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 12th November 2024, 12:30pm-3:30pm
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Helen Sweetland, Independent Member Paul Deneen, Independent Member Penny Jones, Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing Peter Carr, Director of Allied Health Professions & Health Science Nicola Prygodzicz, Chief Executive James Calvert, Medical Director Rani Dash, Director of Corporate Governance Leeanne Lewis, Assistant Director of Quality & Patient Safety Tracey Partridge-Wilson, Deputy Director of Nursing Tanya Strange, Head of Nursing Person Centred Care (Item 2.4) Grace Hargreaves, Assistant Quality & Patient Safety Assurance Lead (Item 2.4) Matthew Kvedaras, Assistant Quality & Patient Safety Assurance Lead (Item 2.4) Lloyd Hambridge, Divisional Director of Primary Care and Community Services (Item 2.2) Rachel Prangley, Interim Head of Primary Care (Item 2.2) Karen Hatch, Assistant Director of Therapies and Health Science (Item 2.5) Emma Mills, Consultant Midwife (Item 2.4) Christopher Morgan, Divisional Nurse (Item 2.4) Claire Lipetz, Consultant Gynaecologist, Divisional Director F&T (Item 2.4) Helen Morgan, Divisional Nurse (Item 2.4) Joanne Hook, Senior Nurse (Item 2.4) Kelly Downes, Deputy Director of Nursing Eleanor Edwards, Deputy Head of Safeguarding (Item 2.4) Helen Ronchetti, Deputy Head of Infection Prevention Service (Item 2.4) Scott Taylor, Head of Health, Safety & Fire (Item 2.6) Ceri Phillips, Consultant Pharmacist Star Moyo, Health Inclusion Service Senior Nurse

	Lyn Puckett, Trade Union Representative Fern Cook, Committee Secretariat
OBSVERING	Sara Utley, Audit Wales Rhian Gard, NWSSP - Audit and Assurance Services Linda Joseph, Llais Cymru
APOLOGIES	None

PQSOC 1211/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 1211/02	**Apologies for Absence** The Chair noted the apologies for absence to record.
PQSOC 1211/03	**Declarations of Interest** There were no declarations of interest raised to record.
PQSOC 1211/04	**Minutes of the previous meeting** The minutes of the Patient Quality, Safety and Outcomes Committee held on 2nd September 2024 were agreed as a true and accurate record of the meeting, subject to the following change: - • page 7 change from V Pack to VPAG. **Action: Committee Secretariat** The Committee **APPROVED** the minutes based on the change made.
PQSOC 1211/05	**Committee Action Log** The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.
PQSOC 1211/06	**Committee Risk Report** 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. Since September, the risk environment had remained relatively stable, with no changes in the risk score or exposure to the three strategic risks that the Committee monitors, with 3 risks reporting as a risk level of Moderate or High.

	The Committee **NOTED** the delegated strategic risks and the work being undertaken to ensure the Committee was sighted on all risks that have the potential to impact patient quality and safety.
PQSOC 1211/07	**Primary Care Quality Report** Leanne Watkins (LW), Chief Operating Officer, provided the Committee with an overview of the 2023/24 Annual Quality Report advising that the report highlighted the contract reforms, training programs, performance metrics, and governance mechanism. The Committee was advised that the annual quality report covered the following area throughout 2023/24:- • General Dental Services • Urgent Access and Wait Times • Orthodontic Services • General Ophthalmic Services • General Medical Services • Enhanced and Supplementary Services • Community Pharmacy Services LW advised the Committee that the primary care academy had been an important element of safeguarding quality for the future of the delivery of the primary care services. Paul Deneen (PD), Independent Member, asked what the areas of focus would be for improvement over the next 12 months. LW advised the focus would be around sustainability within GP and dental practices and to have an outcome focus on quality that was valuable to patients. Lloyd Hambridge (LH), Divisional Director of Primary Care and Community Services, advised the Committee that the Health Board was using the primary care model set out by Welsh Government. LH highlighted to the Committee that the increase in employer contributions for national insurance had been raised as a concern by the independent contractors to Welsh Government advising this would have an impact on stainability. Helen Sweetland (HS), Independent Member, asked if the Health Board had enough ophthalmology services to serve the population in Gwent. LW advised there was an eye care plan with leaders being engaged and a working group to move things forward.

	Pippa Britton (PB), Chair, asked what the challenges were for people not able to access primary care services. LH advised there were enhanced services available to the public that were homeless, refugees and assured the Committee this would be included within the annual report going forward. The Committee questioned why there was only a small section within the report on clusters. Rani Dash (RD), Director of Corporate Governance, advised that primary care sustainability and place-based care, including clusters, was reported through the Partnerships, Population Health and Planning Committee. The Committee thanked the Primary Care team for the amount of information within the report and the positive work that had been done throughout the year. The Committee **NOTED** the 2023/24 Annual Quality Report.
PQSOC 1211/08	**Quality Strategy – Quality Outcomes Framework** Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Strategy, advising that, in April 2023, the Health Board launched its first Quality Strategy and Patient Experience & Involvement Strategy. As part of ensuring successful implementation of the Strategies, a Quality Outcomes Framework and implementation plan was developed. The Committee was advised that the Quality Outcomes Framework aimed to drive continuous improvement in healthcare services by focusing 7 key objectives. There was a 2 year implementation plan for the new quality framework which would be used from the next quarter. The Committee was advised that a SOP on deep dives was being developed to ensure that there was a clear understanding about what should be included, and the final document would be shared with the Committee for oversight at a future meeting. **Action: Director of Nursing.** Paul Deneen (PD), Independent Member, asked what the key issues were for moving the framework forward. JW advised the main issue was how the Health Board would embed the framework, ensuring the right culture around quality.

	Helen Sweetland (HS), Independent Member, asked if the Health Board had a system that provided an alert if an area required support. JW advised there was a dashboard for each division where they have the option to flag any incidents. The Committee was advised that the Health Board does focus on areas of concern in relation to not meeting the requirements for quality, noting there was a large amount of work being done to ensure that quality throughout the Health Board was within required standards. The Committee **NOTED** the Quality Outcomes Framework.
PQSOC 1211/09	**Quality Performance and Outcomes Report** Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Performance and Outcomes report for quarter 2, 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. Joanne Hook (JH), Senior Nurse, Emma Mills (EM), Consultant Midwife, and Tanya Strange (TS), Head of Nursing Person Centred Care, provided the Committee with an overview of the Diverse Cymru Cultural Competency Accreditation scheme advising that Maternity services and the patient experience team had won 2 sliver awards, and highlighted the support received from the volunteering team, with the aim of achieving a gold award next year. JW advised the Committee that the Mental Health and Learning Disabilities division remained in escalation due to quality, safety and governance concerns however, following improvements they had now moved from special measures to enhanced monitoring. The Committee was advised that urgent and emergency care were also in enhanced monitoring, and were assured that work was being undertaken to improve the position of ED and the flow of patients throughout the hospital, with a new operational framework due to be tested. Paul Deneen (PD), Independent Member, asked if the Health Board were content with the progress being made with both areas in enhanced monitoring. JW advised that great progress had been made but, acknowledged that there were still areas for improvement.

	Helen Sweetland (HS), Independent Member, advised the Committee that she had chaired an appointment panel recently and there were 5 consultants appointed which would bring a range of different skill sets to the Health Board. The Committee was advised that a hip and knee survey report had been completed in July 2024 by Llais, Gwent Region, with 3 recommendations highlighted and the Health Board submitting an improvement plan in September 2024. There had been 8 Health Inspectorate Wales immediate assurance letter responses. Ceri Phillips (CP), Consultant Pharmacist, provided the Committee with an update on antimicrobial prescribing within the Health Board, advising they had received the primary care Welsh Government targets which aimed to reduce the prescribing within the next 5 years. The Committee was advised that, to support the reduction in antimicrobial prescribing, the Health Board had started to reduce the time period over which antibiotics should be taken from 7days to 5days, assuring the Committee that 5days would still clear an infection and would reduce costs. Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, and Matthew Kvedaras (MK), Assistant Quality & Patient Safety Assurance Lead, provided the Committee with an update on the Sepsis Progress report, advising that there was an awareness campaign targeted in ED and the children's assessment unit with posters displayed on how to spot sepsis if a child was unwell. The Committee was advised that there bi weekly meetings were held within ED looking at good practice through quality improvement approach and how to spot patients with sepsis. LL advised that they were looking at an education campaign to allow recognition of early sepsis within primary care to try to prevent patients needing to come into hospital. The Committee was advised that the Health Board was reviewing the sepsis screening tool and was holding a workshop on 29th November 2024 to look at the objective for the next 2years. Paul Deneen, (PD), Independent Member, asked what the issue was with reporting sepsis data. LL advised that the

	Health Board was now using a different approach where they were trying to catch sepsis at all wards rather than just at ED and flagging early warning signs. The Committee was advised that the UK Sepsis Trust had agreed for the Health Board to use their branding and were content to support with the sepsis education programme. Eleanor Edwards (EE), Deputy Head of Safeguarding, provided the Committee with an overview on the General Practice and Child Protection Register programme, advising that it had been raised to safeguarding that Monmouthshire council and GP practices were not receiving updates to the child protection register. The Safeguarding team had work to resolve the issues by providing GP practices with an up to date list each quarter and notifying the council of the relevant children's GP. Positive feedback had been received, with GPs being able to flag concerns with the Local Authority. The Committee was advised the Health Board was now in the second stage of the pilot with Monmouthshire and were aiming to expand the approach to Gwent by 1st April 2025. Pippa Britton (PB), Chair, asked if there was any support to children transitioning into adulthood. EE advised that there was a pilot in Newport on how services can support children going into adulthood and once the pilot was complete, it would be rolled out to all 5 local authority areas. PD asked if schools was aware of the children on the child protection register. EE advised the schools were involved via local authority safeguarding leads. Claire Lipetz (CL), Consultant Gynaecologist, Divisional Director F&T and Helen Morgan (HM), Divisional Nurse, provided the Committee with overview of the actions and learning taken from the death of a 9year old boy in December 2022 who had presented at the children's emergency unit in the Grange University Hospital. The child was diagnosed with Influenza A and discharged without a senior medical review and returned 4 days later with septic shock from a bowel infection. The Committee was advised that the Health Board had created an action plan to take learning from the incident

	with the following key areas being identified within the plan:- • Ensuring a senior medical oversight; • Strengthening communication and triage processes; • Capacity management and adaption; • Developing a system for re-presentation and safety netting; • Importance of family engagement in care and feedback; • Enhancing resuscitation, transfer and communication training. James Calvert (JC), Medical Director, asked if the staff training was an extension of the learning from the case. CL advised that with this case, the staff that did the transfer of the patient would not usually do this as part of their practice. The training was therefore to allow them to have the knowledge if needed again. The Committee was advised that there were serval recommendations that had come from the action plan with most of them being complete and the following 2 remaining amber:- • Improved flow and dealing with increased demand (Amber) • Develop Health Board Sepsis Awareness Improvement Programme (Amber) HM assured the Committee that the Health Board was providing family members with information on the illness the child had been diagnosed with when returning home. The Committee was assured that, based on the work that had been completed on the action plan and implementation of the recommendations, an incident like this would not happen again. JW provided the Committee on an overview of the Ward and Team Accreditation that creates a structured system to continuously raise standards of care through effective goal setting, measurement, feedback and staff engagement which brings benefit to patients, staff and the organisation. The Committee was advised that the Health Board had completed phase 1 which targeted 55 adult wards, 2 paediatric wards and all inpatient mental health and learning disability wards.

	JW advised that they had undertaken 10 independent reviews across 4 sites and of these 7 reviewed wards met the criteria for bronze level status. The Committee was advised that next steps were to progress with phase 2 and to recruit a data analyst to identify the organisational themes for learning. The Committee **NOTED** the progress of the quality performance report and took the report for assurance.
PQSOC 1211/10	**Falls and Bone Health Management Annual Report** Karen Hatch (KH), Assistant Director of Therapies and Health Science, provided the Committee with an overview of the Falls and Bone Health Annual report, advising that the report covers the data analysis, key activities, challenges and next steps in support of reducing falls incidents alongside improving bone health as an ongoing commitment in further enhancing the quality of patient care. The Committee noted the prevalence of falls within the UK, with one in three people over the age of 65 have one fall within a year resulting in over 50M falls per year. The Committee was assured that the Health Board reviews inpatient data at a ward level to allow the opportunity to highlight the areas of concern and work with the nursing and multidisciplinary teams to ensure they were taking learning from the incidents. KH advised the Committee that the Health Board was represented nationally across a number of forums and were ensuring they were following the national guidelines when lifting a patients following a fall, with a task and finish group set up to ensure staff know how to lift patients correctly. The Committee was advised that there had been a pilot for patients within the hospital setting to be allocated yellow wrist bands to identify which patients were at a high risk of falls and the aim was to spread and scale across all Health Board sites. The Committee noted that the Health Board had been working collaboratively with Welsh Ambulance and had attended a workshop on what the new changes were that relate to the new fall's framework.

	KH advised the Committee that there was a challenge around how the Health Board ensures all staff members were trained in relation to falls. To address this, a Falls Training Strategy was due to be completed by March 2025. Paul Deneen (PD), Independent Member, asked what information was shared with patients and their families on discharge in regards to preventing falls at home. KH advised a leaflet would be shared upon discharge, noting this was an area for improvement. Jennifer Winslade (JW), Director of Nursing, advised the information shared would be picked up as part of the integrated dicharge plan. Penny Jones (PJ), Independent Member, asked if the Health Board had targeted women in their menopause. KH advised they had started working with women in their menopause providing them with information of the risks. Helen Sweetland (HS), Independent Member, asked what service the fall assistants provide. KH advised they were trained as a first responder to support ambulance waiting times Pippa Britton (PB), Chair, thanked KH for the work that had gone into the report and the work undertaken throughout the year. The Committee **NOTED** the Falls and Bone Health Annual report.
PQSOC 1211/11	**Health and Safety Compliance Annual Report** Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of the Health and Safety Compliance Annual Report 2023/24, advising that the report identified the opportunities and challenges for the Health Board in ensuring and sustaining compliance within Health and Safety legislation, including specific compliance improvement action delivered in this period. Scott Taylor (ST), Head of Health, Safety & Fire, advised the Committee that the Health, Safety and Fire plan was created to focus on the following 5 areas:- • Fire Safety • Health and Safety Training Provision • Manual Handling • Risk Management • Violence and Aggression

	The Committee was advised that the Health and Safety statutory and mandatory training compliance had increased to 76% in 2023/24 but remained a challenge for the Health Board. ST advised the Committee that the Health and Safety risk assessment education programme had trained 295 employees to undertake risk assessments within the work place. The Committee was advised that the fire alarms system programme within the Health Board had commenced and work was ongoing to replace all alarms on the sites. PC assured the Committee that the alarm systems were working. ST advised the Committee that the fire barriers across the Health Board sites had been assessed and had identified that improvement was needed at Nevil Hall Hospital and Royal Gwent Hospital with work in progress to improve these areas. The Committee was advised that there were challenges around the compliance of the Health and Safety policies, assuring the Committee that there was a plan in place for 2024/25 to review the policies which were out of date. The Committee noted that a plan had been developed to reduce violence and aggression within the workplace, with a lead now recruited and were looking to adopt the approach of NHS England. The Health and Safety Committee had been reviewed with a new terms of reference and governance structure to monitor the improvements. The Committee was advised the annual plan was due to be presented to Board in November. The Committee requested that an update to be included within the cover report on further compliance performance since March 2024, before being submitted to the Board. **Action: Director of Allied Health Professions & Health Science** Pippa Britton (PB), Chair, requested that the performance report included a section on the continuous progress being made on the Health and Safety policy review. **Action: Director of Allied Health Professions & Health Science**

	The Committee thanked PC & ST for the work that had been undertaken over the last 12 months. The Committee **NOTED** the annual report.
PQSOC 1211/12	**Review of Committee Programme of Business 2024/25** Review of Committee Programme of Business 2024/25 was provided to the Committee for information.
PQSOC 1211/13	**NHS Wales Joint Commissioning Committee's Quality Report** NHS Wales Joint Commissioning Committee's Quality Report was provided to the Committee for information.
PQSOC 1211/14	**Learning and Improvement Forum Minutes** Learning and Improvement Forum Minutes were provided to the Committee for information.
PQSOC 1211/15	**Nurse Staffing Levels (Wales) Act 3-year Report** Nurse Staffing Levels (Wales) Act 3-year Report were provided to the Committee for information.
PQSOC 1211/16	**Children and Young Peoples Board Minutes** Children and Young Peoples Board Minutes were provided to the Committee for information
PQSOC 1211/17	**Nurse Staffing Levels Spring Recalculations** Nurse Staffing Levels Spring Recalculations were provided to the Committee for information. Jennifer Winslade (JW), Director of Nursing, highlighted to the Committee that there would be a paper coming to the next Committee referencing the changes to macken ward now becoming an medicine ward. **Action: Director of Nursing**
PQSOC 1211/18	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** There were no key risks or issues for reporting or escalation to the Board or other Committees.

PQSOC 1211/19	**Any Other Urgent Business** There was no urgent business.
PQSOC 1211/20	**Date of the Next Meeting:** Monday 20th January 2025