

HYWEL DDA HEALTH BOARD MEETING

Date of Meeting:	13 th July 2011
Agenda Item:	
Subject:	Quality and Safety Committee Update Report
Reporting Officer:	Mrs Margaret Rees-Hughes, Chair, Quality and Safety Committee

Purpose of the Quality and Safety Committee Paper

To update the Board on the decisions and key issues from the meeting of the Quality and Safety Committee held on 14th June 2011.

Governance:

Link to HB Strategic Objectives:	The report identifies activity that supports the HB strategic objectives by providing assurance that the HB's arrangements for safeguarding and improving the quality and safety of patient centred healthcare is in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.
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Board Resolution:

To Approve		To Support	✓
Recommendation	The Board is requested to note and support the work undertaken by the Quality and Safety Committee on its behalf in respect of the quality and safety agenda.		

Key Implications for the Following	
Financial	N/A
Value For Money	N/A
Risk	<p>The Quality and Safety Committee are responsible for providing assurance to the Board in relation to the HB'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.</p> <p>The Quality and Safety Risk Register is in development although some risks are identified within the report.</p>
Legal	The Quality and Safety Committee is responsible for ensuring that the HB meet its statutory obligations in respect of quality and safety and safeguard the Health Board's reputation.
Workforce	N/A

Equality Impact Assessment			
Included in Health Board Paper		n/a	✓
Comments			
Patient and Public Involvement			
Impact on Patient Outcomes			
Clinical Engagement			
Parties/Committees consulted prior to Board	Committee Chair		
Glossary of Terms			

Quality and Safety Committee Update Report

1. Purpose of the Report

- 1.1 The report informs the Board regarding key issues from the meeting of the Quality and Safety Committee held on 14th June 2011.

2. Executive Summary

- 2.1 The Committee received annual reports from each of its sub committees which outlined the main achievements which have contributed to improving quality and safety of patients, service users, staff and the public.
- 2.2 The Following key risks were identified:-
2.2.1 National Patient Safety Agency (NPSA) Alerts - Compliance with NPSA Alerts across the organisation.
2.2.2 Mental Health Act (MCA) – Staff awareness of their responsibilities under Mental Capacity Act.
- 2.3 The following areas were discussed:-
2.3.1 Mortality index reports
2.3.2 NPSA alerts
2.3.3 Dignity in care
2.3.4 Nutrition
2.3.5 Standards for Healthcare Services in Wales
- 2.4 Further reports were received in relation to medicines management, the patient experience, primary care performance issues, and update reports from each of the sub committees.

3. Introduction

- 3.1 The Quality and Safety Committee operates under a scheme of delegation with authority from the Health Board. The report serves to inform the Board of the decisions and actions taken by the Committee on behalf of the Board at its meeting held on 14th June 2011.

4. Matters Arising

- 4.1 **Welsh Risk Management Standards** - The Health Board (HB) had not yet received the final report from the Welsh Risk Pool (WRP) in respect of their visit in February 2011. The final report should address four key areas, claims, maternity services, theatres and emergency departments. However, verbal feedback following the visit indicated that there was nothing untoward expected in the final report.

5. Cross Reference to individual areas on the Committee Agenda and Split into further sections.

- 5.1 **Quality and Safety Annual Report** – The Sub Committees presented annual reports outlining the main achievements which have contributed to improving quality and safety of patients, service users, staff and the public during 2010/11. Annual reports were received from:
- 5.1.1 Carmarthenshire Quality and Safety Committee
5.1.2 Ceredigion

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- 5.1.3 Pembrokeshire
 - 5.1.4 1000 Lives Steering Group
 - 5.1.5 1000 Lives leadership Group
 - 5.1.6 Clinical Policy Review Group
 - 5.1.7 Clinical Effectiveness and Audit Committee
 - 5.1.8 Incidents, Complaints and Claims Committee

5.2 These reports will now inform the Quality and Safety Annual Report which will be approved at the next meeting and presented to Board on 14th July 2011.

5.3 **CHKS /RAMI/Mortality/GTT –**

5.3.1 **The Risk Adjusted Mortality Index (RAMI)** – The report identified an improvement in mortality rates within the HB with 210 less events in 2010 as a result of RAMI. The HB continues to review every death as it enables the HB to improve its learning and outcomes.

5.3.2 **Global Trigger Tool (GTT)** – The Committee noted that the HB managed to achieve the target of reducing its adverse event rate to below 27.33 for 6 out of 8 months during 2010 (Latest available data is August 2010)

5.3.3 **Weekly Audit of Inpatient Mortality** – Audits are taking place to ensure that lessons continue to be learnt on clinical practice. The Quality Improvement Support Unit has been working to complete thematic review of the cases looked at so far. This work is to be presented to the Quality and Safety Committee in June.

5.4 **Medicines Management Update** – The Committee discussed and ratified the decisions made at the Medicines Management Group which was held on 9th February 2011. The Medicines Management Group immediately communicates decisions to County Lead Pharmacists, County Medics and County Heads of Nursing. This is followed up by a newsletter which is sent to all staff in HB, GPs and community pharmacists within a fortnight of the meeting. Changes are also incorporated in the GP Scriptswitch system after each meeting.

5.5 **Risk Register** – Development of a Quality and Safety Risk Register is progressing. The County Quality Improvement Managers were at present working with the Nursing Directorate and the Corporate Governance Team to collate and assess the risks. When completed the Risk Register will be presented for scrutiny to the Integrated Governance Committee. The County Teams continue to work on developing their risk registers.

5.6 **NPSA Alerts – Briefing Note** - A new system had been set up for the management of alerts received by the HB. The new portal will direct alerts to the appropriate person who would be responsible for its management. The new system will be user friendly and will be detailed in a flowchart. It will also provide an audit trail which will identify the staff involved in dealing with the alerts. The Committee also noted that work was underway to establish out what alerts were received by the organisation and how they were received to improve the process.

5.7 The Committee also received a report outlining the compliance of the HB

against alerts received from the National Patient Safety Agency (NPSA). The report tabled included information from the former NHS organisations within Hywel Dda. In some areas, there was a lack of sufficient evidence to demonstrate full compliance across the organisation during the review. The Quality Improvement Managers will now have to review compliance in each county and produce a baseline establishing the reasons of non-compliance. This work will be reported to the Committee when completed.

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- 5.8 **Patient Experience Update Report** – The Committee received a comprehensive report from the HB’s Patient Experience Manager on the work undertaken aimed at improving the patient experience. Improving the patient experience is an essential, if intangible, part of the quality agenda within the HB. Research demonstrates there are five key areas which contribute to a good patient experience. These are:-
- 5.8.1 Safe, high quality, coordinated care
 - 5.8.2 Building closer relationships
 - 5.8.3 Clean, comfortable, friendly places
 - 5.8.4 Improving access and waiting times
 - 5.8.5 Better information, more choice
- 5.9 Patient Stories – A pilot is underway in Ceredigion of a new, innovative way of gathering patient stories in order to gain better understanding of the whole patient journey through healthcare. If successful, this will be replicated across the HB. The pilot should be complete by early summer when it will be reviewed. Organisational guidance on the patient story process is available on the intranet.
- 5.10 Patient Information - By summer 2011, a bedside folder will be provided for each inpatient bed area. There is no financial cost to the HB as they have been funded by an external company which meets WAG guidance on sponsorship. The bedside folder will also be available in community hospitals and on the HB website.
- 5.11 Notice has been served on the contract in respect of providing patient information in emergency departments. By the end of November 2011, inappropriate material will be removed and replaced with health related information.
- 5.12 Awareness of access to EIDO patient information leaflets has been raised among clinicians. There is a link on the HB intranet site to the EIDO website which will help clinicians access the leaflets. Leaflets are available in Welsh and English as well as a number of other languages. The WRP purchased the license for all HBs in Wales however if it is not used, it may be stopped. Using EIDO means that patient information is standardised and the HB is aware of the information which is provided to patients.
- 5.13 A single bereavement leaflet which is localised to individual counties has been produced. This is currently only available in hospitals however it is planned to extend access of the leaflet to the wider health community and make it available on our internet site.
- 5.14 Dignity and Respect - An e-learning tool has been developed and work is being undertaken to make this available on an All Wales basis. It is based around a
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10 point dignity challenge and will be launched in the next few months.

- 5.15 **Information Hubs** - A patient's first impression of a hospital is one that should be positive, welcoming and safe.

Withybush Hospital is trying to improve its main reception areas and extend the concept to ward entrances. This model will also be used to inform the front of house work in Bronglais as well as areas in Prince Philip and Glangwili Hospitals.

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- 5.16 **Dignity and Care** – The dignity agenda has been escalated in the NHS with the recent publication of a number of reports. Following receipt of a Ministerial Letter, the HB must provide a response within 3 months detailing how the HB will ensure that dignified care is embedded as part of the organisational culture.

- 5.17 The Committee noted that a multidisciplinary workshop event, led by the Director of Nursing and Midwifery, was scheduled for Friday 15th April 2011. County Teams were asked for representation from a range of specialties. The aim of the workshop is to develop a number of achievable actions for the HB to include in the response to the Ministerial Letter.

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- 5.18 **Nutrition Action Plan** – The Committee noted the first progress report in response to the Welsh Audit Office (WAO) Report on hospital catering discussed at the last meeting. The WAO report included recommendations which the HB was addressing however the HB had generally received positive feedback in regards to the patient experience. The Action Plan also takes into consideration the findings of a number of reports which have been published over the last few years in regard to hospital catering.

- 5.19 A new set of catering and nutrition standards for hospitals was currently out for consultation which would further influence the HB Nutrition Action Plan. The Committee would continue to receive 6 monthly progress reports against the action plan.

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- 5.20 **Primary Care Performance Issues**- The Committee received an update on current cases which are in the process of being managed by the Primary Care Division. The Committee noted that Carmarthenshire had proportionally more cases than the Ceredigion and Pembrokeshire.

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- 5.21 **Standards for Healthcare Services in Wales (SHSW) Self-Assessment** – The Committee received a presentation on the SHSW self assessment process. The HB would be required to complete a self assessment against 26 standards on an ongoing basis. Although there is no formal submission expected by Health Inspectorate Wales (HIW), it is likely that they will visit and challenge our self assessment.

- 5.22 The Committee were informed that all 26 standards had been completed to a good standard with no areas of significant concern. County Teams would be responsible for the assessing their services against the 26 standards and maintain their own Quality Improvement Plans. It was important that primary and community care were included in the process. Some standards would
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encourage cross Directorate working and provide an educational process for those involved within the HB.

5.23 Quarterly reports on progress would continue to be received by the Committee.

5.24 **Minutes of Sub-Committees** – The Committee received and noted the following sub-committee minutes:

- 5.24.1 Carmarthenshire Quality and Safety Committee
- 5.24.2 Ceredigion Quality and Safety Committee
- 5.24.3 Pembrokeshire Quality and Safety Committee
- 5.24.4 Clinical Effectiveness and Audit Committee
- 5.24.5 1,000 Live Plus Leadership Group
- 5.24.6 1,000 Lives Leadership Group (this group will now report to the 1000 Lives Steering Group)
- 5.24.7 Clinical Policy Review Group
- 5.24.8 Clinical Effectiveness and Audit Committee
- 5.24.9 Incidents, Complaints and Claims Committee

6.	Assessment of risk (append relevant risk register with key risks highlighted below)
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6.1 The Quality and Safety Risk Register was discussed in 5.5.

6.2 Risks raised in the Committee included:-

6.2.1 NPSA Alerts - Compliance with NPSA Alerts across the organisation.

6.2.2 MCA – Staff awareness of the Mental Capacity Act.

7.	Recommendations/Resolution required
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The Board is requested to note and support the work undertaken by the Quality and Safety Committee on its behalf in respect of the quality and safety agenda.

8.	Next Steps
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8.1 The next steps of the Committee are:-

8.1.1 Produce the Final Quality and Safety Annual Report.

8.1.2 Continue developing the Quality and Safety Risk Register.

8.1.3 Produce a baseline report of the level of compliance to NPSA alerts in each county.

8.1.4 Improve the NPSA process and map out where alerts are sent within the organisation.

8.1.5 Continue to monitor the HB Nutrition Action Plan.

8.1.6 Continue to monitor primary care performance issues.

8.1.7 Continue to monitor SHSW/Quality improvement Plans.

8.1.8 Continue to monitor compliance with the Mental Capacity Act.

Reporting Officer	Mrs Margaret Rees-Hughes, Chair, Quality and Safety Committee
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