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

MINUTES OF THE PATIENT QUALITY, SAFETY AND OUTCOMES COMMITTEE MEETING

DATE OF MEETING	Tuesday 30th April 2024, 9:30-12:30am
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Louise Wright, Independent Member Paul Deneen, Independent Member Penny Jones , Independent Member
IN ATTENDANCE	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 Partridge-Wilson, Deputy Director of Nursing Laura Thomson, Nurse Staffing Programme Lead Lucy Windsor, Head of Corporate Risk & Assurance Moira Bevan, Head of Service Infection Prevention and Control Nurse Richard Morgan-Evans, Deputy Director of Operations Karen Hatch, Assistant Director of Therapies and Health Science Gemma Couch, Head of Quality & Patient Safety and Learning Kelly Downes, Deputy Director of Nursing Fern Cook, Committee Secretariat
APOLOGIES	Helen Sweetland- Independent Member

PQSOC 3004/1	**Preliminary Matters**
PQSOC 3004/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 3004/1.2	**Apologies for Absence** Apologies for absence were noted.
PQSOC 3004/1.3	**Declarations of Interest**

	There were no declarations of interest raised to record.
PQSOC 3004/1.4	**Minutes of the previous meeting** The minutes of the Patient Quality, Safety and Outcomes Committee held on 23rd February 2024 were agreed as a true and accurate record.
PQSOC 3004/1.5	**Committee Action Log** The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions. Pippa Britton (PB), Committee Chair, queried when a report focussed on the pillars of quality would be coming to the Committee. Jennifer Winslade (JW), Director of Nursing, advised that this would be included within the performance report for the June meeting.
PQSOC 3004/2	**Items for Approval/Ratification**
PQSOC 3004/2.1	**Quality Report** Jennifer Winslade (JW), Director of Nursing, supported by, James Calvert (JC), Medical Director, Peter Carr (PC), Director of Therapies & Health Science, Tracey Partridge Wilson (TPW), Deputy Director of Nursing, Moria Bevan (MB), Head of Service Infection Prevention and Control Nurse, and Richard Morgan-Evans (RME), Deputy Director of Operations provided the Committee with an overview of the patient quality safety outcomes performance report for the period. JW advised the Committee of the following key points:- • A big conversation event on bereavement was held on 20th March 2024, with 170 attendees. During the event 50 expressions of interest to join the bereavement collaborative were received. • Volunteer to career positive story was shared and the Committee noted that there had been a reduction in people volunteering since Covid. The Committee noted that the aspiration was to recruit more volunteers into Mental Health and the Emergency Department. • Improvement in patient experience feedback was noted, with a text option made available to patients. The Committee was advised that a focus of work for this year would include how the Health Board communicates with patients to receive 'after care' information.

	• Since April 2023, 24,895 Duty of Candour incidents had been reported with 42 incidents during this reporting quarter. The Committee requested an update on how support could be provided in recruiting volunteers. Louise Wright (LW), Independent Member and Chair of the People and Culture Committee, requested that this be added to the People and Culture Committee forward work programme. **Action: Committee secretariat** The Committee was made aware they would receive Annual volunteering report at the next Committee meeting in June 2024. **Action: Director of Nursing** James Calvert (JC), Medical Director, advised that there were no new never events incidents reported in the last 3 months and noted that performance was improving following training and new processes being introduced. JC confirmed that the Committee would be provided an overview of the what the dept is ding to reduce the number of never events. **Action: James Calvert, Medical Director** Peter Carr (PC), Director of Therapies and Health Sciences, provided an updated on both mortuary incidents. The Committee noted that the outcome into the investigation into the second case was scheduled to be shared with the family in May 2024 and the family was in receipt of regular updates. The Committee was assured that an action plan had been established to support the learning from the first case which included seminar sessions with the local coroner to provide an overview of Health Board processes. PC confirmed that the action plan would come to a future Committee meeting for oversight. **Action: Peter Carr, Director of Therapies & Health Science** PC provided an update in respect of health and safety compliance and noted that for the period April 2023 to March 2024, 90 health and safety incidents had been reported to HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) with 67.7% of the cases being reported within the legal timeframe. A response from HSE was awaited in respect of a 2019 fatal fall incident. PC noted the challenges in securing compliance remain in respect of Manual Handling training, with 55% compliance reported.

	The Committee noted that the Health Board was exploring alternative approaches to improve performance. Paul Deneen (PD), Independent Member, sought clarification as to whether a policy existed that supported staff members wearing body cameras to assist in reducing the violence against staff. PC confirmed that a report was scheduled to be presented to the People and Culture Committee regarding violence against staff. The Committee was advised that incidents of C difficile cases remained below average but higher than usual. The Committee was assured that an action plan had been developed which had been supplemented by a review of the cleaning strategy with a view to reducing cases over the next 12-months. An outbreak of diarrhoea and vomiting, children's whooping cough, measles and shingles was reported during the period. JW confirmed that compliance with Safeguarding level 3 training was not at target but noted an improvement with training compliance at level 1 & 2. Regular meetings were also held with all Local Authorities to monitor progress and the Health Board was now routinely receiving invites to safeguarding meetings across Gwent. JW advised that a newly appointed Divisional Director for the Mental Health and LD Division would commence in post in May 2024. The focus of activity within the Division included safety, management and culture and ensuring staff engagement in addressing the action plan for improvement. In terms of other areas JW highlighted the following: • HIW inspections had taken place at Ty Lafant and the Talygarn Unit. A response to the recommendations in respect of the Talygarn Unit had been shared with HIW. • 104 week waits for outpatient appointments remained a challenge with wait times impacted by industrial action. • ENT gate keeper was being used to screen outpatient referrals to facilitate a quicker return on advice and to better guide the patient to the correct pathway. The Phase 2 strategy was in place with a call centre providing advice to patients who require an outpatient's appointment, with oversight provided by the nursing team, with 50 health care pathways already live.

	• Key learning from the Covid-19 Nosocomial Investigations programme would be reported to the Committee for oversight at a future meeting**: Action Jennifer Winslade, Director of Nursing** *The Committee **NOTED** the information within the report.*
PQSOC 3004/2.2	**Listening and Learning Framework** Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the listening and learning framework. JW advised that the framework demonstrated how learning would be identified, triangulated, disseminated, and implemented into practice, to facilitate and embed a culture of appreciative enquiry and continuous improvement in health care services. JW noted that the framework would complement and build on Divisional and Directorate assurance arrangements by supporting the Health Board to learn lessons from a range of internal and external sources, with the framework acting as a learning repository for future use. The Committee noted that updates would be received throughout the year. *The Committee **APPROVED** the development of a Listening and Learning Framework.*
PQSOC 3004/2.3	**Development of Committee Annual Programme of Business 2024/25** Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee forward work plan for 2024/25, advising the Executive Leads had informed the development of the work plan. MJ advised the Forward Work Plan had been developed with regard to recommendations from the Committee Self-Assessment 2023/24 to enable the Committee to: - • Fulfil its Terms of Reference; and, • Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference. Paul Deneen (PD), Independent Member, questioned whether there would be a balance with the Primary Care and acute areas within the plan. Jennifer Winslade (JW), Director of Nursing, advised that from September a focus on Primary Care would be included within the performance report. JW asked for the following change to be made to the forward work plan:-

	• Quality Outcomes Framework to be received quarterly and not annually. **Action Committee Secretariat** *The Committee **APPROVED** the Committee forward workplan for 2024/24, and **NOTED** that the plan would be brought to each future Committee meeting for oversight.*
PQSOC 3004/2.4	**Committee Annual Report 2023/24** Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee Annual report for 2023/24 outlining the report captured the work of the Committee during 2023/24. *The Committee **APPROVED** the Committee Annual report for 2023/24.*
PQSOC 3004/3	**Items for Discussion**
PQSOC 3004/3.1	**Committee Risk Report** Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with a summary of the current strategic risks that had been delegated to the Committee for monitoring. LW highlighted that the pharmacy robot risk had been included. LW advised the Committee that the following risks were reported at a risk level of High and Extreme:- • **SRR 005** - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High) • **SRR 008** - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (High) • **SRR 010** - There is a risk that the Health Board would 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. (Extreme) *The Committee **NOTED** the following:-* • *delegated strategic risks;* • *delegated corporate risk;* • *the work being undertaken to reduce the risks to within appetite level; and,* • *the ongoing work to improve risk management across the quality and patient safety domain*.

PQSOC 3004/3.2	**Overview of Audit Recommendations** Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the internal and external recommendations resulting from the planned audit reviews that fall under the remit of the Committee. The Committee noted that there were 26 outstanding actions with 3 overdue actions in relation to this committee. Pippa Britton (PB), Chair, asked how the 3 overdue actions could be closed. Peter Carr (PC), Director of Therapies & Health Science, advised that the work that was being undertaken in respect of the 30,60,90 day health and safety improvement plan would address 2 of the actions and James Calvert (JC), Medical Director advised the remaining action in respect of the Health Board failing to build positive relationships with patients, staff and the public would be completed by the next Committee meeting. *The Committee **NOTED** the position of the **26** audit recommendations.*
PQSOC 3004/3.3	**Learning from Death Report to include an update on the Learning from Death Framework** James Calvert (JC), Medical Director, provided the Committee with an overview of the Learning from Deaths framework, and advised that a number of mortality indicators within the framework had been developed. JC noted that the framework had 3 tiers of mortality indicators and that the aim was to publish a bi-annual report on the Health Board's learning from deaths of patients with the hospitals. JC explained that the framework would allow the Health Board to report on a Ward-to-Board level and would include monitoring of mortality, using trend analysis and triangulation of results. JC noted that the framework would allow the Health Board to ensure services are safe and effective and would facilitate scrutiny of outcomes of care, highlighting to date the Health Board was coding 80% of learning from deaths. The Committee was assured that by utilising RAMI coding would be more accurate and support achievement of the 95% national requirement. The Committee provided postive feedback on the framework which inclued the provision of bi-annual reports

	and suggested that the report be condensed for future versions. *The Committee **NOTED** the Learning from Death Report and framework.* .
PQSOC 3004/3.4	**Update on the Management of Higher Risk Surgical Patients in the Royal Gwent Hospital POCU** James Calvert (JC), Medical Director, provided the Committee with an update on the management of higher risk surgical patients in the Royal Gwent Hospital (RGH). JC reminded the Committee that approval had been given by the Executive Committee to use the Surgical High Care Unit at RGH for patients with a pre-op mortality of between 5% and 10%. Previously RGH had been reserved as a surgical site for patients with a pre-op mortality of <5%. The change in SOP to allow patients with a pre-op mortality of <10% to receive surgical care at RGH had been undertaken as a way of balancing the risk that accrues for patients of being on extended waiting lists. The process of patient selection was clinically led and adverse incidents on the surgical pathway at RGH were reviewed in the surgical M&M meeting and no concerns had been raised to date with respect to altering the risk threshold for surgery at RGH. *The Committee **NOTED** the report for assurance and that the organisation was adhering to the programme of work and assisting in delivering safe and effective care.*
PQSOC 3004/3.5	**3-year Welsh Government Assurance Report on Compliance with the NSLWA 2021-2024** Jennifer Winslade (JW), Director of Nursing, and Laura Thomson (LT), Nurse Staffing Programme Lead, provided the Committee with an overview of the 3-year Assurance in respect of compliance with the Nurse Staffing Levels (Wales) Act which sets out the overarching responsibility of all Health Boards to provide sufficient nurses to allow time to care for patients sensitively wherever they were receiving nursing services. LT advised the Committee of the measures taken to calculate and maintain nurse staffing levels throughout the 3-year reporting period and assured the Committee of the Health Board's compliance with the Act.

	Paul Deneen (PD), Independent Member, questioned how option reviews would be undertaken and was advised that 6 monthly reports would be produced with any risks being brought to the Committee for oversight. *The Committee receive and **NOTED** the information contained within the Nurse Staffing Levels (Wales) Act 2016 Three-Year Assurance Report.*
PQSOC 3004/4	**Items for Information**
PQSOC 3004/4.1	**Clinical Audit Annual Plan and Clinical Audit Annual Activity Report** The Committee **RECEIVED** the report for information.
PQSOC 3004/4.2	**Healthcare Inspectorate Wales Annual Report** The Committee **RECEIVED** the report for information.
PQSOC 3004/4.3	**WHSSC QPSC Chairs report presented to the JCC meeting on 23 April 2024** The Committee **RECEIVED** the report for information.
PQSOC 3004/5	**Other Matters**
PQSOC 3004/5.1	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** People and Culture Committee to consider how further support could be provided to aid the recruitment of volunteers.
PQSOC 3004/5.2	**Any Other Urgent Business** There was no urgent business.
PQSOC 3004/5.3	**Meeting Reflections** The Committee agreed that the meeting had been successful and noted the openness and quality of the reporting to the Committee.
PQSOC 3004/5.4	**Date of the Next Meeting:** Tuesday 4th June 2024