

## Betsi Cadwaladr University Health Board (BCUHB)

### Minutes of the Quality, Safety & Experience Committee meeting held on 25 July 2023, Boardroom, Carlton Court, St Asaph

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Clare Budden	Independent Member
Prof Mike Larvin	Independent Member
In attendance	
Jason Brannan	Deputy Director of Workforce
Nesta Collingridge	Head of Risk Management
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Gareth Evans	Acting Executive Director Therapies & Health Science
Michelle Greene	Integrated Health Community Director East
David Jenkins	Independent Advisor (observing)
Matt Joyes	Deputy Director of Quality
Dr Nick Lyons	Executive Medical Director
Phil Meakin	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Tracey Radcliffe	Head of Patient Safety
Mike Smith	Interim Director of Nursing MHL D (item QS23.69 only)
Paolo Tardivel	Director of Transformation & Improvement (item QS23.72 only)
Angela Wood	Executive Director of Nursing & Midwifery
Rachel Wright	Lead Patient Experience and Carers Service (item QS23.66 only)

Agenda item	Action
<b>OPENING BUSINESS</b>	
<b>QS23.62 Welcome introductions and apologies</b>  QS23.62.1 Rhian Watcyn Jones, Independent Member and Chair (Chair) of the Quality, Safety & Experience (QSE) Committee welcomed everyone.  QS23.62.2 Apologies were received from: <ul style="list-style-type: none"> <li>Jane Wild, Associate Member.</li> <li>Chris Stockport, Executive Director of Transformation, Strategic Planning &amp; Commissioning</li> </ul>	
<b>QS23.63 Declarations of interest on current agenda</b>  QS23.63.1 There were no declarations of interest noted.	
<b>QS23.64 Minutes of the last meeting and action log</b>  QS23.64.1 The minutes of the meeting held on the 22 June 2023 were approved as an accurate record of the meeting. It was requested that the	



actions raised be more clearly identified.	
QS23.64.2 The Committee reviewed the action log and agreed the closure of those which had been completed.	
<b>QS23.65 QUALITY SAFETY AND IMPROVEMENT</b>	
<b>QS23.66 Patient/Carer/Staff Story – learning</b>	
<p>QS23.66.1 The Chair welcomed Rachel Wright (RW), Lead Patient Experience and Carers Service presented the report and digital patient story which related to the Vascular Service. RW reported that Hugh, a retired GP, had been an inpatient of three hospitals within BCUHB for the last three years, spending time as a patient in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Llandudno General Hospital. He had been a diabetic from the age of seven, and had managed his condition for the last 68 years.</p> <p>QS23.66.2 Following a diagnosis of Chronic Osteomyelitis, increased infection of his foot and shinbone and not responding to antibiotic treatment, Hugh opted for a bi-lateral amputation of both legs below the knee as the only possible treatment plan to improve the situation. Hugh described his experiences as a patient within the Vascular Service, in particular with the Vascular Surgeons at Ysbyty Glan Clwyd. He praised the high level of ‘excellent’ nursing care across all three hospitals; Ysbyty Gwynedd, Ysbyty Glan Clwyd and Llandudno Hospital and feeling looked after ‘superbly well’ throughout his stay as an inpatient.</p> <p>QS23.66.3 Hugh shared his story, on the day before his discharge, to express his deepest gratitude to the teams involved in his care and described the positive impact of the surgery, hopefully leading to a ‘pain-free existence’ in the future.</p> <p>QS23.66.4 The Committee welcomed the report though members were shocked that Hugh had such a long stay as an inpatient. Although a complex case it was felt this should have been escalated sooner.</p> <p>QS23.66.5 In response to questions, RW reported that learning was shared across BCUHB at high level meetings and on intranet. The Patient Experience team also spend time with staff on the wards training them on how to engage with patients and providing additional support where required.</p> <p>QS23.66.6 It was noted that there were many different options on how patients can give feedback on services from online or paper. In response to a question it was reported that the Health Board carries out around 150 amputations a year due to diabetes.</p> <p>QS23.66.7 The Committee received the report.</p>	



## QS23.67 Health & Safety Report

QS23.67.1 Jason Brannan (JB), Deputy Director of Workforce, introduced the report which was taken as read. The report had been completed to provide a summary of key health, safety and security team activities for quarter one and areas for escalation and the following were highlighted.

QS23.67.2 Health Service Executive (HSE) investigation, Hergest Unit: JB reported that following the investigation of the death of a patient by ligature in the Hergest Unit, the HSE issued a letter received on 15 March 2023 confirming the HSE's intention to take further enforcement on this matter, namely a prosecution case. A task and finish group led by the Mental Health and Learning Disabilities (MHLD) team had been working through a detailed action plan to comply with the breaches identified. The court case will take place on the 3 August 2023.

QS23.67.2 HSE Investigation, Patient Falls: The HSE has actively investigated 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. 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 temporary staffing team is investigating agency staff access and compliance.

QS23.67.3 HSE Investigation Hand-Arm Vibration: A diagnosis of Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) reportable Hand Arm Vibration Syndrome was received from our Occupational Health and Safety Consultant following health surveillance for staff at risk from vibration. The HSE had issued the Health Board with a Notification of Contravention letter, and a group had been set up to respond to the material breaches identified. Significant work had been undertaken since 2019 to monitor vibration exposure and to reduce the risk with a tool's replacement programme. The Health Surveillance system is in place, and Estates are working with Occupational Health and Health and Safety to identify staff at risk. A response to the HSE is required by 27 July 2023.

QS23.67.4 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR): In Q1 23/24, eight reports had been submitted under RIDDOR. This included four staff 'over seven days' related injuries with one fall, an assault and an impact injury. A staff-specified injury (fracture) was reported following an incident moving racking. There were two patient-related specified injuries reported following falls.

QS23.67.5 Fit testing: The team continue to undertake audits to check that staff are wearing their badges with information on the respirator they should be using. This was agreed as an action following an HSE Notification of Contravention, and auditors have advised that they have been met with hostility in some areas. Additional communication on the

<p>continued importance of having a face fit test and wearing the identification badge will be sent out. Across the Health Board, 650 fit tests were completed in Q1 23/24, with a further fifteen staff completing the training to be a fit tester.</p> <p>QS23.67.6 <u>Manual Handling training</u>: The training is continuing in external training rooms; and it was noted, the two-year agreed contracts will start to end in December 2023. Alternative accommodation on the DGH sites is being sought but, if not available, the matter may need to be escalated to the Executive team. As of May 2023, there were 4,365 staff not compliant with their patient handling refresher training on ESR. The Did Not Attend (DNA) rate at the end of June was 35%, significantly impacting the patient handling refresher training programme. The Health Board is currently showing as 56.55% compliant with this training. DNAs for patient handling foundation training for new starters is also high at 30%,</p> <p>QS23.67.7 <u>Personal Safety / Violence and Aggression (V&amp;A)</u> The V&amp;A team is rebranding to the Personal Safety team to promote a more positive image of supporting staff and patients. The Personal Safety training programme (V&amp;A module C) has commenced again for all clinical staff on the orientation programme.</p> <p>QS23.67.7 The Chair noted that the report gave only partial assurance and asked what mitigations were in place. It was noted that the Risk Register was being updated and would be brought to the next meeting. CB asked if the 73 incidents in the report were indicating trends.</p> <p>QS23.67.8 Mike Larvin (ML), asked if a deep dive into why staff were not attending mandatory manual handling training was required? JB responded that there was additional data that could be provided which could be attached as appendices to future reports which would give a better understanding of issues. Non-attendance was mainly due to availability of staff and releasing them locally to attend the training.</p> <p>QS23.67.9 Angela Wood (AW), Executive Director of Nursing &amp; Midwifery, reported that Internal Audit was about to start a review of compliance around falls in next few weeks, and agreed to bring a deep dive on falls to the meeting next month explaining how making change and challenge of embedding into practice.</p> <p>QS23.67.10 The Committee received the report.</p> <p><b>ACTION: AW to bring a deep dive on falls to the meeting next month explaining how making change and challenge of embedding into practice.</b></p>	<p>AW</p>
<p><b>QS23.68 Patient Safety Report</b></p> <p>QS23.68.1 Tracey Radcliffe (TR), Head of Patient Safety presented the</p>	

<p>report which was taken as read. The report provided the Committee with information and analysis on significant patient safety issues arising during the prior three-month period, alongside longer-term trend data, and information on the improvements underway. TR highlighted the following points from the report:</p> <ul style="list-style-type: none"> <li>• <u>Nationally Reportable Incidents (NRI)</u> - From May to June 2023, 40 notifications were submitted. Of these, 13 of the incidents were before the 1 April 2023 and had been awaiting a closure form to be completed following local harms review. The total number of NRI investigations overdue as of 7 July 2023 is 29 out of the 66 total open.</li> <li>• <u>Never Events</u> – It was noted that within the designated period, no Never Events had been reported.</li> <li>• <u>Patient Safety Alerts</u> - The Health Board had no overdue alerts.</li> </ul> <p>QS23.68.2 It was reported that the nursing team is still working on the Quality Dashboard with the Information Technology (IT) team. This will better enable triangulation and identify issues that need to be escalated to the Health Board.</p> <p>The requirement for Primary Care, Dentistry and community data to be included in the report was discussed. Although included in the overall data it could be broken down further for the next report.</p> <p>QS23.68.3 The Committee received the report.</p> <p><b>Action : TR to include breakdowns in future reporting</b></p>	<p>TR</p>
<p><b>QS23.69 Mental Health Update</b></p> <p>QS23.69.1 Teresa Owen (TO), Executive Director of Public Health introduced Mike Smith (MS), Interim Director of Nursing Mental Health and Learning Disabilities (MHLD) who presented the report which was taken as read.</p> <p>QS23.69.2 The report provided a high-level overview of the Quality, Safety and Experience issues in Adult Mental Health (as part of the MHLD Division) for the Committee. It was recommended going forward, the approach of “deep dive reporting” into subject areas to provide members greater clarity or assurances. It was noted that the Division had delivered engagement sessions with staff across all areas to provide an overview of the improvement plan and encouraged contribution and feedback to the proposed measures, outcomes and dashboard creation for each of the six work streams in the improvement plan:</p> <ul style="list-style-type: none"> <li>• Fundamentals of Care.</li> <li>• Leadership, Empowerment and Culture.</li> </ul>	



<ul style="list-style-type: none"><li>• Safe and Effective Care.</li><li>• Individual and Timely Care.</li><li>• Environment, Resource and Workforce.</li><li>• Audit, Outcome and Assurance.</li></ul> <p>QS23.69.3 It was noted that the Division has on-going staffing recruitment issues and its potential impact on quality and experience, described in the in-patient safety review and its recruitment and retention approaches and planned international recruitment.</p> <p>ACTION: The Committee received the report.</p>	
<p><b>QS23.70 Integrated Health Community (East) Report</b></p> <p>QS23.70.1 Michelle Greene (MG), Integrated Health Community Director East apologised that a report had not been produced which was due to annual leave and unexpected staff sick leave. The Chair expressed both surprise and disappointment but agreed that this would be deferred to the next meeting on the 22 August 2023.</p> <p><b>ACTION: A written report on the Quality work of Integrated Health Community (East) to be brought to next meeting on 22 August 2023.</b></p>	<b>MG</b>
<b>QS23.71 SPECIAL MEASURES</b>	
<p><b>QS23.72 Special Measures Report</b></p> <p>QS23.72.1 Paolo Tardivel, (PT) Director of Transformation and Improvement presented the report which was taken as read.</p> <p>QS23.72.2 PT highlighted the 41 deliverables for the first 90-day cycle of Special Measures against the agreed milestones. It was noted that the Patient Safety Review was still in draft and would not be completed within the first 90-day cycle which ends on the 31 August 2023.</p> <p>QS23.72.3 The Patient Safety Review was one of three key independent reviews currently underway, which also included the Vascular Review and Mental Health Inpatients Safety Review. It was noted that each of these reviews is currently reaching a conclusion and a report will be formally submitted. It is intended that each of the external reviewers will be invited to the 22 August 2023 Committee meeting to present their findings.</p> <p>QS23.72.4 The Quality Strategy was identified as a requirement going forward and development is underway. AW agreed to discuss with the CEO the timing of the development and launch.</p> <p>QS23.72.5 The Committee noted the report.</p> <p><b>Action : AW to discuss Quality Strategy with CEO regarding timings</b></p>	<b>AW</b>





<b>QS23.73 CLOSING BUSINESS</b>	
<p><b>QS23.74 Reflections on meeting</b></p> <p>QS23.74.1 The Committee thought that too much time was spent on the minutes and action log. The Chair felt it important to be clear on follow up action before moving on. In future, she hoped to be able to see actions on the log more clearly. It was agreed that reports should be taken as read and this would be made clear to those presenting reports. ML suggested that the link for video for patient/staff story be made available in advance of the meeting in future.</p> <p>QS23.74.2 AW suggested that all reports should be taken as read with presenters only highlighting areas of concern, learning and improvement activity. This should be made clear to those presenting.</p> <p>QS23.74.3 TO asked about Perinatal Mental Health report and it was agreed that this could be circulated out of Committee and any questions could be brought to the next meeting.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>RC to remind those when requesting reports that they will be taken as read and to only highlight issues of concern for the Committee.</b></li> <li>• <b>TO will circulate the Perinatal Mental Health Report to Committee members who can raise questions at next meeting.</b></li> </ul>	<p><b>RC</b></p> <p><b>TO</b></p>
<p><b>QS23.75 New Risks</b></p> <p>QS23.75.1 There were no new risks identified during the meeting.</p>	
<p><b>QS23.76 Date of Next Meeting</b></p> <p>QS23.76.1 The date of the next meeting is the 22 August 2023, 11:00-13:00, in the Boardroom, Carlton Court, St Asaph.</p> <p>QS23.76.1 It was agreed that reports on Duty of Candour; Primary and Community Care and Compliance would be brought to the September meeting.</p>	