

<b>SUMMARY REPORT</b>		ABM University Health Board			
<b>Quality and Safety Committee</b>		Meeting date: 7 <sup>th</sup> June 2018 Agenda item : 6f			
<b>Report Title</b>	ABMU Quality and Safety Forum Update				
<b>Prepared by</b> <b>Approved and Presented by</b>	Faye Killick, Business Manager Christine Morrell, Director of Therapies and Health Sciences.				
<b>Purpose</b>					
To provide the Committee with an update from the Quality and Safety Forum				<b>Decision</b>	
				<b>Approval</b>	
				<b>Information</b>	<b>X</b>
				<b>Other</b>	
<b>Corporate Objectives</b>					
<b>Healthier Communities</b>	<b>Excellent Patient Outcomes &amp; Experiences</b>	<b>Sustainable &amp; Accessible Services</b>	<b>Strong Partnerships</b>	<b>Fully Engaged &amp; Skilled Workforce</b>	<b>Effective Governance</b>
					<b>X</b>
<b>Executive Summary</b>					
The purpose of this report is to provide the Quality and Safety Committee with an update of the Quality and Safety Forum held on 3 <sup>rd</sup> May 2018.					
<b>Key Recommendations</b>					
The Quality and Safety Committee is asked to note this report.					
<b>Next Steps</b>					
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.					

<b>MAIN REPORT</b>		ABM University Health Board
<b>Quality and Safety Committee</b>		Meeting date: 7 <sup>th</sup> June 2018 Agenda item : 6f
<b>Subject</b>	<b>Quality and Safety Forum Report</b>	
<b>Prepared, Approved and Presented by</b>	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 3<sup>rd</sup> May 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 Report of Quality and Safety Forum on 3<sup>rd</sup> May 2018

#### 3.2.1. Review of Complaints – End of Life Care

Review of complaints involving end of life care was presented by Dr Sue Morgan. The key issues identified in the investigation of complaints were around poor use of the DATIX tool in recording and managing complaints and communication. The deficits in communication ranged from health care professionals communicating with patients and relatives, including attitudinal concerns, the quality of information exchange and appropriate environment for to support sensitive communication; limited communication between the different agencies/services involved in supporting the patient, including between secondary and primary care. Other concerns included the poor recognition of the dying patient, poor care planning, poor symptom control and inadequate services to meet patient immediate needs.

Recommendations include a corporate approach to communication skills training to ensure all staff who may come into contact with patients/relatives in distress are confident and competent to provide support. More advance communication skills training would be required to support staff undertaking difficult communications including decisions around treatment options, stopping treatment and breaking bad news. Discussion centred around the

understanding that having the difficult conversations earlier on in the patient pathway may allow more time for planning and potentially reduce use of acute health care services in the last weeks days of life as patients and their families are better prepared for dying. A separate report be submitted to the Datix User Group highlighting the deficits in the use of Datix for recording the complaints, investigation and conclusions/action plans.

### **3.2.2. Older People Care Home Review**

The Western Bay Care Homes Subgroup reviewed the OPC feedback from the original 2014/15 review of care homes. Each of the 4 statutory organisations responded as requested in 2017; subsequent feedback from the OPC was that more assurance was required due to a lack of evidence and in depth detail supplied. The re-worked response has recently been returned to the OPC following endorsement from the Western Bay Regional Partnership Board.

There were specific updates required for Continence –Rehab – with particular reference to access to the whole range of CRT services, use of anti-psychotics and the Responsibility of the 4 statutory organisations to support the sector with their recruitment and retention challenges.

### **3.2.3. IPFR QA Group Audit**

IPFR Audit taken place across Wales – overall the outcome was good, we are fulfilling criteria for the new policy and will be audited on an annual basis. Wales is looking good overall and number of requests have decreased.

### **3.2.4 Review of Reporting Arrangements and Work Plan**

Units to look at the reporting structure and support the development of the Quality and Safety structure. The purpose of review is to give assurance to the Quality and Safety Committee and sharing of learning. Currently some committees/groups sit within Units and some within Corporate, which sometimes result in bypassing of senior teams. CM/CD and Maggie Berry are currently reviewing the reporting arrangements for Quality and Safety and development of a Quality and Safety Hub. (Appendix 1)

The Structured Assessment 2017 Recommendations document was circulated which highlights the Quality and Safety governance arrangements that need to be in place.

### **3.2.5 Executive Director Reports:**

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

#### ***Nursing and Patient Experience Report***

Paper received for noting.

## ***Strategy***

No report expected this month.

## ***Public Health***

Paper noted including updates for:

Immunisation – MMR1 currently below 95%, concern as there are a number of cases of measles confirmed. Putting in an action plan to achieve WG and NHS targets. Issue also identified with a Datix issue around home schooled children not being vaccinated. Immunisation Co-Ordinator – an issue has been raised as this post is a lone worker and no-one available to cover any absences.

Drug related deaths – ABMU HB has the highest drug related deaths rate in Wales. This information needs to be fed into Primary Care and Community Services, NWi/AR and MH&LD member to link and look at actions.

## ***Therapies and Health Science Report***

Paper noted including reports for:

- **Point of Care Testing Assurance Group**
- **Ultrasound Clinical Governance Committee**
- **Eye Care Collaborative Group**
- **Dementia Steering Committee** - an allocation received of £10m across Wales, currently scoping work with Western Bay for Older People and dementia.
- **Human Tissue Act** – a Serious Incident is ongoing as animal organs have been found in the mortuary, this has been reported and HTA informed.
- **Continence Steering Committee** – Simon Emery has been appointed Chair of this Committee.
- **Nutrition Steering Committee** – New International Descriptors for modified fluids/diet – Lisa Chess presented patient swallowing issues and advised new terminology will be adopted. Issues being Nestle has failed to fulfil the agreement in relation to training and labelling, this is a risk to all patients. Looking at another supplier (Nutritor) who can match pricing, give training and agree a launch date of 8<sup>th</sup> June, they have also agreed to replace supplies in acute sector. An SBAR and letter has been escalated to mitigate the risks and concerns. AH advised nursing only heard of this issue in the Nursing and Midwifery Board on 2/5/18. Lisa Chess to link with Helen James to go through formal procurement, clarify with Units and to formally withdraw letter that has been circulated and progress through the proper process.

Two new pieces of legislation were discussed:

**Medical Device Regulation (MDR)** came into force May 2017, need to be compliant with new regulations by May 2020. Director of Therapies and Health

Sciences is leading work to identify relevant services and implications for the individual services and the Health Board.

**Additional Learning Needs and Education Tribunal (Wales) Bill** was granted Royal Consent in January 2018, currently looking at implications for therapies and children services. Preparation has commenced to ensure a Designated Education Clinical Lead Officer is in place, an effective complaints management system is in place and suitable arrangements to manage interagency cooperation requests and functions, including tribunals.

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

#### ***Morriston:***

Patient experience feedback received 94%. Significant risk with non-compliance with Nurse Staffing Act, Nurse Director peer reviews taking place, will be complete end of May. Two patients issues – this has been resolved by additional staff on night shifts. **TAVI Service** – local actions in place. Pressure Ulcers – need to share learning and nursing forums and HB wide groups. **Resus Committee** – still looking for a Chair for this group. PM advised he is Chair of the Critical Care Delivery Plan, a Steering Group can be set up and receive reports from Resus Committee and feed into Quality & Safety Forum.

#### ***Neath Port Talbot***

Report received for noting. Reporting robust – structures in place.

#### ***Princess of Wales***

Report received for noting.

#### ***Primary Care and Community Services***

Verbal update given. No issues.

#### ***Mental Health and Learning Disabilities***

No representative. Assurance report received for noting.

#### ***Singleton***

No representative nor report received.

## **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 5<sup>th</sup> July 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 3<sup>rd</sup> May 2018.

## APPENDIX 1

<b>Board</b>				National (W/G) Quality and Safety Meeting	
<b>Quality and Safety Committee</b>				<i>By exception</i>	
<b>Quality and Safety Forum</b>					
Falls Prevention Group	Nursing	Safeguarding Committee	Morrison Unit Q&S	Nurse Director	<b>Delivery Plans</b>
Pressure Ulcer Prevention Group		Assurance and Learning Group			Primary care
		Nursing and Midwifery Board			Respiratory
			Singleton Unit Q&S		Stroke
					Mental Health
	DoH/HS	Human Tissue Act		Director of Therapies and Health Science (DoTHS)	<b>Delivery Plans</b>
		Medical Exposure Committee	Princess of Wales Unit Q&S		Eye Care
		Radiation Protection Committee			Rare Diseases
			Neath Port Talbot Unit Q&S		End of Life
NICE Liaison Group					
Medical Gases	Medical	Clinical Outcomes Group	Primary Care and Community Unit Q&S Groups	Medical Director	<b>Delivery Plans</b>
Safer Sharps		Medical Devices Committee			Critically ill
		Antimicrobial Advisory Group			Organ Donation
Medicines Safety Group		Organ Donation Committee	Mental Health and Learning Disability Unit Q&S Groups		Neurological Conditions
Wound Management		Medicines Management Board			
Primary Care prescribing advisory					<b>Delivery Plans</b>
Thrombosis & Anticoagulation					Liver disease
Medicines Policy & PGD Group	Director of Public Health	Decontamination Sub Group		Director of Public Health	<b>Antimicrobial Resistance</b>
		Vaccination Immunisation Committee			Heart disease
		Infection Prevention and Control Committee			
Big Fight Project Board					
C. Difficile Improvement					<b>Delivery Plans</b>
	Patient			Director of Planning	Cancer
		Health and Safety Committee			Oral Health
					Diabetes
					Think Glucose