

ABM University LHB
Quality and Safety Committee
Unconfirmed minutes of the meeting held on 4th October 2018
at 9am in the board room, Princess of Wales Hospital

Present

Maggie Berry, Independent Member (in the chair)
Martyn Waygood, Independent Member
Ceri Phillips, Independent Member
Reena Owen, Independent Member

In Attendance

Cathy Dowling, Interim Deputy Director of Nursing and Patient Experience
Alastair Reeves, Interim Medical Director (from minute 158/18 until minute 176/18)
Sandra Husbands, Director of Public Health
Christine Morrell, Director of Therapies and Health Science
Chris White, Interim Chief Operating Officer (until minute 168/18)
Carol Moseley, Wales Audit Office (from minute 158/18)
Nia Roberts, Healthcare Inspectorate Wales
Paula O'Connor, Head of Internal Audit
Neil Thomas, Head of Internal Audit
Pam Wenger, Director of Corporate Governance (until minute 176/18)
Liz Stauber, Committee Services Manager
Claire Mulcahy, Committee Services Officer
Lisa Manchipp-Taylor, Matron, Infection Control (shadowing Cathy Dowling)
Jamie Marchant, Service Director, Princess of Wales Hospital (for minute 158/18)
Debbie Bennion, Unit Nurse Director, Princess of Wales Hospital (for minute 158/18)
Jonathan Goodfellow, Unit Medical Director, Princess of Wales Hospital (for minute 158/18)
Judith Vincent, Clinical Lead for Integrated Pharmacy

Minute

Action

154/18

CHANGE IN AGENDA ORDER

The agenda order be changed and items 2a, 2b and 2c be taken next.

155/18

WELCOME AND APOLOGIES FOR ABSENCE

Maggie Berry welcomed everyone to the meeting, particularly Reena Owen who had joined the health board as an independent member, Chris White who was now attending the meetings and Lisa Manchipp-Taylor who was shadowing Cathy Dowling.

Apologies for absence were received from Gareth Howells, Director of Nursing and Patient Experience.

156/18

DECLARATIONS OF INTERESTS

Maggie Berry declared an interest in any items relating to the Bridgend boundary transfer as a resident of the county borough.

157/18

MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 2nd August 2018 were **received** and **confirmed** as a true and accurate record expect to note that Nia Roberts and Sandra Husbands were present.

158/18

PRINCESS OF WALES HOSPITAL EXCEPTION REPORT

Jamie Marchant, Debbie Bennion and Jonathan Goodfellow were welcomed to the meeting.

A report providing an update on quality and safety issues relating to Princess of Wales Hospital was **received**.

In introducing the report, the team highlighted the following points:

- A patient story had been prepared which focussed on the learning from a never event but as this had been shared with the board the previous week, it had been withdrawn from the agenda. The review had highlighted some issues within the surgical process for this particular procedure and the learning was now being implemented across the health board;
- The paper conveyed positive achievements, as well as areas for improvement within the unit;
- Quality needed to be a focus of improvements and priority for the unit, not just finance and performance;
- A change in the demographics for Parc Prison, Bridgend, was leading to a rise in inmates requiring hospital services which was disconcerting for children and older patients to see. There was also an issue of a small number of such patients being too unwell to return to prison but no longer needed to be in hospital, so there was a challenge as to the next step to take, especially as not all the patients were from the local area.

In discussing the report, the following points were raised:

Maggie Berry commented that one of the most defining points of the patient story had been the responsibility felt by the consultant but it was important to note that the whole team had been a part of the incident and it was pleasing to hear that learning was being shared widely.

Cathy Dowling advised the committee that a reflective investigative approach was now being taken to never events and serious incidents and the impact that it was having was profound. She added that medical and educational staff took part in each one with great engagement, as all felt a difference would be made as a result of the session, which was critical as staff did not come to work to make mistakes. Jonathan Goodfellow concurred, stating that everyone around the table had the opportunity to have his/her say and with this incident in particular, immediate changes had been made by the team

in theatre to aid the way of working. Jamie Marchant added that there had been several never events on the hospital site and for each one, the unit had endeavoured to have learning and reflections for each one after which the findings were shared more widely.

Chris White stated that it was important for units to highlight the good work as there were examples in all of them. He added in relation to Princess of Wales Hospital, it was only one of three in Wales with accreditation from the Joint Advisory Group (JAG) for Gastro-Intestinal (GI) Endoscopy and others were visiting the site to learn.

Chris White noted the model for ambulatory emergency general surgery which had been tested over the summer for which a proposal was to be considered by the investment and benefits group for its extension. He added that it was important when pilots were successful to identify ways to mainstream the service.

Chris White highlighted the decreasing trend in relation to complaints around the new year and queried whether this related to services pressures given the time of year. Jamie Marchant responded that it was a busy period for the hospital but this potentially related to a gap within the service which was in the process of being resolved. Jonathan Goodfellow added that the number of formal complaints had decreased significantly due to the establishment of the patient advisory and liaison service (PALS) as they were able to address issues as they arose rather than waiting for them to escalate.

Chris White queried if there was an action plan in place to reduce falls by the 10% target. Debbie Bennion advised that she had been the falls lead for the health board but given the impending boundary change, the responsibility was now being undertaken by another unit nurse director. She added during her tenure, the hospital had developed a policy with good engagement from other units focusing on a multi-disciplinary approach and investment had been made into high-low beds and bed rails.

Martyn Waygood queried if there was support in place for staff subjected to incidents of violence and aggression and what was being done proactively to show such behaviour was unacceptable. Jamie Marchant advised that the hospital was in close proximity to a town centre, which meant that it received a high number of 'walk-in' patients. He added that the emergency department team was close-knit and provided support to each other following incidents as well as encouraging victims to report. An individual had raised a concern to the Health and Safety Executive (HSE) which had resulted in two visits but the action being taken was demonstrated to the inspectors as well as the plans/processes in place to protect staff and the person who had made the initial report was now an integral part of the improvement work. Martyn Waygood sought further details as to the work being undertaken to improve the escalation relationship with the police. Chris White responded that the Chief Executive had had discussions with the superintendent but the issues were being driven

by changes within substance misuse, so further discussions were to be held with the police as to what joint work could be undertaken within the community to address drug and alcohol-based problems.

Cathy Dowling commended the unit on its improvement in relation to *clostridium difficile* cases and queried the intervention which helped address the issue. Jonathan Goodfellow advised that the unit had multi-disciplinary engagement with infection control with regular Friday meetings, which included input from the consultant microbiologist. He added that root cause analyses were proving highly informative as clinicians were in the room for the discussion. However as a result of the unit's improvement, part of the pharmacist's time had been removed to spend with lesser-performing units, which was having an impact. Debbie Bennion added that refurbishments to the flooring on some of the wards were also assisting with infection rates.

Cathy Dowling advised that she had observed a theatre list to see the World Health Organisation checklist in action and had found the practice to be exemplary. She added that there had been heightened awareness as a result of the recent never events but the team had also found ways in which to make the process 'fun'.

Cathy Dowling commented that the unit did have some escalation areas recorded with Healthcare Inspectorate Wales (HIW) and queried how mindful the team was of these. Debbie Bennion advised that ward 10 was one of these and a new matron had recently taken up post and was making a tangible difference. She added that supportive leadership was being embedded in general as well as additional audits, spot checks and walkarounds to test quality, safety and transfer of learning. Cathy Dowling stated that an investment had been made into healthcare support workers in one of the areas and queried the impact. Debbie Bennion advised that the vacancies had previously been filled through variable pay but the posts were now out to advert. She added that there were four who worked long days, one for each bay, and now timed their breaks to ensure cover, and an impact had been evident. Jamie Marchant stated that the senior team used local intelligence to identify issues early to provide support or intervention before they escalated. He added that every Wednesday a meeting was held to discuss the various areas for potential issues.

Chris Morrell advised that following an all-Wales meeting in relation to food nutrition, the unit was viewed as an exemplar as its waste was below the target level. She queried whether this was in relation to ward hostesses. Debbie Bennion responded that not all wards had hostesses but the unit's nutrition and hygiene group took a multi-disciplinary approach.

Chris Morrell thanked the unit for its support in relation to the end-of-life care audit. She added that a family member had personal experience of the ambulatory surgical unit so she knew first-hand the approach was the right one as it had resulted in the relative having

two fewer admissions.

Sandra Husbands echoed Cathy Dowling's comments in relation to *clostridium difficile* rates as last year the figures were significantly higher. She added that pressure ulcer figures remained high and queried what learning had been taken from others as a change had occurred at Neath Port Talbot Hospital. Debbie Bennion advised that pressure ulcers were being recognised early and the numbers were cumulative amount, so she was satisfied that the right reporting and learning was being undertaken. She added that there were some hotspots, and proactive plans had been put in place for these areas but as the unit did not have a tissue viability nurse on site, grading and identification was not always accurate.

Pam Wenger noted the risk identified in relation to prison inmates and suggested that she pick this up outside. This was agreed. **PW**

Ceri Phillips noted that some areas of the unit had 12-hour shifts despite a board agreement being made for patterns to be standardised. Debbie Bennion stated that such shift models actually helped the unit with recruitment and retention and no adverse impacts, such as higher sickness rates, had been reported. Cathy Dowling advised that 12-hour shifts were not preferable but where it helped address vacancy issues, it was supported. She added that the nursing and midwifery board was discussing the matter and any action required. Pam Wenger suggested an assurance report be given to the Workforce and Organisational Development (OD) Committee. This was agreed. **CD**

Pam Wenger commented that it was pleasing to see the balance between improvement and challenge within the report as the committee should take great assurance from the report.

Chris White noted that it was Jonathan Goodfellow's last meeting as he was taking up a post with the South Wales Cardiac Network later that month. On behalf of the board and committee, he thanked Jonathan Goodfellow for his hard work and efforts in relation to quality and safety.

Resolved:

- The report be **noted**.
- The risk relating to prison inmates be discussed further outside of the meeting. **PW**
- Report in relation to shift standardisation for nursing be provided to the Workforce and OD Committee. **CD**

159/18

MATTERS ARISING NOT ON THE AGENDA

(i) 133/18 Quality and Safety Forum

Maggie Berry queried as to whether the issue relating to mortuary microphone had been resolved. Chris Morrell undertook to check this. **CM**

160/18

ACTION LOG

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

(i) Action Point Three

Cathy Dowling advised that the food hydration question was asked of all patients as part of the all-Wales survey but those most likely to need assistance were those with dementia, who did not always have the capacity to respond. She added that blue plates were to be introduced as they had proved beneficial in aiding such patients with nutrition.

(ii) Action Point Four

Cathy Dowling advised that there had been some challenges in continuing the peer led hand hygiene audits with other health boards so the health board was to return to 'basics'. Chris Morrell commented that it would be useful to have an all-Wales approach.

(iii) Action Point Six

Cathy Dowling confirmed that high-low beds had been placed in the areas of the health board with the greatest need.

(iv) Action Point Seven

Martyn Waygood advised that this action was on hold until the executive lead for health and safety was confirmed.

(v) Action Point Eight

Cathy Dowling commented that this was underway and would be received by the committee at its next meeting.

(vi) Action Point Nine

Chris Morrell stated that the chronic pain review report and action plan would be received at the next meeting.

161/18

WORK PROGRAMME

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

162/18

INFECTION CONTROL REPORT

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

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

- Only nine cases of *clostridium difficile* had been reported for September 2018, which was the lowest since April 2015, so a focus was to be given to *staph.aureus bacteraemia* and *e.coli* through collaborative improvement;
- Hydration had been deemed a priority with colour-coded

- posters developed to encourage service users to note the colour of their urine to ensure they were hydrated sufficiently;
- Meetings were taking place with staff to reintroduce ultraviolet cleaning following the support of the HSE of the health board's policies;
 - The influenza (flu) vaccine process was about to commence aiming to improve on last year's performance with a stance of encouraging staff to protect their patients by protecting themselves;
 - An assistant director of nursing for infection control had been appointed and was about to take up post;
 - Investment had been made into quality improvement medical leads and these had now been successfully appointed.

In discussing the report, the following points were raised:

Paula O'Connor queried as to whether any hotspots had been identified for targeted action. Cathy Dowling advised that target areas had been identified for more robust actions through the infection control team drilling down into unit information in a more detailed way.

Ceri Phillips queried as to whether there was evidence of the 'avoidable' infection rates reducing. Cathy Dowling responded that that the culture within the units needed to change as 'avoidable' cases could not be defended. Sandra Husbands added that infections should not necessarily be split into avoidable and unavoidable and most people would contract a *clostridium difficile* infection out of the blue, but did not necessarily have diarrhoea as their immune system was healthy. She stated that it was only when the person underwent a disruption, such as antibiotics, proton inhibitors or a hospital stay that it occurred so it was possible that a healthcare decision was the cause. Cathy Dowling concurred, adding that effective demonstration of a well managed patient helped challenge the avoidable/unavoidable idea.

Ceri Phillips stated that there had been some discussions as to who had responsibility for ensuring student nurses received their flu vaccines as some were being told it was not for the health board to provide these. Cathy Dowling stated that it was not okay that this message was being given out as they were part of the nursing team.

Martyn Waygood commented that while it was pleasing to see Princess of Wales Hospital performance doing well in terms of *clostridium difficile*, improvements were needed in relation to *staph.aureus bacteraemia* and *e.coli*. He queried as to whether the new test for *clostridium difficile* had been completely rolled out. Cathy Dowling confirmed that it had and that the infection control team had undertaken a significant amount of work to show staff how to manage it. She added that Morriston Hospital's numbers were high and work was being undertaken to reduce these, including stopping extra beds

on wards during high pressure and hydro-peroxide violet cleaning.

Martyn Waygood sought more details as to the variation of catheters. Cathy Dowling advised that a focus was being given as to the reasons why patients were catheterised as well as the management of patients' mobility.

Pam Wenger commented that this iteration of the report focussed on quarter three data so the paper to be received at the next meeting would measure the progress of the actions taken.

Resolved: The report be **noted**.

163/18 CHANGE IN AGENDA ORDER

The agenda order be changed and items 4c and 5f be taken next.

164/18 QUALITY AND SAFETY INTEGRATED PERFORMANCE REPORT

The integrated performance report was **received**.

In discussing the report, the following points were raised:

Chris Morrell advised that a workshop was to be scheduled to consider the health board's quality priorities for inclusion in the integrated medium term plan (IMTP).

Martyn Waygood commented that the number of vacancies was startling in terms of numbers. Cathy Dowling concurred, adding that actions were in place to address this, including holding exit interviews to determine why staff were leaving and whether there were options to transfer them to alternative areas of the health board.

Maggie Berry queried as to whether bullying had been cited as a reason for people choosing to leave. Chris White responded that a discussion had taken place at the executive board meeting the previous week as to the support and training that needed to be in place. He added that there would also be discussions with the trade unions as to the understanding of performance management as opposed to bullying.

Alastair Rooves noted the references to GP vacancies and clarified that this was not aligned to contractors. He stated that there needed to be a system-wide review as there had been some success in relation to cluster network schemes.

Chris Morrell commented that therapies and health science vacancies and turnover were high as a percentage but there were some plans in place, particularly in relation to occupational therapy. She added that there was nowhere within the organisations to which this was currently being reported. Pam Wenger suggested that a report be provided to the Workforce and OD Committee with regard to recruitment in general. Ceri Phillips concurred, adding that it also needed to include details of retention work. He stated that recruitment

could benefit from change but a greater level of analysis would be needed for that.

Neil Thomas noted that the new look performance report did not include stage two mortality reviews. Paula O'Connor added that a draft internal audit had noted a gap in reporting for a period of time.

CD

Resolved:

- The report be **noted**.
- Report outlining recruitment and retention work be received by the Workforce and OD Committee
- Stage two mortality reviews to be included within the performance report.

CD

RE

165/18

CLINICAL OUTCOMES GROUP

A verbal update in relation to the clinical outcomes group was **received**.

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

- The clinical audit annual report had been presented to the Audit Committee at its September 2018 meeting;
- While the committee had agreed it was an accurate summary of work, it did not accept it as one which gave assurance;
- It was agreed that he and Pam Wenger would discuss the future of clinical audit as the arrival a new Medical Director was a timely opportunity to review processes;
- Arrangements were to be made to meet with colleagues from a Bristol NHS trust who had recently revised their clinical audit process;
- A response to the draft internal audit report on mortality reviews would be discussed with the unit medical directors.

In discussing the report, the following points were raised:

Maggie Berry commented that she attended the clinical outcomes group as an observer and it gave the impression of being 'tired'. Alastair Reeves concurred, adding that a proposal had just been approved by the senior leadership team to establish a clinical senate, chaired by the Chief Executive and comprised senior clinicians as well as nursing, therapies, health sciences and pharmacy.

Maggie Berry noted that the clinical outcomes group focussed on national audits with not much priority given to local ones. Pam Wenger advised that this was one of the reasons she had asked her Bristol colleagues to be a part of the work as they had revised their approach to ensure local audits were relevant and functioning.

Resolved:

The report be **noted**.

166/18

STAYING HEALTHY

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

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

- Since the report was circulated, the 2017 public health annual report had been published;
- A joint public service board had taken place in September 2018 which included a wider range of stakeholders and was led by the police in relation to substance misuse and a preventative approach. A critical incident group had also been established, of which she and the service director for mental health and learning disabilities were members, and chaired by the Chief Executive of Neath Port Talbot County Borough Council;
- Work was ongoing to ensure children in the local community were up-to-date with their vaccinations.

In discussing the report, the following points were raised:

Pam Wenger suggested that the public health annual report for 2017 be circulated outside of the meeting for information. This was agreed.

SH

Pam Wenger queried as to whether the impending Bridgend boundary change would have an impact on the health board's substance misuse statistics. Sandra Husbands advised that the data was reported by local authority area and the highest deaths per population were in Swansea and Neath Port Talbot, so the joint public service board was focussing on these areas.

Martyn Waygood stated that it was difficult to understand why the number of substance misuse deaths in Neath Port Talbot was high therefore it was challenging to know what could be done to address the problems. Sandra Husbands responded that there was no evidence to identify why the numbers were high for these areas but as they had high numbers of users, it stood to reason that they would have high numbers of deaths. She added that a request had been made to public health data analysts for this information to be shared once a breakdown was available as it did not show the numbers per users that were dying, rather the numbers per population.

Cathy Dowling advised that she and the Chairman had met with the South Wales Police and Crime Commissioner to share information on a population needs basis as the issues needed to be tackled on a multi-agency basis therefore a collective strategy needed to be developed.

Ceri Phillips stated that the variation between local authority areas was concerning.

Alastair Reeves queried if the deaths were reported in the year they occurred or the year of the inquest. Sandra Husbands responded that they were reported for the year that they occurred but the delays were incurred by the inquests.

Resolved:

- The report be **noted**.
- The public health annual report for 2017 be circulated outside of the meeting for information.

SH

167/18

CHANGE IN AGENDA ORDER

The agenda order be changed and items 4a and 4b be taken next.

168/18

PHARMACY AND MEDICINES MANAGEMENT

Judith Vincent was welcomed to the meeting.

A report outlining an update from pharmacy and medicines management was **received**.

In introducing the report, Judith Vincent highlighted the following points:

- A large proportion of the health board's work was driven by the Chief Pharmaceutical Officer's work programme;
- A significant part of this related to transforming medicines through proactive and efficient back-room functions which released clinical staff to do more patient-facing work;
- The health board did have a good IT system established;
- ABMU was one of few health boards which had a team based in an emergency department supporting out-of-hours care;
- The primary care team had been remodelled as a number of technicians had taken up posts within cluster networks;
- New National Institute for Clinical Excellence (NICE) guidance had been issued for herceptin and resources would need to be allocated to this;
- The implementation of the electronic prescribing system was progressing well.

In discussing the report, the following points were raised:

Chris Morrell queried the process for prescribing unlicensed medications. Judith Vincent responded that the health board was able to do it, but the patient needed to be given the choice between licensed and unlicensed.

Cathy Dowling referenced the infection control report earlier on the agenda which noted the impact the antimicrobial stewardship was having on reported infections. She queried the proportionality of the service across the organisation. Judith Vincent responded that she had 1.6 whole time equivalents (WTE); one WTE for Morriston

Hospital with the remaining divided across the rest. She added that if she had more funds, she would appoint a consultant to lead the team.

Resolved: The report be **noted**.

169/18

CONTROLLED DRUGS ACCOUNTABLE OFFICER ANNUAL REPORT

The controlled drugs accountable officer annual report was **received**.

In introducing the report, Judith Vincent highlighted the following points:

- This was the committee's annual report to receive assurances as to the controlled drugs process;
- The dashboard highlighted an increase in controlled drugs incidents but it was a balance between better reporting and more resources;
- 25% of reports included damaged or compromised medications which could be indications of diversions;
- Controlled drugs practices needed to be embedded in to general medicines management processes;
- One area of concern was how a governance register could be developed.

In discussing the report, the following points were raised:

Pam Wenger undertook to discuss the governance issues with Judith Vincent outside of the meeting, which would include how to gain assurance from the Emergency Medical Retrieval and Transfer Service, which was hosted by the health board.

PW

Pam Wenger advised that there were specific Home Office requirements the health board needed to address and she was working with Judith Vincent's team to develop the policy.

Cathy Dowling noted the incident panel process and queried as to whether this was managed within the serious incident process. Judith Vincent responded that this was not necessarily the currently case, but it would be appropriate for this to be brought in-line with that process.

Martyn Waygood stated that there was a legal requirement for contractors to report the destruction of controlled drugs and queried the confidence level as to whether this was happening. Judith Vincent responded that the team had a group mailbox into which such things were reported so there was reasonable confidence that this was occurring.

Resolved:

- The report be **noted**.
- Pam Wenger to discuss the governance issues with Judith

PW

Vincent outside of the meeting.

170/18

SAFEGUARDING REPORT

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

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

- The health board had a bi-monthly safeguarding committee which reported to the Quality and Safety Committee and included senior representatives from each of the units;
- The unit nurse directors had designated responsibilities for safeguarding for their sites;
- The Quality and Safety Committee received a bi-annual report on safeguarding activities;
- One area of improvement for this iteration was data reporting, but there were still some challenges in respect of compliance and accuracy;
- The Deprivation of Liberty Safeguards (DoLS) remained a key risk for the organisation, especially as there was a possibility the legislation may change further. A regular report on compliance was provided to the Mental Health Legislation Committee and a DoLS improvement group had also been established. In addition, two full time best interest assessors were to be appointed;
- Recording safeguarding training via the electronic staff record remained a challenge but shift patterns were changing to extend handover times to allow staff to be released to complete mandatory training.

In discussing the report, the following points were raised:

Ceri Phillips referenced an audit report from August 2018 which outlined the need for all staff to be compliant with safeguarding training by 2021. He stated that this would be difficult to adhere to. Cathy Dowling responded that the service was clear around what staff needed to do and different ways of addressing this were being considered. Ceri Phillips noted that the report stated no financial implications, adding that this requirement would have some. Cathy Dowling advised that there was potentially a financial implication as a result of changing shift patterns to enable staff to complete mandatory training as well as personal appraisal and development reviews.

Martyn Waygood stated that administration support was a high contributor to DoLS breaches and there was not much assurance in the report as to what was being done to address this. Cathy Dowling responded that the administration function sat within primary care services which had developed a comprehensive dashboard. She

added that a 'feel' was needed as to where the hotspots were as well as the best interest assessors responses to address them.

Martyn Waygood noted that no cases of female genital mutilation (FGM) had been reported, stating that in his experience as an immigration judge, this was unusual. Cathy Dowling responded that cases had been reported previously and women and child health services had processes embedded. She added that more awareness needed to be raised within primary and community services but it was a common agenda item for safeguarding.

Maggie Berry commented that the health board already had a number of staff trained as best interest assessors so it was important that these skills were not lost. Cathy Dowling advised that the two full-time best interest assessors would not fully reduce the backlog so some of the in-house trained staff would continue with cases. She added that a trajectory for improvement needed to be established.

Resolved: The report be **noted**.

171/18 DELIVERY UNIT UPDATE REPORT

A report providing an update against the NHS Wales Delivery Unit's review of serious incidents was **received**.

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

- The NHS Wales Delivery Unit was currently undertaking a 90 day review following the issue of its intervention report to the health board in relation to serious incidents;
- She and the Director of Nursing and Patient Experience were meeting with representatives of the Delivery Unit imminently to discuss the review and the findings would be considered at the weekly high-risk meeting;
- The final report and action plan would be considered at the committee's December 2018 meeting;
- Significant progress had been made in relation to never event investigations, with only two left to close, and regular meetings were taking place to monitor the action plans;
- Positive feedback had been received in relation to the investigation process for never events.

Resolved: The report be **noted**.

172/18 INFLUENZA DEBRIEF REPORT

The influenza debrief report was **received**.

In introducing the report, Cathy Dowling highlighted the following

points:

- This was the first time that such a report had been drafted;
- The reflection approach had been developed based on that of the serious incident process and focused on how the previous year's campaign was managed;
- A view as to how to carry out this year's process was also considered and included a checklist for preparedness.

In discussing the report, Martyn Waygood complimented the team on an 'excellent' report, which was a good example of working together. Maggie Berry concurred, adding that it was pleasing to see the challenges as well as the positives.

Resolved: The report be **noted**.

173/18 QUALITY AND SAFETY COMMITTEE SELF-ASSESSMENT

A report outlining the self-assessment process for the Quality and Safety Committee was **received** and **noted**.

174/18 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

A verbal update in relation to the board assurance framework and corporate risk register was **received**.

In introducing the report, Pam Wenger highlighted the following points:

- An update paper had been received by the Audit Committee at its September 2018 meeting as to the work to develop a board assurance framework;
- Subject to minor tweaks, the Audit Committee had been content with the approach;
- The remainder of this financial year would be used to develop the format of the framework and it would be in use from 1st April 2019;
- Each area was to have a principle risk;
- The corporate risk register was also to be updated and a revised version received at the November 2018 Audit Committee following meetings with individual executive directors;
- A risk management group had been established;
- Going forward the Quality and Safety Committee was to receive regular assurance reports in relation to the relevant risks.

In discussing the report, the following points were raised:

Paula O'Connor stated that it was a big piece of work being undertaken but it was also a major step forward. She added that one of the benefits would be the improved interpretation of the units' registers as these often did not align with the corporate document.

Cathy Dowling commented that some elements of the work had also been used to inform other areas of day-to-day decision making in order to have more transparency.

Alastair Reeves informed the committee that Pam Wenger had held a workshop with the Primary Care and Community Services Unit to highlight how a local framework could be delivered, and this had been well received.

Resolved: The report be **noted**.

175/18 INTERNAL AUDIT UPDATE

A report outlining the findings of recent internal audit reviews was **received**.

In introducing the report, Neil Thomas stated that three limited assurance audits were being reported at the request of the Audit Committee and feedback in relation to the management responses had been received.

In discussing the report, Cathy Dowling commented that the findings of the Princess of Wales Hospital review were the ones of most concern to her in terms of governance as the issues raised in the audit report were not reflected in the unit's presentation earlier on the agenda. Neil Thomas advised that the unit had agreed an action plan, which included the vacancy of the administration post which supported the hospital's management board. Paula O'Connor added that the unit had requested that the audit be deferred but she had provided the advice that it needed to go ahead. Cathy Dowling suggested that she raise the issue at the unit's performance review. This was agreed.

CD

Resolved:

- The report be **noted**.
- The issues relating to the internal audit of Princess of Wales Hospital be raised at the unit's performance review.

CD

176/18 OMBUDSMAN ANNUAL REPORT AND COMPLAINTS PERFORMANCE

The annual Public Service's Ombudsman report and complaints performance was **received**.

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

- There had been a decrease in upheld complaints but more work was required in relation to the number of referrals as

other NHS Wales organisations had fewer;

- Cases were not 'nipped in the bud' when the Public Service Ombudsman gave the health board the opportunity to do so;
- The organisation continued to exceed Welsh Government's 75 day response target;
- The Mental Health and Learning Disabilities Unit should be commended for its 87% performance of responding within 30 days to complaints;
- There had been a significant drop in the backlog of complaints awaiting a response;
- The 'reopened' cases rate was too low and this could be an indication as to why the numbers of referrals to the Public Service's Ombudsman were so high;
- The main themes of complaints were communications and access and further work was to be undertaken to understand the detail as the areas were so broad;
- Complaints training had been reviewed based on reflective learning as this had more impact on behaviour.

Resolved: The report be **noted**.

177/18

EXTERNAL INSPECTIONS

A report outlining the findings of external inspections was **received**.

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

- HIW had undertaken an unannounced inspection of the minor injuries unit (MIU) at Neath Port Talbot Hospital for which the feedback had been concerning;
- A quality improvement group had been established to oversee the issues identified and to give peer support.

In discussing the report, the following points were raised:

Maggie Berry sought clarity as to the main issues in relation to the MIU. Cathy Dowling responded that clinical management was the biggest challenge as there were some issues in relation to the clinical pathway, including training and leadership issues. She added that the emergency nurse practitioner role needed to be reviewed, but positive comments had been received from the patients who were at the unit.

Nia Roberts advised that the inspection of the MIU had triggered an immediate concerns process as a number of the issues identified had been highlighted previously during a visit to the Singleton MIU so it had been disappointing that the learning had not been transferred. She added that a response and action plan had been received straight away. Cathy Dowling responded that a shared learning

process was to be developed, which would include spot checks by matrons and a suite of 'top 10 issues' which needed to be a priority.

Ceri Phillips stated that the committee needed to take such reports seriously, as if HIW continued to find aspects of care which were unacceptable, the board needed to take action. He added that regular updates against such reports needed to be provided in order for assurance to be taken that things will improve, as the health board was good at developing action plans but not necessarily good at delivering them.

Carol Moseley advised that Hywel Dda University Health Board had developed a tracking tool for such reports and she was aware that Pam Wenger was discussing the possibility of implementing such a system within ABMU.

Martyn Waygood stated that the way in which the MIU at Neath Port Talbot Hospital worked needed to be smarter and align with the other services on site to redirect patients unsuitable for the unit to somewhere more relevant, for example, the out-of-hours service. Cathy Dowling responded that a commitment had been made for a refresh of the whole system in order to determine the model of care which would best suit the needs of the health board and the patients.

Reena Owen queried as to whether there was a role for internal audit to follow-up such inspections to ensure that the issues had been addressed. Paula O'Connor advised that this was how the process worked and issues were identified through risk analysis.

Sandra Husbands commented that the lack of cross-site working needed to be addressed by the health board to look at issues as a whole and resolve them once and in a consistent way.

Chris Morrell queried as to whether some of the issues raised correlated with the findings of the staff survey. Cathy Dowling responded that now the ward to board dashboard had been established a more co-ordinated approach to challenging areas could be taken as all relevant data would be available in one place.

Resolved: The report be **noted**.

178/18 QUALITY AND SAFETY FORUM UPDATE REPORT

A report providing an update from the quality and safety forum was **received** and **noted**.

179/18 INFECTED BLOOD ENQUIRY

A report providing an update in relation to the infected blood enquiry was **received** and **noted**.

180/18 2017/18 INDIVIDUAL PATIENT FUNDING DECISIONS

A summary report of individual patient funding decisions made during 2017/18 was **received**.

In introducing the report, Sandra Husbands advised that this was the first year that an annual report for individual patient funding decisions had been developed in order to provide the organisation with a summary of the decisions and investment made.

In discussing the report, the following points were raised:

Cathy Dowling queried as to whether it was possible to have an alert system in place for decisions made so that the patient feedback team could identify these from any concerns raised formally. Sandra Husbands advised that a significant number of requests were received for funding, not just for medication not normally prescribed, but also for patients within another health board area but for whom the relationship had broken down and were seeking a transfer of care. She added that it would not always be clear which ones were complainants but they should not be going down this route should their request not be upheld, rather they should go through the appeal process.

Ceri Phillips stated that the health board used to be an outlier in terms of the numbers of requests and queried if that was still the case. Sandra Husbands responded that the organisation did not appear to receive significantly more applications than others but it did approve more. She added that there could be a number of reasons as to why this was the case.

Resolved: The report be **noted**.

181/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

182/18 NEXT MEETING

This was scheduled for 6th December 2018.

183/18 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.