



**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 2 nd September 2024, 2:00pm-5:00pm
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 Therapies & Health Science James Calvert, Medical Director 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 Moira Bevan, Head of Service Infection Prevention and Control Nurse Tanya Strange, Head of Nursing Person Centred Care Lucy Windsor, Head of Corporate Risk & Assurance Linda Joseph, Llais Cymru Kelly Downes, Deputy Director of Nursing Jeanette Wells, Research and Development Director Ceri Phillips, Consultant Pharmacist Adam Voyle, Critical Care Outreach Practitioner Deb Jackson, Divisional Nurse Fern Cook, Committee Secretariat
APOLOGIES	Michelle Jones, Head of Board Business

PQSOC 0209/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 0209/1.2	Apologies for Absence There were no apologies for absence to record.
PQSOC 0209/1.3	Declarations of Interest There were no declarations of interest raised to record.

<p>PQSOC 0209/1.4</p>	<p>Minutes of the previous meeting</p> <p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 30th July 2024 were agreed as a true and accurate record of the meeting.</p>
<p>PQSOC 0209/1.5</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>PQSOC 0209/2.1</p>	<p>Committee Risk Report</p> <p style="text-align: right;"><i>Lucy Windsor joined the meeting</i></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>LW advised that since the last report to the Committee, the risk environment had remained relatively stable, with no changes in the risk score and advised that the following risks were reported as a risk level of Moderate or High: -</p> <ul style="list-style-type: none"> • SRR 005 - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High) • SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (Moderate) • SRR 010 - There is a risk that the Health Board would fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. (High) <p>There was a request to the Committee to approve the removal of the of the Pharmacy Robot CRR 004 risk from the corporate risk register due to there now being a replacement in process.</p> <p>James Calvert (JC), Medical Director, advised the Committee that there was a team in place to manage the prescribing until the new robot was in place. The Committee noted a slight delay in the robot due to the steel flooring being fitted which would put them in a position of going live in October.</p> <p>Peter Carr (PC), Director of Therapies & Health Science, assured the Committee there was an ongoing improvement action plan in place for Health, Fire and</p>

Safety, with regular updates to the Executive Committee which had reduced the risk. The Committee was assured that an annual report would be presented to the Committee in November and there was assurance provided regularly within the quality report.

Health, Fire and Safety annual report to be presented to the Committee in November 2024. **Action: Director of Therapies and Health Science**

The Committee **NOTED** the delegated strategic risks, the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient, quality, safety and **ENDORSED** the removal of CRR 004 for formal approval by the Executive Committee.

Lucy Windsor left the meeting

PQSOC 0209/2.2

Quality Annual Report 2023/24

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Annual Report 2023/24 advising that the report covers the quality journey throughout the year, reviews past objectives and sets new priorities for improving patient and staff safety, outcomes, and experiences.

The Committee was advised that the Health Board had adopted the reporting structure from NHS England which mapped progress on quality and patient safety against the Pillars of quality, as follows: being the following areas:

- Patient and staff experience and stories
- Incident reporting – falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding

JW advised there had been two strategies approved by the Executive Committee, which were now embedded within the Health Board and the focus of 2024/25 would be improving quality.

The Committee noted that the learning and improving approach had been approved with a meeting structure to support it. Regular updates from the meeting would be provided to the Committee.

	<p>Outcomes of the learning and improvement forum to be reported to the Committee on a regular basis. Action: Director of Nursing</p> <p>JW and Nicola Prygodzicz (NP), Chief Executive, thanked the team for the work on the Annual Quality Report.</p> <p>The Committee NOTED the progress of work over the past 12 months as reflected in the annual quality report and took assurance from the report.</p>
<p>PQSOC 0209/2.3</p>	<p>Putting Things Right Annual Report 2023/24</p> <p>Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Putting Things Right (PTR) Annual Report which had been prepared in accordance with the PTR Regulations.</p> <p>JW advised during the reporting period, the Health Board had welcomed and fully embraced the introduction of the Health and Social Care Quality and Engagement (Wales) Act and NHS Duty of Candour from 1 April 2023.</p> <p>The Committee noted the PTR team priorities for 2023/24 and what the focus would be for the programme of work for 2024/25:</p> <p>The priorities for 2023/24</p> <ul style="list-style-type: none"> • Introduction of the Health and Social Care (Quality & Engagement) (Wales) Act 2020 – (Duty of Candour) • Remodelling of QPS structure across the organisation • Learning Framework/Quality Strategy • Improve Complaint Handling <p>The priorities for the annual work programme for 2024/25:</p> <ul style="list-style-type: none"> • Putting Things Right Regulations and Health Board Concerns Management and looking how they can adjust to the changes. • Improving Quality Patient Safety experience, Learning and Improving • Partnership Engagement & Collaborative working and look at how they use the relationships with moving forward with improvements <p>Paul Deneen (PD), Independent Member, questioned how many patients were seen on an annual basis to understand what percentage the 1,500 complaints equated to. Tracey Partridge-Wilson (TPW), Deputy Director of Nursing,</p>

agreed to share this information with members outside of the meeting, and to include in future reports.

Percentage of complaints in comparison to total number of patients seen to be shared with members and included in future reports. **Action: Deputy Director of Nursing**

Nicola Prygodzicz (NP), Chief Executive, assured the Committee that the Health Board was in the process of having the texting feedback option made available to patients to have a better understanding of the compliments compared to the complaints.

JW thanked TPW, Gemma Couch, Head of Quality & Patient Safety and Learning, and Rhiannon Price, Senior Quality, Patient, Safety Manager, for the work undertaken in making a difference in the Putting Things Right department.

The Committee **NOTED** the Putting Things Right Annual Report 2023/2024 and the key priorities for the Annual Work Programme in 2024/25.

PQSOC 0209/2.4

Human Tissue Act Annual Report 2023/24

Peter Carr (PC), Director of Therapies & Health Science, provided the Committee with an overview of the Human Tissue Act Annual Report 2023/24 and confirmed that the standards required to maintain the licences had been achieved.

The Committee was advised that the Health Board holds Human Tissue Authority licences for the following 3 sectors and 6 key areas for regulations:

3 sectors

- Post-mortem provision at the Grange University Hospital, Royal Gwent Hospital and Nevil Hall Hospital
- Human application bone bank at Royal Grange Hospital
- Research at Royal Gwent Hospital

6 regulation key areas

1. **Anatomy:** Use of bodies for anatomical examination, teaching, and training.
2. **Post Mortem:** Post-mortem examinations, tissue retention, and disposal.
3. **Public Display:** Display of human bodies and tissue.

4. **Organ Donation and Transplantation:** Organ and tissue donation, retrieval, and transplantation.
5. **Research:** Use of human tissue in research.
6. **Human Application:** Use of human tissues and cells for medical treatment.

PC advised that Shelley Bosson, Chair of the Human Tissue Act Committee had retired and a replacement was being sought. Rani Dash confirmed that the Chair did not need to be an Independent Member of the Board.

The Committee noted the changes made as a result of the Improvement Plan following the high-profile Mortuary case to ensure that this did not happen again.

Helen Sweetland (HS), Independent Member, asked about the morale of the Mortuary team due to the pressure of the incident. PC confirmed that tailored support was being provided to the mortuary team, facilitated by organisational development team.

PC advised the Committee that the Mortuary team was reviewing the national Mortuary report to ensure that the Health Board was meeting all the recommendations and taking forward any improvements required. It was noted that a Human Tissue Authority inspection was due to take place in the autumn.

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

PQSOC 0209/2.5

Research and Development Annual Report 2023/24

Jeanette Wells joined the meeting

James Calvert (JC), Medical Director, provided the Committee with an overview of the Research and Development Annual Report which highlighted the Health Board's key achievements, progress and planned next steps in implementing the Research and Development Strategy.

JC advised that the Health Board had exceeded the Welsh Government target of the trials open to recruitment recruiting to time and target with a performance of 95% increased from 89%.

The Committee was advised that there was a focus for 2024/25 to establish the Research and Development Committee as part of the priorities.

	<p>Paul Deneen (PD), Independent Member, questioned if there were any private providers from whom additional funding could be sought to support with Research and Development opportunities. JC advised there was £30M allocated to Wales for commercial research trails and a paper was being prepared for consideration by the Executive Committee.</p> <p>Jeanette Wells (JW), Research and Development Director, advised the Committee that there may be funding available to Wales of £20M to support VPAG over a 5-year period and the Health Board was looking at how this could be taken forward at the Grange University Hospital.</p> <p>The Committee NOTED the Research and Development Annual report for assurance.</p> <p style="text-align: right;"><i>Jeanette Wells left the meeting</i></p>
<p>PQSOC 0209/2.6</p>	<p>Organ Donation Annual Report 2023/24</p> <p>James Calvert (JC), Medical Director, provided the Committee with an overview of the Organ Donation Annual Report 2023/24</p> <p>The Committee was advised there had been 8 organ donations over the 12 months period with 13 consented donors which resulted in 19 patients receiving a transplant.</p> <p>JC advised the Committee the Organ Donation team was currently looking at how they could develop training and protocols throughout the Health Board.</p> <p>The Committee was advised that the Organ Donation Committee Chair, Shelley Bosson, had now retired and stepped down as Chair and the Committee was currently seeking a new nomination.</p> <p>Peter Carr (PC), Director of Therapies & Health Science, assured the Committee that Sharron Keightley, Specialist Nurse Organ Donation was continuing to raise awareness and encourage people to become donors.</p> <p>The Committee NOTED the Organ Donation Annual report 2023/24 for assurance.</p>
<p>PQSOC 0209/2.7</p>	<p>Dementia Care Annual Report 2023/24</p> <p style="text-align: right;"><i>Tanya Strange joined the meeting</i></p> <p>Tanya Strange (TS), Head of Nursing, Person Centred Care, provided the Committee with an overview of</p>

Dementia Care Annual Report 2023/24, which reviewed the progress taken on the implementation of the dementia standards. The Committee noted the Welsh Government's commitment to promote the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Dementia Board was in place with a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the National Plan.

The Committee noted that the Gwent Regional Dementia Board and Dementia Friendly Communities programme had delivered against the aims, objectives and priorities aligned to the Dementia Action Plan for Wales.

Paul Deneen (PD), Independent Member, asked if a passport for patients presenting in ED to enable the hospital to understand the patient needs had been considered. TS advised that they were looking at creating Dementia cards for patients as an option.

Helen Sweetland (HS), Independent Member, requested an update on the outcome of the enhanced care review and pilot. TS advised that the audit had been completed and there was a recommendation to relaunch the enhanced care model. Kelly Downes (KD), Deputy Director of Nursing, confirmed that the new model would be implemented across the Health Board with a programme of training and subsequent evaluation.

Jennifer Winslade (JW), Director of Nursing, thanked TS for the work that had been undertaken and ongoing dementia care support to patients.

The Committee **NOTED** the progress as set out in the Annual Progress Dementia Care Report.

Tanya Strange left the meeting

PQSOC 0209/2.8

Quality Performance and Outcomes Interim Report

Jennifer Winslade (JW), Director of Nursing, led a presentation providing an overview of the Quality Performance and outcomes Interim report for the period.

Adam Voyle (AV), Critical Care Outreach Practitioner, gave an overview of the Martha Mills sepsis story and ongoing work within the Health Board to incorporate Martha's rule.

The Committee noted the launch of Call 4 Concern in March 2024 in ICU at the Grange University Hospital. This was being rolled out across units and aimed to be in the

surgical unit by October 2024 and to have champions on each ward to be able to provide advice.

The Committee was advised that the Health Board was the first in Wales to roll out the Martha's rule programme.

Jennifer Winslade (JW), Director of Nursing, provided an overview of the current position within the Mental Health and Learning Disabilities division, advising that the Health Board was continuing to work on the escalation status. There had been a reduction in incidents and the team was now working to improve the position. It was also highlighted that Ty Lafant had received an inspection and no recommendations had been made.

JW advised the Committee that the urgent care aim throughout this reporting period was to focus on medical and nursing staffing and ensure flow throughout the hospital.

JW provided an update on the complaints and compliments position advising that the Health Board was not currently meeting the Welsh Government target to respond to complaints within the 30-day period. JW assured the Committee that the team was on quality with the aim to achieve the target by October.

The Committee noted that there were 110 patient safety incidents with 31 early warning notifications reported to the Welsh Government. The Committee was assured that future reports would include closure of incident dates and the SBAR would be included within the Performance report.

Closure of incident dates and SBAR to be included within the performance report for November. **Action: Director of Nursing**

Moria Bevan (MB), Head of Service Infection Prevention and Control Nurse, provided an update on infection prevention and control, advising that the team were working towards completing the action plan, with enhanced cleaning continuing and bespoke training in areas of outbreaks.

The Committee noted that the team had hosted a webinar with 80 attendees and the internet guidance had been reviewed to ensure the correct information was available to patients and staff members.

The infection prevention control improvement group was now in place with the first meeting being held on 4th September 2024.

Ceri Phillips (CP), Consultant Pharmacist, provided the Committee with an overview on antimicrobial Stewardship, advising that an audit had been undertaken on 36 patients taking piperacillin or co-amoxiclav in the Grange University Hospital and Royal Gwent Hospital with 70% of use in SAU and 40% in MAU.

The Committee was advised that 75% of antimicrobial prescribing was being reported in primary care and 25% was being prescribed in secondary care. The Health Board's aim was to reduce the percentage being used due to the organisation reporting the highest in Wales.

The Committee requested an antimicrobial report to be brought to the next Committee in November for assurance on of the improvements.

Update on antimicrobial reporting for assurance to the next Committee meeting in November. **Action: Medical Director**

James Calvert (JC), Medical Director, provided an overview of the position for mortality reporting advising that the Health Board was developing a SOP to undertake deep dives for areas that were not explained. The reporting currently was at a positive position, but the team was continuing to work on making improvements.

Peter Carr (PC), Director of Therapies & Health Science, provided an update on the position of Health, Fire and Safety advising that there had been 16 incidents reported to the Health and Safety Executive (HSE) in accordance with reporting Injuries Diseases and Dangerous Occurrences Regulations. Manual handling training compliance was currently 58%. Individual roles had been reviewed in order to tailor the training and this should result in an increase in compliance over the coming months.

Kelly Downes (KD), Deputy Director of Nursing, provided an update on safeguarding highlighting 80% compliance in both level 1 & 2 in adult and children safeguarding training and noting that level 3 was being implemented across the Health Board to staff members that required the training.

The Committee was advised that the Health Board was experiencing a higher level of reporting in adult and children's incidents from the public this year.

Paul Deneen (PD), Independent Member, questioned what the policy was for staff members to wear cameras while they were at work for when incidents occur. KD advised she would bring an update back to the next Committee in November regarding the policy.

An update on staff members wearing cameras while working policy to be report to the Committee in November.

Action: Director of Therapies & Health Director of Science

PC advised the Committee that the Health Board was encouraging staff to report any incidents, and this was reported to the People and Culture Committee

The Committee **NOTED** the progress of the quality performance report and took the report assurance.

PQSOC 0209/2.9

Covid-19 Nosocomial Investigation Report

Deb Jackson joined the meeting

Deb Jackson (DJ), Divisional Nurse, provided the Committee with an overview of the Covid-19 Nosocomial Investigation report advising that the Health Board had successfully concluded its Nosocomial Covid-19 Investigation Programme on 31 March 2024, in line with the objectives set by Welsh Government.

The Health Board had been allocated £753,155.00 per annum for 2 years to deliver and develop the structure of the programme, which included the following 3 workstreams to support the Health Board in their investigation:

- Establishment
- National Learning
- Patient Staff and Family Experience.

The Committee was advised that the investigation found there was 712 deaths with a total of 2,883 cases of Covid-19 within the Health Board. All family members were contacted with a letter regarding the investigation but not all family members were ready to speak.

The Committee was advised that the learning from the investigation had highlighted difficulties in regard to communications with family and friends throughout the pandemic with visiting restrictions having an adverse effect on the patients and family members and only having limited

	<p>opportunity to make contact; however, the investigation found the restriction was necessary to reduce the transmission of the Covid-19.</p> <p>The Committee was assured that the investigation had been completed within the targeted time frame and within the budget allocated by Welsh Government.</p> <p>Peter Carr (PC), Director of Therapies & Health Science, advised when feeding back the findings to the staff members that they were assured the investigation was aimed for the Health Boards learning. DJ advised there had already been communication with the staff members and had been provided assurance.</p> <p>The Committee NOTED the assurance of the Health Board's position from the end of Covid-19 Nosocomial Investigation programme report.</p> <p style="text-align: right;"><i>Deb Jackson left the meeting</i></p>
PQSOC 0209/3.1	<p>Review of Committee Programme of Business 2024/25</p> <p>Review of Committee Programme of Business 2024/25 was provided to the Committee for information.</p>
PQSOC 0209/3.2	<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 0209/3.3	<p>Learning and Improvement Forum</p> <p>Learning and Improvement Forum was provided to the Committee for information.</p>
PQSOC 0209/4.1	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>There was no key risk or issues for reporting or escalation to the Board or other Committees.</p>
PQSOC 0209/4.2	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>
PQSOC 0209/4.3	<p>Date of the Next Meeting:</p>

Tuesday 12th November 2024