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 4th June 2024, 2:00pm
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Helen Sweetland, Vice Chair Paul Deneen, Independent Member Penny Jones , Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing Rani Dash, Director of Corporate Governance Peter Carr, Director of Therapies & Health Science James Calvert, Medical Director Michelle Jones, Head of Board Business Neil Patrick, Independent Member Leeanne Lewis, Assistant Director of Quality & Patient Safety Rhian Gard, Deputy Head of Internal Audit Sara Utley, External Audit Tracey Partridge-Wilson, Deputy Director of Nursing Jayne Beasley, Head of Midwifery & Gynaecology Moira Bevan, Head of Service Infection Prevention and Control Nurse Richard Morgan-Evans, Deputy Director of Operations Jessica Scurr, Quality Improvement Advisor Scott Taylor, Head of Health, Safety & Fire Margaret Parrott, Cancer Services Manager Tanya Strange, Head of Nursing Person Centred Care Thomas Jaynes, Committee Secretariat
APOLOGIES	None

PQSOC 0406/1	**Preliminary Matters**
PQSOC 0406/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 0406/1.2	**Apologies for Absence** There were no apologies for absence to record.
PQSOC 0406/1.3	**Declarations of Interest** There were no declarations of interest raised to record.

PQSOC 0406/1.4	**Minutes of the previous meeting** The minutes of the Patient Quality, Safety and Outcomes Committee held on 30th April 2024 were agreed as a true and accurate record subject to the following amendment:- PQSOC 3004/3.4 The change in SOP to allow patients with a pre-op mortality of <10% to receive surgical care at RGH had been undertaken as a way of balancing the risk that accrues for patients of being on extended waiting lists. The process of patient selection was clinically led and adverse incidents on the surgical pathway at RGH were reviewed in the surgical M&M meeting and no concerns had been raised to date with respect to altering the risk threshold for surgery at RGH.
PQSOC 0406/1.5	**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, as set out within the paper.
PQSOC 0406/2	**Items for Discussion**
PQSOC 0406/2.1	**Development of Committee Annual Programme of Business 2024/25** Rani Dash (RD), Director of Corporate Governance, provided an overview of the Forward Work Plan and changes since the plan was approved by the Committee in April 2024. *The Committee **NOTED** the updated Committee forward work plan as provided in Appendix 1.*
PQSOC 0406/2.2	**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. RD advised that since the last report to the Committee, the risk environment had remained relatively stable, with no changes in the risk scores and advised that the following risks were reported as a risk level of High and Extreme:- • **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. (High) • **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. (Extreme) The Committee was advised that the Committee was previously cited on the risk in relation to the Pharmacy Robot which was included within the corporate risk register and that a risk assessment had been completed and an update on this would be reported to the next Committee meeting in July. *The Committee **NOTED** the following:* • *Delegated strategic risks* • *Delegated corporate risk* • *Work being undertaken to reduce the risks to within appetite level.* • *Work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient quality and safety.*
PQSOC 0406/2.3	**Quality Performance Report** Jennifer Winslade (JW), Director of Nursing, supported by, James Calvert (JC), Medical Director, Peter Carr (PC), Director of Therapies & Health Science, Moria Bevan (MB), Head of Service Infection Prevention and Control Nurse, Jayne Beasley (JB), Head of Midwifery & Gynaecology, Jessica Scurr (JS), Quality Improvement Advisor, Scott Taylor (ST), Head of Health, Safety & Fire, Richard Morgan-Evans (RME), Deputy Director of Operations, Margaret Parrott (MP), Cancer Services Manager, provided the Committee with an overview of the patient quality safety outcomes performance report for the period. JW advised the Committee that the Quality Patient Safety Report (QPS) would be reviewed to include learning to secure further improvement on the quality of reporting. JW advised that there was a need to improve the performance of responses to complaints and noted a target of responding to 75% of complaints within 30days by 1st October 2024 and that the satisfaction score for Patient Experience was reported at 89%. The Committee was

	advised that a new test system would be piloted with a view to securing further improvements. The Committee was advised that a key area of focus within Patient Safety Incidents was relating to human factors. The Committee noted the Health Board would take the learning from the investigations made on incidents reported and that a new governance structure had been put in place to monitor outstanding actions with the support of the divisional team. JW advised the Committee that since November 2023, the Health Board had not experienced any Never Events. JW confirmed that there had been 29 incidents of duty of candour since April 2024, and that the reported number of Measles cases within Gwent was 17 cases and the incubation period was drawing to a close. JW reported that Health Inspectorate Wales had undertaken a review at Ty Lafant, Llanfrechfa Grange in April 2024. JW advised that the report was awaited but confirmed that no immediate improvements were required in respect of the unit. Moria Bevan (MB), Head of Service Infection Prevention and Control Nurse, provided the Committee with an update in respect of infection, prevention and control. MB advised that during the period a high level of C Diff cases had been reported and advised that a multidisciplinary team had been established to address the increase and to return rated to within normal levels. Paul Deneen (PD), Independent Member, queried the data presented on the Incident Reporting Module of DATIX Cymru, and in particular the process and criteria for determining "closed" and "rejected" incidents. It was agreed that the guidance for reporting and handling of incidents would be shared with Committee Members by email for information. **Action: Director of Nursing/Director of Therapies and Health Science** Jayne Beasley (JB), Head of Midwifery & Gynaecology, provided the Committee with an update in respect of the Maternity Unit at GUH. The Committee was informed that a full midwife staffing compliment was in place, and where bank staff had been used this would impact the variable pay spend. JB assured the Committee that improvements in training compliance was evidenced with PROMT training

	reported at 44%, and CTG training reported at 59%. The Committee sought assurance as to how training compliance of locums was recorded, and was informed that from September 2024 where recruitment occurs all staff would receive training as part of the induction programme. JB advised the Committee that a Community PROMT Quality Assurance review had taken place in March 2024 and the outcome was positive. JW provided the Committee with an update in respect of the Mental Health & Learning Disabilities performance and noted that engagement with staff was ongoing, that an effective governance and escalation process had been implemented and noted the ongoing improvements in recent months. The Committee requested for a report to be submitted to the October meeting in respect of the challenges that had occurred in securing improvements within the Division. **Action:** • Director of Nursing/Chief Operating Officer to submit a report on the challenges that had occurred in securing improvements within the Division to the October meeting. Jessica Scurr (JS), Quality Improvement Advisor, provided the Committee with an overview of the the quailty improvement work that had been completed in reducing Never Events within Theatres,with the aim reducing Never Events incdents to less than 1 in 20,000 procedures by January 2026, throught the introduction of a safer surgery checklist. JS informed the Committee of the breadth of the approach deployed which included psychological staff safety surveys and the next steps for the project which included reviewing the barriers with a view to resolving issues and securing improvement. The Committee thanked JS and the project team for the work undertaken which had resulted in no Never events reported for a significant period of time. Scott Taylor (ST), Head of Health, Safety and Fire, provided the Committee with an overview of the position of Datix Incidents for the period December 2021 to March 2024 where 70,645 incidents had been reported. The Committee was assured that 95% of the unrejected incidents were closed, with 76% of closed incidents coded as no or low harm.

	The remaining 2,905 incidents which were open had 71% coded as patient safety incidents. The Committee noted that an agreement with the divisions was in place for a rapid review of open incidents to be conducted. ST provided the Committee with an overview of the categorisation when reporting incidents which was aligned with the national policy for patient safety. The Committee noted that a benchmarking exercising had been undertaken with other health boards across NHS Wales management of Datix and the resources to support this function would be considered by the Executive Committee. The Committee requested for a report to be presented at a future meeting to discuss the responsibilities and resourcing for the management of Datix. Rani Dash, Director of Corporate Governance, advised that these were responsibilities of the Executive Team and this was planned to be discussed. Richard Morgan-Evans (RME), Deputy Director of Operations, and Margaret Parrott (MP), Cancer Services Manager, provided the Committee with an overview of the suspected Cancer pathway. The Committee was advised that a new pathway had been designed to enable the prompt treatment of cancer patients. The Committee noted that the recent industrial action had impacted upon the performance of the pathway as junior doctors were not able to support, which in turn resulted in delays in patients accessing the pathway with delayed test results and accessing surgery. The Committee noted that a task and finish group had been established in respect of tumour sites and tertiary services with the aim of improving performance. *The Committee **NOTED** the information within the report.*
PQSOC 0406/2.4	**Annual Volunteering report** *Tanya Strange joined the meeting* Tanya Strange (TS), Head of Nursing Person Centred Care, provided the Committee of an overview of the Annual Volunteering report. TS confirmed that the report celebrated the key achievements over the past year and noted the valuable contribution made by volunteers, with the aim of improving the experience for patients, their families, and carers whilst ensuring volunteer experience is also positive.

	TS advised that as a result of the pandemic the number of volunteers had reduced and that work continued to improve volunteer provision across the Health Board including the end-of-life champions at a community level, and participation in three national pilots. The Committee noted the demand upon coordinator capacity due to the number of volunteers that each coordinator supports. *The Committee **NOTED** the achievements to date and the challenges to expansion and the proposed actions for 2024 onwards*. *Tanya Strange left the meeting*
PQSOC 0406/3	**Other Matters**
PQSOC 0406/3.1	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** Paul Deneen (PD), Independent Member, sought assurance as to how the Health Board was protected from cyber-attacks and was advised that a training session with the Board was scheduled for later this month.
PQSOC 0406/3.2	**Any Other Urgent Business** There was no urgent business.
PQSOC 0406/3.3	**Meeting Reflections** The Committee agreed for the In-Committee meeting to be deferred to the next scheduled meeting in July 2024 9am. **Action: Fern Cook, Committee Secretariat** The Committee reflected and agreed that future agendas would include a maximum of two deeps dives to ensure that meetings do not overrun.
PQSOC 0406/3.4	**Date of the Next Meeting:** Tuesday 30th July 2024