

Betsi Cadwaladr University Health Board

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

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Clare Budden	Independent Member
Prof Mike Larvin	Independent Member (part)
In attendance	
Jason Brannan	Deputy Director of Workforce
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Michelle Denwood	Director of Safeguarding & Public Protection (item QS23.44 only)
Dyfed Edwards	Independent Member/Health Board Chair (observing)
Gareth Evans	Acting Executive Director Therapies & Health Science
David Jenkins	Independent Advisor (observing)
Gavin Jones	Lead, Health & Wellbeing Intervention (item QS23.51 only)
Matt Joyes	Associate Director of Quality
Dr Nick Lyons	Executive Medical Director
Phil Meakin	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Chris Stockport	Executive Director of Transformation, Strategic Planning & Commissioning
Angela Wood	Executive Director of Nursing & Midwifery

Agenda item	Action
OPENING BUSINESS	
QS23.37 Welcome introductions and apologies QS23.37.1 Rhian Watcyn Jones, Independent Member and Chair (Chair) of the Quality, Safety & Experience (QSE) Committee welcomed everyone. She especially welcomed Clare Budden, (CB) Independent Member to her first meeting as a member. QS23.37.2 There were no apologies.	
QS23.38 Declarations of interest on current agenda QS23.38.1 There were no declarations of interest noted.	
QS23.39 Minutes of the last meeting and action log QS23.39.1 Angela Wood, (AW) Executive Director of Nursing confirmed that she had approved the minutes of the meeting held on the 20 January 2023 and Nick Lyons, (NL) Executive Medical Director, agreed that the actions accurately reflected what was discussed at the meeting. David	



<p>Jenkins, (DJ) Independent Advisor stated that the Committee could take assurance from the Executives who were present at the meeting that the minutes in their view accurately reflected what was discussed and agreed. There was nothing contentious in the actions and on that basis the Committee approved the actions being implemented.</p> <p>QS23.39.2 The Chair asked for the minutes of the meeting held 19 May 2023 to capture more of the discussion as appropriate:</p> <ul style="list-style-type: none"> • Patient Safety Report, incorporate primary care • Root causes and what is underneath and what we are doing • What is the timeline for the Quality Strategy? • Attitude and Behaviour behind complaints – a better understanding. How do we change ingrained attitudes? <p>QS23.39.3 It was noted that Teresa Owen, (TO) Executive Director of Public Health and Jason Brannan, (JB) Deputy Director of Workforce had not received invitations to the last meeting.</p> <p>QS23.39.4 AW stated that she would review the draft minutes in future.</p> <p>QS23.39.5 The Chair requested that an action log be created to ensure actions were monitored.</p> <p>QS23.39.6 Papers should be brief with a clear purpose and ask from the Committee. Links to background information and full reports could be given to provide more context and detail. It is important that analysis of data leads to improvement activity and embedded learning and that these, along with timescales, are presented to Committee.</p>	<p>AW</p> <p>RC</p>
<p>QS23.40 QUALITY SAFETY AND IMPROVEMENT</p>	
<p>QS23.41 Explanation of Quality Governance - Process and Ownership</p> <p>QS23.41.1 The Chair asked for some clarity on the function of the QSE Committee and Phil Meakin, (PM) Interim Board Secretary quoted from the Terms of Reference which says 'The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to the quality of services including clinical effectiveness, patient safety and patient and carer experience whether delivered directly or through a partnership arrangement, and health and safety issues'.</p> <p>QS23.41.2 Matt Joyes (MJ) Associate Director of Quality gave an overview of Quality Governance reporting in the organisation. Six groups report into QSE:</p> <ul style="list-style-type: none"> • Quality Delivery Group chaired by AW, a senior level decision making group to which all the divisions • Safeguarding Group • Infection Prevention and Control Group • Health and Safety Group 	



<ul style="list-style-type: none">• Clinical Effectiveness Group• Patient and Carer Experience Group <p>QS23.41.3 The six groups all report upwards to QSE and are primarily there to provide the health board with coordination, oversight and direction when it comes to that particular domain. This provides quality assurance for each domain for the organisation.</p> <p>QS23.41.4 The IHC's, MHL D and Women's Services also each have a quality group and a reporting structure, which for an organisation of this size works well. However more work needs to be done on reporting in a more succinct way. A workshop to review is to be agreed.</p> <p>QS23.41.5 NL reported that the Quality Delivery Group the previous week had discussed reporting and risk. PM stated that as part of Special Measures, Welsh Government was reviewing the function of the Office of Board Secretary (OBS) including the meeting structure for the organisation. The report and recommendations were expected shortly and would be shared. PM agreed to develop a workshop for the Committee on Quality with the outputs from the OBS Review.</p>	<p>MJ</p> <p>PM</p>
<p>QS23.42 NICE Guidance Report</p> <p>QS23.42.1 NL introduced the NICE Guidance Report and noted that the cover sheet to the report was not the one he had approved. He stated the report did not give assurance that the organisation had implemented all NICE Guidance Report that applied to the organisation.</p> <p>QS23.42.2 The organisation has a statutory responsibility to disseminate, implement and monitor its compliance with NICE guidance. IHCs and the Specialised Clinical Services/Mental Health/Womens Health Divisions are responsible for assessing and incorporating NICE and National Guidance into their practice.</p> <p>QS23.42.3 The report gives oversight of where information is received and disseminated and a tool is being trialled in the organisation on monitoring implementation. It was noted that some NICE guidance does not apply to the Welsh NHS system only to NHS England.</p> <p>QS23.42.4 In response to a question from the Chair it was noted that 25% of NICE guidance would not apply to the organisation as other Welsh Government guidance supersedes it. NL responded to Mike Larvin (ML), Independent Member, that the organisation compared quite well with other Health Boards in Wales in its processes.</p> <p>QS23.42.5 AW reported that other organisations where she had worked had introduced the category of 'not applicable' to record more accurately against. NL noted that such a process had been implemented but there was not a past record of what had been followed. The team will review to</p>	



<p>see if this can be incorporated with new software.</p> <p>QS23.42.6 Clare Budden (CB), Independent Member was concerned as this had been required for many years. Although not reported to the Board, it is a statutory responsibility. Poor records, and insufficient priority does not give adequate assurance. Members asked if there was a plan in place to improve and if it should be on the Risk register.</p> <p>QS23.42.7 TO reported that she has to give a system response to NICE Guidance from partners to include system health working which was broader than just clinical guidance response.</p> <p>QS23.42.8 NL appreciated that this should be embedded in the organisation. He believed that the new system was looking promising and had no significant cost implications. BCUHB was also reviewing what other Health Boards were using and how to work together collaboratively.</p> <p>QS23.42.9 NL to bring an update on NICE Guidance report to the Committee when due.</p> <p><i>ML left the meeting at 10:16</i></p>	<p>NL</p> <p>NL</p>
<p>QS23.43 Infection Control Report</p> <p>QS23.43.1 The Infection Control Report was presented by AW and was taken as read.</p> <p>QS23.43.2 She highlighted the following points from the report:</p> <ul style="list-style-type: none">• The organisation was slowly making progress – some areas were doing well and others are not.• There had been more C.difficile outbreaks than expected which was disappointing.• There had been no cases of hospital MRSA. Cases that were occurring were predominately in the community.• The organisation was working with Public Health Wales to compare across the whole of Wales more effectively and share good practice.• Following on from infection outbreaks more deep cleaning training for relevant staff was being provided to ensure compliance and the nursing team was working on air purification system with estates team.• Plan on a page to compare information and learning. <p>QS23.43.3 In response to a question raised by CB, AW stated that data in report showed where we are compared to other Health Boards. It's a goal set by the Welsh Government. It was noted that there were a few inaccuracies in report showing red actions which should be green.</p> <p>QS23.43.4 NL also pointed out the wider view of infection control relating to dentists, primary care and care in the community.</p>	



QS23.43.5 The Committee received the report.	
<p>QS23.44 Safeguarding Report</p> <p>QS23.44.1 Michelle Denwood, (MD) Director of Safeguarding & Public Protection presented the Safeguarding Report which was taken as read.</p> <p>QS23.44.2 In response to a question on staff mandatory safeguarding training, it was noted that training is delivered in numerous ways to make it more accessible to staff. Some staff do mandatory training in their own time through e-learning and are compensated for that and this had increased compliance. The organisation is improving in this respect and areas of non-compliance can be targeted. However there were challenges which are being addressed.</p> <p>QS23.44.3 It was noted that this was an overview report and a six month more detailed report was due in greater detail. AW reported that a review earlier that year was very positive but staff training was an ongoing corporate issue. Gareth Evans (GE), Acting Executive Director Therapies & Health Science noted that some staff were away on annual leave, maternity leave or sick leave so achieving 100% compliance might be unachievable. A check on how the compliance is calculated would clarify this.</p> <p>QS23.44.4 The Committee received the report.</p>	MD/GE
<p>QS23.45 Risk Report</p> <p>QS23.45.1 PM reported that the Risk Report had been circulated to the Committee prior to the meeting and was taken as read. There were two risks from the previous QSE Committee (pre-April 2023) regarding a deep dive of Vascular risks and this had been done. There was also an action regarding the development of a template which had been agreed at the Risk Management Group (RMG), The template ensures that all processes were completed which has been added to DATIX for monitoring purposes.</p> <p>QS23.45.2 NL confirmed that the two Vascular risks concerned the sustainability of the service and recruitment of staff. Consultants are now fully appointed and middle grade rota implemented. These risks can now be downgraded as they have been addressed.</p> <p>QS23.45.3 The Chair noted that work was underway to manage risk and refashion the Risk Register. The Health Board Development facilitated Workshop on the 22 June 2023 would be discussing and reviewing Risk Appetite for the organisation. The Risk Management Strategy would be circulated so that a Risk Appetite Statement could be agreed as part of Special Measures work. This would then be taken to the July Health Board meeting for approval.</p>	



QS23.45.4 The Committee noted the report.	
QS23.46 Review of 111*2 service – withdrawn	
QS23.46.1 TO reported that the request for a report was too short notice and a patient story on this topic would be at the next Health Board meeting.	
QS23.47 SPECIAL MEASURES	
QS23.48 Special Measures Report	
<p>QS23.48.1 Chris Stockport, (CS) Executive Director of Transformation, Strategic Planning & Commissioning presented the report which was taken as read.</p> <p>QS23.48.2 It was noted that the organisation was in the first 90-day cycle approach of Special Measures and there were 41 deliverables. A proposal for 11 of the 41 to come to QSE for review to try not to duplicate across committees. This was the first Committee to review the report and proposals.</p> <p>QS23.48.3 The Chair noted that some deliverables had been allocated to Partnerships, People, Population and Health (PPPH) Committee which is not currently operating. It was agreed that these deliverables would be reviewed and reallocated.</p> <p>QS23.48.4 The Committee thought the report was useful and was comfortable with the approach. There was scope for adjustment as other Committees consider. Dyfed Edwards (DE) Independent Member/Health Board Chair stated that it was important that the Committee meeting dates aligned as much as possible with the most up to date information. PM agreed to take forward sequencing of information.</p> <p>QS23.48.5 The Committee received the report.</p>	PM
QS23.49 POLICIES	
<p>QS23.49.1 MJ stated that it was current practice to bring all clinical policies through QSE Committee for approval. He suggested delegating the approval to the relevant Executive Director to avoid a delay in approving policies. Any policies approved would be reported back to the Committee.</p> <p>QS23.49.2 PM agreed that this could be incorporated into the OBS review and planned workshop.</p>	PM
QS23.50 Clinical Audit Policy	
QS23.50.1 The Committee noted the changes to the Clinical Audit Policy and agreed to delegate approval to the Executive Medical Director.	



QS23.51 Smoke Free Policy for the Health Board QS23.51.1 The Committee noted the changes to the Smoke Free Policy for the Health Board and agreed to delegate approval to the Executive Director of Workforce and Organisational Development. It was noted that this would be taken to the Health Board meeting for approval on 22.06.23. QS23.51.2 CB wanted to highlight that the report stated that smoking was a lifestyle choice but the majority of people would say it was an addiction. She would be interested in finding out more about cultural work being undertaken to support staff and leadership approach. QS23.51.3 TO thanked everyone for their comments. Progress would be reported to Committee in due course.	
QS23.52 Restricted Items Policy QS23.52.1 The Committee noted the changes to the Restricted Items Policy and agreed to delegate approval to the Executive Director of Public Health and Mental Health and Learning Disabilities.	
QS23.53 Searching Patients & their Property Policy QS23.53.1 The Committee noted the changes to the Searching Patients & their Property Policy and agreed to delegate approval to the Executive Director of Public Health and Mental Health and Learning Disabilities.	
QS23.54 Restrictive Interactions Policy QS23.54.1 The Committee noted the changes to the Restrictive Interactions Policy and agreed to delegate approval to the Executive Director of Nursing and Midwifery.	
QS23.55 RP02: Non-Ionising Radiation Protection Policy v3 QS23.55.1 The Committee noted the changes to the RP02: Non-Ionising Radiation Protection Policy v3 and agreed to delegate approval to the Executive Director of Therapies and Health Sciences.	
QS23.56 CLOSING BUSINESS	
QS23.57 Reflections on meeting QS23.57.1 There were no reflections on the meeting.	
QS23.58 New Risks QS23.58.1 There were no new risks identified during the meeting.	
QS23.59 Date of Next Meeting	



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QS23.59.1 The date of the next meeting to be agreed. Chair requested the Committee meet monthly for two hours, alternating between face-to-face meetings and virtual meetings. It was noted that this would be discussed at the agenda and forward work planning meeting the following week. This was supported by the Committee.

QS23.59.2 The Chair asked for face to face be held late morning or early afternoon if possible.

QS23.59.3 The Chair would like to hear more about the following as agenda items:

- Duty of Candour
- Three IHC's – how they feed in
- Mental Health
- Primary Care
- Community Care
- Partnership Working

QS23.60 Exclusion of Press and Public