

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of Patient Quality, Safety & Outcomes Committee held on Tuesday 5th April 2022 at 9.30am via Teams

Present:

Pippa Britton	- Vice Chair (Chair of Committee)
Shelly Bosson	- Independent Member
Louise Wright	- Independent Member
Paul Deneen	- Independent Member

In attendance:

Glyn Jones	- Interim Chief Executive
Rani Mallison	- Director of Corporate Governance
Rhiannon Jones	- Director of Nursing
Tanya Strange	- Head of Person-Centred Care (for agenda item PQSO 0504/08)
Chris O'Connor	- Interim Executive Director of Primary Care, Community and Mental Health (for agenda item: PQSO 0504/13)
James Calvert	- Medical Director (part of the meeting and for agenda item: PQSO 0504/06)
Karen Hatch	- Assistant Director of Therapies and Health Sciences (representing DoTH)
Alexandra Scott	- Assistant Director for Quality and Patient Safety (representing MD)
Kathryn Smith	- Associate Director of Operations (for agenda item: PQSO 0504/07)
Gareth Hughes	- Divisional Director of Facilities (for agenda item PQSO 0504/07)
Victoria Taylor	- Head of Primary Care (for agenda item PQSO 0504/13)
Emma Guscott	- Committee Secretariat

Observers:

Laura Howells	- Principle Auditor, NWSSP
Tracey Partridge Wilson	- Assistant Director of Nursing, Quality, Safety & Patient Experience

Apologies:

Leanne Watkins
Helen Sweetland
Peter Carr

- Director of Operations
- Independent Member
- Director of Therapies & Health Science

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1	Preliminary Matters
PQSO 0504/01	Welcome and Introductions The Chair welcomed those present to the meeting and thanked individuals for their attendance, noting the Medical Director needed to leave the meeting following the agenda item for Clinical Audit.
PQSO 0504/02	Apologies for Absence Apologies for absence were noted as above.
PQSO 0504/03	Declarations of Interest There were no Declarations of Interest raised in relation to items on the agenda.
PQSO 0504/04	Draft Minutes of the Committee held on 8th February 2022

	<p>The minutes of the meeting held on the 8th February 2022 were agreed as a true and accurate record.</p> <p>Agenda Item 0802/04 contained an explanation of the term <i>moral injury</i>. A more detailed explanation has been shared with Shelley Bosson, Independent Member, by Rhiannon Jones.</p>
<p>PQSO 0504/05</p>	<p>Action Sheet of the Committee held on the 8th February 2022</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></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></p> <p>Karen Hatch, Assistant Director of Therapies and Health Sciences, informed the Committee that a timeline on when 1910/13 and 2112/04 would be shared with the Independent Members. Karen Hatch to address with Peter Carr</p> <p>2112/07 Minor Injuries Units eLGHs <i>The Chair requested further information on patient transfers and any challenges to come back to a future meeting.</i> Information on Urgent Care recruitment and improved staffing numbers has been shared with Independent Members by Rhiannon Jones outside of the meeting. The recruitment picture is very positive.</p> <p>2112/13 WCCIS Implementation: <i>A strategic review was underway by WG of WCCIS national programme. The results of the report will influence how the Health Board utilises the system. A draft report would be completed by WG in January 2022. Draft report to be shared with Independent Members once published.</i> Rani Mallison, Director of Corporate Governance, informed the Committee that an update would be shared outside of the meeting. Rani Mallison</p>

2	Items for Presentation and Discussion
PQSO 0504/06	<p data-bbox="341 248 1414 320">Assurance Report: National Clinical Audit and Local Clinical Audit Arrangements</p> <p data-bbox="341 365 1501 745">James Calvert, Medical Director, provided the Committee with an overview of the report and an update on the Health Boards compliance and performance against National and Local Audit reports. The report provided oversight of results from Clinical Audits, Confidential Inquiries and Peer reviews, giving oversight of the improvements underway to address performance. It was noted that the Health Board participates in all available National Audits. All Health Board actions, particularly arising from Audits, could now be tracked and recorded through the newly purchased specialist software AMAT, further strengthening assurance mechanisms.</p> <p data-bbox="341 790 1493 1637">Paul Deneen, Independent Member, discussed recently highlighted national maternity service issues, and requested assurance around the Ethnic Socio-Economic factors included in the report. James Calvert informed members that the Health Boards model of care, focusing on prevention and public health, with models such as the Gap and Grow programme, provided tailored intervention, enhanced monitoring and support all, including 'at risk' mothers. Rhiannon Jones, Director of Nursing, identified that regular reporting was rooted through the Health Boards Maternity Services Assurance Group, with Highlight reports to the PQSOC. Additionally, the Chief Nursing Officer for Wales had recently secured funding for a new national Maternity and Neonatal Board, with clear expectations of an improvement methodology and approach against a range of indicators for maternity and neonatal services, including self-assessments and learning from other Health Board reviews. Terms of Reference had been drafted for the Maternity and Neonatal Board and all Health Boards in Wales would be members. The Health Board was currently undertaking a review based on recent findings and recommendations from the Ockenden Review regarding Maternity Services at Shrewsbury & Telford NHS Trust. A report will be added to a future agenda for PQSOC Action: Maternity Overview to come back to a future Committee. Rhiannon Jones</p> <p data-bbox="341 1682 1378 1794">The Chair requested yearly reviews of high-risk areas, including Maternity and Mental Health Services. Action: To be added to Committee Forward Work Programme. Secretariat</p> <p data-bbox="341 1839 1390 1872">Shelley Bosson requested assurance around the following areas;</p> <ul data-bbox="392 1917 1458 1984" style="list-style-type: none"> • How the Health Board triangulates clinical audit outcomes with other reports, for example Community Health Council (CHC)

	<p>reviews such as the recent Diabetes Review. Alexandra Scott, Assistant Director of Quality and Patient Safety, informed members that this would be an additional piece of work which required strengthening and would be explored.</p> <ul style="list-style-type: none"> • In terms of Mental Health services, what are the Health Board plans to support Children and Young adults with psychosis. Action: A detailed response to identified gaps in the Psychosis Audit to come back to a future meeting. James Calvert • Further information on how the Health Board intended to provide Cognitive Behavioural Therapy (CBT) to all patients who require the treatments. Alexandra Scott informed members that the Health Boards delivery of CBT services was above the current National rate and plans to develop the service for at risk groups were in progress. <p>Members were informed that the Health Board was in the process of re-framing its Clinical Audit Strategy and policies. Divisions would be developing measurable, local audit plans with the support of the newly purchased AMAT software. Action: The Chair requested that a high-level overview of the Health Boards Local Clinical Audit plan to come back to the Committee. James Calvert</p> <p>Shelley Bosson discussed the Neonatal business case outlined in the report and requested a timeline for action. Members were informed that the business case has been finalised and was awaiting funding allocation. It has been flagged by the Family and Therapies Division through their IMTP contribution.</p> <p>Committee Members discussed the results detailed in the paper whilst recognising more work was required to provide assurance on the gaps identified and with the management of ABUHB Clinical Audit.</p>
<p>PQSO 0504/07</p>	<p>Assurance Report: Compliance with Cleaning Standards, including Benchmarking Data, and Actions underway to address associated issues and risks</p> <p>Gareth Hughes, Divisional Director of Facilities, provided an update on the organisational compliance with cleaning standards, requested in light of the increasing rates of Clostridium Difficile.</p> <p>The report outlined the workforce challenges impacting compliance with standards and the mitigating actions.</p> <p>The following points were highlighted:</p>

- Through the Innovation Capital programme, the Health Board had purchased and successfully piloted an additional robot, totalling four, utilised for cleaning out of hours.
- In relation to recruitment, the Health Board were utilising 172 additional staff to support the surge at present. The total requirement equates to 127 WTE to meet the standards.
- The Division had identified new ways of providing services and embracing new technology to assist in the delivery of improved cleaning.
- ABUHB had further increased its Audit team to ensure regular and timely auditing of cleaning standards.
- In relation to recruitment, the Health Board had recruited 38 out of the 51 intended fixed term contract positions, however, recruitment remained a challenge. The facilities team had appointed a Recruitment and Retention Officer to facilitate the recruitment process and avoid any unnecessary delays in start dates.
- The report highlighted an element of staff turnover; this was noted as part of the Divisions plan as it indicated successful staff development and career progression pathways.
- The Health Board was showing an improved cleaning score with 19 areas receiving 100% compliance. The Estates & Facilities Division were working alongside the Infection Prevention and Control Team (IPAC) and nursing teams to ensure compliance. The ABUHB RAG rating builds in a more robust internal governance than the current Welsh Government requirements, allowing areas below 93% to be highlighted earlier, enabling risk mitigation.

Shelley Bosson, Independent Member, queried if there would be a change in the All-Wales Cleaning standards post-pandemic and if not, would funding continue to be available to facilitate the current standards going forward. Gareth Hughes informed the Committee that the Welsh Government are reviewing the All-Wales Cleaning Standards. Welsh Government funding had been confirmed up until March 2022 but there was confidence funding would continue. A review of any changes in standards would take place where necessary, in line with current Covid guidance.

The Chair thanked Gareth Hughes and the teams. The Committee received the report for assurance and noted the plans in place to overcome the workforce supply challenges, which are critical to maintaining cleaning standards compliance.

**PQSO
0504/08**

Dementia Standards Update, including a patient story

Rhiannon Jones, Director of Nursing, supported by Tanya Strange, Head of Person-Centred Care, provided the Committee with an overview of the new Dementia Standards and the launch, on the 6th April 2022, of the All-Wales Hospital Dementia Charter.

The following was discussed:

- Dementia Standards Framework was developed by Improvement Cymru, with the Outcomes Framework element currently under development.
- The development of the standards incorporated patients, families, and carers feedback to inform best practice and care for patients.
- ABUHB has revised its Regional Dementia Action Plan to embed the new standards. 100 standards had been condensed to 20, containing four main themes. **Action:** A document outlining standards to be shared with Committee Members. **Rhiannon Jones**
- Health Board staff were undergoing training, working alongside Citizens UK, to maximise community engagement.
- The Dementia Friendly Hospital Charter will be embraced, with regular review of outcomes and impact.
- ABUHB aim to support patients with planning for the future within 12 weeks of diagnosis, to include end of life care.
- ABUHB is working alongside the Community Health Council (CHC) to gather patient feedback on accessibility of services during the pandemic. Any learning will be taken forward to further improve services.
- Existing ABUHB Regional Workstreams have been mapped against the 7 National Workstreams. Further work is required on the respective Terms of Reference for each workstream subgroup.

A patient story, outlining the importance of adhering to standards and the impact the pandemic has had on patients and their families, was shared with the Committee members. The Committee were assured that the significant and complex complaint involving the patient was being addressed through Putting Things Right processes. The Committee acknowledged the power of the patient story and the courage of the story-teller.

Paul Deneen, Independent Member, queried how the staff on wards identified vulnerable patients with Dementia. Rhiannon Jones informed the Committee that patients with Dementia are assessed on admission and the 'Dementia Daisy' symbol is used on the 'patient status at a glance' boards, indicating that patient has a diagnosis. In addition, patients undergo a capacity assessment, which highlights individual

	<p>and often complex patient needs. Staff training is taking place to further strengthen Dementia care.</p> <p>The Health Boards Action Plan was discussed. The Dementia Charter starts on the 6th April 2022, with four ABUHB wards piloting a VIPS tool to rate progress in patient centred care.</p> <p>The Chair discussed the importance of improving quality throughout the system, with particular focus on consistent reporting during patient transfers and the ability for family members and carers to have regular contact with patients and wards. It was recognised there is significant work required nationally, regionally, and locally to improve care of people living with dementia.</p> <p>The Committee thanked Tanya Strange and the Person-Centred Care Team for the work regarding Dementia and also offered congratulations on their receipt of the CHC Award for Person Centred Care at the recent ABUHB Staff Recognition Awards.</p>
<p>PQSO 0504/09</p>	<p>Committee Annual Workplan and Priorities 2022/23</p> <p>Further communication to take place outside of the meeting. Action: Rani Mallison</p> <p>Paul Deneen, Independent Member, requested plans to reinstate visits for Independent Members (IM). Rhiannon Jones, Director of Nursing, assured members that, alongside other lead Executives, the reinstatement of IM visits was being discussed and a timetable would be produced, with alignment with the Health Boards Integrated Medium Term Plan (IMTP) priorities.</p>
<p>PQSO 0504/10</p>	<p>Healthcare Inspectorate Wales: Inspections Update</p> <p>Rhiannon Jones, Director of Nursing, provided the Committee with an update on progress against the Healthcare Inspectorate Wales (HIW) inspections and ABUHB' response. The update covered inspections that have taken place since 2018 to the present day, noting that inspections prior to 2018 have previously been reviewed and closed. An area of ongoing attention was noted to be the Divisional responses to recommendations made following a review. The Health Boards' aim is to ensure the recommendations are addressed and ensure proportionate and appropriate responses, ensuring Divisional actions address the recommendations.</p> <p>The following was highlighted and discussed:</p>

	<ul style="list-style-type: none"> • 23 reviews and inspections have been undertaken since 2018, with 234 recommendations, including three internal audit requirements. • Against the 23 reviews undertaken there were a total of 192 actions identified by the Health Board, with 60 actions outstanding at present. • The three 'Immediate Assurance' issues were noted as ligature risk and management at Ty Lafant at Llanfrechfa Grange Hospital, concerns regarding the length of stay of a patient on Adferiad Ward, St Cadocs Hospital and the regular checking of Resuscitation trolleys in the Emergency Department. All recommendations made have been addressed to HIW satisfaction. • An area to note within the report was the 'Discharge Review', a national review undertaken in 2018. An update on ABUHB actions had been provided to HIW in March 2022. Two actions were outstanding. The first action related to the auditing of 'tablets to take home', which will be completed by the Pharmacy teams by June 2022; the second related to E-Discharge summaries, which was delayed due to issues with WCCIS system implementation. <p>The Committee was informed that the awaited Grange University Hospital (GUH) report had been published by HIW, week commencing 28th March 2022, which will be presented to the next PQSOC. Action: Rhiannon Jones</p> <p>The next steps are to strengthen the identification of themes from the HIW reviews, enabling the targeting of improvements across the Health Board as opposed to just addressing the issues within the service inspected.</p> <p>The Chair suggested amending the tracker to include due dates for outstanding actions. Action: Rhiannon Jones</p> <p>The Committee thanked Rhiannon Jones for the update, noting the volume of actions closed and improvement in overall compliance and assurance to HIW.</p>
<p>PQSO 0504/11</p>	<p>Patient Quality and Safety Outcomes Report</p> <p>Rhiannon Jones, Director of Nursing, provided an overview of the Outcomes report. Reporting continues to adopt a proportionate approach due to Health Board challenges, focusing on high-risk matters.</p>

The Committee was informed that two areas continued to be 'red' RAG rating: Stroke Services and Urgent Care. Infection Prevention and Control (IPAC) has reduced from 'red' to 'amber' RAG rating, due to overall performance against the six Welsh Government reportable expectations, with some improvement in Clostridium Difficile and reductions in Covid impact and hospital outbreaks.

An Internal Audit review on the management of inpatient falls has been conducted, eliciting a 'reasonable assurance' rating. The Health Board has received a Regulation 28 from the Gwent Coroner relating to management of falls and is preparing a comprehensive response, to be included in the next PQSO report.

In response to increased death from suicide in children and young people, a Self-Harm and Suicide Prevention Task and Finish Group has established by the Health Board, aligning to a national piece work being undertaken due to an increase in the number of suicides in children and young people during the Covid period. The Committee requested a future update on this area at a future meeting. **Action: Secretariat**

The Committee was informed of the current challenges within the Stroke pathway and how this linked to system pressures on the Urgent Care pathway, which is mirrored across NHS Wales. Quality metrics were discussed; over the past 6 months, patients arriving in the Emergency Department (ED) with suspected stroke, having a CT scan within the first hour has been at 50%. This was partly explained by a very congested ED. Patients with confirmed stroke being admitted to a Stroke Unit within 4 hours remained low, 14% in February 2022, with a similar performance of 17.6% across Wales. In February 2022, the Health Board recovered its 'best in Wales' performance, with 93% of patients assessed by a Stroke Consultant within 24 hours, in comparison to an All-Wales average of 73%. The proportion of patients assessed by a therapist within 24 hours has improved from 28.6% in January 2022 to 53.55 in February 2022. The lack of capacity within the Hyper Acute Stroke Unit (HASU) was largely attributed to system pressures and the need for HASU beds to be used to accommodate non-stroke patients. The unavailability of this assessment facility influenced to ability to undertake the required level of therapy assessment for stroke patients.

The Stroke Directorate were working alongside 'Getting It Right First Time', who were conducting an external review. Recommendations from this exercise will support the Health Board in improving future Stroke services. This review was ongoing and overseen by the Stroke Recovery Group.

The Committee was informed that the Urgent Care system remained under sustained and continued pressure. Urgent Care performance was flagged as a national issue, with the Health Board implementing a recent 'two-week reset' to mitigate risk, alongside all Health Boards. The impact of the reset was being completed and an update would be presented to Board. Contextual issues impacting urgent care were summarised for the Committee. The system pressures had resulted in detrimental impact on patient experience, with some patient safety risks with long delays for ambulance handovers and long waits in the ED, together with delayed ambulance response times in the community. Patient experience relating to waiting times had been highlighted by the CHC, HIW and social media feedback, with most of the feedback praising the professionalism of staff and the Health Boards ability to provide continued dignified care.

Committee members had previously requested information around the numbers of inappropriate attendances to ED and Minor Injury Units; this was included within the report.

Concerns were outlined in the report. The following points were discussed:

- 491 complaints had been received during January and February 2022. The top themes were noted as clinical treatment, appointments, and communication.
- There were 32 Public Service Ombudsman for Wales cases open at the time of the meeting.
- Patient Safety Incidents - there had been 40 classified as serious incidents during Jan-Feb 2022, inpatient falls being the highest category.
- No 'Never Events' were recorded for Jan-Feb 2022. However, some 'Never Events' have been identified in March. The Committee were assured that Clinical Executives were meeting to discuss key themes and determine actions to mitigate further risk.

The Health Board had received three reports from the Community Health Council (CHC), as outlined in the report. A key theme flagged in each report was nutrition, this will be included in the Health Boards' nutrition review.

The Committee noted the outcome of an Internal Audit report relating to the management of the Mental Capacity Act, which secured a reasonable assurance rating. From this report, a number of actions were to be taken forward by the Health Board and further work was required, aligning with the new Liberty Protection Safeguarding Standards, currently out for consultation as well as the Dementia agenda.

Paul Deneen, Independent Member, queried the inability to use the Therapies room for stroke services and its availability for stroke patients. Rhiannon Jones informed members that the Executive Team are in full support that the Stroke Therapies Room should be used to deliver stroke patient care. However, due to system pressures and demands, there is a 'Hospital Full' protocol in place that enables the use of identified areas to accommodate patient demand and facilitate additional capacity. All areas identified in the Health Boards 'Hospital Full' protocol have been risk assessed for patient placement. The Stroke Programme Board are reviewing options to identify alternative temporary rooms during increased demand and capacity to mitigate this risk.

Shelley Bosson, Independent Member, requested a conversation outside of the meeting to further understand the Stroke Pathway

Action: Peter Carr to contact Shelley Bosson

Committee members discussed the terminology 'self-presenter' and 'inappropriate attender' and queried the possibility of a different use of language. Rhiannon Jones informed the Committee that the terminology is a coding category and recognised descriptor but that for the purposes of the Outcomes Report alternative language could be explored.

Committee members requested the following changes to the report:

- For the RAG rating - include arrows to illustrate improvement status.
- A table at the back of the report describing acronyms, to avoid repetition in the main document.

Action: Clinical Executives

The Chair thanked Rhiannon Jones for the overview and the Committee noted the high risks and actions being taken to mitigate the position. The Urgent Care pressure is the subject of an in-committee discussion.

**PQSO
0504/12**

Patient Safety, Quality and Outcomes Committee Risk Report

Rani Mallison, Director of Corporate Governance, 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.

	<p>The risk report would continue to inform the Committee workplan and priorities going forward.</p>
<p>PQSO 0504/13</p>	<p>Assurance Report: Access to Primary Care Services</p> <p>Chris O'Connor, Interim Executive Director of Primary Care, Community and Mental Health, supported by Victoria Taylor, Head of Primary Care, provided an update of progress following the initial presentation in September 2021 of the review of Access Arrangements in General Medical Services (GMS) undertaken in June 2021. The Health Board undertook an in-depth review of Access arrangements across all 72 GP practices, to determine the impact of new ways of working in response to the pandemic, and to seek assurance in respect of access to services for patients, an issue raised by the Community Health Council. A further review of the initial report was undertaken and identified three key areas for improvement; these were face to face consultations, number of clinical sessions available and availability of telephone lines to contact GP surgeries. The actions taken by the Health Board since the initial review and next steps, as outlined in the report, were discussed.</p> <p>Victoria Taylor informed the Committee that funding received through Restart & Recovery supported the backlog of appointments and improvement in capacity due to address increased demand.</p> <p>Paul Deneen, Independent member, queried if the required access was available in areas of deprivation. Victoria Taylor informed the Committee that of three of the practices identified in the review that fall into a deprived catchment area, one practice identified access issues based upon workforce and recruitment issues however this has since been resolved. A Primary Care Sustainability Framework is in place to support practices with recruitment issues and the Primary Care Team were looking to repeat the Sustainability Review, alongside the continuation of the GMS Access review.</p> <p>Chris O'Connor informed the Committee that challenges around workforce availability were an ongoing issue in Primary Care and further work, alongside clinicians, was needed to strengthen and develop the Primary Care multi-disciplinary team. Development of the Neighbourhood Care Networks and Accelerated Cluster Developments would further support the improvement of Primary Care.</p> <p>Shelley Bosson, Independent Member, discussed the Community Health Council (CHC) patient surveys and requested that there was an option to include the name of the GP surgery, which may help identify any areas needing further support. Victoria Taylor informed members that the previous Welsh Access Standards set out a requirement for</p>

	<p>practices to undertake individual patient surveys. This was suspended during Covid but will resume.</p> <p>The Health Board will repeat the exercise to continue to actively monitor and support GMS access in line with contractual requirements.</p> <p>The Committee received the report for assurance and thanked Chris O'Connor and Victoria Taylor for the work and improvements.</p>
3	Items to be Received for Information
PQSO 0504/14	<p>Highlight Assurance Reports:</p> <p>a) Quality, Patient Safety and Outcomes Group Report received for assurance.</p> <p>b) Children's Rights & Participation Forum Report received for assurance. The Committee supported the request for a Board Development session.</p> <p>c) Welsh Health Specialised Services Committee (WHSSC) Quality & Patient Safety Committee Chair's Report Report received for assurance.</p>
PQSO 0504/15	<p>Transition and handover- Children's and Adults Health Care Services</p> <p>Letter noted by the Committee.</p>
PQSO 0504/16	<p>Investigating and Learning from Cases of Nosocomial Covid-19</p> <p>Report received by the Committee, noting a detailed update on the ABUHB approach would be presented at a future Committee.</p>
PQSO 0504/17	<p>Internal Audit Reports:</p> <p>a) GUH Quality Assurance Report b) Falls Management Report</p> <p>The above reports were to be discussed further at the upcoming Audit Risk and Assurance Committee.</p>
PQSO 0504/18	<p>Committee Terms of Reference</p> <p>Committee Terms of reference were previously approved by the Board.</p>
4	Other Matters
PQSO 0504/19	To Confirm any Key Risks and Issues for Reporting/Escalation to Board and/or other Committees

	The continued pressures in Urgent Care, noting a paper was being prepared for the Board in May 2022.
5	Date of Next Meeting is Tuesday 7th June 2022 at 09:30 via Microsoft Teams