



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD PATIENT, QUALITY, SAFETY & OUTCOMES COMMITTEE MEETING

DATE OF MEETING	7 th February 2023
VENUE	MS Teams

PRESENT	<p>Pippa Britton, Independent Member (Chair)</p> <p>Louise Wright, Independent Member</p> <p>Paul Deneen, Independent Member</p> <p>Helen Sweetland, Independent Member</p>
IN ATTENDANCE	<p>Jennifer Winslade, Director of Nursing</p> <p>Rani Dash, Director of Corporate Governance</p> <p>Peter Carr, Director of Therapies & Health Science</p> <p>Leanne Watkins, Director of Operations</p> <p>Tracey Partridge-Wilson, Assistant Director of Nursing</p> <p>Bryony Codd, Head of Corporate Governance</p> <p>Paul Underwood, General Manager</p> <p>Stephen Chaney, Deputy Head of Internal Audit, NWSSP</p> <p>Linda Alexander, Deputy Director of Nursing</p> <p>Paul Mizen, Clinical Lead/Assistant Medical Director</p> <p>Danielle O'Leary, Head of Corporate Services, Risk and Assurance</p> <p>Jonathan Simms, Clinical Director of Pharmacy</p> <p>Steve Bonser, Head of Transformational Change</p> <p>Lucy Kings, Head of Nursing, Primary Care</p> <p>Leeanne Lewis, Assistant Director of Quality & Patient Safety</p> <p>Scott Taylor, Head of Health & Safety</p> <p>Rhys Fulthorpe, Health & Safety Manager</p> <p>Trish Chalk, Assistant Director of ABCi & Interim Deputy Director of Planning</p> <p>Ian Jenkins, Head of Systems Planning Unscheduled Care</p> <p>Linda Joseph, Deputy Chief Officer, CHC</p> <p>Krisztina Kozlowszky, Internal Audit Manager, NWSSP</p> <p>Catherine Currier, Meeting Secretariat</p>
APOLOGIES	<p>James Calvert, Medical Director</p> <p>Karen Hatch, Assistant Director of Therapies & Health Sciences</p>

PQSOC/0702/1.	PRELIMINARY MATTERS
PQSOC/0702/1.1	Welcome and Introductions Pippa Britton (PB), Committee Chair welcomed and noted the guests attending for specific agenda items.
PQSOC/0702/1.2	Apologies for Absence The Committee noted the above apologies.
PQSOC/0702/1.3	Declarations of Interest There were no Declarations of Interest.
PQSOC/0702/1.4	Draft Minutes of the last Meeting held on 6th December 2022 The minutes of the meeting held on 6 th December were accepted as an accurate record.
PQSOC/0702/1.5	Committee Action Log Members noted the updated action log. It was confirmed that the Psychosis Audit had been presented to Clinical Standards & Audit Group and would be included within the Clinical Audit Report. An update on the Patient Charter would be included in the Quality Strategy Update. Peter Carr (PC), Director of Therapies & Health Science confirmed the Service was on track to deliver the Nutrition & Hydration update to the April 2023 Committee meeting. A request was made that the Nutrition & Hydration Report included a deep dive in Dementia. Action: Director of Therapies and Health Science The Patient, Quality & Safety Outcomes Committee NOTED the updates.
PQSOC/0702/2.	ITEMS FOR APPROVAL/RTATIFICATION/DECISION
PQSOC/0702/2.1	There were no items for inclusion in this section.

PQSOC/0702/3.	ITEMS FOR DISCUSSION
PQSOC/0702/3.1	<p data-bbox="496 190 1455 271">Patient Quality and Safety Outcomes Measures Report, January 2023</p> <p data-bbox="496 309 1455 501">Jenny Winslade (JW), Director of Nursing introduced a presentation, which aimed to provide an update on the Workforce Nursing Staffing Levels (Wales) Act 2016, Quality & Safety Pillars, Urgent Care, Planned Care and Cancer Care.</p> <p data-bbox="496 539 1455 853">Linda Alexander (LA), Deputy Director of Nursing provided an overview of the Nursing Staffing Levels Wales Act 2016, the Health Board's compliance and actions being undertaken. Currently an annual update was provided, and it was noted that in future, it was planned to provide a bi-monthly update in line with Welsh Government submissions to ensure the Committee received the appropriate ongoing assurance.</p> <p data-bbox="496 891 1455 1010">JW took the Committee through the work being undertaken on the development of Pillars of Quality and the development of a Quality Strategy Structure.</p> <p data-bbox="496 1048 1455 1205">Trish Chalk (TC), Assistant Director of ABCi & Interim Deputy Director of Planning provided an update on the Safe Care Collaborative and the joint work with Improvement Cymru and the Institute of Healthcare Improvement.</p> <p data-bbox="496 1243 1455 1473">Paul Deneen (PD), Independent Member requested an update Duty of Candour training for staff. Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety explained that the All-Wales Training Pack had not been released by Welsh Government yet but confirmed that Divisional Readiness Assessments were being undertaken.</p> <p data-bbox="496 1512 1455 1899">The Committee felt it would be beneficial to gain and understanding of how much Mandatory & Statutory Training Health Board staff were required to undertake and how long in hours this takes. Peter Carr (PC), Director of Therapies & Health Science confirmed a review of Mandatory & Statutory Training across the organisation was being undertaken. A report should be provided to the People & Culture Committee with a cross-over into this Committee's statutory duty to be assured regarding IPC and training etc.</p> <p data-bbox="496 1937 1455 2128">The Committee noted that the delay in Welsh Government releasing the All Wales Duty of Candour training package would impact on the Health Board's ability to implement and be compliant with the Act which comes in force 1st April 2023. JW highlighted that the risks from the volume and</p>

complexity of work required to comply with the Duty of Candour Act had been escalated to Welsh Government.

Tracey Partridge-Wilson (TP-W), Assistant Director of Nursing provided an update on work regarding National Reportable Incidents including learning from the incidents and events.

Helen Sweetland (HS), Independent Member asked if, due to the size of the Health Board, we were confident all events were reported and respond to. TPW noted that further consideration was needed and work was ongoing with the Delivery Unit. A request was made for future reports to include yearly figures to allow for comparison.

TPW provided an update on Complaints and Serious Incidents (SIs) including a review of Divisional Quality Patient Safety resources to ensure timely responses.

The Committee noted the protracted SIs and the delays in providing information to the Coroner. TPW explained the issue of protracted investigations was being considered as part of the Divisional Resource Review. It was confirmed Coroner information was being provided following an internal Quality Review and submitted just before deadline to ensure best information was provided. The Clinical Executives participated in the submission and monitoring of information submitted to the Coroner, who was kept aware and updated. The Committee noted the increased impact on clinicians following changes to Coroner processes.

TP-W provided an update on CIVICA, how it was used to obtain feedback from families, carers etc in real time. A request was made for a briefing note to be circulated after the meeting.

PC provided an overview of Health, Safety & Security data and the positive impact of work of the Health & Safety Team with the Police. An update on RIDDOR Reporting compliance was provided and actions being undertaken.

LA provided a high level overview of Infection Prevention Control and Healthcare Acquired Infections (HCAIs).

A patient story was shared, relating to hospital acquired COVID. It was noted the Health Board was in the process of investigating all cases of hospital acquired COVID to ensure learning and as part of the process patients/families are offered the opportunity to share their story. Pippa Britton (PB), Committee Chair requested the thanks of the

Committee was passed on to the family for being willing to share their story.

The Committee discussed the importance of hearing from families and providing them with an opportunity to share their experience; of learning from these incidents and the care of Dementia patients including the need to maintain contact with their families. The Committee requested that when the Dementia Deep Dive was undertaken it included undiagnosed dementia in the community.

LA provided an overview of COVID-19 investigations. It was noted a review was ongoing in relation to Safeguarding Training and an update was provided on the roll out of an online Children's Safeguarding form. The Committee requested a brief was provided at the April Committee meeting on the roll out of the Children's Safeguarding Online Form including rollout timeline.

PC provided an overview of falls across the Health Board including statistics and reviews undertaken. The Committee discussed if there were any patterns and PC provided feedback on the response to trends.

JW presented an update on Urgent Care highlighting key messages relating to Medical Staffing, Nurse Staffing, and patient flow. The Committee discussed capacity in the Community to provide Rehabilitation Support and an update was provided on the work with CRT Teams, Redesigning Services For Older People and the development of a Rehabilitation Strategy in collaboration between hospital and community therapists.

Trish Chalk left at 11:16.

Ian Jenkins, Head of Systems Planning Unscheduled Care joined the meeting.

Ian Jenkins (IJ), Head of Systems Planning Unscheduled Care provided an overview of Planned Care activity, performance and expected activity levels.

Paul Mizen (PM), Assistant Medical Director provided an update on cancer performance, backlog recovery, projected activity and recovery challenges. The Committee asked how the Health Board benchmarked to other Health Boards across Wales. It was agreed this information would be shared with the Committee. Helen Sweetland (HS), Independent Member noted the pressures affecting all Welsh Health Boards and this was not unique to ABUHB.

PB thanked all the contributions and those who pulled the information together and noted the assurance provided to the Committee.

Linda Alexander left at 11:31.

Action:

- **Assistant Director of Nursing** to include yearly figures for SI's and Never Events in future reports.
- **Director of Nursing** to circulate briefing note on CIVICA following the meeting.
- **Director of Nursing/Director of Therapies & Health Scientists** to include undiagnosed dementia in the Community, as part of the Dementia Deep Dive.
- **Director of Nursing** to arrange for a briefing on the roll out of the Children's Safeguarding Online Form to be provided to the April Committee meeting.
- **Assistant Medical Director** to request the Planning Team share with the Committee the Health Board's Cancer Performance benchmarked against other Welsh Health Boards.

The Committee **RECEIVED** an overview of the Health Boards Quality, Safety Metrics and Summary of Performance **for ASSURANCE.**

<p>PQSOC/0702/3.2</p>	<p>Committee Risk Report, January 2023</p> <p>Danielle O’Leary (DO’L), Head of Corporate Services, Risk & Assurance provided an overview of the Committee’s Strategic Risk Report. DO’L highlighted two risks CR013 and CR023 and provided an update on each risk.</p> <p>DO’L explained that at a recent Audit Risk & Assurance Committee a deep dive was undertaken of the Committee’s strategic risks, and it was proposed a similar exercise was undertaken for the PQSOC Committee. The Committee agreed with the proposal.</p> <p>Action:</p> <ul style="list-style-type: none"> • Head of Corporate Services, Risk & Assurance to undertake a deep dive of the strategic risks on behalf of the Committee. <p>The Committee RECEIVED the overview of the Strategic risks which routinely report to the PQSO Committee and NOTED the update in respect of risk CRR028 as requested by the Committee.</p>
<p>PQSOC/0702/3.3</p>	<p>Healthcare Inspectorate Wales Inspection Review, to include Tracking of Improvement Actions Arising from Inspections and Review</p> <p>Tracy Partridge-Wilson (TP-W), Assistant Director of Nursing introduced the report, which provided an update on HEIW visits undertaken since December 2022 and ongoing actions. It was noted that the management of Independent Contractors was being discussed with Clinical Executives to ensure the Health Board received appropriate assurance.</p> <p>The Committee raised the issue of patient photographs and completion of documentation. TP-W explained the inconsistency in having patient photographs, as part of their medical record, was due to patient preference and was being worked through with HEIW. The variety of patient documentation systems across the Health Board was noted as a barrier and the transition to WICIS. Pippa Britton (PB), Committee Chair agreed to discuss with the Chair a review of the different patient record systems and which Committee this should be reported to. It was noted that the appointment of the Chief Digital Officer would be key to resolving this issue.</p> <p>The Committee NOTED the Operation Jasmine Report with no questions.</p>

	<p>Jonathan Simms (JS), Clinical Director of Pharmacy provided an overview of Controlled Drug Management and highlighted the amount of testing undertaken, compliance, reconciliation and actions being progressed.</p> <p>The Committee discussed Omnicell and how the Health Board ensured the right staff had completed the training. It was confirmed that each ward had a Superuser and guidance was being developed to ensure staff understood the benefits of the technology to operational delivery.</p> <p>Action:</p> <ul style="list-style-type: none"> • Committee Chair to discuss with the Chair a review of the different patient record systems and which Committee this should report to. <p>The Committee NOTED the findings of the Medicines Management Internal Audit report, the actions that have been taken to address the recommendations and the update provided on HEIW Reviews and actions being taken.</p>
<p>PQSOC/0702/3.4</p>	<p>Clinical Audit</p> <p><i>Peter Carr left the meeting at 12:03 due to a fire alarm.</i></p> <p>Leeanne Lewis (LL), Assistant Director Patient & Quality Safety provided an overview via a presentation summarising the reports and highlighting key messages.</p> <p>The Committee noted that the limited assurance reports had provided an opportunity to review and improve current processes and approach. The Committee discussed the resources required to implement the AMaT and to support Clinical Audits, which were currently being reviewed, as part of the Quality Strategy. The Committee Chair requested the outcome of the Clinical Audit Resource Review was provided to a future Committee meeting.</p> <p>The Committee NOTED the findings of the Medicines Management Internal Audit report and NOTED the actions taken to address the recommendations.</p> <p>The Committee NOTED the assurance provided by the Clinical Audit Team in developing an Internal Audit Report - Clinical Audit Plan January 2023 for the next twelve to twenty-four months.</p> <p>The Committee NOTED the assurance provided by the Clinical Audit Team to develop a Clinical Audit Programme for the next 12-24 months.</p>

	The Committee NOTED the Clinical Audit Activity Report.
PQSOC/0702/3.5	<p>Annual Reports: Health Board Organ Donation Report</p> <p>Paul Mizen (PM), Assistant Medical Director presented the Health Board's Annual Organ Donation Report and highlighted that the Organ Donation Committee had been re-established following the pause during the pandemic.</p> <p>The Committee noted that the Terms of Reference states the National Organ Annual Report would be submitted to the Committee in August/October 2023 and it was requested this was added to the Committee's Forward Work Plan.</p> <p>Action:</p> <ul style="list-style-type: none"> • Meeting Secretariat to update Committee Forward Work Plan to include the National Organ Annual Report. <p>The Committee NOTED the latest Organ Donation Performance Report and the work programme.</p>
PQSOC/0702/4.	ITEMS FOR INFORMATION
PQSOC/0702/4.1	<p>Highlight Reports</p> <p>The Committee received the following reports for information:</p> <p>a) QPSOG Highlight Report 18th January 2023 b) ABUBH Children's Rights & Participation Forum December 2023</p>
PQSOC/0702/4.2	<p>Assurance Reports to the Finance & Performance Committee, January 2023</p> <p>The Committee received the following reports for information:</p> <p>a) Stroke GIRFT Update b) Six Goals Urgent & Emergency Care</p> <p>The Committee noted the GIRFT Stroke Action Plan was missing timeframe/target dates and Bryony Codd (BC), Head of Corporate Governance agreed to highlight this to Peter Carr (PC), Director of Therapies & Health Sciences.</p> <p>Action:</p> <ul style="list-style-type: none"> • Head of Corporate Governance to highlight to the Director of Therapies & Health Sciences the missing timeframes in the GIRFT Stroke Action Plan.

PQSOC/0702/4.3	Committee Workplan 202/23 The Committee noted the additional of the National Organ Annual Report to the Committee Workplan, which was received for information.
PQSOC/0702/5.	OTHER MATTERS
PQSOC/0702/5.1	Items to be Brought to the Attention of the Board and Other Committees <ul style="list-style-type: none"> • The People & Culture Committee to receive a report on the review of Mandatory & Statutory Training.
PQSOC/0702/5.2	Any Other Urgent Business The Committee noted the quality of information and presentation style helped to support the Committee and in providing assurance.
PQSOC/0702/5.3	Date of Next Meeting The date of the next Patient Quality & Safety Outcome Committee was noted as 25 th April 2023.