

Betsi Cadwaladr University Health Board

Minutes of the Quality, Safety & Experience Committee meeting held on 19 December 2023, Boardroom, Carlton Court

Present	
Name	Title
Rhian Watcyn Jones	Independent Member, Chair
Urtha Felda	Independent Member
Prof Mike Larvin	Independent Member
In attendance	
Susan Aitkenhead	External Chair for the Vascular Quality Panel, Office of the Medical Director
Nesta Collingridge	Head of Risk Management
Kevin Conwy	Vascular Lead, Vascular Services
Tom Davis	IHC Medical Director
Cathy Dowling	NHS Executive
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
Adele Gittoes	Interim Executive Director of Operations
Steve Grayston	Integrated Health Care, Director Of Allied Health Professionals (Central)
Elin Gwynedd	Chief of Staff, Corporate Office
Dave Harries	Head of Internal Audit, Audit & Assurance Services
Matt Joyes	Deputy Director of Quality
Fiona Lewis	Corporate Business Officer (Minutes)
Dr Nick Lyons	Executive Medical Director
Teresa Owen	Executive Director of Public Health
Philippa Peake-Jones	Head of Corporate Office
Graham Shortland	Independent Advisor
Dr Chris Stockport	Executive Director Transformation & Strategic Planning
Angela Wood	Executive Director of Nursing & Midwifery

Agenda item	Action
OPENING ADMINISTRATION	
<p>QS23.122 Welcome, Introductions and Apologies</p> <p>QS23.122.1 Rhian Watcyn Jones, Independent Member and Chair (Chair) of the Quality, Safety & Experience (QSE) Committee welcomed everyone, in particular the new Independent Member, Urtha Felda, and Dave Harries, Head of Internal Audit.</p> <p>QS23.122.2 Apologies were received from Dyfed Edwards (Interim BCUHB Chair); Carol Shillabeer (Acting Chief Executive Officer), Jane Wild (Associate Member) and Jason Brannan (Deputy Director of People).</p> <p>QS23.122.3 Chair wished to note her thanks to Clare Budden.</p>	



(Independent Member) for her past work for the Committee.	
<p>QS23.123 Declarations of Interest on Current Agenda QS23.123.1 There were no declarations of interest noted.</p>	
<p>QS23.124 Report of the Chair</p> <ul style="list-style-type: none"> Chair's Actions. There were no Chair's actions. Feedback from Board. There was no feedback noted from the Board. 	
<p>QS23.125 Notification of Matters Referred from other Board Committees on this or Future Agendas.</p> <p>QS23.125.1 It was noted that the Falls Audit had been through Audit Committee but that there had yet to be a mechanism agreed upon to pass items between Committees. Dyfed Edwards was aware and matters were in hand to rectify the situation.</p>	
<p>QS23.135 Minutes of the last meeting held on 27.10.23.</p> <p>QS23.135.1 The Chair reminded Members that in future items will only be placed on an agenda when assurance is required and that any items for information will be circulated as and when ready.</p> <p>QS23.135.2 The Committee received the draft minutes of its meetings held on 27.10.23 and these were approved as an accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> It was noted that the minutes did not include an action to follow up the work being undertaken to create a formal structure for Primary Care. The Interim Director of Operations confirmed that discussions are ongoing and will keep Members updated. Regarding item QS23.108.3, Members asked to note their assurance that the next iteration, when received, will be scrutinised by other Committees, in particular the Performance, Finance and Information Governance Committee. 	
<p>QS23.136 Matters Arising and Table of Actions</p> <p>QS23.136.1 A discussion took place concerning items noting for closure and whether the current system was appropriate. Item 101.5 was noted as 'proposed for closure' when although actions had been taken, it should read 'ongoing' Members were asked to contact the Interim Board Secretary to advise if any other items were incorrectly labelled.</p> <ul style="list-style-type: none"> Item QS23.72. This item was noted for closure however Members agreed to form a subsequent action as it was noted that discussions 	



<p>remained ongoing with Welsh Government regards whether the Quality Strategy will be a stand-alone strategy or each if each strategy will have a link to quality. Executive Director of Nursing & Midwifery to keep Committee updated.</p> <ul style="list-style-type: none"> • Item QS23.92.2.3. Meeting still to be arranged. • Item QS23.101.5. Until the new coversheet is approved and in use, item to remain open. • Item QS23.102.8. This item was noted for closure however Members agreed to form a subsequent action. Director of Primary Care to return with update at April's meeting. • Item QS23.108.2. Owner of this action to be amended to read Interim Executive Director of Finance. • Item QS23.108.2 Interim Executive Director of Operations to discuss provision of un-validated figures with the Interim Executive Director of Finance and bring update to next meeting. 	<p>AW</p> <p>FL</p> <p>PM</p> <p>KH</p> <p>RC</p> <p>AG / RC</p>
<p>QS23.126 Patient Story In response to a request for a Primary Care story, this was from a local Cardiac Care Clinic (CCC). Cheryl Williams, Advanced Nurse Practitioner (ANP) at the clinic, explained how she believed the CCC helped reduce hospital admissions and provide specialist care closer to home, by providing a link between primary and secondary cardiovascular services.</p> <p>QS23.126.1 A discussion ensued, providing the following queries -</p> <ul style="list-style-type: none"> • access to the service? This is via the referrals from local GPs. • replication in other surgeries? It was noted that reliance upon one ANP in a surgery could mean that the service would fail if that ANP were not available. Replication could be possible through specific Workforce training but modelling would be required to identify the nurses who could potentially move into those roles and to produce a business plan. The Executive Medical Director and Executive Director of Nursing & Midwifery agreed to look into ways of replicating the service or similar • too much reliance upon one ANP? One method of avoiding this situation would be to potentially work with the Cardiac centres in each of the Integrated Health Communities (IHCs) to identify a rotation opportunity, to cover long-term sickness, annual leave, etc. <p>QS23.126.2 The Executive Director Transformation & Strategic Planning was pleased to note what he felt was a perfect example of transformation and a shift into the community. He also noted that there were many examples in non-cardiac environments across North Wales and at a time when the Health Board is under considerable financial pressure, it was so important to recognise the opportunity costs needing to be built into the system to ensure that the organisation provides resources for clinicians to train clinicians to enable these examples to replicate across North Wales.</p> <p>QS23.126.3 It was noted that this service was not only available to</p>	<p>NL / AW</p> <p>AW</p>



<p>patients of that specific surgery, but also to other cluster GPs and that the recent development of pan-Cluster Planning Groups were felt to be bringing all clusters in an area together, which in turn informed strategic planning. However, it was also noted that hard decisions needed to be made by the Board to determine where its priorities lie in the current financial situation. The Interim Executive Director of Operations, as Executive lead for Primary Care, confirmed that she and the Interim Executive Director of Therapies were in the process of establishing a Primary and Community Care Board for the Health Board, which intends to bring all the cluster work together and will come through one Board in future.</p> <p>QS23.126.5 Members asked if there had been any evaluations / outcome assessments / patient satisfaction of these initiatives, as evidence to show if this service improved outcomes for patients and also if there were a depository for comparable good practice ideas and if similar good practices could be shared with the public? The Executive Director Transformation & Strategic Planning confirmed that work was being undertaken to improve the sharing of information and that the Primary Care Academy shared its findings with other Health Boards. This and similar initiatives were being evaluated to consider outcomes, making sure to capture the importance of patients' confidence in their care. The Executive Director of Nursing and Midwifery agreed to do a 'deep dive' evaluation as an update on this Patient Story, and report back with its findings.</p> <p>QS23.126.6 Chair asked for her thanks to be conveyed to the Practice.</p> <p>QS23.126.7 Chair asked for this item to be a stand-alone item on future agendas and not sit within Opening Administration.</p>	<p>AW</p> <p>PP-J</p>
CONSENT AGENDA	
<p>QS23.139 Committee Terms of Reference (ToR) and Cycle of Business (CoB)</p> <p>QS23/139.1 The Interim Board Secretary asked Members to be aware that all Board Advisory Groups and Committees' ToRs and CoBs were being revised, to take to the Board for final approval in January 2024 and asked Members to review the latest versions of the QSE ToR and CoB, as uploaded on iBabs, and to return any feedback to him by 2.1.24.</p> <p>QS23.139.2 Chair wished it noted that both were evolving and not to be viewed as 'final' versions and would be available to review, if required. Chair felt that QSE should have the authority to be able to call on the IHC leads as and when required and this was not currently reflected in the ToR.</p>	<p>ALL</p> <p>PM</p>
QUALITY CONTROL	



QS23.129 Patient Safety, Effectiveness and Experience Report

QS23.129.1 The Executive Director of Nursing and Midwifery presented her new style integrated report, in which she noted –

- falls and healthcare acquired pressure sores remain the most nationally reported incidents and that improvements in both these areas were noted within the report
- there had been one Never Event within the reporting period
- the Chief Executive Officer had been in dialogue with the Coroner as Coroner issues continue to be high profile for the Health Board
- work continued to reduce both the number of patient safety investigations and complaints
- there were no outstanding patient alerts
- where items remained amber or were red on the dashboard, exception reports would be provided
- the Covid 19 project, whilst this had temporarily gone off trajectory, was now back on course to complete by end of March

AW

QS23.129.2 It was noted that since August 2022, the number of cases closed within 30 working days had improved considerably, from 19% to 42%, whilst appreciating that there was still much work to be done.

QS23.129.3 It was noted that there had been significant improvements in the East with regards to the reduction of the length of time of overdue complaints cases over the past 12 months. This was not the case in the other 2 IHCs and corporate support continued to be offered.

QS23.129.4 The Executive Director of Nursing and Midwifery believed that the new-style comprehensive report provided a truer understanding of the current situation, but was a work in progress and welcomed any feedback.

QS23.129.5 The Executive Director of Nursing and Midwifery confirmed that when rolling out the Call 4 Concern initiative to Central and East, the service would be run by existing staff at no extra cost but that there was no timescale for doing this. The Executive Director of Nursing and Midwifery agreed to keep the Committee updated at the next meeting.

AW

QS23.129.6 The Executive Medical Director assured Members that the cause of the wrong scar tissue removal Never Event was due to procedures not being followed as opposed to there being a problem with the procedure itself.

QS23.129.7 The Executive Medical Director welcomed the Clinical Audit and believed that it showed progress, however he felt that it presented two challenges:

- the learning coming out of the Audit needed to be demonstrated more meaningfully
- the new style live dashboard presentation of data required work on how to present live audit data in a more meaningful way.



<p>QS23.129.8 Chair asked to be kept updated with regards to -</p> <ul style="list-style-type: none"> • training issues in Complaints • key recommendations from the Older Persons Commissioner review into Care homes across North Wales and the newly developed Quality Assurance Framework (QAF) and how this develops over the next 12 months. <p>QS23.129.9 The Executive Medical Director confirmed that Health Board had committed to reviewing the backlog of 500+ cases awaiting inquests, to understand whether further investigations and learning need to take place in order to drive improvements in the service. He also wished to note that there had yet to be confirmation of how the reporting was to be brought to QSE. Once a sampling exercise had taken place which should uncover approximately how many cases need to be looked at, it was hoped to bring an update to April's meeting.</p> <p>QS23.129.10 Members, looking for opportunities to publicise good news stories, wished it noted that the organisation does very well with its end of life care and that the Board was looking at mechanisms to ensure positive stories are released to the press.</p> <p>QS23.129.11 Members were disappointed to note the number of outstanding service assessment responses from IHCs, demonstrating a lack of engagement from them and sought to understand what mechanisms were in place to rectify the situation. The Interim Executive Director of Operations confirmed that she fully recognised the situation was unacceptable, that a lot of the issues were legacy issues and confirmed that a detailed discussion about IHC engagement had taken place at Audit Committee. She confirmed that she was already in communication with the IHCs to arrange a session where the importance of robust, meaningful audit responses would be outlined. The Interim Executive Director of Operations agreed to keep Members updated.</p>	<p>AW</p> <p>NL / AW</p> <p>AG</p>
<p>QS23.130 Quality Delivery Group (QDG) Chair's Report</p> <p>QS23.130.1 The Executive Director of Nursing and Midwifery presented her report and noted –</p> <ul style="list-style-type: none"> • a summary of the QDG business was identified in the report • a number of conversations around ESR processes and delays in agreeing posts led to an escalation to Executive Director of Finance and the Deputy Director of People. Discussions to take place to speed up the process; Members to be kept updated. 	<p>AW</p>
<p>QUALITY ASSURANCE</p>	
<p>QS23.131 Corporate Risk Register (CRR) & Board Assurance Framework (BAF).</p>	



QS23.131.1 A discussion took place as to the merits of the Board Assurance Framework (BAF) and the need to ensure that it does not become a 'paper ticking' exercise.

QS23.131.2 Head of Risk Management presented the report which noted the 19 strategic priorities, as set out in the Annual Plan presented to Welsh Government, and all of the deliverables from within those priorities. The Risk team had been in contact with all the priorities' leads, asking if there was a risk of failure to deliver. Four risks were highlighted

- SP1 - Population Health & Health Inequalities.
- SP5. Cancer
- SP9 Women's
- SP18 Quality Innovation

As Members did not feel in a position to scrutinise and provide assurance for the Board, a discussion ensued regarding the need for QSE/Board Development sessions to provide clarification. In order to progress the strategic priorities against the BAF and to meet the audit criteria against which the organisation is assessed, both The Interim Board Secretary and the Head of Internal Audit felt that QSE assurance could not be left until March/April to proactively manage the BAF risks. In the interim it was agreed that there should be a bespoke Board Development session for Independent Members, aimed to specifically clarify what a BAF is and details of each BAF related to each IM's Committee. It was noted that the BAF next stage should be held in conjunction with the Quality Management approach of the organisation. In the longer term it was agreed that there should be Strategic Risk Management training for the Board. Head of Risk Management and Interim Board Secretary to arrange.

[Cathy Dowling, NHS Executive, left the meeting]

QS23.131.3 As owners for all four identified risks were present at the meeting, it was agreed that they would talk Members through theirs:

QS23.131.3.1 SP1. Population Health and Health Inequalities. The Executive Director of Public Health confirmed that this was a long-term risk and that she believed that the Health Board was at risk of not delivering significant improvements or reducing health inequalities. It was noted that

- there were some good mitigating control systems in place
- some very good work taking place in partnerships
- IHCs have moved forward during 2023 and are paying attention to the commissioning requirements for Public Health
- They are taking a systems approach however there is a great deal of work to be done.
- The organisation needs to be more courageous and be more proactive about early intervention

NC / PM

<p>Chair noted that the need for more prevention and early intervention was on the Committee's radar and had been discussed once more. She asked for this to be included in the Chair's report and identified as critical when looking at the organisation's long term/10 years plan.</p>	<p>RWC/FL</p>
<p>QS23.131.3.2 SP5. Cancer. The Interim Executive Director of Operations confirmed that it should read that The Head of Governance as the responsible executive. Despite being one of the best performing health boards in Wales for cancer services, there were specific areas of concern, such as:</p> <ul style="list-style-type: none"> • Urology - in terms of specialist urology, despite the huge amount of commissioning work carried out by the Executive Medical Director's team over the previous 6 months. • Colorectal – there was a mismatch between capacity and demand in Endoscopy, which had a knock-on effect on Colorectal services. Work ongoing with a clinical team to develop a more sustainable service model. • Dermatology – in an effort to reduce the backlog of urgent suspected cancer outpatient referrals, an immediate plan was being actioned. This would not eradicate the problem but would significantly reduce it. Work was ongoing with clinicians and the National clinical leads to provide a sustainable model for Dermatology and once these plans are approved and implemented, the risk will reduce. <p>Chair noted the due dates for items 1 & 2 were November 2023, item 3 had yet to be determined and item 4 was January 2024 and asked if these actions' due dates were to be altered. The Interim Executive Director of Operations indicated that the slight delays in the RIGA process had impacted on items 1 & 2 as they partially relied on the £2m transformation funds for Cancer services, yet to be released, which her understanding was imminent. Item 4 was reliant on WLIs, which were due to start within the week.</p>	<p>OBS / NC</p>
<p>The Interim Executive Director of Therapies felt that this risk should not be classed as a BAF risk, but rather a CRR Tier 1 risk, because this was a strategic objective with regards to Cancer and felt that more work was required regarding the organisation's ambition for the whole of Cancer – such as pre-habilitation, prevention, genomics and precision medicine. The Interim Executive Director of Operations requested a note from the Interim Executive Director of Therapies, listing his comments.</p> <p>QS23.131.3.3 SP9. Women's. The Interim Executive Director of Operations noted that this was more strategic risk, which focussed on National guidance, and was therefore dependent on All Wales' influences. She felt the BAF was self-explanatory, showing the gaps in current controls; that this BAF had gone through Womens' Services Programme Board and as such had been through Multi-Disciplinary Team (MDT) meetings, assessed, discussed and scored and that the organisation's</p>	<p>GE / AG</p>



<p>ability to mitigate the gaps in control were National and therefore out of the Health Board's control. However, to alleviate the problems with the National progress, the Executive Director of Nursing and Midwifery confirmed that there had been local meetings between the Maternity and Neonatal teams to identify actions that could be put in place immediately. She felt that the scope of the project was wider than Welsh Government had expected, which meant that the resources required were more than anticipated but that work had already begun to identify and implement some of the priority actions.</p> <p>QS23.131.3.4 Failure to Embed Learning. The Executive Director of Nursing and Midwifery confirmed that all the identified mitigations were in place. The gaps in controls - the Quality Strategy, the Review Structure, the consistent embedding of learning and the full implementation of the Duty of Quality – were all being worked on and the risk was expected to reduce consistently. Chair confirmed that QSE would continue to take a great interest in this and looked forward to March, when the Quality Strategy would lead the work. She asked The Executive Director of Nursing and Midwifery to provide evidence on an ongoing basis when engagement encourages process changes, with positive results.</p>	AW
<p>QS23.132 Special Measures Report</p> <p>QS23.132.1 The Executive Director of Strategy and Transformation presented the report and confirmed that Cycle 2 had now closed and Cycle 3 predictions within the report were those that had been discussed at Board and allocated to QSE. He was pleased to confirm that as the organisation moved through the three cycles, the language changed from being reactive to being more ambitious and pro-active.</p> <p>QS23.132.2 Chair was pleased to note that work seems to be on track and how improvements worked across all portfolios. When Members asked if the Health Board would be able to take the initiative with the work regarding electronic healthcare records. The Executive Director of Strategy and Transformation confirmed that the Chief Digital And Information Officer would be explaining to Board at its next Development Session how he feels the organisation could do some work in support of the National work.</p>	
<p>QS23.133 Regulatory Report</p> <p>QS23.133.1 The Deputy Director of Quality presented the report noting that Health Inspectorate Wales (HIW) had inspected all three of the main Emergency departments over the last year and issued reports into all three. Whilst the reports into Ysbyty Gwynedd and Wrexham Maelor were generally quite positive, the Emergency department at Ysbyty Glan Clwyd was noted as being a 'service requiring significant improvement', resulting in a great deal of support, focus and recruitment being put into the service.</p>	



To provide assurance, the Executive Director for Nursing and Midwifery commissioned a quality check/mock inspection, which helped to provide a baseline position for improvements and identify where the services needs to improve.

QS23.133.2 It was noted that HIW published its review into the Health Board's Vascular Services in June 2023, in which it confirmed that the service would be de-escalated as a Service Requiring Significant Improvement.

QS23.133.3 It was noted that an inspection of the Nuclear medicine Department at YGC found there was good compliance overall with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R. HIW found arrangements were in place to provide patients visiting the department with safe and effective care.

QS23.133.4 HIW undertook inspections into some of the Mental Health services – Ty Llewelyn Unit, Ablett Unit and Hergest Unit – all of which received relatively positive inspections HIW has raised concerns regarding access to the Community Mental Health Team based at Nant y Glynn. A number of written assurances have been provided to HIW however they intend to undertake an announced visit in 2024.

QS23.133.5 At the Court Hearing on 18.12.23, with regards to the Mental Health breaches, BCUHB pleaded guilty and received a fine of £200,000 plus costs. The Deputy Director of Quality noted that he expected HSE to make a decision in the second quarter of 2024, on any further enforcement actions regarding falls.

QS23.133.6 Despite noting that there had been some high profile inquests recently, the Deputy Director of Quality wished to note that these related back to as long ago as 2016, and that the delays in these cases were caused by both the complexity of the cases and in no small part to Covid-related delays for both the Coroners' and Ombudsman's offices. In mitigation, he also pointed out that there had been a number of improvements in the Inquest process over the last year and that despite the challenges, the organisation had good working relationships with both Coroners in the region.

QS23.134 Primary Care Report

QS23.134.1 A discussion took place regarding expectations of future Primary Care Reports and Members asked for clarity as to the definition of Primary Care – did this cover GPs, dentists, optometrists, community pharmacists etc? The Chair explained that she felt the Committee and the Board were very much concentrating on both Secondary Care and the acute system and there was concern that this was skewing the system, when 85%+ of contact is in Primary Care. QSE would like to redress the



<p>balance within its agendas.</p> <p>QS23.134.2 The Executive Medical Director advised Members that two Associate Directors for Primary Care, had been appointed nationally – Anna Kushkova and Stuart Hackwell - who were very interested in working with Health Boards to develop quality dashboards. Although the organisation already owed many metrics regarding various different pathways, it was felt that as the question was arising nationally, contact with the two new Associate Directors might be the way forward, to ensure that the organisation’s approach is in line with that of other Health Boards.</p> <p>QS23.134.3 Members felt that in order to progress the journey towards improving Primary Care and commissioned services, a definition of Primary Care was needed and asked what data the organisation had to give, in order to gain an insight into quality and safety and patient experience in that area. The Head of Internal Audit confirmed that in the new fiscal year, a full Commissioned Services system review was expected to be taken to Audit Committee.</p> <p>QS23.134.4 The Interim Board Secretary agreed to contact the two new Associate Directors of Primary Care to ask for their definition as to which services were included Primary Care.</p>	<p>PM</p>
<p>QS23.143 Agree Items for Chairs Assurance Report</p> <p>QS23.143.1 It was noted that;</p> <ul style="list-style-type: none">• Cathy Dowling, NHS Executive, joined the meeting• Members felt that there was a needed for clarification of the relationship between the CRR and BAF, and the mechanism of how to report BAF issues – possibly a transferrable action for other Committees?• The long term risk around Population Health and Health Inequalities had been identified as critical and it was felt that this must be included in the Organisation’s long term/10 year plan.• A discussion was had regarding the ongoing work around QSE’s ToR and CoB.• When discussing The Patient Safety, Effectiveness and Experience Report, requests were made to be kept informed of progress with ongoing inquests• Due to patient-identifiable information being discussed the deep dive into falls will take place in private meeting.	
<p>QS.23.144 Review of Meeting’s Effectiveness</p> <p>QS23.144.1 The Head of Internal Audit felt that the piloted new style agenda format was confusing (with regard to minutes being a consent</p>	



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<p>item), but was appreciative of the rest of the meeting, which included good dialogue and discussions including challenges being put to the executives and executives challenging themselves.</p> <p>QS23.144.2 Chair wished to thank both Urtha Felda for her contribution to her first QSE meeting and Head of Governance, for her continued work on CRR and BAF.</p>	
<p>QS23.146 Date of Next Meeting</p> <p>QS23.146.1 The next meeting will be held on the 20 February 2024.</p>	
<p>QS23.147 Resolution to Exclude the Press and Public - "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, publicly on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p> <p><i>[Meeting ended at 12.45 hrs]</i></p>	