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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 June 2021	Agenda Item	4.3
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 checked="" 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 **02 June 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">• HMP Review Inquest update/timeline action plan – Verbal Update – see A8 below.• Internal Audit Report QIA Process• All-Wales Nurse Documentation• National Patient Safety Incident Policy• Positive Patient Identification Policy
	General Quality & Safety Unit Exception Reports
A1	Morrison Service Group The report was received and the key priorities/themes were noted as: <ul style="list-style-type: none">• There were no Serious Incidents reported in April 2021.

	<ul style="list-style-type: none"> • COVID-19 Patient Rapid Review Toolkit – over 90% of Patient Review Toolkits had been scrutinised. • Swansea Bay University Health Board business case for the Care after Death Service was approved at the beginning of 4th May 2021. • The primary causation of staff incidents at work is related to behaviour of patients toward staff, including physical assault. The Morriston Risk Register currently has a risk of 20 in relation to violence and aggression against staff within the Emergency Department. Action/Mitigation: Funding to renew the CCTV system Emergency Department has been agreed with work to commence in June 2021. <p>Review of Staff Incident to be undertaken weekly by the Morriston HR Group in order to support proactive management of trends and themes – from 7th May 2021</p> <p>Dates for RIDDOR training for staff managing incidents occurring in the workplace circulated to Service Managers and Head of Nursing for wide cascade within their services. (dates available in June and July 2021 with training provided by H&S Team)</p> <p>Meeting with Mental Health Services to discuss the management of patients detained by the police under Section 136 of the Mental Health Act and brought to the Emergency Department at Morriston as a place of safety – June 2021</p> <p>Morriston has signed up to development of a violence reduction team project with south wales police which will see a nurse and advocate trained and funded to reduce violence in ED.</p> <ul style="list-style-type: none"> • The Morriston Hospital Service Group directors are commencing a process of review and redesign of the governance, risk and quality reporting structures throughout the Service Group. The Service Group Nurse Director in conjunction the Service Group Head of Q&S and the divisional triumvirates are leading on this.
A2	Neath Port Talbot Singleton Service Group
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • IP &C Governance Framework has been set up and there has been an inaugural meeting this month, with divisions holding their own IPC meetings.

	<ul style="list-style-type: none"> • A bi-annual Maternity Performance Review group is being held w/c 7 June as a forerunner of the Welsh Government 'Holding to Account' review on the 29 June 2021. • Delays in investigating incidents with potential missed opportunities for learning. The Service Group holds a significant risk in relation to the number of overdue incidents. Action/Mitigation: Progress continues to reduce the number of overdue incidents. However, numbers remain high and the risk of potential missed opportunities for learning due to delays in investigating incidents was noted. • Issue of merging the Risk Management process of the new Service Group continues. The service group has introduced a process for the management and approval of all risks with a scoring of 20+. • The Service Group highlighted work re: supporting ways of working with patients with memory impairment, for update QSGG with further developments next month. • COVID-19 Learning event took place in May, key learning around PPE compliance/fatigue and inter-transfer hospital transfers.
A3	Maternity Service
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Co-location of maternity services on same site as Intensive care and surgical services. Cluster of 3 cases of women who presented with medical emergencies in 2021. Total 5 women required ITU care in previous rolling year. Action/Mitigation: ITU team have been in contact with Obstetric Colleagues regards emergency equipment for obstetric emergencies on ITU. Risk assessment form to be completed to escalate to corporate risk register. • Failure to generate an NHS number at birth for second Twin at birth – due to user error. Action/Mitigation: Training from I.T has been extended. Additionally, a working group has been convened with representatives from Maternity, neonatal and Informatics. • Birth Rate Plus (BR+) summary has reported there is a deficit of 9.49 wte.

	Action/Mitigation: Paper currently being drafted, around BR+ summary and need for increased number of staff.
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"> Increased admissions of Young People with Mental health concerns requiring specialist CAMHS Services – particularly eating disorders, due to unavailability of Registered Mental Health Nurses. Action/Mitigation: RMNs to be recruited via Nurse Bank/Nurse Agency, although due to insufficiency of RMNs across Wales difficult to recruit. Mental Health/Learning Disability Service Group will report back on this issue in next month's QSGG. Extended lack of dedicated outpatient capacity for children at Morriston Hospital due to ongoing use of the environment by other services since COVID-19. Failure to recruit a Named Doctor for Safeguarding. Action/Mitigation: role has been re-approved and will be going out to advert for the 3rd time since September 2020. The Easy Read Children's Promise Charter has now been published.
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"> Controlled Drug (CD) license for HMP Swansea is progressing. Action/Mitigation: Controlled Drug Framework development continues with HMP Swansea and GPOOH. Annual audit plan for the new HMP CD Sops is in place, and audits in development to support staff and identify any gaps in HB CD policy. New Terms of Reference will be reviewed/agreed by the CD and High Risk Medications Q&S Group. Regular meetings with CD Accountable Officer and the Group CD Lead. CD License for HMP Swansea is currently being reviewed by the Corporate Team. New investment in workforce still awaited from Childrens Services, re: increasing Speech and Language Therapy service. Action/Mitigation: Escalation to Singleton/NPT Group Director regarding funding.

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"> • 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. The Service Group has therefore commissioned local prescribers to produce an action plan for each patient who remains outside of the management plan. • Falls group actions to investigate Fractured Neck of Femur incidents. Action/Mitigation: The Service Group Falls' Meeting reviewed and accepted 6 closure forms relating to Neck of Femur Fractures. Plans on the learning identified are being prepared by the wards for assurance. The only overarching learning in all reviews was that the patient had suffered a lack of sleep in the day/night prior to the fall and we will be looking at how we can develop learning around this to support the service areas. • Reducing Restrictive Practices (RRP) Steering Group is continuing to make progress against the action plan, under the themes of the strategic framework and the pledge that the Service Group has made to reducing restrictive practices across all our services.
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"> • The Health Board process for Consultant Practitioner Posts has currently been postponed as HEIW are carrying out additional work around the AHP Framework which will include consultant posts around enhanced practice, advanced practice and consultant work. This is a move towards having a framework and guidance for a consultant post for therapies and AHPs. • Work continues on the Draft Registration Policy. Comments from heads of Therapies & Health Sciences on the draft document had been incorporated into the draft. The document will be reviewed further by workforce & OD and then re-circulated for any additional comments.

	<ul style="list-style-type: none"> The advert for Sonographer Trainer is now live on Trac. This post will support the current staff undertaking the training, and also further students going forward.
A8	General Comment
	<ul style="list-style-type: none"> Antibiotic Stewardship Meetings are currently not taking place. Action/Mitigation: The Assistant Clinical Director (Health Board) to meet the Service Group Nurse Director to meet to facilitate recommencement of these Health Board meetings. <p>HMP Review Inquest update/timeline action plan</p> <ul style="list-style-type: none"> The action plans have been combined into one 13-point action plan to maintain and track accurate progress against the actions raised. Recent developments include a successful bid to set up a Mental Health Crisis Team. In addition, a Nurse Triage has been setup and the current module modernised; a practice nurse module is being trialled; a new pharmacy model has been implemented with a Band 5 technician joining the team. Action plans are currently on the risk register and updated regularly. Reports against the action plan are being reported to Nursing and Community Services Quality Services Meeting group which feeds into Primary and Community Therapies Quality & Safety Group. It was agreed that a written report would be brought to the group in August and thereafter quarterly within the PC & C exception report. <p>ESR/Mandatory Training</p> <ul style="list-style-type: none"> Assistant Manager OD & Learning for ESR provided an update on ESR and accuracy of recording mandatory training. <p>Action/Mitigation: Assistant Manager OD & Learning for ESR to meet with Assistant Director Nursing and Head of Quality and Safety to have further discussion outside QSGG.</p>
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"> No information from Swansea Local Authority was provided to be included in this month's report Iris referrals are increasing

	<ul style="list-style-type: none"> Plans are to include evaluation on training in next future reports.
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"> Once for Wales meeting taking place w/c 7 June 2021, to sense check on going live date plans which are scheduled for July 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
	<p>The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.</p>
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:

- Note the contents of the report.
- 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 (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 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		
(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		
Report History	N/A	
Appendices	Nil	