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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 September 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Quality and Safety Governance Group Report</b>		
<b>Report Author</b>	Nigel Downes, Head of Quality and Safety		
<b>Report Sponsor</b>	Christine Williams, Interim Director of Nursing & Patient Experience		
<b>Presented by</b>	Nigel Downes, Head of Quality and Safety		
<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 (QSGG)		
<b>Key Issues</b>	<p>This paper supports provides the Quality and Safety Committee with an update on matters of Q&amp;S overseen by the QSGG. The paper provides a formal route of escalation to the Committee from QSGG where necessary.</p> <p>Updated 100-day plans for the HB's 5 Quality and Safety Priorities.</p>		
<b>Appendices</b>	<p>Appendix A – 100-day plan End of Life Care</p> <p>Appendix B – 100-day plan Sepsis Prevention</p> <p>Appendix C – 100-day plan Healthcare Acquired Infections</p> <p>Appendix D – 100-day plan Suicide Prevention</p> <p>Appendix E – 100-day plan Falls Prevention</p>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>Approval</b>
			<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note this report</b></li> </ul>		

## 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 September 2021**. Please note that the format has changed to reflect how QSGG is currently dividing the agenda into Covid-19 and general Quality & Safety.

Additionally, this report also includes the updated 100-day plans for the HB's 5 Quality and Safety Priorities: End of Life Care; Sepsis Prevention; Healthcare Acquired Infections; Suicide Prevention, and Falls Prevention.

### 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"><li>• <b>Ward A Morriston Assurance Visit Report (28 June 2021)</b></li></ul> <p>Following concerns re: Student Nurses complaining about issues on the ward, Student Nurses were removed from placements on the ward. This was highlighted to Q&amp;S Committee in June and July 2021.</p> <p>Unannounced review undertaken on Ward A, Morriston Hospital on 28/06/2021. The overall score of the review was 72.2%.</p> <p>The Review Team felt the area to be safe for patient care. There were, however, a number of areas require improvement. The Service Group has completed an action plan, which is being monitored and updated.</p> <p>The HB is looking to restart student placements to Ward A. Discussions with managers and University is currently taking place.</p> <p>Service Groups to ensure regular assurance visits are planned/diarised, subject to any extreme service pressures.</p>

	General Quality & Safety Unit Exception Reports
A1	Primary Care & Community Services Group
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li> <b>HIW Report Immediate Assurance GP Practice</b> <p>An immediate improvement plan was actioned relating to ‘a lack of evidence that robust and appropriate infection control measures and checks were in place’.</p> </li> <li> <b>Additional Learning Needs and Educational Tribunal (ALNET) Act (Wales) 2018 Risks</b> <p>New statutory duties under ALNET introduced 1 Sept 2021.</p> <p>The HB at risk of not meeting its statutory duties under the ALNET Act (Wales) by September 1st 2021 – as a number of key professionals engaged with the process being deployed to support the Health Board’s Covid-19 response.</p> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>DECLO post recruited.</li> <li>ALN Clinical Transformation Lead in place.</li> <li>Regional working arrangements in place across SBUHB, HDUHB and PTHB.</li> <li>Swansea Bay Operational Group established.</li> <li>Regional Health Implementation Plan in place.</li> </ul> </li> <li> <b>Insufficient Medical resource to support the Acute Clinical Team (ACT)</b> <p>Currently have GP 4xweek (3 different GPs) short term.</p> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>Consultant available if needed for ad hoc for telephone advice and undertakes weekly board round (Wednesday).</li> <li>No Swansea patients seen by consultant face to face.</li> <li>No current Consultant post available for ACT, as previous supporting consultant in new role in secondary care setting.</li> </ul> </li> </ul>
A2	Mental Health & Learning Disabilities Services Group
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li> <b>SI Investigations</b> <ul style="list-style-type: none"> <li>Implementation of the new SI framework including the completing of rapid reviews, reporting and meeting the 120-day time scale is ongoing.</li> <li>Development of processes to ensure that all relevant criteria are met is underway and reporting on the new framework has started.</li> <li>The Service Group Director is supporting the Service Group in having a clear plan to address the backlog of SIs and reporting.</li> </ul> </li> <li> <b>Court of Protection</b> <p>The management and coordination of Court of Protection cases is an area of concern within the Service Group, in relation to:</p> </li> </ul>

	<ul style="list-style-type: none"> <li>• Applications for individuals who have their liberty restricted in their best interests in settings other than hospitals and care homes.</li> <li>• Individuals challenging, via their advocate the restrictions that are in place under the Deprivation of Liberty authorisation.</li> <li>• Rarely, individuals challenging their capacity to make decisions, or one or more of the areas approved in the Deprivation of Liberty authorisation.</li> </ul> <p><b>Action/Mitigation</b> A work stream is being considered in the Service Group</p> <ul style="list-style-type: none"> <li>• Identify processes to ensure efficient management of the cases and support teams when cases arise.</li> <li>• Provide training to staff on the expectations of the Court for relevant witness statements and evidence.</li> <li>• Ensure that staff have the support and resources needed for complex cases.</li> <li>• A meeting will be taking place to review resources to manage these cases within the Health Board.</li> </ul>
<b>A3</b>	<b>Therapies &amp; Health Sciences Services Group</b>
	<ul style="list-style-type: none"> <li>• A charitable fund for the Care After Death Centre has been approved.</li> <li>• There are plans in place to transfer the Patient Affairs Teams over to the Care After Death Centre by 1<sup>st</sup> September 2021.</li> <li>• There are plans in place for all deaths to be taken through the Medical Examiner Process by the end of September 2021.</li> </ul>
<b>A4</b>	<b>Morrison Service Group</b>
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li>• <b>Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients – current local score 25</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Follow Escalation Policy.</li> <li>• Working with patient flow project to improve this aspect.</li> <li>• Funding has been approved. Situation flagged daily.</li> <li>• WG South Wales Emergency Care Development Programme being developed.</li> <li>• REACT Patients are prioritised whilst in A&amp;E and attended according to clinical need/urgency.</li> <li>• Patients transferred ASAP to appropriate ward areas. Additional capacity introduced during escalating pressure.</li> <li>• 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.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Avoidable harm and poor patient experience due to lack of timely mental health assessment for children and young people – current local score 20</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Pathways being developed to address the needs of children and young people under 18 in the ED with Mental Health and Deliberate Self Harm issues.</li> </ul>

	<ul style="list-style-type: none"> <li>• Head of Nursing meeting with CAMHS and Paediatrics.</li> <li>• Morriston Service Group to link with Mental Health in Children &amp; Young People to develop future pathways in this area.</li> </ul> <p>• <b>Avoidable harm to patients as a consequence of excessive access waiting times across ALL categories of patient – current local risk score 20</b></p> <p>Currently weak assurance in the system and at the degree of harm as a result of delays in accessing services cannot be quantified</p> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Review of Risk Registers to ensure being appropriately managed.</li> <li>• Increase Medical engagement across all areas.</li> </ul>
<b>A5</b>	<b>Neath Port Talbot Singleton Service Group</b>
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li>• <b>Sickness within nurse management team (matron group) has led to delays in investigating incidents and an increased number of overdue incidents.</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• A task group is working through the open incidents for key areas, including pressure damage.</li> <li>• <b>There is a risk to the provision of safe care as a result of nurse and midwifery staffing deficits across adult services, maternity and NICU.</b></li> <li>• <b>Challenges to maintaining and further improving complaints management performance against 30 working day target due to Nurse Managers and Quality, Safety &amp; Risk team vacancies and sick leave.</b></li> </ul>
<b>A5.1</b>	<b>Maternity Services</b>
	<p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li>• <b>Critical midwifery staffing levels – Escalation provided to Welsh Government (Early Warning Notice)</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Suspension of home births, due for review in September, for feedback to group</li> <li>• Daily monitoring/control meeting</li> <li>• Centralisation of community midwifery services</li> <li>• Increase in hours for part-time midwives</li> <li>• Increase in support worker hours when registered staff unavailable</li> <li>• Introduction midwifery bank</li> <li>• All midwifery staff specialist and ward managers working clinical hours</li> <li>• Recruitment process for experienced Band 6 midwives.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• 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 will need approval and funding from the Service Group.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Lack of central Monitoring system in Singleton hospital</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Business case to release capital funding has been finalised. Awaiting approval from Business Committee to commence project.</li> </ul>
A5.2	<p><b>Children’s Services</b></p> <p>Report received – key priorities/themes were noted as:</p> <ul style="list-style-type: none"> <li>• <b>RSV Surge on Childrens and wider HB services</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• HB wide RSV action plan developed.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Neonatal staffing below BAPM Standard for workforce</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Support for additional funding to meet standards.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Failure to find a suitable candidate to take on the role of Named Doctor Safeguarding</b></li> </ul> <p><b>Action/Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Community Paediatric medical staff assisting to support gaps.</li> </ul>
2.1	<p><b>End Of Life Care (EOLC) Steering Committee</b></p> <ul style="list-style-type: none"> <li>• Terms of Reference updated to reflect the reporting of HB’s Quality Priority for EOLC.</li> <li>• A sub-group that has been created to address the Quality Priority EOLC planning and implementation, which will feed into the EOLC Group and then QSGG.</li> <li>• Work is underway around the DNRCPR policy – which will include a task and finish group to create and implement a framework of this all-Wales Policy.</li> </ul>
2.2	<p><b>Health &amp; Care Standards (HCS)</b></p> <p>Timetable of HCS provide previously to QSGG. Mini-Scrutiny Panel to review HCS taking place in October. Post QSGG meeting, due to second quarter reporting arrangements, this is now taking place on 24 November 2021.</p>

<b>2.3</b>	<b>Qualities Priorities Update</b>
	Update Report highlighted the progress made in terms of recruitment. Some actions, on 100-day plan, have been impacted/delayed due to previous funding/recruitment issues.
<b>2.4</b>	<b>COEG Report</b>
	<p>Report received – 3 highlighted areas noted as:</p> <ul style="list-style-type: none"> <li>• The adoption of Infection Prevention and Control and Antimicrobial Stewardship into the Terms of Reference provides an opportunity for the Clinical Outcomes and Effectiveness Group to ensure that Service Delivery Groups have an opportunity to learn from each other and engage in establishing effective frameworks for the improvement of infection prevention and control and antimicrobial stewardship.</li> <li>• To finalise the Antimicrobial Stewardship Framework. Disseminate the Clinical Audit and Effectiveness Policy supporting the Executive Medical Directors vision for a hierarchy of audit priorities, meeting the needs of the Health Board, Services and doctors in training.</li> <li>• Tackling Infection Prevention and Control and Antimicrobial Stewardship via a Health Board Framework and Service Delivery Group Medical Directors discussing the outcomes and effectiveness of actions taken within their own areas, contributing to learning opportunities, will contribute to minimizing risks</li> </ul>
<b>Part B</b>	<b>COVID-19</b>
<b>B1</b>	<b>Infection Prevention and Control</b>
	The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.
<b>B2</b>	<b>PPE Logistic Cell</b>
	No issues to report
<b>B3</b>	<b>Safeguarding</b>
	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.
<b>B4</b>	<b>Putting Things Right</b>
	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:

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.

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Define governance structures to support the quality priority	18/06/21	21/06/21	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Task group to agree immediate priorities	07/06/2021	07/06/2021	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Review EOLC Group terms of reference to reflect quality priority	08/06/2021	12/07/2021	Completed		



## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Identification of GP representative within EOLC Board	13/07/2021	13/07/2021	Completed		
	Completion of National End of Life Care Audit	Participation in the National End of Life care Audit	Identification of clinician in each service group to review notes	12/07/2021	12/07/2021	Completed		
	Completion of National End of Life Care Audit	Participation in the National End of Life care Audit	Completion of notes review	13/07/2021	15/09/2021	On Track		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Review quality of care at End of Life	Review Data	Case note review of sample of patients who died within 48 hours of admission since 1.4.21	02/06/2021	31/03/2022	On Track	Recruitment to Posts within EOLC team.	
	Review quality of care at End of Life	Review Data	Review concerns and incidents relating to EOLC for past 3 years	02/06/2021	31/12/2021	On Track	Recruitment to Posts within EOLC team.	
	Review quality of care at End of Life	Review Data	Ensure that Signal system records patients in last days of life	31/08/2021	30/09/2021	On Track		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Map Provision of End of Life care within District Nursing services	Review Data & Informatics		12/07/2021	31/12/2021			
	Map Provision of End of Life care within District Nursing services	Review Data & Informatics	Identification of Informatics Lead to support with data processing	12/07/2021	12/07/2021	Off Track		
	Map Provision of End of Life care within District Nursing services	Review Data & Informatics	Processing District Nursing data to format than can be interrogated	13/07/2021	31/12/2021	On Track		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Development of training plan to support achieving the priority	Development of training plan to support achieving the priority		10/05/2021	10/12/2021	On Track		
	Deliver communication bulletin to HB staff regarding quality priority				10/05/2021	Completed		
	Recruit EOLC Clinical Specialist	Recruitment Process		15/06/2021	01/12/2021	On Track		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruit EOLC Clinical Specialist	Recruitment Process	Confirmation of resource	15/06/2021	27/07/2021	Completed		
	Recruit EOLC Clinical Specialist	Recruitment Process	Development of job description	16/06/2021	29/06/2021	Completed		
	Recruit EOLC Clinical Specialist	Recruitment Process	Advertisement and recruitment	30/06/2021	19/07/2021	Completed		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruit EOLC Clinical Specialist	Recruitment Process	Commencement of post	20/07/2021	01/12/2021	On Track		
	Recruit EOLC Clinical Advisor	Recruitment Process	Recruit to Post	16/06/2021	16/06/2021	Completed		
	Recruit EOLC Clinical Advisor		Complete NCA Assurance Proforma	16/06/2021	16/06/2021	Completed		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruit EOLC Clinical Advisor		Include EOLC quality audits in annual audit plan	30/06/2021	30/06/2021	Completed		
	Recruit EOLC Clinical Advisor		EOLC to feature in Mortality Review Panels	30/06/2021	30/06/2021	Completed		
	Recruit EOLC Clinical Advisor		Consider EOLC in management of Long Covid	30/06/2021	30/06/2021	Completed		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.	Review training data		11/07/2021	31/12/2021	On Track		
	Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching	Review training data	Submission of NACEL information	11/07/2021	31/10/2021	On Track		



## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	EOLC from 1yr down.							
	Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.	Increase training of EOLC across HB	Establish EOLC Champions across all services	11/07/2021	31/12/2021	On Track		
	Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in	Increase training of EOLC across HB	Undertake training needs analysis in communication and EOLC	01/08/2021	31/12/2021	On Track		

## Annual Priority – 100 Day Plan Reduction of End of Life Care

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	recognition and management of patients approaching EOLC from 1yr down.							
	Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.	Increase training of EOLC across HB	Intranet article to raise awareness	01/08/2021	11/10/2021	Completed		

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	<b>Goal</b>	<b>Method</b>	<b>Action</b>	<b>Start date</b>	<b>Due date</b>	<b>Status</b>	<b>Dependent on</b>	<b>Enablers</b>
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.		07/06/21	30/09/2021	On Track		
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Task group to agree immediate priorities	07/06/2021	07/06/2021	Completed		

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Review Terms of Reference for RADAR Group and overarching reporting structure to incorporate existing work in to increase recognition and treatment of sepsis across the health board	08/06/2021	30/09/2021	On Track		Original Due Date 22/06/2021. Task group have agreed immediate priorities. To discuss and review TORs at next RADAR Group 27/09/2021
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Nominated representative from each Service Group to attend RADAR Group	23/06/2021	30/09/2021	On Track		Original Due Date 05/07/2021. To discuss and review TORs at next RADAR Group 27/09/2021 Review Terms of Reference for RADAR Group and overarching reporting structure to incorporate existing work in to increase recognition and treatment of sepsis across the health board.

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Agreement of service group reporting templates	23/06/2021	30/09/2021	On Track		Original Due Date 29/06/2021. To discuss and review TORs at next RADAR Group 27/09/2021 Review Terms of Reference for RADAR Group and overarching reporting structure to incorporate existing work in to increase recognition and treatment of sepsis across the health board.
	Strengthen RADAR Group and establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Confirm Project Lead	12/07/2021	12/07/2021	Completed		

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Identification of baseline data	Review Data	Review infrastructure for collection of sepsis data	16/06/2021	30/11/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 31/07/2021. Previous sepsis data identified. Further infrastructure to be identified.
	Identification of baseline data	Review Data	Review infrastructure for analysis of sepsis data	16/06/2021	30/11/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 31/07/2021. Previous sepsis data identified. Further infrastructure to be identified.
	Development of training plan to support achieving the priority			31/07/2021	30/09/2021	Off Track	Dependent on key personnel to support delivery	

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Development of training plan to support achieving the priority	Review data and develop training plan	Collate and report mandatory training compliance within service groups	31/07/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 31/07/2021.
	Development of training plan to support achieving the priority	Review data and develop training plan	Develop training needs analysis across HB (including Primary Care providers)	02/08/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 30/09/2021.
	Recruitment of key personnel to support delivery	Recruitment Process		15/06/2021	31/10/2021			Original Due Date 01/09/2021. Funding secured. Band 8 post JD drafted and to be agreed by key group.

**100 Day Plan**  
**Annual Priority – Sepsis Prevention**

**Appendix B**

	<b>Goal</b>	<b>Method</b>	<b>Action</b>	<b>Start date</b>	<b>Due date</b>	<b>Status</b>	<b>Dependent on</b>	<b>Enablers</b>
	Recruitment of key personnel to support delivery	Recruitment Process	Confirmation of resource	15/06/2021	27/07/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process	Recruitment to 2 x Clinical Sessions	16/06/2021	01/11/2021	On Track		Original Due Date 31/07/2021. Confirmation of resource. Recruitment process to be followed
	Recruitment of key personnel to support delivery	Recruitment Process	Development of job description Band 8A and Band 6 posts	16/06/2021	23/09/2021	On Track		Original Due Date 12/07/2021. Confirmation of resource. JDs drafted to be agreed by key group.
	Recruitment of key personnel to support delivery	Recruitment Process	Advertisement and recruitment of posts	02/08/2021	08/10/2021	On Track		Original Due Date 02/08/2021. Job Description 90% complete for Band 8A and Band 6 posts



	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruitment of key personnel to support delivery	Recruitment Process	Commencement of Band 8 post	03/08/2021	01/12/2021	On Track		

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Define governance structures to support the quality priority	18/06/21	21/06/21	Completed		
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Development of a ward to board dashboard to enable oversight of key indicators and early intervention.	Development of a ward to board dashboard to enable oversight of key indicators and enable early intervention	18/06/21	31/03/22	On-track		Informatics input
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Development of a ward to board dashboard to enable oversight of key indicators and early intervention.	Engage with Informatics to develop dashboard system for HCAI	18/06/21	31/07/21	Completed		Informatics input

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Development of a ward to board dashboard to enable oversight of key indicators and early intervention.	Currently in process of developing ward to board project delivery plan with clear timescales for delivery. Initial due date of 31/07/2021, updated due date 26/10/2021.	21/06/21	10/09/21	On-track		Informatics support.
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Educational support to relevant professionals.	Achieve compliance with staff training. Initial due date of 18/06/2021, updated due date 26/10/2021.	18/06/21	26/10/21	Not started		Investment into ESR for self-service model.
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	<ul style="list-style-type: none"> <li>Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care &amp; Community Services.</li> <li>Recruitment of 1 x Enhanced Decontamination Manager (Band 6).</li> </ul>	Confirmation of resources for additional staff.	18/06/21	29/06/21	Completed		Finance – Approval 11/08/21.

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	<ul style="list-style-type: none"> <li>Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care &amp; Community Services.</li> <li>Recruitment of 1 x Enhanced Decontamination Manager (Band 6).</li> </ul>	Development of band 6 job description			Completed		
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	<ul style="list-style-type: none"> <li>Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care &amp; Community Services.</li> <li>Recruitment of 1 x Enhanced Decontamination Manager (Band 6).</li> </ul>	Advertisement and recruitment to post Approval of Vacancy Control Panel 02/09/2021. Vacancy to go for advertisement of role 14/09/2021.	21/06/21	21/06/21	Off-track		Initial issues with Finance. Therefore, delay to advertising of post. Personal Specification now with Job matching and Job evaluation panel.
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	<ul style="list-style-type: none"> <li>Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care &amp; Community Services.</li> <li>Recruitment of 1 x Enhanced Decontamination Manager (Band 6).</li> </ul>	Commencement of post-holder. Initial due date of 30/09/2021, updated due date 30/11/2021.	22/06/21	30/11/2021	On-track		See above delay re: issues with Finance. Therefore, delay to advertising of post. Likely delay to commencement of post-holder and completion date may require amending.

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care & Community Services.	Development of specification for sessional GP roles. Initial due date of 31/07/2021, updated due date 30/11/2021.	21/06/21	31/07/21	Completed		Workforce
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care & Community Services.	Advertisement of GP Roles Updated due date 31/10/2021.	22/06/21	31/10/21	On-track		Funding initially delayed. Therefore, due date amended.
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Recruitment of 2 x GP Clinical Sessions to lead on antimicrobial prescribing within Primary Care & Community Services.	Recruitment to sessions	23/06/21	05/11/21	On-track		Workforce

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Prudent antimicrobial prescribing.	Update gentamicin guidelines and reduce the renal threshold for prescribing gentamicin to increase usage	11/07/21	01/08/21	Completed		
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Prudent antimicrobial prescribing.	Begin discussions with ED on a proposal to remove "first dose" policy for single shot broad-spectrum antibiotics whilst bloods are awaited. Updated due date 26/10/2021.	11/07/21	26/10/21	On-track		
	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Prudent antimicrobial prescribing.	Introduce empirical oral options into sepsis guidelines to encourage earlier step-down from IV broad-spectrum antibiotics	11/07/21	20/09/21	On-track		
	Reduction of HCAI's Inc. C.Difficile, Klebsiella	Undertake Health Board rollout of Medicine Management – Electronic Prescribing and Administration system.	Request project plan from HEPMA implementation team	11/07/21	02/08/21	Completed		

## Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	and Staph Aureus							
SBU-TPO-QAS-2021	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Undertake Health Board rollout of Medicine Management – Electronic Prescribing and Administration system.	Revision of Digital Intelligence Project Resource Paper to include AMR data	11/07/21	02/08/21	Off-track		
SBU-TPO-QAS-2022	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Undertake Health Board rollout of Medicine Management – Electronic Prescribing and Administration system.	Identify technical specifications for LIMS and HEPMA systems.	11/07/21	10/09/21	On-track		
SBU-TPO-QAS-2023	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Undertake Health Board rollout of Medicine Management – Electronic Prescribing and Administration system.	Engage with Information Governance Teams (HB & DHCW) regarding data access requirements.	11/07/21	10/09/21	Completed		
SBU-TPO-QAS-2024	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Undertake Health Board rollout of Medicine Management – Electronic Prescribing and Administration system.	Identify barriers and solutions to progressing ward to board project delivery plan, with clear timescales for delivery.	11/07/21	30/11/21	On-track		

100 Day Plan  
Annual Priority - Reduction of Healthcare Acquired Infections

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
SBU-TPO-QAS-2025	Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staph Aureus	Engagement with the Multi-Disciplinary Team.	Intranet article to raise awareness	10/08/21	10/09/21	On-track		



**100 Day Plan**  
**Annual Priority – Suicide Prevention**

**Appendix D**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Define governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.		12/06/2021	31/10/2021	On Track		Governance to be finalised in Task Group Meeting 12/10/2021
	Define governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Task group to agree immediate priorities	08/06/2021	08/06/2021	Completed		
	Define governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Establish Quality Priority steering group to oversee programme	09/06/2021	28/06/2021	Completed		
	Define governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Engage with MAG regarding work programme through formal discussion	09/06/2021	31/10/2021	On Track		Task group to agree programme through next MAG meeting on 5/10/2021
	Identification of baseline data	Review Data			31/12/2021	On Track	Dependent on key personnel to support delivery	Previous suicide prevention data identified.

**100 Day Plan**  
**Annual Priority – Suicide Prevention**

**Appendix D**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
								Further data to be identified.
	Identification of baseline data	Review Data	Setting baseline parameters and methodology	06/07/2021	31/10/2021	On Track	Dependent on key personnel to support delivery	Previous suicide prevention data identified. Further data to be identified.
	Identification of baseline data	Review Data	Establish reporting dataset for suicide incidence, agreed through steering group	09/06/2021	31/10/2021	On Track	Dependent on key personnel to support delivery	Previous suicide prevention data identified. Further data to be identified.
	Development of communication and training plan to support achieving the priority			18/06/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	Previous suicide prevention data identified. Further data to be identified.
	Development of communication and training plan to support achieving the priority	Review Data and Develop Communications and Training Plan	Undertake Communication campaign to promote awareness of quality priority	06/07/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	

**100 Day Plan**  
**Annual Priority – Suicide Prevention**

**Appendix D**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Development of communication and training plan to support achieving the priority	Review Data and Develop Communications and Training Plan	Production of local action plan against Talk 2 Me	06/07/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	
	Identification/ development of initial baseline training for all front line staff	Review Training Data		06/07/2021	31/03/2022	On Track		
	Identification/ development of initial baseline training for all front line staff	Review Training Data	Develop programme and roll out plan for 2nd stage training to include STORM	16/06/2021	31/03/2022	On Track		
	Recruitment of key personnel to support delivery	Recruitment Process			31/10/2021	On Track		Finance confirmed, JD completed awaiting advert.

**100 Day Plan**  
**Annual Priority – Suicide Prevention**

**Appendix D**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruitment of key personnel to support delivery	Recruitment Process	Confirmation of resource	15/06/2021	27/07/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process	Development of job description	16/06/2021	29/06/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process	Advertisement and recruitment	30/06/2021	30/06/2021	Off Track		Finance Confirmed, JD completed awaiting Advert
	Recruitment of key personnel to support delivery	Recruitment Process	Commencement of post	01/07/2021	31/10/2021	On Track		Finance Confirmed, JD completed awaiting Advert
	Setting up of Suicide Prevention Quality Priority Group	Inaugural meeting of Suicide Prevention Quality Priority Group		01/08/2021	10/08/2021	Completed		
	Setting up of Suicide Prevention Quality Priority Group	Ongoing meetings of Suicide Prevention Quality Priority Group	Scope sub-groups for Suicide Prevention Quality Priority Group	11/08/2021	01/12/2021	On Track		

**100 Day Plan**  
**Annual Priority – Suicide Prevention**

**Appendix D**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Setting up of Suicide Prevention Quality Priority Group	Ongoing meetings of Suicide Prevention Quality Priority Group	Developing initial programme of work for QP Group and post-holder	01/09/2021	01/12/2021	On Track		
	Setting up of Suicide Prevention Quality Priority Group	Ongoing meetings of Suicide Prevention Quality Priority Group	Intranet article to raise awareness	30/08/2021	01/12/2021	On Track		

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.		08/06/2021	13/07/2021	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Task group to agree immediate priorities	08/06/2021	08/06/2021	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Terms of reference for overarching reporting structure to incorporate existing work in reducing inpatient falls and fractured NOF	09/06/2021	22/06/2021	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Initial meeting of overarching group	23/06/2021	12/07/2021	Completed		

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Establishment of sub-group structures	13/07/2021	13/07/2021	Completed		
	Establishment of governance structures to support the quality priority	Establish governance and reporting structures to deliver improvements against the priority across the Health Board.	Agreement of service group reporting templates	09/06/2021	12/07/2021	Completed		
	Identification of baseline data	Review Data and Findings		09/06/2021	30/11/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 09/08/2021. Previous inpatient falls data identified. Further data to be identified.
	Identification of baseline data	Review Data and Findings	Review of incidents of harmful falls to collate 3 year position across service groups	13/07/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 09/08/2021. Previous inpatient falls data identified. Further data to be identified and agreement of service group reporting template.

**100 Day Plan**  
**Annual Priority – Falls Prevention**

**Appendix E**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Identification of baseline data	Review Data and Findings	Collation of number of falls (harmful and non-harmful) per 1000 bed days for Q1	13/07/2021	31/12/2021	On Track	Dependent on key personnel to support delivery	Original Due Date 31/07/2021. Previous inpatient falls data identified. Further data to be identified and agreement of service group reporting template.
	Identification of baseline data	Review Data and Findings	Agreement on PROMS	09/06/2021	30/09/2021	On Track		Task group to agree immediate priorities. Group meeting on 22/09/2021 and will review task.
	Development of training plan to support achieving the priority	Review training data and establish training plan		31/07/2021	31/12/2021	On Track		Original Due Date 30/09/2021. Dependent on recruitment of key personnel.
	Development of training plan to support achieving the priority	Review training data and establish training plan	All Service Groups to confirm types of training/status re: Falls	31/07/2021	30/09/2021	On Track	Information requested from Service Groups. All Service Groups to confirm types of training/status re: Falls.	



**100 Day Plan**  
**Annual Priority – Falls Prevention**

**Appendix E**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Development of training plan to support achieving the priority	Review training data and establish training plan	Develop training needs analysis across HB (including Primary Care providers)	02/08/2021	31/12/2021	On Track		Original Due Date 30/09/2021. Dependent on recruitment of key personnel.
	Development of training plan to support achieving the priority	Review training data and establish training plan	Initial Scoping exercise around Community Falls Services	18/08/2021	18/08/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process		15/06/2021	31/10/2021	On Track		Original Due Date 09/08/2021. Funding secured. Band 8 post JD drafted and agreed by key group. Job uploaded to Trac NHS jobs.
	Recruitment of key personnel to support delivery	Recruitment Process	Confirmation of resource	15/06/2021	27/07/2021	Completed		

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	Recruitment of key personnel to support delivery	Recruitment Process	Development of job description Band 8	16/06/2021	22/06/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process	Advertisement and recruitment	23/06/2021	30/09/2021	Completed		
	Recruitment of key personnel to support delivery	Recruitment Process	Commencement of post	06/07/2021	01/12/2021	On Track		Original Due Date 05/07/2021. Funding secured. Band 8 post JD drafted and agreed by key group. Job uploaded to Trac NHS jobs.
	Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen	Inaugural meeting of HB wide Falls Prevention Quality Priority Group		14/07/2021	14/07/2021	Completed		

**100 Day Plan**  
**Annual Priority – Falls Prevention**

**Appendix E**

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	scope of current review to include community, WAST and secondary care.							
	Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care.	Ongoing meeting of HB wide Falls Prevention Quality Priority Group	Awareness campaign for National Falls Week	01/09/2021	30/09/2021	On Track		
	Establish HB Strategic Falls Group with oversight across entire	Ongoing meeting of HB wide Falls Prevention Quality Priority Group	Intranet article to raise awareness on Falls Prevention/Quality Priority	01/09/2021	30/09/2021	On track		

	Goal	Method	Action	Start date	Due date	Status	Dependent on	Enablers
	HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care.							

Appendix E

Annual Priority – Falls Prevention

	Goal	Method	Action	Start date	Due date	Status
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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	