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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 October 2021	Agenda Item	6.1
Report Title	Quality and Safety Governance Group Report		
Report Author	Nigel Downes, Head of Quality and Safety		
Report Sponsor	Gareth Howells, Executive 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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>The Quality and Safety Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of the report. 2. 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. 		

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 **05 October 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

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"> • The Health and Social Care (Quality and Engagement) (Wales) Act 2020 Implementation Update – Summer 2021 • HIW Annual Report 2020-21 	
	General Quality & Safety Unit Exception Reports	
A1	Mental Health & Learning Disabilities Services Group	
	Report received – key priorities/themes were noted as:	
	<ul style="list-style-type: none"> • SI Investigations 	
	Fully closed Cases in by September	73
	SI's investigation completed for closure in September / October	22
	For closure by December	24

	<p>Action/Mitigation</p> <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 is ongoing. • Development of processes to ensure that all relevant criteria are met is underway and reporting on the new framework has started. • The Service Group Director is supporting the Service Group in having a clear plan to address the backlog of SIs and reporting. <p>• Court of Protection The management and coordination of Court of Protection cases is an area of concern within the Service Group, in relation to:</p> <ul style="list-style-type: none"> • Applications for individuals who have their liberty restricted in their best interests in settings other than hospitals and care homes. • Individuals challenging, via their advocate the restrictions that are in place under the Deprivation of Liberty authorisation. • Rarely, individuals challenging their capacity to make decisions, or one or more of the areas approved in the Deprivation of Liberty authorisation. <p>Action/Mitigation A work stream is being considered in the Service Group</p> <ul style="list-style-type: none"> • Identify processes to ensure efficient management of the cases and support teams when cases arise. • Provide training to staff on the expectations of the Court for relevant witness statements and evidence. • Ensure that staff have the support and resources needed for complex cases. • A meeting will be taking place to review resources to manage these cases within the Health Board. <p>• Health & Care Standards The completion of the Health Care Standards for 2021 – 22:</p> <ul style="list-style-type: none"> • The impact of 2nd and 3rd waves of COVID-19 has impacted on some of the proactive work that was being undertaken to improve services alongside work pressures impacting on the data collection may impact on outcome of the health care standards. • This may impact on the evidence available to support the achievement of improvement across the Health Care Standards. <p>Action/Mitigation</p> <ul style="list-style-type: none"> • Positive innovation and the focus on improving services in a time of difficulty has provided service change that was not envisaged before COVID-19 and can demonstrate service innovations and progress. • Updated reporting systems developed by the Corporate Q&S Team have assisted in improving the data collection systems
A2	Morrison Service Group
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Avoidable harm to patients as a consequence of excessive access waiting times across ALL categories of patient – current local risk score 25

Increasing number of complaints and incidents where patients have come to harm where there has been a MISSED opportunity to intervene and reduce harm. Score consistent with HB Risk Register.

As anticipated and escalated last month the 30day performance in July 2021 is below normal performance levels at **76%**. This performance is based on 51 formal complaints of which only 39 received a formal response within 30 working days.

Action/Mitigation:

- Review of Risk Registers to ensure being appropriately managed.
- Increase Medical engagement across all areas.
- Additional Support to Morriston Q&S Team:
 - Return of Band 6 from Adoption Leave (21/09/2021).
 - Replacement of Band 8a Team Lead due to start mid-October.
 - Additional temporary Senior Nurse support for 12mths due to start mid-October.

• **Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients – current local score 20**

Return to levels of demand pre-COVID-19 (7000+ per mth) combined with an increased patient acuity.

Action/Mitigation:

- Follow Escalation Policy.
- Working with patient flow project to improve this aspect.
- Funding has been approved. Situation flagged daily.
- WG South Wales Emergency Care Development Programme being developed.
- REACT Patients are prioritised whilst in A&E and attended according to clinical need/urgency.
- Patients transferred ASAP to appropriate ward areas. Additional capacity introduced during escalating pressure.
- Project boards established on both acute sites to define the model of care and emergency pathway on each site. Working with patient flow project to improve this aspect.

• **Avoidable patient harm as a result of nurse staffing deficits to undertake both direct and indirect nursing care – current local score 20**

Action/Mitigation:

- Daily challenge/risk in ensuring wards/depts are in line with NSA requirements.
- Increased acuity and demand in relation to the Emergency Department and Critical Care in addition to extended service provision within baseline services.
- Morriston Patient Escalation Pathway updated to reflect critical mass and immediate operational escalation/de-escalation of patients in order to ensure safety of patients

A3	Neath Port Talbot Singleton Service Group
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Sickness within nurse management team (matron group) has led to delays in investigating incidents and an increased number of overdue incidents. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • A task group is working through the open incidents for key areas, including pressure damage. • Head of Nursing, Adult Services has introduced weekly incident management meetings with her team to reduce the number of overdue incidents. <ul style="list-style-type: none"> • The Service Group is under extraordinary pressure across all clinical areas with significant demands on medicine and unscheduled care. <p>On 30 September the Corporate Nursing Q&S Team undertook an unannounced inspection using the Quality Assurance Framework. The Service Group are awaiting a formal report; verbal feedback was provided on the day regarding use of 5th Surge bed.</p> <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • In order to address the immediate requirements for more inpatient beds additional beds (5th surge bed) are placed temporarily in some bays on the wards or within the ward day rooms. These additional beds are an infection control risk. <ul style="list-style-type: none"> • A reduction in performance against 30 working day target (PTR Responses) due to Nurse Managers and Quality, Safety & Risk team vacancies and sick leave. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Currently, nurse staffing across the Service Group have been a more difficult challenge than PTR responses.
A4	Maternity Services
	<p>Report received – key priorities/themes were noted as:</p> <p>To note the update covers 1st – 31st August 2021.</p> <ul style="list-style-type: none"> • Critical midwifery staffing levels – Escalation provided to Welsh Government (Early Warning Notice) <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Suspension of home births, due for review in September, for feedback to group – for review on the 11/10/21 • Temporary closure of NPT Birth Centre – for review on the 11/10/21 • Daily monitoring/control meeting • Centralisation of community midwifery services • Further centralisation has resulted in the Senior Midwifery Management Team, specialist midwives and Birth Centre staff being based in Singleton site • Increase in hours for part-time midwives

	<ul style="list-style-type: none"> • Increase in support worker hours when registered staff unavailable • Introduction midwifery bank • All midwifery staff specialist and ward managers working clinical hours • Recruitment process for experienced Band 6 midwives. <ul style="list-style-type: none"> • All Health Boards in Wales are required by Welsh Government to have a service user group - Maternity Service Liaison Committee (MSLC). SBUHB MSLC disbanded pre Covid-19 pandemic are not reinstated. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • A Business proposal has been prepared for a “<i>Maternity Voices Partnership</i>”, which has been shared with the CHC and HB’s NMB who are in support of the proposal. The proposal awaiting approval and funding from the Service Group. <ul style="list-style-type: none"> • Lack of central Monitoring system in Singleton hospital <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Business case to release capital funding has been finalised. Awaiting final approval from Business Committee to commence project.
A5	Children’s Services
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • RSV Surge on Childrens and wider HB services <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • HB wide RSV action plan developed. <ul style="list-style-type: none"> • Pressure damage to the nasal area of premature babies receiving CPAP <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Review of all cases, involvement of equipment manufacture, tissue viability team and trial of new humidifiers. <ul style="list-style-type: none"> • Failure to find a suitable candidate to take on the role of Named Doctor Safeguarding <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Community Paediatric medical staff assisting to support gaps.
A1	Primary Care & Community Services Group
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Staffing pressures across all services <p>Services within the group have raised concerns regarding the sustainability of services due to increasing staffing pressures across community and therapy services.</p> <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Daily staffing huddle in place • Review of service configuration within District and Community services in order to release capacity to times of peak demand

	<ul style="list-style-type: none"> • Recognition of the pressure faced by staff both inside and outside of work due to the Pandemic • GP GMS Sustainability threatening continuity of core GMS services. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • GP Practices asked to complete Sustainability Matrix • Limited support available from within HB for practices at risk <ul style="list-style-type: none"> • Covid-19 Outbreak HMP Swansea <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Reported to WG as No Surprises 15.9.21 • Regular incident control meetings with PHW • PCR testing on admission and Day 5. • All new arrivals cohorted in induction unit prior to being moved to main prison • Restrictions to visiting • Testing of staff group where there had been positive case • Daily update reports sent to Service Group • No new cases since 19.9.21
2.1	Clinical Outcome Effectiveness Group (COEG) Report
	<p>Report received – 3 highlighted areas noted as:</p> <ul style="list-style-type: none"> • Learning: <p>The group is keen to ensure that the Service Delivery Groups are able to learn from each other in terms of the models they employ within their areas to receive, review, reflect on and learn from deaths.</p> <p>Adoption of Infection Prevention and Control and Antimicrobial Stewardship into the Terms of Reference also provides an opportunity for the group to ensure that Service Delivery Groups learn from each other and engage in establishing effective frameworks for the improvement of infection prevention and control and antimicrobial stewardship.</p> <p>New Discharge Summary Policy endorsed.</p> <ul style="list-style-type: none"> • Priorities: <p>The current priority of the group is to finalise the Antimicrobial Stewardship Framework.</p> <ul style="list-style-type: none"> • Risks: <p>Engagement from the Service Delivery Group Medical Directors in discussing their processes, outcomes and effectiveness of actions taken within their own areas contributes to minimizing risks.</p>
2.2	Health & Care Standards (HCS)
	<p>Timetable of HCS provide previously to QSGG. Mini-Scrutiny Panel was due to review HCS in October, however due to second quarter reporting arrangements, this is now taking place on 24 November 2021.</p>

2.3	Care After Death Service
	QSGG received a presentation on the service.
Part B	COVID-19
B1	Infection Prevention and Control
	<ul style="list-style-type: none"> The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.
B2	PPE Logistic Cell
	No issues to report
B3	Safeguarding
	The group received and discussed the papers. Q&S Committee to receive direct report, as part of in-committee agenda, directly from the Safeguarding team.
B4	Putting Things Right
	The group received and discussed the papers. Q&S Committee to receive direct report from Patient Feedback Services.

6 RECOMMENDATION

The Quality and Safety Committee is asked to:

- i. Note the contents of the report.
- ii. 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	