

Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Quality, Safety and Experience Committee meeting held in
public
on 24 October 2024 at the Board Room in Carlton Court, St Asaph

Board Members present	
Name	Title
Dr Caroline Turner	Committee Chair
Urtha Felda	Independent Member
Chris Lothian-Field	Committee Vice Chair
Prof Mike Larvin	Independent Member
In Attendance	
Dyfed Edwards	Chair
Dave Harris	Head of Internal Audit
Fflur Jones	Audit Wales
Matt Joyes	Deputy Director for Legal Services
Chris Lynes	Deputy Executive Director for Nursing and Midwifery
David Maslen-Jones	Assistant Director of Occupational Health, Safety and Security
Jane Moore	Acting Executive Director of Public Health
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Philippa Peake Jones	Head of Corporate Affairs
Pam Wenger	Director of Corporate Governance
Bill Whitehead	Llais, North Wales
Iain Wilkie	Interim Director MHLD
Ed Williams	Acting Director of Performance
Ros Alstead	Special Advisor, Chair of RCPsych Expert Advisory Group
Phil Meakin	Associate Director of Governance

Agenda Item
PRELIMINARY MATTERS
QS24/113 Welcome and apologies
<p>QS24/113.1 Apologies were received from Imran Devji (Interim Chief Operating Officer), Nick Lyons (Executive Medical Director), Angela Wood (Executive Director for Nursing and Midwifery), noting that Chris Lynes (Deputy Executive Director for Nursing and Midwifery) would be in attendance on her behalf. Apologies were also received from Jason Brannan (Deputy Director of People) noting that David Maslen-Jones (Assistant Director of Occupational Health, Safety and Security) would be in attendance in his behalf. The Chair noted Chris Lothian-Field was running a few minutes late. The Committee noted that Independent Member Chris Lothian-Field had agreed to be Vice Chair of the Quality, Safety and Experience Committee.</p>

QS24/113.2 The Chair, Dyfed Edwards, asked for clarity around the lack of attendance from anyone from the Office of the Medical Director and the Chair of Committee, Caroline Turner, noted that it would leave a gap given what was on the agenda and that there was no one available to attend. The Executive Director of Allied Health Professionals and Health Science apologised and advised that she would take the concerns back to the Executive. It was noted that Ros Alstead and Phil Meakin would be joining the meeting for the Royal College of Psychiatry Action Plan agenda item.

The Chair welcomed Bill Whitehead attending on behalf of Llais North Wales.

The Chair noted that with approval of the Chair of the Board, Chris Lothian-Field had agreed to become Vice-Chair of the Quality Safety and Experience Committee.

QS24/114 Declarations of Interest

None were received.

QS24/115 Unconfirmed minutes of meeting held on 15 August 2024

It was resolved that the Committee **Agreed** the minutes were a true and correct record of the meetings held 15 August 2024 subject to the minor amendments.

QS24/116 Matters Arising and Action Logs

There were no comments on the action log.

Under matters arising it was requested that an update was given in relation to outcomes for women from deprived and ethnically vulnerable communities and were advised that a piece of work was currently being undertaken, with this in mind wished to see it on the forward workplan to return to QSE.

Actions:

Head of Corporate Affairs to add outcomes for women from deprived and ethnically vulnerable communities to the forward work plan and to check that the DOLs deep dive has been included.

It was resolved that the Committee

- **Agreed** the updated log.

QS24/117 Patient Story - My Beautiful Home Birth

[Chris Lothian-Field and Prof Mike Larvin joined the meeting]

The Deputy Executive Director of Nursing and Midwifery introduced the video which provided an insight on a recent excellent, empowering experience of a mother having her fourth child at home with the support of the Llandudno Community Midwifery Team. The Committee noted that the story teller had come forward wanting to share her experience as

it had been so positive and that the Community Midwifery Team had wanted it shared given that home births had been suspended for nearly two years during Covid.

In discussing the report, the Committee:

- Highlighted that historically North Wales had a relatively low level of home births and that hopefully raising awareness this would improve these numbers.
- Noted the difference in experiences between having to fight for a home birth and water birth 30 years ago and the support now received upon request.
- Were pleased that good data and information was now available on the website with annually, approximately 6,300 people visiting the Betsi Cadwaladr University Health Board website for information before, during, after and between pregnancy.
- Queried how proactive the offer of home birth was, noting that as confidence grows in the service it was likely that proactivity would increase, where appropriate.

It was resolved that the Committee

- **Noted** the report.

SERVICE PRESENTATION

QS24/118 Deep Dive on Complaints - Duty of Care

Members received the presentation and noted the progress in relation to the previous months for completed complaints. In presenting the report, the Deputy Executive Director for Nursing and Midwifery:

- Updated on the current figures given the circulated presentation was out of date as the data was for September and noted that there were 273 outstanding complaints with 78 overdue, many of which were for good reason.
- Highlighted the significant increase of complaints that had been able to be closed week on week, noting that in October above a hundred a week were being closed.
- Shared the success story and how the improvements had happened by working closer with colleagues since April.
- Noted that the target set by Welsh government was to respond to 75% of complaints within 30 days but the Health Board actually managed just over 70% by 14 October and that this figure was down to 65% as of the current week.
- Updated on the top six themes identified in complaints, with delay, lack of treatment and assessment being the highest areas, with communication also being high.
- Shared an update on the improvement collaboratives that had been undertaken in each area which would mean that an understanding of tolerance would be reviewed going forward.
- Updated on the Promote, Prevent and Prepare team (3 P's team) who were ensuring that there was a consistent approach to the experience of patients awaiting planned care treatment.

In discussing the report, the Committee:

- Thanked the Interim Director of Performance for being able to join for the item given the focus on Complaints in the Performance Report.
- Congratulated and thanked the team on the tremendous improvement from 208 overdue complaints down to 78, querying what had changed. It was noted that that

colleges who had been pulled in all directions were now focussing, working together and had reviewed resource.

- Noted the explanation of the grading of complaints, with one or two being simple issues to investigate but fours and fives more complex medical cases.
- Queried the reason that complaints graded four or five were being held against the 30-day response target and noted that this was set out in the Putting Things Right Regulations which was being reviewed by the NHS Executive.
- Understood the once for Wales Datix system was incompatible with the guidance, as it only allows for a 30-day log, even if it is a complex case that is unlikely to meet the 30-day target.
- Queried the involvement of senior clinicians in the complaints process.
- Highlighted that good communication earlier would prevent complaints and wanted a briefing on Putting Things Right for the QSE committee.
- Highlighted concerns raised at a Flintshire meeting whereby the understanding of GDPR was raised as an issue.
- Encouraged the positive learning of the progress of complaints to be shared with the whole of the organisation noting for the future, responding to complainants should be completed prior to leaving.
- Discussed an electronic tracking tool to be made available to the public which would show where they were in the waiting list for Planned Care.
- Noted the thanks from colleagues to the Patient Experience Team and all colleagues who had supported the improved turnaround of complaints.

Actions:

- Deputy Executive Director for Nursing and Midwifery to discuss the GDPR issue raised at the Flintshire event outside of the meeting with Independent Member, Urtha Felda.
- Deputy Executive Director for Nursing and Midwifery to share an updated presentation with the most recent figures.
- Deputy Executive Director for Nursing and Midwifery, in relation to the request for a communications training strategy, share the tool kit which includes the communication plan being developed as part of the implementation of Integrated Concerns Framework.
- Deputy Executive Director for Nursing and Midwifery to consider whether it would be of use to for the Committee to track a complaint from the moment of receipt to completion to understand the pinch points.
- Director of Corporate Governance to discuss with the Chair having a Putting Things Right on a future development session.

QUALITY PLANNING

QS24/119 Presentation of the Nurse Staffing Levels - Autumn 2024

In presenting the report, the Deputy Executive Director for Nursing and Midwifery:

- Noted that there would be an updated presentation circulated following the review by the Executive post paper publication.
- Highlighted the All Wales Acuity Audit and that the acuity levels were raising.

- Shared the Quality Indicators presented by Integrated Health Community and Division.
- Advised that a number of wards had asked for additional resources and following Executive review the number of registered nurses reduced to 11.78 from 18.73 and the Health Care Support worker reduced to 22.7 from 41.04.
- 11 wards (not 12 wards) requested adjustments and 10 wards had adjustments approved.

In discussing the report, the Committee:

- Highlighted that although the report reflected the wards that came under the Act, a similar review has taken place for the other wards.
- Noted that a similar review was ongoing in relation to the Allied Health Professionals and Mental Health.
- Clarified what the data was indicating, noting the high level of vacancies in Mental Health but that overall, it was an improving picture on the vacancy levels.

Actions:

- Head of Corporate Affairs to report back to the Chair of PFIG that a review of nurse staffing levels for those wards that did not fall under the Act had taken place.
- Deputy Executive Director for Nursing and Midwifery to share an updated presentation with the most recent figures.
- Deputy Executive Director for Nursing and Midwifery to share the staffing levels for those areas not covered in the Act to all Independent Members.

QUALITY CONTROL

QS24/120 Integrated Quality Report

Members received Integrated Quality Report. In presenting the report, the Deputy Executive Director for Nursing and Midwifery highlighted:

- In relation to the Patient Safety Incidents the Integrated Concerns Policy was agreed at Board and implementation had been successful. Staff had come together and a daily hub meeting was taking place to triangulate the moderate and above incidents, complaints four and five and any incident that is received through the Medical Examiner.
- In relation to Oxygen safety, a Welsh Health Circular had been received and a response submitted since the report was published and there is full compliance.
- With regards to Patient Falls it was noted that there was a gradual reduction due to some of the improvement work and that a further update would be given in the private section of the meeting.
- An improvement programme had led to a reduction in the number of Pressure Ulcers but it was noted that one of the issues was the long lies at home waiting for an ambulance.
- An update on the National Reportable Incidents (NRI), current numbers are now 14 overdue in comparison to 22 reported. From an all Wales perspective the Health Board performs well.

In discussing the report, the Committee:

- Scrutinised the details of falls being reported as one severe and nine moderate but that there were still too many in low. It was noted that focus was now on the severe and moderate falls with specific focus on risk assessments.
- Advised that non-attendance of Manual Handling Training was completely unacceptable specifically if staff had booked themselves on this. It was noted that further work was ongoing to ensure optimisation of training, training was previously booked through ESR, and individuals had a choice of when they booked into their slot yet still did not turn up. An action plan has been implemented, including removing Manual Handling from ESR and providing training in house, and with this intervention over 300 hundred more slots have been opened up and will continue until Christmas.
- Acknowledged that in terms of staffing numbers, the organisation was running very tight and that there was very little slack in the system to enable colleagues to be able to attend training programmes.
- Noted that with regards to the risk assessments for falls, the Nursing Improvement Team had been supporting the wards and that all assessments were done electronically and can be monitored centrally.
- Noted that there were no outstanding alerts with regards to the ongoing oxygen cylinder work.
- Noted that due to concerns being raised regarding the Datix Safeguarding Module, its implementation date had been pushed back. The Deputy Director for Legal Services confirmed that this was a national problem.

In discussing the report, the Committee:

- Noted that the Infection Prevention and Control team still have concerns around CDIF levels. The national HARP team were due to come to help review the current position. National targets have been received and work is currently underway mapping ourselves against our targets.
- The Executive Director of Public Health requested the health protection information be included in future reports. Assistant Director of Health Protection to be asked to provide an update.
- The Chair was pleased to noted that the quality of content included within the Clinical Effectiveness part of the report had greatly improved but regrated that there was no one able to present and respond to questions on this element of the report.
- It was noted that within the Mortality review, there was now a UK-wide requirement for either an independent medical examiner or a coroner to certify all deaths. The potential for increased workloads was mentioned however the Deputy Director for Legal Services understood that it should not directly impact the organisation as NWSSP would be providing a Medical Examiner Service. The situation had yet to be clarified and should be picked up at a future development session.
- The Interim Director of Mental Health and Learning Disabilities noted that there had been a three-day unannounced inspection at the Heddfan Psychiatric Unit in Wrexham. Preliminary verbal feedback had been positive. The inspection report, when received, will be formally shared with the Committee.
- The Committee discussed the Ombudsman's Report:
 - Which showed that only a relatively small number of complaints to the Ombudsman were upheld

- Which showed that 58% of recommendations complied with on time, which was low in comparison with other Health Boards and needed to be addressed.
- The Chair's draft response was available, and the Director of Governance was pleased that the Committee was spending time considering it. She felt that a close eye should be kept on the number of complaints sent to the Ombudsman as it was a good form of assurance for the Committee and the Board.
- The Committee requested figures or a table showing the number of current complaints and claims, and their status be brought to the Committee

Actions:

- Head of Corporate Affairs to refer the monitoring of Manual Handling Training to the People and Culture Committee.
- Deputy Executive Director for Nursing and Midwifery and the Director of Performance to ensure that there is constancy when reporting National Reportable Incidents as the Integrated performance Report is showing different data to the Integrated Quality Report.
- The Executive Director of Public Health to seek an update on Health Protection for future reports from the Assistant Director of Health Protection.
- The Deputy Director of Legal Services to report back regarding the expected Medical Examiner Service.
- The Deputy Director of Legal Services and the Deputy Executive Nursing Director asked to provide figures showing the number of current complaints and claims, and their status for the December meeting

It was resolved that the Committee

- **Noted** the report.

QS24/121 Integrated Performance Report

Members received the Integrated Performance Report. In presenting the report, the Acting Director of Performance noted that clinical coders have now been commissioned and that the team's morale was improving.

- The Executive Director for Public Health noted that:
 - the Organisation had received a letter from Public Health Wales commending the organisation on its approach and the work being done regarding smoking cessation.
 - BCU came first in Wales with the highest percentage of school children immunised, due to the very targeted approach.
 - there was very good news from Womens' and Children's services New Born screening programme which had been very effective in encouraging the uptake of the new vaccination for Respiratory Syncytial Virus (RSV), a major cause of admittance for very young babies and for the elderly in the winter season

- as winter approached, flu and covid rates were increasing, however there had been a good uptake of the flu and covid vaccinations provided by a combination of in-house vaccination teams, GPs and community pharmacies.
- data within the report regarding vaccinations referred to 2023 and required updating.

The Assistant Director of Occupational Health, Safety and Security confirmed that the organisation had taken a very pro-active approach regarding staff immunisation and that there had been a good staff uptake.

In discussing the report, the Committee noted the following:

- Concern was raised regarding the 41% of patients offered a colonoscopy procedure, when the target is 90%. The Executive Director of Allied Health Professionals and Health Science to speak to the Deputy Executive Medical Director to check the veracity of data provided in report. Was this a coding issue?
- Concern was raised regarding diabetes. The Executive Director of Public Health confirmed that she had provided a holding position for PFIG but that her team was looking at this as part of the transformation work and agreed to keep the Committee updated.
- The Committee asked why Welsh Ambulance Service Trust (WAST) figures had been provided. The Acting Director of Performance agreed to investigate this but felt it was possibly to help understand the ambulance delay figures

Actions:

- The Acting Director of Performance to provide a standalone report on the backlog of clinical coders' work to the December meeting.
- The Acting Director of Performance to provide updated performance data regarding vaccinations.
- The Executive Director of Allied Health Professionals and Health Science to speak to the Deputy Executive Medical Director to check the veracity of colonoscopy data provided in report, and to escalate concerns if required.
- The Executive Director of Public Health confirmed that she would provide an update on Diabetes figures to the Committee.
- The Acting Director of Performance agreed to look at why WAST figures were in the report.

It was resolved that the Committee

- **Reviewed** the structure, components and contents of the report and confirmed agreement to continue with the format.

[The Interim Director of Performance left the meeting]

[Ros Alstead and Phil Meakin joined the meeting]

QUALITY ASSURANCE

QS24/122 Update on the Royal College of Psychology (RCPsych) Response Plan

The Chair welcomed Ros Alstead as Special Advisor and chair of the Expert Advisory Group, a group established to provide oversight of the response to the Royal College of Psychology invited review and to ensure that the outcomes of the review are delivered.

Ros Alstead has worked as a Mental Health Nurse at executive level and would be working for 2 days per month in her new capacity.

Members received the Update on the RCPsych Response Plan. In presenting the report, The Executive Director of Allied Health Professionals and Health Science confirmed that since the last meeting, significant progress had been made, with help from the Director of Governance. It was noted that:

- All committed to getting the foundations right and much work had taken place with patients and families, past and present, to improve outcomes.
- Summary of the Governance framework was provided, with the Delivery Group already up and running.
- An Evidence of Outcomes Group will be created, for which expressions of interest had been received from staff and hoped families would be represented also.
- Geoff Ryall-Harvey, Llais, was thanked for the work he had been doing with the families and it was noted that they would not be where they were if it had not been for his help and guidance.
- Ros Alstead and Phil Meakin had met with families earlier that day to ensure that the organisation is able to provide the support required for those coming to meetings of the Expert Advisory Group. Patients and families wanted to know how their contribution and experiences would inform the future. It was agreed that to get this process right, there would be no quick-fix and that it would take time, conversations and assurances along with a different approach to the past will be taken to ensure that this work is effective.
- Reporting to QSE would be on a bi-monthly basis.
- The Director of Governance thanked Ros Alstead for her observations and confirmed that the intention was to move slowly, to get the correct governance and possibly have some Independent Members working with the team to support the Expert Advisory Group
- The Chair of the Board thanked Ros Alstead for the work she was doing and expressed the need to involve people to ensure a better service for the future, noting that patients and families had been through some terrible experience in the past
- The Executive Director of Allied Health Professionals and Health Science confirmed that the work that MH&LD colleagues are doing will be checked and challenged along the way. The Divisional Senior Leadership team and the Therapists were due to present to another meeting chaired by the Consultant Psychiatrist/Medical Director.
- The Director of Governance noted it was important to get support from both the Engagement team and the Workforce and Organisational Development team to ensure that the most is made of the Organisation's skills around stakeholder management.

Following the discussion, the Committee:

- Were pleased to hear that care was at the centre of the approach to this work, using experience to improve outcomes for the future.
- Asked for a timeframe to be included within the ToR – with Ros Alstead being appointed for 12 months and a review at 9 months.
- Noted that a draft ToR and forward work plan should be brought back to the Committee in December.

- Suggested that the families meet with the new Dementia Nurse
- Agreed that Ros Alstead should report back to the Committee in December
- Thanked those who had contributed to the very helpful paper, noting it was important to have evidence informing the Outcomes Group.

Actions:

- The Associate Director of Governance to ensure that a timeframe be included into the ToR. Draft ToR and forward work plan to be brought back to the Committee in December
- The Associate Director of Governance to ensure that the families meet with the Dementia Nurse, when she joins the Health Board in the New Year.
- Ros Alstead agreed to report back to the Committee in December, outlining how she envisages the approach moving forward and how she envisages this improving patient care.

It was resolved that the Committee

1. **Noted and received assurance** on updates related to governance and programme arrangements for the Health Board Response to the RCPsych Invited Review Services Report.
2. **Noted** progress against the ten themes identified in the Invited Review Services Report.
3. **Noted** the Draft Terms of Reference for the Expert Advisory Group.

ROUTINE REPORTING

QS24/123 Corporate Risk Register

Members received the Corporate Risk Register. In presenting the report, the Director of Governance confirmed that work continued around evolving Risks outside the Committee tolerance.

It was noted that there had been two changes in Risks – both of which had reduced since the September meeting and had been through the Risk Scrutiny group and Executive Team.

It was noted that during the recent QSE development session, a discussion took place regarding whether certain risks should sit with Performance or Quality Committees – to be discussed during the following week's Chairs' Advisory Group.

Following the discussion:

- The Chair noted that she was pleased that areas of clinical concern had been separated out and asked if there was a corporate risk on Mental Health. The Executive Director of Allied Health Professionals and Health Science agreed to check outside of the meeting and report back.
- It was noted that there was a possibility of being able to use a scanner at the University for diagnostics and the Executive Director of Allied Health Professionals and Health Sciences agreed to take this forward outside of the meeting.

- It was noted that there was one area of concern where four actions were overdue – without updates, which was unacceptable. The Executive Director of Allied Health Professionals and Health Science noted that the Executive team were aware, but with an interim Chief Operating Officer (COO) now in place, the situation was improving. The Director of Governance noted that one of her team had been tasked with working with the COO to provide an update.
- It was noted that movement around medical devices equipment was expected, but that there was likely to be an ongoing risk, with challenges due to pressures on the Capital budget.

Actions:

- The Director of Governance to discuss at next Chairs' Advisory Group whether certain risks sat in Performance or Quality, or whether they straddled both.
- The Executive Director of Allied Health Professionals and Health Science to look into whether there was a corporate risk on Mental Health.
- The Director of Governance to provide an update on clinical services, following discussions with the COO.

It was resolved that the Committee

- **Received assurance** for the six corporate risks to which the Committee has overall accountability.

ANNUAL REPORTING

QS24/124 Annual Quality Report 2023-24

Members received the Annual Quality Report 2023-24. The Deputy Director of Legal Services presented his report which was approved.

It was resolved that the Committee

- **Approved** the report and its contents.

[The Director Of Safeguarding And Public Protection joined the meeting]

QS24/125 Annual Safeguarding and Public Protection Report 2023-24

Members received the Annual Safeguarding and Public Protection Report 2023-24. In presenting the report, the Director of Safeguarding and Public Protection explained the workforce challenges and increase in legal responsibilities.

It was resolved that the Committee

- **Noted** the Annual Report for the period of 2023-2024.

The Director Of Safeguarding And Public Protection left the meeting]

FOR INFORMATION

QS24/126 Quality Delivery Group Chair's Assurance Report

It was resolved that the Committee

- **Noted** the Quality Delivery Group Chair's Assurance Report

<p>QS24/127 Summary of Business to be Reported in Private part of Last Meeting</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the Summary of Business reported from the Private part of Last Meeting 	
<p>QS24/128 Committee Forward Work Plan</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the Committee Forward Work Plan 	
<p>QS24/129 Cancer Services North Wales - a Road Map for 2024-29</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the Cancer Services North Wales - a Road Map for 2024-29 	
<p>QS24/130 NHS Wales - Joint Commissioning Committee Quality Committee Chair's Report</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the Joint Commissioning Committee Quality Committee Chair's Report 	
<p>QS24/131 Maternity Services - Learning for Improvement, Examples and Evidence</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the Maternity Services - Learning for Improvement, Examples and Evidence 	
<p>CLOSING BUSINESS</p>	
<p>QS24/131 Meeting Effectiveness</p> <p>It was reported that given the volume of the agenda, there had been some good discussions.</p>	
<p>QS24/132 Date of Next Meeting</p> <p>17th December 2024</p>	
<p>Resolution to Exclude the Press and Public</p> <p>It was resolved that those representatives of the press and other members of the public be excluded from the remainder of this 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>	