



**eI CYFARFOD BWRDD IECHYD PRIFYSGOLN**  
**ANURIN BEVAN/ANURIN BEVAN UNIVERSITY**  
**HEALTH BOARD MEETING**  
**MINUTES OF THE PATIENT QUALITY, SAFETY**  
**AND OUTCOMES COMMITTEE MEETING**

<b>DATE OF MEETING</b>	Friday 23rd February 2024 9:00-11:00
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Pippa Britton, Independent Member, Committee Chair Paul Deneen- Independent Member Helen Sweetland- Independent Member
<b>IN ATTENDANCE</b>	Nicola Prygodzicz, Chief Executive Jennifer Winslade, Director of Nursing Rani Dash, Director of Corporate Governance Peter Carr, Director of Therapies & Health Science James Calvert, Medical Director Michelle Jones, Head of Board Business Leeanne Lewis, Assistant Director of Quality & Patient Safety Rhian Gard, Deputy Head of Internal Audit Heledd Thomas, External Audit Tracey PartridgeWilson, Deputy Director of Nursing Ian Jenkins, Head of Systems Planning Howard Stanley, Head of Safeguarding Fern Cook, Committee Secretariat
<b>APOLOGIES</b>	Louise Wright- Independent Member, Vice Chair

<b>PQSOC 2302/1</b>	<b>Preliminary Matters</b>
<b>PQSOC 2302/1.1</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>PQSOC 2302/1.2</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.
<b>PQSOC 2302/1.3</b>	<b>Declarations of Interest</b>  There were no declarations of interest raised to record.
<b>PQSOC 2302/1.4</b>	<b>Minutes of the previous meeting</b>  The minutes of the Patient Quality Safety and Outcomes Committee held on 13 <sup>th</sup> of December 2023 were agreed as a true and accurate record.

PQSOC 2302/1.5	<p><b>Committee Action Log</b></p> <p>The Committee received the action log, and was content with progress made in relation to completed actions and against any outstanding actions.</p>
PQSOC 2302/2	<p><b>Items for Approval/Ratification</b></p>
PQSOC 2302/2.1	<p><b>Safeguarding Annual Report</b></p> <p><i>Howard Stanley joined the meeting</i></p> <p>Howard Stanley (HS), Head of Safeguarding, provided an overview of the Safeguarding Annual report.</p> <p>The following key points were highlighted to the Committee: -</p> <ul style="list-style-type: none"> <li>• A learning Group had been set up to monitor the progress of the recommendations.</li> <li>• There were challenges around the national requirements for level 3 children and adults learning. These challenges related to the large cohort of people that would need to undertake this training. The Committee was assured that advice had been sought from the ESR team as to how this could be included on the relevant system.</li> <li>• Increase in numbers of children being harmed, that had resulted in additional strategy meetings being held.</li> <li>• Increase in adult safeguarding concerns with a Datix submitted for incident reported, were monitoring the Datix system regularly.</li> <li>• Support was being provided to one local authority, as a result of their additional requirements. The Committee requested that in the next annual report a section outlining the support to staff members be included. <b>Action: Jennifer Winslade, Director of Nursing</b></li> </ul> <p>Paul Deneen (PD), Independent Member, questioned why there was an issue with one local authority. HS advised that this Local Authority had capacity issues and noted that the Health Board was meeting with their Executive team to address this matter, but noted that the Health Board would continue to follow their process in reporting concerns. The Committee requested a further updated on this matter at the next Committee meeting in April 2024. <b>Action: Jennifer Winslade, Director of Nursing &amp; Howard Stanley, Head of Safeguarding.</b></p> <p><b><i>The Committee APPROVED the Annual Safeguarding report.</i></b></p> <p><i>Howard Stanley left the meeting.</i></p>

<b>PQSOC 2302/3</b>	<b>Items for Discussion</b>
<b>PQSOC 2302/3.1</b>	<p><b>Committee Risk Report</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with a summary of the current strategic risks that have been delegated to the Committee for monitoring, highlighting that the pharmacy robot risk had been included from the Corporate Risk Register.</p> <p>The Committee noted that the following risks were highlighted in the report at a risk level of Extreme (20) :-</p> <ul style="list-style-type: none"> <li>• There was a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.</li> <li>• There was a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974.</li> <li>• There was a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.</li> </ul> <p><b><i>The Committee NOTED the following:-</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>delegated strategic risks</i></b></li> <li>• <b><i>delegated corporate risks</i></b></li> <li>• <b><i>the work being undertaken to reduce the risks to within the risk appetite level, and,</i></b></li> <li>• <b><i>the ongoing work to improve risk management across the quality and patient safety domain.</i></b></li> </ul>
<b>PQSOC 2302/3.2</b>	<p><b>Overview of Audit Recommendations</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the internal and external recommendations resulting from planned audit reviews that fall under the remit of the Committee.</p> <p>The Committee noted that there were 32 outstanding actions in relation to this committee that were covered across the following audit reports:-</p> <ul style="list-style-type: none"> <li>• Health &amp; Safety</li> <li>• Medical Equipment and Devices</li> <li>• Medicines Management</li> <li>• Monitoring Action Plan</li> <li>• Discharge Planning</li> <li>• Dementia Service</li> <li>• Structure Assessment</li> <li>• Putting thing right: Advisory Review</li> </ul>

	<p>Helen Sweetland (HS), Independent Member, sought assurance that an action plan was in place for those actions that had been outstanding for a period of time. RD advised that there were action plans in place that covered all the recommendations highlighted and advised the Committee that the progress of these recommendations was monitored by the Audit, Risk, Assurance Committee.</p> <p><b><i>The Committee NOTED the report and in doing so, the position of the 32 audit recommendations.</i></b></p>
<p><b>PQSOC 2302/3.3</b></p>	<p><b>Focus on the Pillars of Quality</b></p> <p><i>Ian Jenkins joined the meeting.</i></p> <p>Jennifer Winslade (JW), Director of Nursing, supported by Leeanne Lewis (LW) Assistant Director of Quality &amp; Patient Safety, Ian Jenkins (IJ), Head of Systems Planning, Tracey PartridgeWilson (TPW), Deputy Director of Nursing, Peter Carr(PC), Director of Therapies &amp; Health Science, provided the Committee with an overview of the patient quality safety outcomes performance report for February. priorities.</p> <p>The Committee was appraised of the report content noting that it also covered the relevant Ministerial priorities. The Committee noted that the report included the following areas: duty of candour, HEIW, bereavement, Medication Safety Group, Complaints, Health and Safety, Planned care and the noted the following key points -</p> <ul style="list-style-type: none"> <li>○ The Annual Duty of Candour performance report was due to be completed in April 2024.</li> <li>○ Since 1 April 2023 there have been 20,807 incidents affecting patients reported on the Datix Cymru system.</li> <li>○ Progress had been made with responding to complaints within 30 days, and that there was still work required to ensure compliance.</li> <li>○ A new Head of Complaints had now been appointed and this role would over the next 6 months focus on the compliance.</li> <li>○ A notification of Contravention for breaches to health and safety law, from the HSE had been received in relation to a fall at Nevil Hall hospital in 2019</li> <li>○ During the period, 94 incidents were reported to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.</li> <li>○ Manual handling training compliance required improvement from the 54% compliance level recorded. The Committee was advised that an external provider was supporting the provision of additional courses</li> </ul>

- 7 risk areas had been identified as a focus for improvement in 2024, and that these would be progressed through the implementation of an action plan.
- HEIW had inspected Talygarn Unit at County Hospital earlier this year and the Health Board had responded to the improvement notice that had been received in respect of this inspection.
- In terms of planned care, it was noted that:
  - although improvements had been made, the Health Board had not achieved the targets for the year, and a review was underway to identify learning opportunities to aid improvements in performance
  - Endoscopy unit at the Royal Gwent hospital opened in November 2023
- At each Clinical Effectiveness meeting the Clinical leads action plan was being considered, to address the recommendations identified within the service area.
- AMAT system funding had been approved by the Executive Team.

Paul Deneen (PD), Independent Member, questioned how the Health Board's incidents compared to other Health Boards. TPW advised that following the implementation of the duty of candour there had been an increase in the reporting of incidents, even if a patient did not suffer any harm. JW agreed that the themes of the incidents would be included in the next performance report. **Action:**

**Jennifer Winslade, Director of Nursing**

PC assured the Committee that an improvement plan was in place to support each risk with regular review and updates being collated.

Pippa Britton (PB), Committee Chair, questioned how often the Planned Care outpatients waiting list data was reviewed to determine if there was a need to refocus the actions required. The Committee was advised that from a programme perspective the data is reviewed on a monthly basis with the data shared annually with Welsh Government.

***The Committee NOTED the information within the report.***

*Ian Jenkins left the meeting.*



	<p>The Committee noted that the service had initiated an agreed temporary change model in May 2022 as a direct result of significant staffing challenges to ensure safe staffing levels across the Health Board. Following this change an independent review of the community-led midwife birthing services had been completed along with a comprehensive public engagement exercise in September 2023. The Committee noted that this work culminated in the Board approving the permanent service reconfiguration.</p> <p>JW provided the Committee with an overview of the improved outcomes following the introduction of the reconfigured service that included:-</p> <ul style="list-style-type: none"> <li>• Staffing, <ul style="list-style-type: none"> <li>○ Sickness: 6.01%, although it was noted that short term sickness had increased in the Grange hospital.</li> <li>○ Community Midwives report improved work life balance.</li> <li>○ The service had actively and successfully recruited during 2023 which had resulted in a significant decrease in vacant posts.</li> </ul> </li> <li>• Transfer Rates, National average transfer rate from free standing birth unit was 36-45% for first time mothers and 9-12% for women who was having subsequent births. An increase was noted in August 2022, but overall, in line with national picture.</li> <li>• Families living near to GUH, YAB and YYF continue to have birth options closer to home.</li> <li>• Inequity for families (NHH and RGH) as unable to offer choice of place of birth close to home, however no concerns have been raised in regards to this.</li> <li>• No informal or formal concerns raised regarding inability to birth in RGH/NHH</li> </ul> <p><b><i>The Committee NOTED the evaluation of the reconfiguration of the midwife led units as set out in the report.</i></b></p>
<p><b>PQSOC 2302/3.6</b></p>	<p><b>Internal Audit Review – Medical Devices – Action Plan Update</b></p> <p>Peter Carr, Director of Therapies &amp; Health Science, Provided the Committee with an overview of the risks associated with the current governance arrangements for the management of medical devices and equipment within the Health Board.</p>

	<p>The Committee was advised that the Health Board had been challenged in achieving compliance and noted Audit recommendations from 2017/2018 relating to the following:-</p> <ul style="list-style-type: none"> <li>• Presence of medical devices – It was noted that work was in progress to identify competency and compliances at ward and department level. It was noted that this action would be completed by May 2024.</li> <li>• Equipment registers – The Committee noted that this relates to the physical tracking of devices, and to provide assurance of safe medical device user training levels. The Committee noted that this action was scheduled to be completed in March 2024.</li> </ul> <p>The Committee was advised that an internal audit review was currently ongoing in respect of Medical Equipment &amp; Devices.</p> <p>The Committee was advised that the Health Board was going to establish a Working Group that would sit under the QPS team to ensure that compliance with recommendations was maintained.</p> <p>James Calvert (JC), Medical Director, advised of the capacity issues that are ongoing with tracking medical devices and the actions to address this.</p> <p>PC assured the Committee that a paper would be brought back to a future Committee to provide an update on progress. This would be scheduled into the Committee's forward workplan.</p> <p><b><i>The Committee NOTED the report for assurance.</i></b></p>
<b>PQSOC 2302/4</b>	<b>Items for Information</b>
<b>PQSOC 2302/4.1</b>	<p><b>WHSSC QPS Committee Annual Report</b></p> <p>The Committee <b>RECEIVED</b> the report for information.</p>
<b>PQSOC 2302/4.2</b>	<p><b>Children's Rights &amp; Participation Forum</b></p> <p>The Committee <b>RECEIVED</b> the report for information.</p>
<b>PQSOC 2302/5</b>	<b>Other Matters</b>
<b>PQSOC 2302/5.1</b>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b></p> <p>There were no key risks and issues for reporting/escalation to Board and/or other Committees.</p>

<b>PQSOC 2302/5.2</b>	<b>Any Other Urgent Business</b>  There was no urgent business.
<b>PQSOC 2302/5.3</b>	<b>Date of the Next Meeting:</b>  30 <sup>th</sup> April 2024 – 09:30am