

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety and Experience Committee meeting
held in public on
15th August 2024 13:00 to 16:30 hrs
The Board Room, Carlton Court, St Asaph

Committee Members Present	
Name	Title
Caroline Turner	Independent Member/Chair of Quality, Safety and Experience Committee
Mike Larvin	Independent Member (via Teams)
Urtha Felda	Independent Member (via Teams)
In Attendance	
Angela Wood	Executive Director of Nursing and Midwifery (Executive Lead)
Dr James Risley	Deputy Executive Medical Director (deputising for Executive Medical Director) via Teams
Other Executive Directors as required by the Chair	
Dr Jane Moore	Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Other BCUHB Senior Managers as required by the Chair	
Nesta Collingridge	Head of Risk Management (part of meeting, via Teams)
Iain Wilkie	Interim Director of Mental Health & Learning Disabilities
Fiona Giraud	Director of Women's Services (part of meeting)
Matthew Joyes	Deputy Director of Quality
Phil Meakin	Associate Director of Governance
Ed Williams	Director of Performance (part of meeting)
David Maslen-Jones	Assistant Director of Occupational Health, Safety And Security (deputising for Deputy Director of People) (via Teams)
Fiona Lewis	Minute Taker
Observing	
Dyfed Edwards	BCUHB Chair (part of the meeting)
Fflur Jones	Audit Wales
Bill Whitehead	Deputising for Geoff Ryall-Harvey (Llais)

Agenda Item	
Action	
OPENING BUSINESS	
QS24/86 Welcome, introductions and apologies for absence	
QS24/86.1 Chair welcomed everyone present, noting Teresa Owen's first meeting in her new role as Executive Director of Allied Health Professionals & Health Science, and Dr Jane Moore's first meeting in her substantive role	

<p>as Executive Director of Public Health. Apologies were noted from Chris Field, Jane Wild, Pam Wenger, Nick Lyons (James Risley to deputise), Dave Harries, Philippa Peake-Jones, Jason Brannan (David Maslen-Jones to deputise) and Carole Evanson.</p>	
<p>QS24/87 Declarations of Interest on current agenda</p> <p>QS24/87.1 There were no declarations of interest made in respect of items on the agenda.</p>	
<p>QS24/88 Draft minutes of the previous meeting.</p> <p>QS24/88.1 The draft minutes of meeting held on 6th June 2024 were approved, with the following amendment to item QS24.68.3</p> <p>QS24/68.3 The Executive Director of Nursing and Midwifery confirmed that the Improvement Plan regarding Pressure Ulcers had been circulated and that work continued on Incident Management and reporting of Hospital Acquired Pressure Ulcers (HAPUs). Work was ongoing to create a joint process across incident management for inquests, NRIs and complaints; a draft of which will be presented to Board in July. Deputy Director of Quality to circulate, when available, the national report on HAPU that is currently being populated</p>	
<p>QS24/89 Matters Arising and Table of Actions</p> <p>QS24/89.1 Following a detailed discussion, updates provided within the action log were agreed.</p>	
<p>QS24/90 Patient's Story</p> <p>QS24/90.1 The Committee was provided with a patient's story, which described her experience going through both the BCU services and the National Welsh Gender Service, noting some of the challenges along with the positive outcomes experienced whilst accessing the Trans & Gender Diverse Voice Service.</p> <p>QS24.90.2 The key messages from the story were:</p> <ul style="list-style-type: none"> • lengthy wait to access the services • impact waiting for treatment was having on both the patient's physical and mental health. • However, once accessing services, she found the service provided very supportive, useful resources were available which she had been unaware of previously. • Her increased confidence in social situations and her feeling that she is on an upwards trajectory. 	

QS24/90.2 The Committee thanked Robyn for sharing her story and were advised that it would be shared across the Health Board. Despite the fact that this service is small, it demonstrated that it had a significant impact on her and others accessing it in North Wales.

QS24/90.3 Members were pleased to note the useful information contained within the report, and felt that hearing the patient's words describing the positive effects along with clearly explained clinical, positive outcomes were very helpful.

QS24/90.4 The Committee wished to thank the production team for their effective use of illustrations and background, which clearly displayed the compassionate care provided.

QS24/90.5 It was noted that work needs to be done to raise awareness of and access to specialist services as it was felt that the positive impact of such small services was far more wide ranging, and thanks were sent to the Speech and Language therapists team for their good work.

It was resolved that the Committee:

- **Noted** the Patient Story

QS24/91 Service Presentation from Women's Services

QS24/91.1 The Director of Midwifery and Women's Services made her presentation, highlighting:

- The Women's Services governance structure, which showed the service is compliant with Workforce governance requirements. A request was made to ensure that the Health Board is added to the top of the Governance structures.
- the report provided national benchmarks, which showed the improvements made and the organisation's willingness to learn.
- that to maintain the whole-system approach, the report included key strategy documents, including The Quality Statement for Women and Girls' Health, the MatNeo Quality Statement, The MatNeo Engagement Framework and the HEIW Perinatal Workforce 10-year Plan
- that to emphasise the Service's learning, the report included more Maternity and Gynaecology national benchmarking.
- the inclusion of the Service's Annual Plan, which included major strategies used to inform the updates.
- The provision of single-page plans, which have proven to be extremely helpful and regularly referenced to by clinical colleagues and operational staff, as they show the understanding and learning from where a strategy originates, culminating into service development.

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- the work being done regarding local implementation of Preconception Care, as part of the 10-year plan, to see if the strategy can be adopted nationally.
- there were Concerns regarding the Single Cancer Pathway and Planned Care.
- The new risk for escalation to Corporate Risk Register - Urgent Patients Backlog Waiting Lists and the increasing complexities with the waits being seen currently.
- the greatly reduced numbers in all 3 key KPIs for Clinical harms and prevention numbers
- other programmes of work to reduce harm include the national SSP programme, which looked at reducing variation and introducing the National Maternity Early Warning Score (MEWS) tool.
- piece of work being carried out to improve infections prevention and control (IPC) targets.
- all stillbirths and neonatal deaths are thematically reviewed with all recommendation from the recently completed 2023 review being put into an improvement plan.
- a recovery plan had been instigated following the national benchmarks, which showed the service had seen a decline in its performance. It was noted that they had lost some key clinicians and were in the process of re-appointing to these posts.
- all patient experience and feedback is themed and taken into an improvement plan. All learning from patient stories, which are shown at the beginning of all major meetings, is cascaded across the service.

QS24/91.2 The Committee thanked the Director of Midwifery and Women's Services Members for her excellent presentation and balanced and informative report, asking to be kept informed as to the successful implementation of the improvement plans described in the report; she agreed to provide live examples within her next report to the committee

QS24/91.3 Members asked for information regarding the outcomes for women from deprived and ethnically vulnerable communities and were advised that a piece of work was currently being undertaken with this in mind.

QS24/91.4 It was noted that the recurrent funding business case request had not been supported, but that funding had been sourced on a non-recurrent basis. The Committee wished to note that it was very aware of the wider pressures on budgets.

QS24/91.5 It was noted that BCUHB is the only Health Board in Wales that had fully implemented the Saving Babies' Lives initiative established in England a number of years ago, which incorporated sound, evidence-based measures to enable the demonstration of improvements in both pre and post-natal care. The initiative was adopted by BCUHB following an increase

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<p>in stillbirths in 2019 and following the dramatic reduction of stillbirths in North Wales, MatNeo now recommend its implementation throughout Wales.</p> <p>QS24/91.6 Based on knowledge of the national policies that influence and shape the Health Board's delivery of Women's services, The Director of Midwifery and Women's Services was asked for her assistance in shaping the organisation's strategies in its 3/5/10 year plans. Head of Corporate Office to ensure this happens.</p> <p>QS24/91.7 Members asked if there could be opportunities to connect with women who have gone through the service to help improve the provision and if links with existing community groups could become a permanent feature to aid improvement.</p> <p>It was resolved that the Committee: received assurance from the Service Presentation from Women's Services</p> <p><i>[Fiona Giraud, Director for Women's Services and Midwifery, left the meeting].</i></p>	<p>PW / PPJ</p> <p>FG</p>
<p>QS24/92 Integrated Quality Report (IQR).</p> <p>QS24/92.1 Chair thanked The Executive Director of Nursing and Midwifery (EDoN) for her report, which contained a great deal of positives and useful detail; she also thanked the Deputy Executive Medical Director (DEMD) for the information contained in the Clinical Effectiveness part of the report. It was noted that there is to be a Committee Development Session in October – date to be confirmed.</p> <p>QS24/92.2 The EDoN was pleased to note that the report had more balance, now that it included more Clinical Effectiveness information, and thanked the DEMD for his hard work in facilitating this. The EDoN also noted that information concerning successes and improvements, as had been previously requested by Members, was being included in the report, and that more work was being done to link the report to the Quality Management System work, to identify how it dovetails into the IQR and feeds through to Board.</p> <p>QS24/92.3 The EDoN highlighted information within the report, in particular:</p> <ul style="list-style-type: none"> • the developments surrounding oxygen usage and mandatory training, following work carried out with British Oxygen Company (BOC); also feedback from The Coroner regarding this work. • the reduction in patient falls and the positive feedback from both the Coroner and the Health Service Executive (HSE) following the extensive work undertaken across the Health Board to reduce falls. • the evidenced improvements in Manual Handling • the work that had recently begun on the Executive-led quarterly review on Hospital Acquired Pressure Ulcers (HAPU), similar to that 	<p>FL</p>

carried out around the reduction of Falls; there was a great deal of energy being put into this by both the Integrated Health Care (IHC) directors and divisions, to develop and improve systems to reduce HAPUs.

- Members were shown the newly developed dashboard, created by the Deputy Director of Quality's team and IT, which staff will have access to. The dashboard will provide real-time data from the Datix system, about incidents, where they are and their severity. All this information to be accessible not only to aid staff, but to advise Board and the national team going forward. The Organisation is currently liaising with other Health Boards across Wales, demonstrating the system's obvious benefits.
- With regards to the impact of training, a trajectory was requested that shows the relationship between training, delivery and performance.

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QS24/92.4 Members raised concerns regarding the increase in child to parent violence. They also emphasised the need to reduce the backlog with regards to the Deprivation of Liberty (DoLs) Assessments. The EDoN confirmed that a deep dive into these was currently being undertaken and that the Organisation had reduced the delays significantly in the last two years and that work was being carried out to realign safeguarding support. It was noted that there had been an improvement in the quality of DoLs applications going through the system, but some delays were still reliant upon local partners support to undertake assessments; however once the UK officially moves to the Liberty Protection Safeguards system, it will be much more within the Health Board's control, with the Organisation's own teams undertaking assessments rather than relying on partners for this information.

QS24/92.5 A discussion took place around the need for better customer/patient approach, in particular regarding recent dealings with some of the deaf community and problems concerning the availability, or lack of, interpreters not being communicated appropriately to patients. The EDoN agreed to investigate the situation to ensure it was being appropriately addressed. She confirmed that Civility training was starting to be rolled out across the Health Board, to both those services identified as requiring it and those who had shown an interest; it had also been promoted at leadership conferences and workshops. The Deputy Director of Quality confirmed that through funding made available by Awyr Las, Chris Turner, an Emergency Medical Doctor who was the founder of a well-respected piece of work on Civility training, shared his experiences. Following on from this, 50 Civility champions have been trained across the Organisation – these include a mix of all professional groups – medics, allied health professionals, nursing, pharmacy and some support staff – with the aim that this becomes a self-sustaining network, once they have been provided with suitable resources. Members were very pleased to hear this positive news and felt it would have a beneficial impact in reducing the number of complaints.

AW

QS24/92.6 The Deputy Executive Medical Director noted that, having taken



on feedback from the Committee and also Board, this and future reports would include more evidence of learning and challenges in specific areas, and where findings from Audit have led directly to improvements in patient care.

QS24/92.7 The Deputy Executive Medical Director noted that his department had improved their ability to articulate its problems in delivering Audit, adding that the asks of the National audits are increasing in complexity – the effect of this is particularly heightened due to the infrastructure element (the three main sites being far from each other geographically) and the effect this has on the collection of data (paper records). He noted that the Audit Management and Tracking Database (AMaT) was proving to be very helpful, and this is starting to be filtered through into local Clinical Effectiveness groups, giving them more accountability for ensuring that any barriers would not prevent them from progressing as they were able to get involved earlier and address the problem.

QS24/92.8 It was noted that work was being done regarding the implementation of Health Board-wide policies, which had not hitherto been collected and dealt with centrally. The EDoN confirmed that with the Deputy Executive Medical Director, a piece of work was underway to ensure oversight of, and compliance to, NICE Guidelines and what the risks are if these are not adhered to.

QS24/92.9 When questioned regarding the status of compliance across the 3 IHCs, The Deputy Executive Medical Director explained that the report was a reflection of the number of vacant clinical leadership posts – as was the case with the Central IHC. This has caused problems in identifying those responsible for delivery of compliance and placed more responsibility and work on the site Directors. It was noted that this had been a major contributory factor for the lack of compliance in certain sites and was being addressed.

QS24/92.10 With regards to the Mortality Review, The Deputy Executive Medical Director was pleased to note that two new colleagues had recently been taken on as Associate Medical Directors for Mortality. The lack of such personnel over the previous 6-8 months had led to capacity issues. The two new Associate Medical Directors will be responsible for leading the way the Health Board deals with mortality, providing necessary levels of assurance. The Deputy Executive Medical Director was also pleased to note that BCUHB's mortality rates, along with other benchmarks for mortality indicators compared with all Wales, are consistent with its peers and that the Team had worked hard to succeed in reducing the backlog on the Corporate side of Mortality.

QS24/92.11 With regards to Quality Assurance, The Deputy Director of Quality wished to highlight the following:

- A report was expected towards the end of the year, following the recent inspection into the management of ionising radiation regulation compliance; preliminary feedback had been very positive, with no significant issues raised.
- it was expected that the HIW report into the Emergency Department at Ysbyty Glan Clwyd would be published w/c 19th August, which it was anticipated would show some sustained improvements, with recognition of system pressures, as seen across the whole of Wales.
- as had been requested by QSE, a process of quality peer reviewing had started, with the intention being to expand this across the Health Board, which should provide some internal assurance, resulting in the updating of action plans.
- A recent meeting with the Public Ombudsman had raised no issues.
- Work continued regarding the learning portal - the repository of learning which will support the cascading of information. Members hoped that when this portal goes live, it will be well-publicised to staff in bulletins and newsletters, to which the Deputy Director of Quality confirmed that one of the key features of the system is that it will automatically generate and cascade learning out to predetermined mailing lists.

QS24/92.12 Members were pleased to note that each contributor to the Incident Learning System was being recognised and would receive a personal certificate from the Chief Executive, which was noted as being important for staff morale.

QS24/92.13 The Deputy Director for Quality was pleased to note that since the EDoN had taken over chairing the bi-weekly meetings which address the challenges submitting reports on deadline to the Coroner, the number of late submissions had reduced significantly.

QS24/92.14. With regards to Litigation, it was noted that there continued to be challenges with overdue learning from events reports and that a piece of work was to commence in the coming weeks to look at these processes. The EDoN confirmed that the Learning from Events Reports was the next item to be focussed on, once the Complaints and Inquests focussed work was complete.

QS24/92.15 Chair thanked everyone for the quality of the information contained within the report.

It was resolved that the Committee:

- **Noted** the Integrated Quality Report

QS24/93 Integrated Performance Report

QS24/93.1 The Director of Performance presented the report, noting that a great deal of commentary of the report had already been discussed earlier in the meeting. He wished to note that following on from previous requests,



local metrics had been added into the report, however he felt that work needed to be done with the EDoN and her team to refine these metrics, as he did not feel that they were helpful in their present form.

EW / AW

QS24/93.2 It was noted that there was information missing from Pg. 4 of the report and the Director of Performance agreed to share this outside the meeting.

EW

QS24/93.3 The Executive Director of Public Health explained why the Human Papillomavirus (HPV) vaccinations show as red on Pg. 14 of the report. This related to certain vaccinations which are carried out by school nurses; in the first two quarters the school nurses had been concentrating on Mumps, Measles and Rubella (MMR) vaccinations, with HPV vaccinations being scheduled for the third quarter and therefore by the end of quarter 3 this would be back in the green. The Director of Performance agreed to review and include more context into the next report, including how to engage staff and teams with performance reporting.

EW

QS24/93.4 The Executive Director of Public Health showed concern regarding vaccine reluctance. COVID and Respiratory virus vaccinations' statistics showed that there seemed to be a steady decline in take-up as some members of the public wrongly assume that Covid is no longer a big health issue. It was noted that there was a concerted effort to encourage the take up of the pertussis (whooping cough) vaccinations, as figures showed a significant increase in the number of deaths caused by pertussis, compared to the expected mortality rate. For young babies, the best prevention is the vaccination of expectant mothers. She noted that these concerns were recognised across the four nations and that work was being done around the narrative with vaccinations for mothers-to-be and the elderly – particularly as the Respiratory Syncytialvirus (RSV) vaccination programme was about to be introduced and this is a major cause of morbidity and mortality in both very young children and the elderly.

QS24/93.5 Chair noted the low percentage of patients being offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioners assessment appointment (Pg. 14). The EDoN confirmed that Executives were aware and already working to address this as part of the current Planned Care piece of work.

QS24/93.6 The EDoN addressed concerns regarding the number of confirmed COVID-19 cases (Pg. 17). It was noted that there had been an increase in the number of COVID cases coming through the organisation, but Members were assured that staff were especially vigilant around hospital-acquired COVID. However certain sites had a limited numbers of side rooms and patients with COVID were having to be treated in open-bay areas. In these situations, the use of pods was being investigated.

QS24/93.7 Regarding Clinical Coding, it was noted that two Coders and a Clinical Coding Assurance Lead had been appointed. Members were



<p>appreciative that training would need to take place and noted that agency staff were being brought in to mitigate the risk in the meantime; however there was a backlog and all these measures would take time to start having a positive effect on the figures.</p> <p>QS24/93.8 A discussion took place regarding the need to work with managers, staff and teams to motivate them in order to ensure that they appreciate that the information they provide for these reports does get taken seriously at all levels - Board, Committee and Government levels. The vast amount of information provided needs to be simplified and creatively shown to staff in a way that assists clinical teams to critically review themselves and take ownership; and for staff, divisions and IHCs to be able to compare themselves to learn.</p> <p>QS24/93.9 The Director of Performance asked the Committee to look at Liverpool's Women's Hospital's Facebook page, which on one single page of infographics shares each month's Early Pregnancy Assessment Unit and Midwifery birth facts. The Committee felt it should consider this as a form of communication to be adopted by the Communications Department. Fiona Lewis to pass this information onto the Communications Team.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• Received assurance from the Integrated Performance Report. <p><i>[Ed Williams, Director of Performance, left the meeting]</i></p>	<p>FL</p>
<p>QS24/94 Infection Prevention and Control Annual Report</p> <p>QS24/94.1 The EdoN presented the report which was received as a well-balanced, comprehensive report, showing the work carried out across the organisation not only by the Infection Prevention team but also by the IHCs and divisions in order to keep our patients safe.</p> <p>QS24/94.2 Regarding the recruitment of extra Facilities staff, The EDoN's team described the problems that had been encountered, however her team were working to support Facilities to work with local communities in order to help local people back into the workforce; they would also offer support and wrap-around care, if needed.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• received assurance from the Infection Prevention and Control Annual Report <p><i>[A break was taken]</i></p>	
<p>QS24/95 Challenged Services Report – Cancer and Oncology</p> <p>QS24/95.1 In the absence of the author of the report, The Deputy Executive Medical Director (DEMD) presented the Annual Report.</p>	

<p>QS24/95.2 A discussion took place around ongoing recruitment problems and Members were advised that the Oncology team had identified existing staff who were being trained up to address some of the recruitment issues.</p> <p>QS24/95.3 The Committee noted the considerable challenges facing the service, notably:</p> <ul style="list-style-type: none"> • that the complexity of treatment was increasing dramatically • now that there are more treatments becoming available, the ability to deliver was becoming more difficult. It was noted that this is an All-Wales concern and that solutions are being sought to this challenge. <p>QS24/95.4 It was suggested that the <i>Roadmap for Cancer Services in North Wales</i>, as referred to in item 4.3 of the report, be shared with the Committee.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • received assurance from the Challenged Services Report – Cancer and Oncology. 	<p>JR</p>
<p>QS24/96 Challenged Services Report - Urology</p> <p>QS24/96.1 The DEMD presented the report. He noted that there had been a failure to recruit replacements to the two vacant clinical leads positions – West and Centre. Despite extensive attempts to recruit, there had been no expressions of interest in the position. This situation has meant that both Deputy Executive Directors were providing clinical leadership and guidance to move the Service forward.</p> <p>QS24/96.2 The DEMD assured Members that a final decision had yet to be reached as to the ongoing Service redesign. Executives had appraised the options and with support from both the Transformation and Improvement team and Quality Management will help determine what the workforce model should look like, which will then determine whether they go for a two or three-site service reconfiguration. He wished to note that there had been patient involvement throughout the process, via the Strategic Improvement Group.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted and received assurance from the Challenged Services Report – Urology. <p><i>[Nesta Collingridge, Head of Risk Management, joined the meeting]</i></p>	
<p>QS24/97 Health Board Response to the Royal College of Psychiatrists Invited Review Services Report</p> <p>QS24/97.1 The Executive Director of Allied Health Professionals and Health Science (AHPHS) thanked the Interim Director for Mental Health and Learning Disabilities (MHL) and the Associate Director of Governance for</p>	

their help preparing the report which outlined and clarified the new governance approach being taken by establishing the Expert Advisory Group, a sub-committee of the QSE, to oversee the creation of and trajectory against recommendations of the Royal College of Psychiatrists Invited Review Services Report (RCPsych Report).

QS24/97.2 It was noted that The Board had considered and endorsed the establishment of the Group, which will be independently chaired, with both family and user representatives, and Llais included as members.

QS24/97.3 The Interim Director of MHL D was pleased to note that recent meetings involving the Chair, the Chief Executive, The Executive Director of AHP&HS, The Interim Director of MHL D and both Llais representatives and some Tawel Fan families' members, although challenging, had also been very productive and felt that it is now considered fundamental that people who had experienced poor care in the past are able to influence the Health Board's future direction. The Interim Director of MHL D informed the Committee that the Board had considered and endorsed the outline approach and governance arrangements, which included the establishment of a governance framework that enables transparent and accountable progress and the report highlights some of the key aims for this Group to consider

QS24/97.4 Members thanked all responsible for the important developments outlined in the report, acknowledging that there needed to be a proper space for people's experiences to be reflected.

It was resolved that the Committee:

- **Considered** and **endorsed** the proposed governance arrangements to oversee/monitor the response plan in order to assure the Board that progress and trajectory address the recommendations within the RCPsych Report.
- **Agreed** to establish the Expert Advisory Group as a sub committee of the Quality Safety and Experience Committee which will have the responsibility for the oversight of the Action Plan.
- **Noted** the Draft Terms of Reference for the Health Board RCPsych Action Delivery Group that will be received and considered at Executive Team Meetings.

QS24/98 Corporate Risk Register

QS24/98.1 The Head of Risk Management presented the report, bringing the Committee's attention to two risks that were over the tolerance set by Board – (1) Failure to Embed Learning, and (2) The Primary Care Risk.

QS24/98.2 The Committee was asked to note that within the reports it referred to the CRR24-03 'Safeguarding' risk, which was to be noted for de-



<p>escalation, however this was incorrect as the de-escalation had yet to be formally approved by the Executive Committee.</p> <p>QS24/98.3 Members were concerned that the report noted that despite several actions having been progressed, no risk scores had been reduced. The EDoN noted that with regards to the 'Failure to Embed Learning', there was a great deal of evidence across the Health Board that actions were being progressed, however it had been felt that until there was undisputed evidence that reduction in incidents was due to the learning, the risk score should not be reduced. The Deputy Director of Quality wished to note that he was ready to move a significant number of items to close, which would help demonstrate that progress was being made. Deputy Director of Quality agreed to update and circulate. The EDoN noted that some of the slippages of timescales were necessary because although the work towards the actions was complete, they still required sign-off by committees and Board.</p> <p>QS24/98.4 The EDoN assured the Committee that the need to identify how learning was being shared and embedded was extremely important to the organisation, however it was a very complex issue to provide evidence of success. She noted that the NHS Executive wished both the Learning Repository (which once completed will be a first of its kind for Wales) and the Terms of Reference for the Learning Forum, will be cascaded across Wales as they have both been identified as 'best practice'.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted and took assurance on the Corporate risks within the report. <p><i>[Nesta Collingridge, Head of Risk Management left the meeting]</i></p>	MJ
<p>QS24/99 NHS Wales – Joint Commissioning Committee Quality Committee Chairs Report.</p> <p>The report was noted.</p>	
<p>QS24/100 Quality Delivery Chair's Assurance Report</p> <p>QS24/100.1 The EDoN noted that since the last meeting, a new template had been put in place to facilitate a consistent approach to capturing information, anticipating that this report will provide an escalation to Executives and Independent Members.</p> <p>The report was noted.</p>	
<p>QS24/101 Summary of Business to be Reported from Private</p> <p>The report was noted.</p>	
<p>QS24/102 Committee Cycle of Business and Committee Workplan</p>	

<p>QS24/102.1 As Chair of the Risk Scrutiny Group, The EDoN agreed to keep Committee informed of support for East IHC's in relation to increased demand for Children's Neurodevelopment services which far outweighs its capacity.</p> <p>QS24/102.2 In relation to Mental Health & Learning Disabilities, these need to be added as two separate items (1) Mental Health and (2) Learning Disabilities. Primary Care to be added onto the Cycle of Business.</p> <p>The report was noted.</p>	<p>AW</p> <p>AW / PPJ / FL</p>
<p>QS24/103 Organ and Tissue Donation Committee Annual Report</p> <p>QS24/103.1 The Executive Director of Allied Health Professionals and Health Science (AHPHS) asked the Committee to note the important work carried out by the committee and urged Board to support where possible, with suggested attendance at the annual service held at St Asaph Cathedral. It was acknowledged that the Committee's work was often not discussed, however, to note that it was extremely important to families that it be recognised.</p> <p>The report was noted.</p>	
<p>QS24/104 Meeting effectiveness</p> <p>QS24/104.1 It was noted that although the meeting had overrun slightly, there had been some extremely important information within the reports and presentations, which focussed on the good work taking place, as well as on-going challenges.</p> <p>QS24/104.2 A discussion took place regarding the balance, quality and length of the meeting. It was agreed to extend the length of meeting to four hours in future, to provide more time for in-depth discussion.</p> <p>QS24/104.3 It was noted that more time should be allocated to Primary Care on a regular basis.</p>	<p>AW / PPJ / FL</p> <p>AW / PPJ / FL</p>
<p>QS24/105 Date of Next Meeting</p> <p>24th October 2024</p>	
<p>QS24/106 Resolution to Exclude the Press and Public</p>	