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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th April 2022		Agenda Item	4.2
Report Title	Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 4th April 2022			
Report Author	Angharad Higgins, Deputy Head of Quality and Safety Hazel Powell, Deputy Director of Nursing			
Report Sponsor	Gareth Howells, Executive Director of Nursing & Patient Experience			
Presented by	Hazel Powell, Deputy Director of Nursing			
Freedom of Information	Open			
Purpose of the Report	To provide an update report of the Quality and Safety Governance Group (QSGG) meeting of 4 th April 2022 and a formal route of escalation of quality and safety issues from individual Service Groups.			
Key Issues	<ul style="list-style-type: none"> Individual Service Group quality and safety issues noted within Appendix 1 Format of reporting to reviewed to allow more focussed scrutiny and assurance in future Specific assurance regarding concerns management requested from Service Groups 			
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	Quality and Safety Committee are asked to: <ul style="list-style-type: none"> Note the contents of the overview report of the QSGG meeting of 4th April 2022 			

Quality and Safety Governance Group Report

1. INTRODUCTION

This report provides an outline of the key quality and safety areas discussed at the QSGG meeting on 4th April 2022.

2. BACKGROUND

QSGG was constituted to provide an operational focus and to strengthen the organisational flow of information to the Quality and Safety Committee. QSGG provides a monthly over report to the Committee and Management Board.

3. GOVERNANCE AND RISK ISSUES

The QSGG structures and terms of reference are currently under review following the outcome of the Health Board's review of quality and safety structures, this meeting was held under existing terms of reference.

3.1 Key areas of reporting

The specific areas of reporting at this month's QSGG meeting were received from:

General Quality & Safety Group Exception Reports

- Mental Health and Learning Disabilities Service Group
- Morriston Service Group
- Neath Port Talbot Singleton Service Group
 - Adult Services
 - Maternity Services (no report received, verbal update provided)
 - Children's Services
- Primary Community Therapies Service Group (no report received, verbal update provided)

Reporting

- Therapies and Health Sciences Highlight Assurance Group Report
- Clinical Outcomes and Effectiveness Group
- Health & Care Standards Update
- Infection Prevention and Control
- Safeguarding
- Putting Things Right
- CHC Report on Accessing Dental Services

3.2 Items for approval

- Referring Registrants Policy - Approved
- Community Health Council Reports Process – Approved
- Managing Complex Complainants and Reasonable Adjustment- Deferred

4. DISCUSSION THEMES

4.1 Reporting Template

The current template will be reviewed in order to provide more focus on the key quality and safety issues within each Service Group and clarity on mitigating actions and leads.

4.2 Learning from Patient Experience

Service Groups reported on patient experience information and local actions being taken to increase the number and quality of feedback received, including work to increase feedback rates within Children and Young People's Services.

4.3 Concerns Management

Service Groups reported risks to achieving the Welsh Government target for 30 day responses to concerns, these risks were due to factors including:

- Increased numbers of concerns received by Service Groups
- Staff vacancies and absences within Quality and Safety teams
- Staff vacancies and absences within services investigating concerns

Assurance on local systems to manage concerns and the action and support required to recover this position to be reported to the next meeting.

4.4 Assurance Audits

Service Group confirmed that their internal unannounced assurance audit programmes have recommenced

4.5 Quality and Safety Dashboard

Work to develop a quality and safety dashboard was supported.

5. FINANCIAL IMPLICATIONS

None from this report

Governance and Assurance		
Link Enabling Objectives (please choose)	to	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 checked="" 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 meeting.		
Financial Implications		
None		
Legal Implications (including equality and diversity assessment)		
Service Groups highlighted risks in relation to compliance with the Putting Things Right regulations.		
Staffing Implications		
Workforce issues are identified within the service group reports, along with mitigation to limit the impact of these.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The remit of the Quality, Safety and Governance Group reflects the aims of the Wellbeing of Future Generations Act.		
Report History		Quality and Safety Committee April 2022 Management Board April 2022
Appendices		Appendix 1- Service Group Exception Reports Appendix 2- Referring Registrants Policy Appendix 3- Community Health Council Reports Process Appendix 4- Community Health Council Report- Accessing Dental Services Thematic Report

Appendix (1) - Key quality and safety issues raised by each Service Group

Mental Health and Learning Disabilities Service Group

Quality Impact 1. Risk to patient and staff of Covid infection	
Actions Taken Silver Command in place to manage risk on a dynamic basis. Outbreak Management and Oversight meetings continue on a weekly basis	
Timescales Weekly review	Lead(s) Service Group Triumvirate
Monitoring and Reporting Arrangements Service Group Quality and Safety Group	
Quality Impact 2. Management of Court of Protection Cases	
Actions Taken The Service Group is working as part of the Liberty Protection Safeguards (LPS) structures within the organisation. A work-stream is in place to provide training for staff in LPS including training for medics on Section 49 reporting.	
Timescales Timescales awaited from Service Group	Lead(s) Group Nurse Director
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	
Quality Impact 3. Management of Complex Complaints	
Actions Taken <ul style="list-style-type: none"> - Review of resources within the quality and safety team in order to create a post to manage this work stream 	
Timescales Update to be provided at next meeting	Lead(s) Group Nurse Director
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	

Morrison Service Group

Quality Impact 1. Avoidable harm to patients as a consequence of excessive access waiting times across all categories of patient	
Actions Taken Local Mitigation <ul style="list-style-type: none"> - Weekly meetings in place - Outsourcing and insourcing schemes in place (Orthopaedics) - Theatre capacity allocated - Elective admissions managed on a daily on an individual patient basis Specialty Based Position Statements: Surgery <ul style="list-style-type: none"> - Outpatients – ongoing capacity constraints for clinic space – demand and capacity plans being progressed through outpatient recovery group. - Plans in place to recover theatre capacity to 19/20 level but acknowledge additional capacity in sub-specialities required - Urology and Ear Nose and Throat – not achieving 19/20 theatre capacity levels Orthopaedics <ul style="list-style-type: none"> - Key issue - access complex/ higher risk patients (currently requiring Morrison Hospital). - Work ongoing to develop clinical model in Neath and identify an elective area in Morrison. - Ongoing work to increase insourcing and outsourcing Cardiac Surgery <ul style="list-style-type: none"> - Focus on increase activity for elective inpatients to improve performance against Welsh Health Specialist Service Committee Long Term Agreement, but this is limited by reduced number of patients on the waiting list fit for surgery and 14 day isolation period as an obstacle for filling short notice cancellations. Plastics <ul style="list-style-type: none"> - Detailed improvement plan produced - Outpatient capacity increasing from Feb 2022 with job planning and Waiting List Initiative booked - Ongoing work to establish more elective surgery in Singleton - Further theatre capacity required in the region of 5 list per week (subject to sub speciality capacity planning) 	
Timescales Timescales for specialty improvement plans are reported to Planned Care Board	Lead(s) Service Group Triumvirate
Monitoring and Reporting Arrangements This risk reviewed weekly within the Senior Management Team and monthly by the Service Group triumvirate. The risk is reported and discussed across the HB in the monthly Risk Management Review Group and in HB Planned Care Board.	
Quality Impact 2. Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients	
Actions Taken <ul style="list-style-type: none"> - Targeted unscheduled care investment of £8.5m in the annual plan, including a new Acute Medical Model and dedicated ambulatory facility at Morrison Hospital (work commencing Dec 2021) - Daily Health Board wide conference calls/ escalation process in place. - Additional Senior Management resource in place – HB Head of Nursing for Patient Flow based at Morrison front door - Operational Service Manager of the Day Rota in place (by Division) - Additional surge capacity commissioned in the Tawe Unit at the front of the hospital has been decommissioned (Nov 2021) in order to allow building work for new Acute Medical Model to start. 	

<ul style="list-style-type: none"> - Focused project work at “front door” and cross inpatient “bed pool” to look at inward/outward patient pathways - Commissioning of additional bed capacity (Dyfed) for “Green2Go” patients 	
Timescales Work on ambulatory care facility has commenced	Lead(s) Service Group Triumvirate
Monitoring and Reporting Arrangements The risk is managed and monitored through daily HB wide escalation calls and reporting to WG. Surge capacity reviewed on minimum daily basis.	
Quality Impact 3. Inability to transfer patients from Morriston Hospital	
Actions Taken <ul style="list-style-type: none"> - Weekly Clinically Optimised Review Meetings in place, supported by “live” dashboard functionality - Review on a patient by patient basis – with explicit action agreed in order to progress transfer to appropriate clinical setting - Weekly escalation of complex cases to relevant partners/agencies - Development of an integrated discharge team on site to support complexity and the flow demands associated with the clinically optimised patient cohort 	
Timescales Weekly review	Lead(s) Service Group Triumvirate
Monitoring and Reporting Arrangements Weekly Clinically Optimised Review meetings	
Additional Information The Group provided an update on the Ward A action plan, developed following an unannounced audit, reporting that immediate actions were completed at the time of the review. The Group confirmed that most actions from the review were complete and that they would report to the group once all actions were closed. In addressing the further recommendations of the review, it was recognised that there was an opportunity to combine improvement work with service reconfiguration work planned for Ward A and the development of the location as a base for the Spinal Service in Morriston. A verbal update on an unannounced assurance audit of Gowers Ward was provided, a full report will be presented to the May QSGG meeting.	

Neath Port Talbot Singleton Service Group- Adult Services

Quality Impact 1. Non-Compliance with Nurse Staffing Levels act (2016)	
Actions Taken <ul style="list-style-type: none"> - The Service Group holds daily Nurse Staffing Meeting to review staffing levels in addition the deployment of staff to mitigate risks. This is held daily for the Neath Port Talbot (NPT) and Singleton sites - The Medicine and Cancer Division holds a daily nursing safety briefings to highlight patient safety risks - Weekly Bank and agency grip and control meeting to review and scrutinise all requests, key rostering KPIs and gain assurance of resources required for patients requiring enhanced observation - E-Roster Scrutiny Panels operate to ensure the Rostering Policy and standards are fully implemented and are being reviewed to encompass triangulation with key quality indicators - Nurse Bank fully utilised and part of the nurse staffing meetings - Professional Lead Nursing rota implemented seven days a week - Workforce plans are in place for agreed staffing in surge and super surge during COVID-19 emergency with consideration of all reasonable steps - Registered Nurses deployed following daily risk assessment to ensure risks mitigated - Off contract agency requested when other mechanisms fail - Contribution with the work undertaken at an all-Wales level on Acuity levels of care - Undertaken a formal review across all acute Wards that meet NSA criteria for calculating and reporting nurse staffing requirements to ensure a Health Board wide consistent approach is adopted - Provided acuity feedback sessions to all NSA ward areas included in the June audit - Band 4 Assistant Practitioners now established as part of the nursing workforce across both sites with robust inductions and competencies which have been completed - Enhanced agency offered for outstanding and not filled shifts 	
Timescales Daily risk assessment Weekly 'Grip and Control' meetings Monthly risk review by Group Nurse Director 6 monthly reviews [using triangulation of data] of wards that meet NSA criteria	Lead(s) Group Nurse Director
Monitoring and Reporting Arrangements Daily risk review Service Group Quality, Safety and Risk Group HB Risk Management Group	
Quality Impact 2. Concerns Management	
Actions Taken <ul style="list-style-type: none"> - Deputy Head of Nursing holds weekly meetings with team to monitor and improve compliance - Reduction in sickness in both nursing and Quality, Safety and Risk teams - Successful recruitment to both teams - Group Nurse Director exploring means to safely close historical overdue no harm incidents - Quality, Safety and Risk team support the service Divisions by running monthly (more frequently on request) Datix concerns reports to assist with improving compliance - Implementation of Divisional level Quality, Safety and Risk groups 	

Timescales Action plan with trajectories for improvement requested by 22 nd April 2022	Lead(s) Head of Quality, Safety and Risk
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group Divisional Quality, Safety and Risk Groups	
Quality Impact 3. Deficit of qualified Haematology and Blood Transfusion staff within the HB Laboratory Medicine Services.	
Actions Taken <ul style="list-style-type: none"> - Employment of locum Biomedical Science staff with transfusion experience - Offer overtime to staff to 'fill the gaps' in shift rotas - Commence training lower grade staff (Band 4s) to undertake less technical duties which will free up qualified staff to participate in shift system - Employed a Transfusion Tutor to begin cross training Biochemistry staff in Blood Transfusion - Train staff to work alone out of hours on all hospital sites to improve service resilience - Recruit analysts with Haematology/Blood Transfusion experience 	
Timescales - Timescales requested from Service Group	Lead(s) Service Group Director
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	

Neath Port Talbot Singleton Service Group- Maternity Services

Verbal update provided on the following quality and safety issues

Quality Impact 1. Learning from the Ockenden Maternity Review	
Actions Taken <ul style="list-style-type: none"> - Internal review against recommendations to be undertaken 	
Timescales No timescales provided by Service Group	Lead(s) Head of Midwifery
Monitoring and Reporting Arrangements Maternity Quality, Safety and Risk Group	
Quality Impact 2. Critical Staffing Levels	
Actions Taken <ul style="list-style-type: none"> - Workforce plan in place and on track - 5 x Band 6 midwives recruited April 2022 - Plan in place to reopen NPT Midwife Led Birth Unit 	
Timescales On track to reopen Birth Centre May 2022	Lead(s) Head of Midwifery
Monitoring and Reporting Arrangements Maternity Quality, Safety and Risk Group	

Neath Port Talbot Singleton Service Group- Children and Young People's Services

Quality Impact 1. Failure to Recruit Named Dr for Safeguarding	
Actions Taken <ul style="list-style-type: none"> - Further recruitment round commenced and cautious optimism regarding recruitment verbally reported to meeting 	
Timescales Position regarding recruitment to be known by May 2022	Lead(s) Head of Nursing, CYP
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	
Quality Impact 2. Community Nursing Team Staffing Pressures	
Actions Taken <ul style="list-style-type: none"> - Support to team, from Interim Deputy Head of Nursing - Active recruitment to roles, including Band 4 Out of Hours Team Leader to provide co-ordination from Midnight onwards - Communication with families on an on-going basis - No episodes of care missed for past two weeks - Service improvement plan in place and on track 	
Timescales Recruitment update to be provided in May report	Lead(s) Head of Nursing, CYP
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	
Quality Impact 2. Children's ward Environment Morriston	
Actions Taken <ul style="list-style-type: none"> - Medication room moved to Ward M to reduce risk of error 	
Timescales Move complete	Lead(s) Head of Nursing, CYP
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	

Primary Community Therapies (PCT) Service Delivery Group

Verbal update provided on the following quality and safety issues

Quality Impact 1. National Reporting and Learning System , noting that Primary Care contractors are no longer required to report on this system	
Actions <ul style="list-style-type: none"> - Quality and Safety Manager meeting with Welsh Government to discuss national work on incident reporting in Primary Care - Service Group to review its governance systems to reflect the change 	
Timescales Requirement to report stopped from April 2022.	Lead(s) Quality and Safety Manager
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	
Quality Impact 2. Dental Compressor in Port Talbot Resource Centre	
Actions <ul style="list-style-type: none"> - Temporary fixes to made - Capital bid submitted 	
Timescales Pending outcome of capital bid	Lead(s) Group Dental Director
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	
Quality Impact 3. HMP Swansea Action Plans	
Actions <ul style="list-style-type: none"> - 2 Article 2 investigations on going - Full brief on HMP to be brought to next meeting 	
Timescales <ul style="list-style-type: none"> - New investigation (prior to service being managed by HB, due to commence April 11th) - 1 Death in Custody inquest June 2022, two further awaiting dates 	Lead(s) Service Group Triumvirate
Monitoring and Reporting Arrangements Service Group Quality, Safety and Risk Group	