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 30th July 2024, 9:30am
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 Nicola Prygodzicz, Chief Executive Gemma Couch, Head of Quality, Patient Safety & Learning Kelly Downes, Deputy Director of Nursing Natalie Skyrme, Head of Nursing Ann Marie Matthews, Lead for Clinical Commissioning/IPFR Jonathan Simms, Clinical Director of Pharmacy Sarah Beuschel, Transfusion Practitioner Howard Stanley, Head of Safeguarding Kolade Gamel, Service Group Manager Linda Joseph, LLais Cymru 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 Infection Prevention and Control Tanya Strange, Head of Nursing Person Centred Care Ceri Phillips, Consultant Pharmacist Thomas Jaynes, Committee Secretariat Megan Frampton, Committee Secretariat
APOLOGIES	Michelle Jones, Head of Board Business Leeanne Lewis, Assistant Director of Quality & Patient Safety

PQSOC 3007/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 3007/02	**Apologies for Absence** Apologies for absence were noted.
PQSOC 0406/03	**Declarations of Interest** There were no declarations of interest raised to record.

PQSOC 3007/04	**Minutes of the previous meeting** The minutes of the Patient Quality, Safety and Outcomes Committee held on 4th June 2024 were agreed as a true and accurate record subject to the inclusion of the following under minute PQSOC 0406/2.3: 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**
PQSOC 3007/05	**Committee Action Log** The Committee received the action log and was content with the progress made in relation to completed actions and against any outstanding actions, as set out within the Action Log.
PQSOC 3007/06	**Committee Risk Report** Rani Dash (RD), Director of Corporate Governance, provided an overview of the Committee Risk Report, noting that the Committee Risk Register included three high-level risks, three sub-risks, and one corporate risk; all unchanged from the July Board report. RD explained that the corporate risk 'catastrophic failure of the Pharmacy Robot' would be eliminated with the implementation of a new robot scheduled between August and October 2024. Helen Sweetland (HS), Independent Member, asked if the Executive Team had scheduled a session to discuss corporate risks in detail. RD confirmed that a time-out session was planned for September, with a summary of corporate risks to be presented to the Board at the end of September 2024. The Committee: • **NOTED** the delegated strategic risks; • **NOTED** the delegated corporate risk; • **NOTED** the work being undertaken to reduce the risks to within appetite level; and,

	• **NOTED** the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient quality and safety.
PQSOC 3007/07	**Quality Performance Report** Jennifer Winslade (JW), Director of Nursing, supported by Peter Carr (PC), Director of Therapies & Health Science, Natalie Skyrme (NS), Head of Nursing – Urgent Care Division, Gareth Marr (GM), Improvement Programme Director for Mental Health and Learning Disabilities, and Tracey Partridge Wilson (TPW), Deputy Director of Nursing, presented the Committee with an overview of the patient quality and safety outcomes performance report for the period. JW outlined key priorities for the next six months, including revising the Quality Outcomes Framework, strengthening divisional quality and safety structures, refreshing the Quality Improvement Plan, and enhancing assurance and reporting arrangements. JW mentioned a planned meeting with the Director of Corporate Governance to restructure the Quality Performance Report for greater assurance. NS provided an update on patient experience within the Emergency Department (ED) at the Grange University Hospital, noting: - • Monthly meetings were being held with CIVICA to look at ways to improve patient feedback capture. • The establishment of a people participation panel had been initiated to enhance patient care. • Collaboration with Cardiff & Vale University Health Board had been initiated to ensure best practices for caring for dementia patients in ED and • Red Cross continued to support patients and staff. The Committee raised a concern about potential abnormalities in recorded waiting times, and requested the data be re-examined. This was due to a statistic within the presentation to the Committee presenting a waiting time for one individual of 225 hours. **Action: Jennifer Winslade (JW), Director of Nursing, to review the data presented and provide confirmation to the Committee on its accuracy.** GM discussed ongoing improvements in the Mental Health and Learning Disabilities Division, which was under internal Special Measures, and reported progress towards achieving Welsh Government targets.

	TPW updated on the 27 recommendations from Healthcare Inspectorate Wales (HIW), emphasising the use of the AMaT system for tracking actions, with regular progress reports planned. NS reported improvements in the ED's triage times now down to 17 minutes, and a monthly decrease in the number of patients with chest pains waiting longer than 60 minutes. Pippa Britton (PB), Committee Chair, inquired about the impact of E-Triage since implementation. NS confirmed this was positive, although the collection of data was still inconsistent. Penny Jones (PJ), Independent Member, requested information on sepsis protocols. NS provided an overview of current arrangements which included immediate medical assessments and fortnightly sepsis protocol meetings. JW committed to presenting the outcome of a comprehensive sepsis management review to a future meeting. **Action: Jennifer Winslade (JW), Director of Nursing to present information regarding the protocol for patients presenting with Sepsis to the Committee.** JW reported that changes to Patient Safety Incident reporting had led to an increase in reported incidents due to new Welsh Government policy requiring the reporting of stillbirth, birth loss, uterine death, and infection prevention and control issues. JW noted that the Health Board had received feedback from the Welsh Government emphasising the need to improve the timely closure of patient safety incident reports. JW reported that tracked progress over the last three years showed significant improvement, with 8% of reports closed within the target timeframe in 2022, 13% in 2023, and 38% in 2024. JW committed to bringing a detailed report on the timeliness of closures to a future meeting for assurance. **Action: Jennifer Winslade (JW), Director of Nursing, to present a report on the timely closure of Patient Safety Incidents to the Committee.** TPW informed the Committee that in May 2024, Putting Things Right (PTR) established an acknowledgment team dedicated to making immediate contact with patients who had filed complaints. This initiative received positive feedback from the public and reaffirmed the commitment to a patient-centred approach. Despite a 40% increase in complaints compared to the same period last year the Committee observed that early resolution outcomes managed through PTR had improved to 60%. It was noted that the Surgery Division accounted for a significant

	proportion, primarily concerning appointment issues and waiting times. PC reported a decrease in the total number of falls and severity, with ongoing efforts to minimise harm. Part of the efforts would include collaboration with Divisions to identify any anomalies or areas needing targeted intervention. In addition, a comprehensive review of falls would be included in the annual report scheduled within the Committee's forward workplan. The Committee **NOTED** the contents of the report.
PQSOC 3007/08	**Mortuary Incident Action Plan** Peter Carr (PC), Director of Therapies and Health Science, provided an update on the Pathology Directorate's progress regarding the action plans related to the Patient Safety Incident investigations at the Grange University Hospital (GUH). PC reported that the investigations had been completed, chaired by Tracey Partridge-Wilson, and signed off by him as the Executive Lead. He noted that families, the Human Tissue Authority, Gwent Police, the Coroner, and the Welsh Government Quality team had been promptly informed of the incidents in compliance with legislation. The investigation led to the development of an action plan, with most actions already implemented and two remained outstanding. PC noted that the incident investigation and action plan had been communicated to the affected families, with whom he met personally, keeping an open line for further questions. A media response was also provided to maintain public confidence. The root causes were identified as failures in staff adherence to Health Board policies and procedures. While the policies were deemed appropriate, they have since been strengthened and simplified for clarity. PC mentioned that a recent unannounced visit by the Human Tissue Authority to the Mortuary at GUH yielded positive feedback on workplace culture and compliance. Paul Deneen (PD), Independent Member, commended the thorough and transparent investigation. Helen Sweetland (HS), Independent Member, asked whether the revised policies would apply across all Health Board's Mortuaries, to which PC confirmed that they would. Nicola Prygodzicz (NP), Chief Executive, assured the Committee that she had met with the Coroner and Gwent Police, and all stakeholders

	were satisfied with the action plan. Pippa Britton (PB), Committee Chair, emphasised the importance of ongoing staff training on the revised policies. The Committee **NOTED** the report.
PQSOC 3007/09	**Commissioning Assurance Framework** *Ann Marie Matthews (AMM), Lead for Clinical Commissioning / IPFR joined the meeting.* Jennifer Winslade (JW), Director of Nursing, informed the Committee that efforts were underway to create a standardised process for collecting quality information from commissioned services. This approach aimed to ensure consistent and rigorous data collection across the Health Board. Pippa Britton (PB), Committee Chair, supported the move toward a standardised framework, noting that it would provide greater assurance. She inquired about lessons learned from WHSSC's escalation process and the inclusion of an independent member on the working group. Helen Sweetland (HS), Independent Member, asked for examples of commissioned services and the scope of the proposed framework. JW clarified that the Health Board commissioned a wide range of services, with the new approach initially focusing on a smaller scope before expanding to cover all services. She acknowledged the suggestion for an independent member and noted that the working group had not yet been established but would consider the appropriateness of this inclusion at a future point. The Committee **NOTED** the development and format of the Quality Commissioning Assurance Framework and the associated progress.
PQSOC 3007/10	**Maternity Services: Organisational Improvement and Action Plan** *Jayne Beasley (JB), Head of Midwifery and Gynaecology, joined the meeting.* JB provided an update on the Maternity Improvement Plan, aimed at improving outcomes for women and babies, supporting staff, and fostering innovation. The plan focused on health promotion, choice, early intervention, and addressing strategic priorities. JB outlined the plan's main themes: governance framework, training, labour and birth,

	workforce, bereavement care, infection prevention, and pathways of care, each with specific workstreams and measurable actions. JB reported that the plan included 95 actions to be completed over three years, summarising progress in Quarters 1 and 2 and detailing ongoing and upcoming actions for Quarter 3. Pippa Britton (PB), Committee Chair, inquired about measures for supporting Black and Minority Ethnic (BAME) mothers and babies. JB reassured the Committee that a voluntary service is in place to assist non-English speaking women in Gwent and guide them to appropriate services. There are plans to expand this service to reach more diverse communities. JB also noted efforts to pilot debrief sessions in Newport to better engage BAME women, as most current participants are white Welsh/British. Helen Sweetland (HS), Independent Member, questioned the 2026 timeline for appointing a Lead Midwife for Diabetes and requested a glossary of acronyms for broader accessibility. JB clarified that a lead midwife is already in place, though the service is still under development. She also confirmed that future reports would include a glossary of acronyms. Nicola Prygodzicz (NP), Chief Executive, commended the development and implementation of the benefits of the new digital system. The Committee **NOTED** the ongoing work to implement and embed improvements within maternity services.
PQSOC 3007/11	**Review of Committee Programme of Business 2024/25** Rani Dash (RD), Director of Corporate Governance, informed the Committee of amendments and updates to its Forward Work Programme. The Committee **NOTED** the updated Forward Work Programme as presented.
PQSOC 3007/12	**Pharmacy & Medicines Management Annual Report 2022/23** *Jonathan Simms (JS), Clinical Director of Pharmacy, joined the meeting.* James Calvert (JC), Medical Director, highlighted that the annual report provided an overview of the critical role of pharmacy within the Health Board and emphasised the importance of proper prescribing practices.

	JS reported on performance against key indicators and detailed clear actions taken to address these indicators. He noted significant improvements in the prescribing of Gabapentinoids. Penny Jones (PJ), Independent Member, raised concerns about 30-50% of long-term medications not being taken by patients. JC reassured the Committee that both the Medical and Pharmacy Directorates were aware of this issue. He explained that ongoing efforts were in place to increase patient compliance through enhanced training and integration into clinical practice. The Committee **NOTED** the contents of the Pharmacy and Medicines Management Annual Report.
PQSOC 3007/13	**Hospital Transfusion Committee Annual Report** *Sarah Beuschel (SB), Transfusion Practitioner, joined the meeting.* SB presented to the Committee an overview of the successes and challenges within the Hospital Transfusion programme. The update highlighted several achievements, including the successful integration of a Primary Care representative into the HPC (Health Professional Council) and the introduction of a new clinical Standard Operating Procedure (SOP) for the Haematological Management of Major Haemorrhage. Additionally, the programme had begun identifying staff who required essential transfusion practice training and continued to provide training on Blood Track Enquiry. The appointment of a Transfusion Support Officer also marked a significant advancement. SB also noted some challenges; the all-Wales project to implement bedside blood collection had seen limited progress, and the development of the blood component transfusion policy remained outdated due to a small workforce. The Committee was informed of the Quality Improvement (QI) projects in Transfusion, mentioning that the Patient Care Coordinator (PCC) was based in emergency care and that major haemorrhages were transferred to the Lab for further management. The Committee **NOTED** the contents of the Hospital Transfusion Committee: Annual Assurance Report 2023-24. *Sarah Beuschel left the meeting*

PQSOC 3007/14	**Infection Prevention and Control and Cleaning Standards Annual Report 2023/24** *Moira Bevan (MB), Head of Infection, Prevention & Control, Ceri Phillips (CP), Consultant Pharmacist, joined the meeting.* MB presented the Infection Prevention, Decontamination, and Antimicrobial Stewardship Annual Report for 2023/2024, noting key achievements and concerns. The report highlighted improvements in cleaning standards and the successful use of Regional Integration Funds to enhance care across Primary and Secondary Care. Despite being below the national average for reportable organisms, the Health Board experienced increases in certain infections due to factors like antimicrobial resistance and suboptimal prescribing. MB reported a low respiratory infection rate, below the All-Wales average, and noted that the C-section rate had returned to pre-pandemic levels at 3.9%. Ongoing efforts include audits, quality improvement projects, and enhanced cleaning standards. Ceri Phillips (CP), Consultant Pharmacist, discussed the Welsh Government targets for antimicrobial usage. The target to reduce antimicrobial prescribing by 25% in Primary Care was not met, achieving only a 14.8% reduction, partly due to challenges from Strep A outbreaks. However, Secondary Care met the target of using 55% or more of all antibiotics and is currently at 62-63%, with a new target of 72% forthcoming. Pippa Britton (PB), Committee Chair, expressed concerns about the rise in cases of C. difficile. James Calvert (JC), Medical Director, explained that efforts to tackle C. difficile included enhanced antimicrobial prescribing practices and managing high bed occupancy. MB emphasized that tackling C. difficile remained a top priority, with an updated action plan and enhanced governance. CP noted issues with suboptimal prescribing in Secondary Care and efforts to address this cultural challenge. Paul Deneen (PD), Independent Member, requested an updated report and details on the action plan for proper prescribing at the next meeting. **Action: Director of Nursing to provide an update to the Committee on optimal prescribing in support of infection prevention and control measures**

	Helen Sweetland (HS), Independent Member, stressed the need for new medical staff to be inducted on proper antibiotic prescribing. This was acknowledged and the Committee was reassured that new staff received a comprehensive induction on Infection Prevention and Control, Pharmacy, and Microbiology. Penny Jones (PJ), Independent Member, inquired about the training for all staff on infection control and antibiotic prescribing. MB confirmed that national training for infection and prevention was available, supplemented by eLearning modules and enhanced training for incidents. The Committee **NOTED** the key achievements from 2023/2024 and support the priorities for 2024/2025. *Moira Bevan and Ceri Phillips left the meeting.*
PQSOC 3007/15	**Safeguarding Annual Report** *Howard Stanley (HS), Head of Safeguarding, joined the meeting.* HS provided an overview of the Health Board's management of its safeguarding responsibilities for 2023/2024, detailing progress, performance, emerging trends, lessons learned, and the vision for 2024/2025. HS highlighted a significant increase in activity with an 85% rise in child cases and a 40% rise in adult, which is putting resources under pressure and delaying assurance and improvement work. Despite this, training success improved notably with levels 1 and 2 exceeding 80% compliance, although level 3 training remained low at 15%, falling short of the 50% target. HS emphasised efforts to make training mandatory and ensure staff are released from duty to undertake it. Pippa Britton (PB), Committee Chair, recognised the challenges and need for improved staff attendance. Penny Jones (PJ), Independent Member, noted the 92% rise in child cases and a 90% increase in reports and questioned the cause. HS attributed this to societal issues and improved safeguarding mechanisms, with complex cases requiring multiple reports. It was noted that the demand upon and the capacity of the Safeguarding team was being reviewed. Paul Deneen (PD), Independent Member, raised concerns about GPs in Monmouthshire not being updated on child protection issues, stressing the importance of GP

	involvement. He requested an update on this issue for the next meeting. **Action: Director of Nursing to provide assurance on the effective sharing of safeguarding issues with GPs** The Committee • **CONSIDERED** the Safeguarding Annual Report 2023/2024 • **NOTED** the eight key priorities of the Safeguarding Annual Work Programme • **NOTED** the challenges associated with an increase in referral activity.
PQSOC 3007/16	**Overview of Internal & External Audit Recommendation Tracking** Rani Dash (RD), Director of Corporate Governance, presented the report for information. The Committee **NOTED** the closing position of the 29 audit recommendations; and **NOTED** the approach being implemented by the Audit Risk and Assurance Committee to ensure a higher level of scrutiny for longstanding recommendations and high-rated recommendations that exceed the threshold for revised deadlines.
PQSOC 3007/17	**Children's Rights & Participation Forum** Jennifer Winslade (JW), Director of Nursing, noted the forum was supported by Paul Deneen, Independent Member and JW was the Executive Lead. JW noted the forum will report into the Children and Young People's Strategic Board that will be established in September. The Committee **NOTED** the contents of the report.
PQSOC 3007/18	**Review of Neurodevelopmental Service for Under 18s** *Kolade Gamel (KG), Service Group Manger, joined the meeting* Jennifer Winslade (JW), Director of Nursing, explained that the report was produced following an all-Wales review in collaboration with the Chief Operating Officer. The Committee **NOTED** the report for information.
PQSOC 0406/21	**Date of the Next Meeting:** Monday 02 September, 2024