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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 July 2021		Agenda Item	5.1
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. The paper provides a formal route of escalation to the Committee from QSGG where necessary.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 **01 July 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">• Update paper on the Health Board's Quality Priorities.• Revised QSGG TORs – updated paragraph: “To receive and monitor reports from the Health Board’s Clinical Outcomes and Effectiveness Group (COEG) on a monthly basis”.• Pressure Ulcer Prevention Strategic Group – Concise end of year report 2020-21. The report showed an overall increase of pressure ulcers across the Health Board of 28% when compared to 2019/20. <p>Action/Mitigation: Focussed improvement in pressure ulcer prevention. A draft pilot pressure ulcer tool is being piloted across 3 areas of the Health Board to assist with clinical learning and prevention.</p>

	General Quality & Safety Unit Exception Reports
A1	<p>Morrison Service Group The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • One Serious Incident Reported in May 2021. Action: A senior nursing review has been commissioned into the incident. • COVID-19 Patient Rapid Review Toolkit – at time of reporting only one further Patient Review Toolkit for the second COVID-19 wave requires scrutiny. • A retrospective review of 1st wave patients to identify patients who tested COVID-19 positive and are actual nosocomial infection. The review will be based on Public Health Wales' rules and will commence in July. <p>Morrison Service Group – Operational and Governance Reconfiguration</p> <p>Quality, Safety & Patient Experience Group The name of the Quality and Safety Group for the Morrison Service Group was formally updated to the Quality, Safety & Patient Experience Group.</p> <p>Operational Divisions Following the renaming of Delivery Units to Service Groups this has necessitated the need to rename historical Operational Service Groups to Divisions. The Operational Divisions within Morrison Service Group are:</p> <ul style="list-style-type: none"> • Medicine, Emergency Care and Hospital Operations • Specialist Surgical Services • Integrated Surgical Services • Clinical Support Services
A2	<p>Neath Port Talbot Singleton Service Group (NPTSSG) The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Potential missed opportunities for learning due to delays in investigating incidents. Action/Mitigation: at the time of the report to QSGG there are now 25 confirmed Serious Incidents (SI's) currently under investigation, which is an improved position as in May 2021 NPTSSG reported 47 SI's under investigation. • NPTSSG has introduced a process for the management and approval of all risks with a scoring of 20+.

	<ul style="list-style-type: none"> Memory Impairment Team have commenced the Proof of Concept project on NPT site on 1 June 2021. NPTSSG will report in regularly on project. In relation to complaints responses, NPTSSG reported that there is a need to improve quality of complaint responses. Action/Mitigation: NPTSSG will be holding quality improvement workshops, focusing on values based approaches, for complaints responses. NPTSSG reported a deficit in Medical Doctors compliance with IPC Level 2 training. Action/Mitigation: NPTSSG will be holding Face-to-Face training to increase compliance in this area.
A3	Maternity Service
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Final Birthrate+ Report received into Health Board. Urgent need to react to midwifery staff unavailability, due to COVID-19 shielding and maternity leave, identified a gap in compliance. Service Group Senior Leadership Team supporting plan for short term resolution. Medium to Long term workforce paper in preparation. <p>A gap between the budgeted establishment and required establishment was noted, with a need to mitigate and manage the establishment until Newly Qualified Midwives commence with the Health Board in September 2021. Assurance has been sought from HIW and a letter has been drafted and sent to HIW, with evidence based on 1 night-shift, which was particularly busy. The Health Board has also outlined evidence of safe staffing throughout July and August.</p> <p>Action/Mitigation:</p> <ul style="list-style-type: none"> All Band 5 staff, that were previously part-time, have now been increased up to fulltime hours. Similarly, Band 6 staff, if looking to increase hours, have also had increased hours, along with providing hours/contracts to retire and return midwife colleagues. Healthcare Support Workers have also been employed, where there has been a shortfall, which will allow Midwives to work at 'top of licence'. Midwives statutory mandatory training has been postponed for July, August and September, and will reconvene in October and November. The Midwives due to attend have been redeployed into the roster.

	<ul style="list-style-type: none"> • 12 Newly Qualified Midwives will commence as early as possible in September. • Completion of theatres option appraisal/ management and staffing of obstetric theatres is ongoing and has been delayed due to staff unavailability. • Complete procurement toward installation & training for central fetal monitoring system.
A4	<p>Children and Young People's (CYP) Services</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Lack of LD CAMHS Consultant and Community Paediatric LD Nurse in community nursing team to support C&YP with specialist support and care coordination. Action/Mitigation: CYP are coordinating care plans and assessments are present. Timescales of recruitment for a Band 7 role to assist in this area is imminent to go to advert. • Lack of access to the dedicated Childrens Outpatients' Department in Morriston, due to ongoing use of the environment by other services since COVID-19. • Continued delay in support for workforce needs in neonatal unit to meet British Association of Perinatal Medicine (BAPM) standards. Action/Mitigation: Currently being escalated to report back to QSGG. • Respiratory Syncytial Virus (RSV) Surge in children <p>The number of children who have not been exposed to RSV within the current population, is considerably higher than normal, raising the risks of more widespread infection as social-distancing, handwashing, facemasks etc... are relaxed. The Public Health model has been discussed with an expert working group of paediatric respiratory and infectious disease clinicians together with the Royal College of Paediatrics and Child Health. The planning assumptions are therefore working on a position of an earlier outbreak with 20-50% increase in total number of RSV cases / admissions and a sharper peak of 100%</p> <p>WG are leading a task and finish group across Wales to prepare for the anticipated increase. Surge plans are currently being developed which will require the support of services across the Health Board including primary and secondary care services.</p>

	<ul style="list-style-type: none"> Update re: Named Doctor for Safeguarding Children. The post and Job Description has been amended and is due to be advertised.
A5	Primary Care and Community Services Group The report was received and the key priorities/themes were noted as: <ul style="list-style-type: none"> Controlled Drug (CD) license and Framework for HMP Swansea is progressing. Action/Mitigation: Annual audit plan for the new HMP CD Standard Operating Procedure is in place, and audits in development to support staff and identify any gaps in Health Board CD policy. Regular meetings with CD Accountable Officer and the Group CD Lead. New Terms of Reference reviewed and agreed by the CD and High Risk Medications Q&S Group. Operational CD and High Risk Medication Groups agreed and commencing July 2021. Await CD License for HMP Swansea Special Care Dentistry Princess of Wales General Anaesthetic (GA) List for Adults/Paediatrics. The service has reactivated at significantly reduced capacity. Current waiting lists for the vulnerable group currently stands as at 07/06/2021: <ul style="list-style-type: none"> Paediatric GA Pre-assessment 12 months Paediatric GA Treatment 12 months Adults GA Pre -Assessment 15 months Adults GA Treatment 26 months This patient group is some of the most vulnerable in society. Access to care under GA is the only option for these patient cohorts who are experiencing conditions which cause pain, discomfort, swellings, and disruption to sleep, family life and education: similar non-dental conditions would lead to rapid admission as a priority into our specialist hospital services. Action/Mitigation: Continue to work with CTMUHB to increase capacity of SCD services on the POWH as a priority. Support the potential for SCD adult services to be relocated from POWH to either NPTH or Singleton Hospital. Task and Finish Group established November 2020.
A6	Mental Health and Learning Disabilities Group The report was received and the key priorities/themes were noted as: <ul style="list-style-type: none"> Implementation of the new SI framework including the completing of rapid reviews, reporting and meeting the 120-day time scale. Action/Mitigation: MHLDSG are developing processes to ensure that all relevant criteria are met are underway with reporting on the new framework.

	<ul style="list-style-type: none"> Valproate Action plan - The Service Group has been managing the risks presented to women of child bearing age who are prescribed Sodium Valproate in the management of their mental health and/or epilepsy. The Service Group reviews progress on a monthly basis. The most recent update demonstrates that there are a small number of hard to engage patients who remain outside of the review process. Action/Mitigation: The Service Group has therefore commissioned local prescribers to produce an individualised action plan for each patient who remains outside of the management plan. Complaint Management Action/Mitigation: Additional support is being added to the Service Group to improve on the performance and quality of complaints responses. Training is planned from the 'Putting Things Right Team' to update the Directorate Managers and Lead Nurses to improve the quality of complaint responses. In-depth reviews of complaints and their outcomes will be presented to the Service Group Quality and Safety Meeting on a quarterly basis to ensure that themes and hot spots/areas are identified and appropriate actions taken. Issues in relation to Serious Incidents relating to Learning Disability patients and choking on food incidents (over last 24 months) have been reviewed, with an Action Plan and Lessons-Learned Report produced, which will be brought to QSGG.
A7	Therapies and Health Sciences
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Care After Death Centre (CADC) Steering Board held a presentation where Dr Jason Shannon, Chief Medical Examiner, gave a presentation on the medical examiner legislation and a run through of what the expectations are around the medical examiner service in Wales to a grand round at Morriston on 13th May 2021, and over 70 people attended. The Health Board's submission for the NHS Wales Bereavement Consultation has been provided to Welsh Government.
2.1	Clinical Outcomes and Effectiveness Group (COEG)
	<ul style="list-style-type: none"> The COEG provided an introductory report to QSGG outlining an introduction to the COEG re: the processes implemented and in development to provide assurance regarding the Health Board's position in relation to:

	<ul style="list-style-type: none"> • Participation in the mandated national programme of audits and registries and the associated Welsh Government Assurance process. • The prioritisation of local audit activities. • The ability for Service Delivery Groups to learn from deaths utilising mortality data. • Reviews and the new Medical Examiners Service model and the receipt. • Review and response to new and updated guidance, techniques/procedures and treatments not specifically related to medicines management. • the dissemination of patient safety notices and monitoring of discharge summary performance data. 	
2.2	Morrison Controlled Drugs Assurance	
	<p>Morrison Service Group presented on the Controlled Drug Assurance Review.</p> <p>The Improvement Actions were noted as:</p> <ul style="list-style-type: none"> • More focus on Medication Administration as this is the most significant contributing factor to medication incidents • Change in process for the receipt of Controlled Drugs into Theatres/ITU/Radiology to explicitly check the integrity of individual ampules on receipt to support the identification of breakage within the transportation/distribution chain • Monitor behavioural/process change in the identification of damaged ampules over a 6mth period with a view to reducing the reporting of incidental damage identified at the point of use. • Standard Operating Procedure for the reporting of medication incidents to be revisited in order to ensure that staff report medication incidents consistently and that there is clear awareness of their roles and responsibilities specifically in relation to the management of controlled drugs • Report Update in +6mths to assess impact of change and improvement 	
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"> • SBUHB and their respective partners were issued with a notice for a Joint Inspectorate Review of Child Protection Arrangements (JICPA). Care Inspectorate Wales (CIW), Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS), Her Majesty's Inspectorate of Probation (HMI Probation), Healthcare Inspectorate Wales (HIW) and Estyn will be undertaking a JICPA 28th June- 2nd July 2021. 	

B2	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	The group received and discussed the papers. Q&S Committee to receive direct report from Patient Feedback Services.
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
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • No issues around PPE stock levels to report.

6 RECOMMENDATION

The Quality and Safety Committee is asked to:

1. Note the contents of the report.
2. For the Committee to highlight any areas of improvement they require of the Group, to support current review and development of Quality and Safety issues across the Health Board.

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	