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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 12 December 2019 | Agenda Item | 5.1 |
| Report Title | Quality and Safety Governance Group Update (previously Forum) | | |
| Report Author | Lee Joseph, Assistant Head of Concerns Assurance | | |
| Report Sponsor | Gareth Howells, Director of Nursing & Patient Experience | | |
| Presented by | Gareth Howells, Director of Nursing & Patient Experience | | |
| Freedom of Information | Open | | |
| Purpose of the Report | To provide the Committee with an update from the Quality and Safety Governance Group | | |
| Key Issues | This paper supports the achievements of the Health Board's corporate objectives by ensuring effective governance is in place within the organisation. | | |
| Specific Action Required (please ✓ one only) | Information | Discussion | Assurance |
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| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE assurance report of Quality and Safety Governance Group of 29th October 2019 • NOTE the position of development of the Quality and Safety Governance Group. • CONSIDER any areas of improvement they require of the Group to support current review and development. | | |

QUALITY AND SAFETY GOVERNANCE GROUP UPDATE (PREVIOUSLY FORUM)

1. INTRODUCTION

This report provides the Quality and Safety Committee with an information report from Quality and Safety Governance Group. This report outlines the key Quality and Safety areas discussed at the Quality and Safety Governance Group on 29th October 2019.

2. BACKGROUND

The Quality and Safety Governance Group (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

Updates in this report are structured against the Health and Care Standards headings;

- Governance & Accountability
- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

Gold command level activities are reported upon separately at the end of the update report.

4. FINANCIAL IMPLICATIONS

None from this report

5. UPDATE REPORT

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| 5.1 | QSGG GOVERNANCE & ACCOUNTABILITY |
| 5.1.1 Group TOR and Q&S Framework | <p>Work has continued to re-develop the Quality and Safety Forum. It has now been agreed that the group will be formally known as the Quality & Safety Governance Group (QSGG) from January 2020. Amended Terms of Reference (TOR) for the new QSGG will be brought to Committee for ratification.</p> <p>Work has also continued to revise the Q&S Assurance Framework, which from January 2020 will be renamed the 'Quality and Safety Process Framework'. The change in title is to ensure a clear distinction between the role of QSGG and the Q&S Committee, and to provide more detailed information on the varying phases of Q&S that occur across the board. In brief, the role of QSGG will be to oversee and receive by exception, reports relating to all matters of Q&S from each of the Service Delivery Units and other formed sub-groups and working parties under a number of executive portfolios. The role of the Committee is to consider assurance based on the information provided from and via QSGG.</p> <p>The previous framework did not draw a clear distinction between the differing functions, a matter highlighted by internal audit. An update on the revised Framework and the key changes will be presented to Q&S Committee at this meeting (Item 6.2). The final draft framework will also be ratified by the Committee.</p> |
| 5.1.2 Recruitment to Head of Quality and Safety | Recruitment to the new Head of Quality and Safety post is complete. Mr Nigel Downes, who is currently an Associate Director at the Royal College of Nursing, was the successful candidate at interview and will take up post hopefully by the end of February 2019. |
| 5.2 | STAYING HEALTHY |
| 5.2.1 Public Health | <p>Update No update report was received.</p> <p>Issue PHW have communicated their intention to speak with the chair of QSGG to discuss their role in the group.</p> <p>Action The group has previously (October 2019) communicated to PHW they have a key role in the group and that continued membership should continue. The outcome of the conversation between chair and PHW will be discussed and noted at the next meeting. A further update will be provided thereafter.</p> |

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| <p>5.2.2</p> <p>All Wales Catering Management System</p> | <p>The group received an update from the Nutrition Hydration & Catering Sub Group on the development of an All Wales Catering Management System.</p> <p>The group received an update on the audit recommendation from 2011. Plans to run another pilot in NPT & Gorseinon were explained. Chair explained that QSGG group does not have the authority to sign off the funding for a further pilot but suggested approaching IPG and the charitable funds committee to help raise the £50,000 required.</p> <p>Based on the update provided, the Group agreed to extend the pilot whilst funding is sourced. The Group were informed that the All-Wales programme was much more focussed around catering management whereas Swansea Bay want to focus on the patient benefit at the end of the process.</p> <p>The Group queried if the programme could be revised to include capture of patient experience and if the programme could be enhanced to consider safety matters such as allergy alerts for certain patients. If such developments are possible, the Chair offered to take forward and sponsor a request to the investment & benefits group.</p> |
| <p>5.3</p> | <p>Safe Care</p> |
| <p>5.3.1</p> <p>Falls</p> | <p>Update</p> <p>The Group received an update report from Fall's Prevention Group.</p> <p>There are plans to replicate some methodology from PUPSG group. Currently designing 5 investigation tools that will eventually go onto Datix.</p> <p>There are also plans to standardise and create causal factors maps and work is currently on-going on how to extrapolate the harm incidents from general falls incidents so that learning is more focused. The Group agreed it would be useful to obtain more meaningful information on falls along with accurate details on the amount of harm caused.</p> <p>Issue</p> <p>Falls Lead highlighted some struggles for membership for the falls group in particular physician representation.</p> <p>Plan</p> <p>Falls Lead to link with Medical Director Team to address. Pharmacy are also keen to be involved – Falls Lead to follow up with Rhodri Edwards.</p> |

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| | <p>Issue Chair asked about Hospital 2 Home (H2H) and how this links in with falls. It was noted there are ongoing challenges to maintain momentum around work such as 'PJ Paralysis'.</p> <p>Plan Chair agreed to meet with Director of Therapies & HS to discuss increased Therapies input to help raise PJ paralysis profile again.</p> |
| <p>5.3.2 PU's</p> | <p>Update The Group received an update report from the PUPSG.</p> <p>Issue Primary and Community requires more support.</p> <p>Action Taken There are plans to run extra workshops. The PUPSG Group plan to incorporate a causal factor map and has tabled a session at the next Nursing and Midwifery Board.</p> |
| <p>5.3.3 Infected Blood Enquiry</p> | <p>No new update.</p> |
| <p>5.3.4 Cwm Taff Morgannwg Maternity Services Report</p> | <p>Update The group were advised in October that the HB's action plan was well progressed with only 4 actions to complete now remaining. All 4 are progressing and on target.</p> <p>Briefing paper requested in September was noted by the Group with no observations for highlighting.</p> |
| <p>5.3.5 WAST Reported Community Deaths Review</p> | <p>Morrison Service Delivery Unit updated on a piece of work which considered the care and treatment provided to patients who had died in the community following incidents raised by WAST. 7 specific death related incidents which were reported by WAST, and subsequently on Swansea Bay Health Board Datix reporting system, were reviewed to consider whether any care treatment issues from the Health Board perspective were in any way contributory to the deaths. A review undertaken by the Head of Q&S in Morrison identified no issues in Swansea Bay's involvement, with most cases having very limited Health Board involvement.</p> <p>Whilst no concerns from a Swansea Bay HB perspective were identified, the review does highlight the issues when isolated reviews are undertaken by WAST and Health Board separately.</p> <p>Plan The Head of Patient Experience and the Director/Deputy Director of nursing continue to liaise with WAST to enact a joint response to incidents when raised by either organisation.</p> |

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| | Internal audit asked the Group Chair to liaise with the Q&S Committee Chair in order to provide more information so that assurance can be taken. |
| 5.4 | Effective Care |
| 5.4.1 Think Glucose | <p>The group received a helpful and informed presentation in relation to 'Think Glucose'.</p> <p>Key issues were discussed around the inconsistencies with needle sizes, procurement and the training needs of staff around the proper protocols and equipment.</p> <p>Closer work with Primary and Community Services was agreed between the P&C Nurse Director and 'Think Glucose' regarding patient self-administration.</p> <p>The Chair noted the excellent work on-going and highlighted this work is very much ongoing and reiterated the group's willingness to support.</p> |
| 5.4.2 | The group were informed that Swansea prison is the first in the UK to be Hep C free. Chair acknowledged this as excellent news. |
| 5.5 | Dignified Care |
| 5.5.1 Human Tissue Authority Report | <p>Update</p> <p>The Group received a verbal update.</p> <p>HTA did a self-assessment before inspection which identified 6 minor and 1 major issue. Currently working to tie up assurances and any loose ends.</p> <p>Internal audit have followed up on actions and have acknowledged the good work that is taking place but more work to be done. The service identified the need to involve mortuary staff more in any changes that may affect their service. Another review is planned for 2021.</p> <p>Issues</p> <p>Identification cards arriving on deceased patients continue to cause challenges with the understanding of handwriting.</p> <p>Closer working relations with Maternity Services are required.</p> <p>Plan</p> <p>Maternity Services offered a nominated link to help improve working relationships.</p> |
| 5.6 | Timely Care |

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| <p>5.6.1</p> <p>SAFER – Patient Flow & Discharge Policy</p> | <p>The Group received a verbal update following the re-launch of the policy in October.</p> <p>Ongoing concerns around DTOC as HB are currently 98 which is the highest in Wales. The use of the ‘red to green day’ system was reiterated to all group members.</p> <p>Internal audit queried who were nominated first leads - Policy lead advised she is waiting on confirmation.</p> <p>The Associate Clinical Director stressed that working together was key and agreed that a senior clinical decision maker needs to be seeing the patient ASAP in order to assist flow. Policy lead stressed that our own discharge processes are causing delays. Chair advised there is a need to build momentum around the changes.</p> <p>A discharge planning audit review is due to take place. Internal audit advised they would be linking with the Director of Nursing.</p> <p>Issue Use of fire door space to accommodate additional patients at times of extremum pressures.</p> <p>Plan H&S Department were asked to undertake risk assessment. Assessment complete – outcome was for spaces not to be used.</p> |
| <p>5.7</p> | <p>Individual Care</p> |
| <p>5.7.1 Concerns / Complaints</p> | <p>Update</p> <p>The Group received a verbal update.</p> <p>Issue Increase in number of complaints regarding Mental Health and Learning Disabilities has been noted.</p> <p>Plan Head of Patient Experience advised work is on-going with the service to address and improve complaint handling and learning. A wider trends and themes report on re-opened complaints is due to the next GSGG meeting.</p> <p>Issue A trend in complaints regarding consent have been identified, in that consent processes are not being explained in full.</p> <p>Plan</p> |

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| | Head of Patient Experience is linking with Medical Director regarding consent training in targeted areas. Chair of the Consent Committee to be advised. |
| 5.7.2 Serious Incidents | <p>Update The group received a verbal update.</p> <p>Issue More information regarding serious incidents, harm caused and key learning is required as part of the Q&S process.</p> <p>Plan Head of Patient Experience has agreed to make Serious Incident reporting/learning a stand-alone agenda item to QSGG going forward. A new reporting template is being devised to assist in this process.</p> <p>QSGG to receive monthly updates on the SI position from January 2020 and will report monthly to Q&S Committee.</p> |
| 5.7.3 Claims/Redress Reimbursements | <p>Update The Group received a verbal update.</p> |
| 5.8 | Staff and Resources |
| 5.8.1 Nurse Staffing Act | Paper produced for Workforce and OD was noted. |
| 5.9 | Gold Level Activity |
| 5.9.1 Ophthalmology Gold Command | <p>Update on Ophthalmology Gold Command The Group were advised that Singleton Service Delivery Unit remain on track against their action plan, whilst acknowledging the targets, the Group were advised that work is progressing very well.</p> |
| 5.9.2 TAVI | No update was received by the group. |

6 Exception Reports from Service Delivery Units

Morrison

Reports from the Quality & Safety meetings held within Morrison Delivery Unit were noted by the group.

Singleton

Reports from the Quality & Safety meetings held within Singleton Delivery Unit were noted by the group.

Neath Port Talbot

Reports from the Quality & Safety meetings held within Neath Port Talbot Delivery Unit were noted by the group.

Primary Care & Community

Reports from the Quality & Safety meetings held within the unit were noted by the group.

Mental Health & Learning Disabilities

Reports from the Quality & Safety meetings held within the Unit were noted by the group.

7 Main issues to be escalated to Quality & Safety Committee

Morrison 7 WAST reported Community Deaths

Development of QSGG (TOR / Q&S Framework)

Ambulance Handovers

8 RECOMMENDATION

Members are asked to:

- **NOTE** assurance report of Quality and Safety Governance Group of 29th October 2019
- **NOTE** the position of development of the Quality and Safety Governance Group.
- **CONSIDER** any areas of improvement they require of the Group to support current review and development.

| Governance and Assurance | | | | | | | |
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| Link to corporate objectives (please ✓) | Promoting and enabling healthier communities | | Delivering excellent patient outcomes, experience and access | | Demonstrating value and sustainability | | Embedding effective governance and partnerships |
| | | | | | | | ✓ |
| Link to Health and Care Standards (please ✓) | Staying Healthy | Safe Care | Effective Care | Dignified Care | Timely Care | Individual Care | Staff and Resources |
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| Quality, Safety and Patient Experience | | | | | | | |
| This paper provides a summary from the Quality & Safety Forum. No proposal submitted for review. | | | | | | | |
| Financial Implications | | | | | | | |
| None from this report. | | | | | | | |
| Legal Implications (including equality and diversity assessment) | | | | | | | |
| None from this report. | | | | | | | |
| Staffing Implications | | | | | | | |
| None from this report. | | | | | | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | | | | | | |
| None. | | | | | | | |
| Report History | None. | | | | | | |
| Appendices | None. | | | | | | |