



**Quality, Safety and Experience (QSE) Committee**  
**Minutes of the Meeting Held in public on 3.11.20 via Webex**

**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 ( <i>part meeting</i> )
Kate Clark	Secondary Care Medical Director
Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Gareth Evans	Chair of Healthcare Professional Forum ( <i>part meeting</i> )
Simon Evans-Evans	Interim Director of Governance ( <i>part meeting</i> )
Sue Green	Executive Director of Workforce and Organisational Development (OD) ( <i>part meeting</i> )
Lynne Grundy	Associate Director Research and Innovation ( <i>part meeting</i> )
Dave Harries	Head of Internal Audit ( <i>part meeting</i> )
Debra Hickman	Acting Executive Director of Nursing and Midwifery
Ffion Johnstone	Area Director West ( <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 ( <i>part meeting</i> )
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead
Teresa Owen	Executive Director of Public Health and Acting Deputy Chief Executive ( <i>part meeting</i> )
Mike Smith	Interim Director of Nursing Mental Health and Learning Disabilities ( <i>part meeting</i> )
Chris Stockport	Executive Director of Primary and Community Services ( <i>part meeting</i> )
Adrian Thomas	Executive Director of Therapies and Health Sciences
Iain Wilkie	Interim Director of Mental Health and Learning Disabilities ( <i>part meeting</i> )
Mark Wilkinson	Executive Director of Planning and Performance ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<p><b>QS20/186 Chair's Opening Remarks</b></p> <p><b>QS20/186.1</b> The Chair apologised for the late start to the meeting and extended a warm welcome to Jackie Allen and Iain Wilkie at their first QSE Committee meeting. She noted the intention to make full use of the consent section on the agenda and confirmed that members had shared comments with Executives in advance of the meeting. The Prison Health paper would be moved from the consent section to the discussion section.</p>	

<p><b>QS20/187 Declarations of Interest</b></p> <p><b>QS20/187</b> Gareth Evans and Adrian Thomas declared an interest in item QS20/205 with regards to their substantive roles relating to speech and language therapy services.</p>	
<p><b>QS20/188 Apologies for Absence</b></p> <p>QS20/188.1 Recorded for Arpan Guha and noted that Kate Clark was deputising. A number of officers indicated they would need to leave the meeting for other commitments at some point.</p>	
<p><b>QS20/189 Minutes of Previous Meeting Held in Public on 28th August 2020 for Accuracy, Matters Arising and Review of Summary Action Log</b></p> <p><b>QS20/189.1</b> The minutes were approved as an accurate record pending the following amendment: QS20/153.5 to read “planned care group” not “primary care group”.</p> <p><b>QS20/189.2</b> Updates were provided to the summary action log.</p> <p><b>QS20/189.3</b> A range of members’ briefing notes were noted as having been circulated with specific actions agreed as follows:</p> <ul style="list-style-type: none"> <li>• The Acting Executive Director of Nursing and Midwifery would follow up and provide detail of training plan trajectories in relation to the Deprivation of Liberty Safeguards briefing note.</li> <li>• The Senior Associate Medical Director/Improvement Cymru Clinical Lead would follow up on the points raised around the level of confidence in the actions set out in the thrombosis briefing note.</li> </ul>	<p>DH</p> <p>MM</p>
<p><b>QS20/190 Patient Story</b></p> <p><b>QS20/190.1</b> The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience presented the patient story which related to an experience of planned care surgery in the West. The messages and learning around communication had been shared with immediate and wider teams, eg; theatre staff.</p> <p><b>QS20/190.2</b> A discussion ensued. A member sought assurance that staff were given enough opportunity to explain why things had happened in a certain way. Other members were keen to see a more rounded view within patient stories but it was accepted that by their nature they reflected patients’ own words and experiences. Pertinent to this particular patient story, a member indicated she would wish to see an improvement in the quality of written information that is provided to patients following surgical procedures and more time awarded to communicating advice to them. Another member enquired whether pre-operative assessments were currently being undertaken and it was confirmed these were taking place virtually with a risk assessment approach to identify those patients that would need to be seen for a full assessment.</p>	

<p><b>QS20/191 Quarter 2 Plan Monitoring Report</b></p> <p><b>QS20/191.1</b> A member felt that performance regarding Stroke and Neurodevelopment of children were areas of real concern. The Executive Director of Planning and Performance confirmed that stroke was a priority area and the aim was to finalise a refreshed business case before the end of January 2021 following concerns raised by the Finance and Performance (F&amp;P) Committee on financial aspects previously. He confirmed that he was in communication with the North Wales Community Health Council (CHC) around their concerns also. It was suggested that the Strategy, Partnerships and Population Health (SPPH) Committee consider stroke services at their next meeting.</p> <p><b>QS20/191.2</b> It was resolved that the Quality, Safety &amp; Experience Committee note the report.</p>	
<p><b>QS20/192 Quality &amp; Performance Report</b></p> <p><b>QS20/192.1</b> The Executive Director of Planning and Performance welcomed the queries that had been raised by members prior to the meeting which had been responded to, and he accepted there remained issues with the quality of this report.</p> <p><b>QS20/192.2</b> A discussion ensued. A member referred to the impact of Covid-19 on unscheduled care including a deterioration in ambulance handover times and enquired if there were particular hotspots. It was confirmed that Ysbyty Glan Clwyd (YGC) was a significant outlier and the Executive Team were sighted on improvement actions being put in place by the Managing Director. Another member noted that page 8 of the report indicated that there were less than 20% of children and young people waiting less than 26 weeks for neurodevelopment assessment, however, page 14 said that 80.5% of CAMHS (Child Adolescent Mental Health) assessments were undertaken within 28 days which appeared contradictory. The Executive Director of Planning and Performance undertook to check these figures and respond outside of the meeting. Another member commented that the formatting of data on pages 12 and 13 made it difficult to read; this would be reviewed for future reports. The Committee Chair asked about the numbers of delayed transfers of care for mental health referenced on page 4 did not match the data reported on page 14. The Chair also referred to the narrative for the reasons for some of the delayed transfers as it implied that the delays were due to funding decisions being awaited as it referenced continuing healthcare whereas. The Executive Director of Planning and Performance confirmed the current situation was an improving position in terms of performance and that there was recent intelligence to support this which had not been included in the report. In terms of the reason for the delays he confirmed these were not purely down to funding issues but primarily related to the need to ensure the most appropriate commissioning arrangement could be put in place. The Interim Director of Nursing added that there were often issues of complexity around a safe transfer and safe assessment of need and the overall availability of placements.</p> <p><b>QS20/192.2</b> The Committee Chair was conscious that very often the narrative of the QPR suggested to members there was an issue or concern, when in fact the discussion at the meeting assured them this was not the case. She noted this had been raised previously by the Committee and also the issue of there being inconsistencies in data reported in different</p>	<p>MW</p> <p>MW</p>

<p>papers. The Executive Director of Planning and Performance accepted the comments and hoped that recent personnel changes would go some way to improving matters.</p> <p><b>QS20/192.3 It was resolved that</b> the Quality, Safety &amp; Experience Committee having scrutinised the report, noted the information provided.</p>	
<p><b>QS20/193 Essential Services and Restart Update</b>  <i>[Mr A Kent joined the meeting]</i></p> <p><b>QS20/193.1</b> A member noted that page 5 of the report indicated that a range of improvement initiatives were being rapidly explored and she requested that members receive a short update against each of them outside of the meeting. The CHC Chair raised a point regarding communication with patients and that the CHC were aware of examples where patients were receiving multiple letters about the same appointment and conflicting information. The Committee Chair added that she had a related concern around communication with referrers. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience indicated he had commenced discussions with the Interim Head of Planned Care as to how improvements could be made whilst acknowledging the challenges such as different patient administration systems. One member made reference to the potential use of Waiting List Initiatives (WLIs) and highlighted that this would invariably impact upon staff resilience and wellbeing. The Interim Head of Planned Care agreed that WLIs were not sustainable on a long-term basis and did not engender resilience for patients or staff, and assured the Committee that any such initiative would need to be undertaken whilst observing the need of supporting staff under additional pressure. He added that in terms of a timeline for the longest waiters it was hoped plans would be operative before Christmas, pending their progress through governance processes. In response to a question regarding diagnostics, the Interim Head of Planned Care confirmed that the additional CT scanner was now operational and that the business case for a mobile MRI scanner was proceeding through the Executive approval process. The Executive Director of Therapies and Health Science added that a paper on the development of a Diagnostic and Treatment Centre had been considered by the F&amp;P Committee recently.</p> <p><b>QS20/193.2 It was resolved that</b> the Committee note the content of the paper and the progress being made.</p> <p><i>[Mr Mark Wilkinson left the meeting]</i></p>	KC AK
<p><b>QS20/194 Infection Prevention (IP) Report Quarter 2 (July - September 2020/21)</b></p> <p><b>QS20/194.1</b> A member indicated that upon reading the paper she came away with the view that the Infection Prevention and Control (IPC) team were over-stretched and under-resourced. She also noted that the recommendation within the paper was for the Board to take assurance from the report, however, she felt the paper identified a number of areas of concern. The Acting Executive Director of Nursing and Midwifery agreed that IPC colleagues were fatigued and under pressure, and this was being seen across the UK due to the pandemic. She reported that since writing the paper a business case to increase resource and capacity within the team had received support at Executive Team level, although she anticipated there could be recruitment issues. A member referred to the</p>	

<p>statement in the paper that all patients would have access to hand wipes at mealtimes, and enquired around the practicalities of this in terms of frail patients. The Acting Executive Director of Nursing and Midwifery confirmed that additional support is provided to vulnerable patients through this process which was also encouraged outside of meal times. A member wished to acknowledge previous achievements in IPC and ward accreditation and enquired whether this progress had been lost. It was confirmed that not all aspects had ceased during the pandemic and many areas were now reinitiating activities up to a pre-covid level.</p> <p><b>QS20/194.2 It was resolved that</b> the Committee receive the Infection Prevention report.</p>	
<p><b>QS20/195 Hospital Acquired Infection</b> <i>[Lynne Grundy joined the meeting]</i></p> <p><b>QS20/195.1</b> The Committee had been provided with two papers – a Covid-19 review of hospital acquired infections and a report from the Covid-19 Delivery Group. A member enquired whether the outbreak had been retrospectively reported to the Health and Safety Executive (HSE) and within Datix. In terms of the next steps and actions, the Acting Executive Director of Nursing &amp; Midwifery confirmed that the recommendations from the Covid Delivery Group would be developed into an action plan. The Acting Executive Director of Nursing and Midwifery added that learning from both the Wrexham and YGC outbreaks would be reflected in the workstreams of the Covid-19 Delivery Group which would all have an Executive sponsor and detailed supporting workplans. She explained that the Delivery Group would be time limited and there would be agreed mechanisms for sustainability of improvement once it was stood down. The importance of being able to ‘read across’ the range of reports was highlighted. The Committee Chair welcomed the review and the reports, and felt that although the findings were not unexpected it had been a positive exercise which provided staff with an opportunity to raise any concerns.</p> <p><b>QS20/195.2 It was resolved that</b> the Committee receive and note the reports.</p> <p><i>[Lynne Grundy left the meeting]</i></p>	
<p><b>QS20/196 Patient Safety Q2 Report</b></p> <p><b>QS20/196.1</b> The Committee Chair indicated that some questions had been provided in advance and had been responded to. She felt that the format and tone of the paper was of good quality, with context and background well explained. She welcomed the level of analysis within the paper and would wish to see this applied to other reports. She did however feel there was still a need to improve the narrative around never events and to evidence the ‘golden thread’ of learning and improvement. In addition she would wish to see investigations being completed in a more timely fashion.</p> <p><b>QS20/196.2</b> The Committee Chair referred to the wrong site surgery never event which was reported as having caused major harm, and enquired as to the outcome. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience confirmed that whilst this harm category was accurate at the time the report was written, following the completion of the investigation it was likely to be downgraded as</p>	

there was no severe long term harm. He added that the key learning from that particular never event was around surgical safety procedures and that the delivery of this work would also assist in being able to declare compliance with a long-standing open action PSN34.

**QS20/196.3** The Committee Chair noted that the QPR stated there was only 1 PSN outstanding however the patient safety report indicated there were 5. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety confirmed that the patient safety report was accurate and there were ongoing conversations with the Executive Director of Planning and Performance and his team regarding the sign off and accuracy of data.

**QS20/196.4** The Committee Chair raised a concern around the robustness of the action plan which had been provided at Appendix 3 and reiterated her wish to see more evidence of a 'golden thread' of learning. She also felt that, particularly where harm had occurred, the actions should be more robust and objective rather than relating to discussions, meetings and reminding clinicians of processes. A member referred to the red status action around vascular services and was disappointed to see that confirmation was still awaited from two of the three acute sites. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety indicated that this matter was being addressed on a site basis rather than via the corporate team, however, the member stated she would have expected the outstanding matter could have been resolved with a telephone call before the paper was published. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety acknowledged that the process of actions sitting at a site level were not always the best approach. In terms of the specific point around vascular services not being onsite, the Secondary Care Director assured the Committee that each site did have vascular presence in-hours and there were clear instructions as to how the surgeons could be contacted out of hours, however, there was a continued perception that the whole service had been centralised. The Committee Chair was concerned that this would not be apparent to anyone reading the paper without the benefit of hearing the assurances given at the meeting. The Executive Director of Public Health / Acting Deputy Chief Executive undertook to take this discussion to the Executive Team and to provide an update before the next meeting.

**QS20/196.5** A member referred to the section on inquests within the paper. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety confirmed that all inquests were dealt with within the corporate team apart from mental health related ones. The Interim Director of Nursing for Mental Health and Learning Disabilities added that the Division was considering more integration with the corporate process.

**QS20/196.56 It was resolved that** the Committee

1. Note and receive the report.
2. Note the focus on improving learning, reducing incidents resulting in avoidable harm and the evolving improvement of assurance in this area recognising significant work remains.

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<p><b>QS20/197 Serious Incident Report August to September 2020</b></p> <p><b>QS20/197.1 It was resolved that</b> the Committee receive the report.</p>	
<p><b>QS20/198 Patient &amp; Carer Experience Report – Q2 2020/21</b></p> <p><b>QS20/198.1</b> A member referred to a recent discussion at the SPPH Committee around children’s rights and enquired about how children who were carers were being supported and their role recognised. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety confirmed that this responsibility had recently moved back to the corporate patient experience team and the handover was still being worked through. He accepted that some momentum in this regard had been lost. He also indicated there were challenges in reporting progress at an organisational level. The Executive Director of Primary and Community Services suggested his team could link in with the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety to identify opportunities to reflect this area of work in future reports.</p> <p><b>QS20/198.2</b> A member made reference to the implementation of patient and carer champions and it was confirmed that this would relate to existing staff with recruitment having commenced. A training programme was in place with an ambition that every clinical team and ward would have a champion. The board member asked a further question around a previous focus group for carers and the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety acknowledged that this and other local forums were no longer meeting, however, he was aware that carers would appreciate more opportunities to meet and share experiences and the corporate team would work to identify alternative mechanisms for this to happen.</p> <p><b>QS20/198.3 It was resolved that</b> the Committee receive the report.</p>	<p>CS</p> <p>MJ</p>
<p><b>QS20/211 Prison Health Update - HMP Berwyn Annual Report</b>  <i>[Agenda item taken out of order at Chair’s discretion]</i></p> <p><b>QS20/211.1</b> A member expressed concern at the length of waiting times for GP and dental appointments. She noted that these would not be acceptable in a community setting and should not be in a prison setting. She also found the reported figures for missed appointments to be of concern. The Executive Director of Primary and Community Services clarified that the reported waiting time of 5 weeks for a routine face to face appointment with a GP did not take into account that there were same day triaged appointments which would allow the men to be seen by a doctor on the same day where required. In terms of dentistry he reported there had been a long-standing issue regarding the fitness of purpose of the dental suite within the prison which had led to long waits prior to the pandemic. Covid-19 restrictions on aerosol generating dental procedures had subsequently exacerbated the situation further and there was an additional challenge as a ventilation unit had failed an inspection. This was now being resolved by the prison service with a contingency plan being developed if the unit could not be replaced. He undertook to let members have a timeframe for this being resolved. In terms of missed appointments the Executive Director of Primary and Community Services noted this has been reported</p>	<p>CS</p>

previously and a key issue relating to logistics of providing prison escorts was being taken forward by the prison. He also reminded members that prisoners could also execute their individual choice of not attending an appointment.

**QS20/21.2 It was resolved that** the Committee receive the report for information, noting the ongoing particular areas for attention in the following areas:

1. High level of planned appointments not attended which was highlighted by the Independent Monitoring Board (IMB) report in their annual report which was published in September 2020 – Page 5
2. Increasing waiting list / access to routine dental services at HMP Berwyn – Page 6
3. Upcoming Her Majesty's Inspectorate of Prisons (HMIP) Scrutiny Visit planned for November 2020 – Page 9
4. HMP Berwyn Risk Register – Page 13
5. The Health & Wellbeing Service COVID delivery plan, staged approach in line with Her Majesty's Prison & Probation Service (HMPPS) model – Page 14

**QS20/205 Update report on the investigation of concerns regarding Speech and Language Therapy services in the West Area**

*[Ffion Johnstone joined the meeting]*

**QS20/205.1** The Committee Chair stated that whilst she had seen the redacted report referred to within the papers, other members had not. A member asked whether it was known if actual harm had been caused to staff or patients and she also enquired whether the Royal College of Therapists had been involved and if staff had been offered support from Trade Unions. The Executive Director of Therapies and Health Sciences confirmed there was no evidence of any clinical harm. The Director of Therapy Services / Chair of Healthcare Professionals Forum referred to evidence from stress surveys and sickness data which provided a good insight into how staff were feeling, and that there had been a strong health and well-being element throughout, supported by Workforce colleagues. Listening Leads and Staffside colleagues had made every effort to engage with teams and he felt that generally staff were committed to taking improvements forward. The Executive Director of Therapies and Health Sciences confirmed that at the outset it had been recognised there were some team issues and help had been sought from Workforce colleagues to work through these at an early stage. In terms of the Royal College, the Director of Therapy Services / Chair of Healthcare Professionals Forum confirmed that this matter remained an internal process and although the College assisted in identifying the Independent Clinical Adviser they were not directly involved in the process. They did not act directly as a Trade Union body.

**QS20/205.2** The Area Director West added that as part of the action plan the Head of Speech and Language Therapy in the West was linking with service users and patient advocacy groups to get their views. She assured members that evidence was embedded to demonstrate improvement against an action before it was closed down.

**QS20/205.3** In response to a question regarding the Organisational Change Policy process the Director of Therapy Services / Chair of Healthcare Professionals Forum confirmed that since writing the report all outstanding historical elements had been completed.



**QS20/205.4** A member stated that as an individual without background knowledge of this matter she found it difficult to appreciate what the original core issue was, and the rationale for redacting certain detail. She also would have liked to have seen more narrative to support the closure of an action plan together with evidence of the outputs from the organisational development (OD) work. The Executive Director of Workforce and OD confirmed that any repercussions from redacted statements had been addressed within the team and reminded members of the balance to be struck in terms of maintaining anonymity when staff had provided information in confidence. In response to a question regarding the management of the investigation it was confirmed the commissioning officer was Mr Gareth Evans on a regional basis and that the Investigating Officer had been externally appointed. Learning and actions had been shared and benchmarked across West, Central and East areas. The Committee Chair welcomed the statement regarding learning but she felt the delay from when the concerns were first raised to the current date was unacceptable and must not be repeated. She also questioned the appropriateness of including detail of awards that had been achieved within this paper as she felt that this was not in itself evidence of progress against the concerns. She was aware that there was a meeting later that week where she could raise further detailed points on the action plan. The Committee Chair acknowledged that the plans to centralise all investigations into the corporate team was a positive move that should ensure that concerns raised by staff are investigated independently, thoroughly and on a more timely basis. She was also aware there had been a substantial review of the raising concerns processes more widely and felt that from an assurance perspective the organisation needed to respond timely and appropriately when staff raised concerns.

**QS20/205.5** It was resolved that the Committee note the internal investigation that had taken place and its findings.

*[Chris Stockport and Ffion Johnstone left the meeting]*

### **QS20/199 Clinical Audit Update**

**QS20/199.1** The Committee Chair welcomed early sight of the audit plan and felt that despite there being a number of areas still requiring improvement, significant progress had been made. A member noted that many of the audits did not have a lead clinician identified, and it was reported that some of these would be picked up by newly appointed clinicians – for example respiratory related ones. A member enquired how reliant the audits were on the availability of finances. The Senior Associate Medical Director/Improvement Cymru Clinical Lead responded that a business case was being developed to set out what resources would be needed and which of the audits would need to be delivered within existing resources. In terms of deliverability within the timescales she advised this was very much Covid-19 dependent. The Committee Chair suggested that some objectives could be strengthened as to the purpose of the audit, and she would still like to see a higher prominence of primary care. She also referred to discussions at the Mental Health Act Committee on how audits should feed into that Committee. The Senior Associate Medical Director/Improvement Cymru Clinical Lead noted that an improved cycle needed to be developed and suggested that the mental health audits be picked up in a planned refresh in December/January.

<p><b>QS20/199.2 It was resolved that</b> the Committee adopt the interim clinical audit plan 2020/21 as the approved plan.</p>	
<p><b>QS20/200 Mortality Review Q2</b></p> <p><b>QS20/200.1</b> The Senior Associate Medical Director/Improvement Cymru Clinical Lead indicated that the format of the report remained a work in progress as not all data was online yet. The report did contain elements of surveillance data and provided a position statement in terms of the crude death rate which alongside the use of CHKS data could identify any outliers. In-patient deaths were reported for acute and community sites and there were plans to do the same for primary care. It was also reported there was speciality learning across sites and that the situation with clinical coding was much improved. Members welcomed the refreshed format which offered an improvement and supported better triangulation.</p> <p><b>QS20/200.2 It was resolved that</b> the Committee noted the report.</p>	
<p><b>QS20/201 Vascular Services Update</b></p> <p><b>QS20/201.1</b> In response to questions from a member, the Secondary Care Medical Director anticipated that casenote reviews and interviews for the external review would commence before the end of November, therefore, any outputs would not be available until towards the end of the financial year. She reported that in terms of patient reported outcome measures (PROMS) conversations were ongoing with vascular surgeons about undertaking some research work. Finally, she responded to a question around the relationship with the CHC in that this continued to be positive and collaborative and she felt that the CHC had a more rounded understanding of the issues facing the vascular service. The Committee Chair queried why both red and green actions were categorised as “in progress”. The Secondary Care Medical Director apologised and indicated that clearer parameters needed to be adopted within action tracking.</p> <p><b>QS20/201.2 It was resolved that</b> the Committee note the progress made by the Vascular Task and Finish Group</p>	
<p><b>QS20/202 Holden Report Update</b></p> <p><b>QS20/202.1</b> The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience confirmed that matters were in hand to ensure a full report against the Holden recommendations was provided to the January meeting. He added that weekly meetings were being held to test the evidence and assurances and the report would go through an Executive review in December.</p> <p><b>QS20/202.2</b> A question was raised as to the principle of impartiality if an investigation was undertaken by an individual who worked within the associated specific service area. The Executive Director of Workforce and OD accepted the concern but was confident that people would act professionally and ensure a level of objectivity. The process should also be clarified as part of the new raising concerns procedures and would in all events need to be managed on a case by case basis.</p>	

<p><b>QS20/202.3 It was resolved that</b> the Quality, Safety and Experience Committee note the report.</p>	
<p><b>QS20/203 Mental Health &amp; Learning Disabilities (MHL) Division Exception Report</b></p> <p><b>QS20/203.1</b> The Interim Director of Nursing felt that the Division was now in an improved position in terms of capacity and was pleased to report that a number of staff had now returned to work from sick leave. He stated however there was still ground to make up which had been exacerbated by the pandemic. He felt that divisional reporting could be further improved to address the ‘golden thread’ and to align more closely with key risks. He drew members’ attention to the summary mortality review within the paper and outlined the complexities associated with benchmarking mortality data. A member enquired as to the timeframe for reviewing the pathway of admission to medical wards and the Interim Director of Nursing undertook to raise this with the Division’s Medical Director and feed back outside of the meeting.</p> <p><b>QS20/203.2 It was resolved that</b> the Committee note the content of the report</p> <p><i>[Gareth Evans and Mike Smith left the meeting]</i></p>	MS
<p><b>QS20/204 Quality Governance Review (Updated Terms of Reference of the 4 Groups reporting into QSE)</b></p> <p><b>QS20/204.1</b> The Committee Chair reminded members that the terms of reference for these operational groups were part of a wider piece of work on governance. She suggested to members that the Committee give preliminary approval so that the groups can operate, but with the caveat that they will need further alignment and review as part of subsequent work.</p> <p><b>QS20/204.2 It was resolved that</b> the Committee approve the terms of reference as presented.</p> <p><i>[Simon Evans-Evans left the meeting]</i></p>	
<p><b>QS20/206 Healthcare Inspectorate Wales (HIW) Reports</b></p> <p><b>QS20/206.1</b> The Committee Chair noted that the paper indicated there were 26 overdue actions within the MHLDS Division, and the Executive Director of Public Health undertook to speak to leaders within the Division and report back. It was noted that internal audit colleagues were to start a formal follow-up of all HIW recommendations to confirm that appropriate management action had been taken to implement the actions, and that this would be a regular annual review within the internal audit plan.</p> <p><b>QS20/206.2 It was resolved that</b> the Committee to note the following reports:</p> <ol style="list-style-type: none"> <li>1. Healthcare Inspectorate Wales Tier 1 Quality Check (Planned), of Ward 11, Ysbyty Glan Clwyd on 26 August 2020</li> <li>2. Healthcare Inspectorate Wales Tier 1 Quality Check (Planned), of Moelwyn Ward, Ysbyty Gwynedd on 28 August 2020</li> <li>3. Healthcare Inspectorate Wales Tier 1 Quality Check (Planned), of Bonney Cohort Ward,</li> </ol>	TO

<p>Wrexham Maelor on 3 September 2020 4. HIW Inspection (Unannounced), Heddfan Psychiatric Unit, Wrexham Maelor Hospital on 7 to 9 July 2020</p>	
<p><b>QS20/207 Clinical Audit Policy and Procedure (Amended)</b></p> <p><b>QS20/207.1 It was resolved that</b> the Committee approve the amendments as noted within the policy</p>	
<p><b>QS20/208 Nurse Staffing Levels (Wales): Adult Acute Medical And Surgical Inpatient wards</b></p> <p><b>QS20/208.1 It was resolved that</b> the Committee note the compliance with the prescribed requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for medical and surgical wards which meet 25B requirements and support the report.</p>	
<p><b>QS20/209 Quality Awards</b></p> <p><b>QS20/209.1</b> Committee members wished to acknowledge the examples of good practice and achievement as set out in the paper.</p> <p><b>QS20/209.2 It was resolved that</b> the Committee note the report.</p>	
<p><b>QS20/210 Health &amp; Safety Q2 Update</b></p> <p><b>QS20/210.1</b> The Committee Chair acknowledged the improvements that were demonstrated within the area of Health and Safety, particularly given the contextual challenges of the pandemic.</p> <p><b>QS20/210.2 It was resolved that</b> the Committee note the position outlined in the Quarter 2 Report and support the actions being taken to delivery against the recommendations agreed by the Strategic Occupational Health and Safety Group</p>	
<p><b>QS20/212 Patient Safety &amp; Quality Group Chair's Report from 9.10.20</b></p> <p><b>QS20/212.1</b> The Committee Chair indicated that some queries from members had been resolved outside of the meeting. She stated that personally she welcomed the 'Triple A' report format.</p> <p><b>QS20/212.2 It was resolved that</b> the report be noted.</p>	
<p><b>QS20/213 Clinical Effectiveness Group Chair's Report from 15.10.20</b></p> <p><b>QS20/213.1 It was resolved that</b> the report be noted.</p>	

<p><b>QS20/214 Audit Committee Update</b></p> <p><b>QS20/214.1 It was resolved that</b> the Committee be informed that:</p> <ol style="list-style-type: none"> <li>1. In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.</li> <li>2. The field work for this review is underway.</li> <li>3. Work to complete the Review of Unscheduled Care has been postponed and replaced with work on TTP.</li> </ol>	
<p><b>QS20/215 Issues Discussed in Previous Private Session</b></p> <p><b>QS20/215.1 It was resolved that</b> the report be noted</p>	
<p><b>QS20/216 Internal Audit Report Decontamination</b></p> <p><b>QS20/216.1</b> The Committee Chair reported that actions from the audit report were managed via the Audit Committee.</p> <p><b>QS20/216.2 It was resolved that</b> the report be noted.</p>	
<p><b>QS20/217 Documents Circulated to Members</b></p> <p><b>QS20/217.1</b> It was noted that the following documents had been circulated:</p> <ul style="list-style-type: none"> <li>27.8.20 Patient Safety Q1 Report</li> <li>27.8.20 Patient Experience Report</li> <li>30.9.20 Q2 annual plan monitoring report</li> <li>20.10.20 Quality Safety Group September notes</li> </ul>	
<p><b>QS20/218 Issues of Significance to inform the Chair's Assurance Report</b></p> <p>To be agreed</p>	
<p><b>QS20/219 Date of Next Meeting</b></p> <p>Scheduled for 5th January 2021. Conversation took place regarding whether an alternative date would work better in terms of preparation of papers and avoiding the incoming Chief Executive's first week in post.</p>	KD

**QS20/220 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 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.'