



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 03.07.20 via Webex

Present:

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

In Attendance:

Gill Harris	Deputy Chief Executive / Executive Director of Nursing and Midwifery
Michelle Denwood	Associate Director Safeguarding (part meeting)
Matthew Joyes	Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience
Claire Brennan	Head of Office, Executive Director of Nursing and Midwifery

AGENDA ITEM DISCUSSED	ACTION BY
<p>QS20/105 Chair's Opening Remarks</p> <p>QS20/105.1 The Chair welcomed everyone to the meeting. The Chair explained that a decision had been taken to postpone the QSE Committee meeting to enable the Executive Team to complete the drafting of the Quarter 2 Plan for submission to Welsh Government by the end of the day. However, in order to facilitate the approval and submission of Annual Reports to the Board, it had been agreed to hold a meeting with Independent Members to address those agenda items.</p>	
<p>QS20/106 Declarations of Interest</p> <p>QS20/106.1 Cheryl Carlisle reminded the group that she is the Safeguarding lead for Conwy Council.</p>	
<p>QS20/107 Apologies for Absence</p> <p>The full Committee meeting had been stood down therefore apologies were not relevant.</p>	
<p>QS20/108 Minutes of Previous Meeting Held in Public on the 05.05.20 for Accuracy, Matters Arising and review of Summary Action Log</p> <p>QS20/108.1 The minutes were agreed as an accurate record.</p> <p>QS20/108.2 The following discussions were noted regarding the summary action log.</p> <p>QS20/108.3 Action QS19/74.2 to remain open until the mortality report has been formally discussed at the next meeting.</p>	

<p>QS20/108.4 Action QS19/102.2 the Committee Chair advised that general discussion is required with herself, the Chair and Independent Member Lyn Meadows about where primary care reports will formally be presented going forward.</p>	GH
<p>QS20/108.5 Action QS19/102.4 – action agreed as closed</p>	
<p>QS20/108.6 Action QS19/139.1 – action agreed as closed</p>	
<p>QS20/108.7 Action QS19/165.5 – action agreed as closed</p>	
<p>QS20/108.8 Action QS19/171.3 – action to remain open will be discussed within main agenda</p>	
<p>QS20/108.9 Action QS20/7.1 – clarification to be sought from the Chair on specific requirements for the briefing note.</p>	GH
<p>QS20/108.10 Action QS20/9.1 – action agreed as closed</p>	
<p>QS20/108.11 Action QS20/9.7 – action agreed as closed. Essential services report prepared for presentation to Committee (item subsequently deferred)</p>	
<p>QS20/108.12 Action QS20/12.3 – item to remain open and further update to be provided to next meeting. Acting Associate Director of Quality Assurance / Assistant Director of Patient Experience to discuss further with Director of Performance and circulate a briefing note.</p>	MJ
<p>QS20/108.13 Action QS20/16.1 – action to remain open, item deferred due to COVID, which is now being progressed and an update will be presented to future meeting.</p>	MJ
<p>QS20/108.14 Action QS20/27.2 – action to remain open until report reviewed formally by the Committee</p>	
<p>QS20/108.15 Action QS20/82.5 – action agreed as closed.</p>	
<p>QS20/108/16 Action QS20/85.4 – action to remain open with further update a future meeting.</p>	
<p>QS20/108.17 Action QS20/85.7 – The Committee Chair confirmed that data requested for RIDDOR reports had been provided by the Interim Associate Director of Quality Assurance / Assistant Director of Patient Services, however, it was agreed that future Health & Safety Reports will include RIDDOR reporting and that this action will remain open until the report is received at the next meeting. An Independent Member reiterated ongoing concerns in relation to the number of staff testing positive for COVID. The Interim Associate Director of Quality Assurance / Assistant Director of Patient Services confirmed that discussions have been held with the Health and Safety Executive (HSE) and they were satisfied with the level of reporting being received from BCUHB, although there was a recognition to improve timeliness of reporting. The Interim Associate Director of Quality Assurance / Assistant Director of Patient Services explained that the Health and Safety team are ensuring that RIDDOR reports are submitted as required. An Independent Member advised that Trade Union health and</p>	

<p>safety representatives are encouraging managers to submit incidents on Datix. The Committee Chair requested that a Health and Safety update be presented to the next reconvened QSE Committee meeting given the level of risk and concern currently. It was agreed that this report include all HSE investigations not just COVID related reports. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Experience will discuss requirements of Health and Safety update with the Associate Director of Health, Safety and Equality. The Deputy Chief Executive / Executive Director of Nursing and Midwifery also advised that considerable amount of work has been undertaken in relation to PPE, risk assessments for BAME groups and social distancing requirements across the Health Board. An Independent Member expressed concern that they were no longer receiving data on COVID cases since the daily briefings had ceased. The Deputy Chief Executive / Executive Director of Nursing & Midwifery advised that a weekly briefing on never events and serious incidents is currently being circulated to the Executive Team and that this could also include COVID related data. The Interim Associate Director of Quality Assurance / Assistant Director of Patient Services will discuss this requirement with the Associate Director of Health, Safety and Equality. It was agreed that this briefing will also be circulated to IMs.</p> <p>QS20/108.18 Action QS20/85.8 – an environmental review of Ward 19 had been undertaken and a number of beds had been removed as a result of to improve distances between beds. Other discussions are underway with the Area Team to consider relocating stroke rehabilitation from the site and what further action needs to be taken to improve the ward environment. This action would be discussed further as part of the Infection, Prevention and Control report at the reconvened QSE Committee meeting.</p> <p>QS20/108.19 Action QS20/87.7 – action to remain open and reminder issued to the Medical Director for response to questions that have been circulated for review at next meeting.</p> <p>QS20/108.20 Action QS20/89.5 – the Committee Chair updated members about a discussion that had taken place with the Director of Performance in relation to the eye care risk stratification report received at the last meeting. There are significant numbers of patients as at the end of May at high risk of losing their eyesight who are overdue follow up appointments. Whilst the Health Board are working through the backlog, reduced capacity due to COVID-19 and patients not feeling confident to come in for their appointment are affecting the progress. It was agree to keep the action open and received a further update at the next meeting.</p> <p>QS20/108.21 Action QS20/93.5 – action to remain open until essential services report formally presented to committee.</p> <p>QS20/108.22 Action QS20/95.6 – agreed to close action.</p>	<p>MJ / PB / SG</p> <p>MJ / PB</p> <p>CB</p> <p>JN</p>
<p>QS20/109 Infection Prevention Report</p> <p>QS20/109.1 item deferred.</p>	

<p>QS20/109.2 The Chair advised that a separate meeting will be arranged with herself and the Deputy Chief Executive / Executive Director of Nursing, Secondary Care Nurse Director and Assistant Director of Nursing, Infection Prevention to discuss Infection Prevention matters.</p>	LR / GH
<p>QS20/110 Serious Incident Report</p> <p>QS20/110.1 item deferred</p>	
<p>QS20/113 Safeguarding Annual Report [This item was taken out of order at the Chair's discretion]</p> <p><i>Associate Director Safeguarding presented this item</i></p> <p>QS20/113.1 The Associate Director Safeguarding presented the annual safeguarding report, which provided an overview of the activity driven by the Corporate Safeguarding Team during 2019-20 and assurance of the ongoing development and implementation of the safeguarding agenda. Attention was drawn to the two supporting appendices which provided detailed narrative and challenge against data and the forward work plan for 2020-21.</p> <p>QS20/113.2 The Associate Director of Safeguarding provided an overview of the report, referring to a number of key developments. In particular, the findings of an internal review of safeguarding service delivery for 2019-21, confirmed substantial assurance against the legislation and guidance requirements with no recommendations received.</p> <p>QS20/113.3 Findings from a review of the Deprivation of Liberty Safeguards (DoLS) service undertaken in March, confirmed limited assurance with 5 recommendations made, all of which have now been completed and presented to the Audit Committee.</p> <p>QS20/113.4 Independent Members acknowledged the number of improvements delivered and thanked the Associate Director of Safeguarding for the hard work to achieve these.</p> <p>QS20/113.5 reference was made to phrasing on page 4/5 of the report 'making safeguarding personal' and how this would be actioned. The Associate Director of Safeguarding advised staff are working with family members to capture the positive impact of improvements that have been made for families.</p> <p>QS20/113.6 An Independent Member queried how outcomes were being measured. The Associate Director of Safeguarding confirmed that all reports were quality assured from corporate safeguarding and triangulated with complaints and improvements in trends, themes and incidents. Desktop reviews of cases were also completed working with teams on wards / units. Further query was raised where this work feeds into and it was noted that a safeguarding reporting framework was overseen by the Safeguarding Governance & Performance Group, which reports to Quality and Safety Group. It was also noted that there are multi agency forums with key members from safeguarding boards. It was requested that a copy of the safeguarding framework be included as an appendix to the report.</p>	MD

<p>QS20/113.7 An Independent Member queried whether the level of training compliance was satisfactory. The Associate Director of Safeguarding advised that the appropriate levels, frequency and staff attendance for training was informed by a national training framework and that BCUHB had continued to include level 3 training for specialist areas i.e. child exploitation, sexual violence etc where other Health Boards had ceased. Safeguarding forums routinely review training compliance and it was also noted that there was a high compliance by mental health staff although a downward trend in compliance was noted in quarter 4, attributable to COVID-19 pandemic. A further query was raised as to what actions were being taken to address non-compliance for mandatory training including medical colleagues, however it was acknowledged that this was a broader issue than just safeguarding and more appropriate that this be picked up at Board level. It was agreed that the Deputy Chief Executive / Executive Director of Nursing & Midwifery take this forward with executive colleagues.</p>	GH
<p>QS20/113.8 An Independent Member referred to the corporate risk in relation to DoLS due to the current activity and impact of Liberty Protection Safeguards. The Associate Director of Safeguarding advised that difficulties in the recruitment of the outstanding Best Interest Assessor (BIA) post had been a challenge due to overspend, however, this was now resolved which has enabled progression of recruitment.</p>	
<p>QS20/113.9 An Independent Member queried the process for self assessments to review the effectiveness of partnership working with agencies. The Deputy Chief Executive / Executive Director of Nursing and Midwifery advised that consideration was being given to a peer review across North Wales, however, whilst Local Authorities and North Wales Police were supportive there was not collective agreement from all members.</p>	
<p>QS20/113.10 The Committee Chair acknowledged the huge improvements noted within the report but that it was heavily number focused rather than outcomes. The Associate Director of Safeguarding stated that the Local Authorities were the investigators from whom outcomes would need to be obtained as to whether they were closed or not. It was expected that the new guidance due in September / October would address this process to ensure working with partner agencies would provide that detail. In addition it was noted that all training was based on learning and information from key findings of trends, themes and issues. This was supported by a monthly safeguarding bulletin.</p>	
<p>QS20/113.11 The Committee Chair referred to section 2.15.1 of the report in relation to adults at risk and requested that a sentence be added to provide better understanding of the context around patient on patient harm.</p>	MD
<p>QS20/113.12 The Deputy Chief Executive / Executive Director of Nursing & Midwifery congratulated the Associate Director of Safeguarding on the level of assurance provided within the report, which provided evidence of the significant work undertaken.</p>	
<p>QS20/113.13 The Committee Chair asked the Associate Director of Safeguarding for a brief update on outcomes and learning from safeguarding within Heddfan. It was noted that a full time Band 7 specialist had been identified to enable support to be provided to teams and that governance and reporting, quality of reports had been reviewed. A</p>	

<p>number of staff were supporting the different strands of work and key areas identified, with plans to develop a detailed action plan to provide assurance as well as interim initiatives within identified timeframes.</p> <p>QS20/113.14 It was resolved that the Committee approve the report for submission to Health Board meeting in July following the requested changes.</p>	
<p>QS20/119 Annual Assurance report on compliance with Nurse Staffing Levels (Wales) Act [This item was taken out of order at the Chair's discretion]</p> <p>QS20/119.1 The Deputy Chief Executive / Executive Director of Nursing provided an overview of the two reports presented. It was noted that a paper was previously reviewed at board briefing sessions at the outset of COVID-19 pausing assessments against Nurse Staffing Act, which was accepted and supported by Welsh Government (WG) and an update was now presented on the latest position in terms of the staffing Act. It was noted that staff levels were triangulated with harm on a daily basis and also with ward accreditation. It was also noted that BCUHB were using a safe care monitoring tool to identify staffing gaps on a daily basis which would inform the wider implementation across Wales.</p> <p>QS20/119.2 An Independent Member queried whether the proforma had been submitted which was confirmed. The Deputy Chief Executive / Executive Director of Nursing & Midwifery advised that this was a mandatory format used for WG reporting. It was also noted that triangulation was achieved through internal processes but there was acknowledgement for a lack of granularity in the level of detail which didn't identify local hotspots. Assurance was sought on safety in staffing and it was agreed that a further report would be provided to a future QSE Committee to provide more comprehensive detail, which also described the hot spots and what actions were being taken to address these.</p> <p>QS20/119.3 An Independent Member queried whether there was any risk of incorrect reporting and it was confirmed that the levels of harm and staffing numbers would be accurate.</p> <p>QS20/119.4 It was resolved that the Committee approve the report to be presented to the July Health Board meeting.</p>	<p style="text-align: center;">GH</p> <p style="text-align: center;">GH</p>
<p>QS20/111 Putting Things Right (PTR) Annual Report</p> <p><i>Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience presented this item</i></p> <p>QS20/111.1 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience advised that the annual report had been produced under NHS Concerns (Wales) Regulations which stipulated the inclusion of a number of data requirements and summaries relating to concerns management. It was also noted that this report aligned with the Annual Quality Statement (AQS), with Putting Things Right (PTR) focusing on specific issues for patient safety incidents and the AQS providing a broader view and the PTR Annual Report should therefore be</p>	

published in conjunction with the AQS. It was also noted that the PTR annual report was a public facing document, which had previously been presented in draft format to both Quality and Safety Group and Listening and Learning Patient Experience Group, which included colleagues from the Community Health Council.

QS20/111.2 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience provided an overview of the report highlighting some key statistics included in the report.

QS20/111.3 An Independent Member thanked the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience for the positive report presented and the improvements reflected. However a challenge was noted in identifying areas of concern from within the level of detail provided within the report and assurance was sought that hotspots were known.

QS20/111.4 The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience referred to the report format and acknowledged the challenge in providing the right level of detail within this report compared to other Health Boards across Wales. There was discussion about the relevant level of detail for this report alongside other existing reports such as the quarterly patient safety report, which included review of previous 2 years. It was confirmed that there was also triangulation of data relating to hotspots.

QS20/111.5 An Independent Member asked what the implications were for the extending role of the Ombudsman and the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience confirmed that regular meetings were held with the Ombudsman with whom good relationships had been built. The increase in cases referred to the Ombudsman was also in line with that of other Health Boards.

QS20/111.6 An Independent Member also thanked the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience for the positive impact, which has been noted by members of public, in how issues raised were being dealt with. The Independent Member also highlighted the need to ensure that the Board was sighted on any potential areas of concern. It was noted that work Continued to implement new improvement initiatives and a full review of the complaints process was underway which intended to bring forward a new approach to complaints management, the details of which would be circulated within the next few weeks prior to formal presentation to QSE in October. It was acknowledged that some improvements had been made but there was still work to do to ensure resolution for complainants.

QS20/111.7 An Independent Member referred to a number of actions identified from incidents but questioned how learning was demonstrated as similar incidents continued to occur. The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience advised that evidence was sought from divisions that lessons have been learned but did acknowledge some challenges due to the breadth of the organisation. Further work was ongoing to strengthen the learning process and was being reviewed as part of the complaints process review.

<p>QS20/111.8 The Chair of the Committee advised that she had identified a number of typographical errors and minor adjustments required mainly around the style and terminology and would forward these to the Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety and Experience. She had also included feedback on some of the areas of the report. Following these amendments the Chair would review and approve as Chairs Action prior to enable submission to the July Health Board meeting.</p> <p>QS20/111.9 Pending the noted amendments it was resolved that the Committee approve the PTR Annual Report for submission to the July Health Board meeting.</p>	LR / MJ
<p>QS20/112 Annual Quality Statement</p> <p>QS20/112.1 item deferred</p>	
<p>QS20/114 Essential Services Report</p> <p>QS20/114.1 item deferred</p>	
<p>QS20/115 Waiting List Management Report</p> <p>QS20/115.1 item deferred.</p>	
<p>QS20/116 Pharmacy and Medicines Management Report</p> <p>QS20/116.1 item deferred</p>	
<p>QS20/117 Mortality Review Update</p> <p>QS20/117.1 item deferred.</p>	
<p>QS20/118 North Wales Vascular Review update</p> <p>QS20/118.1 item deferred</p>	
<p>QS20/120 Nursing Workforce</p> <p>QS20/120.1 item deferred</p>	
<p>QS20/121 Quarter One Plan monitoring Report (Q1PMR)</p> <p>QS20/121.1 item deferred</p>	
<p>QS20/122 Quality and Performance Report</p> <p>QS20/122.1 item deferred</p>	
<p>QS20/123 Corporate Risk Register</p> <p>QS20/123.1 item deferred</p>	

<p>QS20/124 Summary of business considered in private session</p> <p>QS20/124.1 The report was noted.</p>	
<p>QS20/125 Documents circulated to members between meetings</p> <p>QS20/125.1 It was noted that the following documents had been circulated:</p> <ul style="list-style-type: none"> • 05.05.2020 - Integrated Quality & Performance Report (IQPR) • 07.05.2020 - Guidance Note - discharging Board / Committee Responsibilities during COVID-19 response phase • 06.10.2020 - Health & Social Care (Quality and Engagement) (Wales) Act 2020 	
<p>QS20/126 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside of the meeting</p>	
<p>QS20/127 Date of Next Meeting</p> <p>Next scheduled meeting 28th August 2020. Additional meeting to be convened in July.</p>	