



**AGENDA ITEM**

3.2.9

**QUALITY & SAFETY COMMITTEE**

**DELIVERY UNIT QUALITY & SAFETY DASHBOARD**

**Date of meeting**

18/01/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Allison Thomas Business Manager Quality & Safety

**Presented by**

Greg Padmore-Dix, Executive Director of Nursing

**Approving Executive Sponsor**

Executive Director of Nursing

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

DU

Delivery Unit

QSAG

Quality Safety and Assurance group

CTM

Cwm Taf Morgannwg

PSOW

Public Services Ombudsman for Wales

CHKS

Clinical Health & knowledge System

NWIS

NHS Wales Informatics Service

SSNAP	Sentinel Stroke National Audit Programme
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## 1. SITUATION/BACKGROUND

- 1.1 The Delivery Unit provide all Health Boards across Wales with a dashboard which includes the most recent data available, the dates can differ depending on the information type however, the attached dashboards as appendices 1-5 are relating to November 2021 unless stated otherwise.
  - Appendix 1 QSAG-CTM
  - Appendix 2 QSAG-All Wales
  - Appendix 3 Compliance Summary-Alerts
  - Appendix 4 Compliance Summary-Notices
  - Appendix 5 Compliance Summary-Rapid Response Reports
- 1.2 Each health board receives a dashboard for their own organisation together with an All Wales dashboard for comparison and or benchmarking.
- 1.3 The dashboards are developed by the DU for internal discussion and for Welsh Government to provide a high-level overview for monitoring purposes and to highlight any issues of note, or concern and escalation. The information sources for the dashboards are various and include Welsh Government for serious incident figures, PSOW, Coroner, CHKS, NWIS and SSNAP. The Patient Safety Solutions compliance is determined from the health boards' communication to the DU in order to confirm compliance or non-compliance.
- 1.4 The Executive Director of Nursing receives the dashboards on a monthly basis directly from the DU; once received these are circulated for discussion at the weekly Executive Director led Patient Safety meeting as well as forming the basis for discussion at the DU & Health Board Interface meetings which are chaired by the DU Assistant Director of Quality and held on a six monthly basis with attendance required by the Executive Director of Nursing, the Assistant Director Quality, Patient Safety & Safeguarding and wider members of the patient care & safety central team.

The DU dashboards have recently been the subject of discussion between the Executive Nurse Director (Greg Padmore-Dix) & Vice Chair (Jayne Sadgrove) where it has been recommended by the Vice Chair that these dashboards are shared with members of the Quality & Safety Committee at each meeting following their receipt in order to provide members with assurance and context of the health board

current reported performance and allow for comparison and benchmarking across Wales.

- 1.5 There is a Patient Safety Solutions dashboard included within the attached appendices, which receives regular review by the Head of Quality & Patient Safety within the Patient Care & Safety central team to ensure accuracy of the reporting information. Any inaccuracies and or amendments are reported to the DU and corrected the following month. Members are advised that the Patient Safety Solutions progress is updated in the public domain on the 15<sup>th</sup> of each month therefore any activity updates provided after this date are not incorporated in the reports on the web site until the following month.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 Members are asked to note that the DU have advised us that this form of dashboard will be replaced with a different layout commencing this month January-2022, the DU have advised that this new form will incorporate a range of selected measures for information.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 Initial cover paper to report to members on the DU dashboards received therefore no key risks/matters for escalation to Board/Committee members within this cover paper.

## **4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.



	If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

- 5.1 Members are asked to **NOTE** and consider the DU dashboards and confirm if these are found to be helpful in providing members with additional context to the health boards activity as well as on an All Wales basis and agree to receive these going forward at each future committee meeting.