

Betsi Cadwaladr University Health Board (BCUHB)
CONFIRMED Minutes of the Quality, Safety and Experience Committee
meeting
held in PUBLIC
on 20th February 2025, The Boardroom, Carlton Court, St Asaph

Board Members present	
Name	Title
Dr Caroline Turner	Committee Chair, Independent Member
Chris Lothian-Field	Committee Vice Chair, Independent Member
Urtha Felda	Independent Member
Prof Mike Larvin	Independent Member
In Attendance	
Angela Wood	Executive Director of Nursing & Midwifery
Sreeman Andole	Interim Executive Medical Director (part meeting)
Sue Brierley-Hobson	Assistant Director of Allied Health Professionals and Health Science
Nesta Collingridge	Head of Risk Management
Nicola Jones	Deputy Head of Internal Audit
Matt Joyes	Deputy Director for Legal Services
Jo Kendrick	Head of Quality
Lois Lloyd	Chief Pharmacist
David Maslen-Jones	Associate Director of Occupational Health, Safety and Security
Jane Moore	Executive Director of Public Health
Philippa Peake Jones	Head of Corporate Affairs
Mitch Richardson	Portfolio Office Manager, Transformation and Improvement
Geoff Ryall-Harvey	Llais, North Wales
Pam Wenger	Director of Corporate Governance
Iain Wilkie	Interim Director MH&LD
Ed Williams	Director of Performance
Fiona Lewis	Minute Taker

Agenda Item
PRELIMINARY MATTERS
<p>QS25/01 Welcome and apologies</p> <p>The Chair welcomed Geoff Ryall-Harvey, attending on behalf of Llais North Wales.</p> <p>Apologies were received from Teresa Owen (Executive Director of Allied Health Professionals and Health Science), Jason Brannan (Deputy Director of People) noting that David Maslen-Jones deputised; Stuart Keen (Director of Environment and Estates); Stephen Powell (Director of Performance and Commissioning) – Ed Williams deputised;</p>

Dave Harries (Head of Internal Audit) – Nicola Jones deputised, and Imran Devji (Interim Chief Operating Officer).

QS25/02 Declarations of Interest

None were received.

QS25/03 Unconfirmed minutes of meeting held on 17th December 2024

It was resolved that the Committee:

Agreed the Minutes were a true and correct record of the meeting held 24th October 2024, subject to the minor amendments.

QS25/04 Matters Arising and Action Logs

Updates on the Action Log were noted.

The Chair welcomed the updates on two items, noted on the Log.

- **QS24/146.1** The Interim Executive Medical Director confirmed that the Mortality data will be brought to the March Development Session.

It was resolved that the Committee

- **Agreed** the updated log.

QS25/05 Patient Story – My 22 Hours in the Emergency Department

The Executive Director of Nursing and Midwifery shared a cancer patient's experience in Ysbyty Glan Clwyd Emergency Department (ED), highlighting issues with communication, waiting times, and the need for better patient care in corridors.

Following the presentation, the Committee:

- noted that despite the difficult content of the story, the Committee was appreciative such stories were being brought to their attention
- discussed the ongoing work taking place to improve patient experiences and manage risks in Emergency Departments and its corridors
- reviewed Pharmacy availability over weekends and what the options were to enable the service to run 24/7
- noted that apologies had been sent to the patient who was advised that lessons were being learned, as evidenced by the supplemented staffing at EDs, to ensure flexibility which enabled hourly checks of all waiting patients to take place
- noted that as a result of the findings of the recent Royal College of Nursing (RCN) report into Corridor care in Wales, a piece of work had been commissioned across all three main hospitals, to look at where improvements can be made

regarding patients being cared for in corridors, and to identify associated risks and mitigations

- remarked that when asked, patients were less concerned about long waits in ED but more anxious about how comfortable they could be, the availability of food and drink, opportunities to find out where they were on the ED waiting room list and the possibility of missing being called whilst visiting the toilets
- discussed the need to ensure that appropriate facilities were available for immuno-compromised and neuro-diverse patients attending ED.

Actions:

- **QS25/05.1** Chief Pharmacist to review options and mitigation strategies to ensure access to the most frequently used medicines seven days a week in high-demand areas

It was resolved that the Committee

- **Noted** the report.

QUALITY PLANNING

QS25/06 Children's Services

Item deferred.

QUALITY CONTROL

QS25/07 Integrated Quality Report

Members received the Integrated Quality Report, presented by the Executive Director for Nursing and Midwifery, who highlighted the following:

- **Incidents and Falls:** there had been a notable reduction in patient falls and harm, with ongoing improvements, due to continued Management oversight.
- **Pressure Ulcers:** Following the success in reducing falls, a similar approach had taken place regarding pressure ulcers, with evidence showing positive trends in reducing severity and number of pressure ulcers.
- **National Reportable Incidents (NRIs):** Updates on the status and management of incidents. Following implementation of the Concerns Policy in September, this was now fully embedded with daily hub-meetings and weekly oversight groups. Thanks were offered to the Integrated Health Communities and Divisions for their help in reaching this goal.
- **Never Events:** pleased the note that none recorded since July 2024.
- **Safeguarding:** Implementation of Anti-sexual Harassment Policy and the single unified safeguarding reviews.
- **Infection Control:** Recent meetings between senior nurses and clinicians had taken place to ensure there was appropriate engagement from a medical perspective.
- **Patient Experience:** there had been significant improvements in both complaints handling and patient feedback. The Committee noted that work continued to ensure

more compliments were being captured. The introduction of QR codes on wards in January 2025, to easily note compliments (thank you cards, boxes of chocolates, etc) to provide balance, and to share where practices were good and appreciated. A deep dive into the Patient Advisory Liaison Services (PALS) was requested for a future Development session. The Llais representative confirmed that both the number of complaints and the speed in which they were being dealt with by the Health Board had reduced, which had not been reflected across the whole of Wales.

Following this section of the report, the Committee discussed:

- The ongoing concern regarding the lack of mandated Falls training for agency staff. Members were advised that before each shifts all registrant nurses use an induction checklist and assess if any agency staff on their shift, and if so if they had received adequate Falls training. If not, the agency nurse was provided with appropriate support.
- The comprehensive safeguarding measures put in place since recent Oxygen cylinder issues, noting favourable comments on recent improvements by the Coroners.

Clinical:

- **Clinical Audits:** Discussion on the need for better resource allocation and engagement in clinical audits. The Committee agreed to focus on and review the Clinical Audit, as a substantive agenda item in a future meeting.
- **NICE Guidance:** Ensuring compliance and addressing gaps in Guidance implementation were discussed.
- **Mortality Reviews:** Plans for a deep dive into mortality data and reviews to be brought to the March Development session.

Quality Assurance Section, including Healthcare Law:

- **Regulation 28 Notices:** No new notices since October, with ongoing work to improve relationships with the Coroners.
- **Claims Management:** Robust management of claims continued, to ensure timely resolution and learning from events.
- **Legislative Changes:** Upcoming changes to the Mental Health Bill expected in 2025, however no date set for expected PTR Regulations changes. It was noted that close work with Welsh Risk Pool (WRP), who were sighted on improvement plans, inevitably helped build WRP's confidence.

Actions:

- **QS25/07.1** The Committee to receive a Deep Dive on PALS at a future Development Session – place on Forward Work Plan.
- **QS25/07.2** The Interim Executive Medical Director working with the Executive Director of Nursing to provide a deep dive into Mortality data, to be presented at the March development Session.

- **QS25/07.3** The Committee to review the Clinical Audit as a substantive agenda item at a future meeting. Interim Executive Medical Director and Director of Corporate Governance to agree a date to add to Forward Work Plan.

It was resolved that the Committee

- **Noted** the report.

QS25/08 Integrated Performance Report

The Director of Performance presented his report, and highlighted the following:

- Learning from Events Reports had been escalated to ensure more scrutiny
- No new Never Events reported since 31.07.24.
- Complaints has been formally de-escalated at Integrated Performance Executive Delivery Group (IPEGD) in January.
- NRIs have been proposed for de-escalation
- Clinical Coding Compliance to remain a significant risk and therefore remained in escalation for assurance.
- It was confirmed that both the Ophthalmology R1backlog (over 100% overdue clinical follow-up date) and the Follow-up Backlog (with over 92,000 patients over 100% their clinical follow-up date) had been escalated to the Performance, Finance and Information Governance Committee.
- NRIs open for 90 days or more position had significantly and consistently improved and was being recommended for formal de-escalation to IPEGD on 26.02.25.

Following the presentation, Members discussed the following:

- Concern was raised regarding the financial position and how likely it was that BCU would reach the necessary targets by year-end. Focussed efforts continued to manage expenditure, with all IHC and department Directors made clear of expected savings requests.
- Assurance was received on the mitigations put in place regarding Clinical Coding, along with plans for further enhancements.

The Committee:

- **reviewed** the contents of the report
- **proposed** any actions arising from the report
- **identified** any additional assurance work or actions it would wish Executive colleagues to undertake.

[Ed Williams, Performance Director, left the meeting]

COMFORT BREAK

QUALITY IMPROVEMENT

[Mitch Richardson joined the meeting]

QS25/09 Quality Management System (QMS) Update

The Executive Director of Nursing and Midwifery talked through the original reasoning behind developing the QMS software – the need to create a tool that could be shared with all services to ascertain where they believed they were from a planning, a control, assurance and improvement perspective.

The new QMS tool had been piloted in four service areas – Vascular, Urology, Women’s and Transformation & Improvement – where key learning and outputs were identified, which had shaped further development of the product. Following Maternity agreeing to provide first early implementer case study for sharing and awareness, stakeholder mapping and engagement plan was being formulated.

The Project Steering Group was being refocussed to support with governance, deployment and implementation. It will continue to develop and bolster the QMS ‘hub’ on Betsinet, to include further information around QMS as a concept, each quadrant and the importance and benefits of a functioning QMS.

The potential for licencing the product was being investigated.

Mitch Richardson provided a thorough demonstration of the system and discussions took place regarding the tool’s features - including action tracking, evidence submission, and reporting capabilities.

The QMS was received positively, with the Chair expressing the hope that following its full implementation, there would be a simple chart showing an overall assurance level for each service, ranging from fragile to excellent, highlighting which service required what level of assistance and support.

The Head of Risk Management confirmed that the application of the new QMS had been reviewed from a governance perspective, and it was agreed that this would not only increase quality but would aid governance.

It was resolved that the Committee

- **Noted** the report.

[Mitch Richardson left the meeting]

QS25/10 Ophthalmology

The Interim Executive Medical Director provided a verbal interim update, as was agreed with the Chair due to the current staffing challenges.

The update described the challenges faced by Ophthalmology Services, including excessive waiting lists and harm reviews. The Interim Executive Medical Director agreed to provide a detailed paper on all challenged services, including Ophthalmology, to the QSE Development session on 25th March 2025.

Action:

- **QS25/10.1** The Interim Executive Medical Director agreed to provide a paper on all challenged services, including Ophthalmology, to the QSE Development Session on 25th March 2025.

QS25/11 Colonoscopy Performance Update

Item deferred; however clarification was sought as to when the data/paper can be reported to QSE.

Action:

- **QS25/11.1** The Executive Director for Nursing and Midwifery to link with the Interim Executive Medical Director to clarify when the Colonoscopy data will be presented to QSE, and report back.

QUALITY ASSURANCE

QS25/12 Health Board response to the Royal College of Psychiatry (RCPsych) Invited Review Services Report

The Chair noted that a new phase was being entered, and that now the Action Plan was being delivered, it was time to receive evidence of actions being carried out which improve current services.

The Director for MH&LD presented the update and highlighted the following:

- He wished to thank Llais for their continued support
- that the previous day he, along with the Executive Director for Allied Health Professionals and Health Science and the Vice Chair provided an update to the Minister for Mental Health, which was very well received.
- The report noted that the Health Board Action Deliver Group acknowledged good progress was being made against actions, but that it was unable to assess whether actions taken were meeting the objectives of the Service Review until the Expert Advisory Group comes into full operation.

Action:

- **QS25/12.1** In the next update, Associate Director of Governance to provide evidence of actions being carried out, which improve current services.

It was resolved that the Committee

- **Noted and Considered** the update from the Health Board RCPsych Action Delivery Group
- **Noted and Considered** the update from the Chair of the Health Board RCPsych Expert Advisory Group
- **Noted and Considered** the approach to the development of the Expert Group Work Programme and Outcome Performance Framework

- **Received assurance** on the Health Board response to the RCPsych Invited Review Services Report

ROUTINE REPORTING

QS25/13 Corporate Risk Register

The Head of Risk Management reviewed the Corporate Risk Register and highlighted:

- The Risk Scrutiny Group and the Executive Team approved the closure of the single areas of clinical concern Risk as had been requested by QSE at the previous meeting, with new individual Risks developed for each of the Challenged Services.
- Work still required on some of the clinically challenged services, such as Ophthalmology, Renal and Urology; this had been fed back to these services.
- It was noted that the Risk Scrutiny Group had received two deep dives -
 - **Patient Safety and the failure to embed learning** - significant improvements had been recorded, resulting in the risk reducing.
 - **Community and Primary Care**, which resulted in a meeting with both Community leads, in order to identify the exact risks and therefore the mitigation required.

Following the presentation, The Chair was pleased to note that each of the challenged services had been included in the report and individually reviewed.

It was resolved that the Committee:

- **Received assurance** for the progression of the Corporate risks, for which the Committee has overall accountability.

[Liz McKinney, Designated Educational Clinical Lead Officer, joined the meeting]

ANNUAL REPORTING

QS25/14 Designated Educational Clinical Lead Officer (DECLO) Annual Report 2023-2024

Liz McKinney (DECLO) presented the DECLO Annual report 2023-24 and referred to the Additional Learning Act (ALN) and BCU's compliance with it.

A discussion ensued on the demand for ALN services, quality management, and current priorities, and it was noted that BCU was compliant and the ALN Support Team were responsible for assessing incoming applications in and the quality of responses.

Liz McKinney was pleased to note that the ALN team's fixed term contracts had recently been extended, and she was hopeful that in the new financial year these posts would become permanent.

It was noted that there would soon be a legislative review taking place due to the widely acknowledged ambiguities of the legislation, the knowledge that the current system was not working and that the imbalance on statutory responsibilities may have an impact on Health Board statutory duties in the future.

Members were pleased to note that as the ALN is grounded in social and not clinical model of responsibility. Delays in waiting for a neuro diverse diagnosis should not be a barrier for children receiving their own individual Action Plan. However, some schools require a formal diagnosis to access funding, and doctors require one in order to prescribe appropriate medication.

To ensure that the Committee received the necessary assurance regarding compliance to the Act, it was agreed that the DECLO Annual Report be added to the Cycle of Business.

ACTION:

- **QS25/14.1** Head of Corporate Affairs to add the DECLO Annual Report onto the CoB for November meetings.

It was resolved that the Committee

- **Noted** this report for **assurance** purposes.

FOR INFORMATION

QS25/15 Summary of Business to be Reported in Private part of Last Meeting

It was resolved that the Committee

- **Noted** the Summary of Business reported from the Private part of Last Meeting

QS25/16 Review Committee Forward Work Plan

It was resolved that the Committee

- **Noted** the Committee Forward Work Plan

QS25/17 Review Committee Cycle of Business

It was resolved that the Committee

- **Noted** the Committee Cycle of Business

QS25/18 Llais Annual Report and Accounts 2023/24

It was resolved that the Committee

- **Noted** the Llais Annual Report and Accounts 2023/24

CLOSING BUSINESS

QS25/19 Agree Items for Referral to Board / Other Committees

- .To ensure that the All Wales Antisocial Harassment Policy is reviewed at People and Culture Committee.

QS25/20 Meeting Effectiveness

It was reported that despite the size of the agenda, there had been some very good discussions and Llais was appreciative of the opportunity to attend and contribute.

QS25/21 Date of Next Meeting

13.00hrs, Thursday, 1st May 2025

Resolution to Exclude the Press and Public

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.

DRAFT