



Quality, Safety & Experience (QSE) Committee

Minutes of the Meeting Held in Public on 22.1.19 in The Boardroom, Carlton Court, St Asaph

Present:

Mrs Lucy Reid	Independent Member (Chair)
Cllr Cheryl Carlisle (part meeting)	Independent Member
Mrs Jackie Hughes	Independent Member
Mrs Lyn Meadows (part meeting)	Independent Member

In Attendance:

Mrs Deborah Carter	Associate Director Quality Assurance
Mrs Kate Dunn	Head of Corporate Affairs
Mrs Fiona Giraud (part meeting)	Director of Midwifery & Women's Services
Mr Mark Green (part meeting)	Director, Deloitte
Mrs Sue Green	Executive Director of Workforce & Organisational Development (OD)
Mrs Gill Harris	Executive Director of Nursing & Midwifery
Dr Melanie Maxwell	Senior Associate Medical Director
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance
Miss Teresa Owen (part meeting)	Executive Director of Public Health
Prof Michael Rees	Chair of Healthcare Professionals Forum (HPF)
Mr Adrian Thomas	Executive Director of Therapies & Health Sciences

Agenda Item Discussed	Action By
<p>QS19/1 Chair's Opening Remarks</p> <p>QS19/1.1 The Chair welcomed everyone to the meeting. She referred to her correspondence to members of the 14.1.19 and reiterated the importance of reports being able to provide the Committee with clear assurances and noted that if this was not the case then this would be minuted as such and the paper resubmitted for future discussion. The Executive Medical Director welcomed this move but felt that clarity would be required as to how this message was translated across the organisation as there was a risk it could be perceived that the Board and Committees were only wishing to receive positive reports. The Executive Director of Nursing & Midwifery added that on occasions the desired level of assurance simply wasn't in place. The Committee Chair accepted these points but felt there where assurance wasn't available this needed to be explicitly explained within the paper along with the reasons and action being taken. The Chair of the HPF added that where there were recommended actions to provide the necessary assurance, it needed to be accepted that resources would also be required. Executive colleagues felt that improvements to risk management systems would assist the organisation in making such choices more openly and transparently.</p>	

<p>QS19/2 Declarations of Interest</p> <p>None made.</p>	
<p>QS19/3 Apologies for Absence</p> <p>Apologies were received for Dr Chris Stockport and Mr Mark Thornton.</p>	
<p>QS19/4 Minutes of Previous Meeting held in public on 29.11.18 for Accuracy, Matters Arising and Review of Summary Action Log</p> <p>QS19/4.1 The minutes were agreed as an accurate record and updates to the summary action log were noted. <i>Mrs L Meadows joined the meeting</i></p> <p>QS19/4.2 A matter arising was raised by the Chair in that whilst a review of the cycle of business had been undertaken by herself and the Executive Director of Nursing & Midwifery, comments would be welcomed from other members.</p>	
<p>QS19/5 Maternity Services in North Wales - Deloitte's Presentation and Final Update on the Commissioned Organisational Development (OD) Programme</p> <p>QS19/5.1 Mr Mark Green and Mrs Fiona Giraud joined the meeting. The Executive Director of Public Health introduced the item, confirming this was a key report for the Board following the conclusion of the OD work within maternity services. She noted that the Committee had received reports on the programme and she shared her view that the recent staffing and leadership appointments had made a real difference with a much improved culture of team work.</p> <p>QS19/5.2 Mr Green delivered a presentation in support of the narrative report which covered:</p> <ul style="list-style-type: none"> • The core activities of the organisational development programme; • 10 proposed interventions to address clinical outcomes, effectiveness of the leadership team, culture and behaviour, outcomes for the North Wales Service; • Organisational effectiveness being central to vision, leadership, performance, clarity, culture and learning. • Workstreams being led by the Ysbyty Glan Clwyd (YGC) site team, North Wales clinical directors or the North Wales senior management team; • Recommendations for areas for continued improvement around 1) workforce establishment; 2) behaviours 3) developmental work plans; 4) coaching and mentoring; 5) handover and sustainability. <p>QS19/5.3 The HPF Chair referred to a perception that historically women's services had not been fully integrated and that workforce issues could feel internalised within the service. The Executive Director of Public Health remarked that this was to some extent outside of the remit of the report and that latterly integration had much improved with good evidence of teams working together and with other services. In terms of the recent senior clinical appointments it was felt that they would need a consistent level of support from the Executive Team and that the Executive Director of Nursing & Midwifery would follow up this conversation with Mr Green.</p>	GH

QS19/5.4 A question was raised around sustainability of improvement and Mr Green confirmed that a robust handover and sustainability plan had been developed. He also assured the Committee that staff within the division were well aware of the OD work which would help the momentum to be sustained. Mrs Giraud added that the planned internal audit review would focus on the implementation of the quality improvement strategy into women's services. In response to a question regarding financial support and investment, the Executive Director of Public Health confirmed that this would be a prioritisation issue for the Board. It was suggested that the learning and methodologies from this whole piece of work could be beneficially applied elsewhere within the organisation. Finally the Chair noted that she had seen evidence of clear positivity within the team at YGC on a recent walkabout.

QS19/5.5 It was resolved that the Committee:

1. Note the update and progress to date and support the recommendations made by Deloitte.
2. Acknowledge that cultural change of the scale required in the Women's Directorate will need Corporate OD support and that the ongoing OD plan will need some financial support and investment to ensure that the early signs of positive change are embedded and sustained.
3. Support that the risk register entry as noted previously is not de-escalated until the findings of the Internal Audit of the service is considered in Q4.

QS19/6 Health & Safety Update

QS19/6.1 The Executive Director of Workforce & OD presented the paper which followed up on the report that had been submitted to the Health Board in November 2018, and drew members' attention to the areas of progress as set out on pages 5-6. She also highlighted that a copy of the internal audit report into health and safety had been appended to the report.

QS19/6.2 The Independent Member (Trade Union) commented that she was aware that Trade Union and staff side colleagues were supportive of and welcomed the work that was being taken forward with regards to Health & Safety in the organisation. She enquired whether the Executives were content that structure as set out was sufficient to deliver the required agenda, and that the establishment of the Quality and Safety Group would be able to deliver improved compliance. The Executive Director of Workforce & OD outlined a range of positive developments in terms of the structure in that the two new Heads of Health & Safety had taken up post and were already making a difference in terms of leadership and visibility. She alluded to the need for a more integrated approach to the work of the Health & Safety and Occupational Health teams, and the refresh and realignment of various portfolios such as fire safety, security and violence & aggression. With regards to the post of Associate Director of Health, Safety and Equality there had been an excellent range of candidates and there was a high level of confidence in the ability to make a strong appointment at the interviews scheduled for the following week. This postholder would take a lead on bringing all the various Health and Safety professionals together. The Executive Director of Workforce & OD then confirmed that the new Health & Safety Group would be aligned to the Executive Team and would have responsibilities both in terms of ensuring the organisation met legislative requirements but also in strengthening the

shared agendas between occupational health, health and safety, and health & well-being. The HPF Chair made reference to discussions at the Local Negotiating Committee regarding occupational health and ensuring that recommendations made to support an individual off sick were followed up.

QS19/6.3 In response to a question regarding reporting through the Committee structures, the Executive Director of Workforce & OD confirmed that update reports were now a standing item on Quality, Safety & Experience Committee agendas together with elements of performance monitoring to the Finance & Performance Committee. The Board would also receive a formal annual report. The Executive Director of Nursing & Midwifery added that discussions had been held at the Executive Team that a more risk based approach to health and safety needed to be established.

QS19/6.4 It was resolved that the Committee note the position outlined in the report.

QS19/7 Health Protection Team (North Wales) 2018 Annual Report

QS19/7.1 The Executive Director of Public Health presented the annual report submitted by the Health Protection Team which detailed a range of activity and highlighted key challenges. She drew members' attention to the impact of seasonal flu which was an identified pressure point.

QS19/7.2 A discussion ensued. Reference was made to the seemingly high rate of Cryptosporidiosis and it was explained that there was historically a higher incidence in rural parts of west Wales, and assurance was given that any untoward spike would be picked up and investigated. In terms of the statistics for mumps numbers it was confirmed there had been no actual outbreak identified but that there was a known challenge with vaccinating a certain population cohort, and there was work continuing with universities to address this.

QS19/7.3 The Executive Director of Public Health welcomed feedback on the format of the report and the Committee Chair felt that the report contained an appropriate level of detail and information and was well-pitched for the Committee's use. **It was resolved that** the Committee note the contents of the report for information.

QS19/8 Integrated Quality & Performance Report

QS19/8.1 The Committee were informed that the Finance & Performance Committee had recently had a discussion around the content, quality, format and scope of this report. It was recognised that this was fundamental to ensuring the provision of an appropriate level of assurance but that the connectivity between ward and board still needed to improve to enable this. The Director of Performance confirmed that a suite of divisional reports were being developed to support the IQPR, and that this would change the culture and ownership of exception reporting. She advised that the IQPR would continue to lack some of the qualitative data that the Committee was looking for until such time as the 'building blocks' were in place. In addition there were inconsistencies in how the content for different divisions was presented, and some presentational and typographical aspects that needed to be standardised. The Chair raised the point of timeliness of data and the Director of Performance clarified that this

was an ongoing challenge as most month-end data wasn't available until the tenth working day of the following month which on occasions created pressures in providing validating data in time for Board and Committee deadlines. A general point was raised by the HPF Chair that there were instances where the narrative within the report did not align with the reported data, and examples of where the stated timescales for getting on track would seem too optimistic. The Director of Performance accepted there was room for improvement in terms of ensuring that there was evidence to support the stated timeframes. A discussion then ensued on the various chapters of the report:

QS19/8.2 Chapter 1 Qualitative Reports

- The Executive Director of Workforce & OD highlighted that in terms of advancing equality, BCUHB have become the best ranked Welsh health employer by lesbian, gay, bi and trans equality charity Stonewall in its Top 100 Employers list for 2019, having achieved 37th place.

QS19/8.3 Chapter 1 Patient Safety Notices and Alerts

- The Executive Medical Director wished to draw the Committee's attention to the fact that the organisation was compliant with all patient safety alerts for the very first time, and he extended thanks to Dr Melanie Maxwell and the wider team.

QS19/8.4 Chapter 1 Concerns

- A question was raised regarding an improvement plan for addressing the profile of concerns going beyond the 30 days response target and this would be provided as a briefing note alongside the trajectories that were being signed off. This would be presented at a future meeting.

QS19/8.5 Chapter 1 Incidents

- The Chair noted she had asked for further detail on incidents and that this would be provided reports currently being developed by the quality assurance team.

QS19/8.6 Chapter 1 Mortality

- The Senior Associate Medical Director provided reassurance that sepsis performance had improved in November as a result of the work of the collaborative and that improvements were being seen in terms of processes on sites. She anticipated that a rapid improvement would be noted once remaining data issues were resolved.

QS19/8.7 Chapter 2 Infection Control

- There was continued concern at the level of pressure ulcers and the Associate Director of Quality Assurance indicated that it was known that on occasions the same incident was being reported two or three times into Datix. Work was actively being taken forward to ensure staff were fully aware of how to properly report a pressure ulcer and also to make it easier for them to do so. It was also noted that there were inconsistencies in reporting across Welsh organisations and that the Welsh Government were shortly to amend the reporting requirements, and that as a general point when promoting a learning culture and encouraging reporting by staff, this did mean that the statistics look to worsen. The Committee were also reminded that the Board continued to work closely with the Wales Ambulance Services NHS Trust in terms of reducing the risks of pressure ulcers resulting from long waits inside ambulances.

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<ul style="list-style-type: none"> • The Executive Director of Nursing & Midwifery reminded members that the initial 90 day plan for infection prevention and control stemmed from the review by Janice Stevens, and she reported that Ms Stevens had been invited back in March 2019 to assess the Board's progress in terms of delivery against her recommendations. The outcome report of this further review would need to be scheduled into the Committee and/or Board cycles of business in due course. • Reference was made to the statement within the report of the "nurses right to challenge antibiotic prescribing" and whether this should be wider than nurses. The Associate Director of Quality Assurance accepted that there were many other opportunities for health care professionals to provide challenge but that predominantly it was a nurse at the point of administration, and that this particular narrative arose from a specific piece of work in Ysbyty Glan Clwyd. • With regards to flu vaccinations it was noted with concern that the performance against target for staff vaccinations would be lower than the previous year. The Executive Director of Public Health felt there remained a significant cultural issue with myths and concerns that discouraged staff from taking up the offer of the vaccination. She added that other Board were in a similar position and that improvements had been noted where incentives were utilised. On a more positive note she was pleased to report that uptake in the over 65s category was the best in Wales, although still not achieving the target. The Committee were also informed that this year's vaccine was a good match for the strain of flu that was currently circulating. <p>QS19/8.8 Chapter 4 Mental Health</p> <ul style="list-style-type: none"> • A comment was made regarding Child Adolescent Mental Health (CAMHS) in that the two recent 'deep dive' sessions had been very helpful in improving the understanding between the Division and the Board. • In terms of the assessment/therapy target of 28 days it was noted there was variation across the areas but an improved understanding of the data. • The Director of Performance flagged an anticipated drop in performance for care and treatment plans following significant validation work. • In terms of the 28 day assessment and therapy target for adults, the Chair enquired as to the background for senior management time having been diverted to support Primary Care in West & East. The Director of Performance indicated that management support was being focused within teams where there was most scope for making a significant different. There was also variation across teams and that meetings were ongoing with informatics colleagues regarding the future use of Sharepoint and other community tools. • The Chair also queried the statement that longest waiters were seen first and the Director of Performance assured the Committee that all long waiters were risk assessed and scheduled appropriately. <p>QS19/8.9 It was resolved that the Committee note the report.</p>	KD
<p>QS19/9 Policies , Procedures or Other Written Control Documents for Approval</p> <p>QS19/9.1 Policy for Section 5(2) for use in General and Community Hospitals</p> <p>QS19/9.1.1 The Executive Director of Workforce noted that some of the terminology required updating as the policy still referred to "SHOs", and that she would wish to see</p>	

<p>a cross-reference to patient restraint and absconding policies/procedures. The Chair requested that Section 16 on training be amended to reflect that a range of levels of training was available to <u>all</u> staff.</p> <p>QS19/9.1.2 It was resolved that the Committee approve the policy for implementation pending the amendments set out above.</p>	
<p>QS19/9.2 Covert Administration of Medication Clinical Policy</p> <p>The Committee were not happy to approve a policy without sight of an appropriate Equality Impact Assessment (EQIA). It was also noted that any references to protected characteristics must be consistent with terminology agreed within legislation. A point was raised regarding mental capacity and whether the policy potentially applied to patients outside of a mental health setting but it was agreed this was sufficiently explicit within the policy. A range of specific amendments were noted by the Associate Director of Quality Assurance who would feedback to the policy author.</p> <p>It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. request an amended policy to be circulated via email with appropriate EQIA; 2. agree that Chair's Action then be taken to approve the Covert Administration of Medication Clinical Policy for use within BCUHB 	<p>DC</p> <p>DC</p>
<p>QS19/9.3 BCUHB Restricted Antimicrobial Policy</p> <p>QS19/9.3.1 It was resolved that the Committee approve the policy for implementation in BCUHB.</p>	
<p>QS19/10 Quality Safety Group Assurance Report - Meetings Held 13.12.18 and 9.1.19</p> <p>QS19/10.1 The Executive Director of Nursing & Midwifery presented the report and highlighted issues pertaining to:</p> <ul style="list-style-type: none"> • Risks which could potentially impact on key clinical services at the Wrexham Maelor Hospital relating to risks of failure within domestic hot water & heating pipes. Work was ongoing to mitigate these risks. This was to include a heat map identifying highest risk areas • An ongoing debate around safe storage of medicines which was now being taken forward by a subgroup of QSG. • A lack of assurance around point of care testing. QSG had requested further work and a report back in February. • The need to re-establish groups to respond appropriately to audits on ward kitchen and environments. <p>QS19/10.2 A discussion ensued. The Executive Director of Workforce & OD suggested that the recommendations around centralising ward kitchen food systems should be linked across to staff food systems also. She also asked whether the heatmap for the Wrexham site would incorporate other known estates risks and the</p>	

Executive Director of Nursing & Midwifery that prioritisation and mitigation would be brought together with estates and health & safety colleagues. The Chair of the HPF noted the planned review group to address delays in ophthalmology out-patient appointments and requested that both ophthalmology and optometry teams be involved. The Chair enquired whether there were any specific types of point of care testing that were of particular concern, and the example of pregnancy testing was given and that a different methodology was required.

QS19/10.3 It was resolved that the Committee note the report.

[Miss T Owen and Cllr C Carlisle left the meeting]

QS19/11 Improvement Group (HASCAS & Ockenden) Chair's Assurance Report

QS19/11.1 The Executive Director of Nursing & Midwifery presented the report and provided additional context in that the report had been prepared with the dual purpose of a submission to the Public Accounts Committee and she acknowledged therefore that the content may not be as focused as the Committee would have wished. She also reminded members that recommendations had been aligned where there was overlap between HASCAS and Ockenden. The Executive Director of Nursing & Midwifery went on to highlight that an appointment had been made to the post of consultant nurse in dementia. In addition it was reported that some members of the Stakeholder Group (particularly those representing families) had identified a range of task & finish groups that they would wish to individually become involved with. The Executive Director of Nursing & Midwifery concluded by saying that the pathway work did require additional support and investment, potentially through a Project Management Office approach, and also that a multi-agency meeting was planned for March to map out the approach to older people's services.

QS19/11.2 A discussion ensued. A delay with the work around responding to the HASCAS recommendation around clinical records was noted. The Executive Medical Director set out challenges in terms of responding to the national infected blood inquiry which required the organisation to cease destroying clinical records which meant there was a need to store approximately an additional 50,000 records per month. The Committee were advised that this was being seen as a driver and opportunity to progress the work around single electronic patient records and to develop a business case hopefully by the end of 2019. The Chair suggested that whilst the level of background and context within the paper was helpful, she found it difficult to clearly map the progress made against each of the recommendations and requested that this be addressed in future reports. The Executive Director of Nursing & Midwifery confirmed that there was a wealth of detail available from other sources and assured the Committee that a 'confirm and challenge' culture was in place at the meetings of the Improvement Group. The Chair also fed back that she felt there were some general statements within the paper which could undermine the amount of actual progress made, and she queried whether learning could be taken from how audit recommendations were reported to the Audit Committee. The Associate Director of Quality Assurance responded that it was often difficult to match an action back to a specific recommendation as some of them were quite vague. The Chair explained that the report needed to provide a clear audit trail from the original recommendations to the action/progress taken in order to provide the Committee with assurance that improvements were being made. A way forward was suggested that

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<p>consideration could be given to inviting the lead officer to the Committee if members wished to undertake a deep dive into a certain area where progress appeared to be slow, or where the Committee wished to test the level of assurance that was being reported in the narrative document. Finally, a comment was raised regarding service user representatives on the Stakeholder Group and it was confirmed that these includes individuals with more recent experiences of using BCUHB services.</p> <p>QS19/11.3 It was resolved that the Committee note the progress of the HASCAS & Ockenden recommendations and the format of the report would be reviewed.</p>	
<p>QS19/12 Tissue and Organ Donation Report : Mr Adrian Thomas</p> <p>QS19/12.1 The Executive Director of Therapies & Health Sciences presented a summary activity report for BCUHB for NHS Blood & Transplant services for 2017-18 together with a summary of key achievements and priorities for the coming year. He highlighted the well-attended and valuable memorial service event held in St Asaph Cathedral.</p> <p>QS19/12.2 A discussion ensued. A member recalled that previous reports had set out where donation had not been possible due to the unavailability of intensive care beds for example. The Executive Director of Therapies & Health Sciences confirmed the structure of reporting had altered but he would ascertain if this information was available. The question was asked whether there were any live donations reported; it was confirmed there weren't currently but that there should be increased awareness around this organ donation option. In response to a question around ongoing support to organ recipients it was confirmed this would be picked up by the transplant centre.</p> <p>QS19/12.3 It was resolved that the Committee note the activities of the BCU/NHS-BT Organ Donation Committee and to highlight the report to the Health Board through the Chair's report.</p>	AT
<p>QS19/13 Issues Discussed in Previous In Committee Session</p> <p>QS19/13.1 It was resolved that the Committee note the information in public.</p>	
<p>QS19/14 Documents Circulated to Members</p> <p>QS19/14.1 The Committee noted that the following information had been provided to members:</p> <p>10.1.19 Briefing note regarding care commissioned from a Gwynedd nursing home 14.1.19 Arrangements for future meetings and agendas 15.1.19 Quality Safety Group notes 10.10.18</p>	
<p>QS19/15 Issues of Significance to inform the Chair's Assurance Report</p> <p>To be agreed with Chair.</p>	

QS19/16 Date of Next Meeting Tuesday 19.3.19 @ 9.30am in Carlton Court	
QS19/17 Exclusion of Press and Public 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.'	