

Betsi Cadwaladr University Health Board

Minutes of the Quality, Safety & Experience Committee meeting held on 26 May 2022
Via Teams

Present:

Lucy Reid	Independent Member (Chair)
Jackie Hughes	Independent Member
John Gallanders	Independent Member

In Attendance:

Ramesh Balasundram	Hospital Medical Director (part of the meeting)
Gareth Evans	The Acting Executive Director Of Therapies & Health Science
Sue Green	Executive Director of Workforce and Organisational Development
Gill Harris	Executive Director of Integrated Clinical Delivery/Deputy Chief Executive
Dave Harris	Internal Audit
Matthew Joyes	Acting Associate Director of Quality Assurance
Mandy Jones	Director of Nursing
Fleur Jones	Audit Wales
Joanne Kendrick	Head Of Nursing East, Mental Health & Learning Disabilities
Nick Lyons	Executive Medical Director
Kirsty Lagdon	HIW
Molly Marcu	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Philippa Peake-Jones	Head of Corporate Affairs (minutes)
Mike Smith	Interim Director Of Nursing Mental Health
Gaynor Thomason	Acting Executive Director for Nursing and Midwifery
Conrad Wareham	Interim Deputy Medical Director
Iain Wilkie	Interim Director of Mental Health

Agenda Item	Action
QS22/76 Apologies for Absence	
QS22/76.1 Apologies were received from Cheryl Carlisle, Chris Stockport, Adrian Thomas	
QS22/77 Declarations of Interest	
QS22/77.1 No declarations of interest were raised. It was noted that now Hugh Evans had joined the Health Board and had been invited to be a member of the QSE Committee.	

<p>QS22/78 Minutes of Previous Meeting Held in Public for Accuracy</p> <p>QS22/78.1 The Acting Executive Director Of Therapies & Health Science noted that this was the first day attending the meeting in this role and that a change was required in the minutes on Page one to reflect this.</p> <p>QS22/78.2 An Independent Member agreed to send comments to the Head of Corporate Affairs outside of the meeting.</p> <p>QS22/78.3 With regards to the Action around The Executive Director of Public Health to bring back some information this was in relation to the co-occurring approach rather than 136 and should be amended in the minutes and action log.</p> <p>QS22/78.4 It was resolved that subject to the noted amendments the minutes were approved.</p>	<p>PPJ</p> <p>JH</p> <p>PPJ</p>
<p>QS22/79 Matters Arising and Table of Actions</p> <p>QS22/79.1 The Committee reviewed the action log and closed actions where appropriate.</p>	
<p>QS22/80 Clinical Audit Plan</p> <p>QS22/80.1 The Executive Medical Director presented the Clinical Audit Plan</p> <p>QS22/80.2 The Committee approved the clinical audit plan which has been devised on the basis of recognised high level risks and Health Board priorities. It noted the plan for it to be linked more directly to the Corporate Risk Register in the future.</p>	
<p>QS22/81 YGC Improvement Action Plan</p> <p>QS22/81.1 The Committee received an update on the approach to be taken to develop a site wide improvement plan for YGC using evidence based methodology. The Committee welcomed the proposed approach and identification of five key themes to enable a more comprehensive plan incorporating actions required for the emergency department and vascular services as well. The Committee reiterated the need for the plan to be site wide, evidence based and outcome focused with a need to clearly demonstrate progress to safeguard patients.</p>	
<p>QS22/82.1 Date of next meeting - 5 July 2022</p>	