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	Wednesday 13th December 2023 9:30-12:00
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Louise Wright, Independent Member, Vice Chair Paul Deneen, Independent Member Helen Sweetland, Independent Member
IN ATTENDANCE	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 Moira Bevan- Head of Infection and Prevention Jayne Beasley- Head of Midwifery and Gynaecology Rhian Gard, Deputy Head of Internal Audit Lucy Windsor - Head of Corporate Risk & Assurance Paul Underwood - General Manager - Urgent Care Division Rhys Monk – Directorate Manager for Stroke, CoTE, Neurology & Nephrology David Hanks - Head of Service Planning Fern Cook, Committee Secretariat
APOLOGIES	None to note

PQSOC 1312/1	**Preliminary Matters**
PQSOC 1312/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 1312/1.2	**Apologies for Absence** Apologies for absence were noted.
PQSOC 1312/1.3	**Declarations of Interest** There were no declarations of interest raised to record.
PQSOC 1312/1.4	**Minutes of the previous meeting**

	The minutes of the Patient Quality Safety and Outcomes Committee held on Wednesday 11th of October 2023 were agreed as a true and accurate record.
PQSOC 1312/1.5	**Committee Action Log- October 2023** The Committee received the action log. Members were content with progress made in relation to completed actions and against any outstanding actions.
PQSOC 1312/2	**Items for Approval/Ratification**
PQSOC 1312/2.1	**Annual Report: Putting Things Right Annual Report 2023** Jennifer Winslade (JW),Director of Nursing, provided the Committee with an overview of the Putting Things RightAnnual Report highlighing to the Committee that there was a need to maintain a focus on the performance of complaints. The following key points were highlighted: - • 80% of complaints submitted were resolved. • 75% of complaints were closed within 30 days of submission. • Investigating Officer Training was routinely provided across the Health Board. • PSOW provided training for the Health Board to ensure that effective partnership arrangements were in place. • Future Divisional work would be completed on the responsibility of Divisions owning Datix. • Sickness issues had impacted upon capacity. • Priorities for next year would include a focus on the learning from human and system errors. JW agreed to bring a report on human factors issues identified through PTR to the next Committee Meeting. **Action: Jennifer Winslade, Dirctor of Nursing** ***The Committee approved the report and noted the key priorities for next year.***
PQSOC 1312/3	**Items for Discussion**
PQSOC 1312/3.1	**Never Events Review: Theatres** James Calvert (JC), Medical Director, provided the Committee with an overview of the Never Events review recently completed in Theatres.

	JC informed the Committee that the review had been completed with the support of ABCi, and that the focus of the review was: • wrong site injections, and • retained swabs. Members noted that there were occasional operational pressures within Theatres that had impacted upon the ability to consistently deliver a safe process. JC informed Members that an action from a recent Serious Incident meeting was for the Orthopaedic and Radiology Governance Leads to work with the Anaesthetist team to standardise processes where possible across all Theatres. Pippa Britton (PB), Chair, questioned whether there was a procurement need for a system within Theatres. JC advised that the preference was for a system, as the data would be stored in one place. It was highlighted to Members that a process had been established called "Quiet for the Count" to allow the swab count to be completed uninterrupted. Paul Deneen (PD), Independent Member, questioned if there were specific human factors that needed to be addressed. JC confirmed that training was a key consideration. ***The Committee received the updated of the review and was assured by the information provided.***
PQSOC 1312/3.2	**Committee Annual Programme of Business 2023/24** Rani Dash (RD), Director of Corporate Governance, provided the Committee with the workplan for the current year and noted that the workplan for 2024/24 would be developed shortly. Paul Deneen (PD), Independent Member, expressed that the work plan was well structured, helped with the planning of the committee, and supported when there was an audit of the Committee's work. PD requested that next year's plans included a focus on dentistry services. RD advised the commissioning for quality framework was in development and this would pull through the work of the external service providers, however, would ensure dentistry was also reference. ***The Committee received the information provided and noted the items for the next Committee meeting.***

PQSOC 1312/3.3	**Committee Risk Report** Rani Dash (RD), Director of Corporate Governance, provide the Committee with a summary of the Risk Register highlighting that the pharmacy robot had been included previously. ***The Committee were assured by the information provided.*** *Lucy Windsor left the meeting*
PQSOC 1312/3.4	**Clinical Audit Activity Report** Leeanne Lewis, Assistant Director of Quality & Patient Safety, provided the Committee with an overview of the Clinical Audit Activity report. The following key points were highlighted: - • A large number of improvements had been made and the standardised reporting for this Committee had been reviewed and streamlined in light of this. • At the CSEG meeting the focus was to look at the action plan to discuss what measures would need to be put in place. • The standardised tool had been set up which would allow a better position on quality to be reported upon. • The Clinical Audit plan had been created, and it was highlighted that not all audit reports were reported to CSEG, and this would be reviewed moving forwards. • The AMAT systems also included ward assurance, ward accreditation and local audits. Pippa Britton (PB), Chair, sought confirmation if all audit information was on the new AMAT system and was advised that the approach involved working alongside National Clinical Audit and the use of the standard audit tool. To support this work, it was noted that the process had changed, and Clinical Leads were engaged to agree the action that needed to be captured within the AMAT. It was highlighted to Members that training for the system had been completed, but there was still work to be undertaken in terms of its full potential to be realised. Helen Sweetland (HS), Independent Member, queried the funding for the system that was due to end in early 2024 and was advised that confirmation of funding was still awaited.

	Paul Deneen (PD), Independent Member, questioned whether there were any areas of concerns in terms of the funding for the system. LL advised that there were plans in place to secure funding. The Committee requested that the Finance & Performance Committee be asked to seek assurance that there were robust processes in place for the management of contracts that were scheduled to end to ensure that the quality aspect of such work would not be lost. **Action: Rani Dash, Director of Corporate Governance** ***The Committee was assured with the update provided and sought action in respect of assurance on the management of contracts scheduled to end.*** *Paul Underwood left the meeting*
PQSOC 1312/3.5	**Stoke Improvement Plan, including the response to HIW National Review of Patient Flow (Stroke Pathway)** *Rhys Monk and David Hanks Joined the meeting.* Peter Carr (PC), Director of Therapies & Health Science, supported by Rhys Monk (RM), Directorate Manager for Stroke, CoTE, Neurology & Nephrology and David Hanks (DH), Head of Service Planning, provided the Committee with an update on the Improvement Plan for Stroke Pathways. PC advised the Committee that the Stroke pathway had been struggling since the move to the Grange University Hospital, and to improve patient care an improvement plan had been established and key to the development of this, was the engagement with GIRFT. PC provided an update on the progress made in addressing the HIW report and the 53 recommendations within, of which 9 recommendations related to Stroke. He advised that the Executive Committee had also received an update on the Stroke Improvement Plan. RM provided the Committee with an update on the progress made in addressing the action plan and the following key points were highlighted: - • 20 recommendations were from GIRFT. • 6 recommendations had been completed. • 6 recommendations were currently in progress. • 3 recommendations were ongoing with some challenges. • 5 recommendations had not started and would require strategic support from the Health Board.

	Pippa Britton (PB), Chair, questioned if there was a pathway through ED that allowed patients to attend the ward straight away. PC advised this had been explored, but some Stroke patients would require Resus support through ED. PC assured the Committee that when Stroke patient were ED patients, they would still have access to stroke support. Louise Wright (LW), Independent Member, asked what the barriers were for targets not being met. PC advised that various models had been trialled and that once funding was available, the preferred approach would be to strengthen the Rehab pathway and for the service to operate 7 days a week. ***The Committee received the report and was assured by the information provided.*** *Rhys Monk and David Hanks Left the meeting*
PQSOC 1312/3.6	**Patient Quality and Safety Outcomes Performance Report, December 2023** Jennifer Winslade (JW),Director of Nursing, supported by Leeanne Lewis (LW) Assistant Director of Quality & Patient Safety, Moira Bevan (MB), Head of Infection and Prevention, Peter Carr, (PC), Director of Therapies & Health Science, provided an overview of the patient quality safety outcomes performance report for December. The following key points were highlighted: - • **Positive medicine stories** had been shared throughout the year and a learning framework had been created. The communication team were supporting the development of this information on SharePoint for staff to access. It was agreed that the video of the positive medicine story would be shared with the Committee. **Action: Fern Cook, Committee Secretariat** • **Equality, Diversity, Inclusion,** Independent Living Skills (ILS) internships were at Nevill Hall Hospital and a story was shared as to how the workplace had made adjustments to enable a member of staff to stay in their profession. • **Infection Prevention and Control,** cases had placed pressure on the organisation, due to the increase in CDifficle (CDiff). MB provided the Committee with the approaches deployed to resolve this matter and the following was noted:- o A decline in the number of cases was noted from November.

- CDiff cases in November had been reviewed and as a result a collaborative and faculty meeting to support with the prevention of CDiff had taken place.
- Welsh Government had created a strategy to address this.
- Hospital cleaning on isolated areas had been revised.

Paul Deneen (PD), Independent Member, asked whether leaflets were available to the public on CDiff and if these needed to be updated. MB advised that the leaflets had been updated and were available to patients and families.

The following was also noted:

- **National Reportable Incidents,** 8 incidents had been recorded.
- **Duty of Candour Triggers**, 102 incidents of triggering duty had been reported. Of these, 83 had conducted in person. It was noted that there was a needed to continue to keep the Duty of Candour tiggers at this level.
- **Mortality,** Since the Grange University Hospital had opened it was recorded that the mortality rate had reduced despite the higher number of unwell patients. The Committee was advised that there was learning from death framework to better understand this.
- **Falls,** It was noted that the Health Board was consistent with the approach to the management of falls. It was reported that 20 patients had fallen in October and of these 2 patients had 2 falls and 9 had 3 or more falls. It was also noted that the Mental & LD Health Division recorded higher than average numbers of falls. PC assured the Committee that work was ongoing to address this.
- **End of Life,**
  - The Committee was advised that Jenny Winslade had been appointed as Chair of the End-of-Life Care Board.
  - The Committee noted that the End-of-Life Board was looking as to how a quality statement could be implemented and noted that positive representation from the palliative care champions was in place. Although, more needed to be done to better engage Clinical Leads in supporting this at ward level.
  - Bereavement standards were recorded as red, and the Committee was assured that work was being undertaken to secure improvements and

	that feedback from staff and relatives had been reviewed in respect of bereavement support and this was informing the approach. ○ The Committee was advised that the Learning from Death Framework would be brought to the next Committee meeting. **Action: Jennifer Winslade, Director of Nursing & Leeanne Lewis, Assistant Director of Quality & Patient Safety** ***The Committee received the report for assurance and was content with the information provided.*** *Moria Bevan left the meeting*
PQSOC 1312/3.7	**Birth Outcomes and Maternity Care Assurance Report, as requested by the Litigation Group** Jayne Beasley (JB), Head of Midwifery and Gynaecology, provided the Committee with assurance on the ongoing work in this area. The Committee noted the following key points: - • There was a higher number of babies born at the end of 34 weeks when compared to the national average. • The Health Board was improving the outcomes for premature babies and examples of how this was addressed was provided. • A dashboard was to be created to allow the Maternity Unit to have real time evaluation of care. • HEI cases- The Committee noted an increase of cases in 2022 and JB provided the committee with assurance that each case was reviewed, and it was noted from the review there was no Hypoxic Ischaemic Encephalopathy 3 (HIE3) cases. It was noted that the findings from this confirmed that the babies affected either had an infection with some babies having heart abnormalities. The Committee was informed that the Maternity Unit had undertaken the following actions to improve: ○ Introduced a Lead Midwife for foetal surveillance. ○ Embedded weekly Continuous Cardiotocography (CTG) training in collaboration with the Welsh risk pool and other Health Boards. ○ Moving forwards a new training package based on how to provide foetal surveillance training which would be considered on a monthly basis to allow all staff members to be trained. ○ PROMPT Wales Training compliance had increased to 81%. This was enabled through a

	lead Consultant Obstetric and Anaesthetic Lead being engaged. ***The Committee received the report and was assured with the information of the work being completed within the Maternity Unit.*** *Jayne Beasley left the meeting*
PQSOC 1312/3.7	**Committee Annual Self-Assessment Results** Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the Committee Annual Self-Assessment Results and noted that the actions would be taken forward within an overarching action plan being submitted to the Board. ***The Committee were content with the information provided.***
PQSOC 1312/4	**Items for Information**
PQSOC 1312/4.1	**WHSSC QPS Committee Annual Report** The Committee received the report for Information.
PQSOC 1312/4.2	**Overview of Internal and External Audit Recommendation Tracking** The Committee received the report for information.
PQSOC 1312/5	**Other Matters**
PQSOC 1312/5.1	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** The Committee requested that the Finance & Performance Committee be asked to seek assurance that there were robust processes in place for the management of contracts that were scheduled to end to ensure that the quality aspect of such work would not be lost.
PQSOC 1312/5.2	**Any Other Urgent Business** There was no urgent business.
PQSOC 1312/5.3	**Date of the Next Meeting:** Wednesday 7th February 2024