



Quality, Safety and Experience (QSE) Committee
Minutes of the Meeting Held in public on 2.11.21 via Teams

Present:

Lucy Reid	Independent Member (Chair)
Jackie Hughes	Independent Member
Cheryl Carlisle	Independent Member
Lyn Meadows	Independent Member

In Attendance:

Jackie Allen	Chair of Community Health Council (CHC) (<i>part meeting</i>)
Reena Cartmell	Associate Director of Nursing (<i>part meeting</i>)
Jane Christmas	Interim Head of Clinical Effectiveness (<i>observing</i>)
Michelle Denwood	Associate Director Safeguarding (<i>part meeting</i>)
Kate Dunn	Head of Corporate Affairs (<i>for minutes</i>)
Gareth Evans	Chair of Healthcare Professional Forum (<i>part meeting</i>)
Simon Evans-Evans	Interim Director of Governance
Liz Fletcher	Assistant Area Director Children's (<i>part meeting</i>)
Sue Green	Executive Director of Workforce and Organisational Development (OD) (<i>part meeting</i>)
Alison Griffiths	Director of Nursing (<i>part meeting</i>)
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive
Sue Hill	Executive Director of Finance
Gavin Halligan-Davis	Interim Director of Performance (Designate) (<i>part meeting</i>)
Matthew Joyes	Acting Associate Director of Quality Assurance
Amy Kerti	Nurse Consultant : Dementia (<i>part meeting</i>)
Nick Lyons	Executive Medical Director
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead (<i>part meeting</i>)
Sally Morris	Vascular Implementation Plan Adviser (<i>part meeting</i>)
Teresa Owen	Executive Director of Public Health
Katie Sargent	Assistant Director Corporate Communications and Public Engagement
Anne Stewart	(<i>observing</i>)
John Stewart	Service User (<i>part meeting</i>)
Chris Stockport	Service User (<i>part meeting</i>)
Adrian Thomas	Executive Director Primary Care and Community Services
Kamala Williams	Executive Director Therapies and Health Sciences
Tracey Williamson	Acting Director of Performance (<i>part meeting</i>)
	Nurse Consultant : Dementia (<i>part meeting</i>)

Agenda Item Discussed	Action By
It was noted that the meeting was being recorded in Teams for administrative purposes.	
QS21/160 Patient Story	

<p>QS21/160.1 An audio version of “Elizabeth’s vascular story” was played for members. The Acting Associate Director of Quality Assurance highlighted the key themes arising from the story in terms of the importance of recognising patients’ anxieties whilst in a hospital setting, and the provision of joined up care. He confirmed that the story had been shared with the service and would be helpfully used as part of training team members.</p> <p>QS21/160.2 An Independent Member queried whether the tissue removal procedure that had been undertaken in a ward setting had been appropriate in terms of maintaining patient dignity and whether this was a normal occurrence. The Executive Medical Director responded that this had been debated and challenged at the Vascular Steering Group and an action had been taken away to identify whether this is common practice or a one off. The Chair asked the Committee to be sighted on the outcome of these discussions. An Independent Member suggested that although this was a positive story, when presented to the Health Board on the 18th November officers would need to be ready to respond to criticisms that this patient had had to wait two years for treatment, and that it would be important to focus on the learning from the story. The Executive Medical Director acknowledged that there were delays in getting the patient onto the vascular pathway but that this would have been exacerbated by wider waiting list challenges. The Chair welcomed the patient story and was pleased to learn of the good outcome for the patient concerned but she agreed that the Board should reflect on the wider issues including the impact of the long wait.</p> <p>QS21/160.3 It was resolved that the Committee receive and reflect upon the patient story.</p>	NL
<p>QS21/161 Apologies for Absence</p> <p>QS21/161.1 Apologies had been received for Dave Harries and Louise Brereton</p>	
<p>QS21/162 Declarations of Interest</p> <p>QS21/162.2 None declared.</p>	
<p>QS21/163 Minutes of Previous Meeting Held in Public on 7.9.21 for Accuracy</p> <p>QS21/163.1 The minutes were agreed as an accurate record.</p>	
<p>QS21/164 Matters Arising and Table of Actions</p> <p>QS21/164.1 Updates were provided to the summary action log.</p>	
<p>QS21/165 Report of the Chair</p>	

<p>QS21/165.1 The Chair reported that:</p> <ul style="list-style-type: none"> • No Committee Chair's actions had been undertaken since the last meeting. • The two key areas of relevance to the QSE Committee that were discussed at the recent Health Board meeting were the support to the commissioning of an independent review into urology services, and the vascular services report. • Following the changes to Committee terms of reference she would wish to see Nurse Staffing reports (including for the Mental Health and Learning Disabilities Division) being transferred to the Partnerships, People and Population Health (PPPH) Committee's cycle of business on the basis this was the Committee with responsibility for workforce/people. The Committee were supportive of this proposal with a caveat that PPPH Committee would refer on any significant safety issues to QSE and financial issues to the Performance, Finance and Information Governance (PFIG) Committee. 	
<p>QS21/166 Report of the Lead Executive</p> <p>QS21/166.1 The Executive Director of Nursing and Midwifery reported that:</p> <ul style="list-style-type: none"> • A number of serious incidents had been reported up to Welsh Government (WG) including two never events which were linked to the use of the World Health Organisation checklist which Clinical Executives were working to systematically address. • Rapid learning had been undertaken for the most recent incident within ophthalmology and it was apparent that three immediate actions from acute sites had not translated across to services on the Abergele site; this was being addressed urgently. • Independent investigations were ongoing for a number of serious incidents including a homicide, a death by suicide at the Hergest Unit and an unexpected death at Ty Llewelyn. A first draft of the external review at the Hergest Unit had been received but had not yet been checked for factual accuracy. • Two recent public interest reports from the Ombudsman had been shared formally with the QSE Committee. • A Regulation 28 notice had been received. • A range of Healthcare Inspectorate Wales (HIW) inspections had taken place including an unannounced visit to the Hergest Unit. • A Patient Carer Experience champion in Mold Community Hospital had been presented with a gold award, and the Learning Disability Service had won a nursing category award from the Nursing Times. 	
<p>QS21/167 Quality Strategy Interim Priorities</p> <p>QS21/167.1 The Executive Director of Nursing and Midwifery presented the paper and highlighted the approach for developing the Quality Strategy given the context of a number of other strategies also being developed alongside it. The paper set out a range of interim aspirational goals that had been tested against the principles of providing safe, clinically effective healthcare end ensuring patients and carers were at the heart of</p>	

<p>services. The Acting Associate Director of Quality Assurance added that the engagement element of the Quality Strategy would be brought forward into the new financial year.</p> <p>QS21/167.2 An Independent Member suggested that the narrative wasn't particularly reflective of primary or community care and it was agreed this would be refreshed and made more explicitly. The Chair commented on the reference to learning from excellence and felt that the organisation should in fact be learning from when things went wrong to ensure consistent improvement. The Chief Executive accepted that the organisation should learn from excellence, from patient experiences and from clinical outcomes. The Executive Director of Public Health commented that the quality element of working in partnership to provide services could also be more explicitly set out in the paper.</p> <p>QS21/167.3 The Acting Associate Director of Quality Assurance undertook to take on board all the comments made, and members were invited to send any further comments to him as soon as possible. He wished to reassure the Committee that subsequent to the interim priorities the new strategy would be supporting a learning culture and that in taking a longer term approach it would mean the Quality Strategy could be much better aligned with Living Healthier Staying Well and the transformation agenda. It was agreed that the final revised interim priorities would be circulated to members.</p> <p>QS21/167.34 It was resolved that the Committee note the report and approve the interim quality priorities – subject to inclusion of suggested revisions.</p> <p><i>[Sue Green left the meeting]</i></p>	MJ
<p>QS21/168 Implementation of New Liberty Protection Safeguards</p> <p>QS21/168.1 Michelle Denwood joined the meeting and presented the paper which set out the current position in terms of the Board's readiness to implement the new Liberty Protection Safeguards (LPS). She highlighted this was a significant change in legislation led centrally and that the code of practice was still awaited. In terms of Deprivation of Liberty Safeguards (DoLS) activity, BCUHB had seen a 44% increase in applications with a further increase expected and additional challenges due to the complexities involved. It was reported that BCUHB was as prepared as possible for the new legislation and that a plan had been drafted for implementation. In addition an interim post had been identified to manage the implementation, but the success would also rely on clinical and organisation-wide buy in.</p> <p>QS21/168.2 An Independent Member asked whether appropriate training would be delivered within the required time frame and that the staffing complement would be sufficient. It was reported that Social Care Wales were hopeful in terms of the training delivery and that a business case was being developed for additional capacity. In response to a question from the Chief Executive, the Associate Director for Safeguarding confirmed there would be easy-read and bilingual versions of the patient literature. The</p>	

<p>Chair suggested that the LPS training may provide an opportunity improve DOLS quality, and the Associate Director for Safeguarding acknowledged that this should be the case and that a positive outcome of LPS should be that the assessment of capacity is undertaken at the point of admission or accessing of services rather than at the in-patient stage as is for DOLS.</p> <p>QS21/168.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Accept the position report in preparation for the implementation of LPS on the 1st April 2022. 2. Note the progress made and actions to be taken in relation to the implementation of the LPS within BCUHB. 	
<p>QS21/169 Nurse Staffing Levels (Wales): Adult Acute Medical And Surgical Inpatient wards and Paediatrics <i>[Alison Griffiths joined the meeting]</i></p> <p>QS21/169.1 The Executive Director of Nursing and Midwifery introduced the agenda item and highlighted that an implementation plan had been developed in readiness for the extension of the Act to include paediatrics, and secondly that the Act had been applied across all BCUHB's acute services and it was acknowledged there was further work to be done in areas of higher acuity.</p> <p>QS21/169.2 The Director of Nursing then went onto present the paper, highlighting that it was a very detailed report but that the issues for consideration were set out in the recommendations. She noted that the annual paper to the Health Board each May underpinned the triannual report to Welsh Government (WG) and that as an evolving process the narrative would improve. She set out there was a statutory duty to undertake calculation of staffing when the purpose of a ward was changed, and to present the calculations to the designated person in order to ensure the best levels of care could be provided.</p> <p>QS21/169.3 An Independent Member raised the matter of Healthcare Support Workers (HCSWs) and whether the quality framework will support consistency on paediatric wards in particular. She would also wish to see the same term utilised across the organisation. The Director of Nursing responded that she recognised that the use of HCSWs and how vacancy risks were mitigated had moved on for adult wards, but a very traditional model of working remained within paediatrics.</p> <p>The Independent Member also noted a comment in the report to data collection on paediatric wards not reflecting true levels of activity and queried if this was due to there often being very short-term admissions onto these wards. A comment was also made that the format and structure of the report made it difficult to identify harms that might</p>	

<p>have occurred as a result of staffing issues, and the Executive Director of Nursing and Midwifery undertook to look at identifying these in a separate appendix for future reports. An Independent Member enquired whether paediatric nurse specialists supported Emergency Departments (EDs) in terms of reducing inappropriate or unnecessary admissions. The Chief Executive indicated that following a recent visit to a paediatric ward in the East this was very much on their agenda in terms of support to ED.</p> <p>QS21/169.4 It was resolved that:</p> <p>The Committee receive the report to gain assurance in relation to the following:</p> <ol style="list-style-type: none"> 1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. 2. BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels 3. The Committee noted that: <ul style="list-style-type: none"> • As of 1 October 2021 the extension of section 25B of the Nurse Staffing Levels (Wales) Act 2016 has been extended to include paediatric inpatient wards. The Annual Presentation and Summary of Nurse Staffing Levels for wards where Section 25B applies will therefore include Adult acute medical inpatient wards; Adult acute surgical inpatient wards; and Paediatric inpatient wards. 4. Ongoing reasonable steps taken to monitor and as far as possible maintain nurse staffing levels in line with the Act and during times of unprecedented pandemic pressures. • Potential financial implications arising from the organisations statutory duty to calculate and take all reasonable steps to maintain nurse staffing levels will be considered by the Executive Team as part of the financial planning process for 2022/23. <p><i>[Alison Griffiths left the meeting]</i></p>	GH
<p>QS21/170 NU06 Prevention and Management of Adult In Patient Falls Policy</p> <p>QS21/170.1 The Executive Director of Nursing and Midwifery reported that she had received some comments directly from an Independent Member in terms of language and format, and she would be looking to introduce easy read principles for future policy submissions. She also acknowledged that the policy should reflect the recent Health and Safety Executive improvement notice regarding falls. An Independent Member added that she would also wish to see consistent terminology throughout the policy when</p>	

<p>referring to staff and/or the workforce, and suggested that other departments should be given the opportunity to comment on the policy – for example radiology. She also asked that the policy be reviewed sooner than the proposed three years.</p> <p>QS21/170.2 The Chair made reference to the statement on page 9 regarding patients with mental capacity and enquired therefore what was the situation for patients without mental capacity. The Executive Director of Nursing and Midwifery indicated this narrative could be refreshed but there was a read-across and links to training for Deprivation of Liberty Safeguards.</p> <p>QS21/170.3 The Chair stated that this was a key policy for the Health Board given there were several falls-related incidents. She suggested that the policy be refreshed to take on board the comments made with the involvement of the Independent Member (Trade Unions), and that she would then take Chair's Action to provide Committee level approval.</p> <p>QS21/170.4 It was resolved that the Committee agree that Chair's Action should be taken to approve the amended policy when it had been revised.</p>	GH
<p>QS21/171 Board Assurance Framework</p> <p>QS21/171.1 The Interim Director of Governance presented the paper, highlighting that it should have been noted as requiring both discussion and decision. He drew members' attention to the recommendations which accompanied the paper.</p> <p>QS21/171.2 An Independent Member referred to BAF21-09 (Infection Prevention and Control - IPC) and asked whether there were sufficient resources being identified. The Executive Director of Nursing and Midwifery stated that the risk needed to be considered in the context of the pandemic and Covid outbreaks, and that the ongoing pressures meant it was unlikely the organisation would be able to deliver the target risk score by the end of the year. It was reported that a new IPC lead had just taken up post and one of her early priorities would be to review the structural requirement around IPC given the lessons learned from the pandemic. It was also noted that progress with BAF21-09 was very much dependent on estates-related matters being taken forward through the Estates Strategy.</p> <p>QS21/171.2 An Independent Member referred to BAF21-12 (security services) and to the challenges around ensuring a structured approach to the use of CCTV. The Acting Associate Director of Quality Assurance confirmed that an incident in a mental health unit was in a communal room not covered by CCTV and whilst there was a recommendation to improve coverage of communal areas, this would not be monitored 24/7 and there were associated privacy requirements to be met. [<i>Gareth Evans left the meeting</i>] An Independent Member referred to BAF21-01 (unscheduled care) and asked whether appropriate representation would be at the workshops to ensure improvements to front door series eg; diagnostics. The Executive Director of Nursing and Midwifery</p>	

<p>undertook to follow this up. The Chair noted that BAF21-01 indicated there were gaps in actions around the delivery of urgent primary care centres, and asked if the organisation was being clear on the efficiency and effectiveness of pathways to achieve this. The Chief Executive confirmed this was the case and was the subject of wider access conversations with Ambulance Service colleagues and others.</p> <p>QS21/171.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Approve the transfer of the monitoring of BAF21-07 – Mental Health Leadership Model; and BAF21-11: Culture-Staff Engagement from the QSE Committee to the Partnerships, People and Population Health (PPPH) Committee; 2. Approve the increase in the current risk score for BAF21-19: Impact of Covid-19 to 16 (4x4), from 12 (4x3) in light of ongoing high levels of community transmission; 3. Approve the increase in the current risk score for BAF21-01 Safe and Effective Management of Unscheduled Care to 20 (5x4) from 16 (4x4) in light of ongoing pressures; and 4. Note that further work to review and update the Key Field Guidance is continuing, including consultation with the Good Governance Institute for their advice and opinion. 	GH
<p>QS21/172 Corporate Risk Register <i>[Gareth Evans re-joined the meeting]</i></p> <p>QS21.172.1 The Interim Director of Governance presented the paper, drawing members' attention to the detailed requests for the Committee's attention as set out in paper.</p> <p>QS21/172.2 An Independent Member raised a question regarding how well embedded risk management was across the organisation and whether managers were aware of the risks in their service areas. The Interim Director of Governance was confident that risks were actively being managed through the Datix system and that risk was a core topic for discussion at performance meetings. The Executive Director of Nursing and Midwifery added that talking to staff whilst on walkabouts also was a good indicator as to how familiar staff were with organisational and local risks. The Chair shared her concern that divisional risk registers had a way to go in terms of improvement to allow for robust reporting into Committees, although it was acknowledged that progress had been made over the past year. The Executive Director of Public Health suggested that risk reporting at Committee level was evolving and would be a test of maturity.</p> <p>QS21/172.3 It was resolved that the Committee:</p>	

<ol style="list-style-type: none"> 1. Note the Key Field Guidance Document is currently under revision and will be re-presented to all Committees following the agreement of the updated version. 2. Review and note the progress on the Corporate Tier 1 Operational Risk Register Report as set out within the paper. 	
<p>QS21/173 Quality and Performance Report <i>[Kamala Williams and Gavin Halligan-Davis joined the meeting]</i></p> <p>QS21/173.1 The Acting Director of Performance presented the report. She highlighted that Child, Adolescent and Mental Health Services (CAMHS) performance was still some way off seeing improvement with figures showing 23.6% against a target for assessment of 80% which was a deteriorating picture since the last report to the Committee. It was noted that only one Health Board was currently achieving this target with most others on a downward trajectory. Performance for therapeutic intervention was currently 16.4% against an 80% target and was also a deterioration since the last report.</p> <p>QS21/173.2 The Acting Director of Performance then went onto discuss neurological assessments for which an improvement plan was in place with agreed trajectories. An assumption had been made that the target would not be delivered this year, however, the planned process of outsourcing for additional capacity should enable the organisation to deliver this target by the end of March 2023. A validation process was also ongoing which should potentially reduce waiting lists however the delivery of core activity was very dependent upon recruitment success. The Chief Executive added that she had met with neurological colleagues in the West and Centre recently and had found the conversations helpful in understanding the insight the teams had. She was of the view that consideration needed to be given to how the assessments were delivered and to ensure intervention was accessible at key points. The Acting Director of Performance added that virtual assessments had now been commissioned together with alternative options for those patients who had been waiting a very long time. In response to a question from an Independent Member, the Executive Director of Primary Care and Community Services confirmed that face to face consultations for CAMHS and neurodevelopment continued to increase but were not at 100% due to the choice and preference of some patients. He undertook to share latest figures outside of the meeting.</p> <p>QS21/173.3 An Independent Member expressed her concern at the Sepsis Six performance and was disappointed to note reference to poor data collection and coding. The Executive Medical Director shared this concern and suggested that if coding was not as it should be, this could affect sepsis mortality figures. Also he felt that in basic terms the sepsis recording was almost a proxy marker for wider clinical note-keeping. The Senior Associate Medical Director/Improvement Cymru Clinical Lead confirmed that the number of sepsis admissions was fairly static however there were system related issues due to a change from a paper system to paperless. She informed members of a pilot taking place in Ysbyty Glan Clwyd trialling an alternative data collection proforma and this learning was being shared across networks. The Chair requested that officers</p>	<p>CS</p>

<p>take away an action to provide assurance to the committee that sepsis performance was purely a data capture issue, and not a care intervention issue.</p> <p>QS21/173.4 The Chair stated that she felt the never events information was now much more helpfully shown in the report and allowed for easier identification of trends although she felt it could be further improved by identifying on which site they had occurred. She then raised the issue of complaint themes and in particular those received regarding accessibility at YGC when families were trying to contact a ward by telephone. The Executive Director of Nursing and Midwifery reported that a range of actions were being considered to provide additional support to these teams including reviewing administrative vacancies and enhancing the hours and roles of ward clerks and house-keepers to address answering of phones without impacting on nursing time. The Executive Director of Workforce and OD reported that work originally established in 2019 regarding additional admin support had been impacted upon by the pandemic and recruitment challenges. The work was to be refreshed with a gap analysis expected imminently ahead of costing.</p> <p>QS21/173.5 It was resolved that members of the Quality, Safety and Experience Committee scrutinise the report and advise any areas to be escalated for consideration by the Board.</p>	<p>NL</p> <p>MJ</p>
<p>QS21/174 Quality Highlight Report</p> <p>QS21/174.1 The Chair indicated that a revised version had been circulated at her request. The Acting Associate Director of Quality Assurance presented the report and drew members' attention to key areas. It was reported that during August and September there had been 19 nationally reportable incidents including 2 never events, and the paper contained a summary of each with the associated learning. He also drew members' attention to a concern around the timely completion of actions. It was also reported that the number of falls was above average and BCUHB had a higher rate per occupied bed days than expected. In terms of Healthcare Inspectorate Wales activity it was highlighted that an inspection had been made to the Hergest Unit in Bangor and a draft report had been received. Following the process of agreeing factual accuracy an action plan would be prepared for approval by the Executive Director of Nursing and Midwifery.</p> <p>QS21/174.2 The Chair remained concerned at how learning was embedded in a sustainable manner, which still was not evident. She indicated that she had suggested to the Health Board Chair and Board Secretary that the Health Board should be sighted on nationally reportable and serious incidents, with the QSE Committee receiving thematic learning reports, as part of a regular performance-suite. The Committee were supportive of this proposal which would be taken forward by the Acting Associate Director of Quality Assurance in liaison with the Executive Medical Director and the corporate Occupational Health and Safety team.</p> <p>QS21/174.3 An Independent Member referred to the incident within the North Wales Cancer Treatment Centre regarding a delay in terms of acting upon abnormal results and</p>	<p>MJ</p>

<p>noted that the paper indicated that a checking system would be put in place. She was concerned if this was not already routinely the case across the Health Board. The Acting Associate Director of Quality Assurance responded that in this particular case the clinician was on leave but he reassured members that immediate action had been taken but there may well be more learning once the investigation was complete. The Executive Medical Director suggested the implementation of a Standard Operating Procedure for abnormal test results was being worked through, but he did feel there was a wider mitigation issue around the organisation's ability to communicate results to the requesting clinicians, and he confirmed that an options appraisal would be going to the Executive Team shortly. The Executive Medical Director also felt it would be remiss not to acknowledge that as an organisation BCUHB often struggled with the timely completion of actions.</p> <p>QS21/174.4 It was resolved that the Committee note the report.</p>	
<p>QS21/175 Covid19 Update</p> <p>QS21/175.1 The Executive Director of Nursing and Midwifery presented the paper and highlighted that the Board had recently recruited a lead to work with herself, the Board Secretary and others to realign the Executive Incident Management Team's terms of reference, improve reporting and strengthen links to cabinet.</p> <p>QS21/175.2 It was resolved that the Committee note the position outlined in the report.</p>	
<p>QS21/176 Quality Awards, Achievements and Recognition</p> <p>QS21/176.1 It was resolved that the Committee note the report.</p>	
<p>QS21/177 Vascular Steering Group Update <i>[Sally Morris joined the meeting]</i></p> <p>QS21/177.1 The Executive Medical Director presented the update report which also sought Committee approval to refreshed terms of reference for the Vascular Network Task and Finish Steering Group. He drew members' attention to the draft revised action plan which he hoped demonstrated a significant step forward in terms of clarity and progress. It was noted that the Vascular Oversight Group was meeting fortnightly and providing a strengthened level of grip to this matter and heightened quality clinical ownership.</p> <p>QS21/177.2 An Independent Member suggested that the finish date of the end of November for the steering group may be optimistic although it was noted the timeframe could be further reviewed. She felt that the subsequent paper to the November Health Board should be very clear where any actions were directly aligned to the timeframe of the Royal College report, and that the start and end dates needed to be achievable. It</p>	

<p>was also noted that the paper made reference to a letter having been received by the Health Board and that Independent Members had been briefed on this ahead of the vascular item due at Health Board on the 18 November 2021. The Executive Medical Director stated that as part of the Board paper there would be more clarity on how the review of decision making around centralising vascular services would be taken forward, clarity on current structures and clarity on where the safety concerns were. He reminded members that the Royal College of Surgeons (RCS) external review had specifically focused on safety but the findings with regard to the second part of the review were not yet known and that, due to capacity issues within the RCS, may not be available until January. The Chair acknowledged that with yet another iteration of an action plan for vascular services and continued concerns at the lack of progress, it was understandable that some members of the public would lose confidence. She stated that the organisation must now ensure it could evidence improvement and be clear on the reasons for slippage against actions.</p> <p>QS21/177.3 It was resolved that the Committee note the update from the Vascular Steering Group and approve the Terms of Reference</p>	
<p>QS21/179 Immunisation Programme Delivery in BCUHB to September 2021 – <i>[Taken out of order at Chair's discretion]</i></p> <p>QS21/179.1 The Executive Director of Public Health presented the paper and acknowledged the work that goes into the wider immunisation programme which had continued throughout the pandemic. The paper provided an update on activity across a range of services including primary care, occupational health, school nursing and others. She noted that whilst not at 100% which would be desirable, uptake numbers were running extremely high given the Covid context and this was commendable.</p> <p>QS21/179.2 An Independent Member enquired as to the position with regards to immunisations in HMP Berwyn and the Executive Director of Public Health indicated that this data was regularly received and she would provide this outside of the meeting. The Independent Member also asked whether there was any evidence that anti vaccination demonstrations across North Wales had impacted on take up by young people and children. The Executive Director of Public Health was not aware of specific evidence to support this concern, but she was keen to ensure that partnership communications continued to share the evidence that immunisations programmes remained one of the best ways in which to protect population health. An Independent Member noted that the paper referred to workplace vaccines and that data was not collected other than for flu, however, she suggested that as other vaccines were mandated by the Health Board as an employer then there should be other data sets available. She suggested it would be interesting at some point to compare the data for uptake against mandated vaccinations. The Executive Director of Public Health indicated that the occupational health vaccination status of staff has been a concern previously and would be an area of focus when the Strategic Immunisation Plan was refreshed. The Executive Director of Workforce and OD added that there were compliance records for staff but there was now</p>	TO

<p>a backlog which had worsened during the pandemic. A case for improvement had been supported by the Executive Team and a clear recovery plan was now identified. The Chair wished to commend primary care colleagues for their hard work in ensuring a high uptake on immunisations despite the challenges over the past 18 months.</p> <p>QS21/179.3 It was resolved that the Quality, Safety and Experience Committee scrutinise the report.</p>	
<p>QS21/181 Quality Assurance Review – Morfa Ward, Llandudno General Hospital <i>[Taken out of order at Chair's discretion. Reena Cartmell, Amy Kerti, Tracey Williamson, John Stewart and Anne Stewart joined the meeting]</i></p> <p>QS21/181.1 The Executive Director of Nursing and Midwifery asked those attending to introduce themselves, and in particular welcomed Mr and Mrs Stewart who had supported the review as service users. The Associate Director of Nursing presented the paper. She wished to record her thanks to Mr and Mrs Stewart for their involvement and to the dementia nurses for their role in taking the review forward. It was also acknowledged that the CHC had been heavily involved together with the relevant safeguarding boards and that objectivity and transparency were key aims for the review. It was also clarified that a separate HR investigation was ongoing.</p> <p>QS21/181.2 The Associate Director of Nursing reported that a triangulated approach would be required to maximise the significant learning coming out of the report. Following a valuable desktop review of the evidence, methodology had been applied across all community hospitals. Members' attention was drawn to the recommendations of the review and that person centred and dignified care were key areas for learning and which had resulted in immediate actions for the ward and the wider Llandudno site. These included stabilising compassionate nursing leadership, standardising of a dementia friendly environment, take up of safeguarding ambassadors and a review of skill mix and acuity.</p> <p>QS21/181.3 The Nurse Consultant for Dementia added that staff had been readily available to the reviewing team and had been candid in their responses. In addition, patients and service users had spoken openly with the reviewers and there were many examples of good practice to commend too. Mr John Stewart outlined his experience and noted that on the whole patients were more willing to share their views than the staff. He acknowledged that the Morfa Ward did have environmental issues in terms of caring for patients living with dementia, however, he felt that the overall standards of care were good and he would personally be happy if he was admitted to the Ward.</p> <p>QS21/181.4 The Associate Director of Nursing acknowledged there was work to take forward in relation to identified medication omissions. She stated that the reporting from the Datix system had appeared quite high for the ward and that pharmacy colleagues had been asked to undertake an independent review which had identified patterns of medication being refused or not taken by patients. This has resulted in a BCUHB-wide recommendation regarding supporting patients in taking their critical medication.</p> <p>QS21/181.5 An Independent Member raised the matter of culture and the visibility or otherwise of senior management. The Associate Director of Nursing responded that</p>	

there was certainly a correlation between culture and leadership and that the report into the Morfa ward made it clear that improvements to compassionate leadership needed to be made with leaders being able to hear concerns first hand. The Nurse Consultant for Dementia noted that many staff had indicated that they know how to raise a concern but did not feel able to do so, and that the student nurses who did so should be commended. Students had also noted that the presence of University supervisors wasn't what it could be, and that the period early in the pandemic had of course reduced the number of staff on sites which had left some staff feeling isolated. The Independent Member asked if there had been unnecessary delays in escalation and it was accepted that a lack of awareness of the process coupled with the ward manager not being available or approachable could have contributed to some delays. The Independent Member then enquired about the robustness of the dashboard data. The Associate Director of Nursing accepted that there were issues in terms of bringing any concerns or red risks under control in a timely fashion. The Executive Director of Nursing and Midwifery indicated there were plans in hand with informatics colleagues to make the dashboard more intelligent to help with cross-referencing and triangulation.

QS21/181.6 The Executive Director of Workforce and OD indicated that there were a number of key learning areas from the report which should be incorporated alongside other workforce aspects coming out of the discovery phase of Stronger Together and the Speak out Safely campaign. She noted that there were sometimes unintended consequences of decisions, for example the redeployment of staff to other roles. She felt that excellent care would come from multi-professional teams and there was a need to encourage people to speak out across all professions.

QS21/181.7 An Independent Member noted the reference to undignified utensils and crockery being utilised on the ward and felt this was a very basic point that could be addressed to provide real improvement for patients and families. Finally she suggested that the Speak Out Safely and Work in Confidence campaigns should be extended to the student workforce too, and the Executive Director of Nursing and Midwifery confirmed the campaigns had been appropriately shared with the University.

QS21/181.8 The Associate Director of Nursing confirmed she and other leaders were passionate to eradicate the inappropriate language that was often applied to patients living with dementia, for example the use of the word 'aggressive' which she felt should be eradicated. The Executive Director of Nursing and Midwifery added that work around a multi-professional approach and shared governance would also support improvements and that community teams can sometimes feel quite isolated. A network approach would be key to addressing this and to ensure they can access support on a day to day basis. The Nurse Consultant for Dementia added that techniques for cascading information need to be strengthened as currently there is an over reliance on email cascade. In response to a question from an Independent Member it was confirmed that community hospitals were operationally responsible to the Executive Director of Primary Care and Community Services, but individually and professionally to the Executive Director of Nursing and Midwifery and the Executive Medical Director. It was noted that the Primary and Community Services senior management team were to discuss the Morfa report next week. The Independent Member would wish to have seen more clarity around accountability for developing a response to and improvements as a result of the report. The Executive Director of Nursing and Midwifery confirmed that this would be a BCU-wide approach wider than community hospitals.

<p>QS21/181.9 The Chair thanked everyone for their contributions and stated that the main outcome of the report should be for the organisation to demonstrate excellent person-centred care and to ensure that vulnerable patients including those with dementia were appropriately cared for in any setting. She expressed concern over the number of systemic flags identified in the report that should have raised questions about how the ward was operating but did not. She reiterated the need to implement robust actions following the review and demonstrate embedded learning as a result.</p> <p>QS21/181.10 It was resolved that the Quality, Safety and Experience Committee receive the report for assurance</p> <p><i>[Reena Cartmell, Amy Kerti, Tracey Williamson, John Stewart and Anne Stewart left the meeting]</i></p>	
<p>QS21/178 Operational Report : Children's Services <i>[Liz Fletcher joined the meeting]</i></p> <p>QS21/178.1 The Assistant Area Director for Children's services had prepared a presentation and members were invited to raise questions or comments. An Independent Member noted with concern that there were staffing issues within the Sub Regional Neonatal Intensive Care unit, which was meant to be a flagship service. The Executive Director of Primary Care and Community Services accepted this was a valid concern but that the absences were predominantly covid or maternity related rather than actual vacancies. The Independent Member went onto ask how pressures were managed and escalated. The Assistant Area Director for Children's services assured the Committee that in times of real challenge then professional judgement would be executed as to whether a matter would require escalation to ensure the service wasn't compromised across any of the three units. On a day to day basis the service managers on each site would monitor the situation and escalate as appropriate.</p> <p>A question was asked whether there were any issues in terms of patient transfers to Alder Hey. The Assistant Area Director for Children's services indicated there was an internal transport service for neonates between the three BCUHB units, and she was not aware of any poor outcomes in terms of external transfers despite tertiary care in England and Wales being quite pressured.</p> <p>QS21/178.2 In terms of respiratory winter plans it was reported that the predicted surge had not materialised although the service remained busy. With regards to CAMHS and targeted improvement there were early positive indications. The Assistant Director of Children's services reported she would be taking on the thematic lead for neurodevelopment and hoped to clarify a complex position on a whole service basis. A project group and nominated support would be set up.</p>	
<p>QS21/180 Quality Governance Self Assessment Action Plan</p> <p>QS21/180.1 The Acting Associate Director of Quality Assurance presented the paper, highlighting there remained three open actions pertaining to the Quality Strategy, the Clinical Strategy and clinical pathway work as part of the transformation agenda. He</p>	

<p>noted that Audit Wales had undertaken a review of quality governance and the draft report was anticipated in the next couple of weeks. This report would then provide a further set of recommendations and it was proposed that the outstanding actions from the current action plan be incorporated into a single improvement plan. The Chair enquired whether the original self-assessment should be reviewed and the Acting Associate Director of Quality Assurance indicated that it would be cross-referenced against the Audit Wales report when received.</p> <p>QS21/180.2 It was resolved that the Committee note the report and update of the Quality Governance Self-Assessment Action Plan.</p>	MJ
<p>QS21/184 Royal College of Physicians President's Visit to Wrexham Maelor Hospital</p> <p>QS21/184.1 The Executive Medical Director provided a verbal update on the visit which would report formally to the PPPH Committee as it was focused on workforce morale and behaviours. He indicated that the content of the report was challenging and that a range of actions had been instigated with the senior leadership teams, with whom there was a good level of engagement. The Chair stated that the PPPH Committee would refer on any significant patient safety issues that were identified.</p>	
<p>QS21/182 Welsh Ambulance Services NHS Trust - Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</p> <p>QS21/182.1 The Chair invited any comments and questions on the report. An Independent Member pointed out that many of the actions within the action plan were already nearing their due date. She also felt that the actions were too task orientated and there should be a more whole system approach. The Executive Director of Nursing and Midwifery responded that the organisation had had to turn the action plan around quickly for Healthcare Inspectorate Wales but she assured members there was an ongoing improvement approach alongside unscheduled care work. An Independent Member was concerned to read that 41% of WAST staff were not aware who had responsibility and accountability for the patient at all times. She also highlighted the importance of close communication between ED staff and WAST, acknowledging how busy teams were.</p> <p>QS21/182.2 The Chair recalled a Regulation 28 some years previously relating to ambulance handovers and was disappointed that the corrective actions put in place at that time do not appear to have been sustained. The Executive Director of Nursing and Midwifery indicated that whole system pressures and staffing challenges would have contributed to this. The Chair suggested that there were still a large proportion of unnecessary ambulance conveyances to hospital, however, the Executive Medical Director provided a recent example where over 100 patients in an ED had been triaged and all had been deemed appropriate. The Executive Director of Nursing and Midwifery</p>	

<p>added that the action plan would be dovetailed into the wider unscheduled care implementation plan reporting to the PFIG Committee.</p> <p>QS21/182.3 It was resolved that the Committee note the HIW report and the Health Board's action plan response.</p>	
<p>QS21/183 Public Service Ombudsman for Wales - Public Interest Report (Urology Services)</p> <p>QS21/183.1 The Chair confirmed that the Committee had received the report in private session in September and following formal publication by the Ombudsman it could now be received in public session, together with the draft terms of reference for the invited review. It was confirmed that the improvement group would meet for the first time later in November. [<i>Jackie Allen left the meeting</i>]. An Independent Member noted reference to divisional clinical directors and enquired whether that related to urology as a division or surgical or another. It was clarified that as the leadership for urology was currently under review, scrutiny would be through the overarching improvement group.</p> <p>QS21/183.2 It was resolved that the Committee to note the Public Service Ombudsman for Wales' Public Interest Report for information which was published on 09 September 2021.</p>	
<p>QS21/185 Radiation Protection Annual Report 2020-21</p> <p>QS21/185.1 It was resolved that the QSE Committee approve the Annual Report of the Radiation Protection Committee (2020/21)</p>	
<p>QS21/186 Annual Organ Donation Report</p> <p>QS21/186.1 It was resolved that the Committee note for information the report contents and future aims and objectives of the Organ Donation Committee.</p>	
<p>QS21/187 Public Services Ombudsman for Wales Annual Letter 2020/21</p> <p>QS21/187.1 It was resolved that the Committee receive and note the report and PSOW Annual Letter</p>	
<p>QS21/188 Annual Clinical Audit Report 2020-21</p> <p>QS21/188.1 It was resolved that the Committee approve the annual report.</p>	
<p>QS21/189 Patient Safety Quality Group (September)</p>	

QS21/189.1 It was resolved that the Committee receive the Chair's report	
QS21/190 Patient Safety Quality Group (October) QS21/190.1 It was resolved that the Committee receive the Chair's report	

<p>QS21/191 Clinical Effectiveness Group</p> <p>QS21/191.1 It was resolved that the Committee receive the Chair's report</p>	
<p>QS21/192 Strategic Occupational Health and Safety Group</p> <p>QS21/192.1 It was resolved that the Committee receive the Chair's report</p>	
<p>QS21/193 Patient and Carer Experience Group</p> <p>QS21/193.1 It was resolved that the Committee receive the Chair's report</p>	
<p>QS21/194 Issues Discussed in Previous Private Session</p> <p>QS21/194.1 It was resolved that the Committee note the report</p>	
<p>QS21/195 Documents Circulated to Members</p> <p>6.9.21 Follow on action regarding neurodevelopment assessments 6.9.21 Follow on action regarding HMP Berwyn Covid outbreak 22.9.21 Briefing note on CAMHS</p>	
<p>QS21/196 Agree Items for Chair's Assurance Report to Board</p> <p>QS21/196.1 Agreed to include the management of deteriorating patient and sepsis discussion, and the referral of Nurse Staffing reporting to PPPH Committee.</p>	
<p>QS21/197 Review of risks highlighted in the meeting for referral to Risk Management Group</p> <p>QS21/197.1 The Chief Executive suggested that risks around sepsis might need further consideration</p>	
<p>QS21/198 Review of Meeting Effectiveness</p> <p>QS21/198.1 Members felt that the meeting had been too long to maintain concentration. The Chair indicated the length and focus of Committee meetings had been raised at the recent Board Development session and the Chief Executive indicated this would be addressed.</p>	
<p>QS21/199 Date of Next Meeting</p> <p>11.1.22</p>	

QS21/200 Exclusion of Press and Public

QS21/200.1 It was resolved that 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.