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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>June 7<sup>th</sup> 2018</b>		<b>Agenda Item</b>	<b>3b</b>
<b>Report Title</b>	<b>Quality Assurance Framework</b>			
<b>Report Author</b>	Charlotte Higgins, Graduate Management Trainee			
<b>Report Sponsor</b>	Hamish Laing, Executive Medical Director and Cathy Dowling, Interim Deputy Director of Nursing and Patient Experience			
<b>Presented by</b>	Hamish Laing, Executive Medical Director and Angela Hopkins, Interim Director of Nursing and Patient Experience			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The Purpose of this report is to update the Quality and Safety Committee on the Quality Assurance Framework implementation pilot and proposed next stages.			
<b>Key Issues</b>	<p>Following the launch of the Quality Assurance Framework:</p> <ul style="list-style-type: none"> <li>• A pilot year has concluded with two Service Delivery Units.</li> <li>• Work has been undertaken to adapt the toolkits for use in other specialist areas.</li> <li>• The Framework is now in a position for full implementation.</li> </ul>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
		✓		
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Note the progress of the Quality Assurance Framework discussed in this report.</li> <li>• Agree to the full implementation of the Quality Assurance Framework in the Health Board as mandated.</li> <li>• Note the Ward to Board Dashboard progress and roll out plan, as discussed in presentation.</li> <li>• Discontinue other review process such as post Quality and Safety Committee 15 step challenge.</li> </ul>			

## Quality Assurance Framework

### 1. INTRODUCTION

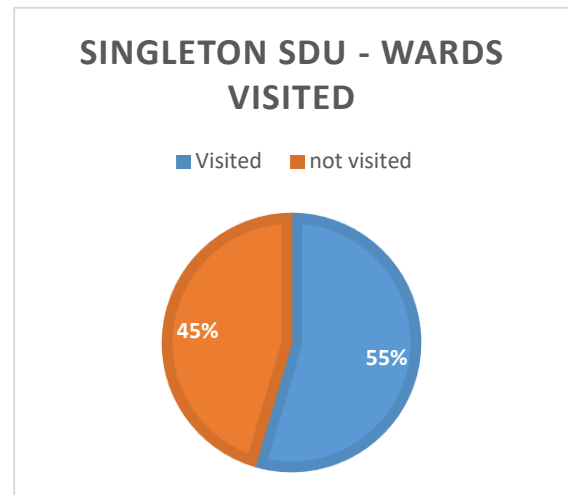
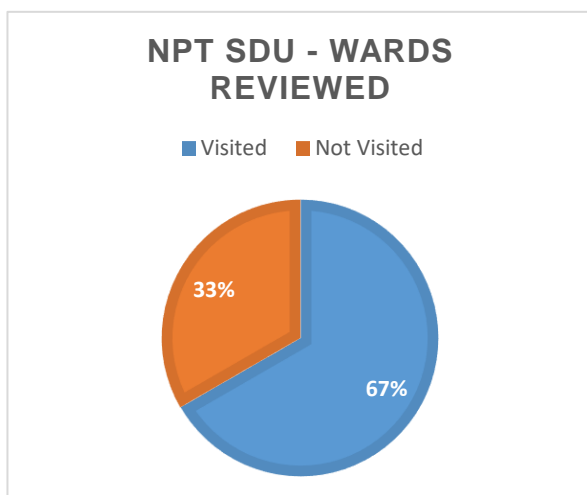
The Purpose of this report is to update the Quality and Safety Committee on the progress of the Quality Assurance Framework since it was launched within the Health Board. A Standard Operating Procedure and Guidance Booklet of the framework is attached as an appendix.

### 2. BACKGROUND

The Quality Assurance Framework was initially piloted during December 2016 – March 2017 in Morriston Service Delivery Unit (SDU). An evaluation of the pilot was presented to the Quality & Safety Committee and Nursing & Midwifery Board in April 2017. Following on from the success of the initial pilot, long term pilot schemes have commenced in additional Service Delivery Units within the Health Board.

#### Implementation Pilot

Singleton Service Delivery Unit (SSDU) and Neath Port Talbot Service Delivery Unit (NPT SDU) have both piloted implementation of the Quality Assurance Framework over the past year. Both units scheduled to review all appropriate inpatient wards within one year of the pilot. The units planned one review per month, with the exception of January due to the Health Board wide meeting amnesty. Feedback suggests that this schedule has gone to plan most months; however, both units have cancelled planned reviews due to operational pressures and therefore lack of resources to support the visit.



The Quality Assurance Framework is transferable for use in different specialist areas. Over the past year it has been adapted for a number of areas including paediatrics and neonates. For areas that are unsuitable for the framework, it is recommended that the new Community 15 Steps Challenge be used. The table below outlines the assurance framework for each area:

<b>Clinical Area</b>	<b>Proposed review process</b>
Medical and Surgical Inpatient Wards	Quality Assurance Framework
Mental Health and Learning Disabilities Inpatient Wards	Quality Assurance Framework
Paediatric Inpatient Wards	Quality Assurance Framework
Neonates and Maternity	Quality Assurance Framework
Outpatient departments	Quality Assurance Framework
HMP Health Care	Quality Assurance Framework
<b>Integrated Community Teams:</b>	
GP Practices & Health Centres	15 Steps Challenge
District Nursing Services	15 Steps Challenge

### **Corporate Unannounced Visits – Pilot**

In addition to the SDU scheduled visits, the Corporate Nursing Team have trialled the Quality Assurance Framework to perform a number of unannounced visits. Triggers for these reviews have included high-level patient complaints and staff concerns.

Unannounced Quality Assurance reviews have successfully taken place on the following wards:

- Ward R Morriston Hospital
- Ward 2 Singleton follow-up review

Triggers for an unannounced Review:

- Cluster of Serious Incidents
- Concerns from scheduled visit
- Patient complaints
- Staff concerns
- Increase in falls or pressure ulcer incidents
- Increase in medication errors

**Options for Corporate Unannounced Quality Assurance Review:**

- **Option 1 Corporate Visit:**

Scheduled Service Delivery Unit review is brought forward and replaced by targeted Corporate Quality Assurance Review. Corporate Multi Disciplinary Team (MDT) support SDU review team with review.

- **Option 2 Corporate visit:**

Corporate review takes place in addition to scheduled SDU review. Corporate MDT may refer to previous review outcomes as supporting evidence, or use units scheduled visits to monitor if improvements have been made.

**Board Assurance Framework**

The Quality Assurance Framework supports the Ward to Board Assurance Framework review currently being conducted by the Board Secretary.

## Assurance and Quality Improvement Scoring

Assurance scores are currently presented in a RAG (Red, Amber, Green) scoring system to align with the Health and Care Standards. Each ward is given an individual score for each themed toolkit, as well as an over-all assurance review RAG score. An explanation of the scoring process can be found at pages 8-9 in the Standard Operating Procedure and guidance booklet (appendix).

### Example

	Toolkit, Including % Scores and RAG rating								
Ward	Effective Care	Individual Care	Safe Care	Digified Care	Workforce	Medicines Management (Pharmacy)	Over-all Score/ RAG rating	Staff Survey	Patient Survey
Ty Olwen	94.6%	72.3%	78.8%	86.7%	100.0%	96.2%		83.3%	—
Y Bwthyn Newydd	100.0%	100.0%	99.0%	97.0%	98.7%	98.6%		98.3%	100.0%
Ward 2&20	92.4%	100.0%	94.3%	95.8%	86.7%	100.0%		73.3%	99.3%
Ward 3	69.2%	37.7%	66.5%	37.5%	67.2%	96.8%		73.3%	70.3%
Ward 4	95.8%	97.9%	92.1%	99.2%	69.3%	91.9%		96.7%	87.6%
Ward 7	53.8%	65.6%	—	95.2%	36.0%	91.9%		63.3%	70.3%

### Proposed Development

Feedback on the RAG scoring system has suggested that it reflects performance management and therefore can be seen as judgemental. There are also concerns that the RAG score categories can fail to identify improvements. A plan has been made to change the RAG scoring system to Bronze, Amber and Gold. This new system would present the outcome of visits as an award, promoting recognition of good practice and improvement. It is proposed that the assurance scores are aligned with the Health and Scoring range 1-5 and use the following colour denominations:

Score	Overall Reward
1-2	Bronze
3-4	Silver
5	Gold

### **3. GOVERNANCE AND RISK ISSUES**

The Quality Assurance Framework supports the governance framework. The outcomes of completed visits have been presented at the following meetings within the individual units:

- Learning and Assurance
- Quality and Safety Meeting
- Nursing and Midwifery Meeting

### **4. FINANCIAL IMPLICATIONS**

None

### **5. RECOMMENDATION**

It is recommended that the Quality and Safety Committee:

- Note the progress of the Quality Assurance Framework discussed in this report.
- Agree to the full implementation of the Quality Assurance Framework in the Health Board as mandated.
- Note the Ward to Board Dashboard progress and roll out plan, as discussed in presentation.
- Discontinue other review process such as post Quality and Safety Committee 15 step challenge.

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										
The Quality Assurance Framework does not carry any implications to quality, safety and patient experience. However, evidence from the implementation pilot indicates that the framework improves all three of these elements.										
Financial Implications										
None										
Legal Implications (including equality and diversity assessment)										
None										
Staffing Implications										
None										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
The Quality Assurance Framework promotes the following elements of the Well-being for Future Generations (Wales) Act 2015: <ul style="list-style-type: none"><li>Working together better</li><li>Looking towards the long term (creating a sustainable improvement strategy)</li><li>Taking action to try and stop problems happening in the first place</li></ul>										
Report History		N/A								
Appendices		Quality Assurance Framework SOP and Guidance								