



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7 th June 2018	Agenda Item	4a
Report Title	Healthcare Quality Division Feedback Report		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience		
Presented by	Angela Hopkins, Interim Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to provide the Committee with the Quality and Delivery Report prepared by the Welsh Government for the period of October - March 2018. The report includes a number of areas of data and intelligence which Welsh Government hold, including an overview of the wider all Wales position on quality and safety issues. Also included, is feedback from the Delivery Unit in relation to the assurance work being undertaken in collaboration with the Health Board in the management of never events.</p>		
Key Issues	<p>During the reporting period the Health Board reported:</p> <ul style="list-style-type: none"> • 106 Sis, which is below the all Wales average for the period. • Nine never events. • HIW undertook 19 inspections in the Health Board/Primary Care Contractors in the ABMU area of which 5 resulted in immediate assurance letters issued. <p>The report states that:</p> <ul style="list-style-type: none"> • The Delivery Unit reported positively that the Health Board has worked constructively with them. • The Health Board has consistently been the best in Wales in responding to the Patient Safety Actions and Notices. <p>25 Public Service Ombudsman Reports were received relating to ABMU Health Board, which was a decrease</p>		

	from 2016/17.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note the contents of the report. 			

Healthcare Quality Division Feedback Report

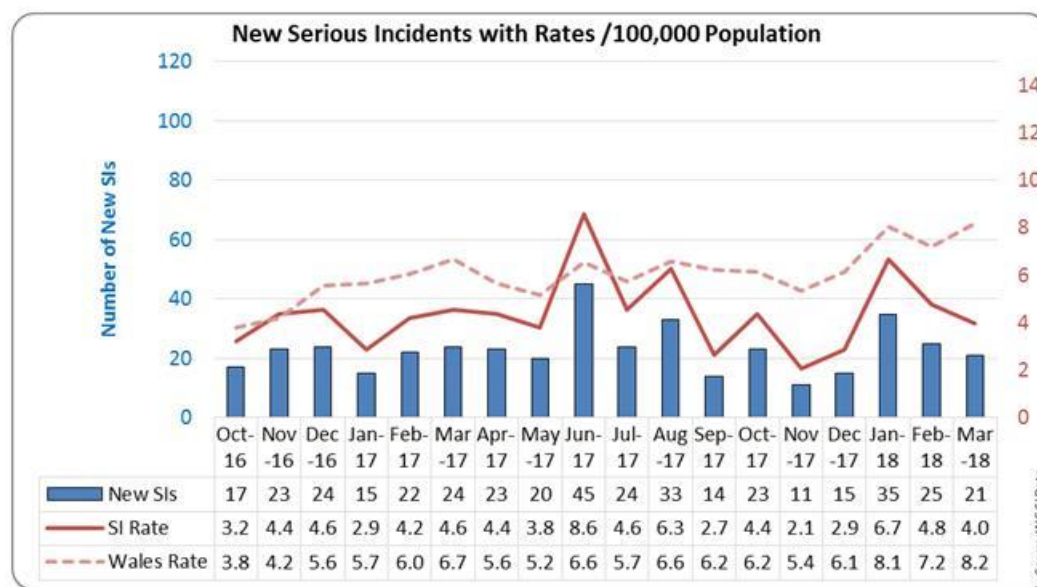
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1. QUALITY AND SAFETY ISSUES

Serious Incidents (SI's)

Rate/timeliness/quality of reporting

The report commented on the Health Board's rate, timeliness and quality of the reporting of SI's. The graph below states that during the reporting period, the Health Board reported a total of 106 SIs which is below the all Wales average for the period. The Health Board has taken action to improve SI reporting and there has been an improvement in reporting for falls and health care associated infection incidents in quarter 4. Overall for the period 2017/18 a 37% increase in SI's has been recorded, when compared to 2016/17. This has been noted as a positive improvement within the report.



Never Events (NEs)

Nine never events were reported by the Health Board for the period October 2017 – March 2018. On an all Wales basis 15 never events were reported in the same period.

•**Delivery Unit Targeted Intervention Support**

The DU reported positively that the Health Board has worked constructively with them. The Health Board is looking to create a Quality Improvement Hub (as recommended within the DU Targeted Intervention Support report and as identified as a priority from the Bevan Commission for all Health Board/Trusts in Wales) which will provide a focus on Quality Improvement approaches, Prudent Healthcare and shared learning across the Health Board.

•**Patient Safety Solutions (PSS)**

The report states that the Health Board has consistently been the best in Wales in responding to the Patient Safety Actions and Notices. One PSS has been flagged by Welsh Government, PSA 007, Restricted use of open systems for injectable medication, with Executive oversight from the Director of Therapies & Health Sciences. Progress has been challenging but at the meeting with the Delivery Unit team from Welsh Government on May 14th we have reported we will be fully compliant in Q2.

•**Public Service Ombudsman Reports**

25 reports were received relating to ABMU Health Board, which was a decrease from 2016/17. Of the 25 reports, 15 were upheld or partially upheld. The main themes of concerns raised were: implementation of care; delays in treatment and the complaint handling process. Each of these aspects have an associated improvement action plan, which is monitored as part of the overall Service Delivery Unit performance monitoring, with oversight from the Corporate Risk & Legal Services Team to ensure compliance with the Ombudsman requirements.

•**Regulation 28 Reports (HM Coroner)**

No Regulation 28 reports were issued during the period for the Health Board by HM Coroner compared to three reports issued across Wales.

•**Healthcare Inspectorate Wales (HIW)**

HIW undertook 19 inspections during October to March 2018 in the Health Board/ Primary Care Contractors in the ABMU area of which 5 resulted in immediate assurance letters issued:

- Singleton MIU;
- Gwaun Cae Gerwen Dental Practice;
- St Helen's Medical Centre and;
- Princess of Wales Surgery.

Action plans have been developed and assurance accepted by HIW.

On May 14th 2018 a deep dive meeting was held between the Delivery Unit of Welsh Government and staff from ABMU Health Board, seeking assurance on the approach the Health Board is now taking in respect of Serious Incidents, Never Events, Learning and embedding a culture of Quality Improvement, as well as addressing the Delivery Unit Targeted Intervention Support report and the report from the Healthcare Quality Division (attached).

The lead for the Health Board is the Interim Director of Nursing & Patient Experience. The meeting was extremely positive, with the Delivery Unit commending the approach to reflective learning and the methods adopted to share and spread learning – patient

safety alerts, 7 minute briefings in clinical areas, Quality Improvement Newsletters and the new facilitated reflective learning approach following SI's and NE's utilised across the HB (which Delivery Unit officials have attended as observers).

2. RECOMMENDATIONS

The Quality & Safety Committee is asked to:

- Note the report received by Welsh Government titled **Appendix 1**.

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
		✓			✓
Quality, Safety and Patient Experience					
Increase in never events for the period in question; action is being taken to address the findings from the completed reports. A new approach to investigating these incidents is proving beneficial in terms of learning identified and support provided to staff.					
Financial Implications					
No implications for the Committee to be notified of.					
Legal Implications (including equality and diversity assessment)					
No implications for the Committee to be notified of.					
Staffing Implications					
No implications for the Board to be notified of.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
No implications for the Committee to be notified of.					
Report History	Report previously submitted to the February Committee meeting for the period April to September 2017.				
Appendices	Appendix 1 - HEALTHCARE QUALITY DIVISION ABMUHB FEEDBACK REPORT				