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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	4th October 2018		Agenda Item	6a
Meeting	Quality and Safety Committee			
Report Title	ABMU Quality and Safety Forum Update			
Report Author	Sian Jones, Therapies & Health Sciences Support Manager			
Report Sponsor	Christine Morrell, Director of Therapies and Health Sciences			
Presented by	Christine Morrell, Director of Therapies and Health Sciences			
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 provides an update on the discussions of the Quality and Safety Forum on 6 th September 2018.			
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 			

Abertawe Bro Morgannwg University Health Board Quality and Safety Forum Update

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 6th September 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 6th September 2018

5.1.1 Quality Priorities

The Quality Priorities which are linked to the service quality improvement programmes of the Health Board were discussed. It had previously been agreed that these would be revised annually for appropriateness and to ensure that there was a continual alignment to areas of priority for the Health Board. The priorities therefore need to be reviewed and any amendments made for 2019/20. A workshop will be arranged in October to discuss and agree the priorities.

5.1.2 Quality Improvement Programme in Mental Health & Learning Disability Service Delivery Unit

The Mental Health and Learning Disabilities Service Delivery Unit (SDU) has adopted a Quality Improvement (QI) approach as an overarching methodology to support the development of a culture of continuous learning and improvements. The SDU has been working with patients, families and staff to identify and prioritise areas for improvement through proactively gathering, interpreting, and responding to information on patient safety and experience. A key programme of work commenced at the end of May 2018 into the inpatient acute mental health wards. Early indications show that QI initiatives are at various stages throughout the SDU. As well

as embedding a culture of continuous improvement the focus on QI has seen an increase in knowledge skills and competence within the workforce.

5.1.3 Review of reporting arrangements and work plan

The group discussed a proposal that the Quality & Safety Forum will become the prime group for assurance. It is proposed that all groups will report to the Quality & Safety Forum, and all board wide clinical policies will be ratified in this group too. The Quality & Safety Forum will be the prime group to report to the Quality & Safety Committee. The Terms of Reference will be amended to reflect the proposed changes and circulated for comments.

5.1.4 Pre-Emptive Transfer Paper

A paper was presented to the group which escalated concerns surrounding the increasing occurrence of pre-emptive patients being admitted to wards. A pre-emptive patient will often not be admitted to a designated bed space. The Director of Nursing & Patient Experience will lead an additional capacity task and finish group to provide a clear directive regarding pre-emptive beds. An update report will be tabled at Quality & Safety Forum.

5.1.5 HIW Immediate Improvement Plan

On a recent inspection HIW had found that there was no robust assessment process for Venous thromboembolism (VTE) Policy. The Thrombosis and Anticoagulation Committee are responsible for the update. This will be highlighted to the lead of the committee in order for a review of the policy to take place.

5.1.6 Executive Director Reports:

Director of Nursing and Patient Experience Report

No report expected.

Strategy

No report expected this month.

Medical Director Report

Paper noted including updates for:

Improving Discharge Information Group

The monthly percentage of electronic transfers of care (eToCs) completed and signed has improved following a dip in performance when the data was reviewed in March. Morriston has made significant improvements over the past 12 months. To achieve consistency across NHS Wales, from July 2018 all documents/files that

contain sensitive information such as reference to gender reassignment must be flagged as sensitive which will activate access restrictions.

The Welsh Clinical Portal (WCP) is already available on wards so that staff can access the Welsh GP Record, all-Wales documents and results of investigations. Readiness work for implementation of e prescribing and Medicines Transcribing and e discharge (MTeD) is underway. MTeD is being piloted on four wards at Morriston from 2nd August 2018

Spot the Sick Patient Steering Group

Spot the Sick Patient teams in SDUs are progressing well with training programmes for staff. Since May 2017, 1107 Morriston staff have received sepsis training. 237 nurses and 44 doctors at POWH have received in the past 20 months.

Sepsis teams have been set up in Morriston and Singleton. The Morriston team has a full-time project support officer to support the clinical (medical) and nursing leads as well as a part-time data support officer, they plan to recruit a Band 6 nurse. Singleton also has a project support officer to support their two sepsis nurse leads. The Health Board is now submitting monthly sepsis screening compliance data from three of the four SDUs. NPTH expect to begin providing data in July.

Director of Public Health Report

Paper noted including updates for:

Inequalities update of routine childhood immunisations

Work ongoing which has previously been submitted to Q&S Committee. Action plan is currently waiting sign off and will be reported back in the next meeting.

Director of Therapies and Health Science Report

Paper noted at meeting and included reports for:

Pathology Accreditation

ABMU departments of Cellular Pathology and Laboratory Medicine have both received ISO 18189 accreditation from the United Kingdom Accreditation Service.

This means that all laboratory services provided within the Health Board now reach this standard. Pathology Service are hosted within the Singleton SDU.

Eye Care Collaborative

No further update for HESP Voucher Equity moving forward. Equity across the ABMU area still remains an issue. SBAR being looked at by Primary Care. It was suggested that either the Health Board decides on an in-house service by employing an Optometrist, or this work is undertaken in Primary Care.

Dementia Steering Committee

Dementia Plan and Integrated Care Funding linked to the Action Plan: The Welsh Government Dementia Action Plan will be subject to a review to ensure

the actions remain ambitious and relevant. Progress against the overall delivery of the dementia action plan will be overseen by a Dementia Delivery Assurance and Implementation Group. Membership of this group includes people living with dementia and their carers and families. A scoping exercise is taking place within ABMU, each unit has been requested to look at this and identify the gaps. Priorities can be drawn up from the gaps.

Point of Care Testing Assurance Group

It was noted that there needs to be a mechanism in place for dealing with EQA non-compliance as EQA is a mandatory requirement. The POCT Governance Policy will detail the process that will be followed where areas are found to be non-compliant. There are a number of areas within the Health Board which are non-compliant with EQA. A letter will be sent to each delivery unit to emphasise the importance of complying with this requirement.

Point of Care Testing Co-ordinator Post in Primary Care: Primary Care POCT Co-ordinator still not in post at present. It is widely recognised that this post is required from a governance perspective but there are issues regarding funding of this post.

Psychological Therapies Management Committee

The deadline for funding bids was 13th July 2018. The additional funding is for Health Boards to increase the pace of improvement for timely access to psychological therapies across all ages.

End of Life Care

There were no outstanding issues to report.

5.1.7 Exception Reports from Service Delivery Units

Morrison:

Report received for noting.

Singleton:

Report received for noting.

Neath Port Talbot:

Reviewing governance within the unit.

Closed the serious incident on c diff and the learning will be shared.

Lessons learnt regarding pressure damage incidents

Met with CHC regarding annual plan patient experience perspective.

Princess of Wales:

Report received for noting.

Primary Care and Community Services:

Task & Finish Group meeting regarding DOLS.

Task & Finish Group meeting regarding prison healthcare provision. Met 80% of actions. Reviewed by inspectorate of prisons.

Looking at flu vaccinations for care home staff.

Closure of GP Practice on the 23rd September. Patients are being relocated.

Mental Health and Learning Disabilities:

The group were advised on the reconfiguration of inpatient facilities that was taking place. Hub based management model for better outcomes for patients. This is work in progress and will be presented to the Senior Team for ratification.

Robust mortality review for all patients. Part 1 taking place. Ensuring that medical staff are aware and embedding this into practice. Engagement with medics is planned for October 2018. Mortality review will be centrally reported.

Access for Psychological Therapies – psychologist working on this workstream with the engagement of team leads to look at the waiting times. A funding bid has been submitted. Good intelligence on the scale of the work. Need to decrease the waiting list and redesign the service. There is a need for stronger Primary Care input into this workstream.

Suicide strategy needs to be refreshed within the Health Board and it was agreed that two senior members of staff would be responsible for taking this forward.

5.1.8 Independent Review of Chronic Pain Services Undertaken in April 2017

Review report from 2017 was noted by the Forum. A report and action plan will be available in the next meeting.

5.1.9 Infected Blood Enquiry

The UK Infected Blood Public inquiry is now underway. Welsh Blood are chairing a meeting this afternoon. Health Boards have been instructed that all documents that may be material to the inquiry must be retained.

5.2 RECOMMENDATION

The Quality and Safety Committee is asked to:

1. Note the position of development of the Quality and Safety Forum, the next meeting will be held on 8th November 2018.
2. Note ongoing review of Health Board groups and structures to assist towards the development of the work plan and Quality and Safety Hub.

3. Note assurance report of Quality and Safety forum of 8th November 2018

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
							✓
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
Quality, Safety and Patient Experience							
Ensuring the board carries out its business appropriately through its governance structures and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.							
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)							
The report outlines work undertaken by the forum to review the short term quality and safety performance of the health board as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the forum integrates into the overall board arrangements. In addition, the health board works collaboratively with partners as part the joint committees.							
Report History	None.						
Appendices	None.						