

Main Report	Health Board Meeting On 25th May 2017 Agenda item: 4a (i)
Subject	Quality and Safety Committee: summary of key discussions and matters requiring Board level consideration
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Approved by	Paul Newman, Chair of the Quality and Safety Committee / Non-Officer Member
Presented by	Maggie Berry, Non-Officer Member

A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed by the Quality and Safety Committee when it met on 20th April 2017. The full minutes of the committee meeting are available on request from the Director of Corporate Governance.

B. KEY DISCUSSIONS BY THE COMMITTEE:

1. **Morrison Hospital Delivery Unit Presentation and Patient Story**

A presentation was received providing an update on the planning and governance arrangements and a patient story for the Morrison Hospital Delivery Unit.

(i) Patient Story

The patient story focussed on a new pathway being piloted for non-weight bearing orthopaedic patients who had suffered a fracture and could not weight-bear for several weeks and lived alone. This was one of the biggest causes of medically-fit patients remaining in hospital. As such, arrangements had been made for them to recuperate at a residential care home. The story compared two patients; one before the pilot who spent seven weeks in hospital and the other who was discharged straight from the emergency department to the residential home. The first patient developed a hospital-acquired infection and missed her home life, where as the other was in the residential home for nine weeks with her own room, access to social activities and maintained independence. The pilot had now ceased while additional funding was sought and there was also an opportunity to develop a similar pathway for patients who had confusion in addition to their fracture. It was noted that the patients enjoyed their recuperation time at the residential home, which also provided assistance during the transfer to their own home, leaving them less anxious when the time came.

In the discussion that followed, the team confirmed that they were working towards implementing the discharge to assess process, during which patients are assessed for care packages at home to ensure the right support was being sought. In the meantime, patients on the elderly care ward at Morrison Hospital wore day clothes rather than pyjamas while out of bed.

(ii) Planning and Governance Arrangements

The presentation highlighted that the new management team strove to promote leadership and visibility through various initiatives and a clinical structure had also been introduced to include clinicians in decision making processes. A strong focus had been put onto scheduled and unscheduled care, and as such, elective work had been unaffected by the winter pressures this year. Performance was improving with regard to complaints and incidents and work was taking place to fully establish the workforce, including nursing recruitment days. A number of wards were close to 100% compliance with regard to the flu vaccination and the emergency department was developing a short film in relation to choices regarding the vaccine.

A pressure ulcer scrutiny panel was to be established and work was being undertaken to improve infection control rates. A business case for extra wards had been submitted; these would provide extra capacity in the winter and act as a decant facility during the summer to facilitate cleaning and refurbishment. Significant numbers of patient feedback forms were being received but the patient recommendation rate had reduced to 90% in March 2017, which could have been a result of the unscheduled care pressures. Schemes were in place to resolve complaints early on and to take meaningful action. Weekly meetings were held to establish the level of support required to enable responses to be sent within 30 days of a complaint being received. Quality priorities had been agreed for 2017/18.

2. Update on Big Fight Campaign

A report was received outlining an update on the Big Fight campaign. The committee heard that antibiotic prescribing had decreased by 3% and the health board was now the ninth highest prescriber in the UK as opposed to the first. Plans were in place for year two of the campaign to continue the momentum.

3. Pharmacy and Medicines Management

A report was received providing an update regarding pharmacy and medicines management. It was noted that a medicines optimisation strategy was in development which was focusing on six priority areas. Of the six areas, section one, which related to savings, was the most developed, and a further focus was required to expand the remaining five. Four pacesetters were in place but one was to be refocused to look at the repeat prescription process to reduce waste. It was agreed the next update to the committee would outline how each of the six priorities would measure success.

4. Catering and Nutrition Update

A report was received providing an update regarding catering and nutrition. It was noted that a triumvirate service had been established which comprised dietetics, nutrition and nursing as all had a responsibility with regard to patient feeding, and a number of ideas were being developed to improve services. The committee raised a concern that food hygiene training for ward nursing staff was not compliant, especially as while funding had been agreed for ward hostesses across the health board, the monies had not been released. It suggested that the cost benefits of investing in this service needed to be considered in depth.

5. Quality and Safety Dashboard

A report was received providing an update on the performance of units against key measures. Completion of stage one mortality reviews continued to be positive

however more work was required in respect of stage two and a new job planning guidance had been agreed with the British Medical Association to incorporate accountability. An all-Wales NHS outcome frameworks had been established which would lead to a change in the scorecards for pressure ulcers to reflect cases by 100,000 admissions. The rate of responding within 30 days to complaints was at 71% in February 2017 and it was hoped that this would reach 80% once the figures for March 2017 had been validated. The committee heard that clinical coding performance remained on track but concern was raised regarding the environment in which staff were working in at Princess of Wales Hospital and it felt this needed to be addressed before it affected performance.

6. Blood Glucometry Report Action Log

A report was received outlining the action log in response to the blood glucometry report. It was noted that an update on progress against the plan would be received at the next meeting with a view to all actions being completed by August 2017.

7. Proposed Improvements to Mortality Reporting

A report outlining proposed improvements to mortality reporting was received and noted.

8. Older Person's Report and Dashboard

A report was received providing an update with regard to the reporting arrangements and proposed dashboard for older people. The committee heard that discussions as to how to develop the dashboard and the data were continuing and a review of outcomes and key performance indicators was required. It noted that this work had been ongoing since October 2016 and the committee stated that it needed to be able to take assurance as to the care and experience of older people. It asked that the next iteration of the report outline the timelines as to when the work would be completed as well as a first 'cut' of what the dashboard will look like. If it was not possible to populate it then the reasons why needed to be explained and the potential solutions provided as to how these would be addressed.

9. Patient Experience Report

A report providing an overview of progress relating to the delivery of the patient experience programme and performance against key outcome measures was received and noted.

10. External Quality and Safety Review of Theatres Update

A report was received outlining the progress made in relation to the external peer review of theatre quality and safety. The committee noted that clinical directors for theatres had been appointed at Morriston and Princess of Wales hospitals and a SharePoint site developed to support theatre management. It was agreed that an update against progress would be received at the December 2017 meeting, which would include measures and outcomes to assess improvements following the review.

11. Volunteering Policy

A report was received outlining a draft volunteering policy. While it suggested some minor amendments, the committee agreed the policy for circulation as part of the consultation process.

12. Quality Assurance Framework Toolkit Pilot

A report was received providing an update regarding the development of the quality assurance framework toolkit. The committee heard that the pilot ran for three months at Morriston Hospital aiming to develop seven toolkits to monitor and review clinical areas. Its evaluation concluded it as a successful initiative and made recommendations to aid its roll-out, including a dashboard to monitor performance. The committee commended the pilot and supported its implementation.

13. Quality and Safety Committee Self-Assessment

A report was received outlining the results of the committee's self-assessment. The main issue related to the length of the meeting. It was agreed that agendas be drafted for the remainder of the year based on the work programme to identify if some meetings were more heavily weighted and whether items could be rescheduled to balance the timings. Breaks would also be incorporated into the agendas. These would then be discussed by the committee chair with the Director of Corporate Governance to see if improvements could be made to the arrangements.

14. Quality and Safety Committee Terms of Reference

A report was received outlining the committee's terms of reference for an annual review. The terms of reference were approved, subject to the inclusion of the Quality and Safety Forum as a sub-group of the committee (**appendix 1**).

15. Quality and Safety Forum Update

A report was received providing an update from the Quality and Safety Forum. It was noted that the review of reporting groups and arrangements was continuing, therefore the committee asked that the next iteration clearly outline the structure of the forum to enable it to take assurance as to its direction.

16. Report from the Head of Internal Audit

A report outlining the findings, conclusions and recommendations of recent internal audit reviews was received and noted.

17. Report of the Clinical Audit Lead

A report was received providing an update regarding clinical audit activity. The committee heard that the health board was yet to participate in an audit of chronic obstructive pulmonary disease (COPD) which clinicians were content to support but felt was impractical as not all patients were treated on a respiratory ward therefore the results would not be representative. In addition, the clinical audit and effectiveness manager had won first prize at a recent conference for a poster which outlined the health board's work to improve following audits. The committee asked that the next report include a status for all entries on the improvement plan.

18. External Inspections Report

A report was received providing a summary of external inspections and letters received from inspectorates/regulators. It was agreed that an update on progress against the action plan following a visit to ophthalmology services be provided to the meeting in December 2017.

C. MATTERS REQUIRING BOARD LEVEL CONSIDERATION / APPROVAL

The chair of the Quality and Safety Committee wishes to draw to the attention of the

board the following issues:

For **noting**:

- The need to consider the cost benefits of investing in the ward hostess service (point four);
- The environment in which clinical coders are working at Princess of Wales Hospital and the potential impact on performance (point five).

For **approval**:

- The committee's terms of reference (point 14 and **appendix 1**).

D. RECOMMENDATION

The board is asked to note the issues set out in the report.

Quality & Safety Committee

Terms of Reference & Operating Arrangements

April 2016

1. INTRODUCTION

- 1.1 Abertawe Bro Morgannwg University Health Board's standing orders provide that "The Board may and, where directed by the Assembly Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".
- 1.2 In line with standing orders (and the Health Board's scheme of delegation), the Board shall annually nominate a committee to be known as the Quality and Safety Committee. This committee's focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as "clinical governance". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Quality & Safety Committee "the Committee" is to provide:
- evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and
 - assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its provision of advice to the Board:
- oversee the initial development of the Health Board's strategies and plans for the development and delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
 - consider the implications for quality and safety arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board; and
 - consider the implications for the Health Board's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators.
- 3.2 The Committee will, in respect of its assurance role, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Health Board's activities.
- 3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:
- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;

- the organisation, at all levels (locality/directorate/clinical team) has a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organisation's functions (including locality/directorate/ clinical team and those provided by the independent or third sector) is consistently applied, based on sound evidence, clinically effective and meeting agreed standards;
- the organisation, at all levels (locality/directorate/clinical team), has the right systems and processes in place to deliver, from a patient's perspective - efficient, effective, timely and safe services;
- the workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- risks are actively identified and robustly managed at all levels of the organisation;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Health and Care Standards for Wales;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that:
 - ✓ sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
 - ✓ recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
 - ✓ lessons are learned from patient safety incidents, complaints and claims.

3.4 The Committee will advise the Board on the adoption of a set of key indicators of quality of care against which the Health Board's performance will be regularly assessed and reported on through Annual Reports.

3.5 The Committee will receive reports through the Information Governance Committee relating to quality and safety issues, with the Audit Committee overseeing the overall information governance arrangements.

Authority

- 3.6 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.7 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality & Safety Committee.
- 3.9 The Committee will meet with Internal Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.
- 3.10 The Chair of the Quality & Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.11 The Committee may, subject to the approval of the Health Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The following sub committees have been established:
- Health and Care Standards Scrutiny Panel
 - Quality and Safety Forum

MEMBERSHIP

Members

- 3.12 Four members, comprising:
- Chair - Non Officer Member of the Board;
 - Vice Chair - Non Officer Member of the Board; and
 - Members - two other Non Officer Members of the Board.

The Committee may also co-opt additional independent "external" members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

- 3.13 In attendance - Executive Directors with responsibility for Quality and Safety. The Chief Executive and other Executive Directors should attend from time to time as required by the Committee Chair
- 3.14 By invitation - The Committee Chair may extend invitations to attend committee meetings as required to the following:
- leads from localities/directorates/clinical teams;

- representatives of partnership organisations;
- public and patient involvement representatives; and
- Trade Union representatives

As well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

3.15 Secretary - As determined by the Board Secretary.

Member Appointments

3.16 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

3.17 Members terms of office will be reviewed annually by the Board Chairman. A member may resign or be removed by the Board.

3.18 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Health Board Chair and, where appropriate on the basis of advice from the Health Board's Workforce and Organisational Development Committee.

Support to Committee Members

3.19 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce & Organisational Development.

4. COMMITTEE MEETINGS

Quorum

4.1 At least two members must be present to ensure the quorum of the Committee, including either the Committee Chair or Vice Chair.

Frequency of Meetings

4.2 Meetings shall be held no less than bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the Health Board's annual plan of Board Business.

Withdrawal of Individuals in Attendance

4.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

5.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board

for its performance in exercising the functions set out in these terms of reference.

5.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework. This will be achieved primarily through the Audit Committee.

5.3 The Committee shall embed the Health Boards's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

6. REPORTING AND ASSURANCE ARRANGEMENTS

6.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

6.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Committee's assurance role relates to a joint or shared responsibility.

6.3 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

7.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Notice of meetings

- Notifying the public of meetings
- Admission of the public, the press and other observers
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8. REVIEW

8.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.