

Betsi Cadwaladr University Health Board

Minutes of the Quality, Safety & Experience Committee meeting held on 19 May 2023 Via Teams

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Prof Mike Larvin	Independent Member
In attendance	
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Alison Griffiths	Director of Nursing
David Jenkins	Independent Advisor (observing)
Mandy Jones	Deputy Executive Director of Nursing
Matt Joyes	Associate Director of Quality
Dr Nick Lyons	Executive Medical Director
Phil Meakin	Interim Board Secretary
Susan Morgan	Head Of Health, Safety and Security
Marty Mcauley	Interim Deputy Board Secretary
Tracey Radcliffe	Head of Patient Safety
Angela Wood	Executive Director of Nursing & Midwifery
Rachel Wright	Patient and Carer Experience Lead

Agenda item	Action
OPENING BUSINESS	
QS23.24 Welcome introductions and apologies	
<p>QS23.24.1 Rhian Watcyn Jones, Independent Member and new Chair (Chair) of the Quality, Safety & Experience (QSE) Committee welcomed everyone. She stated that the meeting was not intended to be a comprehensive look at all matters QSE; rather a start-up meeting to be followed by a second meeting in June.</p> <p>QS23.24.2 The Chair reported that Prof Mike Larvin, Independent Member had to leave at 4pm so the agenda would be moved around to ensure quoracy. For the Committee to be quorate, two Independent Members and two Executive Directors had to be present.</p> <p>QS23.24.3 Apologies were received from:</p> <p>Alan Brace, Independent Advisor Chris Lynes, Deputy Director of Nursing and Midwifery James Risley, Deputy Medical Director</p>	



<p>QS23.25 Declarations of interest on current agenda</p> <p>QS23.25.1 There were no declarations of interest noted.</p>	
<p>QS23.26 Minutes of the last meeting and action log</p> <p>QS23.26.1 It was agreed that the minutes of the meeting would be carried over for approval at the next meeting.</p>	
<p>QS23.27 Patient Story</p> <p>QS23.27.1 The patient story circulated prior to the meeting was not reviewed as it is also on the agenda for the board meeting on the 25 May 2023.</p>	
<p>QS23.28 Patient Safety Report</p> <p>QS23.28.1 Tracey Radcliffe (TR), Head of Patient Safety introduced the Patient Safety report which covered the previous three-month period which was taken as read.</p> <p>QS23.28.2 TR highlighted the following points from the report:</p> <ul style="list-style-type: none">• It was reported that from February to April 2023, 28 National Reportable Incidents (NRIs) had occurred and 64 notifications were submitted. The difference in the numbers related to incidents which occurred in prior months that have been awaiting outcomes from harms meetings. The total number of NRI investigations that are overdue is 34 of the 57 that are open.• The NRIs reported during this period were themed as follows: Grade 3 or above Health Acquired Pressure Ulcer (5); Falls resulting in harm (12); Assessing and recognising patient/service user deterioration (2); Delays in clinical assessment or treatment (5); Infection prevention (2); Injury of unknown origin (1) and Death of patient known to Mental Health services (1).• It was noted that there were weekly meetings focussed on reviewing open investigations and that a Quality Strategy was being developed. <p>QS23.28.3 Prof Mike Larvin (ML), Independent Member commented that it was a good detailed report and was pleased that work was on an upward trajectory. The Chair suggested that a timeline for the development of the Quality Strategy would be helpful.</p> <p>QS23.28.4 The Committee received the report.</p>	
<p>QS23.29 Patient and Carer Experience Report</p>	



QS23.29.1 Rachel Wright (RW), Patient and Carer Experience Lead presented the Patient and Carer Experience Report which covered the period from December 2022 to March 2023. During this period the Health Board had received 756 complaints, 585 being complaints managed under the Putting Things Right Regulations (PTR). Of the 756 complaints received 171 were initially classified as Early Resolutions. Of these, 11 cases were upgraded to 'managed under PTR' due to the service involved not managing resolution within two working days.

QS23.29.2 It was noted that the majority of the complaints related to Secondary Care Services and the top themes related to: clinical treatment and assessment, poor communication, appointments and medication. There is ongoing pro-active work by the Patient Advice and Liaison Service (PALS) to coordinate with services, addressing recurring themes. Attitude and behaviour issues are common themes across all services.

QS23.29.3 It was reported that performance remained below the All-Wales target of 75% for complaints closed within 30 working days. The number of complaints closed within the timeframe was 30% during the months of December 2022 to March 2023. This performance level is a slight improvement in comparison with previous reporting months. To support the achievement of the key performance indicators, each Integrated Health Community (IHC) had adopted weekly meetings to manage the progress of complaints received. In addition, a new weekly scrutiny meeting to manage the overdue complaints backlog had been established chaired by the Deputy Executive Director of Nursing.

QS23.29.4 There were 290 overdue complaints at the end of March 2023. This is a significant reduction in overdue complaints achieved through staff working overtime and considerable efforts by both the Complaints Team and the services involved to investigate complaints and complete reports within PTR timescales.

QS23.29.5 In answer to a question from the Chair, it was noted that patient and carers could give feedback without using electronic devices. These included Care and Share Interviews or over the phone, depending on service.

QS23.29.6 In response to a question raised by the Chair, it was confirmed that carers could also leave feedback and they were supported through Carers Champions.

The Chair noted the improvement in meeting targets. She felt that as well as meeting targets it was essential to investigate the root causes of complaints and deal with underlying issues.

QS23.29.7 The report was received by the Committee.

QS23.30 Clinical Effectiveness Update Report



QS23.30.1 Nick Lyons (NL), Executive Medical Director introduced the Clinical Effectiveness Update Report and apologised to the Committee as he had been on leave when the report was issued. He believed that the report did not give assurance only partial or no assurance. For this reason, he provided a brief commentary with a view to producing a more comprehensive report in future.

QS23.30.2 NL highlighted the following points from the report:

- BCU Hospital Transfusion Committee - Transfusion survey feedback had identified that medical staff had not undertaken any transfusion related training. It was noted that currently there is no formal programme available for transfusion training for medical staff (apart from F1s) and support is required from clinical specialities to be able to link in with clinical governance days in order to deliver this training.
- Major Haemorrhage Procedure (MHP) training - No formal clinical training regarding MHP currently in place. Recommendation is that Transfusion training should be mandatory for all staff involved in the transfusion process.

QS23.30.3 NL reported that there was a lack of suitable accommodation to provide training. However, options were being look at to provide training with Bangor University and reviewing dates where there is capacity.

QS23.30.4 ML confirmed that there were available training rooms at Bangor University outside of term time.

QS23.30.5 The report was received by the Committee on the understanding that clinical effectiveness matters would be considered more fully in the future.

QS23.31 Regulatory Assurance Report

QS23.31.1 Matt Joyes (MJ) Associate Director of Quality presented the Regulatory Assurance Report which provided the Committee with an updated position in relation to quality related regulatory activity for the period January 2023 to April 2023 which was taken as read.

QS23.31.2 MJ highlighted the following points from the report:

- Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. It inspects NHS services, and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. Following inspections of BCUHB HIW identified two services that required improvement - Services Requiring Significant



Improvement (SRSI):

- Emergency Department at Glan Clwyd Hospital – HIW inspected on three occasions (08-10 March 2022; 03-05 May 2022; 28-30 November 2022) and made 71 recommendations and 304 service improvement actions. Significant work has been undertaken by staff to address actions and the following week would be meeting specifically to review collected evidence in depth.
- Vascular Services - The Royal College of Surgeons Clinical Record Review Report, published 20 January 2022, identified a number of concerns that indicated a risk to patients using the vascular service. HIW undertook a review and conducted onsite field work across all sites in November 2022 with follow up remote evaluation of data and information.
- The HIW inspected Foelas Mental Health Unit, Learning Disabilities, Bryn y Neuadd Hospital on 22 March 2023. The draft report had not yet been received but no immediate concerns were raised.
- It was noted during January to April 2023, there were 148 new inquests or requests for information from the coroner's office. During the same period the previous year, 128 new inquests or requests for information were received from the coroner's office in North Wales.

QS23.31.3 In a discussion around sufficient resource to improve services, it was noted that dedicated staff had been allocated to collate information and evidence for HIW actions. It was acknowledged that staff working in the emergency department work very hard and are overstretched.

QS23.31.4 In response to a question, MJ confirmed that were HIW to visit tomorrow they would see improvements since their visit in March 2022. It was noted that the actions had been maintained and supported by staff who 'owned it' though it was acknowledged that cultural changes took longer to embed.

QS23.31.5 The Committee received the report.

QS23.32 Health and Safety Report

QS23.32.1 Susan Morgan (SM), Head of Health, Safety and Security presented the Health and Safety Report which was taken as read.

QS23.32.2 SM highlighted the following points from the report:

- The Health and Safety Executive (HSE) sent a letter of notification of contravention which was received 9 May 2022, to detail material breaches identified following the investigation of the death of a patient by ligature in the Hergest Unit.



- The HSE is actively investigating two patient falls; in the CDU in Wrexham and Gogarth Ward, Ysbyty Gwynedd. A further patient fall remains an open investigation in Aran Ward, Ysbyty Gwynedd. Further reports are being submitted to the HSE following patient falls where an inadequate falls assessment was completed or identified controls not implemented. The HSE has confirmed that it is also reviewing falls training completed by agency staff to see if it is in-line with the BCU falls policy.
- The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) – it was noted that since the 1 January 2023 there have been 15 reports submitted under RIDDOR. This includes eight staff 'over 7 days' related injuries with three falls, two assaults, one head injury and two musculoskeletal injuries. There were seven patient related specified injuries following falls.
- It was noted that the main area of concern was manual handling training where 5,000 staff (53%) have yet to update their training which is on an annual basis.

QS23.32.3 The report was received by the Committee. The Chair asked for BCUHB actions to address H & S issues to be identified in future reports.

Prof Mike Larvin, Independent Member left the meeting at 16.02.

QS23.33 Nurse Staffing Act

QS23.33.1 Alison Griffiths (AG) Director of Nursing introduced the Nurse Staffing Act report which was taken as read and provided a summary of key health and safety team activities and areas for escalation since the 1 January 2023.

QS23.33.2 It was noted that Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatients wards; adult acute surgical inpatient wards; and paediatric inpatient wards.

QS23.33.3 The Act has two key requirements:

- 1). A duty to calculate and take steps to maintain nurse staffing levels
- 2). Apply triangulated methodology to nurse staffing level calculations i.e., Professional Judgement /Patient Acuity / Quality Indicators. In line with the Act, nurse staffing calculations were approved by a designated person authorised to undertake this calculation on behalf of the Chief Executive Officer which is the Executive Director of Nursing.

QS23.33.4 There was some discussion as to how safe staffing levels were triangulated and calculated with Angela Wood (AW), Executive Director of Nursing & Midwifery, explaining how she approves based on complex needs of patients.



<p>QS23.33.5 It was noted that Quality Indicators are linked to care provided by nurses such as pressure ulcers; medicine administration errors; patient falls and complaints.</p> <p>QS23.33.6 There was some discussion around workforce and multi-disciplinary support and the challenges surrounding recruitment to posts. It was noted that that new job roles were being developed to ensuring that the appropriate staff were available to provide the right care for patients. There is a consultation being undertaken with the Welsh Government currently about staffing levels and are hoping for more flexibility.</p> <p>QS23.33.7 The Committee noted the report.</p>	
<p>QS23.34 Reflections on meeting</p> <p>QS23.34.1 The Committee agreed that there had been good interaction amongst attendees with short and concise reports which had been useful. It was agreed that an agenda setting meeting would be held for the next QSE meeting which was scheduled for the 20 June 2023.</p> <p>QS23.34.2 It was agreed that this felt like an inclusive meeting and a safe space to discuss issues and concerns. The Chair stated that the Independent Members were here to both challenge and support the Executive and operational teams.</p>	
<p>QS23.35 New Risks</p> <p>QS23.35.1 No new risks were identified in the meeting.</p>	
<p>QS23.36 Date of next meeting</p> <p>QS23.36. The next meeting will be held on the 20 June 2023.</p>	