

Main Report		Health Board Meeting On 30 th March 2017 Agenda item: 3 (iii)
Subject	Quality and Safety Committee: summary of key discussions and matters requiring Board level consideration	
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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 23rd February 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. Mental Health and Learning Disabilities Delivery Unit Presentation and Patient Story

A presentation was received providing an update on the planning and governance arrangements and a patient story for the Mental Health and Learning Disabilities Delivery Unit.

(i) Patient Story

The patient story focused on a service user with obsessive compulsive disorder (OCD) living in a residential unit which supported patients with mental health illnesses to develop independence. The OCD helped the service user create a sense of safety as doing things in a particular way would prevent something 'bad' from happening. However the committee heard that the OCD was triggered by a physical medical condition and through treating this, the OCD could be better controlled. As a result a working relationship with the multi-disciplinary team was under development.

The committee heard raising awareness of such conditions with medical professionals was key as they needed to be able to respond to the needs of service users. It was noted that a therapeutic digital stories programme had been established to help service users talk through their experiences, which were being used with their consent as part of training plans. It also helped mental health professionals understand patients' histories which gave an insight as to why they developed certain behaviours.

(ii) Planning and Governance Arrangements

The presentation highlighted that the Mental Health and Learning Disabilities Unit covered the three health board localities, as well as providing learning disabilities services for Cardiff and Vale and Cwm Taf university health boards. This presented some geographical and commissioning challenges. In addition, the unit provided substance misuse services in partnership with the area planning board and forensic mental health services for south Wales.

The structure of the unit had now been finalised and implemented, with daily conference calls to ensure that senior management were aware of the current challenges and issues. In addition, regular performance reviews and 15-step challenges were undertaken. Quality priorities had been established for the unit and work was ongoing to develop a feedback system for patient/user and family/carer experience which met the needs of the service users. The service director confirmed that they would be 80% compliant with the 30 day response for formal complaints by 31st March 2017. The committee heard that the unit participated in a national benchmarking programme and had the third highest number of older people's beds per 100,000 in the UK. It was noted that the 'In Your Shoes' engagement process to develop patient experience strategies was to be undertaken in spring 2017.

2. Estates Update

A report was received outlining five estates policies for approval. It was noted that a number of the policies had been updated to reflect changes in the management structure or legislative procedure. However, the firearms policy was a new addition which the committee felt needed to be updated to reflect all weapons. It was agreed that the policies required some changes before they could be approved by the committee, therefore the decision was to be deferred to the next meeting to enable the revisions to take place with the support of the head of internal audit.

3. Staying Healthy Update

A report was received outlining the health board's current actions in relation to obesity. The committee heard that obesity and physical activity had been identified as one of its three priority public health areas. It was also noted that a recent Welsh Health Survey had shown 23.4% of adults and 11.8% of children aged between four and five in the health board area were obese.

The health board followed Welsh Government's obesity pathway, which has four tiers, however financial challenges meant that there were gaps in the services provided at levels two and three for children and level three for adults. The committee also noted that the health board was the regional provider for level four services, but found it difficult to refer its own patients to the service as it was unable to provide sufficient level three services in the first instance. In addition, it was identified that some preventative services, such as exercise programmes, were being provided on an ad hoc basis and only funded for a limited period of time. The committee felt that the consistent approach to smoking cessation was having a positive impact and a similar tack was required with obesity.

4. Quality and Safety Dashboard

A report was received providing an update on the performance of units against key measures. It was noted that the reports following the two never events reported to the previous meeting were nearing finalisation and would be presented to the committee's next meeting. Work was ongoing to develop key performance indicators for falls using 1,000 bed days and it was hoped that a new system would be implemented from July 2017. Performance was varied against the target to respond to complaints within 30 days and units had been challenged within their performance reviews to develop improvement trajectories. The committee heard that there had been a significant improvement in the time taken to complete mortality reviews and a trial was being undertaken to determine the most appropriate triggers for stage two

reviews. It was also noted that a thematic review was to be undertaken across Wales regarding safety of discharges, which would include discharge summaries, however there was evidence of improvement in the areas in which changes had been requested. It had also been agreed with the Royal College of Physicians to work together to address process issues in relation to discharge summaries.

5. Infection Control Report

A detailed report was received providing an update in relation to healthcare associated infections, including reduction targets for the period October 2016 – January 2017. The committee heard that there had been a reduction in *clostridium difficile* cases compared with the performance of the previous year however there had been an increase during December 2016 and January 2017 and action was being taken across the health board to address this. The health board has still not met the all-Wales target for *clostridium difficile* and remained on targeted invention with Welsh Government. In addition, meetings had taken place with Public Health Wales in relation to microbiology support, particularly for Morriston and Singleton hospitals initially.

6. Health and Care Standards Report and Audit

A report outlining the key findings and recommendations arising from the 2016 health and care standards audit was received. A number of areas still required improvement and all six delivery units are currently developing improvement plans.

7. Safeguarding Report

A report was received providing an overview of the work by the safeguarding committee between July and December 2016. It was agreed that future iterations would include the timelines of any reviews in order for the committee to monitor progress. Work was ongoing with Women's Aid as part of the health board's commitment to pilot the 'ask and act' policy. Some changes were required to training to make it more accessible to staff, and the local authorities were due to go out to consultation with their strategies.

8. Blood Glucometry

A report was received setting out the findings of the review of blood glucometry incidents. It was noted that the action plan would be received by the committee at its next meeting and videos providing feedback directly to the units were in development. There was now a requirement for any nurse associated with the blood glucometry issues to review the relevant documentation as well as have blood glucose training as part of the revalidation process.

9. Older Person 'Ward To Board' Assurance Framework

A report was received providing an update with regard to the development of reporting arrangements and proposed assurance plan for older people. The work was aligned to the development of the older people's charter and the implementation plan would be presented to the June 2017 meeting of the committee, alongside the results of the 'ward to board' pilot. It was agreed that ownership of the work would remain with the committee to monitor progress which would therefore receive detailed reports on a regular basis. It was noted that an update was on the agenda for the March 2017 board meeting therefore the committee asked that an update be

provided to the April 2017 meeting with the board's feedback in order to refine the reporting arrangements.

10. 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. It was noted that the units were piloting the use of volunteers to help encourage patients to complete the surveys while still on the ward to increase response rates.

11. Welsh Government Healthcare Quality Division

A report providing an update on the six-monthly report from the healthcare quality division of Welsh Government was received and noted.

12. Welsh Risk Pool Annual Report

The annual report from the Welsh Risk Pool was received. The committee heard that as part of the annual report, a review had been undertaken of the obstetrics service and no issues had been identified. The emergency department was next to be reviewed. The committee asked that the Welsh Risk Pool annual report specific to the health board be circulated for information.

13. Human Tissues Act Governance Report

A report was received outlining the resolution of issues relating to the Human Tissues Act and an update regarding Human Tissue Authority (HTA) governance. It was agreed that the committee would receive annual updates in relation to this topic which were to be scheduled to coincide with the schedule of external inspections.

14. External Quality and Safety Review of Theatres Update

A report was received outlining the progress made in relation to the external peer review of theatre quality and safety. The committee heard that the review had been commissioned following reported never events and findings of audits and the final report had been received towards the end of 2016. The reviewers spent a day at each site, both auditing the processes and providing education sessions for staff based on what had been observed. The committee asked that a more comprehensive report be received at the next meeting which included the improvement plan, timelines and work to date.

15. Children and Adolescent Mental Health Services Update

A report was received detailing progress to improve children and adolescent mental health services (CAMHS) and the next steps. The committee heard that Cwm Taf University Health Board managed CAMHS on behalf of ABMU and Cardiff and Vale university health boards. As part of this they provided support for neuro-developmental disorders for children over the age of five, but those younger were managed through ABMU. The CAMHS service was due to be extended to seven-day working in order to address the challenge of waiting times.

A group had been established within the health board, in partnership with local authorities and education services, to reduce unnecessary referrals to CAMHS. In addition, agreement had been given for a single point of access for children and young people using a multi-disciplinary approach to identify the most appropriate service for the person to access. It was hoped that primary care CAMHS would be

transferred back to the health board to manage. A seven-day crisis service had been established which would commence from April 2017 for those who required an intense level of care for 24 or 48 hours. It was agreed that the committee should receive regular CAMHS quality and safety updates and the next one was required for the August 2017 meeting, at which the frequency of such updates would be agreed.

16. Quality and Safety Forum Update

A report was received advising of the structure and reporting arrangements for the Quality and Safety Forum. The first meeting of the forum had taken place the previous month and work was now ongoing to develop a work plan and agree which groups would report to the forum rather than the committee. The units had also been tasked to ensure the relevant groups reported to their quality and safety committees. It was agreed that in order for the Quality and Safety Committee to determine which groups should directly report to it, it would need to see an organisational chart of the relevant groups. In addition it also asked to see the exception report template which would be used by the forum to update the committee at its next meeting. It was noted that questions had been raised as to whether clinical governance for the Emergency Medicine Retrieval and Transfer Service (EMRTS) needed to be reported to the Quality and Safety Committee and it was agreed by members this was for the board to determine.

17. Report from the Head of Internal Audit

A report was received outlining the findings, conclusions and recommendations of recent internal audit reviews. The committee noted that following a period of sustained 'limited assurance' ratings for health and safety, this had now improved to 'reasonable assurance' following significant work by the service. It was noted that the final recommendation to be addressed related to the development of key performance indicators, which would need to be considered by the committee upon receipt of any updates from the health and safety committee. It was also noted that the chair of the Audit Committee had requested a follow-up review in the autumn.

18. Report of the Clinical Audit Lead

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

19. External Inspections Report

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

20. Welsh Health Specialised Services Committee (WHSSC) Quality and Safety Committee Key Matters

A report outlining the key matters discussed by the Welsh Health Specialised Services Committee 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 issues raised in relation to level four obesity services and the ad hoc approach to providing preventative programmes (point three);

- The ownership by the committee of the older person's 'ward to board' assurance framework and its commitment to monitoring progress on behalf of the board (point nine);
- The query as to where EMRTS clinical governance should be reported (point 16).

D. RECOMMENDATION

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