

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Quality, Safety and Experience Committee meeting
held in public
on 17th December 2024, The Boardroom, 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	
Carol Shillabeer	Chief Executive Officer (part meeting)
Angela Wood	Executive Director of Nursing & Midwifery
Dave Harris	Head of Internal Audit
Sreeman Andole	Interim Executive Medical Director (part meeting)
Imran Devji	Interim Chief Operating Officer (part meeting)
Matt Joyes	Deputy Director for Legal Services
Lois Lloyd	Chief Pharmacist
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
Brace Griffiths	Llais, North Wales
Iain Wilkie	Interim Director MHLD
Stephen Powell	Director of Performance and Commissioning
Nichala Jones	Interim Head of Operations and Service Delivery, Mental Health and Learning Disability, West (part meeting)
Phil Meakin	Associate Director of Governance (part meeting)
Saffie Roberts	Specialist Nurse in Organ Donation (part meeting)
Nesta Collingridge	Head of Risk Management
Chris Stockport	Executive Director of Transformation and Strategic Planning (part meeting)
Fiona Lewis	Minute Taker

Agenda Item
PRELIMINARY MATTERS
QS24/139 Welcome and apologies
QS24/139.1 Apologies were 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 welcomed Dr. Sreeman Andole (Interim Executive Medical Director) and Imran Devji (Interim Chief Operating Officer) to their first meeting.

The Chair welcomed Brace Griffiths attending on behalf of Llais North Wales.

QS24/140 Declarations of Interest

None were received.

QS24/141 Unconfirmed minutes of meeting held on 24th October 2024

It was resolved that the Committee **Agreed** the minutes were a true and correct record of the meetings held 24th October 2024 subject to the minor amendments.

[Carol Shillabeer joined the meeting]

QS24/142 Matters Arising and Action Logs

There were no comments on the action log.

The Chair welcomed the two updates received – the Flow Chart G4 G5 Complaints Process and the Complaints Improvement Deep Dive – and welcomed the progress made in reducing the backlog.

It was resolved that the Committee

- **Agreed** the updated log.

QS24/143 Patient Story – Gareth’s Journey

The Executive Director of Nursing and Midwifery introduced a video presented by both the mother and partner of Gareth, a young gentleman, who presented at both the Emergency and Intensive Care Departments in Wrexham Maelor Hospital, in June 2023. Gareth sadly passed away, however through organ donation was able to save and transform four lives. Gareth’s family had approached the Patient Care Experience team to ask if they would be able to share their story. Their story and the feedback contained within, resulted in improvements being made.

In discussing the report, the Committee were told:

- Gareth experienced delays in care and treatment in the Emergency Department, and this was discussed in detail.
- Gareth received exemplary care in Intensive Care department where the nurses showed great kindness, compassion and sensitivity.
- Despite the challenges, Gareth's organ donation after his passing saved four lives, transforming the lives of the recipients.

In discussing the report, the committee discussed:

- The importance of organ donation, and the impact of Gareth's selfless act were emphasized.
- The Committee, on behalf of the Health Board, expressed sincere condolences to Gareth's family and gratitude for sharing Gareth's story.
- The circumstances surrounding Gareth's journey through the Emergency Department, analysing where improvements could be made and implemented appropriate actions.
- The Specialist Nurse in Organ Donation described how proud she was to be part of the Organ Donation Team but noted that despite being world leaders in transplants by bringing in the 'opt-out system', consent rates in North Wales were reducing and felt that a new approach was required to raise awareness with both staff and the public.
- The Executive Director of Nursing and Midwifery was pleased to note that both she and the Executive Director of Allied Health Professionals and Health Science had attended the Annual Organ Donation Remembrance Service, which continues to be very well attended, to celebrate both the lives of those who have donated their organs and also the lives of the recipients, who along with their families, wished to give thanks.
- The Chief Executive Officer was very pleased to note that the Health Board was using people's experiences to help shape and steer the organisation.
- The Chair asked that raising awareness of Organ Donation should be included in the AAA report, and therefore be referred to Board.

Actions:

- **QS24/143.1** The Minute Taker to ensure this subject is included in the AAA report to be referred to Board to raise awareness with people who might engage.

It was resolved that the Committee

- **Noted** the report.

[The Interim Chief Operating Officer and Interim Head of Operations and Service Delivery, West, joined the meeting. The Specialist Nurse in Organ Donation left the meeting]

SERVICE PRESENTATION

QS24/144 Learning and Disabilities Deep Dive

The Executive Director of Allied Health Professionals and Health Science introduced The Interim Head of Operations and Service Delivery Mental Health and Learning Disability (West), who presented the report which highlighted the following:

- **Overview of Services provided:**
- A bed-based provision with two assessment and treatment units, with an additional Continuing Healthcare provision in Bryn-y-Neuadd Hospital.
- Six Learning Disability community teams across North Wales, which continue to be co-located with local authority partners
- Specialist behaviour support services

- Health Liaison services, instrumental in supporting annual health checks with their preventative agenda to avoid the deterioration of physical health, noted as having a knock-on effect with mental health.
- Enhanced Community residential services for people with learning disabilities.
- The service helps more than 13,000 people
- **Achievements:**
- Mapping nursing processes and developing standard operating procedures.
- Implementing the Health Equality Framework to measure outcomes.
- North Wales is the first area in Wales to have developed a pooled budget – a formal Section 33 partnership agreement, which has been running for one year, focussed on a key group of people in supported living. Preliminary findings are that this has had a very positive effect, however will be formal reviewed in January 2025.
- Works very closely with the North Wales Learning and Disability Strategy Group, the vice-chair of which is a service user.
- **Challenges:**
- Workforce vacancies: 55 vacancies pan BCU, which is around 15% of required staffing, with active review of existing job descriptions for roles that have not been filled for over 6 months.
- To attain an enhanced community service, they will have to deal with the significant demand capacity for locally sourced accommodation; however they have secured funding from the Housing Care Fund through the transformation strategy, which will progress the enhanced community intermediate care model.
- The complexity of cases had increased over the years.
- Estates issues: Matching the development of clinical responses to the provision of fit for purpose environments. Old prefab buildings requiring investment.
- The Health Liaison Team, by working in partnership alongside IHCs, to enhance patient journeys in acute sites.
- Reviewing measurable services to ensure they can demonstrate to both the Health Board and Welsh Government, how they have achieved those positive outcomes for individuals with learning disabilities.
- **Plans:**
- Improving quality outcomes and experiences for service users, by using all the strategic drives coming from Welsh Government and local intelligence.
- To continue to review the current disability inpatients pathway and the existing processes to ensure there is a single service for people.
- Continuing to work towards the Learning Disabilities Strategic Action Plan 2022-26, which is in alignment to strategy.
- Enhancing community residential services.
- Addressing restrictive practices and ensuring safe and effective care.

Following the presentation, the Committee discussed the following:

- The Committee was pleased to note the focus on physical as well as mental health.
- To address the problems around staff recruitment, recruitment challenges and the workforce pathway design were discussed, to ensure that the organisation is using the new Band 4 associate roles coming in, to give an opportunity to radicalise the delivery of care. It was noted that work is currently underway to develop a new workforce retention strategy.

- The need to provide an update to provide clarity around the strategic direction across North Wales
- The Executive Director of Nursing & Midwifery to introduce Nichaela Jones to her colleagues in England, with regards to digitising the HEF

Actions:

- **QS24/144.1** The Executive Director of Allied Health Professional and Health Science to circulate an update to provide clarity around Learning Disabilities' strategic direction across North Wales
- **QS24/144.2** The Executive Director of Nursing & Midwifery to introduce Nichaela Jones to her colleagues in England, with regards to digitising the HEF

It was resolved that the Committee

- **Noted** the report.

[The Interim Chief Operating Officer and Interim Head of Operations and Service Delivery, West, left the meeting. The Executive Director of Transformation and Strategic Planning joined the meeting]

QUALITY PLANNING

QS24145 Clinical Services Plan

Members received the Clinical Services Plan (CSP) presented by the Executive Director of Transformation and Strategic Planning, who highlighted the following:

- The purpose of the CSP was to configure and deliver clinical services aligned with the health board's strategy and quality management system (QMS).
- Prioritization was based on risk and benefit profiles, focusing on services experiencing significant difficulties.
- Enabling Work
 - understanding risk appetite and prioritization.
 - Implementing QMS to identify and demonstrate improvements.
 - Emphasizing well-being, prevention, and de-medicalization.
- Collaboration: Learning from Hywel Dda University Health Board's experiences in clinical service configuration.
- Initial Focus: Urology, with plans to test and scale up the methodology.
- Next Steps: Testing the methodology in Urology, engaging more medical voices, and planning for the next tranche of services.

In discussing the report, the Committee:

- Discussed identifying evidence of best practice
- discussed the advantages of QMS for the CSP moving forward
- managing the Workforce's expectations

It was resolved that the Committee

- **Noted** the report.

QUALITY IMPROVEMENT

QS24/149 Urgent and Emergency Care (UEC) Deep Dive

Members received the Urgent and Emergency care Deep Dive, presented by the Interim Chief Operating Officer, who highlighted the following:

- It was noted that UEC had been identified as one of the four major change programs.
- To avoid having separate programmes, the work of both the National Six Goals Programme and the Major Change Programme and brought under the leadership of one Board, chaired by the Chief Operating Officer.
- The UEC Design and Delivery Group meets weekly – this meeting brings together operational leads, workstream leads and wider stakeholders.
- The 12-week UEC focus period has helped galvanise the new approach.
- An interim Programme Director had been brought in on secondment from Hywel Dda, to help strengthen the UEC programme team.
- A further fixed-term appointment had been made to lead the System Resilience team, which brings all three IHCs and pan-BCU services – Diagnostics and Women’s Services - together. This approach enables the organisation to have oversight for system resilience on a day-to-day basis; improving ambulance handovers; ensuring out of hours plans in place to ensure co-ordination. Improving ambulance handovers, therefore reducing 12-hour breaches in ED.
- Funding: £4.5 million allocated to both the Health Board and local authority colleagues for system improvements, focusing on high-risk patient groups in Primary and Community care, to reduce pathway care delays.
- Strengthened governance structure and work stream delivery plans.
- Improved patient experience feedback mechanisms.
- Achievements noted:
 - Establishing a system resilience hub for proactive oversight.
 - Implementing a comprehensive patient experience feedback system.
 - Positive feedback from HIW on recent inspections.

In discussing the report, the Committee:

- observed that the report was both comprehensive and positive.
- noted that the Patient Experience text messaging service had been implemented in September 2024. This service was providing data to analyse, to help understanding the issues felt by patients and families.
- asked when the Committee should expect feedback to indicate system improvements, the Interim Chief Operating Officer confirmed that a reset would take place in January 2025, prior to a further 12-week UEC focus period. Data from the previous focus period would be analysed and fed back to the committee.
- noted that the Health Board must once again advise Welsh Government that their metrics for recording Hospital Acquired Pressure Ulcers was not fit for purpose.
- The Executive Director of Nursing and Midwifery referred to an unannounced 3-day Healthcare Inspectorate Wales (HIW) visit to Wrexham Maelor Hospital. The preliminary overall feedback from this visit was very positive, with four issues in one area being noted, to which assurance was provided, with action plans submitted to HIW, and implemented.

- Independent Member, Urtha Felda, to discuss outside of meeting concern raised to her recent experience in an ED department.

Action:

- **QS24/149.1** Independent Member, Urtha Felda, to discuss outside of meeting, with Executive Director of Nursing and Midwifery, concern raised to her recent experience in an ED department.

It was resolved that the Committee

- **Noted** the report.

[The Interim Chief Operating Officer left the meeting]

[The Head of Risk Management joined the meeting]

QUALITY CONTROL

QS24/146 Integrated Quality Report

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

- Integrated Concerns Policy, which had been operating for almost 12 weeks was working well, with daily hub meetings and weekly Executive oversight.
- Noted the reduction in the number of falls and percentage by severity post investigation, with positive feedback from coroners.
- Noted the reduction in the numbers of pressure ulcers and their severity.
- The improvements in quality of care with Nationally Reported Incidents: 54 currently open, with 10 overdue. Efforts to manage incidents in real-time.
- Never Events: No new Never Events since September.
- Patient Safety Alerts were being successfully monitored and managed.
- Implementation of the Single Unified Safeguarding Review and other safeguarding measures.
- Ongoing oversight of infection prevention action plans, following learning reviews.
- Oxygen Administration: Improvement plans and training in place.
- Enhanced protocols and collaboration with police following the Missing Patient review.
- Patient Experience: Significant increase in feedback responses through SMS text messaging.
- Chaplain and Spiritual Care Services noted as being active during the Christmas period.
- Clinical Audits and Mortality Reviews: Need for improved compliance and reporting. Structured judgment reviews and learning from deaths emphasized.
- More work required across the Board to ensure NICE compliance.

In discussing the report:

- The Chair asked for the Complaints Update to be circulated to Board Members.
- Were advised that the Chief Executive Officer, the Executive Medical Director and the Executive Director of Nursing and Midwifery were in discussions to instigate a review to identify the cause of the backlog of cases awaiting corporate mortality administrative sieve and sort process, to identify what can be done to remedy the situation.

- Agreed that the Director of Governance and the Executive Medical Director discuss outside the meeting when a paper could be brought to the Committee regarding the Clinical Audit Plan.
- The Director of Performance and Commissioning to work with the Executive Medical Director to focus on the Mortality Review data to improve quality of reporting.
- The Chair requested a development session during Q4 to help the Committee understand reporting challenges.
- Positive verbal feedback received following Healthcare Inspectorate Wales' (HIW) unannounced 3-day visit to Heddfan Unit in Wrexham, 21-23 October 2024. HIW issued four recommendations requiring immediate attention. Action plans were submitted by 1st November and put in place and being monitored. Formal Inspection report awaited.

Actions:

- **QS24/146.1** The Head of Corporate Office to circulate the Complaints Update to Board Members.
- **QS24/146.2** Director of Governance and the Executive Medical Director to discuss outside the meeting when a Clinical Audit Plan paper could be brought to the Committee and added to the Forward Workplan.
- **QS24/146.3** Work with Executive colleagues on the Mortality Data and bring back to QSE Development Session in March

It was resolved that the Committee

- **Noted** the report.

QS24/147 Integrated Performance Report

Members received Integrated Performance Report, presented by the Director of Performance and Commissioning, who noted:

- To improve the quality of reporting, The Director of Performance and Commissioning and the Executive Director of Nursing and Midwifery met with Welsh Government (WG) Quality colleagues, where a commitment was given to WG develop a set of quality indicators, with a timetable.
- Mitigations being put in place to address the need to reduce backlog caused by the 2 years required to train new clinical coders.
- Areas of improvements identified – an increase in the number of complaints closed within 30 days; consistent reduction in the number of new patient safety incidents; no new Never Events in September and October; the number of open NRIs is improving and a reduction plan had been developed. In areas currently under scrutiny, where continued improvements had been identified, recommendations will be made to Executives to de-escalate.
- Areas of Concern identified - highest ever number of Ombudsman contacts; Issues across services relating to access, particularly in planned care, drug and alcohol services, and index colonoscopy patients. The need for improvements in reporting identified.
- Need for detailed actions to return indicators to compliance identified. Development of a more detailed PowerPoint report with mitigations and actions being developed.

In discussing the report, the Committee noted:

- The need to identify areas of concern, develop action plans with timescales to return to compliance.
- The Executive Director of Allied Health Professionals and Health Science agreed to meet outside meeting with Director of Performance & Commissioning and the Executive Medical Director, to address the challenges causing delays relating to index colonoscopy patients and to provide a briefing. To add to Forward Workplan for early January 2025. To be highlighted in the AAA report to Board.

Actions:

- **QS24/147.1** Head of Corporate Office to circulate the coding paper to all QSE Members via the AAA report to be presented to January Board.
- **QS24/147.2** The Executive Director of Allied Health Professionals and Health Science agreed to meet outside meeting with Director of Performance & Commissioning and the Executive Medical Director, to address the challenges causing delays relating to index colonoscopy patients and to provide a briefing to QSE. To add to Forward Workplan for early January 2025.

It was resolved that the Committee:

Reviewed the contents of the report.

(The Associate Director of Governance joined the meeting)

QUALITY ASSURANCE

QS24/148 Health Board Response to the Royal College of Psychiatrists (RCPsych) Invited Review Services Report.

The Executive Director of Allied Health Professionals and Health Sciences advised the Committee that Expert Advisory Group (EAG) was still maturing. Ros Alstead, Special Advisor, continued to work with past and present Services users and their families, to ensure that everyone understands and agrees with the approach being taken. The Committee wished to offer its sincerest thanks to Geoff Ryall-Harvey and Llais for their continued support in this endeavour.

The Associate Director of Governance confirmed that he had met with members of the EAG, and that they were highly engaged, and good progress was being made.

Amendments had been made to the Terms of Reference (ToR) as requested, with further adjustments to be made for clarity. It was agreed that Urtha Felda, Independent Member, would remain independent of the EAG, but act as a 'sounding board' for the EAG and provide a link to QSE, therefore providing assurance to the Board.

It was resolved that the Committee

1. **Noted and received assurance** on updates related to governance 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. **Approved** the amended ToR V2 for the EAG.

Noted the Draft Terms of Reference for the EAG.

ROUTINE REPORTING

QS24/150 Corporate Risk Register

The Head of Risk Management presented the report, noting:

- Six corporate risks reviewed, with updates on patient safety, primary care, community care, and clinically challenged services.
- No amendments to risk scores, but actions prioritised for clarity and progress.
- No overdue actions within the six new risks.
- All 6 clinical challenged service risks were reviewed at the Risk Scrutiny Group and approved, except for some minor caveats. The Head of Risk Management assured Members that all six services would be sent to Clinical Executives for review and then onto the Executive Team for approval
- With regards to timely Diagnostics and Medical Devices, deep dives had been conducted, with feedback incorporated for further development.

In discussing the Report, the Chair thanked both the Head of Risk Management and the Executive Director of Nursing and Midwifery for their work in setting up the Risk Scrutiny Group (RSG). At the RSG monthly meetings, risks are regularly checked and challenged, thus resulting in QSE being better placed to focus its attention and seek assurance.

It was resolved that the Committee

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

FOR INFORMATION

QS24/151 Quality Delivery Group Chair's Assurance Report

It was resolved that the Committee

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

QS24/152 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

QS24/153 Committee Forward Work Plan

It was resolved that the Committee

- **Noted** the Committee Forward Work Plan

QS24/154 NHS Wales - Joint Commissioning Committee Quality Committee Chair's Report

It was resolved that the Committee

- **Noted** the Joint Commissioning Committee Quality Committee Chair's Report

CLOSING BUSINESS

QS24/155 Agree Items for Referral to Board / Other Committees

- Following the powerful presentation shared, relating to Organ Donation, the Committee would like to raise its profile.
- Concerns raised about the performance indicators presented on colonoscopy, asking that an agenda item and briefing return to QSE at the February meeting.
- Assure Board that the process of creating a CSP is ongoing and that all services will be assessed as part of that process in terms of prioritisation.
- Following detailed update on UEC, QSE assured actions being taken to address the risks to patient safety, experience and outcomes across UEC pathways, particularly during Winter 2024/25, however Q4 was noted as a concern.
- Advise Board that the Integrated Quality Report was received, and the Clinical audits were reviewed and discussed, noting that further work will take place to understand where best to focus.
- Advise Board that it takes two years for clinical coders to be fully trained and that a report previously circulated would be attached to the AAA Report.
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QS24/156 Meeting Effectiveness

It was reported that despite the size of the agenda, there had been some good discussions.

It was noted that over the past 7 months, the quality of reports and presentations to QSE had improved greatly, and were far more fit for purpose.

QS24/156 Date of Next Meeting

20th February 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.