

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

**Minutes of the Patient Quality, Safety and Outcomes Committee held on
Tuesday 6th December 2022 at 9.30 am via Teams**

Present:

Pippa Britton	Independent Member (Chair)
Louise Wright	Independent Member
Paul Deneen	Independent Member
Helen Sweetland	Independent Member

In attendance:

Jennifer Winslade	Director of Nursing
James Calvert	Medical Director
Peter Carr	Director of Therapies and Health Science
Tracey Partridge-Wilson	Assistant Director of Nursing
Rani Dash	Director of Corporate Governance
Bryony Codd	Head of Corporate Governance
Leanne Watkins	Director of Operations
Paul Underwood	General Manager, Urgent Care Division
Steve Bonser	Head of Transformational Change
Jayne Beasley	Interim Head of Midwifery & Gynaecology (item 0612/08)
Deb Jackson	Assistant Director of Nursing, IPAC (item 0612/09)
Lucy Kings	Head of Nursing, Primary Care
Leeanne Lewis	Assistant Director for Quality & Patient Safety
Scott Taylor	Head of Health & Safety
Rhys Fulthorpe	Health & Safety Manager
Trish Chalk	Assistant Director of ABCi & Interim Deputy Director of Planning
Linda Joseph	Deputy Chief Officer, CHC
Krisztina Kozlowszky	Internal Audit Manager, NWSSP
Emma Guscott	Committee Secretariat

Apologies:

None noted.

Preliminary Matters	
PQSOC 0612/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 0612/02	Apologies for Absence There were no apologies for absence to record.
PQSOC 0612/03	Declarations of Interest There were no Declarations of Interest to record.

	Committee Governance
PQSOC 0612/04	<p>Draft Minutes of the Meeting Held on the 16th August 2022</p> <p>The minutes of the Patient Quality, Safety and Outcomes Committee meeting held on the 16th of August 2022 were noted as a true and accurate record.</p>
PQSOC 0612/05	<p>Committee Action Log</p> <p>The Committee discussed the actions and members were assured that all actions had clear timelines. Members thanked the teams involved for the completion of previous actions.</p>
PQSOC 0612/05	<p>Review of Committee Programme of Business</p> <p>Jennifer Winslade (JW), Director of Nursing, informed the Committee that the Health Board was reviewing how it reported patient quality and safety. Rani Dash (RD), Director of Corporate Governance, informed members that the Committee Workplan had been agreed for 2022/23, noting possible changes to its structure once the review had taken place. On completion of the review, JW requested a review of the Committee programme of business. Action: Director of Corporate Governance/Director of Nursing</p> <p>RD informed members of a point raised by Shelley Bosson (SB) Independent Member and Chair of the Organ Donation Group. SB noted the delay in the schedule of the Organ Donation Annual Report on the Committee Workplan. The Organ Donation Annual Report was published in July 2022, but not scheduled until February 2023. Timing to be noted on future workplans. Action: Director of Corporate Governance/Secretariat</p> <p>Peter Carr (PC), Director of Therapies and Health Sciences, requested alignment of Committee Workplans to avoid duplication. RD informed members that when there was an interest across Committees on a particular subject, presentation to the whole Board would be acceptable.</p> <p>James Calvert (JC), Medical Director, requested an update to the diagram of Committees and sub-Committees, noting that the information did not reflect the current status. Action: Director of Corporate Governance/Lead Executives</p>
	Items for Approval/Ratification/Decision
PQSOC 0612/06	<p>Quality & Safety Outcomes Report, December 2022</p> <p>Lead Clinical Executives presented the update to the Committee. Noting that the presentation was a new format, replacing the original report, members were welcomed to share feedback. The following key points were noted:</p> <ul style="list-style-type: none"> Health Inspectorate Wales (HIW) were moving from the current Health Care Standards to the new standards based around the 'Six Domains of Quality'. Future Health Board reporting and the updated Quality Strategy Structure would align to this. The development of the refreshed Quality Strategy Structure was discussed. The finalised Health Board Quality

Strategy, incorporating governance and linking into risk management and patient safety, would be presented to Board members in March 2023.

- Safe Care Collaborative was discussed, a collaboration between Improvement Cymru and the Institute for Health Care Improvement. Several Health Board teams had attended learning workshops and would be working collaboratively to provide nationally coordinated safe and reliable local care.
- Never Events, Complaints and Serious Incidents (SI) were discussed. A key point to note was the historic number of wrong site surgeries. There had been a significant reduction, however, improvement work was underway with theatres and divisions. Thematic reviews would be taking place, to share learning across divisions. Further collaborative work, focusing on a patient centred approach, was taking place within concerns management.
- Fall management and data was discussed. The Health Board Falls Policy had been revised, including additional training and support to educate staff about the changes. A detailed report on falls would be coming back to the Committee in February 2023, noting that this was monitored weekly by the Executive Team.
- Clinical Audit was discussed, noting that the Clinical Audit Strategy was updated and published in October 2022. A detailed update on Clinical Audit would be presented to Board members in February 2023.
- The Six Goals of Urgent and Emergency Care were discussed. The Health Board were progressing against the action plan submitted to Welsh Government in June 2022. The Same Day Emergency Care (SDEC) units had been opened in the Grange University Hospital (GUH) and Ysbyty Ystrad Fawr (YYF).
- Urgent Care Performance was discussed. The Health Board was working alongside Welsh Ambulance Service Trust (WAST) to improve handover wait times over four hours and improve patient experience; and an escalation plan had been implemented. A whole system position was required to improve handover and wait times in emergency departments, noting the several hundred patients medically fit for discharge but awaiting packages of care in the community.
- In relation to planned care recovery, the 52-week forecast had worsened for December 2022. Members were informed that there would be a focus on improving Paediatric wait times through December 2022. A refreshed agenda was being implemented around support and communication for patients waiting for treatment.
- The Health Board continued to work on improving its Cancer backlog. Performance had been on a three-month improvement trajectory. Monthly Cancer Board meetings oversee improvements, including the aim for patients to have first contact on the Cancer pathway within 14 days.

Paul Deneen (PD), Independent Member, requested information on the following:

- Noting other parts of the UK have a Patient Charter, was the Health Board considering incorporating this alongside the refreshed Quality Strategy. Jennifer Winslade (JW), Director of Nursing, informed members that early consultation of the Quality Strategy would look at options to incorporate a Patient Charter, developed alongside patients and staff.
- Proposed information technology support systems to improve quality and patient safety data and the integration of systems with primary care. JW

	<p>informed members that the Aneurin Bevan Continuous Improvement team were in the process of developing an improved patient quality dashboard. James Calvert (JC), Medical Director, discussed current systems used and informed members that there were national plans for integration of systems. In addition, work was being undertaken to improve step up and step downs in secondary care, and improve communication between primary and secondary care, with a particular focus on quality improvement of discharge summaries for GPs.</p> <p>Helen Sweetland (HS), Independent Member, requested assurance on how management teams ensure that junior doctors are learning from quality and safety incidents, noting the required improvements to discharge summaries. JC assured members that work was being undertaken within the refreshed quality strategy to improve communications with junior doctors and all staff, enabling measurable, evidence based shared learning.</p> <p>The Committee thanked the team for the comprehensive update, noting the improved layout of the presentation. Members were encouraged to share feedback on the new format of the presentation with JW outside of the meeting.</p>
<p>PQSOC 0612/07</p>	<p>Contractual Arrangements with Welsh Ambulance Service Trust (WAST) inter-site transfers</p> <p>Leanne Watkins (LW), Director of Operations, supported by Steve Bonser (SB), Head of Transformational Change, provided the Committee with an overview of the Health Board’s contractual arrangements for WAST inter-site transfers.</p> <p>Members were informed that informal concerns had been raised on the effectiveness of the inter-site transfer model and the monitoring of contractual requirements. The following points were highlighted:</p> <ul style="list-style-type: none"> • No WAST related Serious Incidents (SI) had been recorded in the financial year to date. • Governance was in place to monitor and review inter-site transfers. This was overseen by a multidisciplinary team. • Regular monthly meetings take place with Health Board representatives and WAST colleagues. • A recent request from the Health Board to WAST to change their rotas for capacity to meet demand had seen a small 1.5% improvement in performance. <p>James Calvert (JC), Medical Director, reminded members of concerns raised that WAST had been borrowing the Health Board Transfer Practitioner (TP) vehicle and requested an update. SB informed members that the original Service Level Agreement (SLA) had expired, however, it had stated that any Health Board vehicles could be utilised to respond any red 999 call. There had since been an agreement between the Health Board and WAST, if the TP vehicle had been booked for a patient transfer, it could not be used. A revised SLA was in progress, to include the potential ringfencing of the TP vehicle.</p>

	<p>Members thanked SB and LW for the comprehensive update, noting that any previous concerns had been addressed within the report.</p> <p>The Committee RECEIVED the report for ASSURANCE and COMPLIANCE.</p>
<p>PQSOC 0612/08</p>	<p>Maternity Services Improvement Plan and Update</p> <p>Jennifer Winslade (JW), Director of Nursing, supported by Jayne Beasley (JB) Interim Head of Midwifery and Gynaecology, provided an overview of the Health Board’s improvement plan based upon the findings of The Ockenden Review.</p> <p>The Committee was reminded that the report had been presented to Board members and that the Health Board’s independent review of the maternity led units had commenced.</p> <p>The recommendations, service actions and timescales were discussed, as outlined in the report.</p> <p>Paul Deneen (PD), Independent Member, requested assurance that weekend consultant cover was appropriate and whether or not this was benchmarked against other Health Boards across Wales. JB informed members that the Health Board consultant cover was benchmarked across Wales. JW assured members that patients requiring more complex care and planned caesarean sections were scheduled between Monday and Friday. Consultants were on site between the hours of 9am and 5pm on weekends, and available on-call out of hours. To further support patient care, there were Senior Registrar and Senior House Officers (SHOs), alongside experienced senior midwives on site at all times.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the comprehensive work undertaken to evidence the RAG rating against the national reporting tool. • NOTED the progress made within the Division against the RAG rating within the local improvement plan. • RECEIVED the report for ASSURANCE and COMPLIANCE.
<p>PQSOC 0612/09</p>	<p>Nosocomial Covid-19 Review: Investigating and learning from Cases of Hospital Acquired Covid-19</p> <p>Deb Jackson (DJ), Assistant Director of Nursing IPAC, provided an overview to the Committee on the investigative process and learning from hospital acquired Covid-19. Presentation slides to be shared with members outside of the meeting. Action: Assistant Director of Nursing IPAC/secretariat</p> <p>Members were informed that the investigation process was completed in order of Covid-19 waves. Wave 1, covering dates from the 27th of February 2020 to the 26th July 2020, was nearing the end of completion. The Health Board was aligned to the National Nosocomial Covid-19 Programme (NCCP) national roadmap. Members were assured that the Health Board was reviewing relevant governance frameworks associated with complex cases.</p> <p>The Committee thanked Deb Jackson for the presentation.</p>

<p>PQSOC 0612/10</p>	<p>Quality & Engagement (Wales) Act: Preparedness for Implementation</p> <p>Jennifer Winslade (JW), Director of Nursing, informed members that a presentation from Welsh Government (WG) on the Quality & Engagement Act, alongside a full discussion, would be taking place at the Board meeting on 7th December 2022.</p> <p>JW informed members that the Health Board would have an extended timeframe, from the 1st of April 2023, to implement the Duty of Quality, as outlined in the act. The Duty of Candour requires implementation from day one, and the Health Board was working on a plan for implementation for the final quarter of 2022/23.</p>
<p>PQSOC 0612/11</p>	<p>Healthcare Inspectorate Wales (HIW):</p> <p>Grange University Hospital (GUH) ED Review</p> <p>Tracey Partridge-Wilson (TP-W), Assistant Director of Nursing, provided an overview of the findings of the HIW unannounced visit to the emergency department (ED) at GUH that took place in August 2022. The report outlined HIW identified improvements and Health Board actions, including timescales. Noting that the published review had been discussed by Board members, members were assured that out of the 75 actions, only 7 were outstanding.</p> <p>Helen Sweetland (HS), Independent Member, flagged the positive feedback outlined in the review from both staff and patients in ED. Members were reassured that staff felt supported by their line managers and encouraged to raise concerns, and noting the positive comments received from patients regarding care and dignity. James Calvert (JC), Medical Director, informed members of Health Board plans to encourage an environment of psychological safety, where staff feel safe to voice concerns. Conversations were underway between JC and the Director of Workforce and OD for the potential to incorporate 'Freedom to Speak Out Guardians', a model used in NHS organisations across England.</p> <p>The Committee RECEIVED the update.</p> <p>Immediate Assurance- GP Practice</p> <p>TP-W informed members that HIW had inspected Lawn Medical Practice in Rhymney, Tredegar. Safeguarding was flagged as an immediate action, noting that the Health Board had commenced additional Safeguarding training for GPs. The Health Board had received immediate actions and were awaiting a full report on the findings. The full report outlining HIW findings at the Lawn Medical Practice, including finalised actions, to come back to a future Committee meeting. Action: Assistant Director of Nursing</p> <p>The Committee RECEIVED the update.</p> <p>Improvement Plans relating to Mental Health Units at Ysbyty Ystrad Fawr (YYF)</p>

TP-W provided an overview of the HIW review of the Mental Health Units at YF. Immediate actions had been addressed, and the Health Board was awaiting the full report.

The Committee **RECEIVED** the update.

HMP Prison Services, ABUHB Self-Assessment

Lucy Kings (LK), Head of Nursing in Primary Care, provided the Committee with an overview of the Health Board's self-assessment of governance arrangements within HMP Usk and Prescoed. The self-assessment was based upon recommendations taken from HIW' review of the Quality Governance Arrangements within Swansea Bay University Health Board, for the delivery of healthcare services to Her Majesty's Prison Swansea.

Members were informed of results for an inspection undertaken at HMP Usk and Prescoed in 2021, during which 95% of the prisoners reported good or excellent care.

Members were requested to review and accept the action plan by way of assurance regarding current Governance arrangements for Her Majesty's Prison Usk and Prescoed. The Committee **APPROVED** the report.

Update and Tracking of Improvement Actions Arising from previous Inspections and Reviews

TP-W provided the Committee with an overview of the report, noting the progress of the delivery against recommendations and outstanding actions from HIW inspections conducted across the Health Board.

Pippa Britton (PB), Independent Member and Committee Chair, thanked TPW for the clear tracking of actions, providing members with reassurance of tracked actions and clear timelines.

Paul Deneen (PD), Independent Member, requested assurance that the Health Board could be made aware of finalised reports and headlines prior to them being made public. Jennifer Winslade, Director of Nursing, has made a request to the HIW relations manager that the Health Board receive dialog prior to publication, in order to respond appropriately.

The Committee **NOTED** the report.

HIW Annual Report 2021/22

TP-W briefly discussed the report. Members were informed that the HIW relationship manager had attended meetings with Executives and Board members, during which the report was discussed in detail. Members requested that the HIW Annual Report be noted for information at a future meeting, if not for formal discussion. **Action: Director of Nursing/Secretariat**

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

<p>PQSOC 0612/12</p>	<p>Clinical Standards and Effectiveness Group Report</p> <p>James Calvert (JC), Medical Director, supported by Leeanne Lewis (LL) Assistant Director for Quality & Patient Safety provided the Committee with an overview of the National Clinical Audit (NCA) programme audit results as presented to the Clinical Standards and Effectiveness Group (CSEG) in September 2022.</p> <p>Members were informed of Health Board plans for the implementation of the Clinical Audit Strategy. Staff training had commenced for the newly purchased AMAT system. The AMAT system aims to provide assurance that each of the National Clinical Audits had been undertaken, with action plans developed and owned by the Directorate, Quality and Patient Safety teams and the CSEG.</p> <p>JC welcomed feedback from members of areas of interest, to inform deep dives, providing assurance in future reports.</p> <p>Members welcomed the inclusion of CSEG meeting minutes as an appendix for future updates and recommended that discussions take place to align the report with the new format used for the Quality & Safety Outcomes Report. LL to discuss with Jennifer Winslade (JW) the option of future CSEG reports to be presented in the new presentation format.</p> <p>JC flagged Diabetes Care as an area of concern. Members were informed that the service had been disrupted by COVID-19 and staffing issues. The newly appointed Diabetes Clinical Director planned to assess staffing models, ensuring the best care was provided to patients. Peter Carr (PC), Director of Therapies and Health Sciences, reminded members of the previous Executive approved business case for Diabetic Insulin Pumps, in response to audit concerns. Funding was discussed and members were informed that the business case was a priority for the Health Board. Discussions had taken place with finance colleagues around allocation of funds, when available.</p> <p>Paul Deneen (PD), Independent Member, noted the National Paediatric Diabetes Audit (NPDA) results 2020/21 and the shortfall in psychological support for children, and highlighted the work required to address this. PC informed members that there were national challenges around the recruitment of registered Psychologists and that the Health Board was working alongside Health Education in Wales (HEIW) to commission additional posts, including additional Psychology Assistants.</p> <p>The Committee RECEIVED the report for ASSURANCE and COMPLIANCE.</p>
<p>PQSOC 0612/13</p>	<p>Learning from Death Report</p> <p>James Calvert (JC), Medical Director, supported by Leeanne Lewis (LL), Assistant Director of Quality and Patient Safety, provided a high-level overview of the report. Members were informed that the Health Board had created a system of monitoring deaths based on the Professor Palmer report in 2014 and subsequent Welsh Government recommendations.</p>

	<p>Members were reminded of the statutory requirement for all deaths in Wales to have an independent review by the Medical Examiner (ME) by summer 2022. The Health Board had implemented a phased approach, and as of December 2022, all inpatient deaths in the Royal Gwent, Ysbyty Ystrad Fawr and Grange University Hospitals were subject to scrutiny by the ME. The Health Board’s Mortality Review Panel integrated itself with intelligence received from the ME independent reviews, alongside the analysis of data taken from the Risk Adjusted Mortality Index (RAMI) to learn from deaths.</p> <p>Members were informed that the Health Board plans to triangulate learning from deaths, combining relevant findings from clinical audits and ME data, to inform deep dives with clinicians going forward.</p> <p>Paul Deneen (PD), Independent Member asked about adequate available resource. LL informed members that Primary Care had flagged within their Integrated Medium-Term Plan (IMTP) that an increase in reviews would be a challenge with current available resource. LL would be contacting the ME to utilise predicted data to inform required resource.</p> <p>Future reporting was discussed. JC informed members that the ME identified clusters and themes, and this would be utilised to focus reports for future updates to the Committee. Members welcomed this approach.</p> <p>The Committee RECEIVED the report for ASSURANCE and COMPLIANCE.</p>
<p>PQSOC 0612/14</p>	<p>Health & Safety Compliance Report</p> <p>Peter Carr (PC), Director of Therapies and Health Sciences and delegated Executive Lead for Health and Safety (H&S), supported by Scott Taylor (ST), Head of Health and Safety presented an update to the Committee on the Health Board’s current position and governance arrangements. Health and Safety teams were currently reviewing policies and assurance arrangements.</p> <p>Members were informed that a Health & Safety Committee had been established to oversee the management and monitoring of compliance against statutory health and safety requirements. The Health and Safety Committee is accountable, through the Quality and Patient Safety Operational Group, to this Committee.</p> <p>The following key points were discussed; -</p> <ul style="list-style-type: none"> • High level H&S recommendations relating to workplace inspections and quality risk assessments taken from internal audits undertaken in 2019/20 were monitored through the Audit, Risk and Assurance Committee. • The H&S teams intend to use the newly purchased AMAT system to monitor and track compliance against actions. • Statutory and mandatory training continued to be a challenge. Work was being undertaken, alongside workforce colleagues, including the review of current training strategies. • H&S staff incidents were discussed. A downward trajectory had been reported in RIDDOR reported incidents, however violence and aggression towards staff remained a concern, with 988 incidents of aggressive and threatening behaviour towards staff reported since January 2022. The

	<p>Health Board had recently developed guidance on the management of violence and aggression for staff and would be reviewing security management going forward.</p> <p>Members raised concerns over the compliance with manual handling training. There was currently a 50-60% uptake across the whole Health Board. Members were assured that the data was broken down based upon risk and that the H&S teams and delegated Executive leads were working on improving compliance.</p> <p>Paul Deneen (PD), Independent Member, requested further information on violence and aggression against staff, including numbers, comparison against other Health Boards and staff support. A detailed update on comparative data between Health Boards on violence and aggression against staff to come back to a future meeting. Action: Head of Health and Safety/secretariat</p> <p>In addition, a further discussion was requested around violence and aggression, including the impact of negative social media comments to the health and safety of staff members. Action: Head of Health and Safety/secretariat PC assured members that all Health Boards in Wales adhere to a response to violence and aggression, both online and physical, as part of the Welsh Health Circular, working cooperatively with police forces across Wales.</p> <p>The Committee thanked ST for the comprehensive update and thanked ST and the Health and Safety team for all their hard work, particularly during the height of the pandemic and throughout.</p>
	Items for Information
PQSOC 0612/15	<p>Highlight Reports:</p> <ul style="list-style-type: none"> a) Quality and Patient Safety Operational Group b) Children’s Rights and Participation Forum c) WHSSC QPS Committee Report <p>The Committee NOTED the highlight reports for INFORMATION.</p>
PQSOC 0612/16	<p>Internal Audit Reports presented to the Audit, Risk and Assurance Committee on the 6th October 2022:</p> <ul style="list-style-type: none"> a) Children’s Community Nursing Service- Children & Young People’s Continuing Care (Reasonable Assurance) <p>The Committee NOTED the report for INFORMATION.</p>
PQSOC 0612/17	<p>Putting Things Right Annual Report 2021/22</p> <p>The Committee APPROVED the report.</p>
	Other Matters
PQSOC 0612/18	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>None noted.</p>

PQSOC 0612/19	Date of Next Meeting The date of the next meeting was noted as: - Tuesday 7th February 2022 09:30 -12:30 via Microsoft Teams.
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