



Quality, Safety and Experience (QSE) Committee

Minutes of the Meeting Held in public on 05.05.20 via Webex

Present:

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

In Attendance:

Mrs Gill Harris	Deputy Chief Executive / Executive Director of Nursing and Midwifery
Mrs Jill Newman	Director of Performance
Mr Matthew Joyes	Interim Associate Director of Quality Assurance
Mrs Fiona Giraud	Director of Midwifery and Women's Services
Mr David Fearnley	Executive Medical Director
Mrs Lesley Singleton	Interim Director of Mental Health & Learning Disabilities
Miss Claire Brennan	Head of Office, Executive Director of Nursing and Midwifery

AGENDA ITEM DISCUSSED	ACTION BY
<p>QS20/79 Chair's Opening Remarks</p> <p>QS20/79.1 The Chair welcomed everyone to the meeting and confirmed that, as in the March meeting, the decision had been taken to reduce attendance and prioritise discussions within the agenda, to allow Executive officers and other senior leaders to fully focus on the response to the COVID 19 pandemic.</p>	
<p>QS20/80 Declarations of Interest</p> <p>QS20/80.1 None were declared.</p>	
<p>QS20/81 Apologies for Absence</p> <p>QS20/81.1 None were declared.</p> <p>QS20/81.2 Revised attendance arrangements were reiterated with regards to Executive Officers and senior leaders being stood down due to response arrangements to COVID-19 pandemic.</p>	
<p>QS20/82 Minutes of Previous Meeting Held in Public on the 17.03.20 for Accuracy, Matters Arising and review of Summary Action Log</p> <p>QS20/82.1 Cllr Cheryl Carlisle clarified that whilst her apologies were noted for the previous meeting, she had made several attempts to join the meeting but was unable to do so due to technical issues which had prevented her attendance at the meeting. A sentence will be added to the minutes to reflect this.</p>	

<p>QS20/82.2 The Committee Chair referred to item QS20/41 Action log from Joint Audit and QSE Committee and the particular action for a letter to be drafted to the clinical audit department. The Committee Chair informed the Committee that the letter had been drafted but had not been disseminated due to the suspension of clinical audit activity in respect of COVID-19 pandemic but this will be sent once clinical audit services are resumed.</p> <p>QS20/82.3 Amendments to typographical errors are required to be made within paragraph QS20/56.1.</p> <p>QS20/82.4 Updates were provided to the summary action log, noting a number of actions have been deferred until normal business resumed following COVID-19</p> <p>QS20/82.5 The Executive Director of Nursing highlighted the need to review the length of time papers are to be deferred and discuss in line with any plans to return to normal business reporting arrangements. It was agreed that the Committee Chair and Executive Director of Nursing will discuss further outside of the meeting.</p> <p>QS20/82.6 The Executive Director of Nursing also referred to the interim governance arrangements paper for Board and Committees. It was agreed to share this with members.</p> <p>QS20/82.7 The Executive Director of Nursing proposed that a safeguarding report, which the Associate Director of Safeguarding is drafting, be presented to the next QSE Committee, which was agreed by members. It was noted that reports are now being received by QSG.</p> <p>Qs20/82.8 The Director of Performance advised that, although the IQPR had been stood down as agenda item, IQPR reports are still being prepared for Board, QSE and Finance & Performance Committee for members' information, albeit without exception reporting narrative. The version prepared for QSE members will be circulated to members outside the meeting.</p>	<p>GH / LR</p> <p>GH</p> <p>GH</p> <p>CB</p>
<p>QS20/84 COVID-19 Update</p> <p>QS20/84.1 The Executive Director of Nursing and Midwifery provided an overview, confirming that temporary 'field' hospitals have been set up but are not yet being utilised outside of acute and community hospitals for COVID related purposes. Social distancing has been successful in reducing the peak to a level below that originally anticipated, however, further peaks are expected particularly if social distancing is reduced and work is ongoing in line with revised modelling to ensure capacity for anticipated level of attendances over the coming weeks and months.</p> <p>QS20/84.2 The Executive Director of Nursing and Midwifery highlighted key points to members. In relation to care homes and working with Local Authorities it was noted that a care home cell has been established focusing on support to care homes to address a number of challenges particularly around elderly patients requiring domiciliary care and the need to work closely with LA and care home colleagues to understand the impact on activity and beds particularly as we venture into autumn and winter months.</p>	

Work is also ongoing to mitigate risks for both Health Board and care home staff and support is being provided to care homes in respect of infection prevention, in particular with some of the PPE (fit test masks), medicines and other areas with high levels of sickness in care homes.

QS20/84.3 The Executive Director of Nursing and Midwifery referred to safeguarding activity and a drop in activity in some areas with the exception of domestic violence. This to be considered in the future report to QSE

QS20/84.4 The Executive Director of Nursing and Midwifery advised that the clinical pathways group is considering the latest COVID modelling alongside emergency activity model and urgent elective to understand totality of activity required and the best way of delivery over the next few months. It was emphasised the need to safely bring back essential services, whilst also providing assurance and confidence to the public when attending hospital and minimising risk of harm associated with COVID.

QS20/84.5 The Executive Director of Nursing and Midwifery confirmed that PPE requirements have been modelled to ensure appropriate supplies are sourced. It was also noted that Standard Operating Procedures were drafted to provide assurance and confidence that where equipment has been donated has received relevant quality assurance checks prior to distribution across the organisation.

QS20/84.6 An Independent Member highlighted concerns around safety risks for patients from care homes attending acute sites / ED and the need for discussions to ensure safety when people are attending particular hospital / wards. It was noted that a care home cell had been set up.

QS20/84.7 An Independent Member expressed concern about Cancer services during COVID-19. The Executive Director of Nursing and Midwifery advised that surgery for urgent cancer will go ahead where this is possible to do so. There are restrictions within access to some of the tertiary providers i.e. in England who are not running at full capacity and these issues are being worked through. It was also noted that 'holding' treatments are alternative options for a finite period of time where feasible and work is ongoing with the cancer teams to review when there is a need to operate for those patients who have experienced delays.

QS20/84.8 There were discussions around the reduction in urgent suspected cancer referrals and reduced access to screening and diagnostic services, in particular endoscopy services which were partly due to BSG guidance to safeguard patients and staff from associated risks from aerosol generating procedures. The Executive Director of Nursing and Midwifery advised that weekly access meetings are reviewing every patient booked within essential services and to ensure that surgery can proceed for patients with cancer who reach the point for surgery, alongside work to ensure that a COVID free environment that is clinically most appropriate for patient. Cancer MDTs are working with patients to provide support for patients. It was highlighted that this would need further discussion within the group to ensure assurance of the processes to mitigate harm.

QS20/84.9 An Independent Member queried what communication processes are in place to convey relevant information to patients and it was confirmed that this is done through the MDTs. Communication processes will also be discussed through the

<p>Cancer Board meeting. The Health Board are also linking in with the Community Health Council for support in communicating key messages to the public.</p> <p>QS20/84.10 The Chair referred to historical issues in backlog and diagnostics prior to COVID and queried how this will be addressed going forward following further delays as a result of COVID-19 and sought assurance that the Health Board has maximised every opportunity to try and utilise capacity. The Executive Director of Nursing and Midwifery advised that the review work being done currently is multifaceted covering access to GPs for referrals as well as options where work can be undertaken, including considering the use of other providers to review what options are available to begin to bring work back on locally.</p> <p>It was resolved that the Committee receive the verbal update.</p>	
<p>QS20/85 Infection Prevention Report</p> <p>QS20/85.1 The Chair stated that this paper should be received for assurance not information and the coversheet to be amended. The Chair invited questions from Independent members.</p> <p>QS20/85.2 An Independent Member raised two queries, firstly in relation to the previously raised concern about unavoidable infections and secondly whether there had been any learning from the outbreaks at Ruthin & Holywell community hospitals.</p> <p>QS20/85.3 It was noted that the previous query in relation to unavoidable infections was included in the action log with response which confirmed that this can relate to an infected patient attending from another organisation or where MRSA, which is difficult to colonise, causes infection. Query was raised as to what actions are being taken to reduce infections, the Executive Director of Nursing and Midwifery agreed to provide further response on these actions and also clarify details regarding catheter infections following challenge to these infections being classed as unavoidable.</p> <p>QS20/85.4 An Independent Member raised a queried in relation to removal of catheters and specifically whether urology data could be triangulated with figures. The Executive Director of Nursing and Midwifery agreed to clarify including details of the work programme going forward.</p> <p>QS20/85.5 An Independent Member sought clarification on whether the infections that were attributable to other trusts / organisations were discussed with the organisation whether within or outside Wales. The Executive Director of Nursing and Midwifery confirmed that contact would be made with the organisation concerned and would clarify these results.</p> <p>QS20/85.6 The Executive Director of Nursing and Midwifery advised the issues arising at Ruthin and Holywell Community hospitals were very similar. A learning review had taken place on 1st May and the outcomes of this are awaited which will be reviewed at the next QSG meeting. Concerns were raised about the length of time taken to review and the need to ensure the safety and risk of staff and vulnerable patients, it was acknowledged that whilst it was challenging during a pandemic outbreak, the lessons from the issues also needed to be learned as a matter of urgency to ensure they are</p>	<p style="text-align: right;">GH</p> <p style="text-align: right;">GH</p> <p style="text-align: right;">GH</p>

<p>communicated across all other areas including primary care and care homes. Early learning will be shared via infection prevention and area teams.</p> <p>QS20/85.7 An Independent Member also queried whether Health & Safety have been involved and whether issues had been reported to the Health & Safety Executive (HSE). The Interim Director of Quality Assurance confirmed that national advice had been sought and a call taken place with HSE to ensure procedures are aligned with national expectations, and work is now ongoing with the Associate Director of Health, Safety & Equality to develop procedures in response to national advice received. It was also noted that incident reporting automatically generates RIDDOR reports and reporting to the WG serious incident framework. It was agreed that the Interim Director of Quality Assurance will ensure that QSE will receive anonymised RIDDOR reports.</p> <p>QS20/85.8 A discussion took place in relation to the previously raised query of difficulties in cleaning Ward 19 at YGC. The Executive Director of Nursing and Midwifery agreed to discuss this issue further at QSG and provide further response in respect of what cohort of patients were on the ward and whether it was fit for purpose in respect of cleaning difficulties.</p> <p>It was resolved that the Committee receive the report and feedback provided on the report would be actioned.</p>	<p>MJ</p> <p>MJ</p> <p>GH</p>
<p>QS20/86 Serious Untoward Incident Report</p> <p>QS20/86.1 An Independent Member referred to the incident relating to the death of a 13 year old and queried whether they were already known to the service. The Interim Associate Director of Quality Assurance advised that this incident related to PRUDIC processes not having been followed.</p> <p>QS20/86.2 An Independent Member referred to the incident relating to an early medical abortion and queried whether there was any significance to the two different types of medication referred to. The Interim Associate Director of Quality Assurance advised that this incident was initially reported to WG as a sensitive issue but WG had upgraded it to a serious untoward incident which had subsequently triggered further review and that further details would be provided following further investigation. Following concern about possible patient identifiable details, it was agreed to amend the report to remove reference to the GP surgery and republish this report.</p> <p>QS20/86.3 The Director of Performance informed the group that BPAS had notified of a change in service due to COVID-19 and whilst there was no knowledge of whether the death related to the early medical abortion, an understanding was required of the changes to the service. It was agreed to clarify further details around the incident and what changes were made to BPAS service.</p> <p>QS20/86.4 The Chair emphasised the importance of understanding learning from serious incidents that are subject to rapid review and that these do not just drop off the reporting cycle.</p> <p>QS20/86.5 There were discussions regarding summaries of investigation reports, many of which identify process measures and issues picked up that were not what generated</p>	<p>MJ</p> <p>JN</p>

<p>the original incident review. The Interim Associate Director of Quality Assurance advised that a revised more mature approach is to be implemented with a focus on human factors rather than a root cause.</p> <p>QS20/86.6 The Executive Director of Nursing and Midwifery referred to the serious incident review process and the need to ensure appropriate scrutiny and oversight of incidents which should be reviewed at a senior leadership level centrally not locally. The Interim Associate Director of Quality Assurance confirmed that a quality improvement piece of work was being undertaken for the review process for every never event to be signed off by an executive and set out criteria for where incidents will be signed off. The Chair requested that the next meeting receive a report setting out the plan and terms of reference for incident reporting including process of analysis and actions to be taken.</p> <p>QS20/86.7 The Executive Director of Nursing and Midwifery advised that the terms of reference for QSG will be reviewed to improve effectiveness and provide assurance.</p> <p>QS20/86.8 There was a discussion regarding the never event in paragraph 4.4 on page 8 of the report relating to an investigation due for completion mid-March, the Executive Director of Nursing and Midwifery advised that this has been sent to a specialist to provide opinion on the review and advice on whether a full independent review is undertaken or not. Further update will be provided. The Committee expressed their concern that this review was not done independently originally.</p> <p>It was resolved that the Committee receive the report and feedback provided on the report would be actioned.</p>	<p>MJ</p> <p>MJ</p> <p>MJ</p>
<p>QS20/87 North Wales Vascular Service</p> <p><i>Dr David Fearnley in attendance for this item</i></p> <p>QS20/87.1 The Executive Medical Director provided an overview confirming that at a meeting held between executive officers of both the Health Board and the NW Community Health Council (CHC) on 14th February 2019 a hard copy of the report was received and welcomed. It was agreed at this meeting that the Health Board report would be finalised to allow a comprehensive response to the concerns raised within the CHC report. Further agreement was confirmed between the Health Board and CHC to co-ordinate publication of both reports simultaneously. A meeting was held on 24th February with the Health Board Chief Executive Officer and members of the vascular team to review and cross reference both reports prior to joint publication of both reports. The Committee were informed however that a copy of the report had been leaked into the media. It was not known what version of the report was leaked. The Executive Director of Nursing and Midwifery advised that a joint statement would be circulated from the Health Board and CHC.</p> <p>QS20/87.2 The Executive Medical Director confirmed that the Health Board report will be presented to the May Health Board meeting for further internal review to ensure that the report is explicit in addressing all concerns raised in the CHC report. The Health Board and CHC continue to work collaboratively to take account of surveys and focus groups as well as capture staffing, training etc and review the quality of the vascular</p>	

<p>service. It was also reported that the Health Board report has received endorsement from the Vascular Society which is an important piece of assurance and the Executive Medical Director emphasised the plans are to further improve the service, building on a previously approved model in order to provide the best evidenced based service.</p> <p>QS20/87.3 The Executive Medical Director emphasised the collaborative working with the CHC which continues and clarified that progress has been made. Temporary changes have been made to the service which were linked to resignations and this was picked up by the CHC.</p> <p>QS20/87.4 The Executive Director of Nursing and Midwifery advised that subsequent discussions held with the Chief Officer of the NWCHC in relation to the leaked report had resulted in the subsequent decision to send the report in confidence to people who had contributed prior to it being formally publishing later in May after the Board meeting.</p> <p>QS20/87.5 The Chair enquired how much content had changed within the report in response to the CHC concerns. The Executive Director of Nursing and Midwifery advised that the report now included patient experience from surveys that had not previously been included.</p> <p>QS20/87.6 An Independent Member referred to social media posts making reference to the need for Judicial Review and queried whether anything formal had been received in this regard. It was confirmed that the Health Board had not received anything in this regard. The Executive Director of Nursing and Midwifery advised that a number of questions in respect of vascular services had been sent to executives. Some issues had been addressed in response to the CHC report and emphasised the importance for a joint statement and implementation plan with critical oversight.</p> <p>QS20/87.7 The Chair agreed to set out a series of questions and circulate to Independent Members for feedback and these would be sent to the Executive Medical Director for a response.</p> <p>It was resolved that the Committee receive the verbal update and feedback provided would be actioned.</p>	LR
<p>QS20/88 Stroke Care update</p> <p>QS20/88.1 The Chair stated that this paper should be received for assurance not information and the coversheet needs to be amended.</p> <p>QS20/88.2 The Chair queried the chart on page 3 of the report and requested explanation of the reporting mechanism for the SSNAP scores within the table. The Director of Performance advised that SSNAP scores range from A – E which provide an indication of where the service is in relation to the 10 essential evidence based criteria for stroke services, these are reported quarterly. A indicates the highest score and E the lowest that the service can achieve. It was noted that the 10 elements have multiple measures to get an overall service score, BCUHB had predominantly scored D which had more recently improved to B and C levels which does vary each quarter.</p>	

<p>QS20/88.3 An Independent Member referred to a business case that was submitted to Finance & Performance Committee in November 2019 and queried progress since then. The Director of Performance advised that at that time no income stream was available to support the investment proposed, however, this was prioritised for 2020-21 to enable delivery of an early supported discharge hub and it was noted that some improvements have since been made without full investment. Whilst resource allocation has been confirmed for this year, for year 1 of the business case, COVID has since impacted on final process and a decision is still awaited. Clarity was required of whether investment is going to take place to enable year 1 of implementation plan.</p> <p>QS20/88.4 An Independent Member referred to the stroke rehabilitation ward in Wrexham that is reported to have been identified for surge capacity but is not currently needed for that purpose. As stroke rehabilitation is an identified essential service, is this ward going to be reallocated. It was confirmed that this is being reviewed at the clinical pathways group.</p> <p>QS20/88.5 The Chair queried why YGC is an outlier in relation to mortality but is scoring higher on SSNAP score overall. The Director of Performance explained that mortality rate is not one of the indicators underneath the SNAPP score, which are more process indicators rather than outcome indicators. It was also noted that a mortality action plan is in place with a clinical lead to review improvements in mortality.</p> <p>QS20/88.6 The Director of Performance advised that directive had been received that performance reporting has formally been stepped down nationally but that local reporting continues.</p> <p>It was resolved that the Committee receive the report for assurance.</p>	JN
<p>QS20/89 Ophthalmology Report</p> <p>QS20/89.1 The Chair stated that this paper should be received for assurance not information and the coversheet needs to be amended. The Chair invited questions from members.</p> <p>QS20/89.2 An Independent Member queried benefit realisation for the eye-care transformation funding for 2019/20. It was noted that there were specific schemes within the funding which included setting the direction for primary care based services. This was deemed another important example of services that need to continue as essential work.</p> <p>QS20/89.3 The Chair referred to the table on page 5 and requested clarification of how many patients are categorised as high risk factor 1. The Director of Performance advised that there are specific measures through outpatient and eye care transformation workstreams which aim to reduce risk to patients and the number of patients that were 100% overdue follow up appointments. It was noted that whilst the year end position was achieved and significant improvement made on last year, there are still a considerable volume of overdue patients.</p>	

<p>QS20/89.4 The Director of Performance confirmed that 83% of eyecare patients are classified as high risk patient, within these the number overdue are still significant which presents clinical risk. Risk stratification process is being used to identify patients needing to be seen within 12 weeks (red), 5-12 weeks (amber) and 12 weeks and beyond (green). Table top review undertaken indicated 70% of patients, not at risk at present moment and can be safely managed with a deferral period of 12 weeks and 10% not classified as red can be managed on urgent care pathway with optometrist to ensure reducing potential risk of harm. It was noted however that not all patients have had a table top review yet and work is ongoing to review those postponed or due to be booked.</p> <p>QS20/89.5 The Executive Director of Nursing and Midwifery stated that there is a need to understand what is being done as part of the table top exercise and how risks are being mitigated. The Chair expressed concern regarding risks and terminology throughout paper and requested more analysis and risk assessment and will discuss specific requirements with the Director of Performance outside the meeting.</p> <p>It was resolved that the Committee receive the report and feedback provided would be actioned.</p>	
<p>QS20/90 Psychological Therapies Report</p> <p><i>Mrs L Singleton in attendance for this item</i></p> <p>QS20/90.1 The Chair referred to the psychological therapies work programme set out on page 2 that included the scope of the workstreams being linked to the recommendations to make it easy to see how they were being addressed.</p> <p>QS20/90.2 The Interim Director of Mental Health stated that phase 2 of COVID planning is reviewing how to step work back up to business as usual.</p> <p>QS20/90.3 It was also noted that the Chair and Interim Director of Mental Health had had discussions about the wellbeing hubs and whether the use of volunteers could be considered as a resource to enhance iCAN related support. The Interim Director of Mental Health confirmed that discussions have taken place with workforce to ascertain whether staff are interested in doing iCAN training to build up additional capacity from staff support perspective and service users. JH confirmed she is part of the wellbeing group and that discussions were underway with Alice Cole-King to review further support for staff.</p> <p>QS20/90.4 The Executive Director of Nursing and Midwifery also advised that the safeguarding team are also providing support to staff.</p> <p>QS20/90.5 An Independent Member stated that there is a range of support materials circulated around the organisation but suggested that these are co-ordinated in one place. The Interim Director of Mental Health agreed to review this.</p> <p>It was resolved that the Committee receive the report</p>	

QS20/91 BCUHB Obstetric Haemorrhage rates report and action plan

Mrs Fiona Giraud in attendance for this item

QS20/91.1 The Director of Midwifery and Women's Services advised that the paper had been prepared by Mr Hemant Miraj NW Clinical Lead for Women's services who is leading on the improvement plan in response to the service being identified as an outlier with the highest post-partum haemorrhage (PPH) rates in Wales. It was noted that during the first 3 months of 2020 there has been a significant reduction in PPH of 1000 mls but the service currently remains an outlier for 2500ml PPH rates.

QS20/91.2 The Director of Midwifery and Women's Services advised that Health Boards across Wales are working together to reduce harm from PPH and care provided to women through a series of improvement steps to reduce overall PPH rates across Wales. The Director of Midwifery and Women's Services also advised that an MDT meet locally including anaesthetics and midwives to review local actions and monitor PPH rate included on monthly dashboard.

QS20/91.3 The Director of Midwifery and Women's Services also advised that there had been a change in clinical practice in the use of drugs from Syntocinon to Syntometrine as the first line prophylactic uterotonic for the management of 3rd stage of labour for any risk factors for PPH. This was in line with the NICE guidance.

QS20/91.4 An Independent Member queried whether there are more high risk patients than any other health boards or are figures based on a mitigated risk basis. The Director of Midwifery and Women's Services stated that there is concern for the number of 2500ml PPH in relation to morbidly adherent placenta and a study is being undertaken and will be compared with rest of Wales.

QS20/91.5 An Independent Member queried how serious a problem this is in relation to impact and consequences compared to the rest of the UK. The Director of Midwifery and Women's Services confirmed that the NMPA team identified BCUHB as an outlier in Wales and the UK.

QS20/91.6 The Director of Midwifery and Women's Services advised of the introduction of all the Wales procedure and pathway point of care testing to reduce morbidity and mortality rates which triggers the pathway for management of PPH.

QS20/91.7 The Director of Performance queried if there was variation between sites in terms of the outlier status and it was noted that there is no considerable variation across the 3 sites, although there has been minimal reduction in the rates of PPH rate >2500ml in the Wrexham sites compared to other sites but no significant variation.

QS20/91.8 The Chair requested clarification on how implementation of the revised approach will be monitored and it was noted that this will be monthly in view of PPH levels, all data are reviewed within 72 hours and weekly PTR and dashboard split per areas / trauma. The Womens subcommittee meeting bi-monthly as an MDT to monitor changes, impact and outcomes as a consequence of changes in practice.

It was resolved that the Committee receive the report.

<p>QS20/92 Response to HIW review of maternity services</p> <p>QS20/92.1 The Chair referred to the sentence on page 2 regarding plans to interview key personnel to present evidence to support phase 3 of the governance from ward to board for phase 3 of maternity review had been postponed due to COVID and will be picked up as COVID arrangements reduce. HIW will produce an interim position statement and share CHC feedback on Women's services so health boards can work with elements of feedback of governance and feedback.</p> <p>QS20/92.2 The Chair referred to a number of areas still in progress relating to procedures including CTG training which frequently features in birth related claims and queried what is being done to mitigate risks. The Director of Midwifery and Women's services advised that each individual practitioner is required to undertake 6 hours of face to face training, as stipulated by WG, to be compliant. Weekly CTG training sessions have been set up for labour wards at each DGH for acute and community staff to attend. Figures at the end March reported 89% compliance with CTG training, however, COVID-19 arrangements have impacted on the ability to train face to face and alternative training methods are being explored to support social distancing.</p> <p>QS20/92.3 The Executive Director of Nursing and Midwifery emphasised the importance of identifying actions and supported the stance being taken to mitigate risk and this can be amended as appropriate if WG advise differently.</p> <p>QS20/92.4 The Chair queried what our compliance with policies was and it was noted that this was 72% compliant with policies from the Welsh Risk Pool, however, it was clarified that whilst all policies are in place for maternity, some of these are currently under review. It was also confirmed that the Obstetricians review and update policies and pathways on a monthly basis as part of an assurance framework similar to RCOG process. New pathways have also been prepared to present and support services and clinical pathways throughout COVID which have superseded some existing policies.</p> <p>It was resolved that the Committee receive the report.</p>	
<p>QS20/93 Maternity Framework for maintaining life-saving and life impacting essential services during the COVID-19 pandemic</p> <p>QS20/93.1 An Independent Member referred to newborn screening for hearing and queried the process for women who plan a home birth which in the current COVID circumstances could delay screening for hearing. The Director of Midwifery and Women's Services advised that Screening Wales supports screeners to undertake screening in hospital and it is a national concern for deliveries outside of the acute setting might have to wait up to 9 months and this has been raised as a risk in relation to potential developmental issues. It was noted that alternative pathways are being reviewed to look at how to monitor and screen babies born outside of acute hospital.</p> <p>QS20/93.2 The Committee acknowledged the efforts made to successfully relocate services away from acute sites.</p> <p>QS20/93.3 The Chair made reference to the Health Board not being able to support home births in the current climate mentioned in the report. The Director of Midwifery</p>	

<p>and Women's Services advised that there are two elements to the discussion around home births during the pandemic, firstly in terms of staffing there has been a reduction in the number of community midwives with 10% of the workforce absent due to COVID restrictions / shielding which presents a challenge to maintain services and a home birth service which requires 2 midwives present. Secondly, the impact on the provision of emergency transfers by WAST from community settings was also a restricting factor. It was confirmed that the whole service provision continues to be reviewed and updated position from WAST is awaited on the ability to support transfers.</p> <p>QS20/93.4 The Director of Midwifery and Women's Services advised that expectant mothers are informed of the impact in having a normal home birth service currently and risk assessments were undertaken on an individual basis to help them make an informed choice. The CHC has also been informed of the position regarding midwifery services.</p> <p>QS20/93.5 The Chair referred to the request for the Committee within the recommendations to make a decision to support ring fencing of red and green estate adaptations on all 3 DGH and relocated services in the communities. It was noted that this has been reviewed at the clinical pathways group which was endorsed for Women's services but that the Committee had not been sighted on this for other services. An action was agreed for the Executive Director of Nursing and Midwifery and the Executive Medical Director to present the clinical element of pathways to QSE so the committee is sighted on the level of risk associated including essential services and to ensure governance processes.</p> <p>It was resolved that the Committee receive the report.</p>	GH/DF
<p>QS20/94 Corporate Risk Assurance Framework</p> <p>QS20/94.1 the Chair referred to a number of concerns which would be circulated to members outside the meeting. This included clarity of a clear audit trail for scrutiny of updates and changes to risks and clarity of scoring for risk descriptions where controls had been strengthened. Reference was also made to the care homes risk now posing a different, higher risk within the current pandemic.</p> <p>QS20/94.2 The Executive Director of Nursing and Midwifery advised that it had been agreed to separate out the risks to ensure scrutiny of the corporate risk register, noting those that are COVID related or not and the importance of ensuring that all risks are scrutinised in the same way as in normal business. As a consequence of COVID, care homes have become an increased risk which is being reviewed.</p> <p>QS20/94.3 The Interim Associate Director of Quality Assurance advised that a review of the corporate risk register will take place regularly at QSG meetings prior as well as review by executive leads particularly for risk scores which date back to 2013.</p> <p>QS20/94.4 An Independent Member referred to CRR21 risk for Health and Safety which did not include any reference to working with trade unions which appeared to be an omission.</p> <p>It was resolved that the Committee received the report and feedback provided would be actioned.</p>	LR

<p>QS20/95 Ward Accreditation update</p> <p>QS20/95.1 The Committee noted that the report provided a better understanding of hotspots across the Health Board.</p> <p>QS20/95.2 An Independent Member referred to the figures produced in percentages for the number of wards having been assessed and was unclear from this how many wards have not yet been assessed.</p> <p>QS20/95.3 The Executive Director of Nursing and Midwifery advised that the majority of secondary care wards have now been accredited. The findings from the assessments are now being triangulated with other information to identify triggers for wards to be reassessed within normal reassessment period to provide assurance.</p> <p>QS20/95.4 It was also confirmed that Paediatrics are undertaking work to deliver improvements which will be reviewed alongside other relevant data to support the accreditation and ensure it is aligned to the improvement trajectory.</p> <p>QS20/95.5 An Independent Member highlighted the 27% of white wards were within YGC and it was noted that whilst there had been a number of improvement processes, this is being further reviewed and triangulated with other data to ensure improvements are delivered.</p> <p>QS20/95.6 The Executive Director of Nursing and Midwifery advised that work is underway to consider how to present the data in a more co-ordinated way, aligning to the IQPR.</p> <p>QS20/95.7 An Independent Member stated that the report provided an overview of the excellent work done and highlighted the need to build on sharing learning as well as identify gaps, ensuring that data is being triangulated and consider how best to provide the appropriate assurance to QSE and Board. It was agreed that the Chair will liaise with other Independent Members prior to meeting with the Executive Director of Nursing and Midwifery.</p> <p>It was resolved that the Committee received the report and feedback provided would be actioned.</p>	<p style="text-align: center;">LR</p>
<p>QS20/96 Health & Safety Update Report</p> <p>QS20/96.1 An Independent Member referred to the bullet points within section 2, incident reporting and suggested these needed to be clearer. The Interim Director of Quality Assurance confirmed that the first bullet point referred to incidents being captured for staff members whom have tested positive, where it is reasonably believed that the transmission, was work related, but the 2nd and 3rd bullet points relate to any circumstances and it was agreed to reword the third bullet point to 'death attributed to COVID' to be more explicit. An Independent Member also requested that the final sentence on page 3 be reworded about staff who have tested positive.</p>	<p style="text-align: center;">MJ</p> <p style="text-align: center;">MJ</p>

<p>QS20/96.2 The Interim Director of Quality Assurance advised that the paper had been written based on national work and would feed above comments back to the national team.</p> <p>It was resolved that the Committee received the report.</p>	
<p>QS20/97 QSE Committee Annual Report</p> <p>QS20/97.1 The Chair asked if members were content with the level of assurances set out within section 6.</p> <p>QS20/97.2 An Independent Member referred to the patient experience objective and queried the red status given the significant amount of work undertaken. The Executive Director of Nursing and Midwifery advised that a number of processes are in place and conversations are ongoing regarding patient experience reports and ensuring that these sufficiently address the issues to provide assurance of work undertaken. It was agreed that the narrative would be amended to make it clearer that improvements are in process to gain patient feedback and collate information and data but focus is required to use this more effectively to provide assurance that work is progressing.</p> <p>QS20/97.3 The Interim Director of Quality Assurance confirmed that whilst improvements had been made a number of targets were still not being met and further work is required to deliver improvements in response to complaints and ensure learning.</p> <p>QS20/97.4 An Independent Member referred to the risk on the corporate risk register (05) related to the lack of learning from patient experience and there was a discussion regarding the risk score and the need to measure impact and likelihood of risk occurring versus improving patient experience.</p> <p>QS20/97.5 The Committee acknowledged the significant work that had been undertaken to improve patient experience, particularly the changes in the PALS, but that the focus now needed was to ensure that the relevant data is used effectively to secure improvement so that the Committee could be assured.</p> <p>QS20/97.6 The Chair referred to section 4 of the report regarding attendance and advised that a sentence needed to be added to reflect the technical difficulties that prohibited Cllr Cheryl Carlisle's attendance on 17th March despite several attempts.</p> <p>QS20/97.7 The Chair also advised that page 13 in relation to the focus for the year ahead will need to be amended as this was written prior to the pandemic and she agreed to circulate additional proposed wording for review. The cycle of business will also be revisited.</p> <p>It was resolved that the Committee received the report and feedback provided would be actioned.</p>	<p>CB / KP</p> <p>LR</p>

<p>QS20/99 GMS Access Standards</p> <p>QS20/99.1 No issues were raised following review the report</p> <p>It was resolved that the committee received the report.</p>	
<p>Date of Next Meeting – Friday 3rd July 2020</p>	
<p>Exclusion of 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 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.'</p>	