

1.4 Table of Actions from the Meetings Held on 7th April and 7th May 2020

Presenter: Chair

Table of Actions QSEAC 07.04.20

Appendix 1 Hospital Acquired Thrombosis Improvement Plan 3 May 2020

Table of Actions QSEAC 07.05.20

**TABLE OF ACTIONS FROM
QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE MEETING
HELD ON 7TH APRIL 2020**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
QSEAC (20)32	<p>Table of Actions from the meeting held on 4th February 2020</p> <ul style="list-style-type: none"> to provide an update to Members following discussions with the Director of Estates, Facilities and Capital Management regarding deliveries to the hotel services laundry department in Bronglais General Hospital (BGH), given anticipated increases in requirements due to the COVID-19 pandemic. 	MR	Jun 2020	Confirmation received that the reported shortages in linen from BGH have been addressed and that there are no other linen supply issues across the organisation.	
QSEAC (20)34	<p>Revised QSEAC Terms of Reference (ToRs)</p> <ul style="list-style-type: none"> to include additional narrative within the Purpose section highlighting the work of the Research & Development Sub-Committee to QSEAC, and subsequently to the Board. to amend the narrative within sections 5.11 – 5.13 to ensure it reflects the requirements by QSEAC and the Listening & Learning Sub-Committee (L&LSC). to approve the QSEAC ToRs via Chair's Action. 	<p>JW</p> <p>JW</p> <p>AL/KR</p>	<p>Jun 2020</p> <p>Jun 2020</p> <p>Jun 2020</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
QSEAC (20)36	Approval of The QSEAC Self Assessment Of Performance Process 2019/20 <ul style="list-style-type: none"> to agree the 5 key questions to self-assess the Committee's effectiveness during 2019/20 to issue the QSEAC self-assessment questions to Members 	MR/AL KR	May 2020 May 2020	Both actions complete - 8 questions have been agreed, which were emailed to Members on 01.05.20	
QSEAC (20)37	Draft Annual Quality Statement (AQS) 2019/20 <ul style="list-style-type: none"> to discuss with the Board Secretary how to progress from a governance perspective given that both the Siarad Iechyd / Talking Health Readers' Panel and Stakeholder Reference Group have been stood down. to include in the AQS, the suggested amendments by Members. 	CS CS	May 2020 May 2020	Complete Complete	
QSEAC (20)38	Corporate Risks Assigned to QSEAC <ul style="list-style-type: none"> to present a report to include the new COVID-19 identified risks to QSEAC. 	JW/KR	Apr 2020	Agenda item for QSEAC 9 th June 2020	
QSEAC (20)39	Quality and Safety Assurance Report <ul style="list-style-type: none"> for the Recovery, Learning & Innovation Group to review the response to the All Wales Review: Time To Go Home report by the CHC, in order to support learning during the pandemic. to agree a date as soon as possible to hold the inaugural Listening and Learning Sub-Committee meeting. 	SM MR	May 2020 Apr 2020	Subsequently the Chief Executive has agreed that this action will be progressed by the newly established Transformation Steering Group The meeting is taking place on 3 rd June 2020.	

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
QSEAC (20)40	Patient Outcomes Associated With The Implementation of The Single Cancer Pathway <ul style="list-style-type: none"> to include all tertiary waits for cancer pathways within the report to QQSESC. to present a report to Board on delaying all treatments and services during COVID-19, taking into account the clinical and psychological impact. 	KJ	Jul 2020	Noted for inclusion when QQSESC meetings resume.	Yellow
		JW/KJ	May 2020	Included within the COVID-19 report to Board 28 th May 2020	Green
QSEAC (20)41	Hospital Acquired Thrombosis (HAT) Action Plan <ul style="list-style-type: none"> for the 5 recommendations from Welsh Government to be explicit within the action plan. 	SG/MD	May 2020	The updated Thrombosis Action Plan which now includes the 5 recommendations, is attached as Appendix 1	Green
QSEAC (20)42	Nurse Staffing Levels Annual Assurance Report 2019/20 <ul style="list-style-type: none"> to present a Nurse Staffing Levels (Wales) report to Board in order that Members can understand the expectations and support the approach taken. 	MR	May 2020	Complete – included within the report to Board 28 th May 2020	Green
QSEAC (20)49	Quality, Safety & Experience Assurance Committee Work Plan 2020/21 <ul style="list-style-type: none"> to review the QSEAC work plan in light of the agreement to hold additional QSEAC meetings. 	AL/MR/ KR	May 2020	Reviewed following the extra QSEAC meeting on 07.05.20	Green

Hospital Acquired Thrombosis (HAT) Improvement Action Plan Version 3: May 2020

This action plan is intended to take forward the following objectives:-

1. Improve the health board's performance against NHS Wales Delivery Target 16: ***The number of potentially preventable hospital acquired thromboses***
2. Improve compliance with NICE Guidance :- ***NG 89 Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism***
3. Take forward recommendations of the Health and Social Care Committee –One-day enquiry into venous thromboembolism prevention in hospitalised patients 2012.
 1. Compliance with NICE Guidance and tier 1 target
 2. Mandatory risk assessment and consideration of thromboprophylaxis treatment
 3. Standardised method to demonstrate hospital acquired thrombosis rate
 4. Root cause analysis of all VTE acquired in hospital or within 90 days of discharge.
 5. Awareness raising amongst patients and clinicians of risks of developing HAT.

ISSUE	Action Needed	Objective	LEAD	Target Date	Progress Update
Health Board Wide Lead	A clinical lead for HAT to be identified with responsibility oversight of:- <ul style="list-style-type: none"> - Local policy implementation - Delivery of improvement plan - Monitoring compliance with NICE Guideline :NG89 - Monitoring of performance targets - Board level reporting and assurance through QSEAC 	1. 2. 3.1 3.3	Medical Director/ Director of Nursing	April 2020	Dr S. Ghosh (AMD Quality & Safety) will take the clinical lead role
Policy	Health Board to consider adoption of the All Wales Thromboprophylaxis Policy version 22.issued in January 2020 and recommended for use by all Health Boards April 2020	2. 3.2 3.3 3.4	Effective Clinical Practice Committee.	May 2020	 All Wales TP Policy V22 - 20.01.2020.pdf
	Policy to be communicated Health Board Wide when adopted/approved.	2 3.2 3.5	Corporate Written Document Control Group	May 2020	
Improvement Task and Finish Group	To include:- <ul style="list-style-type: none"> - Health Board Lead for HAT(Chair) - Assistant Medical Director QI - Deputy Medical Director - Hospital Services - Deputy Medical Director - Primary - Chair of Thrombosis Committee - Acute Site QI Leads (when appointed) - Assistant Director, Medical Directorate - Assistant Director QI - Head of QI and Practice Development - Pharmacy Lead for Thromboprophylaxis 		HAT Clinical Lead & Assistant Director QI	April 2020 Review Sept 2020	T&F Group 1 st meeting held 13/05/2020. Establishing work plan based on actions needed in All wales policy.

ISSUE	Action Needed	Objective	LEAD	Target Date	Progress Update
	<p>Group to:-</p> <ol style="list-style-type: none"> 1. Consider and make recommendation on adoption of All Wales Thromboprophylaxis Policy. 2. Develop robust mechanisms for implementation and monitoring of All Wales policy if/when adopted nationally 3. Develop appropriate training and awareness raising mechanisms for all clinical staff on the prevention of HAT <ul style="list-style-type: none"> - Including use of HAT Specific app approved for funding by MMSC 4. Expedite systems that can support effective HAT prevention treatment plans e.g. Electronic prescribing 5. Propose review of specialist nurse roles in light of changes to anticoagulation treatment plans and support to HAT prevention processes and management. 6. Develop business case for testing the effectiveness of Thrombosis Nurse role in line with BCU model. 7. Ensure robust reporting and review processes in place across all acute site for compliance with Welsh Government HAT Tier 1 target:- <ul style="list-style-type: none"> - Radiological identification of potential HAT Cases - Ownership of review process and learning from outcomes by acute site clinical leadership 	<p>3.3</p> <p>1. 3.5</p> <p>2.</p> <p>3.3</p> <p>3.3</p> <p>1 2 3.1 3.2 3.3 3.4 3.5</p>			<p>Discussed and considered at SNMT 21/05/2020. HON to progress with QI team</p>

ISSUE	Action Needed	Objective	LEAD	Target Date	Progress Update
	8. Review outcomes from HAT case reviews for Tier 1 target and take appropriate action to share and respond to lesson learnt 9. Develop robust and consistent approach to Redress process for all preventable HAT cases across all Acute Sites.	3.4 3.5			
Operational Leadership	Acute Site QI leads to work with Acute Site Clinical leads to :- 1. Develop a local delivery plan that ensures:- - Full implementation and compliance with All Wales Thromboprophylaxis Policy - All inpatients are HAT risk assessed on admission - All patients have an appropriate HAT prevention treatment plan(to include consideration of local HAT lead clinician with specialist nurses and pharmacists) 2. A process is in place to review all potential HAT cases in line with the Welsh Government Tier 1 Target process 3. All learning outcomes from HAT reviews are effectively communicated to clinical teams and are acted on. 4. Ensure that progress against HAT processes are robustly reported and considered by local Quality Forums	3.3 2 3.2 2 3.2 3.4 3.5 3.4 3.5	Acute Site Triumverate Teams	Sept 2020	QI Leads for each site out to advert April/May 2020



ISSUE	Action Needed	Objective	LEAD	Target Date	Progress Update
Reporting	Reporting against WG HAT Tier 1 target will be the responsibility of the Acute Site Management teams. This will be supported by the QIST Team until such time as processes are in place to ensure compliance.	1.	Head of Quality Improvement and Practice Development	Sept 2020	
Monitoring of Reduction of Preventable HAT Cases	Progress on improvement in HAT reduction will be reported to and monitored by QSEAC through reports from the Health Board Lead for HAT which will include HAT performance data and actions in response to preventable HAT reviews.	1. 3.1 3.5	HAT Clinical Lead.	Review Sep 2020	

**TABLE OF ACTIONS FROM
EXTRA-ORDINARY QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE MEETING
HELD ON 7TH MAY 2020**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
QSEAC (20)58	<p>INCIDENT REPORTING DURING COVID-19</p> <ul style="list-style-type: none"> for an Incident Report During COVID-19 report to be presented to the July 2020 Extraordinary QSEAC meeting. 	SP/KR	Jun 2020	Forward planned on QSEAC workplan for July 2020.	
QSEAC (20)59	<p>PATIENT FEEDBACK DURING COVID-19</p> <ul style="list-style-type: none"> to present a verbal update to QSEAC following the inaugural meeting of the Listening and Learning Sub-Committee. for a Maternity patient story to be presented to either QSEAC or Board highlighting the positive stories from mothers giving birth during COVID-19. to undertake a review on the long standing theme within complaints feedback in relation to a lack of communication with patients. 	<p>LOC/ KR</p> <p>MR/JW</p> <p>MR/ LOC</p>	<p>May 2020</p> <p>May 2020</p> <p>Jun 2020</p>	<p>Agenda item for QSEAC 9th June 2020.</p> <p>Following discussions at QSEAC agenda setting meeting, it was agreed that this report would be presented to a future Board meeting.</p> <p>This is ongoing and a deep dive review is being undertaken by the concerns team and will be presented to the listening and learning group for consideration. Communication is part of the current quality improvement collaborative programme and an update on this will be also be provided. A further communication based programme will be proposed as part of</p>	

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				the cohort, based on the outcomes of the review.	
QSEAC (20)62	CRITICAL CARE MEDICINES <ul style="list-style-type: none"> for the Critical Care Medicines Risk to be captured on the COVID-19 Risk Register. 	JPJ/ ChB	May 20	<p>Completed. Risk 848 (Critical Care Medicines) has been revised down to 12 (high risk) from 20 (extreme) in response to the mitigation undertaken and the relatively low activity relating to COVID-19 to date.</p> <p>In regard to the COVID-19 risk register. A new theme of 'COVID-19' has been added to the Datix risk module which risk owners can select when entering or reviewing existing risks. A COVID-19 themed risk register can be extracted from the system and provided to the Committee at the COVID-19 focused meetings. The management of the individual risks remain the responsibility of the risk owner.</p>	