

Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Quality, Safety and Experience Committee meeting held in
public
on 20 February 2024 09:30 – 13:00
at The Board Room, Carlton Court, St Asaph

Committee Members Present	
Name	Title
Rhian Watcyn Jones	Independent Member/Chair of Quality, Safety and Experience Committee
Urtha Felda	Independent Member
Prof Mike Larvin	Independent Member
In Attendance	
Dyfed Edwards	BCUHB Chair (For part of the meeting)
Angela Wood	Executive Director of Nursing and Midwifery (Executive Lead)
Dr Nick Lyons	Executive Medical Director
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
Other Executive Directors as required by the Chair	
Dr Jane Moore	Acting Executive Director of Public Health
Phil Meakin	Acting Board Secretary
Other BCUHB Senior Managers as required by the Chair	
Nesta Collingridge	Head of Risk Management
Nick Graham	Assistant Director of Workforce Optimisation (Part of the meeting)
Matthew Joyes	Deputy Director of Quality
Simon Newman	Integrated Health Community Director of Nursing (Central) (Part of the meeting)
Geraint Parry	Quality Improvement Fellow (Part of the meeting)
Philippa Peake-Jones	Head of Corporate Affairs
Libby Ryan-Davies	Integrated Health Community Director (Central) (Part of the meeting)
Organisations / Individuals observing the meeting	
Internal Audit Wales	Dave Harries

Agenda Item	Action
OPENING BUSINESS	
QS24/1 Welcome, introductions and apologies for absence	
QS24/1.1 The Chair welcomed everyone present. Apologies were noted from Jason Brannan, Deputy Director of People for whom Nick Gray would be present for the Strategic Occupational Health and Safety Group Chair's Assurance Report. Apologies were also noted from Chris Stockport, Executive Director of	

<p>Strategy and Transformation for whom Geraint Parry would present the Special Measures Report. Adele Gittoes, Interim Executive Director of Operations, also gave her apologies. The Chair explained that she was unwell and apologised in advance for any shortcomings in her chairing of the meeting.</p> <p>QS24/1.2 The Chair noted that two items scheduled to be on the agenda had been withdrawn. The Executive Medical Director clarified that the expected Urology item would be considered at the Executive Team Meeting in the next fortnight and would be an item at the next Quality, Safety and Experience Committee (QSE) meeting in April. The Vascular item would be scheduled for QSE Committee once the second review had reported.</p> <p>QS24/1.3 The Executive Medical Director advised that he may need to leave the meeting periodically due to the ongoing industrial action</p>	PPJ
<p>QS24/2 Declarations of Interest on current agenda</p> <p>There were no declarations of interest made in respect of items on the agenda.</p>	
<p>QS24/3 Draft minutes of the previous meeting held on 30.11.23</p> <p>QS24/3.1 The draft minutes of meeting held on 19.12.23 were approved subject to the following amendments:</p> <ul style="list-style-type: none"> • Tom Davies not being an Interim appointment • Gareth Evans title changing to “Acting Executive Director of Therapies and Health Sciences” • Removing the word “Strategy” from Steve Grayston’s title • QS23.131.3.2 SP5. Cancer. – Change “Neurology” to “Urology” • QS23.72. Include link “to” quality 	
<p>QS24/4 Matters Arising and Table of Actions</p> <p>QS24/4.1 Following a detailed discussion, the updates provided within the action log were agreed. The Chair wished for it to be noted that she had not been invited to the meeting with the Executive Director of Finance and the Chair of PFIG but that she was content to close down action QS23.108.2.</p> <p>QS24/4.2 The Committee had a detailed discussion relating to Primary Care including a consistent approach, definition and managed practices. The Acting Board Secretary agreed to follow up with the Primary Care team and feed back to attendees prior to the next meeting.</p>	PM

<p>QS24/5 Report of the Chair</p> <p>QS24/5.1 The Chair noted that she had met informally with the three IHC Directors and the Director of Mental Health with an invitation being given for them to attend future QSE meetings.</p>	
<p>QS24/6 Notification of Matters referred from other Board Committees on this or future agendas</p> <p>There was nothing to note.</p>	
<p>QS24/7 Development of Patient Stories</p> <p>QS24/7.1 It was noted that Patient Stories would be linked into the cycle of business of the committee as far as possible.</p> <p>QS24/7.2 The Executive Director of Nursing and Midwifery advised that the learning from patient stories would be included in an annual report, scheduled on the Cycle of Business. Her team was working with NHSE with regards to a Learning Framework which would be a pioneering tool in Wales. The Deputy Director of Quality advised that the Quality Team had created a Great-ix system, a platform on Betsi net for sharing learning and the system was now being showcased across the UK.</p>	
<p>QS24/8 Committee Terms of Reference</p> <p>QS24/8.1 The Acting Board Secretary thanked both the QSE Chair and the Health Board's Vice Chair for their detailed review of the Terms of Reference.</p> <p>It was resolved that the Committee Noted the Terms of Reference</p>	
<p>QS24/9 Cycles of Business 2024/25</p> <p>QS24/9.1 The Cycle of Business was received noting that it was a live document. The Head of Internal Audit raised concern in relation to Health and Safety. This would be the responsibility of the People Committee going forward but Quality Safety would continue to report through the QSE Committee. The Head of Internal Audit raised concerns that items may slip between Committees. The Board had made the decision to split the work this way and concerns would be mitigated by Workshops and the new Chairs' Management Business Group when it was established.</p> <p>QS24/9.2 An Independent Member reflected that the business scheduled at the June meeting was very heavy due to the number of Annual Reports to be received. It was agreed that annual reports would be shared when they were drafted so that colleagues would have the opportunity to scrutinise rather than</p>	<p>All</p>

<p>having to do so in a short period of time.</p> <p>QS24/9.3 The Executive Medical Director requested that the item “Clinical Service of Concern” report be changed to “Fragile Services/Services that the Committee is concerned about”. Acting Board Secretary agreed to amend the Cycle of Business to reflect this change.</p> <p>It was resolved that the Committee Noted the Cycle of Business</p>	<p>PM</p>
<p>QUALITY CONTROL</p>	
<p>QS24/10 Patient Safety, Effectiveness and Experience Report</p>	
<p>QS24/10.1 The Executive Director of Nursing and Midwifery presented the report highlighting a number of areas, the first being Oxygen Administration. The paper had not gone into detail in order to protect patient confidentiality. The Committee was advised that training had been reinforced and that discussions were ongoing with the supplier. The Chair declared an interest in the item, and the Executive Director of Nursing and Midwifery agreed to follow up outside the meeting. It was acknowledged that around 75% of patients in hospitals were on oxygen and that the numbers highlighted were extremely low in comparison to usage. The Head of Internal Audit queried what assurance the committee could have in regards to competence. The Executive Director of Nursing and Midwifery advised that the issue was a live one, that training was ongoing, spot checks were taking place by Matrons and Ward Managers and that further details would be shared outside the meeting.</p> <p>QS24/10.2 The Chair highlighted that in the statutory Duty of Quality, quality was defined as “health services are safe, timely, effective, efficient, equitable and person-centred” and queried if it would be possible to say that, or if there was currently a gap. The Executive Medical Director advised that Duty of Quality was a statutory requirement, but one that he could not give complete assurance on. Independent Members acknowledged that it was not possible to give everything to everyone but that there was a mix of trying prevent patient harm whilst accepting that this would not always be successful. Learning from experience to prevent future harm was key and true to all health organisations.</p> <p>QS24/10.2 The Executive Director of Nursing and Midwifery highlighted the Urology Administrative backlog and what was being done to address the situation including looking into an electronic record system. She advised that she had formally written to all the Areas to ensure this would not happen again, noting that all patients had been contacted. She formally apologised to the patients. The Executive Medical Director advised that he had spoken to consultant colleagues to ask them to support.</p> <p><i>[Geraint Parry joined the meeting]</i></p> <p>QS24/10.3 The Executive Director of Nursing and Midwifery updated that the</p>	<p>AW</p> <p>AW</p>

Deprivation of Liberty funding from Welsh Government was now in place and that training had reached 75% compliance, with colleagues from the Safeguarding Team engaged and integrating well with the Local Authorities.

QS24/10.3 With regards to Infection Control, the Committee noted that that the Health Board was in the middle of the pack across Wales. There had been a positive reduction in the community in BCUHB however, one of only two Health Boards to achieve this in Wales.

QS24/10.4 The Committee focussed on Patient Experience and Complaints looking at detail into the numbers, noting an increase in complaints around Planned Care but a 14% reduction in overdue complaints. The process of complaint sign off was discussed noting that IHCs were aware of the final response and that the quality of responses was much improved in the past year. The PALS team was key in communicating with patients to help ensure that formal complaints did not ensue and that a new telephony system was being installed for the PALS team to enable more effective communication. Members asked if data was being collected from Primary Care and noted that it was but only on a limited basis with Managed Practices.

QS24/10.5 Finally, the Executive Director of Nursing and Midwifery wanted to formally thank the Chaplains for their time over the Christmas Period.

QS24/10.6 The Executive Medical Director presented the Clinical Effectiveness part of the paper. He noted that the Audit results were being reviewed and reflected upon and that NICE Guidelines was an area that required more focus to ensure compliance with the parts of the guidance most applicable to the Health Board. With regard to mortality, he explained that this would be the first year for Medical Examiners to give feedback in secondary care. Concern was raised about the lack of data for COPD with the Executive Medical Director clarifying that it was extremely difficult to pull out of the notes and that significant investment was required in order to do so. The Health Board was not alone with this problem but it would be kept under review.

[Libby Ryan-Davies joined the meeting]

[Simon Newman joined the meeting]

It was resolved that the Committee **noted** the report

QS24/11 Quality Delivery Group Chair's Report

QS24/11.1 The Executive Director of Nursing and Midwifery explained that a peer review had taken place at the Maternity Unit on the Ysbyty Gwynedd sites to assist with identifying any learning and improvement required to support preparations for a future Health Inspectorate Wales (HIW) Inspection, expected in the near future. The initial feedback was very positive. Also, an investigation had taken place with regards to the referral of babies to Ty Gobaith following concerns raised by the Director of Care at Ty Gobaith. The investigation

<p>concluded that there was nothing to be concerned about.</p> <p>QS24/11.2 In response to the Chair query about what had happened with the letters for gastroenterology services in the East, the Executive Director of Nursing and Midwifery advised that an investigation was ongoing alongside a review on governance.</p> <p>It was resolved that the Committee noted the report</p>	
QUALITY ASSURANCE	
<p>QS24/12 Special Measures Report</p> <p>QS24/12.1 The Quality Improvement Fellow presented the report noting that seven milestones had been achieved, 14 were on track and seven were unlikely to be delivered, with the details of these being identified within the paper. The Chair asked what feedback had been received from Welsh Government and noted that two thirds of the milestones set had been delivered which was positive but that nationally it is understood the strides that the Health Board has taken over the past 12 months. The 90-day cycles had been very challenging and did not align well to the planning cycle. As the Interim Executive Director of Operations would be reverting to her substantive post her responsibilities regarding milestones would be distributed amongst the Executives rather than engaging another interim.</p> <p><i>[Dyfed Edwards joined the meeting]</i></p> <p>QS24/12.2 The Quality Improvement Fellow advised that the review of reviews was due to be received that week and would be aligned to the Internal Audit. It was noted that a wide range of work had taken place around quality and a dashboard had been tested and good progress been made. The Chair concluded that she was looking forward to seeing what the different approach ie aligned to the planning cycle rather than 90day chunks, would look like over the next 12 months.</p> <p>It was resolved that the Committee Received Assurance on the progress to date, acknowledging the challenges highlighted and risks to delivery</p>	
<p>QS24/13 Regulatory and Legal Report including HSE update/ Ombudsman</p> <p>QS24/13.1 The Deputy Director of Quality presented the item noting that there had only been one inspection report published, an unannounced inspection of Morris Ward, Wrexham Maelor Hospital on 12 and 13 September 2023, the outcoming being that HIW were satisfied with the assurance given on the two concerns raised verbally at the time of inspection. The Chair declared an interest in this item and that the discussion would take place on her observations outside the meeting.</p>	MJ

<p>QS24/13.2 HIW made an announced visit to Nant-y-Glynn Community Mental Health Team on 23 and 24 January 2024. The verbal feedback from this visit was positive with no surprises. The HSE Prosecution from December 2023 was referred to along with two regulation 28 notices received from the coroner. It was noted that this item would be discussed in the private session to protect patient confidentiality.</p> <p>QS24/13.3 Attendees were advised that there were no significant issues to note in relation to the Welsh Risk Pool, however, there was a slight delay to setting up learning forums and this was being supported. The Head of Internal Audit raised concerns about forms not being submitted and this had led to the Risk Pool not paying out in previous years. It was noted that this matter was being reviewed as part of the Executive Accountability Review.</p> <p>QS24/13.4 While noting that there were no public interest reports from the Ombudsman it was agreed that Members should have been given more of an opportunity to scrutinise the Annual Letter from the Ombudsman prior to it being received at the Board in March. The reason for the delays were acknowledged and it was agreed that it would be reviewed in detail at the April Committee Meeting.</p> <p>It was resolved that the Committee noted the report but would explore the detail in April.</p>	MJ
<p>QS24/14 Deep Dive report – Central</p> <p>QS24/14.1 The Chair welcomed Simon Newman, Integrated Health Community Director of Nursing (Central) and Libby Ryan-Davies, Integrated Health Community Director (Central) to the meeting to share their deep dive presentation on the Central Integrated Health Community.</p> <p>QS24/14.2 The presentation was received with thanks; discussion took place around governance clarifying the approach across all of the Integrated health Communities, it was noted that joint meetings were attended to share learning and ensure governance was consistent. Achievements and areas of concern were discussed in detail. The Executive Medical Director noted the significant change that had taken place in the past year with regards to the Integrated Health Communities, suggesting that it would not have been possible to receive such a report previously and wished to recognise the hard work that had been undertaken.</p>	
<p>QS24/15 Healthcare Acquired Pressure Ulcers (HAPU) deep dive report</p> <p>QS24/15.1 QSE had asked for a HAPU deep dive following a similar deep dive into falls. The Executive Director of Nursing and Midwifery advised that there was much more resource with an increase in no and low HAPUs. In the future HAPUs would be reported differently and a new assessment tool would help to cleanse data and this would make identification of assessments in a timely manner possible. Attendees discussed mandatory training and best practice</p>	

<p>being shared across the organisation. It was agreed that the Improvement Plan could be monitored and fed back to QSE as appropriate and would include the points raised.</p> <p>It was resolved that the Committee noted the report and would receive future information of incidence and progress against plans.</p>	AW
<p>QS24/16 Corporate Risk Register & Board Assurance Framework</p> <p>QS24/16.1 The Head of Risk Management presented the report highlighting that there had been some good discussion on risks throughout the meeting and that she would pick up the risk around Managed Practices outside the meeting. Attendees noted that the risks would be aligned to objectives in the new iteration of the BAF but currently were aligned to priorities, that ongoing work had been taking place with planning leads and that there had been some movement in risk scores.</p> <p>It was resolved that the Committee noted and received assurance on the management of the four BAF risks of which it had oversight.</p> <p>QS24/16.2 In relation to the Corporate Risk Register it was noted that further work had taken place with Executives and the risks that the Committee was responsible for were in a good place. The falls risk had been updated and a deep dive on the safeguarding risk would take place with the likely outcome being a lowered score. The risk about failure to embed learning had been discussed throughout the meeting. The Acting Executive Director of Public Health updated the Committee on the population health risk highlighting the need to embed prevention, early intervention and partnership working. Concern was raised at inconsistency with risk scoring and it was noted that the workshops taking place on risk and the training documentation would enable standardisation.</p> <p>The Chair of the Health Board noted that the role of the Committee was to gain assurance that action identified and mapped was indeed taking place and suggested that the Committee may wish to sample in detail one or two risks at each meeting. The Chair of QSE agreed that this should be considered for future meetings.</p> <p>It was resolved that the Committee received assurance for the four corporate risks which the Committee has overall accountability.</p>	NC
FOR INFORMATION	
<p>QS24/17 Strategic Operational Health and Safety Group Chairs Report</p> <p>The Chair raised concerns with regards to the content of the report asking what the main issue was that the Group was facing. The Assistant Director of</p>	

<p>Workforce Optimisation clarified that the main issue had been that there was no substantive Executive Director but it had been agreed at the Executive Team Meeting the previous week that the Chief Executive Officer would take on the remit. With this in mind it was agreed that the policy name should change to be delegated to the Chief Executive Officer, then the policy could be approved. The Head of Internal Audit agreed that in the absence of an Executive Director of Workforce, the Chief Executive Officer had responsibility for Health and Safety. It was noted that Internal Audit had just completed a Health and Safety audit report.</p>	<p>NG</p>
<p>CLOSING ITEMS</p>	
<p>QS24/18 Agree Items for referral to Board / Other committees</p> <p>There were no items identified for referral.</p>	
<p>QS24/19 Review of Risks highlighted in the meeting for referral to Risk Management Group</p> <p>There were no risks identified for referral.</p>	
<p>QS24/20 Agree items for Chairs Assurance Report</p> <p>It was agreed that the Chair would work with the Head of Corporate Affairs outside the meeting to draft this report and circulate it to Committee Members.</p>	<p>RWJ/ PPJ</p>
<p>QS24/21 Review of meeting effectiveness</p> <p>The Chair invited all attendees to give feedback. It was felt that the meeting had been good, that the IHC presentation had been useful although possibly too detailed for the time available and that there had been robust challenge throughout.</p>	
<p>QS24/22 Report items discussed in previous meeting private session</p> <p>The Chair noted that the only item received at the confidential meeting held on 19 December 2023 was the Confidential Quality Report which was always taken in private to ensure patient confidentiality.</p>	
<p>QS24/23 Date of next meeting - Verbal – Chair</p> <p>18 April 2024, The Board Room, Carlton Court, St Asaph</p>	
<p>Resolution to Exclude the Press and Public</p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee 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>	

