

Betsi Cadwaladr University Health Board (BCUHB)

Approved Minutes of the Quality, Safety & Experience Committee meeting Held on 27 October 2023, Boardroom, Carlton Court, St Asaph

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Clare Budden	Independent Member
Prof Mike Larvin	Independent Member
In attendance	
Jason Brannan	Deputy Director of People
Nesta Collingridge	Head of Risk Management
Adele Gittoes	Interim Executive Director of Operations
Karen Higgins	Director of Primary Care
Matt Joyes	Deputy Director of Quality
Fiona Lewis	Corporate Business Officer (Minutes)
Dr Nick Lyons	Executive Medical Director
Teresa Owen	Executive Director of Public Health
Heledd Thomas	Audit Wales (to observe)
Jane Wild	Associate Member
Angela Wood	Executive Director of Nursing & Midwifery

Agenda item	Action
OPENING BUSINESS	
QS23.97 Welcome introductions and apologies	
QS23.97.1 Rhian Watcyn Jones, Independent Member and Chair (Chair) of the Quality, Safety & Experience (QSE) Committee welcomed everyone.	
QS23.97.2 Apologies were received from Gareth Evans, Acting Executive Director Therapies & Health Science	
QS23.97.3 The Chair welcomed Karen Higgins, Director of Primary Care to the meeting.	
QS23.98 Declarations of interest on current agenda	
QS23.98.1 There were no declarations of interest noted.	
QS23.99 Minutes of the last meeting and action log	
QS23.99.1 The minutes of the meeting held on the 22 August 2023 were approved as an accurate record of the meeting.	
QS23.99.2 The Committee reviewed the action log and agreed the closure of those which had been completed.	



<ul style="list-style-type: none"> • Re Action QS23.67. Angela Wood (AW) Executive Director of Nursing & Midwifery, explained that the approved internal Audit Report was not available when the Deep Dive report on falls was drafted, however a summary of its findings had been attached. • Re Action QS23.72. The Chair asked that when the Cycle of Business is reviewed, it be made clear that the Quality Strategy must be scrutinised by QSE <p>QS92.2.2 Subsequent to Chair’s meeting with Head of Internal Audit, Chair requested that he be invited to all meetings.</p> <p>QS92.2.3 The Chair requested that a meeting be arranged with herself, all three IHCs, the Head of Womens Services and the Head of Mental Health together. The timing of this to be clarified in due course.</p>	<p>RWJ / OBS</p> <p>OBS</p> <p>OBS / RWJ</p>
<p>QS23.100 QUALITY SAFETY AND IMPROVEMENT</p>	
<p>QS23.101 Outline on Reporting Cycles for QSE Report</p>	
<p>QS23.101.1 Matt Joyes presented his report and a discussion ensued around the classification of why specific items were on the agenda. It was agreed that items noted as being ‘for information’ should be forwarded to Members as soon as they became available and not held back to a meeting; then noted on the agenda as an item circulated, rather than being presented. It was agreed that items should only be put onto the agenda if assurance is required.</p> <p>QS23.101.2 Reporting cycles were discussed as it was felt that more work was required around the scheduling of reporting to QSE. It seemed that at certain meetings there were too many reports when at other meetings there were not enough. It was questioned whether some items needed to be on every agenda. More clarification was required as to the purpose of certain papers being added to every agenda, when other important subjects such as Public Health, were very seldom discussed. Teresa Owen (TO). Executive Director of Public Health, explained that Public Health historically reported to what was the PPPH Committee, but felt that QSE would benefit from receiving Public Health service information, where there was a quality aspect – such as Obesity Services, Smoking Cessation Services, etc. TO confirmed that pre-Covid, the immunisation services used to appear on the QSE cycle of business (COB) but no longer does.</p> <p>QS23.101.3 Nick Lyons (NL), Executive Medical Director, was concerned that the Human Tissue Authority, as a statutory report, needed to be reinstated onto the QSE COB, or if QSE were not the appropriate committee, asked Matt Joyes (MJ), Deputy Director of Quality, to ensure that the relevant committee reinstated it onto its agenda. Concern was expressed that there was a danger that only services placed in Special</p>	<p>MJ</p> <p>MJ</p> <p>MJ</p>



<p>Measures (SM) received focus rather than other, equally important services.</p> <p>QS23.101.4 It was felt that a great deal of information was being provided that served little purpose unless the background was also provided and then followed by what was to be done with this information. MJ agreed that reports should be about assurance on compliance and learning; MJ agreed that the cycle of business needed to be right, with all the correct headings and the proper sequencing; and that the authors needed to be clear as to what the committee expected in the reports, by way of templates and support. MJ agreed to take the report away, engage with Executives, and bring back to the next meeting.</p> <p>QS23.101.5 A discussion took place regarding the quality of papers brought to QSE and Board as it was felt that there did not appear to be consistency, in particular with regards to levels of assurance noted on covers. It was suggested that report writing might be a very useful topic for a Board Workshop. Phil Meakin, Interim Board Secretary, to look into.</p> <p>QS23.101.6 The Committee approved the principle of the report and was appreciative of the work to date, but noted that further development was required.</p>	<p>MJ</p> <p>PM</p>
<p>QS23.102 Primary Care Report</p> <p>QS23.102.1 The Chair warmly welcomed Karen Higgins (KH), Director of Primary Care, noting that the structure laid out in the report was extremely complex.</p> <p>QS23.102.2 KH highlighted the fact that it is currently very difficult to get a view of what is happening across the organisation, which she noted was a risk. The report highlighted the four main areas of primary care – general practice, pharmacy, optometry and dental services along with Audiology and the voluntary sector. Responsibility for primary care is shared across the Executive team and that this complexity makes the task of seeing the whole picture extremely difficult. To tackle this, in June 2023, a newly created Primary Care Senior Leadership (PCSL) was created; the aim is to bring together all who work in primary care to discuss the current structure and how best to all work together; KH noted that there are plans to make this more formal, with a primary care board, chaired by the Interim Executive for Operations and felt that whilst the current structure remained, the situation would not improve.</p> <p>QS23.102.3 KH noted that one of the biggest barriers had been access to reliable and clear data, as data in isolation does not provide the full picture. An example she provided was GP practice access, a subject regularly talked about by the media and politicians. However it receives fewer complaints than medication, behaviour of staff and clinical treatment and more people are now being seen by their GP than were</p>	



seen pre-pandemic. This media narrative fuels fears and compounds the problem - people believe it will be hard to get appointments and therefore develop a low threshold for self-care and book an appointment just in case; which translates to 80,000 missed GP appointments every month. Data showed that managed practices scored 100% for access standards but she felt that this did not translate into better patient care.

QS23.102.4 To improve quality monitoring, a single quality delivery group for primary care has been created, to be chaired by Jim McGuigan, Deputy Medical Director. A decision has not been reached as to where the group should report to for assurance – a primary care board or QSE. KH wished to note that her team had received tremendous support from the Deputy Director of Quality and his team.

QS23.102.5 KH was concerned that the single biggest issue in primary care is chronic disease management and recovery post-pandemic, and that most post-pandemic effort was being put into secondary care. KH felt that more work was needed to understand the cause of the increased acuity of disease in emergency departments (ED) and the huge increase of people going to GPs. For GPs, whilst dealing with the crisis, one of the the knock-on effect is that they are unable to deal with the management of chronic illnesses, such as COPD, diabetes and heart disease and therefore as their patients' health deteriorates, their symptoms become more severe and consequently these patients appear in ED. KH felt that the management of chronic diseased should be a key performance indicator (KPI) and the development of clusters would support that.

QS23.102.6 A discussion took place around the problems surrounding referrals. It was felt that there was a large number of patients who were not seen during the pandemic and now entering the system. To help combat this, it was suggested that whilst creating dashboards for the QSE, it might be good to focus efforts on a certain pathway, where data is readily available from blood tests markers taken in primary care, people treated as an emergency in ED and also diabetic outcomes from within secondary care. This approach would enable the team to look at not only one part of the pathway but also how everything fits together. Should the patient experience in one region not be as good as another, then the team could start to identify the reasons behind that. The Digital and Information team would need to be approached to ensure that Datix would be able to capture the relevant information and some work would need to be carried out regarding the reporting of incidents and escalations of concerns.

QS23.102.8 The Chair thanked KH for her reporting approach and it was agreed that KH would focus on a Diabetes pathway and how it might look, returning with an update to QSE when ready.

QS23.102.9 The Interim Director of Operations agreed to follow up the work being undertaken to create a formal structure for Primary Care.

KH / OBS

AG



<p>QS23.103 Patient Story Annual Report</p> <p>QS23.103.1 The Chair welcomed the report but as the report was to be noted 'for partial assurance' she asked for an explanation in future as to why this situation persists and what effort was being made to overcome the situation.</p> <p>QS103.2 Angela Wood (AW), The Executive Director for Nursing and Midwifery had been asked to provide this report following a request to identify the patients' stories that were known, and explain the methodology from not only the patients' but from the relatives' and carers' perspectives. The report described the benefits for the story teller, their families and carers, staff and the organisation. Acknowledging the need for sustained learning across the organisation, AW's team is looking at a learning portal being developed, which will capture learning across the organisation and put mechanisms in place to cascade this information and receive feedback.</p> <p>QS103.3 AW confirmed that her colleagues had developed a toolkit for teams to provide support in identifying their own stories and how to capture them. The Executive Director for Public Health was able to confirm that she was aware that feedback from patients and users was already being captured and intended to direct her colleagues to AW's toolkit</p> <p>QS103.4 The Chair asked if there was a specific example of where cascading patient stories had changed policies and asked if, where possible, more of the stories could be made accessible to the public. MJ confirmed that via the CIVICA portal, over the previous three months, more than 4,500 patient responses per month were being captured – thus providing the opportunity to look at experiences and ask what was being learned. With this in mind, over the coming months a task group had been set up with both Chris Stockport, The Executive Director for Transformation And Strategic Planning and AW to maximise potential and ensure consistency across the organisation.</p> <p>QS23.103.5 The Chair thanked AW for the report and the way in which it brought all the information together and asked if it were possible to find a specific change that had taken place in direct response to one of the Patient's stories.</p>	<p>AW</p>
<p>QS23.104a Corporate Risk Register</p> <p>QS23.104a.1 The Chair wished to acknowledge the progress that had been made and the huge amount of work that had obviously gone into creating the new style of report.</p> <p>QS23.104a.2 Nesta Collingridge (NC), The Head of Risk Management, presented her report, the contents of which followed on from approval of</p>	



<p>the RM01 – Risk Management Framework – at Board, where it was agreed that the Corporate Risk Register (CRR) was to be separated from Tier 1 Risks. NC noted that in order to make this report more manageable, work needed to be done to look at the 123 Tier 1 risks, details of which would normally be individually itemised in this report and to look at the ongoing themes, with a view to possibly refining and consolidating them.</p> <p>QS23.104a.3 NC aimed to bring both the Corporate Risk Register and Board Assurance Framework to the November Board. It was felt that a Board Workshop regarding strategic risks training might be very useful and the Chair would suggest this.</p> <p>QS23.104a.4 It was agreed that the new format appeared much more strategic and it was felt that reporting should be by exception only, with QSE only being informed when there is something fundamentally wrong in a specific risk and what is being done to tackle the problem. It was felt that Falls was an operational and not strategic risk and therefore did not warrant its own risk and despite being a significant issue, it should be listed under Patient Safety; with the Committee only receiving more regular reports if targets were not being met.</p> <p>QS23.104a.5 It was suggested that to reduce the report from 300 pages to a much more manageable, (ideally 6 page) report, the Committee could still receive an overall summary and remain aware of the overall risks but that the report would focus on one theme in detail; in addition to that, the report could list anything that had changed since the last meeting.</p> <p>QS23.104a.6 The Chair thanked The Head of Risk Management for the obvious hard work put into providing the new format whilst noting that more work needed to be done.</p>	<p>RWJ</p> <p>NC</p>
<p>QS23.104b Board Assurance Framework</p> <p>QS23.104b.1 No comments received regarding this item.</p>	
<p>QS23.105 Patient Safety Report</p> <p>QS23.105.1 Angela Wood (AW), Executive Director for Nursing and Midwifery, presented her report, acknowledging the need to refine it and that discussions were ongoing as to how best to present this to get a consistent approach. AW noted that it remained difficult to pull all the information together due to the Datix system not currently working - work was ongoing with the Digital and Information team to rectify this.</p> <p>QS23.105.2 AW noted that there were 44 nationally reported incidents, 0.4% of the total incidents occurring. These incidents all required full investigations, with ‘Make it Safer’ taking place, as is normal with all serious incidents and each of these incidents to be reviewed and closed</p>	



on Datix, with Management oversight. In addition, weekly meetings take place where the previous week's serious and catastrophic incidents involving nurses, allied health professional and medics, are reviewed.

QS23.105.3 AW highlighted the additional Slip, Trip or Falls data, which included some comparison information. The two Never Events which occurred during the reporting period both involved wrong site surgery. AW noted that the targeted work that took place in 2021 on wrong site surgery and patient safety in theatres resulted in a dramatic reduction in Never Events.

QS23.105.4 Within the section Learning from Nosocomial Covid-19 Reviews, AW noted that the significant amounts of learning had come from those areas and been shared nationally as well as pan-BCU. Following completion of the individual case reviews, patients or families will be informed via letter of any lapses in care.

QS23.105.5 AW agreed that future reports would go further to identify what was being done to rectify situations and would not be not just data-driven but would look at outcomes. The Chair requested that the next report identifies areas of concern that the Committee and Board should be made aware of, including comparative data and to only include incidents that involve quality of patients' care and experience.

QS105.6 AW confirmed that her team was currently exploring the reason behind the 22% increase in Pressure and Moisture Damage, to identify if there were any wards or departments where there is increased damage. It was felt that there needed to be a breakdown to identify which of these were hospital-acquired or not, noting that there is evidence that an increasing number of patients have been presenting at ED with pressure damage.

QS105.7 Matt Joyes (MJ) The Deputy Director for Quality, assured the Committee that work was ongoing by the National Quality Team to produce a national quality dashboard, which would provide welcome benchmarking. MJ also noted that data regarding Primary Care Incidents was provided mostly by managed practices due to the fact that independent contractors tend not to use Datix system, despite being offered the opportunity; national work is being carried out to encourage its use.

AW / MJ

QS23.106 Nursing and Midwifery Council (NMC) Fitness to Practise (FtP) Annual Report April 2022 – March 2023

QS23.106.1 Angela Wood (AW), Executive Director of Nursing and Midwifery, presented the report, highlighting the fact that between April 2022 and March 2023 there were fewer referrals than the previous 12 months.



QS23.106.2 AW confirmed that the temporary register remains in place until September 2024. The Temporary register was created during the pandemic to allow retirees and international recruits to come onto the register to provide extra support. There are currently 7 employees on the temporary register; 3 no longer work for the organisation and the others are being encouraged to go through their assessment to join the register permanently.

QS23.106.3 A discussion took place regarding other referrals – optical dental and medical - and about where these reports are taken, the reporting cycles and the need to ensure that all people are treated consistently. The Executive Medical Director, AW and The Director of Primary Care to meet outside of the meeting to discuss the frequency and consistency of reporting and the level of detail required and to report back with an update.

QS23.106.4 AW assured the Committee that her team is in regular contact with the NMC and that during their visit the previous week were really complimentary about the engagement BCU has with them and felt assured that any concerns would be discussed with them before they proceed.

QS23.106.5 In answer to a query regarding the monitoring of FtP incidents involving student nurses, AW assured the Committee that her team form part of the universities' FtP panels, and have direct contact, reviewing any concerns raised by either the universities or by BCU.

[Emma Adamson, Consultant Midwife, joined the meeting]

QS23.107 Maternity and Neonatal Services

QS23.107.1 Emma Adamson (EA), Consultant Midwife, presented her report, which Welsh Government had requested as a regular report to be placed on the Cycle of Business.

QS23.107.2 It was noted that the NHS Wales Executive intends to take the lead for this program of work from 2024.

QS23.107.3 A discussion took place around reintroduction of home births, which had been discouraged during the pandemic – not for financial reasons but because of the lack of availability of ambulances, should they be required.

QS23.107.4. Angela Wood (AW), The Executive Director of Nursing and Midwifery, explained that part of the review was to make recommendations and to identify some of the specialist roles required in the report with a view to making them statutory. The team had been asked to do a deep dive into the report, in order to provide benchmarks and AW advised the Committee that they had pushed back against Welsh Government, to identify what their requests were from a resource

NL / AW /
KH / OBS



<p>perspective, bearing in mind the current financial situation. They are awaiting a response which once received will be incorporated into the Patient Safety Review and only brought to the Committee should anything require escalation.</p> <p><i>[Emma Adamson, Consultant Midwife, left the meeting]</i></p>	
<p>QS23.108 Performance Report Month 5</p> <p>QS23.108.1 Chair was disappointed with the report and felt that it did not provide the information required by the Committee. Whilst understanding there were certain constraints which necessitated only sharing validated figures with the Committee, this means they were sometimes 2 – 3 months out of date so not particularly useful. Also, she found the format made the data very difficult to read. The Chair agreed to wait for the new format, which she hoped would also include an ‘Outcomes’ section.</p> <p>QS23.108.2 It was suggested that for future meetings it might be appropriate to discuss the un-validated figures within the private session – possibly by exception? Adele Gittoes (AG), Interim Executive Director of Operations, agreed to pick these suggestion up with the Interim Executive Director of Finance outside the meeting. She advised against using un-validated data as this could be part-month, meaning that trends would not be comparable. She suggested reporting by exception only could be the way forward. AG proposed that once the first draft of the new Integrated Performance Framework becomes available and she is due to meet with both the Interim Executive Director of Finance and the Chair of PFIG to discuss, she would ask for QSE Chair to be able to join that meeting.</p> <p>QS23.108.3 A question arose regarding the excessive costs relating to the insourcing of nurse endoscopies, to which AG explained that there was a wider issue around colorectal endoscopy and that she was meeting with the operational senior management team the following week with a view to asking the IHCs to do a deep dive review on Endoscopy services, to discover their service models and risk and to enable them to see what a productive and efficient service model should look like going forward.</p> <p>QS23.108.4 The report was accepted but the Committee would be interested to see what the next iteration would look like. Members asked to note their assurance that the next iteration, when received, will be scrutinised by other Committees, in particular the Performance, Finance and Information Governance Committee..</p> <p><i>[Alison Griffiths, Director of Nursing, joined the meeting]</i></p>	<p>AG</p> <p>AG / RWJ</p>
<p>QS23.109 Nurse Staffing Act Presentation</p> <p>QS23.109.1 Alison Griffiths (AG), Director of Nursing, highlighted slide 8 of the presentation, which demonstrated the variance between what is currently funded and what is being asked. Slide 9 detailed what was asked but through the Check and Challenge meeting was not supported</p>	



on this occasion, but would be revisited when the reviews take place in 6 months' time.

QS23.109.2 Angela Wood, (AW), The Executive Director of Nursing, felt that the process was where it should be as following on the previous Board presentation in November, work had taken place with Finance to allocate resources to enable changes to rosters to ensure they were reflective of the Nurse staffing Act. However AW remained concerned about the staffing of the wards not covered by the Nurse Staffing Act - such as those within Community hospitals. The team had been systematically looking at these wards, applying the same methodology, using professional judgement and harm profiles, as if these areas were covered by an Act, to ensure staffing levels were appropriate.

QS23.109.3 AW noted that there were a significant number of unfunded beds across the organisation and these are being managed, on a daily basis, using both temporary and permanent staff, whilst always ensuring that there is a permanent staff presence on all wards.

QS23.109.4 AW informed the Committee that she was in talks with The Interim Executive Director of Finance regarding the organisation's ongoing efforts to avoid filling vacant shifts with agency nurses. The need to ensure the use of on-contract, less expensive agency staff rather than off-contract agencies was proving difficult, due to a considerable number of on-contract staff leaving to work in Chester, Liverpool and Manchester.

QS23.109.5 To explain why some adjustments to staffing level requests were 'not approved', AW explained that this was due to the teams providing insufficient harm data, background or professional judgement justification into the Check and Challenge meetings. These requests will be revisited if such evidence is provided.

QS23.109.6 Chair noted that the new style of report was far easier to understand and thanked the author.

[Alison Griffiths, Director of Nursing, left the meeting and Chris Stockport, Executive Director Transformation And Strategic Planning joined the meeting]

QS23.110 SPECIAL MEASURES

QS23.111 Special Measures Report (cycle 2) including Output from the Development Sessions on Independent Reviews

QS23.111.1 Chair was pleased to note that the authors of the National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division Mental Health Inpatient Safety Review Report intended to return, free of charge, to follow up in the new year.



<p>QS23.111.2 Teresa Owen (TO), Executive Director for Public Health, reflected on the NCCU report, which she had very much welcomed. The purpose of the report was to do a root and branch scrutiny of all Mental Health and Learning Disability (MHL) in-patient areas over a two week period. The NCCU report contained 8 recommendations, as listed in the Independent Review Management Response; for each of these recommendations, the MHL team produced a response plan, in line with similar Special Measures (SM) templates. Care had been taken to ensure all relevant areas were covered and all response plans were tracked, in alignment to the themes of the SM work.</p> <p>QS23.111.3 TO welcomed the revisit early in the new year and felt that would give the team time to move forward with the actions. The MHL team was making an effort to theme them across the division, linking regularly with the SM team.</p> <p>QS23.111.4 A discussion took place around the time limitations placed around actions being tied to the 90 day cycles, and it was felt that there should be recognition of available resources and all areas being worked on to ensure that time frames are realistic, noting that unattainable targets will always be missed, making it even harder to build staff and patient morale and to encourage buy-in to ideas. The Committee felt that there might be a need to conversation with Welsh Government, to explain that in order to get things right, be transformative and embed into the organisation’s culture, will need a long-term approach.</p> <p>QS23.111.5 It was felt that there should be some push-back against some of the reviews and resulting recommendations. The Chair felt strongly that Welsh Government and Board would support being pragmatic and sensible about what is achievable and that it would be unacceptable to have yet more recommendations and requirements added to Special Measures work.</p> <p>QS23.111.6 Chris Stockport (CS), Executive Director Transformation And Strategic Planning, confirmed that his team was taking a very firm line in all conversations with Welsh Government on how the organisation cannot keep receiving more reviews and recommendations.</p> <p>QS23.111.7 The Committee requested that in the next report it starts to receive more detail on outcomes.</p> <p><i>Chris Stockport, Executive Director Transformation And Strategic Planning left the meeting]</i></p>	<p>CS</p>
<p>QS23.112 FOR NOTING</p>	
<p>QS23.113 Research Governance Policy.</p>	
<p>QS23.113.1 The report was removed for further scrutiny.</p>	



QS23.114 CLOSING BUSINESS	
QS23.115 Reflections on meeting	
<p>QS23.115.1 The Chair reminded OBS that QSE needed to approve the Clinical Audit strategy.. Also she was keen to gain assurance regarding quality of commissioned services. Internal Audit had looked at it and intends to revisit in January 2024. . Angela Wood (AW),The Executive Director for Nursing and Midwifery, confirmed that in response to the Internal Audit Report, and the obvious need for better oversight of quality services, a Commissioning Assurance Framework had been set up. The Interim Chief Executive Officer was very keen to bring in the framework, which is based on the system at Powys, and had been discussing with colleagues how to take this forward. AW and the Interim Director of Operations are in discussions to improve the quality oversight as part of contract monitoring. The Chair said that QSE wished to be kept informed at the appropriate time.</p>	RWJ
<p>QS23.115.3 It was generally agreed to be a good meeting and that reports presented were improving and the detail much more useful. There was still work to be done but definitely going in the right direction.</p>	OBS
	OBS
QS23.116 Date of Next Meeting	
QS23.116.1 19 December 2023.	