



**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING**

**MINUTES OF THE PATIENT QUALITY, SAFETY  
AND OUTCOMES COMMITTEE MEETING**

<b>DATE OF MEETING</b>	Wednesday 11 <sup>th</sup> October 2023
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Pippa Britton, Independent Member, Committee Chair Louise Wright- Independent Member, Vice 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 Tracey Partridge-Wilson, Assistant Director of Nursing Karen Hatch- Assistant Director of Therapies and Health Science Craig Roberts, Assistant Director of Therapies and Health Science Leeanne Lewis, Assistant Director of Quality & Patient Safety Trish Chalk- Interim Deputy Director of Planning Moira Bevan- Head of Infection and Prevention Garvin Jones, Head of Legal Services Jayne Beasley- Head of Midwifery and Gynaecology Claire Harris, Lead Nurse Palliative Care Rhian Gard, Deputy Head of Internal Audit Nathan Couch, Audit Wales Jonathan Simms, Clinical Director of Pharmacy Emma Guscott, Committee Secretariat
<b>APOLOGIES</b>	None to note

<b>PQSOC 1110/1</b>	<b>Preliminary Matters</b>
<b>PQSOC 1110/1.1</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>PQSOC 1110/1.2</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.

<b>PQSOC 1110/1.3</b>	<b>Declarations of Interest</b>  There were no declarations of interest raised to record.
<b>PQSOC 1110/1.4</b>	<b>Minutes of the previous meeting</b>  The minutes of the meeting held on the 20 <sup>th</sup> of June 2023 were agreed as a true and accurate record.
<b>PQSOC 1110/1.5</b>	<b>Committee Action Log- October 2023</b>  The Committee received the action log. Members were content with progress made in relation to completed actions and against any outstanding actions.
<b>PQSOC 1110/2</b>	<b>Items for Discussion</b>
<b>PQSOC 1110/2.1</b>	<b>Patient Quality and Safety Outcomes Performance Report, October 2023, Pillars of Quality:</b> <ul style="list-style-type: none"> <li>• <b>Infection prevention Control and Safeguarding.</b></li> <li>• <b>Incident Reporting and Health and Safety Scrutiny.</b></li> <li>• <b>Patient and Staff feedback and Complaints and Concerns.</b></li> </ul> <p>Clinical Executives presented the Patient Quality &amp; Safety Outcomes Performance Report for October 2023 to the Committee. The report provided an update on the work being undertaken relating to the following quality and safety pillars:</p> <ul style="list-style-type: none"> <li>• Patient Experience and Staff feedback.</li> <li>• Civica implementation plan.</li> <li>• Patient Experience and Involvement Strategy.</li> <li>• Patient Experience and Staff Feedback.</li> <li>• PALs update and including plans for implementation in October 2023.</li> <li>• Incident reporting and severity of harm.</li> <li>• Duty of Candour, Falls, Thematic reviews, and learning.</li> <li>• Next steps - pressure ulcers, RAMI, and mortality.</li> <li>• Health, Safety and Security.</li> <li>• Infection Prevention and Control.</li> <li>• Safeguarding.</li> <li>• Urgent and Emergency Care.</li> <li>• Planned Care.</li> <li>• Cancer Pathways.</li> <li>• Complaints and concerns.</li> <li>• Implementation of the Pressure Ulcer Faculty 2023.</li> <li>• Escalated risk concerns, including the Framework for Speaking Up Safely in the NHS and COVID-19 investigations.</li> </ul>

- Overview of the Health Inspectorate Wales (HIW) Inspection of Cedar Parc, Ysbyty Tri Chwm.

Moiria Bevan (MB), Head of Prevention and Infection, provided an update on Health Board completed actions and next steps for infection prevention control. CDifficile (CDiff) remained a concern, and noted that a “deep-dive” had been undertaken on toxin positive patients since April 2023. James Calvert (JC), Medical Director, requested the numbers of patients who were toxin positive/negative currently, including the number of patients admitted directly from the community and who were CDiff positive and toxin negative. MB to share numbers of toxin positive/negative in-patients and status upon admission from the community with JC outside of the meeting. **Action: Head of Prevention and Infection** Members were informed that the increase in infections was a whole system risk. MB discussed that epidemiologists had recognised links between Covid 19 and CDiff infections. Pippa Britton (PB), Committee Chair queried if the increase was a national issue and requested assurance on when numbers of hospital acquired infections were likely to drop. MB informed members that this will be monitored and included in all future reports to the Committee.

Jennifer Winslade (JW), Director of Nursing, provided a brief overview of patient centred care. There had been a focus on Dementia Care, awareness, training and education, and best practice throughout the Health Board, working alongside patients and families impacted by Dementia.

JW discussed Duty of Candor. Alongside the revised Serious Incident policy (SI), a dashboard to document SIs was in development, with the aim to include families early in the investigation process. It was noted that the Health Board was unable to report compliance with the Duty of Candor at present due to issues with the Datix system. PB noted that the Duty of Candor changes had been implemented for 6 months and queried if there was sufficient support for staff. JW informed members that the Wellbeing Service was providing additional support to staff.

The meeting was advised that Pressure Ulcers were noted as a *Never Event* theme. The Health Board had reinstated the ‘Pressure Ulcer Reduction Faculty’ to address actions and improve reduction. A detailed report on *Never Events* would be presented to the Committee in December 2023 for assurance. **Action: Director of Nursing**

Peter Carr (PC), Director of Therapies and Health Sciences, provided an update on inpatient falls. Members were

assured that fall data was recorded through Datix, shared weekly throughout the Health Board, and reviewed weekly by The Executive Committee. Incident reporting triggers a multifactorial risk assessment on the ward and a review of the patients care plan. An action taken from a previous meeting was discussed; the overview of the number of falls of patients who are medically fit for discharge. PC informed members that the Health and Safety team were reviewing Datix data to determine how to correlate that data with data informing where a patient is on their hospital journey at the time of their fall. Based upon data produced by the National Audit of Inpatient Falls, the Health Board was not an outlier in the number of inpatient falls. Louise Wright (LW), Independent Member, noted staff feedback highlighting Datix was a difficult system to use and requested an update on how the Health Board was addressing this. Members were informed that Nursing, Workforce and Health and Safety Team were working to improve the reporting arrangements for staff. Members requested that data be included to indicate how many falls per individual patient in future reports. **Action: Director of Therapies and Health Sciences**

Trish Chalk (TC), Interim Deputy Director of Planning, provided an update on the proposed Quality Outcome Framework (QOF). Members noted that the Health Board was the first in Wales to launch this report into the public domain and were both impressed and assured by the information included in the report and update. Nicola Prygodzicz (NP), Chief Executive, suggested that more quality and safety data would be presented to the Board in this format. NP suggested that benchmarking data was clearly outlined in the QOF to enable the public and staff to determine clear comparisons with other Health Boards.

The Committee received the reports and update for **ASSURANCE**.

## **PQSOC 1110/2.2**

### **Mental Health and Learning Disabilities (MHLD), including NHS Wales Delivery Unit Review of Mental Health Crisis & Services for Older Adults, and HIW Mental Health Discharge Review**

Jennifer Winslade (JW), Director of Nursing, provided a brief overview of the reports.

Recommendations arising from the All-Wales Delivery Unit Assurance Review of Crisis and Liaison Psychiatry Services for Older Adults in March 2023 were noted. Members noted the overview of current provision of mental health crisis

	<p>and liaison services for older adults, identified actions and next steps.</p> <p>JW informed members that the Health Board had completed the benchmarking exercise against the Health Inspectorate Wales findings of the review of Cwm Taf Morgannwg University Health Board. The actions pertinent to the Health Board are outlined in the report and would be addressed as part of the broader MHLDD improvement plan.</p> <p>Helen Sweetland (HS), Independent Member, noted the delay in the assessment and review of services on the Delivery Unit. JW informed members that there were some delays in receiving the updates due to Mental Health and Learning Disabilities system pressures.</p> <p>The Committee received the reports and <b>NOTED</b> the contents.</p>
<p><b>PQSOC 1110/2.3</b></p>	<p><b>Committee Risk Report</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the report, and summarised the key risks allocated to the Committee.</p> <p>Members noted the revised risk reporting, and the escalated Divisional risk reporting to the Executive Committee and the Board. RD highlighted the escalated risk of the Pharmacy Robot and noted that a report was included in the agenda.</p>
<p><b>PQSOC 1110/2.4</b></p>	<p><b>Maternity Services Update, including -</b></p> <ul style="list-style-type: none"> <li>• <b>Maternity Services Organisational Improvement Plans</b></li> <li>• <b>Maternity and Neonatal Safety Support</b></li> <li>• <b>MBBRACE</b></li> </ul> <p><i>Jayne Beasley joined the meeting.</i></p> <p><b>Maternity Services Organisational Improvement Plans</b></p> <p>Jayne Beasley (JB), Head of Midwifery and Gynaecology, reminded members of the Health Inspectorate Wales (HIW) review of maternity services in June 2023. JB discussed HIW immediate actions and the progress of the Health Boards action plans in response. The final HIW report was published in July 2023, outlining 14 actions for the Health Board, of which 3 were outstanding. The 3 outstanding actions and progress noted as follows: -</p> <ul style="list-style-type: none"> <li>• Birthing Pool Availability: currently awaiting costings from works and estates to move an additional</li> </ul>

birthing pool to the Grange University Hospital (GUH).

- Capacity of Post Natal beds: some bed capacity was lost upon the move to GUH. Teams were working on patient flow and temporary bed plans.
- Succession Planning of Specialist Midwives: Plans were underway to support and develop Band 6 midwives to assist specialist midwives when required, noting that the Health Board had employed 24 midwives who started in post in October 2023.

Members and Executives noted the praise from HIW for the excellent person-centred service provided in maternity and thanked JB and the teams for the rapid improvements in response to HIW actions.

Paul Deneen (PD), Independent Member, requested assurance around recruitment and retention. JB informed members of the training, peer mentorship and support provided to midwives on appointment.

The Committee received the reports for **ASSURANCE** and noted the improvements made.

### **Maternity and Neonatal Safety Support**

Jennifer Winslade (JW), Director of Nursing, provided an overview of the report outlining the Health Boards maternity and neonatal actions, areas for consideration, resource challenges and risks in response to the discovery phase report titled 'Improving Together for Wales', released in July 2023.

The Committee requested a verbal update on the progress of maternity and neonatal actions to come back to a future meeting. **Action: Director of Nursing**

The committee **NOTED** the following:

- the ongoing collaborative work regarding maternity and neonatal services and the response to the Maternity Neonatal Support Programme.
- the actions to respond to Welsh Government regarding the events at the countess of Cheshire Hospital.
- the additional actions required to respond to the recommendations.

*Jayne Beasley left the meeting.*

	<p>James Calvert, Medical Director, supported by Jonathan Simms (JS), Clinical Director of Pharmacy, provided an update on the progress of the business case for a new Pharmacy robot and the associated risks and mitigations, in response to a previous committee action.</p> <p>JC informed members that the pharmacy robot in the Royal Gwent Hospital was 10 years beyond its lifespan and has an increasing frequency of failures. The ongoing risk is included on the corporate risk register. The Executive Committee reviewed associated risks in September 2023 and the decision was made in to progress with procurement with the possibility of identifying capital in the next financial year.</p> <p>JS flagged that the pharmacy robot was integral to patient flow and distribution of medicines across South Gwent.</p> <p>Nicola Prygodzicz (NP), Chief Executive, reminded members that the capital programme for the Pharmacy Robot had been signed off by the Board earlier in 2023.</p> <p>Members noted that the Nevil Hall Hospital pharmacy may be impacted by the RAAC issue, but at the time of the meeting the pharmacy was operating as usual.</p> <p>Members noted the high patient and staff risk associated with the current system and were assured that the efforts to replace the Pharmacy robot were continuing and that plans were in place in the event of failure.</p> <p>The Committee received the report for <b>ASSURANCE</b>.</p>
<p><b>PQSOC 1110/2.6</b></p>	<p><b>Committee Self-Assessment</b></p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the Health Boards statutory requirement for an annual self-evaluation of committee effectiveness.</p> <p>Members noted that the self-assessments would be issued in November 2023 and be presented to the Committee in December 2024.</p> <p>The Committee <b>APPROVED</b> the Self-Assessment Template and timescales.</p>
<p><b>PQSOC 1110/2.7</b></p>	<p><b>National Incident Reporting Policy</b></p> <p>Jennifer Winslade (JW), Director of Nursing, supported by Garvin Jones (GJ) Head of Legal Services, and Tracey</p>



	<p>Partridge-Wilson (TPW), Assistant Director of Nursing provided an overview of the policy to the Committee. GJ informed members that the <i>Health Board Patient Safety Incident Reporting &amp; Management Policy</i> had been revised to align with the expectations set out in the <i>NHS Wales National Policy on Patient Safety Incident Reporting &amp; Management</i>, published in May 2023.</p> <p>The following key points was discussed: -</p> <ul style="list-style-type: none"> <li>• Quality and patient safety resources would now fall under the nursing directorate.</li> <li>• Clear engagement with families from the start of incident investigation and management.</li> <li>• A learning framework would be produced to ensure learning from incidents feeds into future quality and patient safety planning and process.</li> <li>• A family liaison officer/point of contacts support families/patients throughout investigations.</li> <li>• Staff support is provided throughout the investigation process.</li> </ul> <p>Helen Sweetland (HS), Independent Member, requested information on the recruitment of investigators for incidents. JW informed members that investigators can be clinicians or divisional managers but there was an aim to professionalise investigations of the most complex and serious incidents.</p> <p>Members requested that the report include the date when the policy would next be reviewed and suggested that the report specifies predicted timescales of investigations and that these are to be shared with families/patients. <b>Action: Assistant Director of Nursing</b></p> <p>The Committee <b>APPROVED</b> the report for presentation to the Board.</p>
<b>PQSOC 1110/3</b>	<b>Items for Information</b>
<b>PQSOC 1110/3.1</b>	<p><b>Highlight Reports</b></p> <p>The Committee received the following Highlight Reports for Information: -</p> <ul style="list-style-type: none"> <li>• Clinical Effectiveness and Standards Committee Report.</li> </ul>
<b>PQSOC 1110/3.2</b>	<p><b>WHSSC QPS Committee Annual Report</b></p> <p>The report outlined the key matters discussed at the August 2023 meeting of the Quality Patient Safety Committee.</p> <p>The Committee received the report for <b>INFORMATION</b>.</p>



<b>PQSOC 1110/3.3</b>	<b>Organ Donation Committee Annual Report</b>  The report included the NHSBT Annual Report regarding Actual and Potential Deceased Organ Donation for Aneurin Bevan University Health Board between 1 April 2022 - 31 March 2023.  The Committee received the report for <b>INFORMATION</b> .
<b>PQSOC 1110/3.4</b>	<b>PSOW Press Release 09/08/2023- Annual Report</b>  The Committee received both the letter from the Ombudsman and the Health Boards response for <b>INFORMATION</b> .
<b>PQSOC 1110/4</b>	<b>Other Matters</b>
<b>PQSOC 1110/4.1</b>	<b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b>  There were no matters arising.