

SUMMARY REPORT		ABM University Health Board			
Quality and Safety Committee		Meeting date: 1 st February 2018 Agenda item : 7.1			
Report Title	ABMU Quality and Safety Forum Update				
Prepared by Approved and Presented by	Faye Killick, Business Manager Christine Morrell, Director of Therapies and Health Sciences.				
Purpose					
To provide the Committee with an update from the Quality and Safety Forum				Decision	
				Approval	
				Information	X
				Other	
Corporate Objectives					
Healthier Communities	Excellent Patient Outcomes & Experiences	Sustainable & Accessible Services	Strong Partnerships	Fully Engaged & Skilled Workforce	Effective Governance
X	X				X
Executive Summary					
A report of the Quality and Safety Forum from meeting held on 24 th January 2018.					
Key Recommendations					
The Quality and Safety Committee is asked to note this report.					
Next Steps					
The work plan will be further developed and monitored by the Quality & Safety Forum and regular reports will be received by Quality and Safety Committee.					

MAIN REPORT		ABM University Health Board
Quality and Safety Committee		Meeting date: 24 th January 2018 Agenda item : 7.1
Subject	Quality and Safety Forum Report	
Prepared, Approved and Presented by	Faye Killick, Business Manager, Therapies and Health Sciences Christine Morrell, Director of Therapies and Health Sciences	

1. PURPOSE

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 24th January 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. UPDATE REPORT

3.1 Ongoing development of Quality and Safety agenda.

The Health Board is currently refreshing its Quality Strategy for 2018 – 2023.

The Strategy will reflect our organisational values and will be founded on the principles of prudent and value based healthcare, with a strong focus on Quality Improvement, engaging on every level with all our staff and services. Our Quality Assurance focus will further embed our culture of transparency and continuous improvement and will build on the Health Boards commitment to meet current quality standards, measured by our Quality indicators.

Collaboration and benchmarking will form the basis of an integrated Health Board approach working towards seamless quality outcomes.

A Quality and Safety Priorities Workshop was held on 1st December to review our current approach, our quality priorities and to start to consider how we may design an ABMU quality management system. This workshop was led by Christine Morrell, Hamish Laing and Linda Reid, facilitated by Alan Willson, Swansea Centre for Improvement and Innovation in Swansea University and attended by 40 ABMU senior manager and clinicians. A Quality Strategy report has been prepared and circulated to all attendees, Executive Team and the Board for comment.

3.2 Report of Quality and Safety Forum on 24th January 2018

3.2.1. Chronic Pain Review Action Plan

Chronic Pain Review Action Plan was presented. Following an external independent review of ABM University Health Board Chronic Pain Services an action plan had been developed and implemented to meet the recommendations of the review report. There were no significant concerns and all actions are to be completed by March 2018. There will be a paper going to the Health Board and Quality and Safety Committee.

Epidural management – was found to be acceptable. Will take review and action plan to the High Risk Look Back (HRLB) Meeting and the next Quality and Safety Committee.

3.2.2. Revised Policy – NG Tube

New policy, Care Bundles and SBAR was presented in relation NG Tube following the Never Event – Patient Safety Alert PSA008. Consultation and feedback is needed on Policy. Safety issues relating to competency trained staff. This will be a huge impact on wards, medical and radiology – need to identify and agree competent nurses, who will need training or train the trainer, also how to deliver on baseline assessments.

PM commended this complicated piece of work. CM advised to circulate to radiology for comment, need clinical viewing. The Forum agreed to embark on formal consultation starting today, all comments to be directed to Alyson Charnock and replies needed by Friday 9th February 2018. It was suggested to put questions together for key points within document we are seeking advice on. Swansea University needs to be liaised with to see if training can be built in.

3.2.3. Unit Reports:

Confirmation that Assurance & Learning reports *and* shared learning are to come to the Quality and Safety Forum.

Morrison:

HIW Cardiac visit, received positive feedback. Unannounced ED visit, received informal feedback for a few actions which have now been addressed. Outcome of the Ombudsman report - excellent work on close down of historical complaints, work needed on consent, no major failings and early resolution, report will be shared with all surgical clinical leads and Morrison Theatre Improvement Group. Complaints are reducing at ward level due to reporting via serious incidents and feeding back to family. CM advised to take ombudsman report, complaints, etc to weekly HRLB meetings. 'Breaking the Cycle' highlighted systems which are in place are effective.

Singleton

HIW Reviews in SAU and wards, positive from patient perspective – positive experience and outcome measures, gone from Level 4 to Level 2 even with the impact from massive flu outbreak. Lessons learnt – number of patients, daily meetings, clear communication with strong clinical leadership, put a cohort ward in place for patients with flu and developed a triage system in a different ward to limit exposure so contained confirmed cases, majority of flu cases were on Ward A. 'Breaking the Cycle' – increased visibility achieved Level 2, having clear communication and MDT's were hugely beneficial, will feedback key lessons

Neath Port Talbot

Report received for noting.

Princess of Wales

No representative.

Primary Care and Community Services

No report received.

Mental Health and Learning Disabilities

No representative.

3.2.4. Executive Director Reports:

CM is currently reviewing reporting structure with Pamela Wenger (Director of Corporate Governance).

Nursing and Patient Experience Report

No reports expected this month.

Strategy

No report received.

Public Health

Paper noted including updates for:

Tobacco Control – move to integrate with 'Help Me Quit'. A local ABM Cessation Services Steering group has now be established and will look at any issues raised. There is a clinical lead vacancy.

Obesity - A Board paper reviewing the obesity pathway implementation in ABM UHB has been developed for the December Executive Team Meeting, and

January Board meeting. Is on the agenda for the next meeting. Strategy to be developed by April 2019.

Immunisation – TOR have been revised. Good figures received, cluster meetings have helped GP's hit their targets.

Making Every Contact Count – this report reflects past, has been endorsed and approved.

Co-Production – underpins and forms ways of how to engage and awareness. Train the Trainers – use expertise to train others, proposing to open to wider partners but this has not been agreed as yet. David Hughes work was commended.

Therapies and Health Science Report

Paper noted including reports for:

- **Sensory Losses Accessibility Working Group**
- **Eye Care Collaborative Group**
- **Continence Steering Committee** – Simon Emery is new clinical lead

Patient Safety Alert PSA 007 - Paper presented – safety concern in regard to compliance with patient safety alert. Low responses received from clinical leads. CM has written to Units requesting urgent completion of questionnaire and to address the deficiencies. To be returned by 26/1/18.

Radiation – A new EU Basic Safety Standards Directive (BSSD 2013/59/ Euratom) came into force in December 2013 laying down standards for protection of workers, public and patients against the dangers arising from exposure to ionising radiation. The Directive must become UK law by 6th February 2018 (even though UK is leaving the EU).

Compliance with radiation regulations is overseen by the Radiation Protection Committee, which is chaired by the Director of Therapies & Health Sciences.

The Ionising Radiations Regulations 1999 will be replaced by The Ionising Radiations Regulations 2017 (IRR17).

- **IRR17** will focus on occupational and public safety
- Will be policed by HSE who's approach is to update and clarify rather than rewrite

The Ionising Radiation (Medical Exposure) Regulations 2000 will be replaced by The Ionising Radiation (Medical Exposure) Regulations 2018

- **IR(ME)R2018** will continue to focus on patient safety
- Will continue to be policed in NHS Wales by Healthcare Inspectorate Wales

FOR NOTING:

- **IRR17**

- 1) The Health Board has notified the HSE about all practices (i.e. human activity that can increase exposure of individuals to ionising radiation)

The Health Board has completed a single registration for the use of all radiation generators (diagnostic and interventional X-ray)

The Health Board has completed separate consents for administration of radioactive substances, addition of radioactive substances into products, operation of a linear accelerator, and discharge of significant amounts of levels of radioactive effluent.

Following this process the Health Board has successfully received approval from the HSE to practice.

- 2) The Health Board must ensure that staff do not exceed new eye dose limit. A Health Board wide eye dose audit, coordinated by the RPA, is due to be completed in early January 2018. Indications are that no staff will require classification under new regulation. RPA to formally advise on requirements for routine eye monitoring and additional control measures on completion of audit.
- 3) The Health Board must establish a managed programme of radon surveys. The DoTH has advised the Director of Strategy of this requirement.
- 4) The Health Board must review the existing framework for ionising radiation safety. The RPA will ensure that the ABMU Ionising Radiation Safety Policy and associated documentation (e.g. local rules) are revised in early 2018.

- **IR(ME)R2018**

- 1) Medical Physics Experts have achieved national recognition by a competent authority and have been formally appointed in the areas of diagnostic radiology, radiotherapy and nuclear medicine.
- 2) The Health Board, supported by the appointed Medical Physics Expert in nuclear medicine, will need to obtain *licenses* covering the practice of administration of radioactive substance for medical exposures. A single employer *license* will be required (relating to site and support staff) and individual *practitioner* licenses will be required (relating to competence). This is expected to be a simplification of the existing authorisation process. The Administration of Radioactive Substances Advisory Committee (ARSAC) will continue to be involved in assessment of applications.

- 3) The Health Board, supported by the appointed Medical Physics Experts, must ensure that all departments with a radiation facility (i.e. radiology, cardiology, radiotherapy, nuclear medicine, community dental, Theatres using mini C-arm X-ray units) revise their employer's procedures to include the new requirements including:
- provision of information to patients on benefits and risk prior to exposure
 - exposure of carers and comforters
 - non-medical imaging exposures
 - surveillance of equipment including QA
 - raising awareness of effects of ionising radiation amongst those capable of childbearing and pregnancy
 - estimation of population doses (dose audit)
 - accidental and unintended exposures

3.2.5 Putting Things Right Policy

Has been circulated for commented.

RECOMMENDATIONS

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 1st March 2018.
2. Note ongoing review of Health Board groups and structures to assist towards the development of the work plan.
3. Note assurance report of Quality and Safety forum of 24th January 2018.