

Betsi Cadwaladr University Health Board (BCUHB)
Approved Minutes of the Quality, Safety and Experience Committee meeting
held in public
on 6th June 2024 13:00 to 16:30 hrs
The Board Room, Carlton Court, St Asaph

Committee Members Present	
Name	Title
Caroline Turner	Independent Member/Chair of Quality, Safety and Experience Committee
Mike Larvin	Independent Member (from 13:40 hrs)
Urtha Felda	Independent Member
Chris Field	Independent Member (via Teams)
In Attendance	
Angela Wood	Executive Director of Nursing and Midwifery (Executive Lead)
Dr James Risley	Deputy Executive Medical Director (deputising for Executive Medical Director)
Pam Wenger	Director of Corporate Governance
Other Executive Directors as required by the Chair	
Dr Jane Moore	Acting Executive Director of Public Health
Other BCUHB Senior Managers as required by the Chair	
Nesta Collingridge	Head of Risk Management
Andrea Hughes	IHC Director Of Nursing (East) (Part of the meeting)
Matthew Joyes	Deputy Director of Quality
Phil Meakin	Associate Director of Governance
Philippa Peake-Jones	Head of Corporate Affairs
Carol Evanson	Deputising for Acting Director of Mental Health
Adrian Jones	Assistant Director Of Nursing, MHL D
Ed Williams	Director of Performance (Part of the meeting)
Fiona Lewis	Minute Taker
Observing	
Dyfed Edwards	Chair (Part of the meeting)

Agenda Item	Action
OPENING BUSINESS	
QS24/63 Welcome, introductions and apologies for absence	
QS24/63.1 The Chair welcomed everyone present. Apologies were noted from Nick Lyons (James Risley to deputise), Gareth Evans, Jason Brannan, Iain Wilkie (Carol Evanson to deputise) and Geoff Ryall-Harvey (Llais).	



<p>QS24/64 Declarations of Interest on current agenda</p> <p>QS24/64.1 There were no declarations of interest made in respect of items on the agenda.</p>	
<p>QS24/65 Draft minutes of the previous meeting.</p> <p>QS24/65.1 The draft minutes of meeting held on 18th April 2024 were approved.</p>	
<p>QS24/66 Matters Arising and Table of Actions</p> <p>QS24/66.1 Following a detailed discussion, the updates provided within the action log were agreed.</p>	
<p>QS24/67 Patient Story</p> <p>QS24/67.1 The Committee was provided with a story from a patient who suffered with an ankle injury. The key messages from the story were:</p> <ul style="list-style-type: none">• lengthy wait for any treatment• impact waiting for treatment was having on the patient’s physical health and therefore their ability to work• poor communication whilst on the waiting list• not knowing who to speak to or go to for help whilst on the waiting list• lack of support to manage their condition whilst waiting to be seen <p>QS24/67.2 The Committee was advised that from April 2024, the Health Board:</p> <ul style="list-style-type: none">• had introduced the 3P’s programme (Promote, Prevent and Prepare), introduced, following the Welsh Government’s Promote, Prevent and Prepare Services Charter’, to help empower people waiting for treatment and to optimise their health and well-being.• had implemented a single point of contact for people to access information and support following referral to specialist secondary care.• Gave patients on waiting lists access to free of charge Education Programmes for Patients (EPP Cymru) health and wellbeing courses. <p>QS24/67.3 The Committee noted that the emerging theme was that communication needed to be better with patients on waiting lists, May’s figures highlighted this as 56% of all complaints related to waiting lists. It was felt that the new arrangements would lead to an improved service for patients and would in turn result in fewer complaints, but that more service level and comparative data was required as soon as it becomes available.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• Noted the Patient Story	



[Christopher Field, Independent Member, joined the meeting.]

QS24/68 Quality Report

QS24/68.1 The Executive Director of Nursing and Midwifery presented the item, specifically the recent oxygen no-flow incident, indicating that the organisation was working very closely with south Wales to identify how their control of oxygen was working and that the Prevention of Future Deaths Regulation 28 Notice was received for BOC themselves, as opposed to the Health Board, due to the issues with cylinders they provided. Substantial work was taking place across the Health Board to support staff with labelling on all cylinders. It was noted that the increase in incidents was likely to be due to the improved awareness across the organisation, thus triggering more Datix reporting. The Deputy Quality Director was asked to review the claims in relation to the oxygen issues and circulate outside of the meeting

MJ

QS24/68.2 Patients' Falls remained one of the key themes around national reported incidences (NRIs) as with incidents in general across the Health Board. The Executive Director of Nursing and Midwifery reported that she had recently met with teams from the IHCs and Divisions, these meetings also included representation from both Pharmacy and Therapies. In these meetings the actions required following the Health and Safety Executive (HSE) Notice of Contravention and plans put in place around the quality of Patients' falls assessments, were discussed. The Falls Improvement Plan continued to be updated, noting that a response from the HSE had yet to be received following the Health Board's notifications to them identifying the changes being made. Once received, this will be shared with Members. Members requested that more national comparative data be included in future reports; they were advised that with regards to HAPU, a national framework dashboard had just been developed which will soon enable the provision of comparative data per 1000 bed days.

MJ

QS24/68.3 **QS24/68.3** The Executive Director of Nursing and Midwifery confirmed that the Improvement Plan regarding Pressure Ulcers had been circulated and that work continued on Incident Management and reporting of Hospital Acquired Pressure Ulcers (HAPUs). Work was ongoing to create a joint process across incident management for inquests, NRIs and complaints; a draft of which will be presented to Board in July.

QS24/68.4 Whilst IHCs and Divisions continued to focus on reducing the number of open and overdue NRIs, the data provided showed a reduction from the previous report in March.

QS24/68.5 The Executive Director of Nursing and Midwifery shared information around Patient Safety and Infection Prevention and Control (IPC), identifying where the organisation was moving forward, highlighting the quality assurance work being undertaken to ensure reviews remain consistent, with learning being shared. It was noted that all reviews required



by the Nosocomial Covid-19 Project were completed on time (by 31st March 2024); the learning and end of project review was ongoing.

QS24/68.6 Members asked how the organisation would be kept abreast of the progress regarding the Regulation 28 Notice served on BOC. The Deputy Director of Quality confirmed that BOC must respond to the Coroner within 56 days, as to their intended response. The Health Board will not be party to any correspondence however it intends to monitor any relevant notices, which will be placed on the public website run by the Judiciary and Tribunal Service.

QS24/68.7 The Acting Executive Director of Public Health confirmed that

- Work had been completed concerning the Measles outbreak and that there were no further ongoing cases. She had received very positive feedback from both Public Health Wales and Welsh Government regarding the management of the case.
- work was now complete on doing an IPC audit of almost all (216 out of 217) care homes. The initial evaluations showed a very positive response from care homes and the changes in procedures.
- as a result of the Infected Blood Inquiry, procedures had been put in place to provide a helpline for concerned people, but had received a very low uptake. Pathways had also been put in place for those who had tested positive. The Task & Finish Group has been closed, with all actions complete.
- The first year was complete regarding the Hepatitis B and Hepatitis C Elimination Welsh Health Circular and that the organisation was ahead of target and doing well in comparison with the rest of Wales. It was noted that BCUHB was the first Health Board in the UK to have collaborated with its prisons, to micro-eliminate both Hepatitis B and Hepatitis C, by going into the prison and carrying out a targeted exercise.

QS24/68.8 Members requested that:

- for clarity it would be useful for a reference date be included on the data table.
- the Ombudsman Letter be a separate item, and not included in the Quality Report at both QSE and Board.
- historic/comparison data be included on the tables that are broken down by themes and re-align tables

AW / MJ

AW / PPJ

AW / MJ

QS24/68.9 The Deputy Executive Medical Director presented the Clinical Effectiveness section of the report, noting the progress made over recent months. However within the Mortality Review, he also noted that both the lack of staffing resources, coupled with the 2 days per week previously provided by the Mortality Associated Medical Director post which had been vacated 4-5 months previously, was likely to explain the rise in the both the 'Total Pending Cases Awaiting Mortality Review' and the 'Pending Number of Cases Under One Month Awaiting Mortality Clinician Review'.

<p>QS24/68.10 A discussion took place around problems caused by the lack of staff resources; in particular the lack of an Audit Administrator to enter data for the National Heart Failure Audit in the West. The Deputy Executive Medical Director indicated that he had contacted the IHCs and sites, advising them that if they no longer have the resources to meet the demands of data collection, resulting in consultants having to input data themselves, taking them away from clinical duties, they must put this information into a Situation, Background, Assessment, Recommendation (SBAR), where it can be assessed to determine the appropriate course of action.</p> <p>QS24/68.11 The Deputy Quality Director noted that the organisation:</p> <ul style="list-style-type: none"> • was still awaiting the HIW Report, following its inspection of the Ysbyty Glan Clwyd Emergency Department. HIW had requested a number of Immediate Assurances, to which action plans had been provided to, and accepted by, HIW. • was still awaiting a decision from HIW as to whether they will be de-escalating Ysbyty Glan Clwyd Emergency Department from being a 'service requiring significant improvement'. • had received three 'Tracked Public Interest Reports' from the Ombudsman, all of which were at the draft stage and once finalised would be brought to the Committee. <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • received assurance from the Quality Report <p><i>[Mike Larvin, Independent Member and Andrea Hughes, IHC Director of Nursing (East), joined the meeting.]</i></p>	<p>AW / MJ</p>
<p>QS24/69 Clinical Service of Concern Report – Vascular</p> <p>QS24/69.1 In the absence of The Executive Medical Director, The Deputy Executive Medical Director presented the report, which provided the Management response to the action plan resulting from the Royal College of Surgeons' Review. The Review had identified a significant number of issues resulting in a great deal of work taking place, driven by the Improvement Group.</p> <p>QS24/69.2 Members were pleased to note the very important progress made. It was agreed that in future an Escalation Report be provided, rather than a detailed Action Plan.</p> <p>QS24/69.3 A discussion took place around the likelihood that resources would be found, how this would impact targets and what was being done to ensure that the Vascular Team's transitions from being supported by a Transformation team to becoming responsible for itself would be successful.</p> <p>QS24/69.4 A Member noted that there was an issue of Vascular referral to the wrong place and queried how often this was happening. To take outside</p>	<p>NL / JR</p> <p>NL / JR</p>



<p>the meeting and discuss.</p> <p>QS24/69.5 Concern was raised regarding the messaging around timeframes and the shifting of deadlines. It was argued that the intention of the action plan and timescales were appropriate at the time of writing, however the Abdominal Aortic Aneurysm (AAA) issues were identified later; there was the potential that new timescales might be required. A Member felt that the wording in item P1.07 sent the wrong message – perhaps ‘Lessons learned from the AAA work, which is equally acute, will be applied to this area’ – needs to be reviewed outside of the meeting.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• Noted the Clinical Service of Concern Report	<p>NL / JR</p>
<p>QS24/70 Quality Delivery Group Chair’s Report</p> <p>QS24/70.1 The Executive Director of Nursing and Midwifery presented the report which identified a number of service pressures and concerns.</p> <p>QS24/70.2 It was agreed that the Quality Delivery Group Chair’s Report should be moved to after the Quality Report at forthcoming meetings.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none">• Received assurance from the Quality Report <p><i>[Ed Williams, Director of Performance, and Nesta Collingridge, Head of Risk Management, joined the meeting]</i></p>	<p>AW / PPJ</p>
<p>QS24/71 IHC Regional Service Quality Deep Dive – East IHC</p> <p>QS24/71.1 The IHC Director Of Nursing (East) presented the report which highlighted:</p> <ul style="list-style-type: none">• the reporting structure• their achievements. In particular noting the progress made at HMP Berwyn in the prevention of Tuberculosis, Hepatitis B and Hepatitis C.• an improvement in the Harms indicators from the end of the final quarter of last year to the first quarter of this year. Members were assured that there was an action plan in place to improve the HAPU outcome.• Actions taking place to continually improve• continuing areas of concern• a summary of risks, actions and mitigations, noting that there were risks associated with cancelled elective procedures and how difficult it was to quantify this. <p>QS24/71.2 Not noted in the report was the recent recruitment of 28 salaried General Practitioners, which along with the improvement in staff retention, contributed to an improvement in patient safety and care.</p>	

<p>QS24/71.3 Members were pleased to note the improvement in staff retention. They also asked if there could be a fairer, less misleading way of categorising Hospital Acquired Pressure Ulcers (HAPUs). Currently all ulcers presenting at home, in a care home, in a GP surgery or in hospitals are noted as being 'hospital acquired'. It was believed that the recent removal of the differentiation between 'community acquired' and 'hospital acquired' pressure ulcers had unfairly distorted the figures; this concern had been fed back to Welsh Government.</p> <p>QS24/71.4 Members wished to note their concerns regarding the significant numbers of loss of insourcing for planned care patients, resulting in increasing waiting lists, whilst noting the complexities of the situation and mitigations applied. It was confirmed that Health Board's Executive Team were also concerned and that the Planned Care trajectories were under scrutiny on a daily basis by the teams and a resolution was being sought to reduce the backlogs. Members were assured that new structures were in place to streamline the ownership of risks at management level and if the need arose, there was the ability to escalate to Directorate and/or IHC level.</p> <p>QS24/71.5 It was noted that staff morale was improving but that there was still much work to do, to improve the staff communications flow. Events such as the recent Leadership Event at Llangollen were felt to be hugely successful. Frustration remained within both the nursing and medical teams, due to the ongoing Planned Care situation, with many going above and beyond, however concern remained as to how long this could continue, evidenced by increased levels of sickness now taking place.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • received assurance from the Quality Delivery Group Chair's Report <p><i>[Andrea Hughes left the meeting]</i></p>	
<p>QS24/72 Integrated Performance Report</p> <p>QS24/72.1 The Director of Performance presented the report highlighting that in Q4 2024, the organisation's Smoking Cessation Service was second best in Wales at 6.5%, which would be good news for patients' health in the future.</p> <p>QS24/72.2 A discussion took place concerning Clinical Coders and the reviewing of patients' notes. Welsh coders, unable to use electronic medical records were unable to work from home, whereas in England, where electronic medical records are available, coders are able to work from home which is more desirable for some, resulting in coding staff leaving Wales. It was agreed to schedule a visit for Members to view Electronic records.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • received assurance from the Integrated Performance Report 	<p>AW/PPJ</p>

<p><i>[Ed Williams left the meeting]</i></p>	
<p>QS24/73 Corporate Risk Register & Board Assurance Framework</p> <p>QS24/73.1 The Head of Risk Management presented the report, noting that several actions were progressing. Four of the six overdue actions accountable to QSE related to falls; updates had been requested for those and escalated as needing to be progressed. These risks would in time become overall safety risks and therefore managed as operational risks.</p> <p>QS24/73.2 The Director of Corporate Governance noted the significant amount of work carried out by the Risk team to improve processes. She noted that at the forthcoming Board Development meeting she would be discussing the risks with the Board, asking if they agreed with the classification of these risks as being top risks facing the organisation. If so, making sure the risks are mitigated accordingly.</p> <p>QS24/73.3 The Executive Director of Nursing and Midwifery wished to thank the Risk Team for their support; she also wished to note that until outcomes are received from the HSE regarding the Falls risk and Patient Safety, part of the risk was the uncertainty and therefore inability to mitigate those risks to enable the organisation to monitor. It was noted that the safeguarding risk had reduced but would remain being something which required close monitoring. Despite the significant strides in the 'Failure to Embed Learning' area, the Executive Director of Nursing and Midwifery did not feel it appropriate to reduce the risk until there was further confirmatory evidence available.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Noted and received assurance from the Corporate Risk Register and Board Assurance Framework. 	
<p>QS24/74 Date of Next Meeting</p> <p>15th August 2024</p>	
<p>QS24/75 Resolution to Exclude the Press and Public</p>	