



**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 20 th June 2023
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Louise Wright- Independent Member, Vice Chair Paul Deneen- Independent Member Helen Sweetland- 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 Tracey Partridge-Wilson, Assistant Director of Nursing Leeanne Lewis, Assistant Director of Quality & Patient Safety Karen Hatch- Assistant Director of Therapies and Health Science Deb Jackson- Assistant Director of Nursing, IPAC Moira Bevan- Head of Infection and Prevention Garvin Jones- Head of Legal Services Howard Stanley- Head of Safeguarding Jayne Beasley- Head of Midwifery and Gynaecology Linda Joseph- Deputy Regional Director- Llais Stephen Chaney- Deputy Head of Internal Audit Emma Guscott, Committee Secretariat
APOLOGIES	Nicola Prygodzicz- Chief Executive

PQSOC 2006/1	Preliminary Matters
PQSOC 2006/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 2006/1.2	Apologies for Absence Apologies for absence were noted.
PQSOC 2006/1.3	Declarations of Interest There were no declarations of interest raised to record.

PQSOC 2006/1.4	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on the 25th of April 2023 were agreed as a true and accurate record.</p>
PQSOC 2006/1.5	<p>Committee Action Log- June 2023</p> <p>The Committee received the action log. Members were content with progress made in relation to completed actions and against any outstanding actions.</p> <p>The Medical Director discussed action <i>PQSOC/2504/3.3.2 Pharmacy and Medicines Management: Action Plan in relation to Pharmacy Robot to be presented to future meeting with the Committee</i>. The Director of Corporate Governance and the Medical Director to discuss the reporting of the mitigation of any associated risk outside of the meeting. Action to remain.</p>
PQSOC 2006/2	Items for Approval/Ratification
PQSOC 2006/2.1	<p>Clinical Audit</p> <p>Annual Clinical Audit Activity Report 2022/23</p> <p>James Calvert (JC), Medical Director, supported by Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, provided an overview of the report, outlining the Health Board's participation in the National Clinical Audit and Outcomes Review Plan for the financial year, April 2022 to March 2023.</p> <p>Helen Sweetland (HS), Independent Member, requested assurance that learning from National Audits was fed back to Health Board staff. JC informed members that there were several ways in which the Health Board engaged staff with learning from data, and that there was a mandatory requirement for clinical staff to attend Divisional and Directorate Governance meetings, where audit reports were discussed in detail.</p> <p>The Committee noted the standardised template for national clinical audits.</p> <p>The Committee RECIEVED the report for ASSURANCE.</p> <p>Clinical Audit Plan</p> <p>JC supported by LL provided an overview of the report. Members were assured by the following Health Board plans; -</p> <ul style="list-style-type: none"> • The Clinical Audit team to develop a clinical audit programme for 2023/2024.

	<ul style="list-style-type: none"> • Update the Health Board policy on Clinical Audit. • Collation of all Health Board Audit Reports. • AMaT audit management system to be implemented across the Health Board. <p>Jennifer Winsalde (JW), Director of Nursing, informed members that the Health Board's Patient Experience and Involvement Strategy outlined clear expectations for patient experience feedback and, where deemed appropriate, patient engagement in audits.</p> <p>Members requested that future audit reports included clear timelines of actions and triangulation of all relevant Health Board data in relation to the audit subject Action: Assistant Director of Quality and Patient Safety</p> <p>A discussion on the inclusion of patient voice in Clinical Audits to come back to a future meeting. Action: Medical Director</p> <p>JC suggested to members that future audits included input from local partners such as Llias Cymru. JW informed members that the Person-Centred Care Team currently work alongside Llias Cymru, as outlined in the Patient Experience and Involvement Strategy. Further discussion on the involvement of Llias Cymru in future audits to take place outside of the meeting. Action: Medical Director/Head of Nursing Person Centred Care/Llias Cymru</p> <p>The Committee RECIEVED the report for ASSURANCE.</p>
PQSOC 2006/3	Items for Discussion
PQSOC 2006/3.1	<p>Patient Quality and Safety Outcomes Performance Report, June 2023</p> <p>Clinical Executives presented the Patient Quality & Safety Outcomes Performance Report for June 2023 to the Committee. The report provided an update on the work being undertaken relating to:</p> <ul style="list-style-type: none"> • Incident reporting and severity of harm. • Duty of Candour, Falls, Thematic reviews and learning. • Next steps - pressure ulcers, medicines management and mortality. • Patient Experience and Staff Feedback. • Civica in place. • Patient Experience and Involvement Strategy being implemented. • Business case to PIP for PALs (June 2023). • Complaints and concerns.

- Health, Safety and Security.
- Infection Prevention and Control, Covid-19 investigations.
- Safeguarding.
- Urgent and Emergency Care.
- Planned Care.
- Cancer Pathways.
- Escalated risk concerns.

Jennifer Winslade (JW), Director of Nursing, provided a brief overview of the implementation of the Quality Strategy. The full delivery plan for the Quality Strategy, including the Quality Outcomes Framework will be presented at the July PQSOC. **Action: Director of Nursing**

Members were informed of good practice and learning from patient feedback, with a focus on the Primary Care and Community Division. Members welcomed the 'Division by Division' focus on patient experience and involvement for future meetings. Pippa Britton (PB), Committee Chair, noted the unsuccessful capital bid for bed side chairs, based upon audit feedback and requested further information. JW assured members that Clinical Directors were working with Capital programme leads to ensure that there is robust clinical escalation in order to mitigate risk. Members were informed that the nursing and physiotherapy teams were reassessing the requirement of the bed side chairs.

Inpatient falls were discussed, including reduction of harm and falls management, noting that national benchmarking data was utilised to inform best practice. Louise Wright (LW), Independent Member, requested further information on correlation between the impact of patients waiting to be discharged and the risk of falls. Peter Carr (PC), Director of Therapies and Health Science, informed members that evaluation of harm related to delayed discharge was ongoing. Data highlighting the specific number of falls of patients who are medically fit for discharge to be included in a future report. **Action: Director of Therapies and Health Sciences**

Members requested that a glossary of acronyms be included at the end of future presentations and reports. **Action: Director of Nursing**

Escalated risk concerns were discussed. Members were informed of the recent HIW inspection of the Ty-Lafant Learning Disability and Inpatient Unit. An overview of the HIW Inspection of Ty Lafant, including the Health Board's planned response to actions, to be presented at the next

	<p>committee meeting for discussion. Action: Director of Nursing</p>
PQSOC 2006/3.2	<p>MBRRACE UK Perinatal Mortality Data</p> <p>Jennifer Winslade (JW), Director of Nursing, supported by Jayne Beasley (JB), Head of Midwifery and Gynaecology, provided an overview of the report to the Committee.</p> <p>The MBRRACE report for 2021 indicated that the Health Board had an increased rate for stillbirths, 5% higher than similar Trusts and Health Boards, and that Neonatal deaths were 15% lower than similar Trusts and Health Boards. All cases were reviewed utilising the Perinatal Mortality Review Tool, and action had been taken for any identified themes and trends. Members were informed that an overview of updated data for 2022/23 would be presented to a future meeting for discussion. Action: Director of Nursing/Head of Midwifery and Gynaecology</p> <p>Helen Sweetland (HS), Independent Member, noted the resource implications for Ultrasound, as listed in the report, and requested assurance on progress. Members were informed of the good progress made with ultrasound, noting the number of Health Board Midwives training for, and qualifying as, Sonographers. Members were assured that any resource implications would be reported to the Executive Committee.</p> <p>JW informed members of a recent HIW inspection of Health Board maternity services in May 2023. An overview of the recommendations and Health Board response to the HIW inspection of Maternity Services in May 2023 would be presented to a future meeting. Action: Director of Nursing/Head of Midwifery and Gynaecology</p> <p>The Committee noted the following recommendations for next steps to help reduce rates of stillbirths and improve outcomes for mothers and babies; -</p> <ul style="list-style-type: none"> • Continue to monitor all cases of small for gestational age babies through audit. • The newly appointed bereavement midwife to support timely reporting of deaths to MBBRACE. • Ongoing work re PeriPrem programme. • Ongoing work re Gap and Grow training. • Ensure continued use of the Perinatal Mortality Review Tool, case review and audit of 2022 cases. • Public Health agenda.

PQSOC 2006/4	Items for Information
PQSOC 2006/4.1	Highlight Reports <p>The Committee received the following Highlight Reports for Information: -</p> <ul style="list-style-type: none"> • Quality and Patient Safety Operational Group • Children's Rights Participation Forum • Safeguarding Group Highlight Report • Clinical Effectiveness and Standards Committee Report • WHSSC QPS Committee Report • ABUHB Community PROMPT Wales Quality Assurance Report
PQSOC 2006/5	Other Matters
PQSOC 2006/5.1	To confirm any key risks and issues for reporting/escalation to Board and/or other Committees <p>There were no matters arising.</p>