



Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



| Meeting Date | 23 November | 2021 | Agenda Item | 5.1 | |
|---|--|------------|-------------|----------|--|
| Report Title | Ward to Board Quality Dashboard & Quality Assurance | | | | |
| | Framework – Update Report | | | | |
| Report Author | Helen Griffiths, Corporate Head of Nursing | | | | |
| | Nigel Downes, Head of Quality & Safety | | | | |
| Report Sponsor | Gareth Howells, Acting Director of Nursing & Patient Experience | | | | |
| | Christine Williams, Interim Deputy Director of Nursing & Patient | | | | |
| | Experience. | | | | |
| Presented by | Nigel Downes, Head of Quality & Safety | | | | |
| Freedom of | Open | | | | |
| Information | 1 | | | | |
| Purpose of the Report | The purpose of this report is to update the Quality & Safety Committee on the Ward to Board Quality Dashboard. The Quality Assurance Framework and process across | | | | |
| | the Health Board. | | | | |
| | Review of the Quality Assurance Framework | | | | |
| Key Issues | Review of the Quality Assurance Framework Internal and external reports previously identified the need for the Health Board to develop a robust Ward to Board Quality Dashboard Progress on development of the Dashboard had previously been reported to Quality and Safety Committee. The last report August 2019. Good progress had taken place with the Digital Intelligence team in the development of the Dashboard, which has been deployed with training across all Swansea Bay Hospitals and received positively. The Quality Assurance Framework has been in place since 2017. Further work is required to digitalise the Toolkits and also ensure there is a more robust mechanism to obtain staff and patient feedback. Work is also required to further develop and refine the Quality Dashboard. | | | | |
| Specific Action | Information | Discussion | Assurance | Approval | |
| Required (please choose one only) | | | | | |
| Appendices | Appendix A – Quality Assurance Framework Standard Operating Procedure and Guidance | | | | |
| Recommendations | Members are asked to:Note the information outlined in the report.Note the next steps | | | | |

WARD TO BOARD QUALITY DASHBOARD & QUALITY ASSURANCE PROCESS

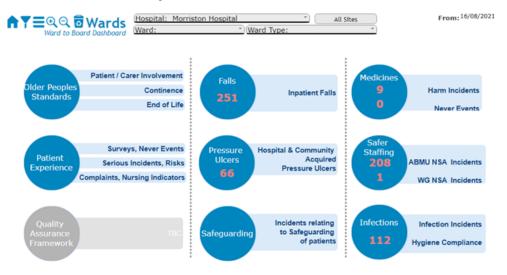
1. INTRODUCTION

The purpose of this report is to update the Quality & Safety Committee on the status of the Ward to Board Quality Dashboard and outline the need for further development.

The report will also provide an update on the Health Board's Quality Assurance Framework Toolkits which was initially implemented in 2017.

2. BACKGROUND

2.1 Ward to Board Quality Dashboard



The Ward to Board Quality Dashboard was initially piloted on five wards during June 2018 in NPT Service Deliver Unit. An update of the pilot was presented to the Quality & Safety Committee as well as Nursing & Midwifery Board in August 2018.

Following on from the success of the initial pilot, a full rollout programme across the Health Board was established along with a range of further indicators added to the Dashboard.

At present the Quality Ward to Board Dashboard have the following key indicators:

- Older Persons Standards (including Patient / Carer Involvement, Continence and End of Life Indicators)
- Inpatient Falls retrieved from DATIX
- Hospital & Community Acquired Pressure Ulcers retrieved from DATIX
- Medicines Medicine Incident Data retrieved from DATIX relating to Tier 1 Medication/Biologics/Fluids
- Safer Staffing Data relating to Swansea Bay Staffing shortages, retrieved from DATIX
- Infection Control Incidents that are Tier 1related, sourced from DATIX
- Safeguarding indicators relating to children and adults

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• Patient Experience, which include Surveys (from Family and Friends Test), Never Events, Serious Incidents, Risks, Complaints and Nursing Indicators (Dignity, Pain and Nutrition).

To introduce the Quality Dashboard a series of workshops and engagement sessions were held across the Health Board to all levels of staff.

Further work is now required to revise the Quality Dashboard indicators to ensure they remain relevant and fit for purpose.

There is also a need to raise awareness of the Quality Dashboard throughout the Health Board and a need to re-establish a clear governance framework for responsibilities of: review, reporting and accountability.

A Task & Finish (T&F) Group will be established for the Dashboard and Quality Assurance Framework. The T&F Group will include key members of the Corporate and Digital teams, along with representation from all Service Groups. The Task & Finish Group will commence in January 2022, with new Terms of Reference, which will include monthly progress reports into Quality and Safety Governance Group (QSGG) and quarterly to the Quality & Safety Committee (QSC).

2.2 Quality Assurance Framework



The Quality Assurance Framework Toolkits were developed following the 'Trusted to Care' 2015 follow up review, which recommended that the Ideal Ward Framework be refreshed this led to the development of the Toolkits.

A visit by the Executive Team development group to the University Hospitals of North Midlands Trust was undertaken to learn about the quality assurance tools they were using to improve standards of care.

Following the visit and subsequent presentation to the Health Board a mapping exercise and workshop was undertaken to scope all the raft of audit tools in use across the Health Board as well as ensuring the Toolkits were aligned to key Standards such as NMC Code, Older Persons Standards, Health and Care Standards.

The overall aim of the Toolkits is to:

- Provide assurance with regards to quality & safety at ward level.
- Reduce duplication (a mapping exercise was completed)
- Identify areas of good practice or areas for improvement.
- Embed Health & Care Standards into every day practice across the Health Board.

The Toolkits are aligned to the Health & Care Standards and designed to measure standards and provide feedback to healthcare staff with information to allow them to assess and adjust performance.

The complete Quality Assurance Toolkits provides a full 'deep dive' multidisciplinary audit or can



be broken down into single units to provide assurance of improvements where areas of concerns are identified. The Toolkits include a Patient & Staff survey.

A Monthly spot check audit has also been produced as an abbreviated version of the Toolkits to support a consistent review process across the Health Board.

The 15 Step Challenge is also used within our Specialist areas. This is an approach to service/quality improvement that focusses on ward or service walkabouts, using a 15 step challenge team. This team is a multi-disciplinary team, which considers first impressions of the ward/service from the perspective of the service user.

It looks at environment and initial impressions of staff engagement. The outcomes should inform improvement actions at a ward/service and organisation level, which can link in to other initiatives/reviews. The Health Board has previously adopted this approach from both a Service Group and a Corporate perspective.

Two Standard Operating Procedures (SOP) were developed to outline the process for assurance visits carried out both by the Service Groups & Corporately. The visits are unannounced and a multidisciplinary approach is used throughout the process. Pre-intelligence is gained from a number of sources. Including Datix incidents, the Dashboard & the Health & Care Standards Care Indicators.

It has been previously agreed that each Service Group will undertake these assurance visits on wards throughout the year and the reviews will be built into the Service Groups Quality Assurance Annual Plan and Governance process. Unannounced Corporate visits will also be undertaken based on any intelligence or concerns in areas.

COVID-19 has had an impact on the ability to carry out the visits both from a Service Group perspective and also corporately.

2.3 Conclusion

The Ward to Board Quality Dashboard was initially implemented in August 2018 and was rolled out across out the Health Board. As it has now been over 3 years since the Quality Dashboard was introduced, it is an opportune time to review the indicators to ensure that they are appropriate and relevant, as well as to ensure there is a clear governance and reporting framework in place.

The Quality Assurance Framework was introduced in 2017, following the 'Trusted to Care' follow up review. The toolkits are aligned to the Health and Care Standards and provide a multi-disciplinary deep-dive audit of the ward/service.

Two SOPs were developed to outline the process for assurance visits, with an overall scoring system of the environment. COVID-19 has had an effect on the ability to carry out visits/reviews, both from a Corporate and Service Group perspective. The toolkits provide an excellent overview and understanding of the care being provided, along with that of the environment, however the compilation of the final written reports are extremely time consuming.

Therefore, there is a need to utilise a digital services option, which should be built in to the Quality Dashboard and therefore provide a timely reporting mechanism that is visible from Ward to Board.

2.4 Next Steps

Further work is now required to revise both the Dashboard and the Quality Assurance Framework:

- A Task & Finish (T&F) Group will be established for the Dashboard and Quality Assurance Framework. The T&F Group will include key members of the Corporate and Digital teams, along with representation from all Service Groups. The T&F Group will commence in January 2022, with new Terms of Reference, which will include monthly progress reports into Quality and Safety Governance Group (QSGG) and quarterly to the Quality & Safety Committee (QSC).
- A mapping exercise has previously been undertaken to scope all the audit tools in use within the Health Board, to produce the Toolkits a further review will be undertaken.
- The T&F Group will also support patient/staff engagement and Patient Experience and a refresh of the Staff & Patient Surveys.
- Restart this process of regular visits both from a Service Group perspective as well as a corporate perspective.
- Confirmation that the Quality Assurance visits are in an annual planning cycle and reported up through the Service Group and Health Boards Quality Assurance Forums.
- Further development of bespoke toolkits for use in specialist areas. At present Paediatrics are the only specialist areas.
- Work with the Digital Intelligence team towards digitalising the current excel format of the Toolkits into a more user friendly digital programme (App).
- Work towards incorporating the Quality Assurance Toolkits into the Ward to Board Quality Assurance Dashboard.

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3. GOVERNANCE AND RISK ISSUES

The Ward to Board Quality Dashboard supports the governance framework by providing a secondary reporting system to support timely access to data for decision making. The associated risk is the non-use of the dashboard.

The Quality Assurance Framework Toolkits is currently in an Excel format which is time consuming and not user friendly. Adapting the toolkits into a Digital format and incorporating into the Ward to Board Quality Dashboard will provide a clear visible assurance process across the Health Board.

4. FINANCIAL IMPLICATIONS

Development of a Digital tool will need to be agreed within the Digital Services work plan.

5. **RECOMMENDATION**

Quality & Safety Committee are asked to note the information outlined in the paper and next steps.

| Governance and Assurance | | | | | |
|--|--|---|-------------|--|--|
| Link to | Supporting better health and wellbeing by actively promoting | | | | |
| Enabling | and empowering people to live well in resilient communities | | | | |
| Objectives | Partner | ships for Improving Health and Wellbeing | | | |
| (please | Co-Pro | duction and Health Literacy | \boxtimes | | |
| choose) | Digitally | / Enabled Health and Wellbeing | \boxtimes | | |
| - | Deliver better care through excellent health and care services | | | | |
| achieving the outcomes that matter most to people | | | | | |
| | Best Va | lue Outcomes and High Quality Care | \boxtimes | | |
| | Partner | ships for Care | \boxtimes | | |
| | Excelle | nt Staff | \boxtimes | | |
| | Digitally | / Enabled Care | \boxtimes | | |
| - | Outstan | nding Research, Innovation, Education and | | | |
| | Learnin | | | | |
| Health and Care Standards | | | | | |
| (please | | Healthy | \boxtimes | | |
| choose) | Safe Ca | are | \boxtimes | | |
| | Effectiv | e Care | \boxtimes | | |
| | Dignifie | Dignified Care | | | |
| - | Timely | ïmely Care | | | |
| | Individu | al Care | \boxtimes | | |
| - | Staff an | d Resources | \boxtimes | | |
| Quality, Safety and Patient Experience | | | | | |
| The Quality Dashboard & Quality Assurance Framework is a key enabler to the | | | | | |
| | | uality, safety and patient experience. | | | |
| Financial Implications | | | | | |
| Financial implica | | | | | |
| | ons (inc | luding equality and diversity assessment) | | | |
| None Otoffing Investige | 1 | | | | |
| Staffing Implica | | Company and Wand to Depend Overlity Development | | | |
| The Quality Assurance Framework and Ward to Board Quality Dashboard will have a positive effect on staffing. | | | | | |
| | | 0 | Euturo | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | | | | |
| Both elements will provide a positive impact in relation to working together better. | | | | | |
| | | No previous report | | | |
| Appendices | | | | | |
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