

Betsi Cadwaladr University Health Board

Minutes of the Quality, Safety & Experience Committee meeting held on 20 January 2023
Via Teams

Present:

Lucy Reid	Independent Member (Chair)
Cheryl Carlisle	Independent Member – from 10:00
Jacqueline Hughes	Independent Member
John Gallanders	Independent Member
Hugh Evans	Independent Member

In Attendance:

Peter Bohan	Associate Director of Occupational Health Safety and Security
Gareth Evans	Acting Executive Director of Therapies & Health Science
Matthew Joyes	Associate Director of Quality
Phil Meakin	Associate Director of Governance
Teresa Owen	Executive Director of Public Health
Philippa Peake-Jones	Head of Corporate Affairs (minutes)
Angela Wood	Executive Director of Nursing and Midwifery
Nick Lyons	Executive Medical Director
Molly Marcu	Interim Board Secretary
Mike Smith	Project Lead Mental Health
Gaynor Thomason	Programme Director for Clinical Safety Improvement (for part)
Paul Lumsdon	Interim Director of Nursing Mental Health
Rod Taylor	Director of Estates (for part)
Ben Thomas	Consultant Nephrologist
Karren Mottart	IHC Medical Director (for Part)
Barbara Cummings	Interim Director of Performance
Fflur Jones	Audit Wales
Jackie Allen	CHC

Agenda Item	Action
OPENING ADMINISTRATION	
QS23.01 - Welcome, Introductions and Apologies for Absence	
QS23.01.1 Apologies were received from Chris Stockport, Executive Director of Transformation and Planning, Sue Green, Executive Director of Workforce and Organisational Development, Dave Harries, Internal Audit and Iain Wilkie, Interim Director of Mental Health.	
QS23.02 - Declarations of Interest on current agenda	
QS23.02 There were no declarations of interest noted.	
QS23.03 - Minutes of Previous Meeting Held in Public for Accuracy	

<p>QS23.03.1 It was resolved that the minutes were approved as an accurate record of the meeting held on 1 November 2022</p>	
<p>QS23.04 - Matters Arising and Table of Actions</p> <p>QS23.04.1 The Action log was reviewed in detail and where appropriate actions were removed. It was noted that actions should be completed before the next meeting and if this were not possible an update in the action log noted as to why.</p> <p>QS23.04.2 The Committee reviewed the action log and closed actions where appropriate.</p>	
<p>QS23.05 - Patient Story</p> <p>QS23.05.1 The Committee viewed a video on a patient who shared her experience through diagnosis and treatment of Pulmonary Embolisms (PE) in Ysbyty Glan Clwyd. The Associate Director of Quality thanked Catrin for sharing her story and highlighted the learning identified in the paper.</p> <p>QS23.05.2 The Executive Medical Director advised that improvement work needs to be undertaken in this area and advised that he would work outside the meeting to confirm that the patient was receiving the correct medication and support psychologically.</p> <p>QS23.05.3 A discussion took place around different experiences of care with regards to PE experienced across the Health Board and the Executive Director of Nursing and Midwifery advised that training, information and communication would be replicated across the Health Board to ensure consistency but that the management of PE varies across the UK.</p> <p>QS23.05.4 It was agreed that actions from the patient stories would be reviewed at the new Oversight and Assurance Group and report back into QSE through the Executive Director of Nursing and Midwifery's Chair's Assurance Report.</p> <p>QS23.05.5 It was agreed that there would be a year-end report received at QSE on Patient Stories.</p> <p>QS23.05.6 It was resolved that the Committee receive and reflect upon the story</p>	<p>NL</p> <p>AW</p> <p>AW</p>
<p>QS23.06 - Corporate Risk Register</p> <p>[Director of Estates joined the meeting]</p> <p>QS23.06.1 Attendees discussed the Health and Safety risks in depth around Estates discussing in detail the risk around the likelihood of a legionella outbreak. It was noted that there are controls and mechanisms in place to reduce the exposure but that there was an inherent challenge with water quality, management and usage but that the likelihood was low but the impact would be great. Questions were raised in relation to the score of the risk and it was noted that this risk rating had been identified by Corporate Health and Safety but that it would be reviewed to see if the scoring could be reduced through evidence. The Board Secretary queried the methodology applied, that there was a lack of tangible justification for the risk rating. The Director of Estates agreed to review the risk rating.</p> <p>QS23.06.2 Attendees discussed the fire safety risk noting that the issue with this risk was the level of consistency across all sites and ownership on each site. The Board</p>	<p>RT</p>

<p>QS23.07.2 Attendees noted that the track changes were showing in the document to show that comments had been included in the most up to date version. It was discussed that a policy is only as good as it's usage and that it was a very long policy but clear that was the reason an executive summary had been produced.</p> <p>QS23. 07.3 It was resolved that the Committee approved the Consent to examine or treatment Policy</p>	
<p>QUALITY SAFETY AND IMPROVEMENT</p>	
<p>QS23.08 - Mental Health Outcomes and Improvement</p> <p>QS23.08.1 The Executive Nurse Director shared that she thought the paper was very informative but questioned the data source on page four and the length of time that the work identified on page six was going to take. The Interim Nurse Director agreed to review page 4 of the report where it said "data source" rather than the dates and review the HCA numbers and amend the report for the next Committee. It was noted that with reference to the work being undertaken on page 6, that the timing of 10 months to triangulate was too long.</p> <p>QS23.08.2 It was noted that the outstanding actions are the focus and that a risk assessment would be completed on the actions and notify the Committee if there are any concerns that deadlines would not be met.</p> <p>QS23.08.3 The Committee were informed that by the end of February all band 5 staff will be given training on risk assessment and suicide training and that this would be documented.</p> <p>QS23.08.4 The work on auditing risk assessments is ongoing and a weekly meeting takes place to understand how improvements can be made. It was noted that some beds which were identified as anti-ligature are now not and that to mitigate the capacity around health and safety this is now being bought in.</p> <p>QS23.08.5 A discussion took place around staffing and training, noting that the 100% figure for staff being trained in risk assessment and suicide was for those in post. The Executive Director of Nursing advised that clinical ownership was essential and the Project Lead Mental Health confirmed that the Ward Managers, Matrons and Heads of Nursing were doing the spot checks. It was noted that a lot of hooks had been put on walls given the increase in corridor nursing and that these should be included in risk assessments.</p> <p>QS23.08.6 It was requested that with regards to the outstanding actions for the Notice of Contravention outcomes were required and the Project Lead for Mental Health agreed to review the digital patient record system to ensure that all those who needed access to the system would be able to access it.</p> <p>QS23.08.7 It was resolved that Committee reviewed the proposed update on the development of the MH&LD Divisional Improvement Plan.</p>	<p>PL</p> <p>PL</p> <p>MS</p>
<p>QS23.09 - YGC Improvement Plan</p> <p>QS23.09.1 Attendees received the YGC Improvement plan noting that it had been scrutinised in a lot of detail at Cabinet. Patient bounce back is a measure that is being</p>	

<p>recorded and this was being done over a 72-hour period without concerns currently being raised. What was being identified as the main concern was the closure of nursing homes and staffing. It was noted that what was once best practice is now no longer supported but the Health Board is looking at home support and maximising Community Hospitals. Clarity was given in relation to rehabilitation, care homes and home setting discharge. Concern was raised in relation to Local Authority budgets</p> <p>QS23.09.2 An Independent Member queried whether there was an improvement in documentation being seen, and if cancer patients in crisis were being able to be seen at the cancer centre. The Programme Director for Clinical Safety Improvement advised that the IHC's were doing documentation audits and improvement has been seen but there is further work to be done.</p> <p>QS23.09.3 The Executive Medical Director advised that there was a requirement to look at multidisciplinary team notes on cancer and though improvements were being seen further work was being done, specifically around weekend and bank holidays and that the information was being reviewed at the forthcoming Cancer Partnership Board.</p> <p>QS23.09.4 An Independent Member queried consultants and recruitment in terms of overall safety and assurance and how often the Health Board was running below capacity and what impact that was having on patients. The Executive Medical Director advised that there was some ongoing debate as to whether the traditional staffing model is effective, however, it was noted that the Health Board is below RCEM Standards and that it was mitigate through a high volume of agency staff, which introduced its own risk and problems, however, if the Health Board were to benchmark it was in a better place than others.</p> <p>QS23.09.5 The Programme Director for Clinical Safety Improvement advised that there is work ongoing to look to appoint consultant nurses and are consultant physiotherapists.</p> <p>QS23.09.6 An Independent member questioned medical oversight on the Emergency Department at YGC and Paediatrics, given that it was now common practice to see patients waiting outside of the waiting room. The Executive Director of Nursing and Midwifery advised that from a nursing perspective, there is a Nurse in place and Health Care Support Workers are there providing refreshments. Audits are taking place to ensure that this is taking place and nurses are speaking to patients outside. It was acknowledged that the workforce is under extreme pressure.</p> <p>QS23.09.7 It was resolved that the Committee noted the progress made to date on the YGC Improvement Plan.</p>	
<p>QS23.10 - Vascular Improvement Plan</p> <p>QS23.10.1 The Committee received the Vascular Improvement Plan an Independent Member highlighted that it was documented that there were still some issues with regards to record keeping and that he had heard that some patients were moving from a vascular route to an orthopaedic route. Clarification was sought on the proposed reduction of the staffing risk down to a tier 2 and if this identified that there were now enough consultants recruited. Finally, clarification was sought on the timing of the HIW report.</p> <p>QS23.10.2 The Executive Medical Director advised that there had not been a change in policy with regards to the treatment of patients. With regards to the workforce, the consultant workforce is at establishment but with locum reliance. Attendees noted that a middle grade rota was now in place. Further recruitment around nursing, psychology etc</p>	

<p>has been paused at the current time due to funding. Finally, the Executive Medical Director advised that it was anticipated that the HIW report would be received in March.</p> <p>QS23.10.3 The Executive Medical Director advised that the report received was a little sparse due to a number of meetings being stepped down due to industrial action and that a fuller report would be received at the Vascular Steering Group and then onto the March QSE meeting.</p> <p>QS23.10.4 An Independent Member advised that he would email the Executive Medical Director his operational queries outside of the meeting.</p> <p>QS23.10.5 The Executive Director of Nursing and Midwifery updated on the conversations taking place with Welsh Government noting that what the Health Board is experiencing with regards to vascular is the same as other Health Boards.</p> <p>QS23.10.6 A discussion took place with regards to the pathways matching the improvement plan, it was noted that a meeting had been scheduled to review what has been achieved with regards to the pathways and what is still yet to do</p> <p>[The Programme Director for Clinical Safety Improvement left the meeting]</p> <p>QS23.10.7 It was resolved that the Committee noted the summary of actions taken since the last update.</p>	JG
<p>QS23.11 - Urology Improvement Plan</p> <p>[The IHC Medical Director joined the meeting]</p> <p>QS23.11.1 The IHC Medical Director presented the report. An Independent Member raised concerns around harm and waiting lists. It was noted that optimising pathways and centres of excellence would be utilised to reduce patient harm, an example of how this is being undertaken with the prostate cancer pathway was shared.</p> <p>QS23.11.2 The IHC Medical Director advised that with regards to streamlining waiting lists this was in relation to reducing steps that do not add value, for example following GP referral a patient should be able to go straight to diagnostics rather than via a consultant.</p> <p>QS23.11.3 The Executive Medical Director advised that since the production of the paper two issues have been identified and that a response was being drafted to HIW around urology cancer wait lists.</p> <p>QS23.11.4 Attendees discussed the robotic surgery, consultant training and the choice of robot purchased. It was noted that further conversations around procurement and the Urology HIW response would be taken outside of the meeting.</p>	NL
<p>QS23.12 Patient Safety Report</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.13 - Patient and Carer Experience Report</p>	

<p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.14 - HIW Update</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.15 - Quality/Safety Awards and Achievements</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.16 - Health and Safety Report including HSE Update</p> <p>QS23.16.1 The Committee received the Health and Safety Report an Independent Member queried if there was any way to highlight racially motivated incidents, it was noted that this was done and submitted to the equities group.</p> <p>QS23.16.2 Attendees discussed walkabouts and inspections, it was noted that a range of areas are reviewed and that a detailed plan could be brought back to QSE Committee with clarity around Primary Care.</p> <p>QS23.16.3 The Board Secretary highlighted the Health and Safety gap analysis plan and noted that given this was the basis on which work was prioritised it needed to be seen. The Associate Director of Occupational Health Safety and Security advised that the gap analysis was used to develop the three year strategy which had been shared at QSE in the past.</p> <p>QS23.16.4 The Committee noted that further work was ongoing around falls given the data was not showing sufficient improvement. The Executive Director of Nursing and Midwifery advised that her senior team were looking at how to take this forward.</p>	
<p>QS23.17 - Nurse Staffing Act</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>REPORTS</p>	
<p>QS23.18 - Chair's Assurance Reports</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.19 - Infection Prevention Report</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	
<p>QS23.20 – Quality & Performance Report</p> <p>This item was taken as a consent item due to timing, any questions should be forwarded and appended to the minutes with responses.</p>	

CLOSING BUSINESS	
<p>QS23.23 - Issues Discussed in Previous Private Session</p> <p>QS23.21 The Committee noted that the items that were discussed in the private session on 1 November 2022 were:</p> <ul style="list-style-type: none"> • Update on Mental Health Investigations presented by the Executive Director of Public Health • Incident Report presented by the Executive Director of Nursing and Midwifery • Health & Safety Executive Compliance Update presented by the Executive Director of Workforce and Organisational Development 	
<p>QS23.22 - Date of next meeting</p> <p>QS22.255.1 It was noted that the next QSE Meeting would be held on 7 March 2023.</p>	
<p>QS23.23 Exclusion of Press and Public</p> <p>QS23.23.1 It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	