

Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Quality, Safety and Experience Committee meeting held in
public
on 18 April 2024 09:30 – 13:00
at The Board Room, Carlton Court, St Asaph

Committee Members Present	
Name	Title
Caroline Turner	Independent Member/Chair of Quality, Safety and Experience Committee
Urtha Felda	Independent Member
In Attendance	
Angela Wood	Executive Director of Nursing and Midwifery (Executive Lead)
Dr Nick Lyons	Executive Medical Director
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
Pam Wenger	Director of Corporate Governance
Other Executive Directors as required by the Chair	
Dr Jane Moore	Acting Executive Director of Public Health
Other BCUHB Senior Managers as required by the Chair	
Nesta Collingridge	Head of Risk Management
Nick Graham	Assistant Director of Workforce Optimisation (Part of the meeting)
Matthew Joyes	Deputy Director of Quality
Phil Meakin	Associate Director of Governance (Part of the meeting)
Geraint Parry	Quality Improvement Fellow (Part of the meeting)
Philippa Peake-Jones	Head of Corporate Affairs
Iain Wilkie	Acting Director of Mental Health
Ed Williams	Director of Performance

Agenda Item	Action
OPENING BUSINESS	
QS24/30 Welcome, introductions and apologies for absence	
QS24/30.1 The Chair welcomed everyone present and thanked the outgoing Chair Rhian Watcyn Jones. Apologies were noted from Dave Harries, Internal Audit, Mike Larvin, Independent Member, Chris Field, Independent Member, Jane Wild, Associate Member, Dyfed Edwards, Chair who often observes the meeting.	
QS24/31 Declarations of Interest on current agenda	
There were no declarations of interest made in respect of items on the agenda.	



<p>QS24/32 Draft minutes of the previous meeting held on</p> <p>QS24/32.1 The draft minutes of meeting held on 20 February 2024 were approved.</p>	
<p>QS24/33 Matters Arising and Table of Actions</p> <p>QS24/33.1 Following a detailed discussion, the updates provided within the action log were agreed.</p>	
<p>QS24/34 Report of the Chair</p> <p>QS24/34.1 The Chair advised that since she had been appointed as Chair of the Committee, she had met with the outgoing Chair to have a handover, the Lead Executive, the Deputy Director of Quality, the Director of Governance and Head of Corporate Affairs and that with regards to her fellow Independent Members of the Committee she had met with one, spoken to another and had one meeting scheduled.</p> <p>QS24/34.2 Further background research had enabled her to meet with Olivia Shorrocks, Welsh Government and Cathy Dowling, NHS Executive, as well as with Independent Advisors Graham Shortland and Susan Aitkenhead. The Committee noted that Graham Shortland would support Independent Members of the Committee for a few months.</p> <p>QS24/34.3 The Chair advised that at the next meeting there would be a focus on Vascular and that the areas identified in Special Measures would be reviewed throughout the year. A future QSE Development session would be scheduled and would review the Cycle of Business alongside the Annual Plan to ensure alignment to the Plan. Attendees would also discuss Risk, Services of Concern and Performance Indicators.</p>	
<p>QS24/35 Notification of Matters referred from other Board Committees on this or future agendas - Verbal - Chair</p> <p>There was nothing to note.</p>	
<p>QS24/36 Committee Terms of Reference - Attached - Director of Governance</p> <p>QS24/36.1 The Committee Terms of Reference were noted, it was agreed that the Deputy Director of Quality would circulate a structure chart outlining the groups that reported into the Quality Delivery Group</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• Noted the Terms of Reference	<p>MJ</p>



QS24/37 Committee Cycle of Business 2024/25

QS24/37.1 The Cycle of Business was noted and would be looked at during the Committee Development Session.

It was resolved that the Committee:

- **Noted** the Cycle of Business

QS24/38 Patient Story

QS24/38.1 The Committee listened to a story from a patient describing the journey he had experienced while recently undergoing hip replacement surgery at Wrexham Maelor Hospital, following increased pain and inflexibility. The learning identified from the patient sharing his experience was received.

QS24/38.2 The Committee were concerned that the waiting lists for Planned Care had increased since Covid and noted that the figures on the wait times were reported to Welsh Government. Plans were in place and movement on the longest waits had taken place with plans to try and make as much progress as soon as possible.

QS24/38.3 The Chair felt that it was good to make reference to the Multi-Disciplinary Teams and queried whether it worked well across all areas. The Acting Executive Director of Therapies and Health Sciences advised that Orthopaedics was shining a light on Multi-Disciplinary Team working and that there was a philosophy throughout the organisation to work in this way but that there was more to do.

QS24/38.4 Clarification was sought around how the Orthopaedic Hub being created in Llandudno would work with the Abergele site. Initially there would be some double running of both sites with the ambition to see more services across the whole of North Wales coming together, making the Health Board a more attractive place to work.

It was resolved that the Committee:

- **Noted** the Patient Story

QS24/39 Quality Report

QS24/39.1 The Executive Director of Nursing and Midwifery presented the report advising that it gave the Committee the narrative on organisational learning, quality improvement, the forthcoming Quality Management System, Patient Safety and information on Safeguarding and Infection Control. The report identified organisational learning, that this had not been an area where the organisation had historically been very good. The Learning Forum was highlighted as way colleagues were able to come together to share learning, the forum had been in place for a year. A learning depository was being established and that would be a way for all those through the organisation to have access to

<p>historical learning. The Committee noted that a Quality Improvement register was in development and would be another way to share leaning.</p> <p>QS24/39.2 The Quality Management System had been discussed at Senior and Executive level and the Board would be taken through that at Development session scheduled for the following week.</p> <p>QS24/39.3 The Executive Director of Nursing and Midwifery shared information on Patient Safety Incidents, Infection control, falls and complaints. An Independent Member thanked her for the report and asked what had happened with the Urology letters and was advised that it had been an internal administration error around referrals which had been identified internally and rectified. The Executive Medical Director advised that he had met with the Clinicians on the matter and that further investigations were ongoing with regards to an insourcing matter.</p> <p>QS24/39.4 The process of Patient Safety Alerts was clarified and the Committee understood that there were some outstanding from Welsh Government. Further discussion took place on Safeguarding, Infection Control, flow and manual handling. It was agreed that there should be a separate development session on the Quality Report and Integrated Performance Report.</p> <p>[The Director of Corporate Governance joined the meeting]</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted the Quality Report 	<p>PPJ</p>
<p>QS24/40 Integrated Performance Report</p> <p>QS24/40.1 The Director of Performance presented the report highlighting two specific points, one in relation to Never Events and one in relation to Clinical Coding compliance. It was noted that there had been a business case received at the previous Board around Clinical Coding and that the matter was being managed by the Chief Digital and Information Officer.</p> <p>QS24/40.2 A discussion took place around whether delays in responding to complaints were due to having independent Primary Care contracts. It was noted that any complaints would follow the individual Independent Primary Care governance process before addressing the Health Boards process. Concern was raised that the Health Board had a Duty of Quality but that there were few contractual leavers to ensure that the Independent Organisations followed the timescale set by the Health Board, or that they were consistent in their processes; however, that was being worked on through relationship meetings.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Reviewed the contents of the report and agreed that a separate development session would be held on the subject. 	
<p>QS24/41 Quality Delivery Group Chair’s Report</p>	

<p>QS24/41.1 The Executive Director of Nursing and Midwifery presented the report, clarified reporting lines and advised that the report shared a summary of what had been discussed at the Quality Deliver Group meeting. The Committee noted that the Maternity Service had an active offer for home births and that a number of service pressures and concerns from Integrated Health Communities had been escalated.</p> <p>QS24/41.2 It was noted that there was positive support from Workforce, Finance and Data at the Quality Delivery Group and the Director of Governance suggested that the Group would be a future place for External Reviews to be shared. The Acting Director of Mental Health advised that the Quality Delivery Group was a very good real-life example of integration and Multi-Disciplinary approach, whereby corporate and clinical services come together to learn. The Executive Director of Nursing and Midwifery advised that she had asked for a review of attendance.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted the Quality Delivery Group Chair's Report 	
<p>QS24/42 Regulatory and Legal Report</p> <p>QS24/42.1 The Deputy Director of Quality presented the report and an Independent Member asked if there had been a response to the fourth case on the Concerns / Requests for Assurance from HIW, and were advised that there had been. Details on the Coronial cases and Regulation 28 Notices would be discussed in the private session.</p> <p>QS24/42.2 The Deputy Director of Quality advised of the normal process around the Ombudsman Letter, noting that this would normally be received by Committee much earlier in the cycle but there had been an administrative error that had delayed that this year.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted the Regulatory and Legal Report • Considered the Ombudsman Annual Letter and Health Board response and noted that it would inform the Committee's work on seeking assurance of the complaint handling process. 	
<p>QS24/43 Deep Dive report – East IHC</p> <p>This item was deferred until the June meeting.</p>	
<p>QS24/44 Clinical Policy Report</p> <p>QS24/44.1 The Associate Director of Governance advised that the Policy on Policy had been approved at the Audit Committee; it was agreed that Committees would note policies.</p>	

<p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted that the “Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents” were received at the Audit Committee in March. • Noted the progress that was being made on updating policies 	
<p>QS24/45 Nurse Staffing Act</p> <p>QS24/45.1 The Committee received a presentation on the Nurse Staffing Act, noting that the Non-Act wards had not been reviewed for some time and that the Community Hospitals were currently going through a review. It was noted that systems were in place but that recruitment was difficult; despite that, permanent recruitment had improved and many Integrated Health Communities had stopped using Agency Staff. Each ward was being looked at independently alongside acuity data. The detail around the not funded 179 beds was shared and the Act explained in detail.</p>	
<p>QS24/46 Commissioned Services Quality report</p> <p>QS24/46.1 The Committee received a verbal update on the Commissioned Services Quality report; it was highlighted that a no assurance report from Internal Audit had been received and that they would be following up. Ongoing conversations were taking place with the Executive Team to move this forward.</p> <p>[Acting Executive Director of Public Health left the meeting]</p>	
<p>QS24/47 Urology Review</p> <p>QS24/47.1 The Executive Medical Director presented the Urology Review Paper, highlighting that the action plan had been shared by email in Excel format as the Board and Committee software did not support the upload of Excel documents, and the Action Plan could not be converted into a readable PDF version. He highlighted the background to the service review and explained that it had not been possible to appoint a Clinical Lead. It was also difficult to recruit to this speciality as most surgeons who were robotically trained use a DaVinci robot and the one the Health Board had procured was not DaVinci.</p> <p>QS24/47.2 It was noted that a review had taken place and there had been no evidence of harm; however, improvements had been slow and the key to change was service reconfiguration but that would require consultation. Two surgeons had resigned and recruitment was very difficult as the Royal College were unable to approve the Job Descriptions as drafted due to the need for a reconfiguration, as well as the robotic issue.</p> <p>QS24/47.3 The Committee noted that despite a lack of clinical lead, the Network Lead was very good, with the Deputy Medical Director leading on the development and overseeing the implementation of the Action Plan. A discussion took place around how to resolve the issues and it was noted that the service reconfiguration would be key and as part of that reconfiguration the</p>	<p>NL</p>

<p>robotic issue would be included. The Chair emphasised the importance of pace in responding to the recommendations of the reports by the Royal College and the GIRFT report, particularly those recommendations that had been identified as being urgent; she also expressed concern at the lack of detail in the Action Plan, and asked for a fuller version to be shared with the Committee.</p> <p>QS24/47.4 It was agreed that the Committee would be updated on progress at the August meeting.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted the Royal College of Surgeons England report and the Getting it Right First-Time reports. • Noted the approach to respond to the recommendations received and noted the actions made which had already been to the Executive Team for approval and support. • Supported the approached outlined to identify a sustainable service model and the development of a robotic resource for urology. • Receive a further update on progress at it's meeting in August. 	
<p>QS24/48 Corporate Risk Register & Board Assurance Framework</p> <p>QS24/48.1 The Committee discussed the Corporate Risk Register and Board Assurance Framework, noting that this subject would be reviewed in detail at the forthcoming Development Session. The changes in risk scores in the BAF were discussed and the rational understood but asked that the narrative be updated to explain why changes had been made. Concern was raised in relation to the cancer risk and nursing and noted that this had been escalated to the CEO and a roundtable discussion was being scheduled.</p> <p>QS24/48.2 In relation to the Corporate Risk Register, it was noted that there was a proposal from both the Risk Management Group and Executive Team to close a risk on Falls and open one on Risk of Harm which would compass falls and broader issues relating to patient deterioration. With regards to Primary and Community Care, it was agreed that the risk should be reviewed with risk owners to look at disaggregating community from primary. The Committee understood the reduction to the Safeguarding risk but asked that it be kept on the risk register.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted and received assurance on the management of two BAF risks to which it had oversight • received assurance on the six corporate risks to which the Committee had oversight of. 	<p>PM</p> <p>PM</p>
<p>QS24/49 Agree Items for referral to Board / Other Committees</p> <p>There were no items identified as requiring referral</p>	

<p>QS24/50 Review of Risks highlighted in the meeting for referral to Risk Management Group</p> <p>There were no items identified as requiring referral</p>	
<p>QS24/51 Agree items for Chairs Assurance Report</p> <p>It was agreed that this would be done outside of the meeting</p>	
<p>QS24/52 Review of Meeting Effectiveness</p> <p>A brief discussion took place, where observations were made that the meeting had been effective and had focused on appropriate issues.</p>	
<p>QS24/53 Report items discussed in previous meeting private session</p> <p>It was noted that the following items were received at the meeting held in private on 20 February 2024:</p> <ul style="list-style-type: none"> • Confidential Quality Report November • Update on progress and developments with the UK Covid-19 Inquiry and Thirlwall Inquiry 	
<p>QS24/54 Date of next meeting</p> <p>The meeting date was to be agreed</p>	
<p>QS24/55 Resolution to Exclude the Press and Public</p>	