

**ABM University LHB**  
**Quality and Safety Committee**  
**Unconfirmed minutes of the meeting held on 7<sup>th</sup> December 2017**  
**at 12.30pm in the Board Room, ABMU Headquarters**

**Present**

Maggie Berry, Independent Member (in the chair)  
Chantal Patel, Independent Member  
Ceri Phillips, Independent Member  
Martyn Waygood, Independent Member

**In Attendance**

Cathy Dowling, Interim Deputy Director of Nursing and Patient Experience  
Angela Hopkins, Interim Director of Nursing and Patient Experience (until minute 186/17)  
Christine Morrell, Director of Therapies and Health Science  
Sandra Husbands, Director of Public Health (until minute 190/17)  
Hamish Laing, Medical Director (from minutes 183/17)  
Paula O'Connor, Internal Audit (until minute 196/17)  
Liz Stauber, Committee Services Manager  
Jane Williams, NHS Delivery Unit  
Julie Hopkins, NHS Delivery Unit  
Hilary Dover, Service Director, Primary and Community Care (for minute 185/17)  
Tanya Spriggs, Interim Unit Nurse Director, Primary and Community Care (for minute 185/17)  
Alastair Reeves, Unit Medical Director Primary and Community Care (for minute 185/17 [iii])  
Debra Rees, Quality and Safety Manager Primary and Community Care (for minute 185/17)  
Simon Davies, Assistant Director of Strategy (capital planning) (for minute 186/17)  
Judith Vincent, Clinical Director for Pharmacy and Medicines Management (for minute 187/17)

**Action**

**179/17**

**WELCOME AND APOLOGIES FOR ABSENCE**

Maggie Berry welcomed everyone to the meeting, in particular Martyn Waygood and Angela Hopkins who were attending their first meeting.  
Apologies for absence were received from Sue Evans, ABM Community Health Council and Carol Moseley, Wales Audit Office.

**180/17**

**DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**181/17**

**MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 19<sup>th</sup> October 2017 were **received** and **confirmed** as a true and accurate record.

182/17

## **MATTERS ARISING NOT ON THE AGENDA**

### **(i) Water Safety Policy**

Paula O'Connor advised that the revised water policy remained outstanding as the authorising engineer had raised issues which needed to be addressed. Maggie Berry suggested that this be re-entered onto the action log. This was agreed.

**LS**

183/17

## **ACTION LOG**

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

### **(i) Action Point Seven – Singleton Hospital Delivery Unit Presentation**

Angela Hopkins undertook to confirm if the response from Singleton Hospital Delivery Unit to the previous committee chair's letter for the next meeting had been received. She also undertook to confirm if a letter had been written to Princess of Wales Unit with feedback from its recent presentation.

**AH**

### **(ii) Human Tissues Act (HTA) Governance Report**

Christine Morrell advised that she had received assurance from both Cardiff (Wales Cancer Bank) and Swansea universities with regard to their activities on our sites under their HTA research licenses .

184/17

## **WORK PROGRAMME**

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

185/17

## **PRIMARY CARE AND COMMUNITY CARE DELIVERY UNIT PATIENT STORY AND REPORT**

Hilary Dover, Tanya Spriggs and Debra Rees were welcomed to the meeting.

### **(i) Patient Story**

A patient story was received outlining the care of a terminally ill patient who was able to die at home. The patient's husband explained that it was due to the care and support provided by the community nursing staff that this was possible. Every day the family felt valued and that the team was there for them during their hour of need to help the patient fulfil her wish to be at home for her final days. The husband had written to unit to express how much the team's support had meant.

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

Tanya Spriggs stated that the story was very special to the unit and the team had been nominated by the family for a Patient Choice Award.

Angela Hopkins sought the context of the story. Tanya Spriggs advised that the patient was a young woman with a terminal disease who had expressed a wish to be at home with her husband and daughter. She added that arrangements were made with the district nursing team to provide end-of-life care.

Cathy Dowling queried how the unit shared the story more widely. Tanya Spriggs advised that the feedback had been received via an email and developed into a patient story. Hilary Dover added that it was presented to the unit's quality and safety forum at which were representatives from all of the unit's services and a version had also been tailored for the team brief to engage as many people as possible.

Chantal Patel queried how consistently such a service was provided to patients wishing to die at home. Tanya Spriggs advised it was difficult to measure as needs differed patient-to-patient however few complaints were received regarding the district nursing team and any concerns which were raised usually related to communication at the referral stage.

Sandra Husbands asked whether any measurements were in place to determine how often the service was 'getting things right'. Tanya Spriggs responded that Marie Curie completed the 'friends and family' test for the ABMU patients it was funded to support and a report submitted on an annual basis, for which the recent result had been 100% satisfaction. She added that work was now to be undertaken to provide such information on a more regular basis.

Christine Morrell stated it would be useful for the unit to identify priorities in relation to end-of-life care as some short term funding was available through the delivery plan. Tanya Spriggs advised that developing the programme run in conjunction with Marie Curie to prioritise the terminally ill patients with the most urgent needs to return home quickly in-line with their end-of-life care plan would be the area in which the unit would most like to invest.

Christine Morrell queried how end-of-life care training was extended to care homes. Tanya Spriggs advised that some of this work was supported through Macmillan. Hilary Dover added that the unit's acute team also assisted with training as it was important that the ethos was not just limited to the health board but its partners and contractors as well.

#### (ii) Unit Report

A report providing an update in relation to progress and performance for quality and safety for Primary Care and Community Care Delivery Unit was **received**.

In introducing the report, Tanya Spriggs highlighted the following points:

- Informal concerns tended to 'peak' at times of service change;

- A number of external reviews had been undertaken including one of the unit's managed GP surgery and also at a number of dental practices;
- Healthcare Inspectorate Wales had undertaken an inspection of Swansea Prison during which actions had been identified for the health board;
- An external review of the chronic pain service had overall had been positive but an action plan had been established to address any areas requiring improvement;
- The national early warning score system had 100% compliance but work was to be continued to develop the sepsis pathway;
- The majority of the serious incidents reports related to pressure ulcers however one was a result of a data breach for which the feedback from the Information Commissioner's Office had been positive;
- Antibiotic prescribing rates had reduced;
- The unit's risk register had 36 entries which included registered nurse staffing levels and financial matters;
- Work was ongoing to make the unit more paperless and to mobilise staff through technology.

In discussing the report, the following points were raised:

Ceri Phillips stated that performance in relation to responding to formal complaints within 30 days was disappointing. Tanya Spriggs advised that a deadline had been set to address the backlog and progress was being made. She added that template had been developed to ensure responses were completed in-line with the values and some targeting work had been undertaken to ensure new responses were issued within the appropriate timescales.

Chantal Patel recognised the work of the hospital-based scrutiny panels in relation to pressure ulcers but queried what was being undertaken to reduce the community cases. Tanya Spriggs advised that the district nursing team was providing support to care and residential homes and there were processes in place should an increasing trend be identified in particular areas. She added that all incidents were recorded within Datix and the unit was in a good position to identify areas of concern.

Martyn Waygood noted the community health council's report on loneliness within Gorseinon Hospital and the action which had been taken. He added the situation would be similar for Maesteg Hospital and queried the action being taken to address the issues as consideration could be given to an application for charitable funds. Tanya Spiggs advised that Maesteg Hospital had a number of significant fundraisers and as such, a lot of work had already been

undertaken thanks to endowment funds, such as the refurbishment of the day room and the purchase of new chairs.

Chantal Patel queried whether inpatients at the community hospital were mobile. Tanya Spriggs responded that where possible, patients were out of beds and dressed in day clothes, with 50% able to return to their own homes. She added that there were low level activities and therapy interventions which supported patients to be active rather than remaining in bed.

Chantal Patel sought assurance as to how complaints against GP practices were managed. Tanya Spiggs advised that these were handled by the practices themselves but there was a proforma to be completed which outlined who was managing it and the timescales for completion. Hilary Dover added that she and the unit medical director met with the unit's governance manager on a regular basis to review progress in relation to complaints and concerns.

Christine Morrell queried the signposting to voluntary services to support patients once they had returned to the community as this was often where they were most lonely. Tanya Spriggs advised that there were some initiatives in place but more work was needed.

Hamish Laing noted that Healthcare Inspectorate Wales had noticed a thematic issue in relation to CPR (cardiopulmonary resuscitation) in the three dental practices it visited. He queried how assurance could be gained that other dental practices did meet the CPR regulations. Hilary Dover advised that the capacity for the dental practice adviser had increased and as such, more spot checks could be undertaken. If issues were identified, members of the primary care team would then visit the practice.

(iii) Quality in Primary Care Indicators – One Page Summary Dashboard

Alastair Reeves was welcomed to the meeting.

A report providing an update in relation to quality in primary care indicators was **received**.

In introducing the report, Alastair Reeves highlighted the following points:

- As the data was benchmarked against other health boards, the indicators could change over time;
- A deadline of 31<sup>st</sup> March 2018 had been set for the dashboard to be finalised;
- Changes had already been made to the document following its presentation to the August 2017 meeting of the committee;
- Some of the indicators were reliant upon external data which was not readily available.

In discussing the report, the following points were raised:

Cathy Dowling queried if there was potential to capture patient experience within the dashboard. Alastair Roeves stated that while it was possible, services varied between practices and therefore patients' experiences would not necessarily be comparable. Hamish Laing advised that the national patient recorded experience measures may not use the 'friends and family test' survey and as such, it would be important to follow the method that they chose.

Christine Morrell queried if the direct oral anticoagulants service aimed to reduce the complications of stroke would be available in every GP practice. Alastair Roeves advised that while not all practices had signed up to provide the service, it would be available to all patients as an agreement had been made with neighbouring surgeries to support people from outside of their case list.

Chantal Patel noted the objective to reduce the number of care residents dying in hospital and asked if this related to end-of-life packages. Alastair Roeves confirmed this was the case and it was in regard to patients who died within 48 hours of admissions as care homes should be proactively developing end-of-life plans, which included discussions around resuscitation.

Chantal Patel noted that while the action plan in relation to the chronic pain review was appended to the unit's update, the committee was yet to see the final report. Christine Morrell undertook to circulate this.

**CM**

Maggie Berry stated it would be worthwhile considering aligning the dashboard to the organisational plan and health and care standards. Hilary Dover responded that the document was being developed with the units integrated medium term plan (IMTP – three-year plan) in mind.

Sandra Husbands suggested that the reporting domains be simplified, especially in light of the issues regarding external data. This was agreed.

Alastair Roeves suggested that the report be received on a six-monthly basis. This was agreed.

**Resolved:**

- The report be **noted**.
- Report following the chronic pain review be circulated.
- Reporting domains be simplified.
- The dashboard be received on a six-monthly basis.

**CM**

**AR**

**AR**

**186/17**

**CLINICAL CODING ACCOMMODATION AT PRINCESS OF WALES HOSPITAL**

Simon Davies was welcomed to the meeting.

A report providing an update with regard clinical coding accommodation at Princess of Wales Hospital was **received**.

In introducing the report, Simon Davies highlighted the following

points:

- A site visit had been undertaken by the capital planning team;
- The current clinical coding accommodation had insufficient space and was affecting morale;
- There was no alternative space in which to relocate the department within the hospital;
- A proposal had been developed to remove a partition wall to enlarge the area as well as replace the windows, lighting flooring and ventilation system to make room more comfortable;
- The next stage was to submit the proposal to the investment and benefits group for approval;
- It was hoped that the work would be completed by the end of the financial year but it would need to be carried out as a phased approach out-of-hours to avoid disruption.

In discussing the report, the following points were raised:

Maggie Berry queried whether the site visit had helped to boost morale within the clinical coding team. Simon Davies confirmed that it had, adding that the team actively participated in the discussions, providing some suggestions as to the work required.

Sandra Husbands commented that other areas of the hospital environment would benefit from improvement and asked whether consideration had been given to funding these as well. Simon Davies responded that a business case for improvement works at the hospital was already progressing in patient-focused areas.

Martyn Waygood noted the potential impact of the low morale on sickness rates and queried what work was being undertaken to support the staff to feel valued. Hamish Laing advised that the interest being taken in this staffing group was making a significant difference to staff already but it was hard to work effectively in this environment. He added that the health board was now the best performer in terms of clinical coding and staff needed to be supported to maintain this.

Christine Morrell queried whether there was a process in place for risk assessing estates to prioritise works. Simon Davies confirmed that there was.

**Resolved:**

- The report be **noted**.
- The proposal for the clinical coding accommodation for submission to the investment and benefits group be endorsed.

**SD**

**187/17**

## **PHARMACY AND MEDICINES MANAGEMENT REPORT**

Judith Vincent was welcomed to the meeting.

A report providing an update in relation to pharmacy and medicines

management was **received**.

In introducing the report, Judith Vincent advised that in 2016, Welsh Government's Chief Pharmacist asked health boards to consider action plans for six national workstreams and the report set out the ABMU's progress.

In discussing the report, the following points were raised:

Chantal Patel sought clarity as to the term 'clinical switches'. Judith Vincent advised that this work was mainly secondary care focussed at the moment and it looked at more cost efficient alternative brands of medications. She added that patients were advised in regard to any prescription changes.

Chantal Patel asked for an update in relation to the programme with Swansea business school. Judith Vincent explained that business managers in their final year of study were working on wards with medical staff to look at appropriate prescribing to avoid waste.

Martyn Waygood noted the two week 'housekeeping' campaign which accrued savings of £63k across five sites and asked whether it was possible to extend this. Judith Vincent responded that an 'invest to save' bid had been submitted to appoint staff to work in each of the units focussing on waste.

Christine Morrell stated that work had been undertaken at Singleton and Morriston hospitals in relation to medicines reconciliation and extended working hours. She asked whether there were plans to extend this to other sites. Judith Vincent advised that the services worked differently within other units and so workshops were being held with staff to look at possible changes. She added that workforce models were being reviewed with pharmacy technicians working with nursing staff during medication rounds.

Cathy Dowling queried how data from incidents was used to support learning. Judith Vincent stated that Datix was a key source of information and if incidents were reported, policies and guidelines were reviewed. Cathy Dowling asked whether any work was to be undertaken with the primary and community care team. Judith Vincent advised that the medicines management service was working closely with the unit to develop a policy with regard to raising concerns in relation to prescribing.

Sandra Husbands commented that the role of pharmacy to support patients to take medications correctly was unclear. Judith Vincent explained that pharmacy colleagues met with patients upon admission to counsel when and why they needed to take their various medications and this was repeated at discharge, with any changes to prescriptions explained.

Hamish Laing complimented Judith Vincent on her paper and queried the resolution if there were no cheaper alternatives for some medications as this appeared to be an increasing issue. Judith



Vincent advised that different brands were then considered. Hamish Laing responded that this would still be considered a 'switch' by the patient and queried if this was a risk. Judith Vincent commented that the risk was minimal as patients should be counselled appropriately.

Ceri Phillips queried the work being undertaken in relation to low value prescribing. Judith Vincent advised that the health board was working well in some areas but it was proving challenging to encourage some consultants to switch to more cost effective alternatives. As such, consideration was being given to removing some products from the formulary.

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

**188/17 CHANGE IN AGENDA ORDER**

**Resolved:** The agenda order be changed and items 4.3 and 5.1 be taken next.

**189/17 DECONTAMINATION REPORT**

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

In introducing the report, Sandra Husbands highlighted the following points:

- A recent external review of decontaminations services had been undertaken, the final report for which was awaited;
- The review noted a number of areas which had improved since the previous visit as well as areas in which improvements were now required;
- The service currently had a vacancy for a decontamination advisor.

In discussing the report, the following points were raised:

Christine Morrell queried if there were members of the decontamination team with the experience or skills to undertake some of the duties required of the decontamination advisor. Sandra Husbands advised that there was funding available for the role and as such a request was to be made to the vacancy panel to recruit.

Hamish Laing asked whether there were plans to extend the implementation of the 'track and trace' system. Sandra Husbands confirmed that this was the case.

Hamish Laing queried whether the additional washers were helping to reduce the backlog of instruments requiring decontamination. Sandra Husbands responded that the backlog had been completed but there were other issues now to consider such as workforce and storage.

Hamish Laing asked whether the intention was to reach 100% sterile instruments in theatre. Sandra Husbands answered that it was.

Martyn Waygood sought clarity as to the purpose of the track and trace system. Sandra Husbands advised that it was used if a patient was diagnosed with an infectious disease any time after surgery which they could have potentially had during the procedure, the instruments used could be tracked and destroyed and other patients contacted to ensure there was no cross-contamination.

Cathy Dowling queried as to whether the progress made was reducing the risks associated with decontamination. Sandra Husbands responded that the work was going in the right direction to improve the quality of service and as such, the risk was reducing. She added that there was still work required to complete the action plan.

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

**190/17 OLDER PEOPLE'S AGENDA POSITION PAPER**

A report providing an update in relation to the work to capture the experience of older people was **received**.

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

- A work plan for 2018-19 was in development;
- Data regarding quality of care was being reported in a number of arenas but going forward would need to include measures;
- The catheter passport had been adopted board-wide;
- Data was to be input into the dashboard in January 2018 and the system would be able to filter by age, drilling down to ward to level;
- Clinical leads were to be identified for each workstream;
- The older person's charter was to be launched the following week;
- Consideration was required in the new year as to how often the committee would receive updates in relation to older people.

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

**191/17 QUALITY AND SAFETY PRIORITIES REPORT**

A report providing an update in relation to the quality and safety priorities was **received**.

In introducing the report, Cathy Dowling stated that a review of the quality and safety strategy and priorities was being undertaken and Swansea University had facilitated workshops to evaluate the current quality strategy and the drivers for the future.

In discussing the report, the following points were raised:

Chantal Patel sought more detail as to the audit process for the

DNACPR (do not attempt cardiopulmonary resuscitation) policy. Hamish Laing advised that the quality priority had been to implement the all-Wales policy which had been completed and the national audit had been against this requirement. He added that the results had shown that the policy was being completed but often it was in hospital as opposed to proactively in the community. Christine Morrell explained that work was being undertaken in relation to an end-of-life care policy which would enable benchmarking to be completed.

Martyn Waygood noted that the number of falls and pressure ulcers remained static rather than a decrease being evident, and it was concerning that the priority was only a 15 reduction. Cathy Dowling advised that some of the reporting measures had changed which meant that more cases were now reported. However it was still a patient care issue and as such, root cause analyses were undertaken for every case. She added that scrutiny panels had been established for both areas with representatives from all units to look at themes and preventative work and a tissue viability nurse was working with clinical teams.

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

## **192/17 QUALITY AND SAFETY DASHBOARD**

A report providing an update on the performance of units against key measures was **received**.

In introducing the report, Cathy Dowling advised the committee that a never event had been reported for surgery undertaken in June 2017 and a full investigation had been initiated.

In discussing the report, the following points were raised:

Maggie Berry suggested that the committee received a brief report on all recent never events outlining types and action taken. This was agreed.

Ceri Phillips commented that the language used within both the priorities and dashboard reports needed to be reviewed in order accurately represent the figures and interpret the trends.

Chantal Patel queried as to how compliance with the hand hygiene policy was measured. Cathy Dowling responded that while there was evidence that spot checks were beneficial, peer support had been sought from other health boards to give an extra layer of scrutiny.

Martyn Waygood noted the 'indiscriminate prescribing' of a particular antibiotic and queried why prescribing was continuing outside of national guidelines. Hamish Laing advised that the clinical director for integrated pharmacy and medicines management was now challenging anyone who prescribed the medication outside of the policy and a monthly report was produced of all incidents and responses. He added that Public Health Wales had appointed a

**CD**

microbiologist to support the health board who was now reviewing the board-wide policies.

Ceri Phillips stated that if an analysis of patients who had *clostridium difficile* following a course of antibiotics was developed into a thematic report, this may identify the work required to improve performance.

Ceri Phillips commented that the committee's congratulations to the clinical coding team should be recorded for its transformational improvement in performance.

**Resolved:**

- The report be **noted**.
- Committee to receive a brief report on never events.

**CD**

**193/17**

**THEMES IDENTIFIED FROM MORTALITY REVIEWS**

A report outlining themes identified within mortality reviews was **received**.

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

- Deterioration in performance in relation to stage two reviews had been evident;
- Only stage one reviews were mandatory and the health board was one of the best performers in this arena;
- Around 20% of stage one reviews required a stage two review;
- Stage two reviews were to be carried out by consultants in the same speciality but who had not treated the patient;
- A backlog had been established to 2014 despite an eight week deadline to complete stage two reviews;
- A number of the outstanding reviews had been referred to the coroner and as such, the health records for these cases were currently not available. Also, there was a question as to whether a stage two review was still required;
- Another cause of the backlog were cases subject to a Datix incident;
- It was proposed to disregard the backlog prior to January 2017 and concentrate on those outstanding from this date w not subject to an inquest or Datix incident.

In discussing the report, the following points were raised:

Maggie Berry queried if the proposal was accepted, whether this would eradicate the backlog by the end of the financial year. Hamish Laing confirmed this was the case.

Christine Morrell queried whether going forward, the requirement for stage two reviews would exclude cases subject to an inquest or Datix incident. Hamish Laing advised that this suggestion was to be put to

the national body.

- Resolved:**
- The report be **noted**.
  - The proposal be accepted.

**HL**

**194/17 CHANGE IN AGENDA ORDER**

**Resolved:** The agenda order be changed and items 8.1, 5.2, 7.1, 8.2 and 9.1 be taken next.

**195/17 INTERNAL AUDIT REPORT**

A report outlining the findings, conclusions and recommendations of recent internal audit reviews was **received**.

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

- Three internal audits had been finalised since the previous meeting; pressure ulcers, medical devices and equipment (maintenance) and deprivation of liberty safeguards (DoLS);
- All three reviews had received a *limited assurance* rating;
- Work was being undertaken with the executive leads to take forward actions but follow-up reviews would not take until 2018-19;
- The executive team was regularly reviewing *limited assurance* internal audits with a focus and desire to improve;
- All three audits had been included on the risk register.

In discussing the report, the following points were raised:

Maggie Berry stated that it was disappointing to see the *limited assurance* ratings but the focus of the executive team was encouraging

Chantal Patel asked in relation to DoLS, had the backlog situation improved. Cathy Dowling advised that regular updates were given to the Mental Health and Capacity Act Legislative and Safeguarding committees, and the status for each unit was also discussed during performance reviews. She added that a small improvement had been evident and additional 'best interest assessors' had been identified.

Martyn Waygood queried if there had been any legal cases in relation to DoLS. Cathy Dowling confirmed that there had been one case, adding that work was ongoing as part of the Western Bay programme to ensure citizens had the right assessment at the right time.

Martyn Waygood queried in relation to the DoLS audit, was the training available sufficient. Cathy Dowling responded that safeguarding training was under review to include a more practical and scenario-based learning.

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

**196/17 PATIENT EXPERIENCE REPORT**

A report providing an overview of progress relating to the delivery of the patient experience programme and performance against key outcome measures was **received**.

In introducing the report, Cathy Dowling highlighted the following points:

- The Patient Advisory and Liaison Service (PALS) was significantly improving the number of patient feedback responses;
- iPads were being piloted to encourage more patients to complete the 'friends and family' survey;
- A 96% satisfaction score had been achieved from the patient surveys;
- While Ward R had been highlighted as a hotspot as a result of a low satisfaction score, a further review had identified an error within the figures. However there had been one issue raised in one patient's feedback which had been managed proactively and 'nipped in the bud' before it reached a formal stage;
- Performance to provide responses to formal complaints within 30 days had reduced slightly to 76% and this was being closely monitored;
- The community health council had recognised the arts in health work as it was making a difference to the environment of care.

In discussing the report, the following points were raised:

Maggie Berry stated that arrangements were being made with the corporate nursing team for the units to include in future reports the action taken following 15-step challenges completed after their previous attendance at the committee.

Martyn Waygood sought further details as to the use of the iPads to seek patients' feedback. Cathy Dowling advised that charitable funds had been used to purchase a number of devices which were providing feedback in 'real time' as part of a pilot, as the paper copies needed to be manually input into the system before the results could be reviewed. She added that some patients also preferred the use of technology to handwriting the forms.

Christine Morrell complimented the music in hospital programme, adding that a number of patients had spent time away from the wards listening to the music.

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

197/17

## QUALITY AND SAFETY FORUM UPDATE

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

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

- Discussions had taken place in relation to dental governance and the recent never event;
- Units reports had been received identifying areas of risk;
- Various groups and committees had submitted reports, including one regarding the use of the 'Butterfly Scheme' in care homes;
- A number of estates reports had been received in preparation for the Health and Safety Committee.

In discussing the report, Maggie Berry stated that it was disappointing to see only four of the six units were in attendance. Christine Morrell advised that the forum had been well attended but unfortunately the recent meeting clashed with senior meetings of two of the units.

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

198/17

## CLINICAL OUTCOMES GROUP REPORT

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

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

- The key learning from national mandatory audits was included within the report;
- Welsh Government had asked for a response to audit findings to be submitted within six weeks of an audit being published followed by an update in three months of action taken. However this was proving challenging as often when the audits were published, there was insufficient time to invite the relevant clinicians to the clinical outcome group.

In discussing the report, Maggie Berry queried whether local audits were undertaken and if so, whether the learning was shared. Hamish Laing advised that these tended to be conducted by junior doctors supported by senior clinicians to learn the audit process. He added that they tended to be reported in local departments and the relevant unit's quality and safety forum.

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

199/17

## EXTERNAL INSPECTIONS REPORT

A report detailing a summary of external inspections and letters received from inspectorates/regulators was **received**.

In introducing the report, Cathy Dowling highlighted the following points:

- Three external visits had been undertaken since the previous report;
- The one in relation to the Singleton Assessment Unit had resulted in three immediate requests for action;
- None of the recommendations for any of the reports raised issues with the standard or dignity of care;
- Action plans were in place.

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

## **200/17 THORACIC SURGERY REVIEW**

A report detailing progress made in relation to the action plan following an external review of thoracic surgery was **received**.

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

- The action plan was in response to an external review commissioned by the health board and it was managed by a project board;
- Significant progress had been made in a number of areas and staff relationships were improving;
- The Welsh Health Specialised Services Committee was currently out to public consultation as to whether there should be one or two thoracic surgery sites in south Wales.

In discussing the report, Maggie Berry commented that it was pleasing to see a number of the 'red' actions had now changed to 'amber'.

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

## **201/17 EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) CLINICAL GOVERNANCE REPORT**

A report providing an update in relation to clinical governance for the Emergency Medical Retrieval and Transfer Service (EMRTS) was **received**.

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

- The health board hosted the all-Wales service and had a hosting agreement with the service's commissioner, the



Emergency Ambulance Services Committee (EASC);

- Matters of clinical governance were considered by Hamish Laing on behalf of the Chief Executive and shared with the all-Wales Medical Directors' Group and the Delivery Assurance Group for EMRTS at EASC;
- Following correspondence with Welsh Government, it was agreed that clinical governance updates would be provided to the ABMU Quality and Safety Committee for noting;
- The health board also had an EMRTS Governance Sub-Committee which reported to the Audit Committee.

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

**202/17 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**203/17 NEXT MEETING**

This was scheduled for 1<sup>st</sup> February 2018.

**204/17 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.**