

## Betsi Cadwaladr University Health Board (BCUHB)

### Minutes of the Quality, Safety & Experience Committee meeting held on 22 August 2023, Boardroom, Carlton Court, St Asaph

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Clare Budden	Independent Member
In attendance	
Jason Brannan	Deputy Director of People
Nesta Collingridge	Head of Risk Management
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Dyfed Edwards	Independent Member/Chair of Health Board
Adele Gittoes	Interim Executive Director of Operations
Michelle Greene	Integrated Health Community Director East
Sian Hughes-Jones	Head of Nursing for Cancer Services (Observing)
Matt Joyes	Deputy Director of Quality
Dr Nick Lyons	Executive Medical Director
Leon Marsh	Head of Patient Experience
Phil Meakin	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Geraint Parry	Quality Improvement Fellow
Tracey Radcliffe	Head of Patient Safety
Dr James Risley	Deputy Executive Medical Director
Carol Shillabeer	Interim Chief Executive Officer
Chris Walker	Head of Safeguarding (Adults)
Jane Wild	Associate Member
Edward Williams	Deputy Director of Performance (item QS23.85)
Angela Wood	Executive Director of Nursing & Midwifery

Agenda item	Action
<b>OPENING BUSINESS</b>	
<p><b>QS23.78 Welcome introductions and apologies</b></p> <p>QS23.78.1 Rhian Watcyn Jones, Independent Member and Chair (Chair) of the Quality, Safety &amp; Experience (QSE) Committee welcomed everyone.</p> <p>QS23.78.2 Apologies were received from:</p> <ul style="list-style-type: none"> <li>Gareth Evans, Acting Executive Director Therapies &amp; Health Science</li> <li>David Jenkins, Independent Advisor.</li> <li>Prof Mike Larvin, Independent Member</li> <li>Chris Stockport, Executive Director of Transformation, Strategic Planning &amp; Commissioning</li> </ul> <p>QS23.78.3 The Chair welcomed Adele Gittoes (AG), Interim Executive Director of Operations; Sian Hughes-Jones, Head of Nursing for Cancer</p>	



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<p>Services (shadowing Angela Wood) and Dr James Risley, Deputy Executive Medical Director to the meeting.</p>	
<p><b>QS23.79 Declarations of interest on current agenda</b></p> <p>QS23.79.1 There were no declarations of interest noted.</p>	
<p><b>QS23.80 Minutes of the last meeting and action log</b></p> <p>QS23.80.1 The minutes of the meeting held on the 25 July 2023 were approved as an accurate record of the meeting. However the Chair felt that it was unnecessary to state 'as read' in minutes against items and background information should only be there to support key points and actions.</p> <p>QS23.80.2 The Committee reviewed the action log and agreed the closure of those which had been completed. Clare Budden (CB), Independent Member, thought that the colour coding on the action log could be simplified.</p> <p>QS23.80.3 The Chair asked what had happened with the Health and Safety Executive Prosecution Case on the 3 August. Angela Wood (AW), Executive Director of Nursing &amp; Midwifery responded that BCUHB had been informed by the court a few days before the scheduled date that the judge was on holiday and that the case would be rescheduled for some time in December. The delay was disappointing for everyone involved and BCUHB was awaiting confirmation of a new court date.</p> <p>QS23.80.4 The Chair asked why the Deep Dive in Falls had been postponed until the October meeting. AW responded that an Internal Audit Review into Falls Policy was due but had not yet been received. This would provide a more balanced report hence the reason to postpone until October.</p> <p>QS23.80.5 Phil Meakin (PM), Associate Director of Governance and Interim Board Secretary, reported that the Risk Annual Trends Report would be taken to the Risk Management Group in October then onto the Committee for review.</p> <p>QS23.80.6 AW reported Patient Safety Report would be brought to the meeting in September with Primary Care information included.</p> <p>QS23.80.7 It was noted that Internal Audit does not routinely report to QSE Committee but the Head of Internal Audit is keen to meet with all Committee Chairs to ensure relevant audit information is shared. <b>PM agreed to arrange a meeting between the Chair and Head of Internal Audit.</b></p> <p>QS23.80.8 CB asked how staff members could raise concerns about</p>	<p><b>PM</b></p>



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<p>colleagues' performance, what were staff concerns and where does Whistleblowing where does it fit in? Carol Shillabeer (CS), Interim Chief Executive Officer explained that there were strong processes for oversight within the organisation. The Committee agreed that this would be a good topic for a Board Development session.</p> <p><b>ACTION: PM and RC to review action logs across organisation for a consistent approach.</b></p> <p><b>ACTION: Whistleblowing, raising concerns and oversight for a Board Development Session</b></p>	<p><b>PM/RC</b></p> <p><b>PM</b></p>
<p><b>QS23.81 SPECIAL MEASURES</b></p>	
<p><b>QS23.82 Special Measures</b></p> <p>QS23.82.1 The Chair welcomed Geraint Parry (GP), Quality Improvement Fellow who presented the latest Special Measures report which outlined the progress to date on the deliverables associated with the Committee.</p> <p>QS23.82.2 It was noted that the External Review Reports would be discussed in a separate session with reviewers present.</p> <p>QS23.82.3 GP reported that the report highlighted the challenges around clinical engagement and digital solutions and barriers to streamlining processes. The next 90-day cycle planning is underway and it was agreed that although Special Measures status was uncomfortable it was important to get the organisation on track.</p> <p>QS23.82.4 The Committee received the report.</p> <p><b>ACTION: Date for External Review Reports session to be arranged</b></p>	<p><b>PM</b></p>
<p><b>QS23.83 QUALITY SAFETY AND IMPROVEMENT</b></p>	
<p><b>QS23.84 Clinical Effectiveness Report</b></p> <p>QS23.84.1 Dr Nick Lyons (NL), Executive Medical Director, introduced the Clinical Effectiveness Report. The Quarter 3, Quarter 4 Clinical Audit Reports and the Annual Clinical Audit Report for 2022-2023 were submitted to June Strategic Clinical Effectiveness Group (CEG) for discussion and to Quality Development Group on 14 August and now to the Committee for acknowledgement</p> <p>QS23.84.2 There was some discussion around the report which was very detailed. The Chair wanted to know what was going well and if not, what plans were in place to improve or to mitigate. The Committee needed to see assurance and a joined-up governance system and did not need operational detail.</p> <p>QS23.84.3 The Committee noted the report.</p>	



<p><b>QS23.85 Performance Report Month 3</b></p> <p>QS23.85.1 Edward Williams (EW), Deputy Director of Performance presented the report which was in a different format from the more detailed version which would be produced for the Board meetings which was hopefully clearer for Committee members.</p> <p>QS23.85.2 It was noted that the report related to the Month 3 data as Month 4 data was only available that day so too late to circulate before the meeting.</p> <p>QS23.85.3 There was some discussion around rankings and targets and how realistic they are when no Health Board was able to achieve the ambulance turnover and four hour wait targets. Adele Gittoes (AG), Interim Executive Director of Operations, responded that the ambulance turnover and four hour wait targets were a Ministerial priority which BCUHB has to follow.</p> <p>QS23.85.4 The Committee received the report.</p>	
<p><b>QS23.86 Patient and Carer Experience Report</b></p> <p>QS23.86.1 Leon Marsh (LM), Head of Patient Experience was welcomed to the meeting to present the Patient and Carer Experience Report which covered the period April to June 2023. It was noted that 570 complaints had been received during this time, 47 of these were managed under Putting Things Right, and an additional 98 were resolved as Early Resolutions.</p> <p>QS23.86.2 It was noted that the majority of the complaints related to Secondary Care Services. The top themes related to: clinical treatment and assessment, poor communication, appointments and medication. Pro-active work is ongoing with the Patient Advice and Liaison Service (PALS) to coordinate with services, addressing recurring themes. Attitude and behaviour issues are common themes across all services.</p> <p>QS23.86.3 It was reported that in the next Special Measures 90-day cycle there would be a Board session on Cultural Behavioural Work within the organisation.</p> <p>QS23.86.4 CB thought it was positive that the organisation has many different ways for patients to give feedback such as texting, message boards and being visible and open.</p> <p>QS23.86.5 AW highlighted that a significant amount of work around effective complaints resolution had been undertaken by the Complaints Team and better use of language in the written responses. It was agreed</p>	



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<p>that improving the quality of complaint responses was a good learning development opportunity for staff where required.</p> <p>QS23.86.6 The Committee received the report.</p>	
<p><b>QS23.87 Infection Prevention and Control Annual Report 2022/23</b></p> <p>QS23.87.1 Rebecca Gerrard (RG), Director of Nursing Infection Prevention and Decontamination presented the Infection Prevention and Control (IPC) Annual Report relating to the period April 2022 to March 2023. It was noted that the report sought to provide assurance that the organisation is meeting its statutory requirements in relation to the management of IPC in accordance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI) 2014. The report outlined the key achievements and challenges and provided an assessment of performance against national targets in relation to HCAs and antimicrobial prescribing for the year.</p> <p>QS23.87.2 The Chair was pleased that BCUHB compared well against other Health Boards and noted the ongoing work. AW reported that the Infection Control Group ensured that shared learning and good practice was implemented across the organisation.</p> <p>QS23.87.3 The Committee noted the report.</p>	
<p><b>QS23.88 Corporate Safeguarding Annual Report</b></p> <p>QS23.88.1 Chris Walker (CW), Head of Safeguarding (Adults) joined the meeting to present the Safeguarding and Public Protection Annual Report 2022-2023.</p> <p>QS23.88.2 It was noted that with the introduction of new legislation and an increase in training compliance the service had experienced a significant rise in the level of case work. This was inclusive of case complexity based upon the adaptation of putting new legislation into practice, which has been experienced throughout BCUHB and by our partner agencies.</p> <p>QS23.88.3 CB noted the differences in IHC areas which are managed by different Local Authorities and different levels of deprivation. CW reported that there was both over and under reporting and more training awareness was required.</p> <p>QS23.88.4 The Committee received the report.</p>	
<p><b>QS23.89 Integrated Health Community (IHC) Report – East</b></p> <p>QS23.89.1 Michelle Greene (MG), IHC East Director presented the report with information and analysis on the progress of the East IHC in improving quality, patient safety and experience.</p>	



<p>QS23.89.2 MG explained that the three IHCs (West, Central and East) meet regularly both formally and informally to work collaboratively together. She reported that one of the issues she had was maintenance of older buildings in Wrexham and areas which needed to be closed when too expensive to maintain or repair.</p> <p>QS23.89.3 The Chair thanked MG for the report but felt that the report concentrated on risk rather than quality matters. She thought it might be good to meet with the IHC directors together at a future meeting.</p> <p>QS23.89.4 The Committee received the report.</p>	
<p><b>QS23.90 Risk Register</b></p> <p>QS23.90.1 Phil Meakin (PM), Interim Board Secretary and Associate Director of Governance introduced the report on progress on the management of the Corporate Risk Register and the new escalated risks, and discussions which took place during the Risk Management Group (RMG) meetings on the 15 June 2023 and the 8 August 2023. It was noted that RMG provided oversight of risk in BCUHB and reviewed escalation and de-escalation of risks.</p> <p>QS23.90.2 The Chair felt that the report was too long and mixed risk with issues but noted that work on refining the register was ongoing and that there would be a Board Development session on the 24 August on Risk Appetite.</p> <p>QS23.90.3 The Committee noted the report.</p>	
<p><b>QS23.92 CLOSING BUSINESS</b></p>	
<p><b>QS23.93 Reflections on meeting</b></p> <p>QS23.93.1 AG found her first QSE Committee meeting interesting and noted how the reporting system linked with other meetings. Sian Hughes-Jones was asked for her thoughts. She found the meeting very interesting.</p>	
<p><b>QS23.94 New Risks</b></p> <p>QS23.94.1 There were no new risks identified during the meeting.</p>	
<p><b>QS23.95 Date of Next Meeting</b></p> <p>QS23.95.1 There was a discussion about moving back from a monthly meeting cycle to a bi-monthly meeting cycle to align with Board reporting. It was agreed that the next meeting would be in October to report to the 30 November Board meeting.</p>	