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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 April 2021	Agenda Item	4.5
Report Title	Quality and Safety Governance Group Report		
Report Author	Nigel Downes, Head of Quality and Safety		
Report Sponsor	Christine Williams, Interim Director of Nursing & Patient Experience		
Presented by	Nigel Downes Head of Quality and Safety		
Freedom of Information	Open		
Purpose of the Report	To provide the Committee with an update from the Quality and Safety Governance Group (QSGG)		
Key Issues	This paper supports provides the Quality and Safety Committee with an update on matters of Q&S overseen by the QSGG during Covid-19. The paper provides a formal route of escalation to QSC from QSGG where necessary.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note this report 		

Quality and Safety Governance Group Report

1. INTRODUCTION

This report provides the Quality and Safety Committee with an information report from the QSGG. This report outlines the key Quality and Safety areas discussed at the QSGG on **30 March 2021**. Please note that the format has changed to reflect how QSGG is currently dividing the agenda into Covid-19 and general Quality & Safety.

2. BACKGROUND

The 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

QSGG agenda has been amended during Covid-19 emergency preparedness to reflect a more concise approach.

Agenda template is not currently mapped against Health and Care standards themes as per previous/normal processes.

4. FINANCIAL IMPLICATIONS

None from this report

5. UPDATE REPORT

1	Reports/Reporting
1.1	Following documents were noted and accepted:
	<ul style="list-style-type: none">• Healthcare Inspectorate Wales Report - Oncology Ward, Singleton Hospital• Healthcare Inspectorate Wales Report – Minor Injuries Unit, Neath Port Talbot Hospital• Healthcare Inspectorate Wales National Review of Maternity Services – Phase One• Patient Flow & Rapid Discharge Policy• Application of <i>Putting Things Right (PTR)</i> and mortality reviews during the latest wave of coronavirus (COVID- 19) – Letter from Professor Chris Jones to UHB Chief Executives across Wales, dated 4 January 2021

1.2	Update Paper on LocSSIPs and NatSSIPs
	<ul style="list-style-type: none"> • The Internal Audit Department has raised that the Health Board had inadequate executive oversight of safety standards and audits of LocSSIPs. • Although LocSSIPs have been developed within departments, regular audits were not universally undertaken and results were only reported within units. <p>Action/Mitigation: Over the last 4 months, all directorates have been contacted to determine whether LocSSIPs are in place and whether regular audits are being performed.</p> <p>All the available LocSSIPs have been collected and placed in a single folder within the online COIN system.</p> <p>In order to provide adequate organisational assurance, it is recommended that a single list of procedures requiring the completion of a LocSSIP be created, with regular audits required for reporting through both local safety committees and the organisational Clinical Outcomes Group.</p> <p>Further discussions/work in this area would need to take place and return to QSGG. It was confirmed that independent contractors, such as dental practices, would also be included in these standards.</p>
General Quality & Safety Unit Exception Reports	
A1	<p>Morrison Service Group</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Progress continue to be made in terms of Nosocomial deaths reviews within the Service Group. • Controlled Drug Review investigation is currently being undertaken at Morrison, and to report back to QSGG in May 2021. • Significant progress has been made in relation to Covid Outbreak ward status. • Concerns raised re: Mandatory Training figures recorded only represents a small percentage of all training required within specialist areas of Morrison Service Group.

	<p>Action/Mitigation: See A8 below.</p> <ul style="list-style-type: none"> Falls and Pressure Ulcers increased during the COVID-19 peak. <p>Action/Mitigation: It was confirmed Falls and Pressure Ulcer work has been re-energised, with a Head of Nursing (HoN) chairing the Murrison Service Group Falls and Pressure Ulcer groups. Terms of Reference have also been refreshed along with the function of the groups. A Tissue Viability Nurse post is also being sought for the Service Group, as the Nurse Bank are currently providing support for this post.</p>
A2	<p>Singleton & Neath Port Talbot (NPT) Service Group</p>
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Revised Governance arrangements for the new service group are currently being developed. Issue of merging the Risk Management process of the new Service Group: Work is currently ongoing to merge the risk register from both sites. This will ensure a more streamline register and ensure that there is no duplication. Significant number of overdue incidents for investigation and closure are a governance concern. <p>Action/Mitigation: Significant work has been completed within this area to reduce the overdue incidents for investigation: Deputy HoN has been specifically working in reducing these numbers. The PU and Falls Scrutiny Panels have been running and there has been a significant reduction, although remains ongoing. Progress is being made against this theme and Service Group will report back regularly, as way of update, to QSGG.</p> <ul style="list-style-type: none"> An increase in the number of Ombudsman complaints in relation to Oncology services. It was noted that a number of complaints related to Oncology services that are also associated with other areas/specialities. Concerns were noted that these complaints may not demonstrate values based healthcare. A number of themes were identified e.g. Poor communication with both patient and relatives, lack of patient consent, and lack of support.

	<p>Action/Mitigation: an SBAR on the issue has been produced and has been circulated to Health Board Executives. Learning around these complaints/investigations would be shared to the Service Group and across the Health Board. Service Group to provide regular updates and report back to QSGG.</p> <ul style="list-style-type: none"> • It was confirmed that work in relation to Nosocomial deaths at the Singleton site has now been combined with NPT site and a combined approach was being undertaken.
A3	Maternity Service
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Staffing of a second Theatre within the service, to treat an emergency situation, is being reviewed by a working group, that is due to report on 20 April re: options appraisal of how to manage situations more effectively. <p>Action/Mitigation: This will be reviewed and a course of action decided following the review. QSGG will be updated accordingly following the review.</p> <ul style="list-style-type: none"> • Increase in still-births during 2020. <p>Action/Mitigation:</p> <p>A report has been provided to Quality and Safety Committee.</p> <p>A project is underway to complete in next month of how to improve position of 2020.</p> <p>In addition to the report, 2 Midwife Sonographers are currently undertaking training which is due to be completed in September. The Midwife Sonographers should be delivering a full service, in their role, by the end of the year and so will be able to scan regularly all pregnant women who smoke. This should have a positive outcome on this group of patients.</p> <p>A new ultrasound machine had been purchased by the Unit which would help support patients and staff.</p> <ul style="list-style-type: none"> • A review of governance within the department has taken place and a paper outlining a refresh to the governance arrangements is being drafted for the Service Group Quality Meeting. • Post Natal Wards complaints – there appears to be a trend/theme of complaints around partners not being allowed to visit and support post-natal.

	<p>Action/Mitigation: Head of Midwifery (HoM) working with HoM Wales Group to maintain a pan-Wales approach for this aspect of care.</p> <ul style="list-style-type: none"> • Induction of Labour (IOL) risk has been increased on Risk Register due to a number of occasions where had to stop/delay IOL due to Labour Ward Acuity/Neonatal Unit capacity and has involved transferring patients out of unit. <p>Action/Mitigation: This is an area that will be focussed on in the coming months. HoM to review and update QSGG on progress.</p> <ul style="list-style-type: none"> • Patient Experience has reduced during COVID-19. <p>Action/Mitigation: Work-streams are being developed to increase Patient Experience, including: Consultant Midwife undertaking work on Maternity Voices Programme, which is a programme from NHS England to review how improve partnership working with patients and families. HoM to update QSGG in due course.</p>
A4	Children and Young People's (CYP) Services
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • A number of incidents reported due to historic staffing requirements for paediatric assessment for safeguarding issues. <p>Action/Mitigation: Assurance provided that an action is now in place to ensure that the Nursing resource is in place when required.</p> <ul style="list-style-type: none"> • Ongoing risk of there not being a Named doctor for Safeguarding, which has gone on for an extended period of time, with numerous attempts at recruiting to this post. <p>Action/Mitigation: Service Manager is again attempting different approaches to recruit to this post, however it remains a risk. Mitigation around this risk includes: some of medical team undertaking some of the workload and support from the corporate team in relation to peer reviews that need to be undertaken.</p> <ul style="list-style-type: none"> • Risk: Compliance with British Association of Perinatal Medicine (BAPM) standards of nursing workforce within neonatal workforce in Neonatal Unit. <p>Action/Mitigation: ongoing work linked with early intra-utero transfers and CYP aiming to commit to receiving transfers from neighbouring health boards of women to level 3 Health Boards</p>

	<p>of women who are likely to deliver babies below 32 weeks. CYP have notified their neonatal and maternity networks that undertaking work in this area and are holding weekly meetings with Cwm Taf Morgannwg and Hywel Dda – this is helping to ensure CYP accept as many women as possible, whilst balancing against the neonatal and maternity capacity.</p> <ul style="list-style-type: none"> • A risk has been added to the risk register in relation to the lack of life support training. The group agreed that this was a Health Board wide issue and would be escalated. This is partly due to national life-support training and need for compliance on a 3-year basis. <p>Action/Mitigation: Solutions are being sought to ensure there is trained Paediatric cover for life support on each shift. See also A8 below.</p> <ul style="list-style-type: none"> • New risk on register around lack of trained support in Theatres when neonatal ENT procedure is taking place. Appears to be related to clinic availability and COVID-19. <p>Action/Mitigation: CYP are reviewing ways to mitigate this risk when activity increases. Risk Register is to be updated accordingly.</p> <ul style="list-style-type: none"> • It was confirmed that following a delay due to Covid it was hoped to launch The Children’s Charter soon (virtually) – there has been a 9-month delay. When it is launched to also raise importance of staff undertaking Children’s rights training across the Health Board. <p>Action/Mitigation: A presentation on this would be welcome at a future QSGG meeting, and inviting members of the Health Board and the Health Board’s Youth Board to that part of the meeting.</p>
A5	Primary Care and Community Services Group
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Pressure Ulcers in Care Homes is noted as the highest reason for incidents within the Service Group. <p>Action/Mitigation: investigations underway for all pressure ulcer incidents developed under Health Board care. Pressure ulcer investigations are reviewed in local pressure ulcer scrutiny panels and findings taken to the bi-monthly Group Pressure Ulcer Scrutiny panels. Reporting is taken to quarterly Health Board Pressure Ulcer Panel Scrutiny Group. The Service Group</p>

	<p>are also working with Care Homes into pressure ulcer management, and, due to COVID-19 social distancing requirements, some of this work is now also undertaking remote support over phone/virtual meetings.</p> <p>Risk in relation to Care Homes and support had de-escalated recently, to 12, and this risk would be included in future QSGG meetings, along with reporting on any Care Homes noted to have escalating concerns.</p> <ul style="list-style-type: none"> • Injury of unknown origin shows as the second highest reported incidents. <p>Action/Mitigation: Investigations have been commenced in this area and any learning will be shared on completion.</p> <ul style="list-style-type: none"> • Controlled Drugs – it was confirmed that the licence for Controlled Drugs in the prison was being progressed and awaiting final confirmation. <p>Additionally, a draft Controlled Drug Framework is currently being reviewed across the Service Group.</p> <p>A Terms of Reference for the Controlled Drugs and high risk medications group is also under review.</p> <p>An identified interim Q&S lead for Controlled Drugs has also been established to assist within this area.</p>
A6	Mental Health and Learning Disabilities Group
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • There has been an ongoing backlog of Serious Incidents. <p>Action/Mitigation: The Group now have a full team of investigators in place and are performance managing against their Quality and Safety prioritising template in relation to the current backlog of incidents. External training for investigators is to commence in April/May to ensure consistency of investigations across the Health Board. Will report back to QSGG.</p> <ul style="list-style-type: none"> • Nosocomial COVID-19 reviews: <p>Action/Mitigation: a plan has been established and reviews have commenced.</p>

	<ul style="list-style-type: none"> Falls: There has been an increase in Neck of Femur injuries. <p>Action/Mitigation: Falls Group is now firmly established which are reviewing specific incidents to ensure any learning is addressed and shared. Trends/themes will be regularly reported to QSGG.</p>
A7	Therapies and Health Sciences
	<p>A verbal report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> A Designated Education Clinical Lead Officer (DECLO) has been appointed to cover the Cwm Taf, Swansea Bay and Hywel Dda regions. Action: ongoing internal discussions on relationship.
A8	General Comment
	<ul style="list-style-type: none"> Colleagues raised concerns on the accuracy of the ESR Mandatory Training figures and the difficulty of some staff having accessing to the training. <p>Action/Mitigation: All future Group reports to QSGG would include ESR Mandatory Training compliance figures, and monitor local training compliance within the Service Group's Quality and Safety meetings.</p> <p>Discussions required with Workforce & OD and Head of Education, re: recording of/undertaking of training/specialist training. Update to return to next QSGG meeting.</p> <ul style="list-style-type: none"> Health & Care Standards were discussed. Service Groups were reminded of tight timescales around the completion of the Standards and of the submission date.
Part B	Covid-19
B1	Safeguarding
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Safeguarding ward spot audits have recommenced. IRIS training: Primary and Community Services have secured funding and this will commence from the 1 April 2021.

	<ul style="list-style-type: none"> MCA and DoLS training is ongoing on a monthly basis.
B2	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Following discussion, it was decided that the Once for Wales Concerns Management System (OfWCMS) was to go live on 12 April 2021. <p>The group also discussed the papers.</p> <p>Q&S Committee to receive direct report from Patient Feedback Services.</p>
B3	Infection Prevention Control
	The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.
B4	PPE Logistical Cell
	It was noted that All supplies are currently green.
B5	Safeguarding
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Safeguarding ward spot audits have recommenced. IRIS : Primary and Community Services have secured funding and this will commence from the 1 April 2021. MCA and DoLS training is ongoing on a monthly basis.

6 RECOMMENDATION

The Quality and Safety Committee is asked to:

- Note report
- 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 <i>(please choose)</i>	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 checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	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		
Report History	N/A	
Appendices	Nil	