



**Quality, Safety and Experience (QSE) Committee  
Minutes of the Meeting Held in public on 7.9.21 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)
Mark Butler	Good Governance Institute ( <i>observing</i> )
Jane Christmas	Interim Head of Clinical Effectiveness ( <i>observing</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
Sue Green	Executive Director of Workforce and Organisational Development (OD) ( <i>part meeting</i> )
Dave Harries	Internal Audit
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive ( <i>part meeting</i> )
Debra Hickman	Secondary Care Nurse Director ( <i>part meeting</i> )
Matthew Joyes	Acting Associate Director of Quality Assurance ( <i>part meeting</i> )
Nick Lyons	Executive Medical Director ( <i>part meeting</i> )
Melanie Maxwell	Senior Associate Medical Director/Improvement Cymru Clinical Lead
Teresa Owen	Executive Director of Public Health ( <i>part meeting</i> )
Justine Parry	Assistant Director Information Governance and Risk ( <i>part meeting</i> )
Mike Smith	Interim Director of Nursing for Mental Health and Learning Disabilities (MHL) ( <i>part meeting</i> )
Chris Stockport	Executive Director Primary and Community Services ( <i>part meeting</i> )
Adrian Thomas	Executive Director Therapies & Health Sciences ( <i>part meeting</i> )
Kamala Williams	Acting Head of Performance ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<p><b>QS21/121 Chair's Report</b></p> <p><b>QS21/121.1</b> The Chair welcomed everyone to the meeting. She acknowledged that ongoing operational pressures had led to challenges in terms of the timeliness of publication of some of the papers. She requested that Executives take ownership of their respective areas to ensure that the ask was clear for authors and teams in future agendas. She also noted that this was the first meeting of the Committee under the new Integrated Governance Framework and that there would be a transitional period moving from the former to new cycle of business to achieve a more risk focused</p>	

<p>agenda. She would welcome the input from the Good Governance Institute to help achieve this. Finally it was noted that some of the Executives would need to leave and rejoin the meeting to respond to urgent operational pressures.</p>	
<p><b>QS21/122 Amanda's Story - A Long Covid Patient Story</b></p> <p><b>QS21/122.1</b> The Executive Director of Therapies and Health Sciences confirmed that the patient story had been received at the Patient Care Experience Group and the Patient Safety and Quality Group. He added that the key themes for learning were set out in the paper and highlighted the importance of linking in with national research to build up meaningful data on Long Covid. He informed members that BCUHB had established a Long Covid Group with 4 workstreams and that a pathway was being developed. The full audio version of the story was played for the Committee's benefit.</p> <p><b>QS21/122.2</b> The Executive Director of Public Health noted the need to plan ahead to move this work forward and she highlighted the associated inequalities which must be monitored. The Executive Medical Director suggested there were some parallels to draw against the lack of understanding around ME some years ago, which further highlighted the importance of educating healthcare professionals.</p> <p><b>QS21/122.3</b> An Independent Member felt that the story also highlighted the need to support staff through the implications of Long Covid. She enquired regarding the involvement of primary care and it was confirmed that there was national work to ensure that primary care were being kept informed of the developing evidence regarding presenting symptoms and referral pathways. A standard evaluation tool would be used across Wales. The Chair suggested that ongoing communications would be needed to ensure that GPs were fully aware of the Long Covid pathway and how they could refer a patient onto support services.</p> <p><b>QS21/122.4</b> The Chair of the Healthcare Professional Forum noted there remained a lot to be learnt about Long Covid which would help the organisation plan its services appropriately. In terms of inequalities he felt this reinforced the need to work with partners in terms of the broader impact.</p> <p><b>QS21/122.5</b> An Independent Member suggested that other sufferers of Long Covid may have less supportive employers. She also asked whether learning opportunities would be sought on a UK, national or international basis and this was confirmed.</p> <p><b>QS21/122.6</b> It was resolved that the Committee receive and reflect upon the patient story.</p>	
<p><b>QS21/129 Lead Executive's Report</b>  <i>[Agenda item taken out of order]</i></p>	

<p><b>QS21/129.1</b> The Executive Director of Nursing and Midwifery acknowledged that across the organisation staff were very tired, and managers were supporting them as best as they were able, including encouraging them to take annual leave. She reflected there was a nervousness about the coming winter months and the associated challenges coupled with ongoing Covid and unscheduled care pressures, and that an increase in harms was evident. Thanks were extended to all frontline staff who continued to go the extra mile including supporting the vaccination and Test Trace Protect programmes.</p> <p><b>QS21/129.2</b> In terms of current shortfalls in domiciliary and care home staff there was a concern at the potential impact on the quality of care. There was a workshop arranged with Local Authority partners to discuss potential actions to address this risk, and Executive colleagues had also had a conversation about stepping back up preparedness to mitigate against wider operational risks.</p> <p><b>QS21/129.3</b> Finally it was reported that the ‘We Will’ statements had been shared with senior nursing teams who would now be looking to develop their own.</p>	
<p><b>QS21/123 Apologies for Absence</b></p> <p>Louise Brereton.</p>	
<p><b>QS21/124 Minutes of Previous Meeting Held on 6th July 2021 in Public for Accuracy</b></p> <p>QS21/124.1 The minutes were approved as an accurate record.</p>	
<p><b>QS21/125 Matters Arising and Summary Action Log</b></p> <p><b>QS21/125.1</b> Updates were provided to the summary action log. There were no additional matters arising.</p>	
<p><b>QS21/126 Matters Referred to or from other Committees</b></p> <p><b>QS21/126.1</b> Nothing to report.</p>	
<p><b>QS21/127 High Level Outputs from QSE Workshop Held 24.8.21</b></p> <p><b>QS21/127.1</b> The Chair wished to record her thanks to everybody’s input into the workshop. She confirmed that the Independent Members had supported the “We Will” statements and the workshop covered a range of issues including what quality and safety meant to members, areas for improvement in terms of reporting and analytics, adult mental health services and CAMHS (Child Adolescent Mental Health Services). The Chair indicated she would work with the Executive Director of Nursing and</p>	

<p>Midwifery to take up the key discussion points and develop a proposal as to how they could be taken forward.</p>	LR GH
<p><b>QS21/128 Declarations of Interest</b></p> <p><b>QS21/128.1</b> Jackie Hughes declared an interest in agenda item QS21/134 (Radiation Policy) in respect of her substantive post with the Health Board being within radiology.</p>	
<p><b>QS21/130 Board Assurance Framework (BAF)</b>  <i>[Justine Parry joined the meeting]</i></p> <p><b>QS21/130.1</b> The Interim Director of Governance presented the paper on behalf of the Board Secretary. He noted that the BAF risks remained fairly operational but would become more strategic as the refresh of the Living Healthier Staying Well (LHSW) Strategy progressed and that the Good Governance Institute (GGI) would be supporting the Board in the development of the next phase of the BAF. He also noted that the BAF risks required mapping across to the revised Committee structure but this would not entail major changes.</p> <p><b>QS21/130.2</b> An Independent Member queried the appropriateness of reducing the risk score relating to infection prevention and control given the current outbreaks and ongoing concerns around removing of restrictions. She also suggested that the psychological impact of staff returning to work post-isolation should be built into a relevant risk either on the BAF or Corporate Risk Register (CRR).</p> <p><b>QS21/130.3</b> An Independent Member felt that the actions against BAF21-04 (planned care) were unlikely to address the risk by March 2022 as was indicated. The Chair agreed that actions did need to be meaningfully targeted on mitigating the described risk. It was felt this risk should be taken back to the Risk Management Group (RMG) for a deep dive comparison alongside the very different approach taken with the Security risk.</p> <p><b>QS21/130.4</b> The Chair reflected that the Committee had previously raised the need to consider the consistency of scoring across risks both for the BAF and the Corporate Risk Register - in particular regarding the impact to the service, should the risk be realised. She suggested that this be raised with the Audit Committee through her Chair's report to enable all Corporate Risks and Board Assurance Framework risks to be considered as a whole. She would also highlight to the Board the need for it to clearly demonstrate learning using an evidence based assurance approach aligned to risk and to recommend that the Board consider quality and safety deep dive discussions in future workshops.</p> <p><b>QS21/130.5</b> The Chair recognised that there would not always be an update against each risk but there were examples where out of date information was still included (eg; BAF21-06). The Interim Director of Governance confirmed that all risk leads had been asked to provide updates as per the agreed process. The RMG would undertake</p>	<p>SG</p> <p>LB/SEE</p> <p>LR</p>

<p>prioritised deep dives as part of a rolling check and challenge programme and would make any recommendations for amendment up to the Executive Team.</p> <p><b>QS21/130.6 It was resolved that</b> the Committee:</p> <p>(1) review and note the current position on the principal risks assigned to the Committee, as set out in the BAF risk sheets at Appendix 1</p> <p>(2) note the plan for a wholesale review of the BAF to review the principal risks in line with the Living Healthier, Staying Well strategy, including a re-evaluation of risk appetites in light of the new Risk Management Strategy and Policy, a particular focus on any target score higher than the refreshed risk appetite, and a re-allocation of risks to committees in response to the governance review and resulting changes to the committee structure.</p> <p>(3) note for information the full list of BAF risks assigned to Committees, as requested at the last QSE meeting.</p>	
<p><b>QS21/131 Corporate Risk Register</b></p> <p><b>QS21/131.1</b> The Interim Director of Governance presented the paper which set out a range of changes in scores and some additional risks for inclusion as highlighted within the detailed recommendations section of the paper. In terms of format it was requested that future reports include the risk title against the CRR reference number on the narrative front report template.</p> <p><b>QS21/131.2</b> The Chair referred to CRR20/01 (asbestos) and felt that the reduction in likelihood from a 4 to 2 seemed to be significant and that gaps in controls did not support this reduction in the likelihood risk score. The Interim Director of Governance responded that a range of housekeeping processes were now in place so it was far less likely that contractors would come across asbestos on the BCU estate. It was accepted there remained some gaps in controls although it was encouraging to note a recent internal audit report was positive. The Executive Director of Workforce &amp; OD suggested that the likelihood be put to a 3 until further evidence was available via reviews. The Committee supported this.</p> <p><b>QS21/131.3</b> The Chair raised a general concern around whether the correct balance was being achieved in terms of scoring risks. It was accepted that consistency of scoring remained an issue, but the point was made that non-compliance with legislation would score very highly. The Executive Director of Workforce &amp; OD added that to some extent dynamic risk management was normalised as clinicians assessed risk professionally and culturally on a daily basis.</p> <p><b>QS21/131.4 It was resolved that</b> the Committee review the detailed recommendations as set out within the paper</p>	<p>SEE</p> <p>SEE</p>
<p><b>QS21/132 Quality Awards, Achievements &amp; Recognition</b></p> <p><b>QS21/132.1 It was resolved that</b> the Committee note the report.</p>	

<p><b>QS21/133 Committee Terms of Reference</b></p> <p><b>QS21/133.1 It was resolved that</b> the Committee note the Terms of Reference and recommend their approval to the Board through the Committee Chair's Report</p>	
<p><b>QS21/134 Ionising Radiation Policy (RP01)</b></p> <p><b>QS21/134.1 It was resolved that</b> the Committee approve the minor amendments to the RP01- Ionising Radiation Protection Policy in order to comply with the requirements of regulations related to the safe use of ionising radiation principally Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation(Medical Exposure)Regulations 2017 {IR(ME)R17}</p>	
<p><b>QS21/135 Quality &amp; Performance Report (QaPR)</b>  <i>[Kamala Williams joined the meeting]</i></p> <p><b>QS21/135.1</b> The Acting Director of Performance presented the report and highlighted a range of key points including:</p> <ul style="list-style-type: none"> <li>• The QaPR did not include a section on Covid as this was subject to a separate agenda item.</li> <li>• Performance was slightly below target for smoking cessation.</li> <li>• The cumulative rate of laboratory confirmed bacteraemia cases had increased at an all Wales level in contrast to the position in BCUHB where improvements in EColi, S.aureus bacteraemia and C Difficile rates could be seen.</li> <li>• Performance against the 26 week target for children awaiting neurodevelopment assessment remained poor at 32.79% although there had been an improvement on the 26.84% reported previously. The all Wales position was 34.6% and one Board did achieve the measure. The planned validation exercise on the waiting list had been delayed. There was non-recurrent funding identified to address the performance but the underlying issue would need to be addressed in terms of sustainability.</li> <li>• A deteriorating position was demonstrated in terms of referrals into Child Adolescent &amp; Mental Health Services (CAMHS) at 26.8% against 80% target. Rates for children starting therapy had again declined.</li> <li>• Performance accountability meetings continued to be held supported by oversight meetings on particular areas of concern.</li> <li>• The 28 day assessment target for adult mental health services was on a downward trajectory in terms of length of wait.</li> </ul> <p><b>QS21/135.2</b> In terms of CAMHS therapy performance the Chair stated that BCU needed to learn from those Health Boards who were delivering the target. The Executive Director of Primary Care and Community Services confirmed that conversations were ongoing with Aneurin Bevan but there were key structural differences in terms of referrals and BCU was more challenged in that its integrated</p>	

<p>approach with Local Authority education had meant that assessments had been adversely affected by school closures. He undertook to cover this area off in a CAMHS update outside of the meeting.</p> <p><b>QS21/135.3</b> The Chair made a comment around the robustness of some performance information when headline narrative and rhetoric was compared to the actual break down of data. The Acting Director of Performance noted that weekly reports were scrutinized at Executive Team level and teams were encouraged to challenge the data. She also accepted that the profiling of never events data over 6 months wasn't ideal.</p> <p><b>QS21/135.4</b> An Independent Member sought assurance that sepsis bundle compliance was still being addressed given all the other ongoing pressures facing the organisation. The Senior Associate Medical Director/Improvement Cymru Clinical Lead felt that the Committee could be reassured that sepsis mortality rates were stable. She added there were continued capacity issues within the team but there would be a heightened focus over the coming months. She suggested that some additional audit work may be required in order to obtain an accurate baseline.</p> <p><b>QS21/135.5</b> The Healthcare Professionals Forum Chair referred to the fractured neck of femur measure and suggested that local data such as the role of geriatricians was also crucial information alongside the national delivery measures. The Acting Director of Performance added that revised national delivery measures had been published in draft and would provide an opportunity to review what was reported</p> <p><b>QS21/135.6</b> The Chair welcomed the significant improvement in psychological therapy waits for adults.</p> <p><b>QS21/135.7</b> <b>It was resolved</b> that the Committee scrutinise the report and advise any areas to be escalated for consideration by the Board.</p>	CS
<p><b>QS21/136 Vascular Steering Group Update</b></p> <p><b>QS21/136.1</b> The Executive Medical Director presented the paper. He highlighted that the case note review was still outstanding and he was anticipating further actions from the report. He confirmed that the improvement action plan had not been shared with the Committee at this stage as he was not content with the robustness as yet. He advised that he could not provide assurance to the Committee at this point in time due to the need to review the action plan and mitigations in place. It was noted that the Executive Medical Director would personally chair the newly established Vascular Oversight Group.</p> <p><b>QS21/136.2</b> An Independent Member was disappointed to see that the Vascular Network Manager was an interim appointment. It was explained that a substantive appointment had been made but the individual had moved onto another role and the most recent interim appointment was to ensure progress could be made whilst substantive recruitment was again made. The Independent Member also felt that the</p>	

<p>paper was lacking in terms of the staff experience element although she recalled that a survey had been undertaken of all vascular service staff some months ago. The Executive Medical Director accepted the point and suggested that the survey may not have addressed all the necessary components. In terms of strengthening the patient experience elements, the CHC Chair confirmed that some 15-20 events were now arranged.</p> <p><b>QS21/136.3</b> The Chair emphasised that future updates need to be evidence based and include clear timelines for completion. It was also requested that the revised terms of reference for the group be shared with the Committee.</p> <p><b>QS21/136.4 It was resolved that</b> the Committee receive the update from the Vascular Steering Group and note the updated approach in responding to the first stage of the Royal College of Surgeons report on the Vascular Surgery Service</p>	NL
<p><b>QS21/137 Pharmacy &amp; Medicines Management Key Risks</b></p> <p><b>QS21/137.1</b> The Chair stated that she had requested this paper in order to increase the profile of medicines management at Committee level and she had agreed with the Chief Pharmacist that as a minimum the Committee be sighted on key risks. The Executive Medical Director reflected that the paper demonstrated the complexity of the medicines management agenda which covered a breadth of care provision.</p> <p><b>QS21/137.2</b> The Chair felt that some learning opportunities were being missed. She referred to medication incidents and the Executive Medical Director accepted that the focus tended to be on incidents of wrong dose however there was potential for greater harm around readmissions as a result of drug reactions. The Executive Director of Nursing and Midwifery suggested that she and the Executive Medical Director work with the Acting Associate Director of Quality Assurance to see if the information could more meaningfully be incorporated into other reporting mechanisms.</p> <p><b>QS21/137.3</b> The Chair also recalled the matter of pharmacy support to mental health teams being flagged several years ago and was disappointed that this had not been addressed. The Executive Medical Director would follow this concern up.</p> <p><b>QS21/137.4</b> The Chair also expressed concern that electronic prescribing within primary care remained unresolved when Welsh Government had indicated back in 2015 that this would be a priority. An Independent Member shared this concern and also noted that patients regularly reported long waits for their medication when being discharged from an acute site.</p> <p><b>QS21/137.5 It was resolved that</b> the Committee note the Pharmacy &amp; Medicines Management key risks and actions being taken to mitigate them.</p>	GH NL MJ  NL

**QS21/138 Covid19 Update**

**QS21/138.1** The Executive Director of Nursing and Midwifery delivered a presentation which covered:

- Increased community levels impacting on GP contacts and staff having to isolate following a close contact.
- Increased in-patient levels in West and Centre.
- Vaccination programme continued successfully with JCVI guidance awaited on booster programme and a decision regarding the vaccination of children.
- The organisational approach to command and control had been updated including reinstating of Cabinet.
- Impact on planned care.
- Currently over 300 medically fit for discharge patients.
- A workshop was being held that afternoon with Local Authority partners.
- Operational delivery and impact on unscheduled care performance.
- An outbreak had been declared in Ysbyty Gwynedd on 26.8.21 affecting 3 wards plus 2 in Ysbyty Eryri.
- There was long standing fatigue amongst staff.
- Pressures were rising in care homes with 38 red rated homes currently.

**QS21/138.2** An Independent Member enquired about a further outbreak on the Ysbyty Glan Clwyd site and the Executive Director of Nursing and Midwifery reported that she would be updated on this later but she understood it to be a Level 2 outbreak. The Independent Member added her concern at the effect on care homes and that all bodies needed to work collaboratively.

**QS21/128.3** The Executive Director of Public Health noted that with the current numbers of community cases there was a need to think about the onward effect of hospital care. There was a public health discussion around how to support communities to make the right decisions.

**QS21/128.4** The Chair referred to the closure of minor injury units (MIUs) and the challenges in communicating urgent decisions. The Executive Director of Primary Care and Community Services noted that MIUs were often small and dependent on a small number of staff. Every effort was made to redirect or relocate staff from other units and Area Teams ensured that the 111 service were kept informed.

**QS21/139 Board Commissioned External Review – Ysbyty Gwynedd (YG) Outbreak 2021**

*[Debra Hickman joined the meeting]*

**QS21/139.1** The Executive Director of Nursing & Midwifery presented the paper which set out the independent investigation into circumstances leading to previous outbreak on the Bangor site, undertaken by Hilda Gwilliams. She drew attention to appendix iii which provided an update against the lessons learnt from the review recommendations. Members were informed that the review had not identified any significant immediate issues of concern. The Executive Director of Nursing and Midwifery confirmed that the Safe Clean Care (SCC) programme had been stepped up but there remained much to

do as unscheduled care pressures were impacting on the Board's ability to maintain infection prevention and control standards. She also reiterated that the current YG outbreak had been escalated in an extremely timely manner with the Outbreak Control Team having been stepped up within 24 hours.

**QS21/139.2** The Committee were informed that dynamic risk assessments were being undertaken across all sites however the movement of patients from Emergency Departments (EDs) onto a ward and then onto a subsequent ward continued to create an inherent risk. The Executive Director of Nursing and Midwifery confirmed that the unscheduled care improvement group and the SCC group were working to maximise the mitigation of risks. Members noted that whilst Covid infections were the predominant headline, there would undoubtedly be other outbreaks such as influenza and norovirus.

**QS21/139.3** An Independent Member enquired how it was planned to ensure that progress against the recommendations was sustainable. The Executive Director of Nursing and Midwifery set out the role of the SCC group in monitoring progress and providing assurances via metrics. The Secondary Care Nurse Director acknowledged there were a range of transactional actions and also some relating to behaviours. She highlighted the need to ask staff to identify the challenges facing them and how they could be supported to move forward. This work would be closely linked to the Stronger Together programme.

**QS21/139.4** An Independent Member felt that the report content and style supported it being completed independently but wondered if there was an omission regarding the involvement of Trade Union partners in the review, and that whilst students and bank staff were mentioned there was no reference to agency staff nor volunteers. She also stressed the importance of sharing learning and key messages widely across all staff disciplines through a range of mechanisms. The Executive Director of Nursing and Midwifery confirmed that targeted communication was being prepared and the report had been circulated to senior nurses for reflection.

**QS21/139.5** The Chair reflected that there was an emerging concern around a fatigued workforce and a level of nervousness amongst staff around future challenges in terms of both Covid and wider operational pressures. She asked that learning from a human factors perspective be taken into consideration to provide specific guidance to assist staff in developing coping mechanisms and techniques. The Executive Director of Nursing and Midwifery would take this away as an action wider than Covid related.

**QS21/139.6 It was resolved that** the Committee:

1. Receive the report, subsequent findings and recommendations.
2. Receive the progress report against each of the actions and the update against the SCC improvement programme.

*[Debra Hickman left the meeting]*

GH

**QS21/140 Patient Carer Experience Report April to July 2021**

**QS21/140.1** The Acting Associate Director of Quality Assurance presented the report and highlighted there had been an improvement since the last reporting period in terms of complaints responded to within 30 days however performance was still below with target with many people waiting too long for a response. This had been exacerbated by current pressures impacting on the ability to focus on complaints responses. In response it was noted that the new processes were embedding effectively and a targeted approach continued to be taken to identify staff who had not yet taken up the opportunities around training. It was also noted that reviews into the effect of the pandemic and Covid-19 in terms of harm caused were ongoing. In addition a new patient feedback system was being rolled out and there was a move towards the provision of digital video patient stories.

**QS21/140.2** An Independent Member enquired how learning from patient experience was fed back into the service in a timely fashion. The Acting Associate Director of Quality Assurance responded that there was a daily triage process and a daily SITREP email to divisional and corporate leaders, supported by regular conversations between governance leads and Hospital Management Teams to ensure appropriate cross referencing. An Independent Member also asked how feedback from social media was captured and it was confirmed that these were fed back from the corporate communications team. The Independent Member observed that a recurring theme on social media was around dissatisfaction amongst patients and families in terms of being able to communicate with hospital wards. The Acting Associate Director of Quality Assurance responded that the Patient Advice & Liaison Service (PALS) and complaints phone lines were now one North Wales service and PALS staff always aimed to resolve issues quickly. The Executive Director of Workforce and OD referred to a previous pilot to provide additional ward clerks to free up nursing time and there were discussions ongoing regarding reinvigorating this in some way.

**QS21/140.3** The Chair acknowledged the progress that had been made in terms of patient and carer experience, and provided an improved level of confidence.

**QS21/140.4** It was resolved that the Committee note the report

#### **QS21/141 Review of Urology services and patient experience**

**QS21/141.1** The Executive Director of Nursing and Midwifery presented the paper which set out the background, current mitigations, and planned further actions in tackling the complex issues confronting urology services across North Wales. She reported that the Executive Team had proceeded at risk to recruit to additional urology posts which would be advertised shortly. The Committee were asked to note the fragility of the service and that there were concerns around the strength of leadership. A cancer partnership group was being established and the governance elements were being worked through. The Executive Director of Nursing and Midwifery concluded by acknowledging that the Committee had previously raised concerns over the number of urology related never events and serious untoward incidents (SUIs), and it was noted that the publication of a related Public Sector Ombudsman Wales (PSOW) report was

also awaited. The recommendation to commission an external urology review remained subject to further discussion with the Health Board Chair and Chief Executive.

**QS21/141.2** An Independent Member enquired about risk stratification of the 9000 patients who were waiting over 36 weeks and the Executive Director of Nursing and Midwifery confirmed this was taking place and acknowledged that even with the additional planned capacity the numbers waiting may still increase. The Independent Member asked a further question around the stated risk of secondary care not being able to provide a major urology cancer services, which had been scored a 9 which she felt was low. The Executive Director of Nursing and Midwifery responded that this was based on whether the organisation was managing to maintain essential services and came back to the prioritisation of patients.

**QS21/141.3** An Independent Member expressed her concern over the statement within the paper regarding a never event, and it was clarified that the request for an external review had not taken place and an internal process was followed instead. The process had subsequently been tightened with 24 hour review of SUIs now in place. The internal review of this particular event had been reviewed and provided limited assurance however it had been deemed it would be counter-productive to reopen the never event as the incident action plan was now in place.

**QS21/141.4** In response to a question, the Executive Director of Nursing and Midwifery confirmed that some cancer patients were being cancelled but on a risk-assessed basis and alternative pathways of care were identified. The Executive Medical Director stated that good clinical leadership was key and he would be laying out his expectations for professional standards and behaviours following conversations with the acute site directors. He acknowledged there was the potential for more formal conversations with individuals depending on the outcome of the urology external review. The Chair confirmed support for the recommendations given the ongoing level of concern over the urology service and the lack of evidence based assurance in terms of its safety.

**QS21/141.5** **It was resolved that** the Committee note the paper and approve the suggested actions to address the issues identified namely:

- Support the commissioning of an external clinical review of urology services from the Royal College of Surgeons. The lead time for such a review is likely to be 6 months
- Approve the immediate establishment of a North Wales Improvement Plan for urology to assess standards, identify current good practice and gaps in practice, with executive leadership and QSE oversight.
- Note the development of a business case to achieve a sustainable capacity position, taking into account the backlog arising during the pandemic, and the potential for Regional Treatment Centres. In the interim the Board will proceed with additional clinical appointments
- Acknowledge that action plans have been developed in response to previous and current PSOW reports which will need to be refreshed.

<ul style="list-style-type: none"> <li>• Note the recruitment actions being taken</li> <li>• Support the progression of the Getting it Right First Time (GIRFT) work</li> </ul>	
<p><b>QS21/142 Nurse Staffing Levels (Wales) Act Triennial report</b></p> <p><b>QS21/142.1</b> The Executive Director of Nursing and Midwifery confirmed that the report had been submitted to Welsh Government (WG) and was broadly unchanged since the last submission.</p> <p><b>QS21/142.2</b> An Independent Member noted it was a very complex and detailed report and sought clarity whether the Health Board was breaching the Act and if so whether harm was being caused. The Executive Director of Nursing and Midwifery responded that the Health Board would breach the requirements of the Act and this was one reason for the re-establishment of the Cabinet.</p> <p><b>QS21/142.3</b> The Independent Member asked about recruitment and the need to think more widely in terms of apprenticeships, developing the role of Healthcare Assistants (HCAs) and the use of Physicians Assistants. The Executive Director of Nursing and Midwifery confirmed that a number of avenues were being explored including working with Local Authorities around domiciliary care. She also noted there was substantial work in terms of learning events around falls and the implementation of an associated improvement plan. The Executive Director of Workforce and OD added that corporate workforce teams were working closely with nursing leads across primary care, community services and mental health. Consideration was also being given to the reinvigoration of the cadet scheme. In terms of HCAs there was a qualification issue related to NVQ requirements which was being built into workforce planning conversations.</p> <p><b>QS21/142.4 It was resolved that</b> the Committee:</p> <ol style="list-style-type: none"> <li>1. Note the updated report of the Triennial Nurse staffing report with updates from closed investigations for the 2020/21 reporting period.</li> <li>2. Continue to support the ongoing recruitment and retention initiatives already in progress.</li> <li>3. Note Paediatric requirements in line with the revisions to the Nurse Staffing levels (Wales) Act are subject to a separate report and business case once triangulated reviews are complete</li> </ol>	
<p><b>QS21/144 Annual Return - All Wales Standard for Accessible Communication &amp; Information for People with Sensory Loss</b></p> <p><b>QS21/144.1 It was resolved that</b> the Committee note the report.</p>	
<p><b>QS21/145 Investigation into Quality Concerns at Llandudno Hospital</b></p>	

**QS21/145.1** The Executive Director of Nursing and Midwifery provided a verbal update and indicated that it had been hoped to have a report available by the end of August, however, as some of the external support had come started later than planned the timeline had been extended to allow for full input and engagement. The Committee were informed that where concerns had been raised of a professional nature they were undergoing a parallel investigation by workforce colleagues and there had been onward referrals to professional bodies in some cases. The patient experience was also important as part of the escalation more widely across the hospital site. Discussions had also taken place already with the University in response to the students raising concerns.

**QS21/146 Mental Health – Ligature Risk Reduction and Adult Inpatient Service Development Exception Report**

**QS21/146.1** The Interim Director of Nursing for Mental Health and Learning Disabilities (MHL) presented the report which highlighted the ongoing progress of the programme of work to reduce the incidence of and the risk from ligature incidents within the Division, and to improve the safety and quality of experience for patients. He highlighted the increased onus on the Division to strengthen leadership and stability over the past few years. He suggested that accidental death and suicide often became conflated and members were advised that reducing ligature harm was wider than merely removing ligature points. The work commenced in September 2020 but there have been two catastrophic inpatient ligature incidents within the Division in the last few months. The programme of work includes a holistic approach to risk reduction to include the availability of both high and low ligature/anchor points across the Health Board estate whilst addressing the therapeutic and emotional support environment. Members were advised that previously, the majority of suicides were from hanging at height and the high ligature points which had been previously addressed as a priority. However, the use of low ligature points or anchor points was now presenting a risk and there is a programme of work to address this across the Health Board estate.

**QS21/146.2** An Independent Member welcomed the reference to the reassessment of environmental risks within CAMHS and was also pleased to see that a whole premises audit would be undertaken and enquired as to the timeline. She was informed that all the work described within the paper was on track within the agreed timeframes and that a senior manager had been allocated to oversee the audit whole process. The Interim Director of Nursing MHL noted there was however some delay in the procurement of new furniture where this had been recommended as a result of audits. He also clarified that the external review report was anticipated at the end of September and that the ligature awareness training was on track.

**QS21/146.3** The Executive Director of Workforce and OD reminded the Committee that there had been a previous Regulation 28 linked to ligatures outside of the MHL Division and there was a need to ensure that this work was shared and implemented across the organisation. The Interim Director of Nursing MHL replied that steps were being taken to implement the learning more widely and the Division was working

closely with Health and Safety colleagues. He also confirmed that there would be a single action plan for each mental health unit following the review of the catastrophic incidents.

*[Mike Smith and Adrian Thomas left the meeting]*

**QS21/146.4** The Executive Director of Workforce & OD suggested it might be helpful to identify where there were other relevant external regulatory matters or ongoing investigations. The Executive Director of Public Health wished to acknowledge the significant undertaking within the MHLD Division and more widely to address these concerns and she hoped that the Committee had found the paper helpful.

*[Nick Lyons left the meeting]*

**QS21/146.5** The Chair raised the issue of environment and whilst the need to keep people safe was paramount she felt there was a balance to be met in terms of the very sterile environments that were often utilised. She also noted that the profiling of beds and ligature risks had previously been highlighted in the Holden report and asked whether the Board had failed to implement relevant learning from that report. The Interim Director of Nursing MHLD acknowledged there were challenges with ensuring that the estate was fit for purpose. He confirmed that there were issues within the Holden report relating to the wider estate and the use of adult facilities for children and young people, together with points around gender specific facilities. It was confirmed that the Holden report did not directly explore the management of ligature risks and there were no specific recommendations around ligature. The Executive Director of Public Health also reminded the Committee that the Health Board was in Targeted Intervention and Improvement for the area of mental health, with ligature work being one element to be addressed alongside estates, culture and workforce to ensure the best possible care is provided.

**QS21/146.6 It was resolved that** the Committee to note the update from the Mental Health Division on its progress with ligature risk reduction and adult inpatient service development.

#### **QS21/147 Public Services Ombudsman for Wales (PSOW) Final Public Interest report**

**QS21/147.1** An Independent Member was keen to see learning shared from the report and for best practice to be followed in terms of appropriate discharge to a care home setting. The Acting Associate Director of Quality Assurance assured members that all the identified actions would be checked through with the relevant service and submitted to the PSOW as soon as possible after the 20<sup>th</sup> October.

**QS21/147.2 It was resolved that** the Committee note the Public Service Ombudsman for Wales' Public Interest Report for information and the Health Board's action plan response for assurance.

#### **QS21/148 Patient Safety Quality Group**

The report of the meeting held on 13.7.21 was noted	
<p><b>QS21/149 Strategic Occupational Health and Safety Group - Sue Green</b></p> <p>The report of the meeting held on 3.8.21 was noted</p>	
<p><b>QS21/150 Patient and Carer Experience Group - Gill Harris</b></p> <p>The report of the meeting held on 24.6.21 was noted</p>	
<p><b>QS21/151 Documents Circulated to Members</b></p> <p><b>QS21/151.1</b> It was noted that the following had been circulated:</p> <ul style="list-style-type: none"> <li>• 23.6.21 Follow on action re staff redeployment</li> <li>• 21.7.21 Follow on action re Procedure Admission of Children to an Acute Psychiatric Inpatient Unit</li> <li>• 9.8.21 Briefing re Staff Vaccinations</li> </ul>	
<p><b>QS21/152 Review of Meeting Effectiveness</b></p> <p><b>QS21/152.1</b> Members were invited to reflect on the meeting effectiveness to inform and improve future meetings. Elements of time-keeping continued to be of concern and the Chair would have a conversation with Mark Butler of the Good Governance Institute to seek his reflection on the meeting.</p>	LR
<p><b>QS21/153 Agree Items for Inclusion in Chair's Assurance Report to Board</b></p> <p>To be determined</p>	
<p><b>QS21/154 Exclusion of Press and Public</b></p> <p>Resolution to Exclude the Press and Public - "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."</p>	
<p><b>QS21/155 Date of Next Meeting</b></p> <p>2.11.21</p>	