

Main Report	Health Board Meeting On 26th January 2017 Agenda item: 3 (ii)
Subject	Quality and Safety Committee: summary of key discussions and matters requiring Board level consideration
Prepared by	Liz Stauber, Committee Services Manager
Approved & Presented by	Paul Newman, Chair of the Quality and Safety Committee / Non-Officer Member

A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed by the Quality and Safety Committee when it met on 7th December 2016. The full minutes of the committee meeting are available on request from the Director of Corporate Governance.

B. KEY DISCUSSIONS BY THE COMMITTEE:

1. Primary and Community Care Delivery Unit Presentation And Patient Story

A presentation providing an update on the planning and governance arrangements and a patient story for Primary and Community Care Delivery Unit was received.

(i) Patient Story

A patient story was received which highlighted how the unit had learned from a complaint raised by the family of a nursing home resident in relation to their end-of-life care following their death. The family wrote a long, heartfelt letter outlining its concerns but only received a short response, which stated that a protection of vulnerable adults (POVA) investigation would be opened in relation to one of the issues raised. The other issues were ignored and the complaint closed. The case was reopened a year later once the POVA was concluded and while a response was drafted, it had not been sent and the family therefore contacted the Public Services Ombudsman. It had been two years since the original complaint and in the interim the Primary and Community Care Unit had been established and arranged a meeting with the patient's family to address the issues raised. A number of changes had been made by the unit as a result; including better documentation to record end-of-life wishes; training for community staff; the appointment of two additional care home interface nurses and personal commitments made by senior unit staff to discuss complaints face-to-face with families in locations convenient to them.

(ii) Planning and Governance Arrangements

The presentation highlighted that cluster networks were a fundamental building block of the unit's structure, with five in Swansea and six across Neath Port Talbot and Bridgend. In addition, the clinics at Maesteg and Gorseinon hospitals had just transferred into the unit, as well as prison healthcare. The unit had established its own governance board. The committee heard that the unit found the 'team brief' a useful process and rotated it across the three localities to enable staff to attend.

New initiatives were being piloted to increase immunisation rates, such as a Saturday clinic for anyone requiring the second measles, mumps and rubella (MMR) vaccination. In addition, clinical staff were encouraged to raise smoking cessation as part of any medical appointment to determine if there was any support which could be provided to help a patient to stop smoking. It was noted that the biggest risk for the unit was GP sustainability and a number of programmes were to be implemented, including a fellowship for newly qualified GPs to move around practices to provide support and a GP sustainability team was also to be established. Work was ongoing with the speech and language team to recruit staff to reduce the number of breached waiting times for paediatric services.

It was agreed that the committee chair would meet with the service director and unit medical director to discuss the further development of the unit's performance scorecard as it was felt that more regular information was required to give the board assurance.

2. Demonstration of the Mortality Dashboard

A demonstration of the mortality dashboard was received. The committee heard that the dashboard provided mortality data on a health board-wide basis, as well as site-by-site, and the information was updated daily. In addition, the dashboard identified the rate of completion for stage one and two mortality reviews. It was agreed that a 'sample' assurance report would be brought to the next meeting to demonstrate how the data could be presented to the committee for it take assurance.

3. Pharmacy and Medicines Management Update

A report was received providing an update regarding pharmacy and medicines management. The terminology used by the service was to change to medicines optimisation as this reflected the need to ensure patients had the maximum benefit from their medication. Focus was being giving to staff roles to ensure junior members undertook basic admin tasks, releasing more senior staff to support clinical care.

A Wales Audit Office report was in the process of finalisation which had audited medicines management for primary and secondary care. It had identified a national issue relating to the storage of medicines and an all-Wales meeting had been called by the Chief Pharmaceutical Officer. The committee sought assurance that sufficient governance arrangements were in place with units and heard that a standard report was presented to each of the units' quality and safety groups regularly. It was agreed a copy of this report would be shared with the committee chair.

4. Influenza Immunisation Update

A report was received providing an update with regard influenza immunisation. Work was ongoing to improve vaccination rates for young children, and this included writing to parents to inform them that their child was eligible for the vaccination. It was noted that the health board was the best performer with regard to vaccination rates for frontline staff across Wales, but more work was needed to improve the data collated in relation to immunisations given by community pharmacists.

5. Quality and Safety Dashboard

A report was received providing an update on the performance of units against key measures. Two never events had been reported during October and November 2016; one of which related to a misplaced naso-gastric tube and the other to an incorrect prosthesis during an orthopaedic operation. Investigations were ongoing in relation to both and a further report would be provided. The committee heard that letters had been written to all the units with regard to their performance in responding to formal complaints within 30 days. In order that improvements could be made, action plans were being developed.

A database was available for the Medical Director to review completion of discharge summaries and this could be broken down to consultant level, which would form the basis of performance management. The risk rating for unscheduled care had increased from 20 to 25 to reflect that the winter season was due to begin. However contact had also been made with colleagues in England and Scotland to learn how they managed the pressures as part of an improvement drive. The committee noted a rise in pressure ulcers in the community and asked that the next iteration of the report outline the work undertaken to address this.

6. Decontamination Audit Report

A report was received detailing the results of an audit of decontamination services. Consideration was being given as to whether it would be of benefit to centralise decontamination services on one site or if the status quo should remain. The action plan in response to the audit report had been included, and while some of the items had been completed, the committee asked that an update be given in six months for those outstanding.

7. Radiation Protection Committee Annual Report

The annual report for the Radiation Protection Committee was received and noted.

8. Closure of the Burns Centre Skin Bank

A report outlining the closure of the burns centre skin bank was received and noted.

9. Role of the Medical Examiner

A report was received setting out the role of the medical examiner. It was noted that the role would have responsibility for ensuring the data received for each death was accurate and that there were no themes or trends to be aware of. The role would be implemented from April 2018 and would be managed centrally to give independence from the health boards.

10. Older Person 'Ward to Board' Assurance Framework

A report was received which provided an update with regard to the interim reporting arrangements and proposed assurance plan for older people. The committee heard that the current dashboard with regard to performance against older people's care had been suspended while the process was reviewed and improved. In addition, a 'ward to board' assurance framework was in development and was to be piloted at Morriston Hospital. It was hoped that a 'fit-for-purpose' reporting dashboard would be in place by June 2017. Consideration was being given to lowering the age range of the patients included to provide more robust data and a mechanism to capture feedback from patients with cognitive impairments. The committee expressed its

uncertainty as to how assurance would be provided with regard to older people's care and asked for regular updates as to the work being undertaken.

11. Patient Experience Report

A report was received providing an overview of progress relating to the delivery of the patient experience programme and performance against key outcome measures. Performance against feedback given on discharge needed to improve when compared with equitably sized hospitals within England. As a result the work to include volunteers' support within the feedback process was to be built upon as was the use of the patient advisory liaison service. The committee asked that future iterations of the report include 'hot spot' areas for patient experience for the site they would be visiting after the meeting for the '15-step challenge'.

12. Sub-Structure to Quality and Safety Committee

A report was received outlining the sub-structure to the Quality and Safety Committee. The committee heard that a quality and safety forum was to be established in January 2017, to which the assurance and learning group and clinical outcome group would report. This would sit underneath the Quality and Safety Committee and be co-chaired by the Medical Director and Interim Director of Therapies and Health Science. The committee would receive its first update from the forum in April 2017 in addition to its workplan.

13. Maternity Reporting Structures

A report was received outlining maternity reporting structures. The committee heard that following the restructure, the maternity service was to be hosted by the Neath Port Talbot Delivery Unit, but would remain a board-wide service. In addition, a six-monthly maternity performance board was to be established and the Quality and Safety Committee would receive regular updates through the standard scrutiny presentation delivered by the Neath Port Talbot Delivery Unit each year.

14. Professional Abuse Policy

The professional abuse policy was received and approved.

15. Report from the Head of Internal Audit

A report was received outlining the findings, conclusions and recommendations of recent internal audit reviews. It was noted that the 'Patient Experience' audit had received a *reasonable assurance* rating and that the 'HTA (Human Tissue Authority) Skin Bank – Follow-Up Review' had a *substantial assurance* rating. The committee heard that while the 'Home Oxygen Services – Follow-Up Review I' had a *limited assurance* rating, there was evidence of progress in all areas and it was anticipated that a second follow-up in the new year would achieve a higher assurance rating.

16. Report of the Clinical Audit Lead

A report providing an update regarding clinical audit activity was received and noted.

17. External Inspections Report

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

C. MATTERS REQUIRING BOARD LEVEL CONSIDERATION / APPROVAL

The chair of the Quality and Safety Committee wishes to draw to the attention of the board the following issues:

For **noting**:

- The reporting of two never events as outlined in point five;
- The approval of the Professional Abuse Policy as highlighted in point 14.

D. RECOMMENDATION

The board is asked to note the issues set out in the report.