



**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	Monday 31 st March 2025, 09:30am-12:30pm
VENUE	Microsoft Teams

PRESENT	Helen Sweetland, Independent Member, Committee Chair Paul Deneen, Independent Member Penny Jones, Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing James Calvert, Medical Director Leeanne Lewis, Assistant Director of Quality & Patient Safety Tracey Partridge-Wilson, Deputy Director of Nursing Karen Hatch, Assistant Director of Therapies and Health Science Kelly Downes, Deputy Director of Nursing Naomi Murtagh, Board Business Manager Collette Kiernan, Clinical Director of Therapy Services Craig Roberts, Assistant Director of Therapies and Health Science Lucy Windsor, Head of Corporate Risk & Assurance Fern Woodhead, Committee Secretariat
OBSVERING	None
APOLOGIES	Peter Carr, Director of Allied Health Professions & Health Science Rani Dash, Director of Corporate Governance

PQSOC 3103/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 3103/02	Apologies for Absence The Chair noted the apologies for absence.
PQSOC 3103/03	Declarations of Interest There were no declarations of interest raised relating to items on the agenda.
PQSOC 3103/04	Minutes of the previous meeting

	<p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 20th January 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the minutes based on the change made.</p>
<p>PQSOC 3103/05</p>	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>James Calvert (JC), Medical Director, advised that the request for local audit plans would be a challenge due to resources within the team and the fact that members of divisions make their own decisions on audits that will be conducted alongside national audits. Lucy Windsor (LW), Head of Corporate Risk & Assurance, advised she would speak with the Chair of the Audit, Risk and Assurance Committee regarding whether the documents required for ward accreditation can be the assurance mechanism as audits are included. Action: Head of Corporate Risk & Assurance</p>
<p>PQSOC 3103/06</p>	<p>Annual Review of Committee Terms of Reference 2024/25</p> <p>Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee of an overview of the annual review of the Committee Terms of Reference, advising that the current Terms of Reference were approved by the Board in March 2022. The Terms of Reference were reviewed, with minor amendments to dates and titles proposed, and circulated to members during January 2025 with no further comments received.</p> <p>Helen Sweetland (HS), Chair, asked that Primary and Community Care was included within the forward work plan of the committee as the Director of Primary and Community Care is part of the role of Director of Operations and not a regular member of the cttee.</p> <p>Paul Deneen (PD), Independent Member, asked how the Terms of Reference fitted in with Mental Health and Learning Disabilities for patient’s voice or would this now sit with the new Mental Health Committee. LW advised that she would take the comments to Rani Dash (RD), Director of Corporate Governance, and address these via email outside of the meeting. Action: Head of</p>

	<p>Corporate Risk & Assurance / Director of Corporate Governance.</p> <p>The Committee ENDORSED the revised Terms of Reference for the Patient Quality, Safety and Outcomes Committee for submission to the Board in May, based on the comments being actioned.</p>
<p>PQSOC 3103/07</p>	<p>Committee Annual Report 2024/25</p> <p>Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the Committee Annual Report.</p> <p>The document seeks to provide a comprehensive evaluation of the business undertaken by the Committee throughout the 2024-25 financial year including any issues, and gaps in assurance that have required escalation to the Board.</p> <p>The Committee highlighted the following changes to be made to the annual report before submission to the Board:-</p> <ul style="list-style-type: none"> • Page 40 include the date that Penny Jones (PJ), Independent Member, Became a member of the Committee • Page 12 - spelling mistake from HIEW to HIW. <p>The Committee CONSIDERED and ENDORSED its Annual Report 2024-25 prior to submission to the Board on 21st May 2025.</p>
<p>PQSOC 3103/08</p>	<p>Committee Risk Report</p> <p>Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the Committee Risk Register for which the Board had delegated responsibility to the Committee.</p> <p>The Committee was advised that the Committee Risk Register included three high-level risks and three sub-risks, covering service delivery, transformation and partnership working, and compliance and safety. The risk environment had remained stable, and there were no changes to the risk scores for the monitored risks.</p> <p>The Committee was advised that there was still one risk above the Health Board’s appetite, which was Health and Safety with ongoing work to recruit additional staff members that would support the improvement plan.</p>

LW advised the Committee that the Health Board was waiting for the outcome of the consultation on nurse training courses at Cardiff University to finish. Once this had happened the Health Board would work with the corporate nursing team to determine whether there was a need for a strategic risk.

Paul Deneen (PD), Independent Member, asked if Cardiff University was the main provider for the Health Board's nurses. Jennifer Winslade (JW), Director of Nursing, advised that it provided two thirds of the Health Board's provision with the Health Board not having a nursing school within the footprint. JW confirmed that she would be raising this with HEIW and discussing a Gwent model.

The Committee **NOTED** the delegated strategic risks and the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient quality and safety.

PQSOC 3103/09

Performance Quality Interim Report

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Performance Interim report, advising that the Quality report was mapped across 6 domains of quality and the 6 quality enablers and structured under the Health Board's 6 Pillars of Quality.

The Committee was advised that the Health Board has 4 PALS officers who deal with 500 enquires per month. The main theme of the enquiries related to communication which the PALS team had been working to try and improve. The CIVICA text system had gone live in the emergency department and maternity Unit to help improve patient feedback rates.

Helen Sweetland (HS), Chair, asked if the Health Board had enough staff in the PALS team. JW advised that they would be undertaking an evaluation of the service in May and would look at how they could increase the team.

The Committee was advised that there had been improvement in the compliance on investigation of the patient safety incidents, so now achieving the 70% benchmark.

Karen Hatch (KH), Assistant Director of Therapies and Health Science, presented the Falls data from April 2024 to February 2025, advising that there was an average of 304 falls per month across the Health Board, which was above

the national average. It was highlighted that there had been an increase in the number of falls in January and a subsequent decrease in February and this is probably related to the high number of occupied bed days.

JW advised the Committee that there had been 67 incidents that had triggered of duty of candour and no new never events in this reporting period.

Kelly Downes (KD), Deputy Director of Nursing, presented the Pressure Ulcer data from April 2024 to February 2025, advising that work was required to cleanse the data and to ensure the information could be reliably reported.

The Committee was provided with assurance that work was underway with divisions, with a forum being established with the divisional leads to discuss management of data and the support of an improvement coach from ABCi to try and improve the reporting of the pressure ulcer data and to share learning.

Paul Deneen (PD), Independent Member, asked which were the highest level for a pressure ulcer and which wards were reporting the highest level. KD advised grade 1 would be the lowest and grade 5 being the highest. There were no wards reporting higher levels than the others, noting that some patients come into hospital with pressure ulcers.

PD asked what information and advice was being shared with patients and family members regarding pressure ulcers. KD advised the community nurses share the preventative information and patient information leaflets were shared within the community and hospitals.

The Committee was advised that there was 76% compliance for 6-month early resolution of complaints in February 2025. The complaints data showed that the main themes being reported related to clinical treatment / assessment and appointments. The Committee was assured that the Health Board had implemented a new system and were working to improve the complaints performance.

JW advised the Committee that the Welsh Risk Pool (WRP) had assessed the Health Board's Putting Things Right processes in January 2024 (reported Dec 2024) to evaluate their effectiveness and provide recommendations for improvement. An action plan had been developed and shared with WRP to monitor the recommendations. The team would continue to share the plan with the Committee

to demonstrate improvements. Extra member of staff appointed to help review Datix. Further review expected by WRP sometime in 2025.

KH advised the Committee that were 6 incidents under the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) reported to Health and Safety Executive (HSE) in Jan / Feb 25 with 83.3% of cases being reported within the legal timeframe.

The Committee was advised that the Health and Safety team were working with the divisions to maintain Health and Safety training compliance, noting that this remained a challenge with a current compliance rate of 69.8% for manual handling.

PD asked if the manual handling training was on ESR. JW advised it was a face-to-face training and there have been struggles due to shortage of trainers and staff having capacity to be released to complete the training. Lucy Windsor (LW), Head of Corporate Risk & Assurance, advised that the Head of Health, Safety & Fire was looking at other initiatives to improve compliance.

The Committee noted that safeguarding training compliance was at 82% with the aim to be at 85%. Level 3 training was now available on ESR with sessions being booked up until October 2025.

JW provided the Committee with an overview of the ongoing work to improve the position of the two areas within escalation:-

The Mental Health and Learning Disabilities division had been working towards the enhanced care framework to focus on patients that require additional support. Continuous improvement was ongoing with an internal learning forum established. The division had 91% compliance on level 1 & 2 safeguarding training with the Health Board providing them with bespoke level 3 training.

The Committee was advised that there was a national improvement programme being led by NHS Executive which would be looking at a fundamental review of mental health services in Wales with a focus of adult inpatients.

Urgent and Emergency Care had now gone live with the Emergency department (ED) transfer lounge at the Grange University Hospital (GUH) and were undertaking a stroke iPad pilot with the Welsh Ambulance Service NHS Trust

	<p>with the aim to improve the flow of patients through the hospital.</p> <p>The Committee was advised that there would be additional consultants starting in ED in April who would be using the new assessment model and the new ED extension would go live in August 2025.</p> <p>JW advised the Committee that there was a 'safe to start' morning meeting in place at GUH to check the safety of the system with the aim to have this rolled out to all hospital sites.</p> <p>The Committee NOTED the Performance Quality Interim Report.</p>
PQSOC 3103/10	<p>Healthcare Inspectorate Wales – Unannounced Inspection of ED, GUH Published Report</p> <p>Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Healthcare Inspectorate Wales report following the unannounced inspection at the Grange University Hospital Emergency Department between 2nd to 4th October 2024. Several areas requiring improvements were identified, necessitating an action plan to address these issues and enhance patient care and safety.</p> <p>The Committee was advised that the inspection revealed significant challenges in patient flow, pain assessment, oversight of waiting areas, risk assessments, and medication management. The Health Board had developed an improvement plan to tackle these issues, with specific actions assigned to responsible officers and timelines for completion.</p> <p>Tracey Partridge-Wilson (TPW), Deputy Director of Nursing, advised the Committee that 95% of the actions were completed with the remaining open actions having an amber status relating to the flow centre. The team were working with the urgent care department to make the improvements.</p> <p>Helen Sweetland (HS), Chair, asked what the role would be for the well-being assistant within the Emergency department waiting room. JW advised the role would be to support with providing refreshments and pastoral support to patients within the waiting room.</p> <p>The Committee NOTED the report and the requirement to focus on monitoring the actions from the improvement plan.</p>

PQSOC 3103/11**Healthcare Inspectorate Wales Annual Report**

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Healthcare Inspectorate Wales (HIW) Annual Report 2023-24, highlighting the key findings and areas of concern regarding the quality and safety of healthcare services across Wales. This report included data from inspections, surveys, and reviews conducted during the year. It was crucial for the Health Board to address these findings to ensure the highest standards of patient care and safety.

The report underscores the importance of continuous monitoring and improvement to ensure the delivery of safe and effective care to all patients.

JW advised the Committee that the Health Board had examined the themes of the report to ensure that our own markers for Quality, Patient, Safety, and Experience and existing improvement plans were in line with HIW priorities.

Paul Deneen (PD), Independent Member, asked if the Health Board was an outlier in any areas. JW advised that nationally, further work was required in regard to maternity mandatory training however this was not an issue for the Health Board with compliance being positive.

PD asked about DNA CPR decisions in ABUHB and Leeanne Lewis reported that a lot of work has been done in this area and James Calvert reported that there is ongoing work to improve implementation of Treatment Escalation Plans and Advance Care Plans.

The Committee **NOTED** the content of the Annual Report.

PQSOC 3103/12**Medical Devices Annual Report 2023/24**

Craig Roberts (CR), Assistant Director of Therapies and Health Science, provided an overview of the medical devices annual report for 2023/24 advising that the report provided assurance to the Committee that the systems and processes were in place and operating effectively to achieve and maintain compliance with current and developing national Regulations, standards and guidance, under the constraints of what were practicable within available resources.

The Committee was advised that the Medical Devices Committee was aiming to change to a Strategic Medical Devices Group with a multidisciplinary membership with

the Group governed to work under the medical devices UK regulations.

CR advised the Committee that the Medical Devices Committee met quarterly but there were challenges around attendance and ensuring the meetings were quorate. The team were reviewing the Terms of reference to ensure attendees were aware of their responsibility.

The Committee was advised that the Medical Devices work plans were based on the WG Health and Care standards framework (2015) and had currently moved towards working with the Health and Care quality standards (May 23).

The Committee was advised that a large number of the recommended actions from a long-standing audit in 2017 had been completed throughout 2023/24.

CR advised the Committee that the Health Board were awaiting the release of new medical device regulations for the UK. The new regulations will have more information about AI and software.

The Committee was advised that there had been two moderate and no severe incidents reported in this reporting period with a review of Datix information at each medical devices meeting to identify trends.

CR advised the Committee that the Electrical and Biomedical Engineering team was under resourced, however there had been positive work with PAT testing ensuring that equipment is safe for use. It was also noted that the department has gaps in clinical engineering expertise.

Penny Jones (PJ), Independent Member, asked how challenging the gaps in the Electrical and Biomedical Engineering team were. CR advised their main remit was maintenance of the equipment. The team had capacity to fulfil this role however extra support would be required once AI was introduced.

CR advised the significant progress has been made on several areas of concern in the 23/24 annual report and the committee should see progress in the next annual report for 24/25.

The Committee was advised that there is an informal Executive Committee meeting being held to discuss how to move forward with management and governance of

medical devices that would inform what support would be required from the Board.

The Committee **NOTED** the contents of the annual report for assurance.

PQSOC 3103/13

Nutrition and Hydration Committee Interim Report

Craig Roberts (CR), Assistant Director of Therapies and Health Science, provided an overview of the Nutrition & Hydration Interim report, advising that the report intended to appraise the organisation of the current and future quality, patient safety and governance activity being undertaken across the organisation.

The Committee was advised that the intention of the interim report was to provide assurance to the Committee that the systems and processes were now established to achieve a multidisciplinary, timely approach to patient safety and quality within the Nutrition and Hydration agenda.

CR advised that the Nutrition and Hydration Steering Group is clinically led and multidisciplinary. It has now been set up with two subgroups that would report into the Steering Group. The subgroups are: Food standards sub-group and Clinical (artificial) nutrition and hydration sub-group.

The Committee was advised that there had been some problems concerning failure to escalate the complex dietary needs of some patients, so they were not being fed in a timely manner. The Committee was assured that a new structure had been put in place with a Task and Finish Group to improve the position.

The Committee noted that the Health Board had received a regulation 28 from the coroner which outlined that inadequate fluid balance monitoring had been linked to a patient's death. The Health Board had provided the coroner with an action plan that would improve the fluid balance monitoring across the organisation with a Task and Finish Group to monitor the improvements.

CR explained that documents have been introduced to ensure that, if a patient required nutrition this would be highlighted to a doctor or nurse while the patient was in hospital. CR reported on the ongoing work of these two sub-groups and the task and finish groups.

Paul Deneen (PD), Independent Member, asked what the Health Board had in place for patient voice. CR advised

	<p>that the Health Board had spoken with Llais to include a patient representative within the Steering Group.</p> <p>Helen Sweetland (HS) thanked the team for the re-establishment of these groups and the renewed emphasis on these important areas.</p> <p>The Committee NOTED the contents of this Interim report for assurance.</p>
PQSOC 3103/14	<p>NHS Wales Joint Commissioning Committee's Quality Report</p> <p>NHS Wales Joint Commissioning Committee's Quality Report was provided to the Committee for information.</p>
PQSOC 3103/15	<p>Listening & Learning Forum Assurance Report</p> <p>Listening & Learning Forum Assurance Report was provided to the Committee for information.</p>
PQSOC 3103/16	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>There were no key risks or issues for reporting or escalation to the Board or other Committees.</p>
PQSOC 3103/17	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>
PQSOC 3103/18	<p>Date of the Next Meeting:</p> <p>Tuesday 3rd June 2025</p>