

**ABM University LHB**  
**Quality and Safety Committee**  
**Unconfirmed minutes of the meeting held on 7<sup>th</sup> June 2018**  
**at 9.30am in the board room, Singleton Hospital**

**Present**

Maggie Berry, Independent Member (in the chair)  
Martyn Waygood, Independent Member

**In Attendance**

Angela Hopkins, Interim Director of Nursing and Patient Experience  
Christine Morrell, Director of Therapies and Health Science  
Hamish Laing, Medical Director (until minute 90/18)  
Paula O'Connor, Head of Internal Audit  
Charlotte Higgins, Graduate Management Trainee  
Liz Stauber, Committee Services Manager  
Jan Worthing, Service Director, Singleton Services Delivery Unit (for minute 77/18)  
Christine Williams, Unit Nurse Director, Singleton Services Delivery Unit (for minute 77/18)  
Dougie Russell, Unit Medical Director, Singleton Services Delivery Unit (for minute 77/18)  
Joanne Abbott-Davies, Assistant Director of Strategy (for minute 90/18)

**Minute**

**Action**

**77/18**

**PATIENT STORY**

Jan Worthing, Christine Williams and Dougie Russell were welcomed to the meeting.

A patient story was received detailing the experience of a teenager with learning disabilities admitted to Morriston Hospital for an operation. As the patient was 17, he was scheduled to be admitted to an adult ward, which made him anxious, particularly as he was needle phobic. On the day of the operation, the patient and his mum met the adult liaison officer on the ward to take a look around but it was evident that it would not be suitable for him to be treated there. As a result they went to the play room on the children's ward and where the anaesthetist met with the patient to talk through the process, helping him to relax him, and the play leader was also available. Thanks to the communication between the various teams, the patient was able to remain on the children's ward and his mum able to stay with him throughout. The unit was now working to improve the process for children with continuing healthcare needs to transition to adult services, which should start at age 14.

In discussing the patient story, the following points were raised:

Jan Worthing explained to the committee that the paediatric wards were under review as there were no ward areas for young adults who were too old for children's wards but not ready for adult wards therefore consideration was being given as to how to use capital and

endowment funds to improve the environments.

Chris Morrell commented that there was a lot of work to be done in this area, particularly for palliative care, as it could be upsetting for young people transitioning from children services to adult at end-of-life.

Martyn Waygood stated that it was pleasing to see learning taking place and queried how it extended to other services, such as dental. Christine Williams advised that the service was working with other units as transition challenges spanned a number of areas and while the health board had a learning disabilities liaison service, there were gaps between paediatrics and adult services for those in between. She added that she was working with the unit nurse director for mental health and learning disabilities to address the process should a patient access any area of the service.

Chris Morrell advised that child psychology needed to be enhanced and as such, a bid was to be made as part of a Welsh Government transformational programme for monies to develop the services.

Angela Hopkins commented that the health board's children's charter provided significant opportunities to recognise the rights of the child however there were also significant challenges around child and adolescent mental health services, with young people admitted to adult wards as there were too few paediatric mental health beds. She added that there were good examples of transition units for the health board to learn from and such services should also be tailored to individuals as some may be ready to transition at 18 but others may need to be older.

Hamish Laing complimented the story, adding that generally as a young person transitioned from paediatrics to adult services, this meant a change in clinical team, but the handover was not always as comprehensive as it needed to be. He stated that this was something for which a focus was needed, as well as the environments.

Hamish Laing stated that pre-assessments should be undertaken for all surgical procedures and would identify such needs as outlined in the story. Maggie Berry concurred, adding that pre-assessments were not just about a patient's fitness for a procedure but also an opportunity to bring potential issues to the attention of the medical team.

Hamish Laing commented that a sedation service at Princess of Wales Hospital had received numerous accolades for its work with learning disabilities patients and as such, the positive feedback within this story should also be celebrated.

78/18

## **WELCOME AND APOLOGIES FOR ABSENCE**

Maggie Berry welcomed everyone, noting that it was Hamish Laing and Angela Hopkins's final meetings as they would be leaving the

organisation in the coming months. On behalf of the board, she thanked them for their hard work, support and contribution to the committee.

Apologies for absence were received from Ceri Phillips, Non-Officer Member; Pam Wenger, Director of Corporate Governance, Carol Moseley, Wales Audit Office; Sandra Husbands, Director of Public Health and Nia Roberts, Healthcare Inspectorate Wales.

**79/18                    DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**80/18                    MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 5<sup>th</sup> April 2018 were **received** and **confirmed** as a true and accurate record.

**81/18                    MATTERS ARISING NOT ON THE AGENDA**

(i) 49/18 Morriston Hospital Unit Report

Paula O'Connor queried if there was an update in relation to the external TAVI (transcatheter aortic valve implantation) review. Hamish Laing advised that the report had been received in final draft and a meeting had been arranged for the following week to consider the accuracy. He added it would be presented to the committee at its August 2018 meeting.

(ii) 50/18 Pharmacy and Medicines Management Report

Hamish Laing stated that changes to the antibiotic policy were to be implemented later that month to improve *clostridium difficile* rates.

Maggie Berry queried as to whether progress had been made in relation to the pharmacy technician role. Angela Hopkins responded that she was working with the clinical director for pharmacy and Swansea University in this regard and it was also discussed at the recent inaugural nursing conference. She added that it had been well received and there were areas in which it could make significant impact on value-based healthcare with a small uplift. As such a proposal to take it forward was in development.

(iii) 51/18 Catering and Nutrition Update

Martyn Waygood suggested that he discuss the blue plate system further with catering colleagues following his experience at another health board. Chris Morrell concurred and advised that he contact the head of hotel services. This was agreed.

Hamish Laing commented that food wastage needed significant improvement as one in twelve meals prepared were not offered to patients and were completely discarded and this was the figure recorded. The performance levels did not take into account meals

**MW**

offered to patients but only partially eaten and a system was required which ensured patients were given the right meal and the right size for their needs.

82/18

## ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point Three

Update deferred to August 2018 meeting.

(ii) Action Point Four

Chris Morrell advised that the concerns raised as part of the catering and nutrition report had been referred back to the catering and nutrition committee for an update to the quality and safety forum.

(iii) Action Point Five

Chris Morrell stated that all the units had been asked to provide a letter of assurance in relation to the non-compliance with one of the medication-related patient safety solutions and only one was yet to be received. An update was to be provided to the quality and safety forum.

(iv) Action Point Six

Update deferred to August 2018 meeting.

(v) Action Point Eight

Christine Morrell undertook to circulate the chronic pain report after the meeting, adding that the action plan was almost complete.

CM

(vi) Action Point 15

Hamish Laing advised that the water policy had been considered and approved by the NHS Wales Shared Services Partnership and the corresponding water plan had now been updated, therefore this action was now closed.

83/18

## WORK PROGRAMME

The committee's work programme was **received**.

In discussing the work programme, Maggie Berry queried as to whether any of the items were more suitable for the Health and Safety Committee now that it was established. Martyn Waygood suggested that he and Maggie meeting with the Director of Corporate Governance to discuss the two work programmes to see if any agenda items were suitable for referral. This was agreed.

MW/MB

### Resolved:

- The work programme be **noted**.
- Martyn Waygood and Maggie Berry to discuss work programmes for the Quality and Safety and Health and Safety committees.

MW/MB

84/18

## ANNUAL QUALITY STATEMENT

The draft annual quality statement for 2017-18 was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- The feedback provided by members had been useful;
- There was still work to be done and further comments were invited;
- Paula O'Connor had reviewed an earlier draft and provided comments;
- The final version would be received at the board's annual general meeting in July 2018 but would be circulated in advance to committee members.

In discussing the report, the following points were raised:

Paula O'Connor advised that she had provided a number of comments on the draft as well as some context for inclusion. She added that if the document was ready the following week, a full review would be undertaken by internal audit and update provided to the next meeting.

Hamish Laing commented that the number of GP practices identified within the health board area required correcting.

Martyn Waygood highlighted a number of typographical errors for correction. Maggie Berry added that the page numbering was also incorrect.

Martyn Waygood stated that some of the wording needed to be reviewed, for example the errors relating to children's admissions, as it could raise concern with members of the public. He added that with regard to the never events due to wrong components, he would want to know what a 'component' was. Angela Hopkins advised that the whole never event section needed to be reviewed as there were discrepancies with the figures.

Martyn Waygood and Chris Morrell noted charts and narrative which had been duplicated within the report.

Martyn Waygood thanked Angela Hopkins for the recognition within the report for charitable funds which had enabled the purchase of high-low beds.

Chris Morrell advised that the therapies and health science conference had not been included alongside the medical and nursing equivalents.

Hamish Laing stated that corporate photographs had been taken of board members and suggested that these could be included as opposed to the current versions. He added that a standard was to be developed for corporate reports going forward so future iterations of the annual quality statement would be designed with this in mind. He commended the current report for being 'visually interesting' which would encourage people to read it.

Maggie Berry advised that a reference to 'Putting Things Right' needed to be included.

**Resolved:**

- The report be **noted**.
- The annual quality statement 2017-18 be amended as per the discussion.

**85/18**

**QUALITY ASSURANCE FRAMEWORK AND WARD TO BOARD DASHBOARD PRESENTATION**

Lee Morgan was welcomed to the meeting.

A report and presentation providing an update on the ward to board assurance framework were **received**.

In introducing the report, Hamish Laing and Lee Morgan highlighted the following points:

- The report set out a proposed approach to a health board-wide assessment programme of clinical areas;
- A number of pilots had been undertaken;
- The assurance framework was to be used for all wards with a variation on the NHS Improvement 15-step challenge for other areas;
- It was based on performance measures and moved away from 'RAG' (red, amber, green), using bronze, silver and gold instead;
- It had been developed using experience gained during a visit to North Midlands NHS Trust;
- The intention was to undertake annual performance reviews of each area but to bring forward either a domain or a full review should concerns arise;
- The review teams should be wide ranging, not limited to board members, but the challenge of facilitating staff release needed to be considered;
- Two wards per week would be visited;
- The intelligence shared with the review teams would be essential and an information dashboard had been developed;
- An implementation plan for the information dashboard had been developed for the next 12 months and it was now live on five wards at Neath Port Talbot Hospital;
- The dashboard had a landing page which made key information visible easily by unit and could be broken down into a number of indicators for each ward;
- It had seven areas of focus: older people's standards; patient experience; falls; quality assurance framework; pressure ulcers; medicines and safer staffing and the data was available to a wide range of staff. However some remained in development;

- Awareness sessions were to be held at each of the sites to ensure staff not only knew how to use the system but also to understand its importance;
- A chart section was also included and there were also links to other relevant systems, such as Datix, to see if the information correlated with other issues;
- The data was updated on a nightly basis and could be exported into other documents for reporting purposes;
- Next steps included the finalisation of the remaining sections.

In discussing the report, the following points were raised:

Maggie Berry queried as to whether there was sufficient capacity within the various teams and services to undertake two visits per week. Angela Hopkins advised that it was critical that this capacity was available as such visits would prepare areas for external inspections in a more proactive way as well as provide 'fresh eyes' to critically appraise. Maggie Berry concurred, adding that she had been part of the visit to the North Midlands NHS Trust and had seen how challenging it was to identify areas requiring improvements when staff were working there day in, day out therefore having someone new to identify the non-obvious issues made a difference.

Maggie Berry queried whether feedback had been received from any of the staff currently using the system. Angela advised that so far, everyone appeared to like it, but it would be important to have the support of such advocates as the roll-out progressed.

Angela Hopkins commented that the link with the Datix system aligned with encouraging staff to report, particularly near misses as well as incidents. She added that the export function would also be useful as it would enable staff to display their performance at the entrance to the ward. Hamish Laing stated that the dashboard would also display the bronze, silver or gold status and include the action plan, which visitors could also ask to see.

Angela Hopkins advised that the dashboard would be used for performance reporting within the units which would provide an opportunity to highlight outliers to focus on quality and improvement.

Maggie Berry suggested that a verbal update be received at the next meeting and a more formal report be received at the October 2018 meeting. This was agreed. She added that it would be interesting to see how many other forms of information had been replaced by this one system.

**PM/GW**

Paula O'Connor queried the timeframe for board-wide roll-out. Lee Morgan advised that this was yet to be determined as the four-week roll-out at Neath Port Talbot Hospital needed to be evaluated to determine the types of changes that would be required and the time needed to address these. This would provide clarity as to the timelines required.

Paula O'Connor advised that a recent learning and assurance group meeting had raised concerns as to the integrity of some of the information in Datix therefore consideration may need to be given to adding a caveat to the dashboard. Lee Morgan responded that work was already being undertaken in this arena.

Chris Morrell suggested that further areas of development could incorporate some of the work around decommissioning as currently the information was being collated via a UK-wide database. Hamish Laing concurred, adding that consideration could also be given to including data for national mandatory audits.

Martyn Waygood commented that the dashboard was impressive, particularly as it had been developed in-house, and queried whether there were opportunities to share this across Wales. Lee Morgan advised that was a good information network with scope to share ideas as well as business intelligence links, but there was still learning to be done as to how to collect and demonstrate data.

Maggie Berry queried as to whether the dashboard could be used to provide data for other board-wide committees. Hamish Laing responded that the challenge was that data would change depending on the date of the meeting. He added that there would be a fixed 'cut-off' point for reports but the purpose of the dashboard was to be in real time.

Martyn Waygood queried as to whether there was an opportunity to extend the dashboard to non-clinical areas. Lee Morgan advised that there was an ambition to create a digital balanced scorecard for clinical and non-clinical environments.

**Resolved:**

- The report be **noted**.
- A verbal update be received at the next meeting and a more formal report be received at the October 2018 meeting.

**PM/GW**

**86/18**

**CHANGE IN AGENDA ORDER**

**Resolved:**

The agenda order be changed and items 5c, 6d, 8c and 5a be taken next.

**87/18**

**PATIENT RECORDED OUTCOME MEASURES**

A report providing an update in relation to patient recorded outcome measures was **received**.

In introducing the report, Hamish Laing highlighted the following points:

- The focus on value-based outcomes had increased;
- A masterclass was undertaken with consultants to emphasise the importance of spending in the 'right' place;
- There was more to outcomes than readmission and death;



- The health board was working in partnership with Hywel Dda University Health Board and proposals for resources had been supported;
- There were two ways for patients to submit their required outcomes prior to treatment; by completing a questionnaire supported by staff at an appointment or via an online survey which was to be linked to the text reminder for the appointment;
- The national programme was also progressing.

In discussing the report, Angela Hopkins shared the experience of a relative in England several years previously who required a number of regular appointments for various conditions but could not be seen in clinic until she had completed an outcomes questionnaire. As such, this led to all her clinic appointments being scheduled on the same day so she did not need to visit the hospital on multiple occasions. Hamish Laing responded that the main purpose of validated patient recorded outcome measures was to determine what was important to the patient in order to meet those needs.

**Resolved:** The report be **noted**.

**88/18**

#### **CLINICAL OUTCOMES GROUP**

A report providing an update from the clinical outcomes group was **received**.

In discussing the report, the following points were raised:

Chris Morrell commented that it was important that the information from clinical audits was triangulated with others, such as quality priorities.

Maggie Berry sought further details as to the non-reimbursement at Morriston Hospital for specialised procedures. Hamish Laing responded that this was under review by finance colleagues and more transparency was required to provide consultants with a better understanding.

Martyn Waygood noted that the health board had a large number of surgeons able to undertake laparoscopic bowel resections but the proportion carried out was lower than other parts of Wales and queried the reasons as to why. Hamish Laing advised that this related to the length of time the procedure required.

**Resolved:** The report be **noted**.

**89/18**

#### **EMRTS CLINICAL GOVERNANCE REPORT**

A report outlining the clinical governance report from the Emergency Medical Retrieval and Transfer Service (EMRTS) was **received**.

In introducing the report, Hamish Laing highlighted the following

points:

- Clinical governance for EMRTS was reported in a number of arenas, including the health board's hosted agency governance sub-committee;
- The vast majority of patients treated by the service were not living within the ABMU region;
- There were no significant issues to report;
- The new Director of EMRTS had complimented the clinical governance system;
- While concerns had been raised at national level relating to clinical governance, external reviews had not substantiated these and no further action was required.

**Resolved:** The report be **noted**.

**90/18**

## **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Joanne Abbott-Davies was welcomed to the meeting.

A report providing an update with regard to child and adolescent mental health services (CAMHS) was **received**.

In introducing the report, Joanne Abbott-Davies highlighted the following points:

- A meeting had taken place with the vice-chair to discuss the issues at the previous meeting;
- A draft risk register had been developed;
- While compliance with the urgent assessment target remained within 90%-100%, the challenge to consistency was consultant capacity over the weekend;
- Performance against the routine assessment target had been the major priority and while 100% was achieved in March 2017, this had been due to the providing health board completing the assessments but not the interventions, which affected performance in April 2017 as patients then received their treatment, resulting in 24% compliance. This had steadily improved to 70.3% in May 2018 but there was variance across the localities. It was expected that the target would be met by July 2018;
- The 80% target for diagnostic assessments for patients with neurodevelopmental disorders was being met consistently;
- The target for therapeutic interventions started within 28 days following assessment by the local primary mental health service had never been achieved as the way that it was measured looked at the time that patients seen in that month had waited for their appointment, therefore compliance would always be low until the waiting list time reduced to below 28 days;

- The national 'choice and partnership approach (CAPA)' was starting to show some benefits and an evaluation was being undertaken to determine the action required to achieve the necessary improvement in performance.

In discussing the report, the following points were raised:

Chris Morrell advised that a bid was to be submitted to the national mental health transformation fund for support for psychological therapies which was to include paediatrics. Joanne Abbott-Davies added that the delivery plan for CAMHS was being shared widely across board-wide services to identify requirements and resources.

Martyn Waygood commented that it was pleasing to see an improvement in performance but there was still work to be done. He queried with what ease the service was able to recruit. Joanne Abbott-Davies responded that while the service did start the process to recruit as soon as it became aware of a vacancy, there would always be a gap in the crossover between postholders but more work was now being undertaken with graduates and trainees. She added that there was some difficulty in recruiting senior staff nurses. Martyn Waygood sought clarity as to whether any action could be taken to make such roles more attractive to registered nurses. Angela Hopkins advised that the senior staff nurse role was one which was highly specialised and there were only a small number of posts to which it was possible to career progress, and it was difficult to rotate people to other services to gain additional experience.

Maggie Berry informed the committee that the vice-chair had requested an additional update on CAMHS to the Performance and Finance Committee later that month. Joanne Abbott-Davies undertook to provide this.

**JAD**

**Resolved:**

- The report be **noted**.
- Further report be received by the Performance and Finance Committee.

**JAD**

**91/18**

**HEALTHCARE QUALITY DIVISION FEEDBACK REPORT**

The healthcare quality division feedback report was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- The report stated that nine never events had been reported within the time period covered by the report but the correct figure was 10. This was a significant number, particular as only 15 had been reported across Wales, therefore the health board was an outlier;
- The NHS Wales Delivery Unit has reviewed the health board's approach to serious incident reporting and would be presenting the report to the board development session that month, accompanied by the health board's action plan.

**Resolved:** The report be **noted**.

**92/18 STAYING HEALTHY**

The staying healthy report was **deferred** to the August 2018 following the receipt of apologies from the lead executive director.

**93/18 BLOOD GLUCOMETRY UPDATE REPORT**

A report providing an update with regard to progress against the blood glucometry action plan was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- It was pleasing to see the number of completed actions, particularly as she was the external reviewer;
- One recommendation remained outstanding relating to a review point of care testing which had been deferred to autumn 2018 due to the implementation of the all-Wales software. This was to be managed via the risk register going forward.

**Resolved:** The report be **noted**.

**94/18 INFECTION CONTROL REPORT**

A report providing an update in relation to infection control was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- The target this year was a 15% reduction in *clostridium difficile*, 10% reduction in *staph. aureus* bacteraemia and a 5% reduction in *e.coli* bacteraemia;
- In April 2018, the number of *clostridium difficile* cases was five higher than the profile (due to the impact of the influenza activity); the number of *staph. aureus* bacteraemia cases was one above the profile and the number of *e.coli* bacteraemia cases was three below the monthly profile;
- All policies and procedures were under review and this was 90% complete;
- A number of themes had been identified as contributors to increased incidents of infection including overcrowding, pre-emptive beds and long periods of stay;
- Ultra violet and hydrogen peroxide cleaning were still suspended due to an ongoing dispute and this needed to be considered by the Health and Safety Committee in due course.

In discussing the report, the following points were raised:

Maggie Berry sought further details as to the issues surrounding ultra violet and hydrogen peroxide cleaning. Angela Hopkins advised that staff had raised concerns as to the effects on their health but these

had not been reported anywhere else in the world. She added that the Health and Safety Executive had reviewed the operating procedure and had found no fault, so consideration was being given to commissioning an external company to undertake the work.

Paula O'Connor queried as to whether a deep dive was to be undertaken into the contributors to increased incidents. Angela Hopkins advised that the senior matron at Neath Port Talbot Hospital had agreed terms of reference for a review which was to commence the following week and would look at all services.

**Resolved:** The report be **noted**.

## **95/18 QUALITY AND SAFETY DASHBOARD**

The quality and safety dashboard was **received**.

In discussing the report, the following points were raised:

Paula O'Connor noted that 80 stage two mortality reviews were outstanding. Angela Hopkins advised that significant progress had been made in this area and consultants currently unable to work clinically had been assigned to address the backlog. She added that it was expected that an improved position would be reported to the next meeting.

Martyn Waygood noted an increase in safeguarding incidents reported during March and April 2018 in Singleton Hospital. Angela Hopkins advised that as the unit hosted children's services therefore all incidents were logged by them.

Martyn Waygood referenced the number of complaints in relation to Morriston Hospital and queried whether it was proportionate to being a tertiary centre or whether it was an outlier. Angela Hopkins advised that the unit's performance in relation to timeliness had deteriorated due to service pressures but the complaints also tended to be complex due to the tertiary nature of some of the services, therefore required multiple inputs into responses.

Maggie Berry sought an update in relation to hand hygiene audits and the roll-out of peer reviews. Angela Hopkins responded that these were embedded in the multi-disciplinary teams in order to incorporate more staffing groups within the training, rather than limiting it to nursing.

**Resolved:** The report be **noted**.

## **96/18 SINGLETON UNIT EXCEPTION REPORT**

The Singleton Services Delivery Unit exception report was **received** and **noted**.

## **97/18 HEALTH AND CARE STANDARDS UPDATE**

The health and care standards annual report was **received**.

In introducing the report, Angela Hopkins stated that it focussed on a point in time during 2017 and therefore was not necessarily reflective of current performance.

In discussing the report, the following points were raised:

Paula O'Connor advised that as it was based on a point of time, the figures could be misleading as they were not the overall declaration of assurance agreed by the health board earlier in 2018, and this caveat should be included.

Maggie Berry noted the reference to the scrutiny panels which had since been stood down. Angela Hopkins advised that they were established at the point of time to which the report was referring.

**Resolved:** The report be **noted**.

**98/18**

## **INTERNAL AUDIT REPORT**

A report outlining the findings of internal audits was **received**.

In introducing the report, Paula O'Connor highlighted the following points:

- Two reports had been issues since the previous meeting;
- The follow-up of fire safety remained *limited assurance* due to slow progress against the recommendations but with the establishment of the Health and Safety Committee, it was hopeful that traction would now be evident;
- The review of medical devices had originally been undertaken in October 2017 and received *limited assurance*. A lot of action had been taken to pilot changes at Morriston Hospital by the time of the follow-up but not enough to address the issues raised across the health board, therefore a rating had not been assigned and would only be given once all actions were completed.

In discussing the report, the following points were raised:

Maggie Berry queried as to whether the medical devices review would be appropriate for the Health and Safety Committee. Paula O'Connor responded that the organisation had a Medical Devices Committee but it had not been receiving the right information, however this had now been addressed. She added that the Health and Safety Committee could request a report but it would be similar to that which the Medical Devices Committee received. Chris Morrell added that the health board also had an ultrasound group and both reported to the Quality and Safety Forum.

Paula O'Connor commented that the health board had 1000s of pieces of equipment and it was challenging to keep track of all. Chris Morrell concurred, adding that items bought through charitable funds

were particularly difficult to record. Martyn Waygood advised that this had been raised by the Charitable Funds Committee where it had been agreed that procurement would now be required to be involved in any purchase through charitable funds.

**Resolved:** The report be **noted**.

**99/18 WALES AUDIT OFFICE: DISCHARGE PLANNING**

A report outlining the findings of the Wales Audit Office review of discharge planning was **received** and **noted**.

**100/18 QUALITY AND SAFETY FORUM UPDATE**

A report from the Quality and Safety Forum was **received**.

In introducing the report, Chris Morrell highlighted the following points:

- The Medical Device Regulation, which came into being in May 2017, required the health board to be compliant by May 2020 and work was being undertaken across Wales;
- More work was required on the review of groups and committees reporting to the forum.

In discussing the report, the following points were raised:

Maggie Berry noted that Singleton and Mental Health and Learning Disabilities units did not have a representative at the recent forum meeting. Chris Morrell responded that the issue of poor attendance had been raised with the units but the way in which they provided feedback was to change.

Paula O'Connor advised that she attended the forum and felt that significant progress had been made to identify the groups and committees which should report to the forum with regard to the Director of Therapies and Health Science's portfolio. However, there was still work to do to ensure there is regular reporting from executive directors in order for the forum to provide robust assurance to the committee.

**Resolved:** The report be **noted**.

**101/18 EXTERNAL INSPECTIONS REPORT**

A report providing an update in relation to external inspections was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- The graph and narrative relating to correspondence on 25<sup>th</sup> March 2018 did not correlate which was an error for which she apologised;
- The governance arrangements for Bridgend Clinic were to be

reviewed externally;

- The health board was notified the previous evening that the Healthcare Inspectorate Wales review of Tonna Hospital was to be published that day. While good team working had been identified, issues with documentation had been raised and were to be reviewed.

**Resolved:** The report be **noted**.

## 102/18 COMMITTEE ANNUAL REPORT

The 2017-18 annual report for the Quality and Safety Committee was **received**.

In discussing the report, the following points were raised:

Paula O'Connor noted that the appended terms of reference needed to be updated to include reference to the Quality and Safety Forum as a sub-group and the removal of the information governance board as this now reported to Audit Committee.

**PW**

Paula O'Connor highlighted references to 2016-17 which should read 2017-18 and that full assurance could not yet be taken from the Quality and Safety Forum as it was still in development.

Paula O'Connor stated that there was a requirement in the terms of reference for committee members to meet with the auditors without others present and this was yet to occur. Maggie Berry suggested that this take place following the next meeting. This was agreed.

**MB**

Martyn Waygood advised that the February 2018 meeting took place at Glanrhyd Hospital as opposed to Cefn Coed Hospital as stated and also that the report for the 15-step challenge at Princess of Wales Hospital that same month had not been included. Angela Hopkins undertook to have these added.

**AH**

- Resolved:**
- The report be **noted**.
  - The terms of reference be amended as discussed.
  - The annual report be amended as discussed.
  - Auditors to meet with members following the August 2018 meeting.

**PW**

**AH**

**MB**

## 103/18 COST EFFICIENCIES OF WARD HOSTESSES

A report outlining the cost efficiencies of ward hostesses was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- Assumptions had been made as to where savings could be made should the scheme be funded however the cost to fully implement would be £3.1m;



- In order to provide the monies for the scheme, funding would need to be released from other areas, such as nursing, which could not be supported;
- Nutrition and hydration were key areas of a nurse's role;
- £500k had been allocated for ward hostesses at Morriston Hospital due to nurse vacancies but the monies would need to be put back once nursing staff became available;
- The scheme could not be recommended for approval in light of the challenges faced by the health board to adhere to the Nurse Staffing Levels (Wales) Act 2016.

In discussing the report, Maggie Berry queried as to how some areas of the health board had been able to fund ward hostesses already. Angela Hopkins advised that the main area in which the role was established was Singleton Hospital which had been able to fund it through its three-year plan and savings plan several years ago. Maggie Berry stated that it would be interesting to identify the amount of food wastage at Singleton Hospital compared with the sites without ward hostesses to gain an impact of the role. She added it would also be useful to know what the ward hostesses did between meal times and whether there was potential to align it with another role. Angela Hopkins advised that the Singleton Hospital post also included housekeeping and clerical work. She added that while there were benefits to having the role, the fundamental issue was funding, as the monies were required to resource more critical roles, such as nurses.

**Resolved:** The report be **noted**.

**104/18 OLDER PERSON'S COMMISSIONER: SAFEGUARDING IN HOSPITALS**

The older person's commissioner's report regarding safeguarding in hospitals was **received**.

In discussing the report, the following points were raised:

Chris Morrell advised that the older person's commissioner had had a change in personnel following the completion of term by Sara Rochira, and a new incumbent had now been appointed. She added that Sara Rochira had produced a legacy of reports prior to her finishing in office and an amalgamation of these would be brought to a future meeting.

Angela Hopkins noted that a section of the report referred to a lack of detailed guidance to make distinctions and duty to report with regard to Protection of Vulnerable Adults (PoVA) cases, but within ABMU as a result of the 'Andrews Report', a flow chart and guidance had been developed. She added that the Chief Nursing Officer had asked that this be shared with other health boards as there was work needed on an all-Wales basis to meet all requirements.

Angela Hopkins informed the committee that the health board's lead

for safeguarding was going to Welsh Government as a designated nurse which would leave a gap within the health board's service.

Maggie Berry asked that the committee's thanks and regards to Sara Rochira be noted.

Angela Hopkins stated that the board had received the report at its meeting the previous week and required assurance that the committee had since considered it. Maggie Berry suggested that this be reflected in the report to the board, which should also include the challenge faced by the health board's lead going to Welsh Government as well as the positive aspect of being asked to share the PoVA flowcharts and guidance on an all-Wales basis. This was agreed.

**MB**

**Resolved:**

- The report be **noted**.
- Assurance be included in the board report that the committee had considered the report in depth, as well as to reflect the challenge faced by the health board's lead going to Welsh Government as well as the positive aspect of being asked to share the PoVA flowcharts and guidance on an all-Wales basis.

**MB**

**105/18**

**ANY OTHER BUSINESS**

Director of Nursing and Patient Experience

Angela Hopkins asked the committee to note her thanks to Charlotte Hopkins and other members of the nursing team for their support to prepare her attendances at the committee as well as prepare the comprehensive sets of reports.

**106/18**

**NEXT MEETING**

This was scheduled for 2<sup>nd</sup> August 2018.

**107/18**

**MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.**