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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	18th April 2019	Agenda Item	5.5
Report Title	Quality and Safety Forum Update		
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	Members are invited to note the feedback from the Quality and Safety Forum meetings in February and March. As part of the governance review, the reporting from the Forum will be improved and areas requiring escalation to the Committee will be clearly identified.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE this report 		

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 19th February 2019 and 26th March 2019.

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 19th February 2019 and 26th March 2019

5.1.1 Revised Terms of Reference

The revised Terms of Reference are still currently being worked through and final adjustments being made. The Assurance Group reporting structure is also being finalised.

Due to the boundary change it has been agreed that the next meeting would be replaced with a summit to refocus and review the future planning of the forum. The terms of reference will be tabled at the April summit for final sign off. Once complete the revised Terms of Reference Document will be tabled at the Quality & Safety Committee for approval.

5.1.2 Quality Priorities

Due to the boundary change it has been agreed that the next meeting would be replaced with a summit to refocus and review the future planning of the forum. The Quality Priorities will be discussed in the Quality & Safety Summit on the 23rd April 2019.

5.1.3 Update on Pre-Emptive Transfers

Members received the draft Escalation Policy for comments and feedback was requested. An update would be considered at the next meeting.

5.1.4 Corporate Patient Experience Update Report

Members received an update report and noted the progress in relation to a range of performance on key performance indicators. The report also included updates on:

- Kris Wade Special Review, Action Plan
- Delivery Unit 90 Day Report
- Welsh Risk Pool Inspection of Radiology in March 2019
- Serious Incident Toolkit
- Changes in Redress Reimbursement
- GP indemnity arrangements from 1st April 2019

5.1.5 Update on Ophthalmology Gold Command

Members received update reports in both February and March forums on the work of the Gold Command Group. The group continues to meet every two weeks to progress the work on clearing the backlog and planning for a long term sustainable plan.

5.1.6 Update on TAVI

Members were advised that the Gold Command meetings continue. There are no patients waiting more than 26 weeks. Awaiting RCP overview and feedback.

5.1.7 Update on Fractured Neck of Femur

Feedback was given that there are challenges in Morriston and the system is under pressure. There is a key action to understand the whole pathway, and the Unit are pulling this together.

5.1.8 Kris Wade Report

Members received an update and noted that 26 key recommendations were identified by Health Inspectorate Wales. This is being owned by the Safeguarding Committee for overview.

5.1.9 Standards for Children in Emergency Care Settings

A presentation was given to the meeting on the 26th March 2019 on the Standards for Children in Emergency Care Settings and the potential risks. The presentation highlighted the areas of non-compliance. Two options were identified:

Immediate Option 1 – to provide basic 24/7 paediatric emergency service for Swansea Bay population.

Longer Term Option 2 – to provide high quality emergency and acute paediatric service, with improved recruitment, retention and reputation, which meets the majority of the standards.

5.1.10 Draft Inoculation Injury Policy

The Draft Inoculation Injury Policy was presented to the group. It had previously been reviewed and revised in the Infection Control Committee. This was approved by the group. The next steps would be to implement and make this available via COIN. The forum were keen to ensure that this is available on as many platforms as possible.

5.1.11 Update on Suicide and Self Harm Strategy

The forum was informed that a workshop was held on the 11th March 2019 to discuss a Suicide and Self Harm Strategy. It was action focussed and there had been broad representation including third sector. It had highlighted that there was a need to work in a much more integrated way. A task group had been set up to focus on the actions.

5.1.12 Executive Director Reports:

Director of Nursing and Patient Experience Report

Reports from 19th February 2019 and 26th March 2019 were noted by the group.

Strategy

No report expected this month.

Medical Director Report

No report this month.

Director of Public Health Report

Report received on the data cleansing of Childhood Immunisation records across Community Child Health and GP Practice systems. This was supported by the forum to be progressed through Investment Benefits Group.

Director of Therapies and Health Science Report

Reports from 19th February 2019 and 26th March 2019 were noted. The excellent progress within Psychological Therapies was highlighted. The issues within Point of Care Testing relating to WPOCT were also highlighted as a risk.

Both Cellular Pathology Service and Laboratory Medicine had review visits from the United Kingdom Accreditation Service over January and February 2019, and have successfully achieved continuation of full ISO 15189 accreditation subject to dealing with the small number of non-conformities raised. There were many positive comments regarding culture, staff professionalism, processes and documentation made by assessors during their inspections.

5.1.13 Exception Reports from Service Delivery Units

Morrison

Reports from the Quality & Safety meetings held within Morrison Delivery Unit were noted by the group. It was noted that work was being taken in the unit to improve the mortality figures.

There has been agreement for Morrison to provide the Spinal Pump Refill top up service pending the transfer to Cardiff.

Singleton

Contractors are currently on site. It was noted that the Surgical Assessment Unit was currently on Ward 20 and there continued to be unscheduled care challenges.

Neath Port Talbot

Reports from the Quality & Safety meetings held within Neath Port Talbot Delivery Unit were noted by the group.

Primary Care & Community

Reports from the Quality & Safety meetings held within the unit were noted by the group.

Mental Health & Learning Disabilities

Reports from the Quality & Safety meetings held within the Unit were noted by the group.

Members noted the work being undertaken within the unit on the management of serious incidents.

5.1.14 Main issues to be escalated to Quality & Safety Committee

- 5.2 Ophthalmology Gold Command
- 5.3 Infrastructure for Quality Priorities
- 5.4 Mortality Position in Morriston
- 5.5 Psychological Therapies
- 5.6 Nurse Staffing Act
- 5.7 Welsh Risk Pool
- 5.8 Mental Health/Learning Disabilities Serious Incidents
- 5.9 Pathology Service & Laboratory Medicine Accreditation
- 5.10 Suicide Prevention Progress
- 5.11 Children's Services in Emergency Department

5.2 RECOMMENDATION

Members are asked to:

- **NOTE** the position of development of the Quality and Safety forum, the next meeting will be held on 23rd April 2019.
- **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 of 23rd April 2019

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.								