

**Action Points: Quality and Safety Workshop
Wednesday, 9th October 2019 in the Millennium Room, HQ**

Present:

In attendance: Martyn Waygood (chair); Gareth Howells; Pam Wenger; Darren Griffiths; Chris White; Richard Evans; Cathy Dowling; Hazel Lloyd; Helen Kemp; Paul O'Connor; Lesley Jenkins; Tanya Spriggs; Hannah Roan; Reena Owen; Maggie Berry; Christine Williams; Jackie Davies; Keith Reid; Kay Myatt; Craig Barker; Leah Joseph (notes).

Agenda Item	Comments/Action	Lead for Action	Progress	Timescale
Apologies for absence	Apologies for absence were noted from: <ul style="list-style-type: none"> - Matt John; - Lee Morgan; - Alastair Roeves. 			
Comments/ Actions	<p><u>Performance Dashboard</u> – As independent members, the performance dashboard can be difficult to follow. The Bristol paper is easier to digest and highlight areas of concern via the red, amber and green system. Darren Griffiths commented that understanding what decides the allocation for red, amber and green (RAG) and also what determines the dial points is key for assurance to be provided. SBUHB can replicate health care standards and present it in a user friendly way. Darren Griffiths advised that the RAG system is possible, however he highlighted concerns that if some areas are not reported via this system, they need to be reported in other committees.</p> <p>Richard Evans commented that the committee receives assurance and reassurance operationally. How do we use the information to drive changes?</p>			

	<p>Action: Pam Wenger and Martyn Waygood to set up an introduction with Shaun Carr and Darren Griffiths to obtain information and background to the Bristol dashboard. Following this, a meeting can be arranged with Darren Griffiths and Hannah Roan to plan the future version of the performance dashboard.</p>	<p>PW/MW</p>	<p>PW provided contact detail to Darren Griffiths.</p>	<p>Completed</p>
	<p><u>Committee membership</u> – Do we have the right staff involved from the delivery units? Pam Wenger highlighted the importance of balance and receiving feedback from units as to whether they feel their involvement and attendance at the committee meetings is useful, and that Community Health Council (CHC) attendance and reporting is essential. She also suggested that an open invitation to the delivery units is offered so that they can decide whether their attendance is required and a connection can be made with the Ward Dashboards. Christine Williams stated that the requirement for delivery unit attendance needs to have a clear purpose. Paula O'Connor advised that operational concerns noted in the Quality and Safety forum minutes are not being filtered back to the committee.</p> <p>Action: Pam Wenger to contact CHC to invite them to committee meetings for reporting purposes.</p>	<p>PW</p>	<p>Letter to be drafted and sent to CHC requesting representation at meetings.</p>	<p>Completed</p>
	<p><u>Board Assurance Framework</u> – Pam Wenger confirmed the board assurance framework is a missing link which should assist with different levels of assurance the organisation should take including performance.</p> <p>Action: Pamela Wenger to build the Board Assurance Framework (BAF).</p>	<p>PW</p>	<p>BAF in development and considered by the Audit Committee in November.</p>	<p>Completed</p>

			Agenda for January Board.	
	<u>Risk Register Dashboard</u> – High risks; what do they look like? How do we measure and monitor them successfully?		Risk Report at each meeting.	Completed
	<p><u>Patient Experience</u> – Reporting for the committee needs to be more reactive and duplication of reports in separate committees needs to be minimised. Community services need a sharper focus for board and all committees.</p> <p>Reena Owen queried if the committee knows how well the safety considerations on waiting lists is being collected.</p> <p>Comments were made to possibly enhance the way we obtain patient feedback. An electronic short survey could be an option, similar to the software NHS England uses. If this is successful, the health board will need to agree how to manage patient information when received. Craig Parker is working with PROMS for text reminders to include appointment information and updates, at ward and patient level to ensure it is user friendly depending on patient's additional needs.</p> <p>Paula O'Connor highlighted that the health board need to align themselves and measure against the health and care standards.</p> <p>Following the meeting, Martyn Waygood mentioned that the committee needs to monitor the implementation of recommendations which includes internal audit reports, HIW and delivery unit reports when they have a Quality and Safety aspect. The Committee needs to seek to standardise the actions and implementations following such audits and inspections. In addition we need to record</p>			

	<p>and act upon staff feedback and patient safety walk rounds.</p> <p>Action: The “So What?” approach may be included going forward in respect of complaints. Knowing the impact on patients when they are cancelled or a breach. How does it feel to be a breach or to be cancelled?</p> <p>Action: The performance team consider utilising the efficiency framework toolkit alongside the performance report.</p> <p>Action: Hazel Lloyd and Pamela Wenger to discuss the collection of ‘friends and family’ feedback revision to a short electronic option similar to NHS England with Matt John.</p> <p>Action: Further guidance to be provided to authors for higher level training to understand the information received in papers to assist with assurance.</p>	<p>HL/PW</p> <p>DG</p> <p>HL/PW/GH</p> <p>ALL</p>		<p>Completed – A paper has been referred to Quality and Safety Committee from Performance and Finance Committee</p> <p>End of December</p> <p>Completed</p> <p>End of February</p>
	<p><u>Primary Care Metrics –</u> Helen Kemp advised colleagues that artificial intelligence software relating to natural language processing is being utilised in the commercial sector which the NHS is not benefiting from.</p> <p>Action: Martyn Waygood, Helen Kemp and Pamela Wenger to meet to discuss metrics.</p>	<p>MW/DG/HK</p>	<p>Meeting arranged for 02/04/2020</p>	<p>In Progress</p>

	<p><u>Serious Incidents and Never Events</u> –</p> <p>Hazel Lloyd confirmed that SBUHB is the only health board in Wales that has a Serious Incident team, and the investigation toolkit is currently being rolled out. SBUHB reports are detailed, however the team are working towards an executive summary. Datix coding will be consistent in the future and the newsletter promotes incident reporting.</p>			
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