



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



	Agenda Item	3ii.
Freedom of Information Status	Open	
Reporting Committee	Quality and Safety Committee	
Author	Liz Stauber, Committee Services Manager	
Chaired by	Maggie Berry, Non-Officer Member	
Lead Executive Director (s)	Gareth Howells, Director of Nursing and Patient Experience	
Date of last meeting	04 October 2018	

Summary of key matters considered by the committee and any related decisions made:

- **Princess of Wales Hospital Exception Report** – members received an update on quality and safety issues at Princess of Wales Hospital. As part of the discussion, members noted the risk in relation to inmates from a local prison requiring healthcare which was disconcerting for children and vulnerable adults to see. It was agreed that this risk would be considered further outside of the meeting. The committee commended the unit on its improvement in relation to *clostridium difficile* cases but noted an improvement was needed in relation to pressure ulcers. Also, it was noted that some areas of the unit had 12-hour shifts despite a board agreement being made for patterns to be standardised, but it was acknowledged that this had a positive impact for the unit. As such, a report was to be received by the Workforce and Organisational Development (OD) Committee.
- **Infection Control Report** - 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. Members noted that 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.

Key risks and issues/matters of concern of which the board needs to be made aware:

- **Quality and Safety Performance Report** – members received for the first time the new integrated monthly performance report. One area of concern highlighted was recruitment and retention and it was agreed that a report outlining action to address this would be received by the Workforce and (OD) Committee.
- **Safeguarding Report** - 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.
- **External Inspections Report-** Healthcare Inspectorate Wales (HIW) had undertaken an unannounced inspection of the minor injuries unit (MIU) at Neath Port Talbot Hospital for which the feedback had been concerning as the issues identified during an

inspection of the MIU at Singleton Hospital the previous year had not been addressed across the health board. The committee raised concern that lessons were not being learnt from such reviews and this needed to be resolved.

Delegated action by the committee:

No such action was taken by the committee.

Main sources of information received:

- **Staying Healthy** – members were advised that since the circulation of the report, the 2017 annual public health report had been published which included figures for substance misuse deaths, and the figures for ABMU localities were concerning. A breakdown had been requested from the data analysts by the health board to further understand the issues.
- **Pharmacy and Medicines Management/Controlled Drugs Annual Report** – the committee received and considered an update from the lead for pharmacy and medicines management as well as the controlled drugs annual report;
- **Delivery Unit Update Report** – progress in relation to the NHS Wales Delivery Unit's 90-day review of serious incidents was reported;
- **Influenza Debrief** – the inaugural report outlining the previous year's process and response to the flu campaign was received, which also detailed the approach for the coming year;
- **Quality and Safety Committee Self-Assessment** – a report setting out the process for the annual self-assessment for the committee was received and noted.
- **Board and Assurance Framework and Corporate Risk Register** – a verbal update outlined the work being undertaken to develop a board assurance framework and revise the corporate risk register. It was noted that each committee would be responsible for monitoring the risks relevant to their remits.
- **Internal Audit Update** – the findings of three limited assurance internal audit reports were shared at the request of the Audit Committee;
- **Ombudsman Annual Report** – the annual report from the Public Service Ombudsman was received and it was noted that while fewer cases were being upheld, the health board had a significant number of referrals in comparison with others, and this needed to be addressed.
- **Infected Blood** – a report providing an update in relation to the infected blood enquiry was received and noted.
- **Individual Patient Funding Decisions** - 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.

Highlights from sub-groups reporting into this committee:

- **Clinical Outcomes Group** – a verbal update informed the committee that the clinical audit process was to be reviewed;
- **Quality and Safety Forum** – the regular update from the forum was received with no significant issues raised.

Matters referred to other committees:

None identified.

Date of next meeting

06 December 2018