



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN**

**MINUTES OF ANEURIN BEVAN UNIVERSITY
HEALTH BOARD PATIENT, QUALITY, SAFETY &
OUTCOMES COMMITTEE MEETING**

DATE OF MEETING	Tuesday 25 th April 2023
VENUE	MS 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
	Rani Dash, Director of Corporate Governance
	Peter Carr, Director of Therapies & Health Science
	James Calvert, Medical Director
	Nicola Prygodzicz, Chief Executive
	Bryony Codd, Head of Corporate Governance
	Tracey Partridge-Wilson, Assistant Director of Nursing
	Leanne Lewis, Assistant Director of Quality & Patient Safety
	Jonathan Simms, Clinical Director of Pharmacy
	Jeanette Wells, Research and Development Director
	Sue Bale, Research and Development Director
	Tanya Strange, Head of Nursing for Person Centred Care
	Nathan Couch, Performance Audit Lead (Health), Audit Wales
	Linda Joseph- Deputy Regional Director- Llais
	Stephen Chaney- Deputy Head of Internal Audit
	Rebecca Atkinson, Meeting Secretariat

PQSOC/2504/1.	PRELIMINARY MATTERS
PQSOC/2504/1.1	<p>Welcome and Introductions</p> <p>Pippa Britton (PB), Committee Chair welcomed and noted the guest attending for specific agenda items.</p>
PQSOC/2504/1.2	<p>Apologies for Absence</p> <p>There were no apologies.</p>
PQSOC/2504/1.3	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>
PQSOC/2504/1.4	<p>Draft Minutes of the last Meeting held on 7th February 2023</p> <p>The draft minutes of the meeting held on 7th February 2023 were APPROVED and ACCEPTED as an accurate record.</p>
PQSOC/2504/1.5	<p>Committee Action Log</p> <p>The PQSOC noted the updated action log.</p> <p>PQSOC – 0702/3.1 Jennifer Winslade (JW), Director of Nursing reported that this action had been completed and data for the Health Board’s Compliance of Nursing Staffing Wales Act 2016 is contained in the PQSOC Report.</p> <p>The Patient, Quality & Safety Outcomes Committee NOTED the updates.</p>
PQSOC/2504/2.	ITEMS FOR APPROVAL/RATIFICATION/DECISION
PQSOC/2504/2.1	<p>Committee Annual Report 2022/23</p> <p>Rani Dash (RD), Director of Corporate Governance provided an overview of the PQSOC Annual Report for 2022/23.</p> <p>The Annual Report seeks to provide a comprehensive evaluation on the business undertaken by the Committee over the course of the 2022-23 financial year including any issues, and gaps in assurance that have required escalation to the Board. RD asked the Committee to consider and endorse the report prior to submission to the Board on 24th May 2023.</p> <p>The Committee thanked the Corporate Governance Team for its work and ACCEPTED the report.</p>

<p>PQSOC/2504/3. PQSOC/2504/3.1</p>	<p>ITEMS FOR DISCUSSION</p> <p>Patient Quality and Safety Outcomes Measures Report, March 2023</p> <p>Jennifer Winslade (JW), Director of Nursing introduced the presentation and thanked her team for all the work in putting it together.</p> <p>JW presented data on the Workforce Nursing Staffing Levels (Wales) Act 2016 and advised the Committee that the data provided was that required to be reported under the Act. JW advised the Committee that between November 2022 to January 2023 11 complaints about nursing care had been received.</p> <p>Pippa Britton (PB) Independent Member, requested an improvement plan progress report and it was agreed that a progress report would be reported to the next Committee meeting.</p> <p>Action: Director of Nursing</p> <p>JW outlined an update on the Pillars of Quality. The Strategy document had been approved at the last Board Meeting and the data was currently being reviewed.</p> <p>PB asked how feedback from the Independent Member's walkaround sessions was captured. Committee Members agreed that these walkaround sessions were of great value but they needed a purpose and clear briefing of Independent Members needs to take place prior to visits. Leeanne Lewis (LL) Assistant Director for Quality and Patient Safety advised the Committee that they were currently planning walkaround visits and a member of admin support would accompany members on the visits to document and follow-up actions.</p> <p>Tracey Partridge-Wilson (TPW), Assistant Director of Nursing outlined an update on National Reportable Incidents (NRI's). A meeting was being planned with the Delivery Unit to streamline the process and provide clear guidance for staff on the categorisation of an NRI. This meeting would bring ABUHB into line with other Health Boards.</p> <p>James Calvert (JC), Medical Director reassured the Committee that conversations were being held to prevent Never Events. PB asked if the missing months in the graph showed that staff learnt from training after a never event had occurred. JC confirmed that the graph shows common never events.</p>
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Paul Deneen (PD) Independent Member questioned whether security was an issue in Mental Health and whether the patient in question was appropriately placed. TPW reassured the Committee that the General Manager of Mental Health was reviewing and producing a report to bring to the next committee meeting regarding this issue and that the patient concerned was appropriately placed. Peter Carr (PC), Director of Therapies and Health Sciences further reassured the Committee that a full review of security was now taking place to include external partners, as part of a wider Health and Safety plan. An action plan had been developed and was currently being worked through.

JW reported on Complaints and SI's, highlighting that work was underway to improve the current process and ensure that response times were improved. All data and process issues were being improved which was a huge task. TPW further reported that work was being undertaken collaboratively with other Health Boards as to their processes and a plan was underway to bring all the PTR teams within our Health Board under one directorate.

PD asked if there was any correlation between complaints received from solicitors following media campaigns. JW reported that nothing had been highlighted and complaints were mainly from patient experience. PD asked if any trends that were identified were brought to the attention of the Committee and it was confirmed that this was already happening.

TPW outlined Claims, Redress and Inquests data and context and assured the Committee that this information would be reported at every PQSOC Meeting. PD asked how our data compares with the rest of Wales. It was agreed that benchmarking data would be provided.

Action: Assistant Director of Nursing

Helen Sweetland (HS) Independent Member welcomed the significant progress with Claims, Redress and Inquests and complaints to streamline processes.

PD noted the good relationship with the Coroner and questioned the high number of 30% and whether, given training to staff this number would reduce. TPW confirmed that this would be monitored and reported back to the Committee.

PB asked for information regarding the role of the Coroner be sent to the Committee for information.

Action: Director of Nursing

JC reported that the coroner agrees that having complete information within reports and working with families was key. The Health Board has done this well and included, within the report to the coroner, questions from the family. The Coroner for the Health Board will call more cases as this is her approach. JW further reported that as the reporting has improved, less work is needed by staff. The process was improving and quarterly meetings were taking place to move the process forward.

PC provided an overview on Health, Safety and Security and work with the Health and Safety Executive to resolve issues relating to two ongoing cases.

PC further reported that Violence and Aggression was now being reported and staff have confidence that the Health Board is taking this matter seriously. There had also been an awareness campaign to the public reinforcing the Health Board's zero-tolerance approach to Violence and Aggression within the Health Board and directed towards staff.

PD asked whether members should be concerned with 50 incidents a week and whether staff wore cameras and how the police supported these incidents. PC reported that we were capturing more incidents now and the range of incidents vary. A breakdown would be included in future reports. PC reported that security wear body cameras and there is CCTV on site but the Health Board needs to be mindful of patient confidentiality. The Health Board maintains a positive relationship with Gwent Police.

Action: Director of Therapies and Health Sciences

PD further asked for clarification on the definitions of verbal and physical abuse. PC reported that this information would be included in the Health and Safety Annual report which will be presented at the next Committee meeting.

JW outlined the current position on Infection Prevention. The main areas of concern were C.difficile and Klebsiella sp bacteraemia. There were 32 covid cases in the hospitals last week so the undercurrent of covid-19 was still present. Covid-19 testing guidance had recently changed and it was becoming a seasonal illness.

JW reported that Wave 1 of the Covid-19 Investigations was 100% complete and wave 2 and 3 were underway. ABUHB now had one of the best completion of Investigations. A Board level report would be produced

for Covid-19 Investigations and would include early learning themes.

TPW provided an overview of safeguarding activity. The Health Board were currently supporting 3 Child Practice Reviews, 2 Domestic Homicide Reviews and 1 Adult Practice Review.

PD asked how the Health Board and Committee reassured itself that all locum, contractor and agency staff were trained to our safeguarding standards. TPW reported that all bank and agency staff were required to complete Statutory and Mandatory training and Safeguarding is part of the contract signed by Locum, Agency and contracting staff.

JW outlined the progress made with implementation of the Welsh Nursing Care Record which had been fully implemented at the Grange University Hospital. The Royal Gwent Hospital will be next. The WNCR provides reassurance around falls and nutrition and consolidates data around quality of care.

PC provided an overview of inpatient falls, highlighting a significant increase in December 2022 when hospitals were under extreme winter demand and pressure. PC reported that a new policy released in 2021 and improved training has had a significant impact on reducing the numbers of falls.

The Committee noted the information provided in relation to urgent care and planned care. Nicola Prygodzicz (NP), Chief Executive provided updated data for March 2023 reporting that there were huge numbers but that staff did extremely well to cope.

Helen Sweetland (HS) Independent Member noted that she was pleased that, despite the pressures, the SDEC had managed to keep its functionality.

JC that suspected cancer referrals continue to increase with numbers expected to rise. There had been reductions in the numbers of 62 and 104 waits and focus would be on 3 main areas of work:-

1. First contact within 14 days
2. Reducing waits and delays for Radiology and Pathology. Pathology being outsourced.
3. Updating information that GP's give to patients with a cancer diagnosis.

PD welcomed the helpful presentation and asked if the Board could do anything else to assist. JC confirmed that the Board was supportive and that that support encourages openness and transparency. It was felt that the Board currently provides the right amount of constructive challenge.

HS asked if the urgent rate for Cancer patients had seen an increase if patients felt that other routes were slow. JC advised that there are more urgent cases as a result of Covid. Bowel Cancer rates had seen a reduction in threshold due to poor screening rates. The Health Board would be working with the Moondance Cancer Initiative to help with the take up of screening in Wales.

PB thanked everyone for their input to the performance report.

The Patient, Quality, Safety Outcomes Committee Performance Report March 2023 was **RECEIVED**. The report provides the Committee with an overview of the Health Boards Quality and Safety Metrics and Summary of Performance **for ASSURANCE**.

<p>PQSOC/2504/3.2</p>	<p>Committee Risk Report, March 2023</p> <p>Rani Dash (RD) Director of Corporate Governance provided an overview of the Committee’s Strategic Risk Report for March 2023. 10 risks had been allocated to this Committee from the main Health Board Risk Register and the risks had not changed since previous reports.</p> <p>The Patient, Quality & Safety Outcomes Committee RECEIVED the overview of the Strategic risks which routinely report to the PQSO Committee and NOTED the update in respect of risk CRR028 as requested by the Committee.</p>
<p>PQSOC/2504/3.3</p>	<p>Annual Reports:</p> <p>The following Annual Reports were received by the PQSOC Committee for information and Discussion.</p>
<p>PQSOC/2504/3.3.1</p>	<p>Blood Management</p> <p>James Calvert (JC), Medical Director welcomed Stacey Wetherell (SW), Haematology Department Manager to the meeting. SW outlined the report which provided assurance of the Health Board’s delivery of Health and Care Standard 2.8 Blood Management and its various components and sets out the priorities and actions which will be progressed through the Hospital Transfusion Committee (HTC).</p> <p>SW reported on one issue regarding traceability. Figures were usually 100% but were currently 98%. This was mainly due to the transfer to an electronic reporting system which some staff were not using. This was mainly Bank and Agency staff and there was a training plan in place to address these issues. The PQSOC Committee referred the matter of this training to the People and Culture Committee for further follow up.</p> <p>Action: Refer to People and Culture Committee</p> <p>The Patient Quality, Safety and Outcomes Committee ACCEPTED this report as ASSURANCE against the Health & Care Standard 2.8 Blood Management.</p>
<p>PQSOC/2504/3.3.2</p>	<p>Pharmacy and Medicines Management</p> <p>James Calvert (JC), Medical Director welcomed Jonathan Simms (JS), Clinical Director of Pharmacy who outlined the report. The annual report provided an update on the Welsh Government requirements that an annual prescribing report showing progress in the four priority</p>

areas of safe prescribing; antimicrobial stewardship; cost efficiency; and access to medicines is scrutinised by the Board or the Quality and Safety committee.

JS highlighted that there were references to the pharmacy teams' involvement in the Covid Immunisation Programme throughout the report. Judith Paget, Director General, had presented an award to the team to recognise their involvement and contribution in the Programme.

Pippa Britton (PB) Independent Member acknowledged the contribution on behalf of the Board and the Committee and thanked everyone involved.

JS outlined the following risks:

1. Storage of IV Fluids at the Royal Gwent Hospital.
2. Concern regarding the functionality of the RGH pharmacy robot, responsible for the distribution of medicines to all wards, including The Grange University Hospital.

Nicola Prygodzicz (NP), Chief Executive reassured the Committee that a business case to renew the robot had been developed and they would be looking at costs associated with this.

Paul Deneen (PD), Independent Member asked for an update on this situation as it was a concern to the Committee and it was agreed that an action plan would be presented to a future meeting.

Action – Medical Director

PD asked if the Committee could help with any issues regarding e-prescribing. JS reported that a business case was being developed and 3 contractors were being considered to facilitate e-prescribing. JC reported this was a high-risk procurement as a Company employed for a pilot in Swansea Bay failed to deliver. A new Government Framework will be produced to give clear guidelines.

The Patient Quality, Safety and Outcomes Committee **RECEIVED** and **NOTED FOR ASSURANCE** the Pharmacy and Medicines Management Annual Report.

PQSOC/2504/3.3.3

Research and Development

James Calvert (JC), Medical Director welcomed Professor Sue Bale (SB) to the meeting. SB outlined the report noting that Research was a function of a University Health Board. JC noted that research and development will produce an annual report to showcase the work being undertaken.

Helen Sweetland (HS) Independent Member congratulated SB on the new research and development space and asked for a list of all research being undertaken to be produced.

Paul Deneen (PD) Independent Member asked if all funding options had been explored. After discussion it was agreed that PD and HS (Research Champion) would meet outside the meeting to discuss this further.

The Patient Quality, Safety and Outcomes Committee **RECEIVED** and **NOTED FOR ASSURANCE** the Research and Development Annual Report.

PQSOC/2504/3.3.4

Dementia Care

Jennifer Winslade (JW), Director of Nursing welcomed and introduced Tanya Strange (TS), Head of Nursing for Person Centred Care who outlined a presentation on the work carried out to date. TS further presented a video that had been circulated to the public.

Pippa Britton (PB) Independent Member asked for the video link or presentation to be sent to Independent Members and a link to the invitation for the Dementia Conference.

Action: Head of Nursing for Person Centred Care

Louise Wright (LW), Independent Member asked if the team were linking in with the new Equality Officer regarding Dementia Care. TS assured the Committee that the new Equality Officer was being invited to all their events.

The Committee thanked TS and her team for the report.

The Patient Quality, Safety and Outcomes Committee **RECEIVED** and **NOTED FOR ASSURANCE** the Dementia Care Annual Report.

PQSOC/2504/3.3.5**Falls & Bone Health Committee**

Peter Carr (PC), Director of Therapies and Health Sciences outlined current work and noted the priority for the next 12 months is to deliver on our work programmes and develop a Falls strategic intent.

Pippa Britton (PB) Independent Member thanked PC for a comprehensive report and welcomed the emphasis on the Community.

Louise Wright (LW), Independent Member asked about foot wear for inpatients in hospital and making sure they had the correct footwear. PC reported that footwear was part of the multi factorial risk assessment with prompts to add to care plan; it is then everyone's responsibility to know what the care plan is.

Paul Deneen (PD) Independent Member asked how we can advise patients to use aids to prevent falls. PC reported that work was ongoing around intergenerational awareness for falls.

The Patient Quality, Safety and Outcomes Committee **RECEIVED** and **NOTED FOR ASSURANCE** the Falls and Bone Health Committee Annual Report.

PQSOC/2504/3.3.6**Nutrition & Hydration Group**

Peter Carr (PC), Director of Therapies and Health Sciences outlined the work currently being undertaken within the Health Board and provided an update to the Committee regarding standards and compliance. Themes to take forward are:

- Re-establish the Nutrition and Hydration Group.
- Action plan to achieve greater compliance with the Dining Review action plan, opportunities for rolling out the Ward Based Nutrition Support Workers and a Corporate approach to escalating a dedicated Nutrition Support Team.

Pippa Britton (PB) Independent Member thanked PC for the report and suggested linking in with the Dementia Team as to how we can move forward with nutrition and hydration for vulnerable patients.

Paul Deneen (PD) Independent Member suggested looking at Nutrition and Hydration as part of the Independent Member visits.

	<p>The Patient Quality, Safety and Outcomes Committee RECEIVED and NOTED FOR ASSURANCE the Nutrition & Hydration Group Annual Report.</p>
<p>PQSOC/2504/3.4</p>	<p>National Audit of Care at the End of Life (NACEL) Management</p> <p>Leeanne Lewis (LL), Assistant Director for Quality & Patient Safety outlined the report and informed the committee that this paper had been presented to the Executive committee as during the fourth round of the National Audit of Care at the End of Life (NACEL) outputs, Aneurin Bevan University Health Board was flagged as a potential outlier under the NACEL Management of Outliers Policy, relating to the Community data submission.</p> <p>LL reported that the Health Board’s score was low due to a lack of documentation but reassured the Committee that care of patients was good, but this had not been appropriately documented.</p> <p>The Patient Quality, Safety and Outcomes Committee RECEIVED and NOTED FOR ASSURANCE the National Audit of Care at the End of Life (NACEL) Management Report.</p>
<p>PQSOC/2504/3.5</p>	<p>National Review of Consent to Examination and Treatment Standards in NHS Wales: Welsh Risk Pool Report and Management Response</p> <p>Leeanne Lewis (LL), Assistant Director for Quality & Patient Safety reported that this had already been presented to the Executive Team, signed off and an action plan developed. This report outlines how the Health Board comply and benchmark with standards. There was a robust action plan in place with realistic timeframes to ensure compliance with these standards. The Health Board had fallen behind following the opening of the Grange and the pandemic and staff were currently being trained via an e-learning package.</p> <p>Helen Sweetland (HS), Independent Member, asked about patient information leaflets being available and up to date. LL confirmed that she would be looking to form a citizens group to review all patient information leaflets and create a database to manage the process.</p> <p>The Committee were asked to note the ongoing work on Consent to Examination & Treatment Standards.</p>

	<p>The committee asked for an update on the action plan to be brought to a future meeting. Action: Medical Director</p> <p>The Patient, Quality & Safety Outcomes Committee RECEIVED and NOTED FOR ASSURANCE the National Review of Consent to Examination and Treatment Standards in NHS Wales: Welsh Risk Pool Report and Management Response</p>
<p>PQSOC/2504/3.6</p>	<p>Clinical Audit Activity Report (March)</p> <p>Leeanne Lewis (LL), Assistant Director for Quality & Patient Safety outlined the report.</p> <p>It was noted that the use of AMaT had improved monitoring audit activity and a standardised template would be created for all audits to use and a timeline produced to ensure that all audit activity was captured.</p> <p>The Committee noted that good progress was being made.</p> <p>The Patient, Quality & Safety Outcomes Committee RECEIVED FOR ASSURANCE the Clinical Audit Activity Report for March.</p>
<p>PQSOC/2504/4.</p>	<p>ITEMS FOR INFORMATION</p>
<p>PQSOC/2504/4.1</p>	<p>Highlight Reports</p> <p>The Patient Quality Safety Outcome Committee received the following reports for information:</p> <ul style="list-style-type: none"> a) Quality and Patient Safety Operational Group b) Children’s Rights Participation Forum c) Safeguarding Group Highlight Report d) Clinical Effectiveness and Standards Committee Report e) WHSSC QPS Committee Report <p>Paul Deneen (PD) Independent member asked if WHSSC could be prioritised earlier in the agenda to enable a proper discussion of the work being undertaken. Rani Dash (RD) Director of Corporate Governance reported that the information regarding commissioned services will be picked up on the performance report slides in the future.</p> <p>The Patient, Quality & Safety Outcomes Committee RECEIVED FOR ASSURANCE the Highlights Reports</p>

<p>PQSOC/2504/4.2</p>	<p>Committee Workplan 2022/23</p> <p>Pippa Britton (PB) Independent Member reported that there had been no significant changes to this workplan. Rani Dash (RD) Director of Corporate Governance reported that this was the closing report for 2022/23 and a new plan would be prepared for 2023/24.</p> <p>The Patient, Quality & Safety Outcomes Committee RECEIVED FOR INFORMATION the PQSOC Programme of Business 2022/23</p>
<p>PQSOC/2504/5.</p>	<p>OTHER MATTERS</p>
<p>PQSOC/2504/5.1</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>2504/3.3.1 - SW reported on one issue regarding traceability. Figures were usually 100% but were currently 98%. This was mainly due to the transfer to an electronic reporting system which some staff were not using. This was mainly Bank and Agency staff and there was a training plan in place to address these issues. The PQSOC Committee referred the matter of this training to the People and Culture Committee for further follow up. Action: Refer to People and Culture Committee</p>
<p>PQSOC/2504/5.2</p>	<p>Any Other Urgent Business</p>
<p>PQSOC/2504/5.3</p>	<p>Date of Next Meeting</p> <p>The date of the next Patient Quality & Safety Outcome Committee was noted as Tuesday 20th June 2023.</p>