



**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	Tuesday 3 rd June 2025, 09:30am-12:30pm
VENUE	Microsoft Teams

PRESENT	Helen Sweetland, Independent Member, Committee Chair Penny Jones, Independent Member, Committee Vice Chair Paul Deneen, Independent Member Philip Robson, ABUHB Vice Chair
IN ATTENDANCE	Jennifer Winslade, Director of Nursing James Calvert, Medical Director Peter Carr, Director of Allied Health Professions & Health Science Leanne Watkins, Chief Operating Officer Rani Dash, Director of Corporate Governance Leeanne Lewis, Assistant Director of Quality & Patient Safety Arvind Kumar, Interim Divisional Director (Clinical Support Services) Tracey Partridge-Wilson, Deputy Director of Nursing Karen Hatch, Assistant Director of Therapies and Health Science Naomi Murtagh, Board Business Manager Moira Bevan, Head of Service Infection Prevention and Control Nurse Collette Kiernan, Clinical Director of Therapy Services Ann-Marie Matthews, Lead for Clinical Commissioning Thomas Jaynes, Committee Secretariat Gavin Thomas, Committee Secretariat
OBSVERING	Rhian Gard, NWSSP - Audit and Assurance Services Sara Utley, Audit Wales
APOLOGIES	None

PQSOC 0306/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 0306/02	Apologies for Absence The Chair confirmed that there were no apologies for absence.

PQSOC 0306/03	<p>Declarations of Interest</p> <p>There were no declarations of interest raised relating to items on the agenda.</p>
PQSOC 0306/04	<p>Minutes of the previous meeting</p> <p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 31st March 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the draft minutes.</p>
PQSOC 0306/05	<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>The Committee APPROVED the action log.</p>
PQSOC 0306/06	<p>Quality Management Framework</p> <p>Jennifer Winslade (JW), Director of Nursing, presented the report for approval and discussion. It was highlighted that, in line with the Duty of Quality in Wales, there had been a strategic shift towards the development of Quality Systems. The framework was intended to provide assurance regarding the overall Quality Management System.</p> <p>JW advised the Committee that the framework was strategically aligned with the following key national and organisational priorities:</p> <ul style="list-style-type: none"> • The Health and Social Care (Quality and Engagement) (Wales) Act 2020, including the Duty of Quality and Duty of Candour; • The Health and Care Quality Standards 2023, underpinned by the principles of Safe, Effective, Patient-Centred, Timely, Efficient, and Equitable care; and • The ABUHB Quality Strategy 2023–2026, which sets out the Health Board’s vision for quality improvement. <p>It was noted that the framework would be in place for a three-year period (2025–2028) and would inform the development of the Quality Annual Report to Welsh Government. The Committee noted that the framework was embedded within the Health Board’s overarching Quality Strategy.</p> <p>JW further highlighted that the framework integrated national guidance, including from Improvement Cymru and</p>

Healthcare Inspectorate Wales, and supports the Quadruple Aim through a structured approach encompassing Quality Planning, Control, Improvement, and Assurance. The Committee noted that the framework had received executive oversight, and had been discussed with clinicians and managers.

The Committee noted the Quality Management system principles and noted that the framework would improve quality management and quality outcomes in accordance with the Health and Quality Standards 2023. JW advised that a Clinical Advisory Forum was in place with input from clinical professionals across the Health Board which provided Quality Impact Assessments, as a clinical viewpoint to advise Executives on any proposed changes, which feed into the planning of quality management. The Committee noted that this also provided leadership with a focus on quality, that is embedded throughout the Health Board.

The Committee was advised that there were Quality Control principles embedded across the Health Board connected to daily operational management, to ensure quality and patient safety was monitored in real time. The Committee noted the Health Board's six pillars of quality had been reviewed and that a revised Quality Outcome Framework would come to the Committee for approval for Q2, after testing on Q1 data. It was noted that a new governance framework was being developed on how people report, what and when they report things / incidents.

Rani Dash (RD), Director of Corporate Governance, outlined the three lines of defence model of organisational system assurance which underpinned the risk and assurance framework as part of the assurance framework. The Committee noted this approach was being worked on and would be embedded throughout the Health Board.

Peter Carr (PC), Director of Allied Health Professionals and Health Science, informed the Committee of the work being done by the Health and Safety Committee to strengthen and improve its activities. The Human Tissue Authority, Medical Devices, and Radiation Protection Group were all governed by regulation and their compliance with quality was very important.

The Committee noted all groups in the new framework were reviewing their purpose and their Terms of Reference. The names would be changed from Committees to Groups.

The new Quality Management Group (QMG), would be led by executives and will deal with operational matters. The QMG will receive input from the groups (within each pillar) in the Quality Assurance Framework and the QPS Divisional assurance meetings. The QMG will report to the Executive team.

The Committee was advised that high level reports covering the groups within the pillars, clinical learning and improvement forum, clinical advisory forum and the divisional QPS meetings would now come to PQSO from the QMG for assurance. The Committee noted the new reporting arrangements.

JW reported that reporting arrangements had also been reviewed. A quarterly narrative report will go to Board. Quality metrics would be embedded in an integrated performance report for Board. PQSO will receive a revised QOF and an exception report from QMG.

Helen Sweetland (HS), Chair, welcomed the review and the changes to the new format and structure of reporting and responded to Audit Wales recommendations. HS thanked the team for all the work that had been undertaken.

Paul Deneen (PD), Independent Member, queried how this would link into commissioning of external services and how it would ensure quality standards and reporting were the same as those within services directly provided by the Health Board. The Committee was advised that reporting of commissioning for quality would be monitored through the respective divisions and the Quality Management Group in-line with the Commissioning for Quality Framework.

PD asked how the team would ensure that staff understand these new arrangements and JW explained that this will be done via the Divisional QPS leads.

The Patient Quality Safety and Outcomes Committee **ENDORSED** the implementation of the Quality Management System Framework.

PQSOC 0306/07

Quality Performance and Outcomes Report

Jennifer Winslade (JW), Director of Nursing, introduced the report for assurance and updated the Committee on the work of the QPS team. The Committee noted the team had restructured and operational patient safety resources had been transferred centrally. The Committee was advised that

the QPS team was fully recruited and a revised QOF would be reported to the Committee.

Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, updated the Committee on the progress of Sepsis work and the Committee was advised that regular updates on sepsis would be included in the Quality Performance report. LL noted work was ongoing for a systematic approach to identify sepsis and the management of patients, by ensuring the use of NICE guidance and the Academy of Medical Royal Colleges guidance.

LL provided an update on a Welsh Health Circular on new early warning scores (NEWS) and standardised scoring systems with an implementation date of December 2025. The Committee was advised that the Health Board was responding via a number of working groups to standardise the audit framework and training for staff. An implementation plan had been developed by the Health Board.

Helen Sweetland (HS), Chair, queried how progress would be reported to ensure the efforts and education programmes were working. The Committee was informed that the sepsis campaign was much wider than previous Sepsis campaigns as this includes engagement with the General Public. It was noted that reporting was being worked through and research was taking place in the Public Health team, based on qualitative research with the public to ensure the Health Board gets further information which provided themes for learning.

James Calvert (JC), Medical Director, highlighted the amount of work that had gone into this programme and thanked Matthew Kevadas, Nursing Lead for sepsis, for his exceptional work.

Paul Deneen (JD) asked whether the teams have engaged with General Practice and Llais about the Sepsis campaigns. LL explained that there have been meetings with Neighbourhood Care Networks and a meeting is planned with Llais.

JW updated the Committee regarding the two divisions that were in escalated measures for quality and informed the Committee of the ongoing work regarding the flow in Urgent and Emergency Care and 'Safe to start' to ensure site safety.

Peter Carr (PC), Director of Allied Health Professionals and Health Science, provided an update to the Committee

regarding the Nutrition and Hydration Group. This update was in response to recent incidents and focused on task-oriented actions to ensure that nutrition and hydration are consistently delivered on wards. The approach emphasised improved risk assessments, early identification of patients' nutrition and hydration needs, and timely escalation where necessary.

The Committee noted an increase in the number of inquests due the work of Assistant Coroners and the impact of this the work on clinical staff, who have to write reports.

Paul Deneen (PD), Independent Member, queried the ongoing delays in the issuing of death certificates. JC explained that the median number of days in Wales was 7 days for completion of a death certificate but could be up to 25 days and noted the distress to affected family members. The Committee noted the process was more complex in Wales than England as Medical Examiners who review all deaths are independent from HBs in Wales and this can delay the issuing of death certificates. The Committee was assured work was ongoing to monitor the situation and improve death certification delays. The committee was also informed of the work of the Care After Death team in ABUHB who support relatives. Their work is being reviewed currently to ensure it is staffed appropriately.

Phil Robson (PR), ABUHB Vice Chair, queried Patient Safety Incidents and how these were triggered. The Committee noted these were usually triggered by staff but if a patient complains this could be triggered by the Health Board on the account provided by the patient via DATIX.

Phil Robson asked how the team ensure that policies such as those related to nutrition and hydration for example are followed on the wards. JW explained that there is ward documentation that should be completed for each patient, which include risk assessments for many areas. The ward manager is accountable for ensuring the ward team appropriately complete these documents

The Committee was **ASSURED** by the ongoing work to deliver the Duty of Quality and Duty of Candour, through implementing the Quality Strategy, Patient Experience & Involvement Strategy and the Quality Improvement Strategy.

Jennifer Winslade (JW), Director of Nursing, introduced the report for discussion and noted that the Committee had previously approved the approach for the commissioning the assurance framework for quality. The Committee was advised that a working group had been set up and had mapped all of the services the Health Board commissioned. Preliminary findings showed that there were inconsistencies in contract documentation, monitoring mechanisms and escalation procedures. This work was ongoing from a financial, planning and quality perspective.

The Committee noted the working group would undertake a pilot and prioritise work on cancer services due to established quality data systems in place, with Velindre NHS Trust. The Committee noted the working group would now be formalised and the Committee was advised that the group would also look at how contracts ensure quality is embedded and how data was pulled on commissioned services.

The Committee **ACKNOWLEDGED** the progress achieved in this workstream to date and endorsed the proposed direction for further development, with a focus on enhancing quality in commissioned services.

PQSOC 0306/09

Infection Prevention and Control & Cleaning Standards Annual Report 2024/25

Moira Bevan (MB), Head of Service for Infection Prevention and Control, introduced the annual report for information.

MB highlighted the report had been written by divisions in conjunction with the Infection, Prevention and Control team. The Committee noted a number of awards won by the IPC team.

The Committee noted Welsh Government Expectation Reduction targets had been missed apart from one exception. The Committee was informed that this was consistent across Welsh Health Boards.

MB outlined actions that had been undertaken to improve infection, prevention and control which included; bespoke training for staff; enhanced cleaning regimes; task and finish groups had been set up on certain types of infections and QI projects on oral hygiene; intranet page had been refreshed as well as new communications for staff and public.

The Committee noted a significant increase in community acquired patients presenting to secondary care which had increased pressure on the Health Board and performance.

The Committee noted an increase in Clostridium Difficile (C.Diff) infection but was assured that the testing of 643 samples had identified 5 clusters which suggests onward transmission in only 9 cases. The Committee noted onward transmission was not spread across all sites.

The Committee noted pressures caused in the Winter by influenza, covid and RSV, but point of care testing (POC) had enabled timely and appropriate placement of patients.

The Committee noted a business case had not yet been developed for the IP&C team as funding had been secured for RIF until March 2027, but this is a potential risk.

Penny Jones (PJ), Independent Member, noted that in the enhanced cleaning paper there was slippage in delivery due to capacity constraints and whether this had been overcome. PJ also asked about non-compliance with Welsh technical memorandum for oral / dental equipment cleaning.

The Committee noted the slippages in the enhanced cleaning programme and that these had not been implemented in YYF and GUH but a new paper had been written to achieve the enhanced cleaning across Health Board sites. The Committee was assured C.Diff had reduced in YYF regardless. The Committee was advised that it has been decided that Ultra Violet light cleaning was going to be implemented rather than Hydrogen Peroxide, which were quicker. The Committee noted a service review for primary care dentists was taking place and there were funding for cleaning of oral stations.

Paul Deneen (PD), Independent Member, queried what was being done to engage with visitors and the general public regarding infectious illnesses. The Committee noted leaflets were provided to hospital visitors to raise awareness of hygiene and infection control.

JC reassured the committee that Health Protection Wales and Public Health teams provide regular updates on unusual infectious diseases and were working on important messaging to the general public regarding disease prevention.

The Committee **NOTED** the Infection Prevention & Control Annual Report 2024-25 and Strategic Plan for 2025/26.

PQSOC 3103/10

Volunteering Annual Report 2024/25

Tanya Strange (TS), Head of Nursing, introduced the report and noted that volunteering across the Health Board continued to grow in scale, impact, and strategic importance. The Committee noted volunteering hours had doubled since the last annual report and five new volunteer roles (experts by experience) had been created. The Committee was informed that volunteers spoke a wide range of languages (40 in total) and twenty volunteers had subsequently become paid employees.

The Committee noted the plan for 2025 to try and recruit volunteers who are deaf, LGBTQIA+, neurodiverse and veterans. The Committee noted work had increased with partners across Gwent and working relationships remained strong.

The Committee noted challenges of a high case load of volunteers against 3.2wte in the department. The Committee noted 70 volunteers were in recruitment and 500 people, mainly in community, were awaiting to become a volunteer. The Committee was advised that a Charitable Funds bid had been written to request funding for a volunteer coordinator role.

Paul Deneen (PD), Independent Member, welcomed volunteer awards as part of the Health Board's Staff awards.

The Committee **NOTED** the Volunteering Annual Report 2024/25; **ACKNOWLEDGED** the growing scope, diversity, and impact of volunteer activity; **NOTED** the risks to service sustainability and **SUPPORTED** the ongoing development of the volunteering programme.

PQSOC 0306/11

Mortuary Incident Action Plan

Leanne Watkins (LW), Chief Operating Officer, introduced the report for assurance and noted the report provided formal update on the Pathology Directorate's progress on the transformational agenda, to enhance the safety and efficiency of the mortuary and Care after Death (CAD) services and the vision and objectives for the future of the mortuary and Care after Death services.

LW noted the Health Board was highly regulated by the Human Tissues Authority and the service had strict policies and procedures.

The Committee noted the work ongoing to review the work of the Care after Death (CAD) team; plan to implement a new software system which would track deceased patients rather than it being paper based and WG had requested an independent external review to be undertaken of the division's transformation plans.

Arvind Kumar (AK), Interim Divisional Director (Clinical Support Services), assured the Committee that the department was working to achieve internal quality improvement accreditation.

The Committee welcomed the action plan and commended the response of the division and thanked all those who have been and are still involved with the transformation programme.

Update on the Mortuary Incident action plan to come to the Committee in 6 months **Action: Chief Operating Officer**

The Committee **RECEIVED** assurance from the report.

PQSOC 0306/12

Clinical Audit: Annual Report on Clinical Audit Activity 2024/25 and Clinical Audit Plan 2025/26

Leeanne Lewis (LL), Assistant Director for Quality & Patient Safety, presented the report for assurance. She highlighted that clinical audit serves as a key tool for evaluating the safety and effectiveness of clinical services. It provides assurance of compliance with clinical standards and helps identify and reduce risks, waste, and variations from guideline-defined care. The Committee was assured that audit findings are actively used to inform and prioritise areas for improvement, with the overarching goal of enhancing patient outcomes. It was noted that there had been considerable work done on reporting mechanisms and the clinical governance of audits by The Clinical Standards and Effectiveness Group (CSEG) and the regular reports to ARA and PQSO Committees.

The Committee was informed that there was a framework around the reporting and some of the achievements were outlined to the Committee. The Committee noted the challenges and the impact on audit at times of significant clinical demand; a lack of substantial funding for AMAT and non-participation in some National Audits which have mainly been English only Audits. The Committee was assured these were small audits.

The forward work plan was outlined to the Committee.

	<p>The Committee noted the significant progress that had been made on clinical audit activities and the clinical audit plan over the last few years.</p> <p>Rani Dash (RD) highlighted that ARAC still expects there to be a Corporate Local Clinical Audit Plan based on areas of risk that feed into the assurance process. JC advised that a business case would probably be required for additional staffing to be able to support the monitoring of local audits. RD acknowledged that local audits are being done but there is a responsibility for central reporting so there is corporate assurance.</p> <p>JC suggested that there is a hierarchy. All divisions have to complete national audits and will be asked to develop a local audit plan which fits around issues raised through their monitoring of complaints/incidents /risks. The third group of audits will arise from ad-hoc events. JW added that the local audits will then be reported at the divisional QPS meetings.</p> <p>Update on development of local audit plans and funding arrangements in 6 months. Action: Assistant Director for Quality & Patient Safety/ Medical Director</p> <p>The Committee AGREED to the Clinical Audit Plan for 2025-2026 and RECEIVED assurance from the Audit Activity Report for 2024-2025 that the Health Board was meeting its obligation to undertake clinical audit.</p>
<p>PQSOC 0306/13</p>	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, 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 NOTED the delegated strategic risks and NOTED the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient quality and safety.</p>
<p>PQSOC 0306/14</p>	<p>Development of Committee Annual Programme of Business 2025/26</p>

	<p>Rani Dash (RD), Director of Corporate Governance, updated the Committee on the Committee's Annual Programme of Business and noted it now included regular updates from the Quality Management Group and Quality Outcomes report. RD advised that some annual reports had been removed as assurance will now be provided via the routine Quality Management Group reports.</p> <p>The Committee APPROVED the proposed Committee workplan for 2025/26 and NOTED that it will be brought forward to each future Committee meeting for oversight.</p>
PQSOC 0306/15	<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 0306/16	<p>Listening & Learning Forum Assurance Report</p> <p>Listening & Learning Forum Assurance Report was provided to the Committee for information.</p>
PQSOC 0306/17	<p>Clinical Advisory Group Assurance Report</p> <p>Clinical Advisory Group Assurance Report was provided to the Committee for information.</p>
PQSOC 0306/18	<p>Committee Annual Report 2024/25</p> <p>Committee Annual Report 2024/25 was provided to the Committee for information.</p>
PQSOC 0306/19	<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 0306/20	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>
PQSOC 0306/21	<p>Date of the Next Meeting:</p> <p>29th July 2025</p>

