



# Quality and Safety Committee Annual Report 2018-19



GIG  
CYMRU  
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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

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## **1. Introduction**

The Quality and Safety Committee was established in 2009 and its focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'.

During 2018-19, the committee met its responsibility by fulfilling its role as outlined in its terms of reference, and through the delivery of its work programme. The annual report summarises this.

## **2. Committee Structure**

The membership of the Quality and Safety Committee during 2018-19 comprised:

### **Independent Members**

- Maggie Berry, independent member (committee chair until December 2018);
- Martyn Waygood, independent member (committee chair from February 2019);
- Ceri Phillips, independent member (until December 2018);
- Reena Owen, independent member (attended adhoc meetings from October 2018 to ensure quoracy).

### **Executive Directors**

- Gareth Howells, Director of Nursing and Patient Experience.
- Hamish Laing, Medical Director (until June 2018);
- Pushpinder Mangat, Interim Medical Director (for the August 2018 meeting);
- Alastair Reeves, Interim Medical Director (for the October 2018 meeting)
- Richard Evans, Medical Director (from November 2018);
- Christine Morrell, Director of Therapies and Health Science (until October 2018);
- Chris White, Director of Therapies and Health Science/Chief Operating Officer (from October 2018);
- Sandra Husbands, Director of Public Health.

Meetings were also attended by Pam Wenger, Director of Corporate Governance, as well as representatives of internal and external audit. (What about HIW and WAO?)

Committee support in terms of the circulation of the meeting papers and minute taking was undertaken by the corporate governance function to ensure continuity with other board committees. The secretary to the committee was Liz Stauber, committee services manager.

The terms of reference required the committee to meet bi-monthly, which was achieved.

## **3. Reports Received**

During 2018-2019, the following reports were received by the committee:

### **Patient/Staff Story**

Each of the units was asked to attend one meeting during the year to present a patient or staff story. The only exception for 2018-19 was Princess of Wales Hospital. 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. Also while in attendance, the units were asked to present a report setting out their performance in relation to quality and safety issues and the guidelines for this are attached at appendix one.

The following stories were received:

#### Morrison Hospital

A patient story was received outlining the experience of an elderly emergency department patient who developed a pressure ulcer. The patient was at risk of developing bed sores as a result of other medical conditions and arrived at the hospital at 8.45am that morning, triaged within the department but due to lack of space, was put back on to the ambulance to wait. By lunchtime a cubicle was available and following the transfer of the patient into the department, a nurse identified a red sore and the skin bundle was started. The patient was moved from a trolley to a hospital bed with an air mattress and was rolled into different positions however the patient requested to remain on his back. By the time he was transferred to a ward that evening, the patient had a grade two pressure ulcer. The learning from this case had been shared with staff and a number of actions already taken, including the purchase of additional air mattresses for the department, an increased frequency of checking the skin of patients and engagement with Welsh Ambulance Service NHS Trust (WAST) as to how patients in the back of vehicles could be monitored for skin damage.

#### Singleton Hospital

A patient story was received detailing the experience of a teenager with learning disabilities admitted to Morrison Hospital for an operation. As the patient was 17, he was scheduled to be admitted to an adult ward, which made him anxious, particularly as he was needle phobic. On the day of the operation, the patient and his mother met the adult liaison officer on the ward to take a look around but it was evident that it would not be suitable for him to be treated there. As a result they went to the play room on the children's ward where the anaesthetist met with the patient to talk through the process, helping him to relax him, and the play leader was also available. Thanks to the communication between the various teams, the patient was able to remain on the children's ward and his mother able to stay with him throughout. The unit was now working to improve the process for children with continuing healthcare needs to transition to adult services, which should start at age 14.

#### Neath Port Talbot Hospital

A patient story was received which outlined the impact of a pressure ulcer for an elderly gentleman. Following surgery, a moisture lesion had been identified and advice sought from a tissue viability nurse, which included a change in mattress and regular repositioning. The pressure ulcer developed after the patient spent a long period of time in the day room, sitting in the same chair without pressure release or

skin integrity checks, and as a result, the scrutiny panel had deemed it avoidable. Senior staff had since met with the patient and explained that the matter would be addressed through redress, with which the patient was content. He stated if he had been given advice as to what to do while sitting in the chair, he would have taken it.

#### Primary Care and Community Services

A patient story was received which outlined the experience of a new mother who was feeling socially isolated and anxious. Her health visitor referred her to the perinatal mental health service which was able to signpost to group sessions managed through a third-sector organisation. At the most recent visit, the health visitor had noted that the mother was like a 'new person', regularly attending playgroups. The early intervention work had prevented a mental health crisis which could have had a long-term impact for both mother and child.

#### Mental Health and Learning Disabilities

A staff story was received which outlined the impact of an inpatient's death on ward staff, particularly in regard to those patients who take their own lives. It was told from the point of view of ward manager, Simone Richards outlined the need to be strong for her team, who would have built up a relationship with the patient, as well as their family. One of the most challenging elements was building a timeline in the lead up to the death to determine the facts, as it was important to ensure staff did not feel they were being blamed. As a ward manager, a range of feelings were felt; grief for the patient, for the family and for staff who had to continue caring for other patients. The team at Caswell Clinic was close-knit, which was important, as staff could support each other, but it would be beneficial to have more support from outside the unit during such times. Furthermore staff needed to be aware that it was okay not to feel okay.

- Annual Quality Statement

Members considered and approved the annual quality statement prior to its presentation to the health board's annual general meeting in July 2019. Comments and suggestions were provided to enhance the final version.

- Ward to Board Dashboard

As part of the development of the ward to board dashboard, the committee was provided with a demonstration of the system during its pilot roll-out at Neath Port Talbot Hospital. It had seven areas of focus: older people's standards; patient experience; falls; quality assurance framework; pressure ulcers; medicines and safer staffing and the data was available to a wide range of staff.

- Nurse Staffing Act (Wales) 2016

The committee received a regular update as to compliance with the Nurse Staffing Levels (Wales) Act 2016 until January 2019. It was at this time that the remit of the Workforce and Organisational Development (OD) Committee was revised and its terms of reference updated. It was felt that this report was more relevant to that committee's work programme.

- Patient Recorded Outcome Measures

Members received an update as to the process to develop patient recorded outcome measures. There were two ways for patients to submit their required outcomes prior

to treatment; by completing a questionnaire supported by staff at an appointment or via an online survey which was to be linked to the text reminder for the appointment.

- Clinical Outcomes Group

A standing agenda item was a report outlining the findings of national audits and the subsequent discussions at the Clinical Outcomes Group. This was replaced from February 2019 by updates from the Clinical Council Senate, which provides a range of clinical staff with a forum to discuss board-wide developments.

- EMRTS Clinical Governance Report

The health board hosts the Emergency Medical Retrieval and Transfer Service (EMRTS) for which it had a governance sub-committee which reported to the Audit Committee. However following discussions with Welsh Government, a quarterly report outlining clinical governance issues was added to the Quality and Safety Committee work plan.

- Child and Adolescent Mental Health Services (CAMHS)

Following concerns raised during 2017-28 as to CAMHS performance, a report was received by the committee outlining the actions being taken and the improvement which had already been evident. While some assurance was taken, the matter was referred to the Performance and Finance Committee for further scrutiny.

- Healthcare Quality Division Feedback Report

A bi-annual report from the Healthcare Quality Division at Welsh Government was received and noted by the committee.

- Blood Glucometry Action Plan

The committee received a 'close down' report which confirmed that all of the actions required as part of the blood glucometry review were completed.

- Infection Control Report

Given that healthcare acquired infections were one of the health board's targeted intervention areas, a performance report became a standing agenda item. While an improvement was seen towards the latter half of the year with the number of cases drawing in-line with the trajectories, it was noted that the health board's ambition needed to be zero cases.

- Quality and Safety Committee Dashboard/Integrated Performance Report

At the start of the year, the committee received a dashboard outlining performance in a number of quality and safety areas, such as pressure ulcers, falls and mortality reviews. Following work by the Performance and Finance Committee, this was replaced by the monthly integrated performance report, but members felt there was too much information in order for it fully scrutinise the areas which it had particular focus, therefore work is ongoing to develop a more specific report.

- Health and Care Standards Annual Report

The organisation's health and care standards annual report was received and noted.

- Internal Audit Reports

Members received regular reports outlining the findings of recent internal audits and details of any relevant action plans.

- Quality and Safety Forum Update

A sub-group of the committee is the Quality and Safety Forum and a summary of the key issues from each meeting is presented to the members. Discussions are ongoing as to how better to align the work of the two fora in order for any relevant issues to be escalated appropriately.

- External Inspections Reports

Another standing item for the committee is a scrutiny of reports which detail the findings of external inspections. This were opportunities for members to seek assurances that any issues requiring immediate attention were addressed.

- Ward Hostesses/Older Person's Commissioner's Report on Safeguarding in Hospitals

A report providing an update as to the roll-out of the ward hostesses scheme was received and noted, as was the Older Person's Commissioner's report on safeguarding in hospitals.

- Pharmacy and Medicines Management/Controlled Drugs

Bi-annual reports were received in relation to pharmacy and medicines management and controlled drugs. From April 2019, these will be reported to the Quality and Safety Forum given the level of operational detail they provided.

- Catering and Nutrition Update

As part of the discussion of this report, the 'blue plate scheme' was established within the health board as it was proven to reduce food wastage and encourage patients to eat..

- Staying Healthy

The staying healthy report was an opportunity for public health issues to be discussed by the committee, such as obesity and vaccination rates. From April 2019, these were part of the Quality and Safety Forum's remit. Specific reports on tuberculosis and influenza were also noted.

- Patient Experience

A quarterly report in relation to patient experience was received. It outlined the results of the friends and family surveys in order for members to challenge areas which scored low on the various areas and seek assurances that improvements were being made.

- 15-Step Challenge

Members considered the NHS England guidelines for 15-step challenges within non-clinical areas and discussed the potential of its inclusion within the framework for board visits which was to be developed.

- Analysis of Ombudsman Cases

A report setting out an analysis of Public Services Ombudsman cases was noted, with members being assured that the significant backlog had been reduced.

- Safeguarding Report

A bi-annual report outlining work by the safeguarding service and committee was received. 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.

- Delivery Unit Reports

In 2018, the NHS Wales Delivery Unit undertook a review of serious incidents. It provided its final report to the committee in December 2018, which was also an opportunity for the organisation to set out its action plan in response to the recommendations. It was also noted that a further review was to be taken in 2019.

The committee also received a report by the NHS Wales Delivery Unit on a national basis following a review of patients waiting more than 52 weeks for elective procedures. There were some recommendations specific to the health board for which an action plan was to be developed. The aspiration for the next year was to reduce the 1,300 cases to fewer than 1,000, but it was noted that improvement within orthopaedics was likely to take two years

- Bridgend Boundary Update

A verbal update with regard to the quality and safety issues being considered as part of the Bridgend boundary change was received.

- Board Assurance Framework and Corporate Risk Register

Members were kept apprised of the work to re-establish the board assurance framework and corporate risk register. While the Audit Committee was overseeing the process, it was critical that the Quality and Safety Committee was aware of the developments as it would use the revised process to integrate the top quality and safety risks into its work programme to seek assurance.

- Ombudsman Annual Report and Complaints Performance

The annual report from the Public Services Ombudsman, which included complaints performance, was received and noted.

- Infected Blood Enquiry

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

- 2017/18 Individual Patient Funding Decisions

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

- Chronic Pain Review

Members heard that the review of the chronic pain service was undertaken some time ago and focussed on its safety and it gave assurance of the quality and safety of the service. All recommendations had been accepted and the primary care and community services unit was managing the action plan, which the committee also received.



- Quality Impact Assessment

As part of the work to develop the integrated medium term plan (IMTP), a quality impact assessment was established. All schemes were assessed at stage one for patient safety, patient experience, clinical quality and whole system. Those which had a risk score of more than eight proceeded to stage two, which was a full QIA reviewed by a panel, and they were either approved, declined or returned for further work. Regular reports were to be received by the committee as the process continued.

- Mental Health and Learning Disabilities Key Performance Indicators

At its attendance at the committee in February 2018, the Mental Health and Learning Disabilities Unit was tasked with developing key performance indicators more relevant to its services. These were presented to the committee in December 2018, with a view to start reporting from April 2019. Members were encouraged by the progress.

- Approval of Policies

The following policies were approved by the committee, after which it was agreed that the Quality and Safety Forum would have delegated authority to approve policies going forward:

- policy for the prevention and management of pressure ulcers;
- clinical policy for the insertion and maintenance of nasogastric (or orogastric) feeding (and draining) tubes in adults; and
- policy and procedure for the prevention and management of adult inpatient falls clinical policies for approval by the committee.

#### **4. Conclusion**

This report demonstrates that the committee fulfilled its responsibilities through the reports it had received during the year from various services and sources.

### Units' attendances at the Quality and Safety Committee

Each delivery unit is invited to the Quality and Safety Committee once a year to outline its quality outcomes and targets/plans to improve in the coming months. As part of your attendance, you are asked to produce a report which focuses on the areas of the corporate risk register monitored by the Quality and Safety Committee;

- Actions to improve infection control rates, in particular to reduce healthcare acquired infections;
- Environmental safety of the premises;
- Patient feedback on performance;
- Compliance with national patient safety alerts;

And, where applicable:

- Compliance with tier one unscheduled care target.

Units are also asked to include details of the top three quality and safety elements of its own risk register.

In addition, the report should include performance against and actions to improve:

- Mortality reviews;
- ABMU's quality priorities.

As well as:

- Health and care standards quarterly scrutiny performance score;
- External inspections and action taken.

Units are asked to address the following within the report, which will inform the 15-step challenge after the meeting:

- What do you consider to be the three wards/clinical areas which give you the greatest cause for concern? Why? What actions are you taking to address these concerns? When do you expect an improvement and how will this manifest itself?
- What do you consider to be the three wards/clinical areas which give you the greatest level of assurance? Why? What actions are you taking to spread the good practice you have identified in these areas?
- Actions taken to address findings of the previous 15-step challenge undertaken by the committee.

The report can be **no longer than five pages** and is to be submitted in advance for circulation with the other agenda items. Please do not include embedded documents or appendices.

Three people (which should include at least the unit medical or nursing director) should attend the meeting to present the report, which should be assumed as read and you'll have **five minutes** in which to highlight key points. After this, those in attendance will have an opportunity to ask questions.

**Presentations will only be accepted in exceptional circumstances.** And as such, must be agreed with the meeting chair in advance, via the corporate governance team, and provided alongside the report for attendees to consider prior to the meeting. It is not acceptable to arrive at a meeting and expect to present slides without such agreement.

Units are also asked to provide a **short** patient story in addition to the report. This should be an audio clip and last no more than **three minutes**.