

ABM University Health Board	
25 th January 2018 Health Board Agenda item: 4iia.	
Subject	<i>Key Issues – Quality and Safety Committee</i>
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Approved by	Maggie Berry, Chair of the Quality and Safety Committee/Independent Member
Presented by	Martyn Waygood, Vice-Chair of the Quality and Safety Committee/Independent 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 2017. 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 Care and Community Care Delivery Unit 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.

2. Primary Care and Community Care Delivery Unit Report

A report was received providing an update in relation to progress and performance for quality and safety for the Primary Care and Community Care Delivery Unit. The committee heard that informal concerns tended to 'peak' at times of service change. An external review of the chronic pain review had had a positive report and an action plan had been established to address some areas which required improvement. Antibiotic prescribing rates had reduced and 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. The unit's risk register had 36 entries which included registered nurse staffing levels and financial matters.

The committee noted that performance in relation to responding to formal complaints within 30 days had deteriorated which was disappointing, but a deadline had been set to address the backlog and actions in place improve performance going forward.

3. Quality in Primary Care Indicators – One Page Summary Dashboard

A report providing an update in relation to quality in primary care indicators was received. As the data was benchmarked against other health boards, the indicators could change over time and a deadline of 31st March 2018 had been set for the dashboard to be finalised. Changes had already been made to the document following its presentation to the committee in August 2017 and the committee made further suggestions at the recent meeting, such as to simplify the reporting domains, especially as there were some difficulties in obtaining timely national data, on which some elements were reliant.

4. Clinical Coding Accommodation at Princess of Wales Hospital

A report was received providing an update with regard to clinical coding accommodation at Princess of Wales Hospital. A site visit had been undertaken by the capital planning team and a proposal 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 and it was hoped that the work would be completed by the end of the financial year, carried out as a phased approach out-of-hours so as to avoid disruption. The committee gave its endorsement to the proposal and noted the positive impact the work to date had had on staff morale.

5. Pharmacy and Medicines Management Report

A report was received providing an update in relation to pharmacy and medicines management. The committee heard that in 2016, Welsh Government's Chief Pharmacist asked health boards to consider action plans for six national workstreams and the report set out ABMU's progress. It was noted that a focus was being given to reducing medicines waste through a partnership programme with Swansea University's business school and different workforce models were being considered, such as using pharmacy technicians during medication rounds to make the service more efficient.

6. Quality and Safety Priorities Report

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

7. Quality and Safety Dashboard

A report was received providing an update on the performance of units against key measures. It was noted that a never event had been reported for surgery undertaken in June 2017 and a full investigation had been initiated. The committee asked for a report outlining recent never events and action taken. In addition, it requested that the language used within both the dashboard and priorities report to be reviewed in order accurately represent the figures and interpret the trends. The committee's congratulations to the clinical coding team were noted for its 'transformational' improvement in performance.

8. Decontamination Report

A report was received providing an update in relation to decontamination. A recent external review had noted a number of areas which had improved since a previous

visit as well as areas in which improvements were now required. The recruitment process was to be undertaken to fill a vacancy for a decontamination advisor to progress the service further.

9. Themes Identified from Mortality Reviews

A report was received outlining themes identified within mortality reviews. Deterioration in performance in relation to stage two reviews had been evident and a backlog established to 2014. A number of the outstanding reviews had been referred to the coroner and as such, the health records for these cases were not currently available. Also, there was a question as to whether a stage two review was still required. Another cause of the backlog related to cases subject to a Datix incident. The committee agreed a proposal to disregard the backlog prior to January 2017 and concentrate on those outstanding from this date not subject to an inquest or Datix incident.

10. Thoracic Surgery Review

A report was received detailing progress made in relation to the action plan following an external review of thoracic surgery. The committee noted that it was pleasing to see a number of the 'red' actions had now changed to 'amber'. It also heard that 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.

11. 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 and noted.

12. 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. The Patient Advisory and Liaison Service (PALS) was significantly improving the number of patient feedback responses and iPads were being piloted to encourage more patients to complete the 'friends and family' survey. This meant that feedback was received in 'real time', as the paper copies needed to be manually input into the system before the results could be reviewed.

13. Quality and Safety Forum Update

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

14. Internal Audit Report

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

15. Clinical Outcomes Group Report

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

16. External Inspections Report

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

17. Emergency Medical Retrieval and Transfer Service (EMRTS) Clinical Governance Report

A report was received providing an update in relation to clinical governance for the Emergency Medical Retrieval and Transfer Service (EMRTS). The committee heard that 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 the Executive Medical Director 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 going forward.

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 addition of EMRTS clinical governance reports to the committee's work plan.

D. RECOMMENDATION

The board is asked to note the report.