed inconsistent with the testing of care home staff. The Assistant Director of Nursing – Infection Prevention confirmed that staff testing was currently focused on any clusters of infection or where there was evidence of a transmission other than patient to patient. This was then carried out across the whole ward. This principle was to ensure testing was focused and that capacity was maintained. The Executive Director of Nursing and Midwifery added that work was ongoing with Public Health Wales (PHW) and Workforce and OD colleagues to consider when and if testing for all asymptomatic staff should be triggered. She confirmed that patient movements were restricted and segregation in place until test results were known, with any hospital acquired infections being subject to a full root cause analysis. The Executive Director of Workforce and OD confirmed that the policy on mass testing was clearly set out by PHW within Chief Medical Officer (CMO) guidance and had been discussed at length by the Executive Team (ET). A member asked whether the Board had the ability to override PHW advice if it thought this was required. The Executive Director of Nursing and Midwifery reiterated that the decisions for undertaking wider staff testing remained around the capacity to ensure testing could be maintained where necessary.

QS20/132.3 A question was raised with regards to the wearing of face coverings and whether this could be made mandatory on BCU sites. The Executive Director of Nursing and Midwifery confirmed she was currently in conversation with Welsh Government (WG) on this subject. She gave her personal view that the wearing of face coverings was evidence-based and provided a visible reminder to all visitors to sites of the risks within the health system from Covid-19. She confirmed that there was currently an expectation that they be worn within the Wrexham Maelor site. The Executive Director of Workforce

and OD reported that staff and staff movement was being mapped for the outbreak wards in Wrexham. [The Executive Director of Nursing and Midwifery left the meeting]. The Independent Member who had raised the question indicated she felt very strongly about the matter and that she intended to follow it up with the Health Board Chair in terms of whether an extra-ordinary Board meeting could be convened if required. Other members were supportive of the wearing of face coverings and felt that inconsistencies with other parts of the UK were not helpful. The Chair felt it was important to acknowledge that the report was written before the implementation of additional controls, and that a review had subsequently been requested on the health acquired Covid-19 cases. The Executive Director of Workforce and OD wished to clarify that up until now all staff had been required to wear appropriate PPE in appropriate settings, whereas now this could be mandated on a risk basis.

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QS20/132.4 A member highlighted reference within the paper to the use of disciplinary measures regarding non-adherence to infection prevention control practises and would have preferred to have seen a softer approach of educating and reminding first. The Assistant Director of Nursing – Infection Prevention clarified that disciplinary measures would only be taken after other approaches had been utilised. In response to a further question around the recruitment of domestic cleaning staff she reported she had received assurances from Estates colleagues that vacancies were falling. The Executive Director of Workforce and OD added that there had been an additional 200+ staff recruited to the bank and there was a need to ensure they were usefully deployed.

QS20/132.5 The Chair referred to the post infection review process for health acquired infections and felt it should be noted that it had subsequently been identified that not all of the cases were health acquired. An error was also noted on page 3 of the report in that the narrative regarding patient cohorts and behaviours should read one false negative and not one false positive. The Chair noted ongoing issues within Ward 19 at Ysbyty Glan Clwyd (YGC) which appeared to be largely related to estates. She was concerned that patients were being put at risk and enquired as to what was being done and within what timescale. The Assistant Director of Nursing – Infection Prevention was aware that patients were due to be moved to another ward but this had been delayed due to other Covid-19 management work. She undertook to follow this up as a matter of urgency with the hospital management team and estates colleagues and would report back to the Committee Chair.

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QS20/132.6 The Chair noted that the governance section within the paper made reference to an internal audit report on decontamination. She asked how the recommendations of this limited assurance report around governance and escalation had been addressed. The Assistant Director of Nursing – Infection Prevention confirmed that the terms of reference for the local infection prevention groups had been refreshed to ensure decontamination was a standing item. The Chair expressed concern that previously the local groups had not been escalating relevant issues.

QS20/132.7 The Chair reflected that there had been several sections within the paper that members had had to seek clarity on, inaccuracies had been noted and some parts of the

<p>report were written as incomplete sentences. She reminded the Assistant Director of Nursing – Infection Prevention that this report was in the public domain and needed to be written with this in mind. She asked that these comments be taken into account for future reports.</p> <p>QS20/132.8 It was resolved that the Committee approve and take assurance from the Infection Prevention report.</p> <p>[Amanda Miskell left the meeting]</p>	
<p>QS20/133 Health and Safety Briefing</p> <p>QS20/133.1 The Executive Director of Workforce and OD presented the briefing paper and provided an update on some key areas. She confirmed that as at 29th July 2020, 6698 staff had been tested for Covid-19 with 968 positive results and 477 pending. A new dashboard had been developed which would help support this work. Secondly, she reminded the Committee that for any positive result following a staff test, if there was a potential that the transmission could have been work related this was reportable through Datix. A review was then undertaken within 72 hours and a decision made as to whether the criteria had been met for a reportable incident under Health and Safety Executive (HSE) legislation. Scrutiny of RIDDOR reporting data by area had identified low numbers in the East and following a validation exercise this had increased from 47 to 133. She gave assurance that the focus was not purely on the Wrexham Maelor site and that close observation of other sites and clusters was being maintained. The Executive Director of Workforce and OD went on to explain that representations continued to be made in terms of the usefulness of the WG risk assessment process for certain cohorts of staff eg; those shielding. She noted that letters were due to be issued to line managers of staff who are shielding setting out the expectations around risk assessments and phased returns. Finally, the Executive Director of Workforce and OD made reference to health acquired infections and the recognition that this was not purely a patient issue and related to staff movements too. With regards to the number of social distancing / staying safe visits undertaken across the Health Board estate it was noted this was now at 106. In addition, it was intended to find a sustainable model to retain the staff health and well-being hubs.</p> <p>QS20/133.2 Members then raised a range of points and questions. Thanks were extended to the Health and Safety team who were currently dealing with a significant amount of work as a result of the pandemic. Support was given for pushing for the development of a fit for purpose risk assessment from WG that focused on the clinical situation of individuals. With regards to the earlier discussion on face coverings a member felt that violence and aggression incidents could increase if staff were required to ask visitors to comply. The value of the staff health and well-being hubs was acknowledged and it was felt they would be even more important for shielding staff who were returning to work. The Chair sought clarification as to how the risk assessment would address additional protections for those individuals whose shielding circumstances are less than straightforward. The Executive Director of Workforce and OD confirmed that</p>	

<p>some specific risk assessments had been established at the outset to cover these scenarios.</p> <p>QS20/133.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the work undertaken to date, the impact that the COVID-19 response has had on progression of the Improvement Plan actions and plans to reintroduce “business as usual” alongside continued focus on COVID-19 safe systems. 2. Note the requirement for investment to bring Health and Safety standards up to the basic level required to mitigate the risks identified through the Gap analysis. 	
<p>QS20/134 Serious Incident Report : April and May 2020</p> <p>QS20/134.1 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience presented the report which provided the Committee with information and analysis on serious incidents and Never Events occurring during April and May although it was noted that 14 months of trend data had been included to allow for period on period comparison in the last year. He drew attention to the charts within section 3 which provided overall numbers of serious incidents and those with major or catastrophic outcomes. In terms of themes, patient falls continued to be the most frequent. A revised timeframe for a comprehensive review of the serious incident process was now being put in place for the early autumn. Finally, the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience made reference to section 4 of the paper which detailed specific serious incidents.</p> <p>QS20/134.2 Members then raised a range of points and questions. A member asked when Committee members would see the outcome of the investigation into the Never Event in urology, YGC. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience did not have a timeframe for the report as a second expert had only just been sourced, however, members would be able to review the documentation when available. Reference to learning was made and that an adverse outcome might not necessarily be clinical, for example it could relate to a loss of confidence in health services. It was acknowledged that outcomes may relate to long term harm, clinical or non-clinical. A member noted that “proactively ensuring family contact was made and maintained” had been stated as a learning outcome and she felt that this should already be normal practice. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience indicated that there had been an unacceptable set of events in this particular case but did feel that family contact was maintained in the majority of cases. The Chair suggested that the offices of the Medical and Nursing Directors had a role to play in terms of driving reminders around professional duty of candour. Finally, the Executive Director of Workforce and OD confirmed that since the production of this paper there had been a further staff death from Covid-19 which had been reportable to the HSE.</p> <p>QS20/134.3 It was resolved that the Committee</p> <ol style="list-style-type: none"> 1. Note the report 2. Note the changes of Welsh Government serious incidents reporting requirements 3. Note the implementation of the Make it Safe process 	

<p>QS20/135 Draft Annual Quality Statement (AQS) 2019/20</p> <p>QS20/135.1 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience confirmed that this first draft was being provided for the Committee to provide input and feedback, and that the final AQS would be submitted to the August Committee meeting. It was noted that a statement from the Committee Chair was required, and all members would provide any comments directly to the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience.</p> <p>QS20/135.2 It was resolved that the Committee note the draft AQS and the appendices</p>	<p>LR All</p>
<p>QS20/136 Mortality review update</p> <p>QS20/136.1 The Senior Associate Medical Director/Improvement Cymru Clinical Lead presented the paper, apologising that due to significant redeployment within the Office of the Medical Director during the pandemic, it had not been possible to deliver the report that the Committee had requested. She hoped that the paper which had been provided did provide some reassurance around outcomes and that overall mortality rates had not significantly worsened during the pandemic. It was reported that a recent workshop had incorporated a discussion with the medical examiner for Wales around how to move the agenda forward to develop the learning. A similar meeting had been planned for primary care but unfortunately had been cancelled. Other interim work included a rollout of Datix reporting and some specific pieces of work around the Wrexham area.</p> <p>QS20/136.2 Members then raised a range of points and questions. A query was raised around the statement that mental health and learning disabilities (MHLDS) would be included in work to explore the ONS data. The Senior Associate Medical Director/Improvement Cymru Clinical Lead confirmed that the pandemic situation had enabled access to valuable ONS data regarding community services which had yet to be explored. In response to a question around the triggers for stage 2 reviews, the Senior Associate Medical Director/Improvement Cymru Clinical Lead confirmed these related to outstanding reviews which was a deteriorating situation due to Covid-19 and reflected that deaths can be included in more than one trigger group on stage 1 review as these groups were not mutually exclusive. A key issue was that there was not a consistent process in specialties for capturing and sharing learning.</p> <p>QS20/136.3 The Chair stated that she again found the mortality report to be lacking in clarity in its content and included incomplete sentences and paragraphs that did not make sense. This was not acceptable for reports to the Committee, particularly as it was also within the public domain. She was also concerned that the report did not tell the Committee what it needed to know, did not provide assurances around what actually was happening in terms of mortality reviews, where the gaps were and what was being done to address them. She was disappointed that this had not been addressed as there had been a meeting held in early January 2020 to agree the way forward in terms of mortality reporting to the Committee, which was before the pandemic. She stated her clear</p>	

<p>expectation that this be addressed by the next Committee meeting. She also suggested that the reporting format for statistical process charts used by the patient experience team were a good example of how data could be helpfully presented.</p> <p>QS20/136.4 The Chair referred to the recommendation within the paper and proposed it could not be accepted given the discussion. It was therefore resolved that the Committee note the paper.</p>	DF MM
<p>QS20/137 North Wales Vascular Review update</p> <p>QS20/137.1 The Executive Medical Director presented the paper. He indicated that the first two meetings of the Task and Finish Group had concentrated on clarifying the group's role and developing the action/improvement plan for which the timescales were now going to need a refresh. He was pleased to report a positive level of engagement and feedback within the group and that there was a good relationship with the CHC. A key focus for the group now was to develop and agree the engagement plan and develop work around the diabetic pathway. In addition, he undertook to share a copy of the draft terms of reference for the Royal College of Surgeons' external review, once agreed with the CHC.</p> <p>QS20/137.2 Members then raised a range of points and questions. The Healthcare Professionals Forum Chair was able to report that the level of engagement with stakeholders had to date been excellent. In general, members felt that the paper did not provide them with up to date progress as it appeared not to have been substantially updated since them seeing an earlier version. In particular they requested that the action/improvement plan is refreshed for the next submission to the Committee in August. The Executive Medical Director noted that the action/improvement plan would be fast moving and become updated quickly however he accepted that it needed a review in terms of deadline dates and progress.</p> <p>QS20/137.3 With regards to the terms of reference for the Task and Finish Group the Chair raised a number of points that needed to be addressed and asked that appropriate version control also be used. The Executive Medical Director agreed to address the following:</p> <ul style="list-style-type: none"> • To make explicit that the group would look at compliance with any national standards • To amend reference to the Chair of the Clinical Effectiveness Committee as this did not exist • To clarify the statement against "admin support" • To clarify the statement against "authority" • To reflect that the QSE Committee did not meet on a monthly basis • Review the core membership to ensure that it does not become too unwieldy. <p>QS20/137.4 It was resolved that the Committee</p> <ol style="list-style-type: none"> 1. note the progress made by the Vascular Task and Finish Group 2. approve the draft terms of reference for the Group 	<p>DF</p> <p>DF</p> <p>DF</p>

QS20/141 Essential Services during Covid-19

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

QS20/141.1 The Director of Performance presented the paper which provided an update on the delivery of essential services during the Covid-19 pandemic. She highlighted that essential services were not the same as core services, but were those that needed to continue throughout the pandemic and if they didn't there would be a risk of harm, either life threatening or life changing. This was based on World Health Organisation (WHO) definitions published in March 2020 and further guidance had been received from Welsh Government (WG) in May 2020 by which time the organisation had undertaken a service status review. The Director of Performance confirmed that the report was based on a further commissioned review in June 2020 and that reviews would continue. She stated that as the Covid-19 environment continued the challenges to essential services would become greater and more capacity would be needed. There were also challenges in maintaining the enablers to the essential services such as diagnostics, phlebotomy and screening.

QS20/141.2 Members then raised a range of points and questions. In response to a concern raised about cardiac care, the Director of Performance confirmed that cardiac essential services had expanded greatly within the new framework and she assured members that primary percutaneous coronary intervention (PPCI) had been maintained throughout the pandemic and that services had continued to be received from the Liverpool Heart and Chest hospital. She noted there had been challenges around maintaining the second cath lab and cardiac CT scanning, however, the Central Area Team have actively moved to re-establish the second cath lab to tackle this backlog. In addition, radiology were actively engaged in prioritising their limited capacity for cardiac angiography.

QS20/141.3 A concern was raised about the 5 week wait for phlebotomy appointments and the Director of Performance acknowledged that the status of this service had remained as a largely due to challenges within the workforce. She reported that the service had been recruiting and there was a move to enable the service to use the temporary hospitals to increase capacity. In response to a point raised around challenges due to social distancing requirements the Director of Performance confirmed that the statement within the paper was not meant to imply that staff were not complying. The Executive Director of Therapies and Health Sciences explained that the added requirements of social distancing and infection prevention, including donning and doffing of PPE and cleaning down of rooms, will have a significant impact on capacity across a range of departments. The Executive Director of Workforce and OD reminded the Committee that bloods could be taken by individuals other than phlebotomists and it was important to recognise the skill not the job.

QS20/141.4 It was resolved that the Committee:

1. Note the content of the report
2. Recognise that the Health Board had taken steps to understand its ability to comply

<p>with essential services and in doing so had identified areas of particular challenge that need to be addressed as priority areas in the Q2 operational plan</p> <p>3. Note the need to continue to monitor, escalating as appropriate, compliance with revised Essential Services guidelines in order to mitigate the risk of harm</p>	
<p>QS20/142 Quarter One Plan monitoring report (Q1PMR) <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>QS20/142.1 The Director of Performance presented the report. The Chair indicated she did not find the report particularly informative as it was very task orientated with a lack of clear milestones, detail of progress or outcomes. In addition, there was no narrative to provide context to those tasks that have not been completed. She indicated she had made similar comments at the recent Health Board meeting and was of the view that the report in its current format was limited use in terms of assurance. The Director of Performance accepted these points and referred to a related discussion at the Finance and Performance (F&P) Committee where it was suggested that future assurance would be by exception rather than a standard narrative for each one, but equally requiring the actions to be more specific and measurable.</p> <p>QS20/142.2 It was resolved that the Committee to note the report</p>	
<p>QS20/143 Quality and Performance Report <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>QS20/143.1 The Director of Performance presented the report noting it was the first time that the Committee had received the report in the revised format. She observed that performance monitoring had been stood down on a national basis and therefore the report for May 2020 was for management information purposes only. Secondly, she stated that it reflected the structure of the national delivery framework published in April 2020 by WG and which was aligned to 'A Healthier Wales Quadruple Aims'. Locally there had been sections added on Covid-19 and on essential services.</p> <p>QS20/143.2 Members then raised a range of points and questions. Continued concerns were noted around Child Adolescent Mental Health Services (CAMHS) performance however the member raising the point had discussed these concerns directly with the leads of the service. In general, the format of the report was welcomed, together with the useful appendix detailing the full list of measures, although some graphs were very difficult to read, for example the infection prevention graph. The Director of Performance explained the challenge of working with a nationally agreed format but the team would endeavour to improve the readability. In response to a point around the resetting of services, the Director of Performance set out the importance of undertaking a risk stratification of waiting lists to ensure patients were managed on a risk basis rather than just a length of wait basis. This had been done on all acute sites for in-patient and day case waiting lists against a principle of pan-BCU capacity being utilised for those at</p>	

<p>greatest risk. She assured the Committee that appropriate checks were part of the process to ensure safety before any service recommenced.</p> <p>QS20/143.3 It was resolved that the Committee note the report.</p> <p><i>[Jill Newman left the meeting]</i></p>	
<p>QS20/138 Nursing Workforce</p> <p>QS20/138.1 The Chair indicated that the paper had been agendered for the 3rd July 2020 meeting but was deferred although a range of related issues had been picked up as part of the annual nurse staffing report.</p> <p>QS20/138.2 It was resolved that the Committee acknowledge the report and assurance regards the escalation triggers and receive further reports should the need arise to vary Nurse Staffing levels from those previously reported</p>	
<p>QS20/139 Corporate risk register</p> <p>QS20/139.1 The Chair indicted that it had been agreed with the other Committee Chairs and the Board Secretary that the Committee owned risks would not be reviewed whilst the corporate risk register was undergoing a review. In the interim she advised that the Committee would still be sighted on any new risks or any significant changes to existing risks. Members were content with this arrangement. The Chair noted that the Committee was being asked to agree to closing actions attached to the risks. Members agreed that this was an operational issue and whilst the Committee should be aware of the progress of actions, it was not within its authority to approve closure of such actions.</p> <p>QS20/139.2 In terms of the risk register report it was resolved that the Committee noted the report and approve the request to extend the target risk dates for the Health and Safety risks, CRR20, CRR21, CRR23, CRR24, CRR25 and CRR26.</p>	
<p>QS20/140 Management of Waiting Lists</p> <p>Deferred until the August meeting as there was no representation to present the report.</p>	
<p>QS20/144 Summary of business considered in private session</p> <p>QS20/144.1 It was resolved that the Committee note the report</p> <p><i>[David Fearnley left the meeting]</i></p>	
<p>QS20/145 Documents circulated to members between meetings</p> <p>1.7.20 QSG escalation report</p>	

<p>QS20/146 Issues of significance to inform the Chair's assurance report</p> <p>To be determined with the Chair</p>	
<p>QS20/147 Date of next meeting</p> <p>28th August 2020</p>	
<p>QS20/148 Exclusion of the Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	
<p>The Committee then met in private session. Those in attendance were Lucy Reid, Adrian Thomas, Cheryl Carlisle, Gareth Evans, Jackie Hughes, Matt Joyes, Sue Green and Kate Dunn. The only business discussed was:</p> <p>QS20/149 To approve the minutes of the meeting held in private on the 5.5.20 as an accurate record and to note the summary action log with proposals to close or defer actions.</p>	