



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 October 2019	Agenda Item	6.1	
Report Title	Quality and Safety Forum Update			
Report Author	Lee Joseph, Assistant Head of Concerns Assurance			
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 choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report 			

TITLE OF REPORT

1. INTRODUCTION

This report provides the Quality and Safety Committee with an assurance report from Quality and Safety forum. This report outlines the key Quality and Safety areas discussed at the Quality and Safety Forum on 27th September 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

Updates in this report forward will be structured against the Health and Care Standards headings;

Staying Healthy

Safe Care

Effective Care

Dignified Care

Timely Care

Individual Care

Staff and Resources

Gold command level activities will be reported on separately at the end of the update report.

4. FINANCIAL IMPLICATIONS

None from this report

5. Q&SAG GOVERNANCE & ACCOUNTABILITY

Work continues to re-develop the Quality and Safety Forum. This was the last meeting under the title of Forum, future meetings will now be under the title of Quality and Safety Assurance Group (Q&SAG). Terms of Reference (TOR) for the new Q&SAG have previously been approved by SLT and Q&S Committee and are currently being reviewed by the Director of Corporate Governance.

Work continues to ensure the Q&SAG work plan is aligned to Health Board sub committees and lower reporting forums. This will be done to ensure that Q&S business is aligned in a logical and ordered way which reduces unnecessary administration and duplication, allowing more targeted focus and oversight of Q&S matters.

Recruitment to the new Head of Quality and Safety post is progressing. Applications have now closed with shortlisting underway. Interviews are planned for November with the successful candidate taking up post hopefully early in 2020.

6. UPDATE REPORT

6.1	Staying Healthy
6.1.1 Public Health	<p>Update Public Health update report was noted in papers.</p> <p>Issue PHW queried their role in the group as PHW do not deliver services.</p> <p>Action The group felt that PHW had a key role in the group and that continued membership should continue to be reflected in the groups TOR and membership.</p>
6.2	Safe Care
6.2.1 Falls	<p>Update No update on falls was provided.</p> <p>Issue Internal audit requested a formal update paper for the next meeting and not a verbal update so that assurance can be achieved in the event that somebody is unable to attend in person to provide a verbal update.</p> <p>Action Taken Papers have been requested as a standard item going forward. Falls Scrutiny Panel will now report quarterly to Group going forward so that processes are aligned. Individual unit falls incident data will form part of standard reporting to group on a monthly basis so that trends and themes are monitored and acted upon when necessary each month.</p>
6.2.2 PU's	<p>Update No update on Pressure Ulcer reduction work was provided.</p> <p>Issue Internal audit requested a formal update paper for the next meeting and not a verbal update so that assurance can be achieved in the event that somebody is unable to attend in person to provide a verbal update.</p> <p>Action Taken Papers have been requested as a standard item going forward. PU Scrutiny Panel will now report quarterly to Group going</p>

	forward so that processes are aligned. Individual unit PU incident data will form part of standard reporting to group on a monthly basis so that trends and themes are monitored and acted upon when necessary each month.
6.2.3 Infected Blood Enquiry	Update The group was advised that hearings had taken place in July at Cardiff with statements from patients forming part of the process. The hearings are due to re-convene in October. The embargo on the natural destruction of records has caused some operational issues with regard to storage capacity.
6.2.4 Cwm Taff Morgannwg Maternity Services Report	Update The group were advised that the HB's action plan is well progressed with only 4 actions to complete now remaining. All 4 are progressing and on target. It was noted that there will be a WG meeting in November. Action Briefing paper requested for October Q&SAG
6.3	Effective Care
	No items on the agenda
6.4	Dignified Care
6.4.1 Human Tissue Authority Report	Update The group were verbally advised that the service is on track. Action A written report to support the position has been requested for the next meeting.
6.5	Timely Care
6.5.1 Ambulance Delays	Update Ambulance delays were discussed broadly. The Chair assured the group that the Health Board is greatly concerned with the ambulance delays and is working with WAST and the delivery units to try to implement improvements, new pathways that will improve discharge and admittance. Significant assurance is being given to the WG and there are additional measures at Morriston SDU and the Board has been fully briefed.

	<p>Issue Group members raised that offloading delays were only part of the picture; NPTH and Maternity Services raised concerns regarding patients and service users experiencing delays in transfer of care when ambulances were unable to attend hospital sites to transfer patients.</p> <p>Action Director and Deputy Director of Nursing have requested a patient experience report from Datix to understand the impact ambulance delays is having on patient experience (Incidents/Concerns/Patient Experience data). WAST have also been asked for data for cross comparison purposes. Units who are experiencing delays for patients waiting to be transferred/transported from a hospital site will be encouraged to Datix report all instances so that data is more accurate. The requested report will be received at Group in November and further update provided.</p>
<p>6.6</p>	<p>Individual Care</p>
<p>6.6.1 5x5 Triage in MH/LD</p>	<p>Update The group received a paper and verbal update on the 5x5 patient experience triage project undertaken by MH/LD. Project relates to a 15 minute telephone survey with service users post discharge from service. Project is aimed to capture more meaningful data from patients with additional needs, where more information than is captured from existing formats, such as Friends and Family test, are useful.</p> <p>MH/LD project lead was asked if it was possible this triage work could be applied to other areas and requested the paper be circulated for any ideas and thoughts moving forward.</p> <p>The group enquired as to where this information is being fed into. It was acknowledged that elements of 'Friends and Family' are incorporated but the data captured in not centrally held at present.</p>
<p>6.6.2 Concerns</p>	<p>Update The group was advised there are concerns around the re-opening of complaints. More work needs to be done with this around complaints by theme and by unit.</p>

	<p>The group agreed there is an opportunity for the HB to understand where the Ombudsman decides to investigate and not to investigate certain cases when patients remain dissatisfied and refer their concerns.</p> <p>The group agreed that the HB as a whole was not good at sharing information and learning, especially in regard to the outcomes of concerns, this needed to change as well as an overall review of the processes. This can then correlate with themes and trends.</p> <p>Action Trends and Themes report required to Q&SAG in November regarding re-opened complaints (Concerns)</p>
<p>6.6.3 Claims/Redress Reimbursements</p>	<p>Update The group were informed that the new reimbursement process for Welsh Risk Pool was being progressed. This involves a new learning event template / action plan for claims/redress cases to be submitted within 60 days from 2nd trigger date. This effectively reduces the amount of time HB's have to evidence learning from this area of concerns.</p>
<p>6.6.4 Suicides</p>	<p>Update The group discussed the need to understand the exact numbers of suicides including trends and themes occurring within Swansea Bay HB.</p> <p>The group were advised to remain conscious that the HB only holds (reports) on the suicide of patients known to services. The actual number of completed suicides in the HB catchment area will be greater but not necessarily known. Suicides or suspected suicides of patients known to services within the last 12 months prior to their death are reported on Datix as unexpected deaths rather than specifically as suicides. This is because often the exact cause of death and/or the circumstances are not known initially. A conclusion of suicide can currently take up to two years, and greater in some cases, for a Coroner to conclude suicide.</p> <p>Action MH/LD are currently undertaking a study to better understand the trends and themes of suicides for patients known to their services but data is complex due in part to the reasons provided above. A report from MH/LD will be brought to Group (Anticipated Nov 2019) outlining trends and themes. Reviews and root cause</p>

	<p>analysis investigations continue as standard practice to identify learning following the death, suicide, suspected suicide of patient known to MH/LD services.</p> <p>The HB are involved and supporting collaborative work on a regional basis, working with other public and third sector providers to improve suicide awareness and prevention. The group did however agree that any HB work regarding suicide prevention is not necessarily a MH/LD Service, or a Safeguarding issue as often people are not known to services. It was suggested that HB work on suicide prevention should be a wider public health agenda item.</p> <p>P&C Services is an area where greater reporting can be targeted to help understand true numbers of deaths of patients in the community who are not known to specialist (secondary care services). Work has started to assess current HB processes with regard to reporting requirements. Following review, actions to close the reporting gap will be enacted and agreed/monitored via Q&SAG until fully embedded.</p> <p>Suicides will remain as a standing agenda item at Q&SAG to ensure work is coordinated and undertaken at pace to maximise all learning opportunities. Monthly updates to Committee will be provided for the foreseeable time.</p> <p>Data on the number of (known/confirmed) suicides within the SBUHB footprint over the past and current financial year will be presented once data has been ratified.</p>
6.7	Staff and Resources
	No items on the agenda
6.8	Gold Level Activity
6.8.1 Ophthalmology Gold Command	<p>Update</p> <p>The group were verbally informed that in terms of trajectory the service is slightly ahead on waiting list reduction. Eyes measures are on track. There have been some issues with cataract surgeries which are tied in with theatres and anaesthetic provision.</p> <p>Therapies are exploring how to link with 'Think Glucose' as a platform for raising awareness for public/service users to undergo regular eye tests.</p>

	Action A written report has been requested for next meeting.
6.8.2 TAVI	No update was received by the group.

7. Executive Director Reports:

Director of Nursing and Patient Experience Report

Reports were noted by the group.

Strategy

No report this month.

Medical Director Report

No report this month.

Director of Public Health Report

No report this month.

Director of Therapies and Health Science Report

No report this month.

8. Exception Reports from Service Delivery Units

Morrison

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

Singleton

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

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.

9. Main issues to be escalated to Quality & Safety Committee

Nil

10. RECOMMENDATION

Members are asked to:

- **NOTE** assurance report of Quality and Safety forum of 27th September 2019
- **NOTE** the position of development of the Quality and Safety Assurance Group, the next meeting will be held on 29th October 2019.
- **NOTE** ongoing development and assessment of the Q&SAG agenda to help improve the communication and assurance provided to the Committee.
- **NOTE** the focused work ongoing in relation to suicide, and for the Committee to highlight any additional actions/assurance they require.
- **CONSIDER** any areas of improvement they require of the Group to support current review and development.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
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.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	None.	
Appendices	None.	

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