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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28<sup>th</sup> January 2020</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Quality and Safety Governance Group Report</b>		
<b>Report Author</b>	Lee Joseph, Quality and Safety, Corporate Nursing		
<b>Report Sponsor</b>	Gareth Howells, Director of Nursing & Patient Experience		
<b>Presented by</b>	Gareth Howells, Director of Nursing & Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Committee with an update from the Quality and Safety Governance Group		
<b>Key Issues</b>	This paper supports the achievements of the Health Board's corporate objectives by ensuring effective governance is in place within the organisation.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>Note this report</b></li> <li><b>Note matters for escalation</b></li> </ul>		

## **Quality and Safety Governance Group**

### **1. INTRODUCTION**

This report provides the Quality and Safety Committee with an information report from Quality and Safety Governance Group. This report outlines the key Quality and Safety areas discussed at the Quality and Safety Governance Group on 15<sup>th</sup> January 2020.

### **2. BACKGROUND**

The Quality and Safety Governance Group (QSGG) was constituted to provide an operational focus and to strengthen the organisational flow of information to the Quality and Safety Committee.

### **3. GOVERNANCE AND RISK ISSUES**

Updates in this report are structured against the Health and Care Standards headings;

Staying Healthy  
Safe Care  
Effective Care  
Dignified Care  
Timely Care  
Individual Care  
Staff and Resources

Gold command level activities are reported upon separately at the end of the update report.

### **4. FINANCIAL IMPLICATIONS**

None from this report

## 5. UPDATE REPORT

<b>5.1</b>	<b>QSGG GOVERNANCE &amp; ACCOUNTABILITY</b>
<b>5.1.1</b>  Group TOR and Q&S Framework	<p>Revised Quality and Safety Governance Framework (as presented to Committee in December) was presented to the group together with revised TOR.</p> <p>The group agreed both documents and provided helpful feedback regarding the required inclusion of Public health within the governance reporting structures below QSGG.</p> <p>Both documents will now be completed (incorporating comments from audit since December) and submitted to Director of Corporate Governance for finalisation.</p> <p>Now that the outcome of ‘Strengthening Our Structures’ has been published, work will begin imminently to finalise reporting structures and working groups below QSGG. Update on this and the final QSGG business plan for 2020/2021 financial year will be brought to Committee in March 2020.</p>
<b>5.2</b>	<b>STAYING HEALTHY</b>
<b>5.2.1</b>	<p>No item agendas.</p> <p>QSGG to link with Director for Public Health to improve connectivity in this area.</p>
<b>5.3</b>	<b>Safe Care</b>
<b>5.3.1</b> Serious Incidents	<p>The group were advised of the possible removal of the 60 working day target by WG. The group were advised that SI workshops have been scheduled for end of Jan 2020 by the Patient Feedback Team and that the HB will be implementing their own targets as considered an essential part of the process with regards to timeliness.</p> <p><b>Issue</b></p> <p>7 never events have now been reported for this year and as a result of this the HB is expecting more scrutiny from the WG. Taking into consideration the circumstances of the most recent NE (wrong site nerve block) the group were advised there appears to be a common theme around the Never Events where there is a culture of staff doing the checks, but not being mindful during the process.</p>

	<p>The group discussed the previous role out of Local Safety Procedures for Invasive Procedures (LocSSIPs) following the last cluster of NE's, and agreed that the blanket integration across the HB has left gaps with no audit process to check and review.</p> <p>It was acknowledged that changes to the investigative process over the last couple of years has been a huge help in terms of improving culture around reporting and reviewing such incidents, but further analysis and improvement in performance is urgently required.</p> <p><b>Plan</b></p> <p>The group discussed a number of potential improvement actions and revisited the previous NE Cluster overarching improvement plan.</p> <p>Never events will feature specifically on the Q&amp;S C agenda.</p> <p>Executive level discussions are on-going with regard the oversight of improvement and management of organisational risk at the appropriate level.</p>
<p><b>5.3.2</b></p> <p>Revised SI Toolkit</p>	<p>Updated SI toolkit was brought to the group for agreement. The greatest change is the extension of the toolkit to be used in Staff related incidents around Health and Safety so that the HB has one approach to all internal serious investigations.</p> <p>The group were advised that extension of the toolkit into H&amp;S incidents would form part of evidence of improvement to the H&amp;S Executive</p> <p>Relaunch and a programme of investigation training sessions are being offered throughout 2020.</p> <p>The group agreed the toolkit.</p>
<p><b>5.3.3</b></p> <p>Joint HB and WAST Incident Reviews</p>	<p>Planned meeting with WAST on the 9 January was postponed by WAST. Alternative dates are being arranged. Further update to group in Feb 2020</p>
<p><b>5.3.4</b></p> <p>Implementation of PROMPT in Maternity Services</p>	<p>Group were advised on good progress regarding the implementation of PROMPT. Further updated report to be submitted by end of year</p>
<p><b>5.3.5</b></p>	<p>The group received and reviewed the paper.</p> <p><b>Issue</b></p>

Maternity Performance Board Meeting	<p>One area identified as requiring urgent improvement was medical workforce compliance with CTG Monitoring training which is at 5%. The group were advised there is a consultant member on the Training and Education Forum who is pro-active in regard to medical training and targeted work in this area will be undertaken to improve performance.</p> <p>Central CTG Monitoring was identified by the group as a long term risk. Singleton confirmed this is a registered high risk as part of a performance review. External company have provided a fully costed plan. Funding application has been made to IBG but IBG have asked for a further cost/benefit analysis.</p> <p><b>Plan</b></p> <p>The group agreed more urgency around cost/benefit analysis is required and additional corporate support can be provided.</p> <p>Update on progress to be monitored by QSGG.</p>
5.3.6 HIW Maternity Services Action Plan	<p>The group were advised of the HIW visit which overall was positive with no areas of immediate assurance required.</p> <p>The group were informed there is an action plan in place within Maternity Services which is being monitored. On-going updates to Group will be made throughout the process.</p>
5.4	<b>Effective Care</b>
	No agenda items
5.5	<b>Dignified Care</b>
5.5.1 Complaints	<p>Group were advised a training programme is currently being put together around concerns response quality issues relating to themes and longest wait.</p> <p>It was noted overall that Service Delivery Units are managing complaints very well.</p> <p><b>Issue</b></p> <p>The group were informed that an Ombudsman Section 16 (public) case will be published soon. This is the first public case for SB UHB in long time. There are concerns with the reference to Paul Ridd case made by the Ombudsman in the draft report.</p> <p><b>Plan</b></p> <p>HB has communicated robustly to the Ombudsman but ultimately it was their decision as to whether or not to remove the reference.</p>

	<p>Morrison SDU confirmed that proactive communication will take place with the Ridd family if the Ombudsman decides to include the reference and the HB will seek to maintain current positive working relationships with the Ridd family.</p> <p>Matter will be discussed at Q&amp;S Committee</p>
<b>5.6</b>	<b>Timely Care</b>
<b>5.6.1</b>  Ambulance Delays	<p>As above – the group were informed that the meeting scheduled with WAST has been postponed.</p> <p>The group agreed there are lots of factors involved in this matter and that it is mainly that too many patients require admittance. The group received medical opinion that focusing on secondary issues, such as offload delays, will not address the underlying issues such as the demands on the acute service remains high.</p> <p>The group acknowledged this and added that the handover issue is still a high profile one which requires managing.</p> <p>Unscheduled care pressure will be discussed at Q&amp;S C specifically.</p>
<b>5.7</b>	<b>Individual Care</b>
<b>5.7.1</b>  Patient Experience	<p>The group acknowledged the drop in patient feedback.</p> <p>The group were advised with regard to 'Once for Wales', a decision will be made in March about which IT system will be used, and that ultimately, regardless of which system, it can only improve on the service provided.</p> <p>Morrison have received 2 'Happy Face' terminals which will be piloted within MIU and ED at Morrison.</p>
<b>5.7.2</b>  Arts in Health	<p>The group were updated regarding ongoing and nationally recognised work taking place within the team, where they have provided solutions to stop the escalation of patient complaints and delivering excellent training opportunities and assurance to staff.</p> <p>Going forward the Arts in Health (AIH) will be reporting to the QSGG.</p> <p>Members of the group thanked the team, acknowledging the excellent work that has taken place.</p> <p>It was agreed that closer working links between Q&amp;S and AIH will help identify more improvement opportunities for AIH to be involved in.</p>

	Estates representative asked AIH to work with estates colleagues to help staff understand how their service affects the patient journey, and how this would be an excellent training tool for estates staff (including porters) to showcase that their work is recognised and appreciated.
<b>5.8</b>	<b>Staff and Resources</b>
	No agenda items
<b>5.9</b>	<b>Gold Level Activity</b>
<b>5.9.1</b>  Ophthalmology Gold Command	<p>The Group were informed that overall trajectory target of 95% is on track for the end of March 2020. There was a 'blip' with diabetic retinopathy but overall doing very well.</p> <p>Concerns around the patients who are on waiting list for treatment and if they are coming to harm were discussed. Heightened scrutiny and concerns were acknowledged regarding Ophthalmology but assurance was given to the group that treatment for those waiting is based on risk of harm not RTT performance. No new incidents of harm were reported.</p>
<b>5.9.2</b>  TAVI	No formal update was received by the group.

## 6 Exception Reports from Service Delivery Units

### Morrison

Reports from the Quality & Safety meetings held within Morrison Delivery Unit were noted by the group.

- Acknowledged that the TAVI action plan work ongoing
- LoCSSIPs forms being updated
- Overview taking place on Never Events

### Singleton

Reports from the Quality & Safety meetings held within Singleton Delivery Unit were noted by the group.

- Experienced a 'near-miss' never event and reiterated the culture of theatre staff paying "lip service" and not taking the time to check.
- Improved F & F responses well above HB average
- Complaints response team now fully established
- SI - some over the timescales but this is linked to Ophthalmology
- Improvement in falls overall but repeater falls are increasing

### Neath Port Talbot

Reports from the Quality & Safety meetings held within Neath Port Talbot Delivery Unit were noted by the group.

- Ongoing risk of escalation being managed
- MIU getting busier
- Expanding medical footprint back into Ward A is resulting in greater pressure on medical workforce.
- National award RDC

Linking in with MH & LD around elderly patients in their care and associated MH conditions

### Primary Care & Community

Reports from the Quality & Safety meetings held within the unit were noted by the group.

- Some great news stories with the main being that Jean Saunders being named RCN Nurse of the Year – LJ acknowledged and advised of plan to place in this years AQS
- Some issues with long term sickness in the Quality and Safety Team which was impacting on the complaints management and KPI's
- 1 Never event in October (within HB total of 7) – investigation well progressed
- Current issue with Datix events being raised with Bridgend Services in relation to Service Level Agreement services. Joint working and sign posting to CTM HB for appropriate management.

### Mental Health & Learning Disabilities

Reports from the Quality & Safety meetings held within the Unit were noted by the group.

- Improvements in relation to Datix reporting ongoing, but improved position with regard to WG assurance following submission of SI closure forms



## 7 Main issues to be escalated to Quality & Safety Committee

- Use of fire doors during times of high demand
- Never Event position and requirement to review and manage overarching improvement plan at Corporate level

## 8 RECOMMENDATION

The Quality and Safety Committee is asked to:

1. Note report
2. For the Committee to highlight any areas of improvement they require of the Group to support current review and development.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
This paper provides a summary from the Quality & Safety Governance Group.		
Financial Implications		
None		
Legal Implications (including equality and diversity assessment)		
None		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		

<b>Report History</b>	N/A
<b>Appendices</b>	Nil