Meeting Date	21st February 2019	Agenda Item	6.3
Report Title	ABMU 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	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 *(please ✓ one only)*	Information	Discussion	Assurance	Approval
	✓			

Recommendations	Members are asked to: • **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 11th December 2018 and 29th January 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 11th December 2018 and 29th January 2019**

5.1.1 **Revised Terms of Reference**

   The revised Terms of Reference are still currently being worked through and have been re-circulated for final comments. The Assurance Group reporting structure is also being reviewed.

   A meeting will take place between the Director of Nursing and the Director of Corporate Governance to review the purpose of the forum and how it assures Quality & Safety Committee.

   The terms of reference will be tabled at the March forum 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**

   The Quality Priorities will be discussed and confirmed in the next Quality & Safety Forum (19th February 2019).

5.1.3 **Update on Pre-Emptive Transfers**

   The group were updated that a draft Escalation Policy was currently out for comment. Feedback was being sought. A draft policy is to be tabled at the

next meeting (19th February 2019).

5.1.4 Suicide & Self Harm Quality Strategy

In the December forum an oral update with a summary briefing was presented on the outcome of the National Confidential Enquiry into Suicide and Self-harm (NCISH Report). It was identified that a multi-agency local strategy covering the ABMU footprint is required to ensure that the recommendations of the report are embedded into service planning and delivery across local communities and care services. Following this recommendation there had been engagement with Public Health Wales to explore how this can be realised. To this end a workshop has been planned for the 11th March 2019. The final programme is due to be confirmed and circulated.

5.1.4 Interventions into Systems & Processes for the Management of Serious Incidents, 90 Day Review Report

A report was noted by the group which summarised the progress against the recommendations of the intervention into systems and processes for the management of serious incidents in the Health Board. It was acknowledged that a tremendous amount of work had taken place, and the team should be congratulated for the progress that had been made.

5.1.6 The Framework for the Management of Performance Concerns in General Medical Practice

The group were asked to approve the framework document for use within the Health Board. It was suggested that this would need to be tabled at the Workforce & OD Committee. The framework was approved pending Workforce & OD being sited on this.

5.1.7 Update on risk assessing the reduction of clinical audit sessions or other protected time for staff training and development

A paper was presented to the forum in relation to the review of Clinical Audit Meetings within the Health Board. This was approved with caveats.

5.1.8 Use of Lap Belts in Older People's Mental Health Services

A report was considered in the December meeting in relation to the elimination of lap belt usage in Older Adult Mental Health Inpatient facilities. In November 2018 a Task & Finish Group had been convened. 9 cases had been reported at the time, there were now 4 active cases. 3 of these patients were trialled without the use of a lap belt in the last month. One challenging case is still being progressed.

5.1.9 Fractured Neck of Femur

Princess of Wales and Morriston Delivery Units are outliers for patients with Fractured Neck of Femur. Currently collecting information. Orthopaedic Geriatrician from Cardiff on site. Further feedback will be given in the next meeting.

5.1.10 Draft Ask and Act Policy

This policy was presented to the group which had been reviewed and revised. This was approved by the group.

5.1.11 Falls Policy

The new Health Board Policy was attached for noting. This won't be uploaded onto COIN until the training of staff has been confirmed. The existing policy and documentation will remain on COIN until this time.

5.1.14 Executive Director Reports:

Director of Nursing and Patient Experience Report
Reports from 11th December 2018 and 29th January 2019 were noted.

Strategy
No report expected this month.

Medical Director Report
Reports from 11th December 2018 and 29th January 2019 were noted.

Director of Public Health Report
No report this month.

Director of Therapies and Health Science Report
Reports from 11th December 2018 and 29th January 2019 were noted.

5.1.15 Exception Reports from Service Delivery Units

Morriston
A report from Morriston Delivery Unit was noted by the group.
It was highlighted that lack of hospital capacity is a significant issue within Morriston. Every space is being used within Morriston to care for patients, some being run with agency staffing only. The overall risk is increased by the high acuity of patients across the hospital site.

Singleton
A report from Singleton Delivery Unit was noted by the group.
Transitional work was ongoing. Problems have been encountered with

parking and the unit are currently working through these to try and resolve. Ambulance off-loading percentage has worsened. Measures introduced to improve compliance. Extra capacity areas opened due to high demand for beds within medicine. Total additional beds opened = 27.

Princess of Wales
A report from Princess of Wales Delivery unit was noted by the group. VTE Policy requires revision as raised in previous Q&S Forum meetings. Fire Service enforcement notice issued for Princess of Wales Theatre department on the 27th December 2018. This was reported to the Health Board Fire Safety Adviser and the majority of work required is for the Health Board Estates department to action. The Health Board Fire Safety Adviser is leading the action plan and response.

Neath Port Talbot
A report from Neath Port Talbot Delivery Unit was noted by the group. Increased risk to service sustainability due to vacancies within ward staffing. There is a 25% RN gap on the three sub-acute medical wards. Within the delivery unit a quality and safety data triangulation tool is used to identify areas of concern and these correlate with areas of staffing pressure.

Primary Care & Community
The forum were advised that the unit would be piloting a way of using Datix to manage Performance Concerns. This would enable the unit to map the progress and link in with complaints/concerns. Further feedback will be provided to the forum as the pilot progresses.

Mental Health & Learning Disabilities
Meeting had taken place with Welsh Government on the 4th January 2019. Members noted that Welsh Government were pleased with the compliance with Part 1 and 2 of the Mental Health Measure.

Psychological Therapies
A considerable amount of work has taken place and funding was received to reduce the waiting time for Psychological Therapies to meet the 26 week target. It was confirmed that this target has now been met. Redesign of the service now needs to take place.

5.1.16 Main issues to be escalated to Quality & Safety Committee
- o Position Update on Critical Lines Group
- o Gold Commands – TAVI, Fractured Neck of Femur and Ophthalmology
- o Escalation Policy
- o DoLS
- o Suicide Strategy in Development
- o Psychological Therapies Update
- o Workforce

- o Quality Assurance Work and Governance Arrangements
- o Capacity of beds within Morriston Hospital

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 19th February 2019.

- **NOTE** the ongoing review of Health Board groups and structures to assist towards the development of the work plan and Quality and Safety Hub.

- **NOTE** the assurance report of Quality and Safety forum of 19th February 2019

Governance and Assurance

Link to corporate objectives *(please ✔)*	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 *(please ✔)*	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.