



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of Patient Quality, Safety & Outcomes Committee held on Tuesday 8th February 2022 at 9.30am via Teams

Present:

Pippa Britton	- Vice Chair (Chair)
Shelly Bosson	- Independent Member
Louise Wright	- Independent Member
Paul Deneen	- Independent Member
Helen Sweetland	- Independent Member

In attendance:

Glyn Jones	- Interim Chief Executive
Rani Mallison	- Board Secretary
Tracey Partridge-Wilson	- Assistant Director of Nursing
Peter Carr	- Director of Therapies & health Science
Alexandra Scott	- Assistant Director of Quality and Patient Safety
Gareth Hughes	- Divisional Director of Facilities
Emma Guscott	- Committee Secretariat

Observers:

Nathan Couch	- Audit Wales
Laura Howells	- Principle Auditor, NWSSP
Alan Davies	- Aneurin Bevan Community Health Council

Apologies:

Rhiannon Jones	- Director of Nursing
James Calvert	- Medical Director

1	Preliminary Matters
PQSO 0802/01	<p>Welcome and Introductions</p> <p>The Chair welcomed those present to the meeting and thanked individuals for their attendance.</p>
PQSO 0802/02	<p>Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
PQSO 0802/03	<p>Declarations of Interest</p> <p>There were no Declarations of Interest raised in relation to items on the agenda.</p>
PQSO 0802/04	<p>Draft Minutes of the Committee held on 21st December 2021</p> <p>The minutes of the meeting held on the 21st December 2021 were agreed as a true and accurate record.</p> <p>Shelley Bosson, Independent Member, queried what was meant by 'moral injury' on page 6 of the minutes. Peter Carr, Director of Therapies and Health Science, informed the Committee that this referred to something falling below basic moral standards. The Health Board encouraged all clinicians and staff to work within their boundaries and share their experiences.</p> <p>Shelley Bosson discussed the following on page 6 of the minutes; <i>A rapid review of nurse staffing had taken place. As a result, £800k additional investment had been approved by the Executive Team for additional nursing and health care support workers. Active recruitment was underway, noting that if recruitment was unsuccessful other options would need to be considered to mitigate risk.</i> Shelley Bosson queried how long the Health Board would follow the plan before considering other options. Tracey Partridge-Wilson, Assistant Director of Nursing, informed the Committee that the recruitment process had been successful. Action: The Chair requested an update on the number of staff that had been appointed to come back to the next Committee meeting, for assurance. Tracey Partridge-Wilson</p>
PQSO 0802/05	<p>Action Sheet of the Committee held on the 21st December 2021</p> <p>The Committee reviewed those actions outstanding as recorded in the action log and noted the following:</p>

	<p>1910/13 Annual Assurance Report on Health & Care Standards: Nutrition and Hydration <i>Update the Equality Impact Assessment and recirculate the paper.</i> Peter Carr, Director of Therapies and Health Science, informed the Committee that this would be shared outside of the meeting.</p> <p>2112/04 Annual Assurance Report on Health & Care Standards: Nutrition and Hydration <i>Peter Carr informed members that the Health Board is not meeting NICE best practice model regarding a dedicated nutritional support team to include specialist nurses. A business case for a dedicated nutritional support team is being developed and would be presented to the Executive Team for consideration, with an update to the Committee.</i> Peter Carr informed the Committee that exploratory work was taking place within the Health Board and any recommendations would go to the Executive Team, with a Nutrition and Hydration Compliance report coming back to the Committee.</p> <p>Louise Wright, Independent Member, requested information on how the Health Board monitored patients requiring assistance to eat. Tracey Partridge-Wilson informed the Committee that the Health Board was utilising 'red trays' to identify patients at risk and this was being audited. Peter Carr informed members that the Health Board were working towards raising standards for both specialised and general nutrition, and recognised more work was required to improve nutrition on the wards. The Chair requested that staff food also be considered, aligning to the 'Healthy Weight, Healthy Wales' strategy. Gareth Hughes, Divisional Director of Facilities, informed members that the Health Board were compliant with All Wales standards for patient and staff nutrition and that any further updates would come back to the Committee.</p>
2	<p>Items for Presentation and Discussion</p>
<p>PQSO 0802/06</p>	<p>Update on Compliance with Cleaning Standards</p> <p>Gareth Hughes, Divisional Director of Facilities, provided an update on progress with compliance with cleaning standards. The following was outlined:</p> <ul style="list-style-type: none"> • Through the Innovation Capital programme, the Health Board had purchased and successfully piloted three robots for cleaning, out of hours. • Additional Hydrogen Peroxide Vapour (HPV) machines had been purchased. • The facilities teams implemented staff training through the Health Board's Centre of Excellence.

- ABUHB is the only Health Board in Wales with an Internal Audit team for facilities; this team had recently increased to 11 staff.
- In relation to recruitment, the Health Board had recruited 33 out of the 52 intended positions. Staff feedback indicated retainment had been positively influenced by increased training and support.
- NTG Audit Scores were discussed, with cleaning standards data above 95%.
- Risks are managed against the All-Wales Cleaning Standards. One identified risk was the frequency of cleans. This was due to low staffing levels as a result of sickness and gaps in recruitment. The Committee were assured that this risk was being mitigated through recruitment and the utilisation of the Simbiotic data, enabling robust audit and assessment of compliance.

Louise Wright, Independent Member, queried what could be done to uplift the grading for staff, to address the recruitment issue of staff leaving cleaning roles for higher paid employers outside of the Health Board. Gareth Hughes informed the Committee that the Health Board could not change current NHS based job descriptions. The Facilities teams were implementing a number of things to improve staff experience, outlined as follows:

- 'You said, we did' initiative, managers were completing regular walk-arounds, listening to staff and acting on feedback.
- Employing a Recruitment and Retention Manager, as part of improving staff experience and investing in staff well-being.
- Based on staff feedback, the Facilities Team were also recruiting a Communications Officer to ensure Health Board messaging gets to those staff who do not have regular access to the intranet as part of their daily role.
- Creating a pathway for staff to progress, supporting staff to develop if they wish to do so, through PADR discussions and support.

Shelley Bosson, who is an observer at the Facilities PMO, informed the Committee of the impressive work being undertaken by the Facilities Division and was encouraged by the enthusiasm of the staff.

Action: Full report to come back at the next Committee meeting.
Gareth Hughes

The Committee thanked Gareth Hughes for the comprehensive update.

**PQSO
0802/07**

Assurance Report: Infection Prevention and Control Management during the COVID Pandemic (including the Local Options Framework)

Tracey Partridge-Wilson, Assistant Director of Nursing, provided the Committee with an overview of the report and an update on the impact and management of the COVID pandemic. The Committee were informed that an update on vaccinations would be discussed in the outcomes report further along in the agenda.

The report outlined data in terms of hospital rates, ITU activity, outbreaks, the care home position, and mortality together with an overview of the changes to national IPAC guidance from December 2021 to January 2022 and implementation of the Local Options Framework. The Committee were informed that the Alert Level for Wales remains at zero. As of February 8th, 2022, the number of ABUHB hospital COVID outbreaks was 15, which was having a significant impact on system flow, particularly in the Royal Gwent Hospital. The changes in IPAC guidance were discussed, with December 2021 changes outlining that ABUHB continue with the pathways in place, protecting the 'Green' pathways for elective patients.

Tracey Partridge-Wilson gave an overview of the Local Options Framework as outlined in the paper. It was discussed that the framework enabled Health Boards in Wales to present flexibility based on demand and capacity.

Paul Deneen queried how the Local Options Framework was reviewed by the Health Board. Rani Mallison, Board Secretary, informed the Committee that decisions were agreed and regularly reviewed through the Executive Team Meetings. Any plans to reintroduce 'business as usual' would come forward to the Executives for approval.

Paul Deneen questioned how the Health Board managed communications to staff and the community. Tracey Partridge-Wilson stated that messages were communicated through the Community Health Council (CHC), Social Media platforms, the ABUHB Internet page and regular staff emails via the Communications team. Glyn Jones, Interim Chief Executive, stated that staff who are directly impacted by any decisions are part of the decision-making process.

Shelley Bosson queried how the Health Board managed the pressures relating to community transmission of COVID. Alexandra Scott discussed that the report presented to the Committee in December outlined the impact of COVID on Primary Care services. Two metre distancing remains in GP surgeries, additional clinical resources have been made available, including Allied Care and Clinical Nurse

	<p>Specialists, to alleviate pressures. It was noted that COVID continues to impact Primary Care Services. The Chair discussed the importance of continuing the communication of best practice in Primary Care settings, particularly infection control in Care Homes. The Committee requested that any future COVID updates include Primary Care Services.</p> <p>The Committee thanked Tracey Partridge-Wilson for the update and received the report for assurance.</p>
<p>PQSO 0802/08</p>	<p>Patient Quality and Safety Outcomes Report</p> <p>Peter Carr, Director of Therapies and Health Science, provided an overview of the report. It was noted that the report included the previous Committee recommendations of mapping it against the Health Board’s Annual Plan. The presentation focused on two areas that were of ‘red’ rag rating: Stroke Services and Urgent Care.</p> <p>The Committee was informed that in Urgent Care, there were significant pressures in the Emergency Departments (ED). It was discussed that the Omicron wave was impacting on both workforce and presentation of patients, causing disruption, and affecting the ability to achieve normal flow and capacity. System flow blockages contributed to the inability to discharge, with Care in the Community and Care Homes being a limiting factor. Attendance at the hospital front door was higher than pre-pandemic, contributing the increased length of stay (LOS) in the ED.</p> <p>Ambulance handover times were discussed. The Health Board’s target for transit times was 95% of patients to be admitted, transferred, or discharged within 4 hours based on individual care requirements. Although ABUHB performance was in line with All Wales performance, it was not achieving this target at present. Delayed handovers were being closely monitored and teams were working alongside Welsh Ambulance Service NHS Trust (WAST) to improve services and share any learning and outcomes from incidents. Emergency department teams and WAST work together to ensure that the fundamentals of care are provided for patients awaiting treatment.</p> <p>Shelley Bosson questioned what would be considered as an incident. Peter Carr informed the Committee that a WAST incident is where delayed handovers have been a contributing factor in patient care. The Health Board then investigates and shares outcomes and learning with WAST.</p> <p>Paul Deneen requested assurance around current challenges with 111 services. Glyn Jones, Interim Chief Executive, informed the Committee</p>

that the Health Board were involved with the national 111 programme. There were capacity and handover issues in December 2021 due to unprecedented demand, resulting in high call abandonment rates. More recently, the 111 service has added additional telephone capacity and recruited staff, with early data showing a positive impact with lower abandonment rates. There is an intention to roll out the '111 service' across Wales by the end of March 2022.

The Chair requested data on the number of patients being taken to hospital in an Ambulance, where the Ambulance transport was not required. The Committee were informed that pre-hospital streaming and intelligent diversions take place, alongside WAST, to determine the best care for patients. **Action:** Relevant data to be shared in future Urgent Care reports. **Peter Carr**

The Committee encouraged conversations with Welsh Government (WG) relating to clear signage for the new hospital sites, as data indicates that patients are attending incorrect sites for treatment.

The Committee was informed of the current challenges within the Stroke pathway and how these linked to system pressures on the Urgent Care pathway. Quality metrics were discussed; patients arriving in the Emergency Department and moving through to the Hyper Acute Stroke Unit (HASO) at GUH within the recommended 4 hours was at 8.2% during November 2021. The lack of capacity within the HASO was largely attributed to system pressures and the need for HASO beds to be used to accommodate non-stroke patients. The following plans to mitigate risk were discussed:

- A Standard Operating Procedure (SOP) for a protected Stroke pathway was being assessed by the Executive Team.
- Stroke treatment training has been provided for clinical staff within the triage and Emergency Departments.
- The Executive Team have invested in Speech and Language therapy services in GUH, and recruitment is underway.
- ABUHB, alongside the Stroke Association and the Community Health Council, have updated communications to educate and support the population to recognise early signs of Stroke.

The Stroke Directorate were working alongside 'Getting It Right First Time', who were completing an external review. Recommendations from this engagement will support the Health Board in improving future Stroke services. This review was being overseen by the Stroke Recovery Group, chaired by Peter Carr.

Louise Wright, Independent Member, discussed the large amount of Datix concerns raised around the use of the HASU therapy room in GUH. The Committee requested assurance on what the Health Board

was doing to address this, and information on any clinical areas that were protected and not used to alleviate system pressures. Peter Carr informed the Committee that due to extreme system pressures the Health Board had to make daily decisions to mitigate risk, ensuring patient safety and sufficient clinical staffing. It was noted that the Therapy room on the HASU was an important clinical area to enable therapies services to provide care to patients. The Committee was assured that any breach of the Therapies room was being monitored daily, by the Executive Team, through the HASU utilisation update and ABUHB Situation Report (SITREP). Several spaces within GUH and across eLGHs were being repurposed as additional capacity to address system pressures, ensuring that correct medical and clinical staffing cover was available for each area.

Paul Deneen, Independent Member, requested assurance of sufficient 24 hour cover on the HASU and that there was no variation of service in and out of hours. The Committee was informed that there is a Stroke consultant on-call 24 hours a day. Further investigation into variation of service between in hours and out of hours would be looked into, alongside the 'Getting it Right First Time' external audit.

Action: The Chair requested an update of the external audit to come back to the Committee. **Peter Carr**

The Chair discussed early hearing tests for older adult pathways such as Dementia and Stroke and questioned if this could be incorporated into the Health Board's Stroke pathway. **Action:** A further look at the pathway capacity to support this. **Peter Carr**

The Committee discussed the excellent work undertaken and thanked the teams. Shelley Bosson, Independent Member, noted the 'End of Life Companion' initiative and requested further information of the availability across all hospital sites. **Action:** Numbers to be circulated to members outside of the meeting. **Tracey Partridge-Wilson**

The Chair congratulated Peter Carr and the teams on the huge improvement in the number of falls, as outlined in the report.

The Chair discussed complaints from patients and families around communication. The Committee requested information on the temporary patient liaison service, noting its success in facilitating communication and supporting patients and families. The Committee was advised that the Health Board were looking at a longer-term solution for a patient liaison service, and currently recruiting extra staff.

	<p>The Committee received the report provided. The Chair extended her thanks to Peter Carr and respective teams, recognising the work undertaken.</p>
<p>PQSO 0802/09</p>	<p>Patient Safety, Quality and Outcomes Committee Risk Report</p> <p>Rani Mallison, Board Secretary, presented the previously circulated risk report to the Committee. The Committee were advised that the report included risks that had recently been reported to the Board as part of the Corporate Risk Register. The report was used to inform the Committee agenda, therefore all outlined associated risks would have been discussed during the meeting.</p> <p>Shelley Bosson requested that the threat cause of the risk <i>Inadequate surge capacity to meet surge demand, pg.66</i> be reviewed to ensure the threat cause of <i>Increase in pandemic levels</i> was still relevant.</p> <p>Action: Board Secretary to look into request. Rani Mallison</p> <p>The Committee discussed that inpatient falls were listed as a high risk and questioned if the risk score was accurate due to the number of inpatient falls dropping significantly. The Committee were informed that the aim for the Health Board was to get below All-Wales comparisons and were looking to reduce the risk score from 15 to an inherent risk score of 10.</p> <p>Action: The Chair requested further discussing around managing pandemic risks at the next Committee meeting. Rani Mallison/secretariat</p>
<p>3</p>	<p>Other Matters</p>
<p>PQSO 0802/10</p>	<p>To Confirm any Key Risks and Issues for Reporting/Escalation to Board and/or other Committees</p> <p>None Noted.</p>
<p>4</p>	<p>Date of Next Meeting is Tuesday 5th April 2021 at 09:30 via Microsoft Teams</p>