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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	6th December 2018		Agenda Item	5d
Report Title	Quality and Safety Forum			
Report Author	Sian Jones, Therapies & Health Sciences Support Manager			
Report Sponsor	Gareth Howells, Director of Nursing & Patient Experience			
Presented by	Gareth Howells, Director of Nursing & Patient Experience			
Freedom of Information	Open			
Purpose of the Report	To provide the Committee with an update from the Quality and Safety Forum			
Key Issues	This paper supports the achievements of the Health Board's corporate objectives by ensuring effective governance is in place within the organisation.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE this report 			

QUALITY AND SAFETY FORUM

1. INTRODUCTION

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 8th November 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. GOVERNANCE AND RISK ISSUES

No issues to raise from this report

4. FINANCIAL IMPLICATIONS

None from this report

5. UPDATE REPORT

5.1 Report of Quality and Safety Forum on 8th November 2018

5.1.1 Revised Terms of Reference

The revised Terms of Reference are still currently being worked through. It was considered that the Clinical Senate may be the group to ratify clinical policies rather than the Quality & Safety Forum. The Assurance Group reporting structure is currently being worked through. Once complete the revised Terms of Reference Document will be tabled at the Quality & Safety Committee for approval.

5.1.2 Quality Priorities

The workshop had taken place to discuss the Quality Priorities for 2019/2020. Discussions had taken place and it was highlighted that six of the previous priorities are linked to targeted interventions which are already being reported. It had been suggested that the Clinical Plan and Clinical Senate should be informing of the priorities. It was also suggested that the priorities needed to reflect our population and this could be raised in the stakeholder groups. The Director of Nursing & Patient Experience and The Deputy Director of Therapies & Health Sciences will meet to discuss the way forward.

5.1.3 Audit 4: Risk Management Database Audit (Datix)

The group discussed a paper to agree the future management of all historic incidents, closed prior to 27th April 2018, where a failure has been recorded following investigation, but no actions have been recorded against the incident record in the Datix Web system. It was agreed that a local plan would be agreed within Morriston Delivery Unit.

5.1.4 Concerns and Claims Annual Report

A group noted the Annual Concerns and Claims Report which provides details on the Health Board's performance against the requirements under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

5.1.5 Concerns Redress Assurance Group Report

The group noted the report which provided an update on the audits undertaken by the Concerns and Redress Assurance Group, and the recommendations following the review of concerns.

5.1.6 Pre-Emptive Transfers

The group noted a report concerning the increasing occurrence of pre-emptive patients being admitted to wards, how these incidents are being recorded, and the minimum requirements of areas in order to admit additional capacity to their clinical environments.

5.1.7 Executive Director Reports:

Director of Nursing and Patient Experience Report

No report expected.

Strategy

No report expected this month.

Medical Director Report

Paper was noted by the group which included updates on:

Spot the Sick Patient Group

The Group is in the process of developing into the Recognising Acute Deterioration and Resuscitation (RADAR) Group, to avoid duplication and fill the gap left when the Resuscitation Committee ceased to function. Terms of reference are in the process of being finalised.

Monthly Sepsis Screening Compliance Data

This data is being submitted to Welsh Government from all four acute sites.

Director of Public Health Report

Paper noted including updates for:

Inequalities update of routine childhood immunisations

The report contained an action plan from the Childhood Immunisations sub

group which had been signed off at the Strategic Immunisation Group.

Director of Therapies and Health Science Report

Paper noted at meeting and included reports for:

Sensory Loss Accessibility Group

The availability, provision and accessibility of hearing aid loop systems within units had been raised by patient representatives. A mapping exercise was undertaken to ascertain the number of available loop systems within the Health Board.

Nutrition Steering Committee

Patient Safety Alert PSN045 – Resources to support safer modification of food and fluid was discussed. A multidisciplinary group will be convened to implement the findings of the alert. The implementation group will report back to the committee with a clear timeline and implementation plan.

Human Tissue Authority

An inspection of Swansea University had taken place on the 3rd and 4th September 2018. The HTA found that Swansea University had met the majority of the HTA's standards, however four major and eleven minor shortfalls were found against the Consent, Governance and quality systems, Traceability and Premises, facilities and equipment standards. Particular examples of strengths and good practice are included in the concluding comments section of the report. The final report was noted.

Ultrasound Governance

There were no outstanding issues to report.

5.1.8 Exception Reports from Service Delivery Units

Morrison:

Infrastructural support within Morrison Hospital is not sufficient. There are a number of posts not in place that are responsible for Decontamination/Medical Gases. The Health Board are currently investigating buying in services. This is being escalated to Health & Safety.

Singleton:

Work is ongoing on transitional care work for Children's services and will impact on patients visiting. SAU is temporarily moving to Ward 20 to allow for work. Temporary closure of MAU, robust plans in place to manage this.

In-reach Palliative care has been reduced until there is additional medical cover. This is temporary and will be reviewed on a month to month basis.

Mental Health and Learning Disabilities:

A report had been commissioned to audit the use of lap straps which have been prescribed to restrain patients in order to manage falls. A task & finish group has been set up to review the report, practice and culture on the wards

as the Health Board shouldn't be using any form of restraint.

5.1.9 Independent Review of Chronic Pain Services Undertaken in April 2017

A report from Professor Lance McCracken on behalf of the review team was noted by the forum. The action plan for the Health Board is currently being addressed.

5.1.10 Labelling of Blood Transfusion Samples

Response documentation was noted by the forum.

5.1.11 HIW Inspections

Improvement plans following HIW inspections were noted for the following areas:

- Neath Port Talbot Minor Injuries Unit
- Morriston Hospital Main Theatres, Pre-Operative Assessment Clinic, Ward A and Ward W

5.1.12 Main issues to be escalated to Quality & Safety Committee

- The use of Lap Straps
- Pre-Emptive Transfers
- Risk Structures
- VTE

5.2 RECOMMENDATIONS

Members are asked to :

- **NOTE** the position of development of the Quality and Safety forum, the next meeting will be held on 11th December 2018.
- **NOTE** ongoing review of Health Board groups and structures to assist towards the development of the work plan and Quality and Safety Hub.
- **NOTE** assurance report of Quality and Safety forum

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
							✓
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
Quality, Safety and Patient Experience							
This paper provides a summary from the Quality & Safety Forum. No proposal submitted for review.							
Financial Implications							
None from this report.							
Legal Implications (including equality and diversity assessment)							
None from this report.							
Staffing Implications							
None from this report.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
None.							
Report History	None.						
Appendices	None.						