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CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>6<sup>th</sup> December 2018</b>		<b>Agenda Item</b>	<b>3c</b>
<b>Meeting</b>	Quality and Safety Committee			
<b>Report Title</b>	Progress Report following the Delivery Unit: Intervention into Systems & Processes for the Management of Serious Incidents			
<b>Report Author</b>	Hazel Lloyd, Head of Patient Experience Risk & Legal Services			
<b>Report Sponsor &amp; Presented by</b>	Gareth Howells, Director of Nursing & Patient Experience			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The report provides an update on the work being carried out to take forward the recommendations of the Delivery Unit following their targeted intervention review.			
<b>Key Issues</b>	<p>The Delivery Unit have completed their 90 day review following issuing the Health Board with their targeted intervention report. Following this report an improvement plan was developed in response to the recommendations, attached as <b>Appendix 1</b>.</p> <p>The Delivery Unit are presenting to Executive Directors their findings of their visit on 10<sup>th</sup> December 2018.</p>			
<b>Specific Action Required (please ✓ one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Note the progress made against the action plan.</li> </ul>			

Governance and Assurance							
<b>Link to corporate objectives</b> (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
			✓				
<b>Link to Health and Care Standards</b> (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓					
<b>Quality, Safety and Patient Experience</b>							
The improvement action plan, which the Health Board has developed in response to the 11 recommendations made by the Delivery Unit, will have a positive impact on the quality and safety of care provided to our patients.							
<b>Financial Implications</b>							
No implications for the Committee to note.							
<b>Legal Implications (including equality and diversity assessment)</b>							
No implications for the Committee to note.							
<b>Staffing Implications</b>							
No implications for the Committee to note.							
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>							
No implications for the Committee to note.							
<b>Report History</b>	Reported to the October Quality and Safety Committee						
<b>Appendices</b>	<b>Appendix 1</b> – Delivery Unit Intervention Action Plan						

## Appendix 1: Delivery Unit Intervention Report Action Plan

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
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	Arrangements taking place to find a suitable date.	Director of Corporate Governance
		1.3 Kings Fund Leadership Programme 2018/19 for Non Officer Members, Executive Directors and Unit Directors.	Apr-19	Leadership programme underway and will be complete by April 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

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

		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-18	Presentation to Quality & 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. Regular updates of progress at the following meetings - Q&S Committee (June, August, December 2018), Board Development (September 2018), Executive Team (October 2018, April 2019).	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

The senior management teams in the six operational Units' collective governance, and the structures and processes that underpin the management and investigation of Sis					
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 and is currently being reviewed corporately and will be issued to consultation via Q&S Forum members in Q4.	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
	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.	Jan-19		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 Formal 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	Formal and independent evaluation to be commissioned once all Never Event investigations for financial years 2016/2017 & 2017/2018 have been assured and closed. Evaluation will consider but not limited to; Timescales for undertaking investigations, staff participation, experience of staff during the process, patient experience of the process, quality and learning	Director of Nursing & Patient Experience
	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		Director of Nursing & Patient Experience
<b>Recommendation</b>	<b>Issue</b>	<b>Actions</b>	<b>Target Date</b>	<b>Progress</b>	<b>Lead</b>
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.	Jan-19	Further training needs will be assessed when the Incident Investigator Competency Framework has been revised to reflect current approaches being piloted. In addition, both current SI Investigators are undertaking personal coaching via the Health Board Learning & Development Department with regards to assisting with facilitation of reflective approach to incident reviews/investigations. The competency framework with embedded training needs analysis will be developed once the new band 7 Improvement Manager is in post. SI Team members to take part in human factors training outsourced by POWH.	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
	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.	Dec-18	To be considered by the Q&S Forum in December 2018	Medical Director
<b>Recommendation</b>	<b>Issue</b>	<b>Actions</b>	<b>Target Date</b>	<b>Progress</b>	<b>Lead</b>
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 Supporting staff to learn and reflect in the new reflective method of approach to significant event reviews/investigations is fundamental to learning and improving. Final draft to be consulted on in Q4 with Q&S forum members and staff side reps.	Director of Nursing & Patient Experience
<b>Recommendation</b>	<b>Issue</b>	<b>Actions</b>	<b>Target Date</b>	<b>Progress</b>	<b>Lead</b>
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



		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.

Recommendation	Issue	Actions	Target Date	Progress	Lead
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

<p>Recommendation 8: Further work is required to address risks concerning the safety culture within Morriston Unit's theatres and the interface with the Trauma &amp; Orthopaedics department. The work should include OD approaches and cross professional boundaries ensuring a whole system approach involving all staff.</p>	<p>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.</p>	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  Theatre Improvement Plan progress monitored through Morriston Unit Quality & Safety Group	Implemented in 2017	Actioned from 2017 and ongoing.	Unit Service, Medical & Nurse Directors
		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 Further short sessions being arranged to ensure all staff attend 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
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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
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.	Jan-19	The Quality and Safety forum will discuss concerns and identify areas for learning and these will be fed through to new learning group to focus on key areas. This to be included in Terms of reference for Q&PSF which is being refreshed.	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	01/09/2018 July 2019	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. The meeting schedule has been esablished for the group to undertake the work required. First meeting of the T&F group took place in October 2018. An organsiational learning strategy will be developed as part of the overarching Workforce and OD Strategy which is being developed in Spring 2019.	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 Committee through their Unit Exception Reports. Corporate Business Manager is working with MH&LD, District Nursing and Prison Healthcare Service to adapt toolkits for use in specialist areas.	Director of Nursing & Patient Experience
	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-18	Health Board has included the requirement of a Quality Improvement Hub within the IMTP and has requested support from Welsh Government to support the establishment of the framework for the Quality Improvement Hub as part of Targeted Intervention support. <b>Update September 2018:</b> Not being progressed as part of T.I support but now is integrated within Clinical Services Plan and Transformation - details will be within IMTP.	Director of Therapies & Health Science
	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