



**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING**

**MINUTES OF THE PATIENT QUALITY, SAFETY  
AND OUTCOMES COMMITTEE MEETING**

<b>DATE OF MEETING</b>	Monday 20th January 2025, 09:30am-12:30pm
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Helen Sweetland, Independent Member, Committee Chair Paul Deneen, Independent Member Penny Jones, Independent Member
<b>IN ATTENDANCE</b>	Jennifer Winslade, Director of Nursing Peter Carr, Director of Allied Health Professions & Health Science Nicola Prygodzicz, Chief Executive Rani Dash, Director of Corporate Governance Leeanne Lewis, Assistant Director of Quality & Patient Safety  Tracey Partridge-Wilson, Deputy Director of Nursing Leanne Watkins, Chief Operating Officer (Item 2.2 only) Louise Turner, Divisional Director for Mental Health (Item 2.2 only) Jonathan Simms, Clinical Director of Pharmacy (Item 2.6 only) Jayne Beasley, Head of Midwifery & Gynaecology Karen Hatch, Assistant Director of Therapies and Health Science Kelly Downes, Deputy Director of Nursing Fern Woodhead, Committee Secretariat
<b>OBSVERING</b>	Star Moyo, Health Inclusion Service Senior Nurse Lyn Puckett, Trade Union Representative
<b>APOLOGIES</b>	James Calvert, Medical Director

<b>PQSOC 2001/01</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>PQSOC 2001/02</b>	<b>Apologies for Absence</b>  The Chair noted the apologies for absence.
<b>PQSOC 2001/03</b>	<b>Declarations of Interest</b>  There were no declarations of interest raised relating to items on the agenda.

<p><b>PQSOC 2001/04</b></p>	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 12<sup>th</sup> November 2024 were agreed as a true and accurate record of the meeting, subject to the following change: -</p> <ul style="list-style-type: none"> <li>• Page 11 change from “improvement violence and aggression within the workplace” to “reduce violence and aggression within the workplace”.</li> </ul> <p><b>Action: Committee Secretariat</b></p> <p>The Committee <b>APPROVED</b> the minutes based on the change made.</p>
<p><b>PQSOC 2001/05</b></p>	<p><b>Committee Action Log</b></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>Rani Dash (RD), Director of Corporate Governance, advised the Committee that it was not appropriate to report the SOP on Deep Dives to the Committee and therefore this action would be removed.</p> <p>Peter Carr (PC), Director of Allied Health Professions &amp; Health Science, advised the Committee that the Health &amp; Safety cover report for the Board meeting in January would include updated compliance performance and the performance report will include information on the continuous progress being made on the review of all Health &amp; Safety policies.</p>
<p><b>PQSOC 2001/06</b></p>	<p><b>Committee Risk Report</b></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>Penny Jones (PJ), Independent Member, asked how the risk for the Health Board failing to build positive relationships with patients, staff and the public could be improved. Jennifer Winslade (JW), Director of Nursing,</p>

	<p>advised that the Health Board were at the early stages of having an approach of engaging with patients and were making progress but were not in a position to reduce the risk.</p> <p>Peter Carr (PC), Director of Allied Health Professions &amp; Health Science, provided the Committee with assurance that the Health &amp; Safety risk had reduced from a risk score of 16 to 12 and they were continuing to deliver the improvement plan with the aim to reduce to the risk score to 8.</p> <p>The Committee <b>NOTED</b> the delegated strategic risks and the work being undertaken to ensure the Committee was included on all risks that have the potential to impact patient quality and safety.</p>
<p><b>PQSOC 2001/07</b></p>	<p><b>Mental Health Act Monitoring Report</b></p> <p>Leanne Watkins (LW), Chief Operating Officer, presented the Mental Health Act Monitoring report, advising that the report provided assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.</p> <p>The Committee was advised that the Mental Health Act Monitoring Committee had been stood down and the report had been brought to the Committee to ensure compliance remained until the new Mental Health and Learning Disabilities Committee meets in March.</p> <p>Paul Deneen (PD), Independent Member, questioned if the staff were aware of the new Committee and changes to the new format of the report. LW advised that communications had been shared with the staff.</p> <p>Rani Dash (RD), Director of Corporate Governance, confirmed to the Committee that a pre meeting was in place to develop the forward work plan.</p> <p>Penny Jones (PJ), Independent Member, questioned why the tribunal hearings cancellation numbers were so high. Louise Turner (LT), Divisional Director for Mental Health, advised that on occasion it would be cancelled by the patients, but there was work in progress to analyse the data and understand the reasons for the cancellations.</p> <p>The Committee <b>NOTED</b> the information provided on the use of the Mental Health Act.</p>
<p><b>PQSOC 2001/08</b></p>	<p><b>Quality Performance Report</b></p>

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Performance report for quarter 1 to 3 2024/25, 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 work was ongoing to change the way the information within the report was reported to have more of a focus on quality rather than performance.

JW advised the Committee that the patient experience, and patient engagement and involvement strategy continued to progress to deliver person-centred care, which included patient participation panels, PALS and bereavement services.

The Committee was advised that the Learning and Improvement forum had now been set up with the aim to share the learning across the Health Board and strengthen the learning and listening infrastructure.

Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, provided the Committee with a progress update following a review by Welsh Risk Pool of the consent process, for patients having a medical procedure.

The Committee was advised that 5 consent forms were reviewed with the finding highlighting that most patients signed their forms on the day of the procedure, with some forms completed weeks in advance. However, there were issues with illegible signatures and missing clinician details.

LL outlined the areas of focus in order to implement improvements following the review:

- Policy review;
- Compliance with the All-Wales forms;
- Intranet update;
- The All-Wales Model policy for consent had been adopted;
- Governance process;
- Audit programme;
- Continuous monitoring.

The Committee was advised that 2 new videos had been created to help patients understand the process of obtaining consent for a medical procedure, with the aim to have the videos shared with the public via the internet.

LL advised the Committee that Aneurin Bevan University Health Board was the only Health Board to gather feedback from patients when completing an audit on consent.

Paul Deneen (PD), Independent Member, asked what support was being provided to asylum seekers. LL advised that training was being provided to staff to help support a patient's understanding of consent forms.

JW provided the Committee with an update on the 2 areas currently in escalation - Urgent & Emergency Care and Mental Health & Learning Disabilities.

The Committee was advised that urgent & emergency care was still in the process of improving its position with the new operational framework continuing to develop, including:-

- Weekly Safety Flow cross divisional meetings
- Additional ED Consultants appointed
- Safe-to-Start meetings started on 13th January 2025
- Transfer Lounge going live in Feb/march

The Committee was advised about work being undertaken to look at a paid employee role to support patients checking in on the electronic system at the emergency department waiting room.

JW advised the Committee that work was on going to improve the position in Mental Health & Learning Disabilities, including engagement and workshops that would support the development of services and communication plans based on the feedback received.

The Committee was provided with assurance that there had been a focus on safeguarding level 1 & 2 training, with a 91.6% compliance at level 1. It was highlighted that further work was required to improve the level 3 training compliance.

PD questioned if the Health Board was developing a safe to leave process. JW advised that there was not a safe to leave process, but work was being undertaken to develop a discharge check list and a review of the discharge policy.

The Committee was advised that the Health Board remained in a positive position of 86% on CIVICA for patient feedback, exceeding the 85% benchmark and would continue to bring patients stories to Board.

JW advised the Committee that there had been a focus on complaints, concerns and compliments with early resolution reporting at 67%. Work was underway to encourage reporting of compliments. It was highlighted that the 30day compliance for responding to complaints was currently 55%, below the target of 75%.

The Committee was advised that the Health & Safety team had significantly improved compliance with RIDDOR reporting at 86%. It was highlighted that work was ongoing to improve the manual handling training compliance, which remained low at 69%.

The Committee was advised that there was a programme of work focussing on sepsis management. The Health Board had been working with a family that had lost their son to sepsis to ensure that communication to the public was clear for families to know what to look for to identify early signs of sepsis.

JW advised the Committee that the ward accreditation had rolled out across several divisions. 3 accreditations had been awarded in December and these wards were now working toward their silver award.

The Committee was advised that there had been 2 never events between April to December 2024. 1 was within a non-theatre environment and the other being historical and found during a scan. Assurance was provided to the Committee that both events had resulted in no harm.

JW advised the Committee that the total number of fall incidents averaged 302 per month, with 99% being no or low harm.

Peter Carr (PC), Director of Allied Health Professions & Health Science, advised the Committee that he is leading a thematic review of falls with catastrophic and severe harm outcomes, looking back at such incident as far as 2019. The aim of the thematic review is to identify further action that can be taken to reduce the incidence of those type of falls.

Helen Sweetland (HS), Chair, questioned why there had been an increase in falls. PC advised that the increase in the overall number of hospital falls was most likely due to increased acuity of our inpatients, increased length of stay and when patients become more mobile when they are due to leave hospital.

JW assured the Committee that a safe to start assessment was completed twice a day on the wards, once before the start of a shift and then halfway throughout the day, which would highlight the patients at risk of a fall, so the team can provide extra support if needed.

PC assured the Committee that once the thematic review of falls had been completed the findings and results it would be shared with the Executive Committee. Any action agreed from the thematic review will be shared with the Patient, Quality, Safety & Outcomes Committee for oversight at a future meeting. **Action: Director of Allied Health Professions & Health Science**

The Committee **NOTED** the quality performance report.

**PQSOC 2001/09**

**Maternity Services: Organisational Improvement and Action Plan**

Jayne Beasley (JB), Head of Midwifery & Gynaecology, provided the Committee with an update of the progress of the Maternity Improvement Plan. The Plan aimed to determine how the Health Board's maternity service would achieve high quality maternity care and detailed their approach to providing individualised care, reductions in health inequalities, improves, innovates and develops to meet the needs of those who access the service and those who work in it.

The Committee was advised that the improvement plan included the areas of focus for the department throughout 2024 to 2027 with a colour coded system to highlight the status of each action.

JB provided the Committee with an overview of the outstanding amber (in progress) and red (not yet started) actions from the plan.

Paul Deneen (PD), Independent Member, questioned how the service user and paid role would work. JB advised that the Chair of the 'Bumps and Babies Improvement Group', would be not currently paid to undertake the role as the chair. JW relayed that the paid role was in relation to recompense for work undertaken.

PD questioned if an impact assessment was being completed when training was being conducted by staff members and if an additional training request had come from Welsh Government. JB advised that the PROMPT and

foetal training was mandatory with a target of 95% and there would be a need to take into account the impact going into 2025/26. Jennifer Winslade (JW), Director of Nursing, advised that maternity services have more training due to the risks of pregnancy and giving birth.

Rani Dash (RD) Director of Corporate Governance advised the Committee there would be a report going to the Board on 29th January regarding statutory and mandatory training.

The Committee **NOTED** the ongoing work to implement and embed improvements within maternity services.

## **PQSOC 2001/10**

### **Learning from Death Report**

Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, provided the Committee with an overview of the Learning from Death report for the period January to June 2024.

The Committee was advised that the risk adjusted mortality index (RAMI) had reduced from the last reporting period and the Health Board was now the second best performing Health Board in Wales.

LL advised that there had been divisional learning, with divisions sharing and discussing their cases within their morbidity and mortality meetings.

The Committee was advised that the mortality framework (MBRRACE) had helped with putting in place end to end processes in relation to how the Health Board reports on still births, neonates and maternal deaths.

The Committee was advised that there had been challenges around the CHKS system (software) used to look at the mortality data. and were working with the system owners on how the Health Board could include a dashboard that NHS England had used.

LL advised the Committee that more engagement from staff on mortality reviews would be required and a 'deep dive' would be undertaken once the correct data was available on the CHKS system.

Paul Deneen (PD), Independent Member, questioned what the role of the Medical Examiner was and if they were external. LL advised that their role was external, provided by Shared Services and the role was to review all deaths.

	<p>Helen Sweetland (HS), Chair, asked if the Mortality Review Committee had been set up. LL confirmed that the aim was to set up the Committee this year.</p> <p>The Committee <b>NOTED</b> the development of a number of mortality indicators and the development of a Learning from Deaths framework.</p>
<b>PQSOC 2001/11</b>	<p><b>Pharmacy and Medicines Management Annual Report 2023/24</b></p> <p>Jonathan Simms (JS), Clinical Director of Pharmacy, provided the Committee with an overview of the Pharmacy and Medicines Management Annual Report, advising that there was an expectation from Welsh Government that an annual report showing the progress in priority areas of safe prescribing, antimicrobial stewardship and value was scrutinised.</p> <p>JS advised the Committee that the report included updates on the key developments which were mapped to the six domains of quality - safe, timely, effective, efficient, equitable and person centred.</p> <p>JS highlighted to the Committee the following areas identified within the annual report:</p> <ul style="list-style-type: none"><li>• In January 2024, the Pharmacy Service published its Vision and Mission Statement;</li><li>• The Value and Sustainability work programme established to deliver on the 13 national recommendations set by Welsh Government overseen by the Medicines Management Programme Board;</li><li>• Service developments;</li><li>• The contribution of pharmacy services to improved patient safety and medicines governance through direct patient care and the work of the Medicines and Therapeutics Committee, Medicines Safety Group, and the Controlled Drugs Local Intelligence Network;</li><li>• The performance of the Health Board against the National prescribing indicators.</li></ul> <p>The Committee was made aware that the Pharmacy robot had been approved in 2022/23 but was still in the process of being installed.</p> <p>Penny Jones (PJ), Independent Member, questioned why there had been a high turn over of staff. JS assured the Committee that the Health Board was below the all-Wales average. A business case had been created to address the vacancies within the hospitals, noting that the main reason</p>

for staff leaving was due to the weekend working and on-call. The Community pharmacies had seen a higher percentage of change in ownership but the Health Board was ensuring that pharmacies were opening for a minimum of 40hours per week.

Paul Deneen (PD), Independent Member, questioned if hospital staff and paramedics were able to access the patients' medicine history on admission. JS advised there was a system currently being piloted with the plan to have a future roll out to other pharmacies and GPs.

Rani Dash (RD), Director of Corporate Governance, advised there would be a paper on ePMA going to the Board on 29<sup>th</sup> January as an update.

Helen Sweetland (HS), Chair, questioned if the risk within the transfer lounge had now been resolved. JS assured the Committee that there was now a pharmacist in the transfer lounge and there had been an improvement in this area.

The Committee **NOTED** the Pharmacy and Medicines Management Annual Report.

## **PQSOC 2001/12**

### **Radiation Protection Committee Annual Report**

Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of the Radiation Protection Committee Annual Report, advising that the report aimed to provide assurance to the Committee that all activities related to the use of Ionising Radiation and the storage and disposal of radioactive substances in the Health Board had been carried out in accordance with National legislation, published guidance and local policies and procedures.

The Committee was advised that the governance structure for the Radiation Protection Committee would report to the Director of Allied Health Professions & Health Science and then feed into the Executive Committee.

PC advised the Committee that there were no areas of concern from the HIW report and thanked the radiation team and Karen Hatch for the work that had been done to complete the annual report.

Penny Jones (PJ), Independent Member, questioned if the feedback from the staff regarding being understaffed had been considered. PC advised that staff feedback had been considered and formed part of the plan for next year on

how to improve the staffing gaps and capacity to undertake training.

Helen Sweetland (HS), Chair, questioned how much engagement from staff there had been at the workshops. Karen Hatch (KH), Assistant Director of Therapies and Health Science, advised any learning from the workshop or key learning from issues raised were shared with staff for oversight and to support with their learning.

Paul Deneen (PD), Independent Member, questioned how often HIW would attend throughout the year. PC advised the inspections were yearly and there would be a short notice period to allow the department to prepare any paperwork they request.

The Committee **NOTED** the annual report.

**PQSOC 2001/13**

**Amendment to the six-monthly Nurse Staffing Act Report due to respiratory service changes**

Kelly Downes (KD), Deputy Director of Nursing, provided the Committee with an overview of the Amendment to the six-monthly Nurse Staffing Act Report due to changes to respiratory service. KD advised that the report provided **ASSURANCE** that the Health Board was meeting the statutory requirements to calculate the Nurse staffing levels on all wards included in the recent reconfiguration of the Respiratory and General Internal Medicine Model effective from 11 November 2024.

The Committee was advised that the Executive Committee approved the reconfiguration of the respiratory medicine service in September 2024 to deliver a general internal medicine model at the Grange University Hospital (GUH) to include the following:-

- Closure of the Medicine inpatient beds on ward 4/4 at Nevil Hall Hospital (NHH) - inclusive of 22 Respiratory and 6 Endocrine & Diabetes beds;
- Delivery of a phased Respiratory in-reach model at NHH and Ysbyty Ystrad Fawr (YYF);
- Clear clinical accountability for 16 General Internal Medicine beds at GUH.

KD made the Committee aware of the following wards that had been affected by the reconfiguration including C4 GUH -respiratory and general medicine, B4 Stroke at GUH and Ward 4.4- Non-invasive respiratory step-down beds at NHH.

	<p>The Committee was advised that additional funding had been approved to support the reconfiguration of the wards.</p> <p>The Committee <b>NOTED</b> the reconfiguration, funding change for the wards in GUH for respiratory and General medicine.</p>
<b>PQSOC 2001/14</b>	<p><b>Review of Committee Programme of Business 2024/25</b></p> <p>Review of Committee Programme of Business 2024/25 was provided to the Committee for information.</p>
<b>PQSOC 2001/15</b>	<p><b>NHS Wales Joint Commissioning Committee's Quality Report</b></p> <p>NHS Wales Joint Commissioning Committee's Quality Report was provided to the Committee for information.</p>
<b>PQSOC 2001/16</b>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b></p> <p>There were no key risks or issues for reporting or escalation to the Board or other Committees.</p>
<b>PQSOC 2001/17</b>	<p><b>Any Other Urgent Business</b></p> <p>There was no urgent business.</p>
<b>PQSOC 2001/18</b>	<p><b>Date of the Next Meeting:</b></p> <p>Monday 31<sup>st</sup> March 2025</p>