

## Management of Serious Incidents at ABMU Health Board

### Identification of the quality & safety arrangements across the Health Board in relation to the management of SI's and how these provide the Board with assurance

| Recommendation  | Issue  | Actions   | Target Date | Progress   | Lead                                     |
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| Recommendation 1: To make certain that patient safety is central to the HB's business, the entire Board membership should ensure that learning from Concerns and the understanding of potential risks are used to inform priorities and drive change. | Review of the Board assurance structures relating to quality & safety matters, strengthening the Health Boards approach to scrutiny and challenge. | 1.1 The Board Committee structure and membership to be reviewed and revised to strengthen the approach to scrutiny and challenge. | Mar-18      | Actioned   | Director of Corporate Governance         |
|   |  | 1.2 Wales Audit Office to deliver a session on scrutiny and challenge for the Board.  | Mar-18      | Complete. Included in the Board Development Programme for 2019/20          | Director of Corporate Governance         |
|   |  | 1.3 Kings Fund Leadership Programme 2018/19 for Non Officer Members, Executive Directors and Unit Directors.                      | Jun-19      | Complete. Leadership programme underway and will be complete in June 2019. | Director of Corporate Governance         |
|   |  | 1.4 Head of Patient Experience, Risk & Legal Services to deliver a Putting Things Right Regulations Board development session.    | Apr-18      | Actioned - 26th April 2018   | Director of Nursing & Patient Experience |
|   |  | 1.5 Review process of patient stories to the Board to ensure learning is included.  | May-18      | Actioned   | Director of Nursing & Patient Experience |

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|  | Review of the membership of the Quality & Safety Committee, with a view to enable a more integrated and holistic approach to quality & safety issues                                | 1.6 Review the membership of the Quality and Safety Committee has been completed.   | Aug-18 | Actioned - Completed, agreed at Quality and Safety Committee in August 2018.   | Director of Corporate Governance         |
|  | Establishing clearer pathways for how learning from SI's is shared, in particular clarifying the roles of the Assurance & Learning Group and Quality & Safety Forum in this regard. | 1.7 Review of reports submitted to Quality and Safety Committee has been completed. A report on SI's/NE's identifying the issues and learning will now be a separate report reviewed at each meeting.       | May-18 | Actioned   | Director of Corporate Governance         |
|  |   | 1.8 Process to be established to issue a Local Safety Notice following the identification of a never event and shared Health Board wide. On completion of the investigation 7 minute briefing to be issued. | Jan-19 | Previous separate SOP's relating to Serious Incidents and Never Event incidents have been combined into a new SOP entitled, Significant Incident Review & Learning Process. The new SOP details the issuing of a Local Patient Safety Notice either Corporately by the Serious Incident Team or the relevant Hospital Managed Unit when a significant Incident occurs. Revised SOP to be approved by Quality & Safety Forum. Local Patient Safety Notices have been issued for several incidents. In addition, Significant Incident Learning Briefs are now being developed for corporately investigated incidents. To be approved by Quality and Safety Forum in January 2019 | Director of Nursing & Patient Experience |

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|  |   | 1.9 Review the role of the Assurance & Learning Group and Quality & Safety Forum to be considered. | Sep-18 | Actioned: A review of the role of the Assurance and Learning Group has been carried out by the Director of Governance and Director of Therapies and Health Sciences in light of the establishment of the Risk Management Group and the strengthening of the Quality Forum. The Assurance and Learning Group has been replaced by a learning Group and the Q&S Forum will meet monthly. A review is currently in progress of the Q&S Forum and will be completed end of Q2.   | Director of Corporate Governance         |
|  | A strengthened approach to ensuring connectivity between Board members and operational clinical staff. Also increased triangulation of information and data relating to risk, quality & safety and performance. | 1.10 Ward to Board reporting to be piloted in NPTH and evaluated.                                  | Sep-19 | <p>Presentation to Quality &amp; Safety Committee in June 2018 which approved the pilot. Ward to Board Quality Dashboard Pilot underway in NPT Unit. As well as ward staff, the system was being used by site and department managers, from whom feedback had positive. Agreement had been received for Singleton Services Delivery Unit to be the next unit for implementation. - Widespread usage was not quite where it needed to be, but it was hoped this would increase once confidence grew - A promotional video is to be developed to outline the benefits of the system. One of the tabs included on the Ward to Board Dashboard is Quality Assurance Framework/ 15 Steps Challenge.</p> <p>Regular updates of progress at the following meetings - Q&amp;S Committee (June, August, December 2018), Board Development (September 2018), Executive Team (October 2018, April 2019). <b>UPDATE JUNE 2019 -As an output of the DPRG meeting held on the 4 June 2019 - The Senior Informatics Lead Nurse Specilaist is meeting with Marc Thomas (Programme Manager) on the 12th June to discuss the requirements in more detail</b></p> | Director of Nursing & Patient Experience |

|  | Standardised reports and templates, including reporting by exception.  | 1.11 A review of report template has been completed and new templates have been issued.                             | Apr-18      | Actioned   | Director of Corporate Governance           |
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| <b>The senior management teams in the six operational Units' collective governance, and the structures and processes that underpin the management and investigation of SI's</b>  |  |   |             |  |  |
| Recommendation   | Issue  | Actions   | Target Date | Progress   | Lead                                       |
| Recommendation 2 : The organisation's framework for managing Serious Incidents should be reviewed and strengthened with a view to ensuring consistency of approach and quality across the Health Board. Particular consideration should be given to ensuring that: | Roles and responsibilities of Corporate and Unit staff in investigation are clear. Criteria for determining which incidents meet WG SI and Never Event criteria, and ownership of that investigation, are clear. | 2.1 Review roles and responsibilities within the SI SOP and re issue following any revision.                        | Jan-19      | Significant Incident Review & Learning Process SOP has been amended. | Director of Nursing and Patient Experience |
|  | Revised Never Event criteria issued.   | 2.2 Update Datix to reflect the changes and ensure the Units and Corporate Teams are aware of the revised Criteria. | Apr-18      | Actioned   | Director of Nursing & Patient Experience   |

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| The Mental Health & Learning Disability Unit's methodologies and processes for investigation and assuring SI's should be consistent with the HB's SI processes, and should involve other services where appropriate.                     | 2.3 The terms of reference, membership and scope of the Mental Health & LD Delivery Unit's Serious Incident Group have been reviewed. The reporting template utilised by the Health Board's SI Team has been adapted and will be used for future investigations undertaken. | May-18 | Actioned: Revised arrangements now in place.  | Head of Operations & Unit Medical Director. |
|  | 2.3.1 Review changes in Mental Health through quality assurance assessment.   | Aug-19 | Assistant Head of Concerns Assurance is three months into targeted work delivering on the 'MH/LD Serious Incident Systems and Processes Improvement Plan'. Formal Assessment tool currently being developed to measure quality and improvements.  | Director of Nursing & Patient Experience    |
| Evaluating and rolling out areas of good practice seen across the Health Board e.g. the Reflective Learning process currently being piloted, and the "Learning Events" held by the Neath Port Talbot and Primary Care & Community Units. | 2.4 Evaluation to be undertaken once all never events for 2017/18 have been investigated and results presented to the Assurance & Learning Group for consideration of the evaluation and recommend further actions.   | Feb-19 | Complete. Revised Serious Incident Investigation Process has been adopted by the HB following successful endorsement by the Delivery Unit and positive staff feedback. Roll out plan in development with high risk areas such as MH/LD and maternity services prioritised. Work in these areas has already commenced. | Director of Nursing & Patient Experience    |

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|   | Reviewing terminology used for grading harm to ensure consistency with PTR.   | 2.5 Datix User Group to review terminology used for grading and make recommendations to the Quality and Safety Forum               | Dec-18      | Agreed and actioned via Datix Service User Group 01.02.2019  | Director of Nursing & Patient Experience   |
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| Recommendation 3: The organisation should review and strengthen its provision of training and support for staff involved in SI investigation, from leading and being involved in the investigation process through to quality assurance and scrutiny of reports and action plans. | Ensuring sufficient resources are made available to meet the organisation's needs in relation to SI investigations in line with the Concerns Regulations.   | 3.1 A restructure of the Patient Experience, Risk and Legal Services Department has been completed.                                | Apr-18      | Actioned   | Director of Nursing and Patient Experience |
|   | Undertaking a Training Needs Analysis covering all roles involved in SI investigations, based on a core competency framework. This analysis should be used to develop suitable targeted training and mentoring programmes for staff as part of an organisational learning strategy. | 3.2 Current Competency Framework and Training Needs Analysis for the SI team to be reviewed and updated and shared with the Units. | Oct-19      | Investigator Competancy Framework has been developed in draft. Assistant Head of Concerns Assurance and Deputy DoN to progress and collaborate with Swansea University | Director of Nursing and Patient Experience |
|   | Resource to support the revised mythology of investigating SI's and NE's and sharing learning across the Health Board.  | 3.3 New role to be established to take forward the SI/NE methodology and share the learning Health Board wide.                     | Sep-18      | Actioned: The new role of Concerns Quality Improvement Manager has been appointed to.  | Director of Nursing & Patient Experience   |

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|  | Risk assessing the reduction of clinical audit sessions or other protected time for staff training and development. | 3.4 Unit Medical Directors to complete a risk assessment and plan to mitigate any risks identified. Plans to be considered by the Quality and Safety Forum. | Sep-18      | Complete. Dr AR (Medical Directors Office) advises that the previous system of clinical audit sessions and protected time for staff training and development is being reinstated.  | Medical Director                         |
| Recommendation   | Issue   | Actions   | Target Date | Progress   | Lead                                     |
| Recommendation 4: The Health Board should ensure that staff involved in an SI are sufficiently supported and involved at all stages of the management of the incident. | Staff to be included in the involvement in the investigation through to development of solutions.                   | 4.1 SI SOP to cover staff support and HR to be consulted with as well as Units and staff side representatives.  | Jan-19      | Revised SOP (Significant Incident Review & Learning Process) now reflects responsibility for supporting staff involved in significant events. Initial strategy meeting agendas cover staff support<br>Supporting staff to learn and reflect in the new reflective method of approach to significant event reviews/investigations is fundamental to learning and improving. | Director of Nursing & Patient Experience |
| Recommendation   | Issue   | Actions   | Target Date | Progress   | Lead                                     |

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| Recommendation 5: The Health Board should strengthen how action plans from SIs are developed. | Action plans should be created in a timely manner; are developed with appropriate engagement of staff involved in the incident and services which are affected by the incident; focus on delivering long-term solutions rather than short-term fixes. | 5.1 SI Team to start the action plan during the investigation and hand over to the Unit for completion. SI SOP to be updated to reflect this change in practice and that SI Strategy meetings will be chaired by Units Directors and Never Event Strategy meetings by Executive Directors. | Apr-18 | Actioned | Director of Nursing & Patient Experience |
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|  |   | 5.2 Action plan training to be included in Level 2 Risk Management Training.  | Sep-18      | Actioned - Included in Risk Management level 2 training. | Director of Nursing & Patient Experience   |
| Recommendation   | Issue   | Actions   | Target Date | Progress   | Lead                                       |
| Recommendation 6: The Health Board should review and strengthen its approach to quality assurance and monitoring through more robust scrutiny and challenge of SI investigations, reports and action plans to include. | Processes for formal sign off of completed SI's | 6.1 Review of the sign off process has been completed and revised. Unit Directors will sign off from a Unit perspective and then Corporate sign off will be obtained before sharing with the patient/family and Welsh Government. Scrutiny training provided by Welsh Risk Pool for Pressure Ulcer Scrutiny Panels. | May-18      | Actioned   | Director of Nursing and Patient Experience |

**The risk management processes in place to ensure that risks to patient safety are minimised**

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| Recommendation 7: The Health Board should ensure more consistent and effective use of risk information and processes to articulate and communicate risks, manage risks and ensure clear and appropriate escalation pathways are in place and adhered to. This should include greater use of the Health Board's risk register and associated processes. | Use of risk information and risk registers.   | 7.1 Executive Team to consider options for the management and monitoring of risks through the establishment of a Risk Management Group reporting to the Senior Leadership Team.         | Jun-18              | Actioned: Report being considered by the Executive Team on 4th June 2018. Agreed establishment of A Risk Management Group, first meeting being held on 16th July 2018. This Group will oversee and challenge/scrutinise risks from a Unit/Operational level and Corporate level feeding into the BAF. | Director of Nursing & Patient Experience     |
| Recommendation   | Issue   | Actions   | Target Date         | Progress  | Lead   |
| Recommendation 8: Further work is required to address risks concerning the safety culture within Morriston Unit's theatres and the interface with the Trauma & Orthopaedics department. The work should include OD approaches and cross professional boundaries ensuring a whole system approach involving all staff.                                  | NE investigations demonstrate that the themes and trends identified were related to systemic issues. It was clear from the DU review that whilst clinical staff were working hard to deliver the best outcomes for patients the lack of an effective managerial response to these systemic issues was not resulting in sufficient timely improvement to patient safety. A Theatres Improvement Plan and separate nursing workforce redesign work are underway but it was evident that more work needs to be done with an increased pace to foster a better 'safety culture'[1] in Morriston theatres. | 8.1 Theatre Management Restructure with enhanced senior leadership following full consultation.   | Oct-18              | Actioned: Senior Theatre Matron 8b & two Matrons 8a appointed and commenced Full workforce plan developed – workforce reconfiguration underway (ongoing grievance re T&O theatre element of revised structure)  | Unit Medical and Nurse Directors - Morriston |
|  |   | 8.2 Weekly Theatre Improvement Report to Morriston unit Business & Performance Meeting<br><br>Theatre Improvement Plan progress monitored through Morriston Unit Quality & Safety Group | Implemented in 2017 | Actioned from 2017 and ongoing.   | Unit Service, Medical & Nurse Directors      |

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|                |       | 8.3 All trauma & Orthopaedic & Theatre Teams to undergo Human Factors Training  | Oct-18      | Full afternoon Human Factors training session undertaken – attended by theatre & Trauma & Orthopaedic staff<br>Further short sessions being arranged to ensure all staff attend<br>Unit Director oversight of Human Factor Training delivery | Unit Medical and Nurse Directors - Morriston |
|                |       | 8.4 Senior Matron to attend T&O Business meeting 22 <sup>nd</sup> June 2018 to discuss serious incidences / never events and agree any further joint actions in addition to those already progressed. Also, to develop enhanced joint working relationships and agree the Joint OD support programme required going forward | Jul-18      | Actioned   | Unit Service, Medical & Nurse Directors      |
|                |       | 8.5 Ongoing joint OD theatre / trauma & orthopaedic programme to be developed and implementation commenced  | Aug-18      | Joint work being undertaken through bi-monthly audit days - pm session held on 21st September 2018 - Dedicated OD support for theatres required  | Unit Service, Medical & Nurse Directors      |
|                |       | The systems and processes in place, including monitoring, to ensure that there is learning and improvement from Sis that results in organisational wide sustained improvements in patient safety and quality of care  |             |  |  |
| Recommendation | Issue | Action Taken  | Target Date | Progress   | Lead   |

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| Recommendation 9: The Health Board should develop an organisational learning strategy. The strategy should clearly demonstrate how the learning from Concerns is disseminated across the organisation and how the Board assures itself that actions are implemented to completion and are being sustained. | Quality Strategy does not refer to how concerns will be learned from following investigation.  | 9.1 Quality Strategy to be updated to include how learning from concerns will be disseminated across the Health Board. | Sep-18      | Rotational Learning Events have now replaced the previous Assurance and Learning forums. Events are hosted by Hospital Managed Units where learning from concerns and other QI work is presneted and shared with represenatives from across the Health Board.   | Director of Therapies & Health Science   |
|  | Health Board does not have an organisational learning strategy   | 9.2 Task & Finish Group to be established chaired by Director of Workforce & OD  | Sep-18      | Draft ToR for the Task and Finish Group have been developed. The Group will be chaired by the Director of Workforce and OD but will include representaion from a wide range of professions.   | Director of Workforce and OD             |
| Recommendation   | Issue  | Actions  | Target Date | Progress  | Lead                                     |
| Recommendation 10: The Health Board should review and strengthen its approaches to corporate support.  | Business Intelligence information, to enable accurate and intelligent data interpretation and analysis which is consistently presented across all units. | 10.1 Ward to Board reporting, including 15 Step Challenge, to be implemented.  | Sep-18      | Actioned: Letter has been sent to all Unit Nurse Directors informing them to implement Quality Assurance Framework/ 15 steps challenge. Units have sent schedule of proposed visits for 2018/19 back to DoNPE which will be shared with Q&S committee as required. A system is being developed to enable outcome of visits to feed into Ward to Board Quality Dashboard. During interim this feedback is collected by Corporate Nursing Business Manager on a monthly basis. Service Delivery Units are now required to feedback details of visits and improvements to Quality and Safety Committe through their Unit Excpetion Reports. Corporate Business Manager is working with MH&LD, Distract Nursing and Prision Healthcare Service to adapt toolkits for use in specialist areas. | Director of Nursing & Patient Experience |

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|  | Quality Improvement, ensuring that learning from Concerns is a primary driver for organisational QI work.                      | 10.2 Health Board to consider proposal for a Quality Improvement Hub   | Sep-19 | Update August 2019. The recently devised Quality and Safety Assurance Framework was presented and accepted by the Senior Leadership Team (SLT) on the 7 August. The final draft paper is being presented to the Executive Team week commencing 12 August. Detailed within the Framework is the purpose and function of the QI Hub. Subject to Executive approval, work on the development of the Hub including full details of role, function | Director of Nursing & Patient Experience |
|  | Clinical and professional networks which span the Unit boundaries and enable sharing of information and learning across the HB | 10.3 Review of Health Boards position on the re establishment of the Health Professional Forum and seek a view from each professional Group. | Sep-18 | Nominations for the Health Professional Forum have been sought and the next meeting is planned to take place on 30/10/2018.   | Director of Corporate Governance         |