



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>2<sup>nd</sup> August 2018</b>		<b>Agenda Item</b>	<b>6c</b>
<b>Meeting</b>	<b>Quality and Safety Committee</b>			
<b>Report Title</b>	<b>ABMU Quality and Safety Forum Update</b>			
<b>Report Author</b>	Sian Jones, Therapies & Health Sciences Support Manager			
<b>Report Sponsor</b>	Christine Morrell, Director of Therapies and Health Sciences			
<b>Presented by</b>	Christine Morrell, Director of Therapies and Health Sciences			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To provide the Committee with an update from the Quality and Safety Forum			
<b>Key Issues</b>	This paper supports the achievements of the Health Board's corporate objectives by ensuring effective governance is in place within the organisation.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note this report</b></li> </ul>			

## **TITLE OF REPORT**

### **1. INTRODUCTION**

This report provides the Quality and Safety Committee with an assurance report from Quality and Safety forum. This report provides assurance for identified groups from within the Health Board which are set up to progress the Quality & Safety agenda and outlines the key Quality and Safety areas discussed at the Quality and Safety Forum on 5<sup>th</sup> July 2018.

### **2. BACKGROUND**

The Quality and Safety Forum was constituted to provide an operational focus and to strengthen the organisational assurance to the Quality and Safety Committee.

### **3. GOVERNANCE AND RISK ISSUES**

No issues to raise from this report

### **4. FINANCIAL IMPLICATIONS**

None from this report

### **5. UPDATE REPORT**

#### **5.1 Report of Quality and Safety Forum on 5<sup>th</sup> July 2018**

##### **5.2.1 Draft Falls Policy**

The group were provided with a draft update to the Falls Policy which should be a guide to all health professions. The Falls Policy and associated documentation has now been reviewed and revised which was completed with full engagement of all delivery unit falls representatives. The revised draft policy and associated documentation has been successfully trialled on several wards within Princess of Wales delivery unit. The final draft policy incorporates all recommended guidance from NICE and the recommendations from the 2017 National Inpatient Falls Audit. The policy was approved by the group pending any further comments.

##### **5.2.2 Medical Devices Regulations**

The new Medical Device Regulation (MDR) came into effect in May 2017 and once fully applied in 2020/22 will replace the Medical Device Directives. A paper was presented to the group to promote awareness of the changes in the law in relation to the new MDR to identify all departments and services that this may affect.

##### **5.2.3 Pressure Ulcer Policy**

The policy for the Prevention and Management of Pressure Ulcers has been revised and was presented to the group for approval. This policy will replace

the existing policy to ensure best practice following updates to national and international guidance, and to minimise the potential for inconsistency in care through standardising approaches to pressure ulcer prevention and management. The policy was approved by the group.

#### **5.2.4 Draft Nasogastric Tube Policy**

The draft Nasogastric Tube Policy was discussed by the group. The policy has been revised by the Nasogastric Task and Finish Group to include all elements of the Patient Safety Alerts. It was considered that it should be checked that all comments from services have been incorporated into the final policy prior to approval. Engagement is also required with Primary & Community Delivery Unit.

#### **5.2.5 Executive Director Reports:**

The reporting structure for Quality and Safety are currently being reviewed.

##### ***Director of Nursing and Patient Experience Report***

Paper received for noting.

##### ***Strategy***

No report expected this month.

##### ***Medical Director Report***

Paper noted and included updates for:

**Improving Discharge Information Group** – The monthly percentage of electronic transfers of care (eToCs) completed and signed has improved following a dip in performance. Morriston has made significant improvements over the past 12 months.

The Welsh Clinical Portal (WCP) is already available on wards so that staff can access the Welsh GP Record, All Wales documents and results of investigations. Readiness work for implementation of e-prescribing and Medicines Transcribing and e discharge (MTeD) is underway. MTeD is being piloted on four wards at Morriston from 2<sup>nd</sup> August 2018.

**Spot the Sick Patient Steering Group** – The Health Board is now submitting monthly sepsis screening compliance data from three of the four service delivery units. NPT Hospital expect to begin providing data in July. A programme of 1000 Lives Improvement Rapid Response to Sute Illness Learning Set (RRAILS) peer review visits has been completed. Learning points from the feedback will be used to give further improvement.

**R&D Committee** – discussion on GDPR requirements in relation to research, guidance provided for cascade amongst research community.

### ***Director of Public Health Report***

Paper noted including updates for:

**Smoking Cessation in Pregnant Women** – work to improve compliance with NICE maternal smoking guidance is in place.

**Health Protection Issue** - Microbiology and Surgical Consultants in Morriston Hospital notified Public Health Wales of several cases of severe infections in people who inject drugs (PWID), in particular cases requiring radical surgical intervention to limbs. Within the ABMU HB area an Incident Management Team has been convened with representation from ABMU HB, Public Health Wales and Substance Misuse Services. The team will receive updates from investigations and help disseminate information amongst partners and service users. Public Health Wales has sent a briefing on the topic to Welsh Government, Health Boards and Substance Misuse Services across Wales.

### ***Director of Therapies and Health Science Report***

Paper noted at meeting and included reports for:

**Dementia Steering Committee** – a Task & Finish Group is being developed in order to progress a workplan for Dementia Action Plan. It has also been noted that the unmet needs/behaviour monitoring charts may be being used to gain more staff on the wards. The tool is not designed to assess staffing. This information will be shared with Unit Directors.

**Nutrition Steering Committee** – International Dysphagia Diet Standardisation Initiative (IDDSI) Descriptors update: Safety alert cascaded through all areas to highlight IDDSI changes

- Agreed switch from Resource ThickenUp Clear to Nutilis Clear to support safe implementation
- Training has begun in all hospitals including community hospitals in readiness for launch date of 3<sup>rd</sup> July
- All SLTs and Dietitians will start using Nutilis Clear and IDDSI dosage recommendations from this date on
- Ongoing 'mop up sessions' will continue for as long as needed to support training needs after this date
- All pharmacy departments are fully aware and prepared for the switch
- 6 Community training events inviting all residential and nursing homes, care settings and domiciliary care providers have been arranged in NPT, Bridgend and Swansea on 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> July
- After this there will also be direct training within individual care homes.
- Medicines management presented at Prescribing Leads meeting to highlight specific community needs regarding individuals in the community already on thickener.
- A risk alert will be circulated to GP's and community pharmacy's with supporting resources circulated to inform patients of IDDSI changes as well as supporting switch from other thickeners to Nutilis Clear.

**Point of Care Testing Assurance Group** - Most Point of Care Testing (POCT) devices are now interfaced to a new Welsh Point of Care Test (WPOCT) system however there are still devices to be connected. Whilst the interfacing of most devices was straightforward, there have been some devices that do not have full functionality when interfaced through WPOCT. Several problems have been experienced with the Myrddin Demographic feed which are ongoing, with no time frame for complete resolution. NWIS are in the process of trying to rectify this.

International Normalised Ratio (INR) Des - this has continued to be rolled out. 4000 patients have been transferred. One practice in Swansea and eight in NPT are outstanding at present. The project is progressing well. Posters will be distributed to GP Practices to advise that patients do not need to attend hospital as well as the GP Practice for warfarin checks.

**Human Tissue Authority** - HTA are undertaking an inspection in relation to the research license in Swansea University in September 2018. Morriston and Singleton satellites may also be visited. Currently awaiting the inspection schedule and confirmation of date.

The microphone in the viewing gallery is broken. Students attending to see post mortem are therefore unable to ask questions. Students have therefore been suspended until this is fixed.

**Continence Steering Committee** - ABMU Community Continence Service and District Nursing Service in Neath Port Talbot are piloting a new approach to the management of housebound, adult service users aged 18 years and older with bladder and bowel dysfunction in Primary and Community settings. Currently going through the recruitment process for new staff in Bridgend.

**Ultrasound Clinical Governance Committee** – there were no outstanding issues to report

**Eye Care Collaborative Group** – there were no outstanding issues to report

## **5.2.6 Exception Reports from Service Delivery Units**

### ***Morriston:***

Patient experience feedback received 94%. The following exceptions were noted:

- 32 wards/department have achieved at least a 95% recommendations rate.
- The Theatre Admissions Unit (Vanguard facility) continues to receive very high recommendation rates from the patients using the facility;

99% (feedback based on 40% population 127 patients out of 307 discharges)

- Significant improvement in the volume and patient feedback recommendation see on Ward C, Ward R, Cardiac ITU and within the pre-assessment departments.
- Outpatient and assessment areas where there is high foot fall continue to be areas of poor patient experience in both volume and recommendation.

Morrison Hospital will explore the feasibility of alternative technologies such as those used in airports to collect patient experience in high foot fall areas.

Transcatheter Aortic Valve Implantation (TAVI) Service – ongoing and awaiting report from an independent clinical review.

***Neath Port Talbot:***

Report received for noting. NPT have received good results from the patient Experience Feedback.

***Princess of Wales:***

Report received for noting.

***Primary Care and Community Services:***

Report received for noting.

***Mental Health and Learning Disabilities:***

Report received for noting.

## **6 RECOMMENDATION**

The Quality and Safety Committee is asked to:

1. Note the position of development of the Quality and Safety forum, the next meeting will be held on 6<sup>th</sup> September 2018.
2. Note ongoing review of Health Board groups and structures to assist towards the development of the work plan and Quality and Safety Hub.
3. Note assurance report of Quality and Safety forum of 5<sup>th</sup> July 2018

## Governance and Assurance

<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
									✓	
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		

## Quality, Safety and Patient Experience

This paper provides a summary from the Quality & Safety Forum. No proposal submitted for review.

## Financial Implications

None from this report.

### Legal Implications (including equality and diversity assessment)

None from this report.

## Staffing Implications

None from this report.

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

None.

<b>Report History</b>	None.
<b>Appendices</b>	None.