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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 August 2021	Agenda Item	5.1
Report Title	Quality and Safety Governance Group Key Issues Report		
Report Author	Nigel Downes, Head of Quality and Safety		
Report Sponsor	Christine Williams, Interim Director of Nursing & Patient Experience		
Presented by	Nigel Downes, Head of Quality and Safety		
Freedom of Information	Open		
Purpose of the Report	To provide the Committee with an update from the Quality and Safety Governance Group (QSGG)		
Key Issues	This paper supports provides the Quality and Safety Committee with an update on matters of Q&S overseen by the QSGG. 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	Members are asked to: <ul style="list-style-type: none"> Note this report 		

Quality and Safety Governance Group Report

1. INTRODUCTION

This report provides the Quality and Safety Committee with an information report from the QSGG. This report outlines the key Quality and Safety areas discussed at the QSGG on **02 August 2021**. Please note that the format has changed to reflect how QSGG is currently dividing the agenda into Covid-19 and general Quality & Safety.

2. BACKGROUND

The QSGG was constituted to provide an operational focus and to strengthen the organisational flow of information to the Quality and Safety Committee.

3. GOVERNANCE AND RISK ISSUES

QSGG agenda has been amended during Covid-19 emergency preparedness to reflect a more concise approach.

Agenda template is not currently specifically 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">• Update presentation on the Health Board's Quality Priorities.• Never Event Improvement Plan – Aug 2021.• MH & LD Outpatients Improvement Group presentation.• All Wales Nurse Documentation presentation.• HMP Swansea: Update Report on Action Plan.• Arts in Health Report.

General Quality & Safety Unit Exception Reports	
A1	<p>Morrison Service Group</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients – current Risk Score: High (25) <p>Morrison Service Group’s most significant current risk relates to the provision of emergency care at the hospital front door. The increase in score is a reflection of a consistent reporting of NHS Wales SITREP Level 4 and more recently the need to escalate to a SITREP Level 5 and instigate business continuity measures (08/07/2021).</p> <p>Action/Mitigation: Morrison Silver Command T&F Group developed July 2021 (meeting daily) with comprehensive action log in place to support immediate actions. Executive Lead in place.</p> <ul style="list-style-type: none"> • Avoidable harm and poor patient experience due to limited service for timely mental health assessment for children and young people – current Risk Score: Significant (15). • Avoidable harm to patients as a consequence of excessive waiting times across ALL categories of patient. <p>Increasing number of complaints and incidents where patients have come to harm where there may have been a missed opportunity to intervene and reduce harm.</p> <p>The volume of complaints has increased over the past two months however the number of complaints received is comparable to the volume received pre-COVID-19 pandemic in 2019.</p>
A2	<p>Neath Port Talbot Singleton Service Group (NPTSSG)</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Sickness within nurse management team (Matron Group), within Medicine division, has led to delays in investigating incidents and an increased number of overdue incidents. • Challenges to maintaining and further improving complaints management performance against 30 working day target due to nurse managers and Quality, Safety & Risk team vacancies and sick leave. • Current nurse staffing levels is reduced across all adult inpatient areas.

	<ul style="list-style-type: none"> • NPTSSG continue to report a deficit in Medical Doctors compliance with IPC Level 2 training. Action/Mitigation: NPTSSG continue to hold different ways to hold training, including Face-to-Face training to increase compliance in this area. Discussions with ESR team also being undertaken in relation to scoping for essential skills for certain multi-disciplinary roles. • COVID-19 zoned areas are being reviewed, including addressing ongoing challenges with PPE compliance with clinical teams.
A3	Maternity Service
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Risk of not providing mandatory training during Covid pandemic. All non-essential training has been suspended due to staff availability. Impact on PRactical Obstetric Multi-Professional Training (PROMPT), as July session delayed until August. If this session does not run the Health Board will not be in compliance with PROMPT Welsh Risk Pool (WRP) standards. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> • Suspension of Homebirth service for four weeks. • Centralising Community workload and prioritising home visits. • Midwifery Bank increased. • Non-essential training suspended at this time (see below). <ul style="list-style-type: none"> • Risk of not providing mandatory training during Covid pandemic. All non-essential training has been suspended due to staff availability. • Due to staff unavailability, increasing delays identified for IOL. This increases the risk of increased intervention and poor outcomes. <p>Action/Mitigation: Executive Team and CHC have been involved in discussions and are aware of issues. Review of homebirth service on 2-weekly cycle. Longer term strategy to be reviewed in next 4 weeks. 11 Newly Qualified Midwives to commence in September. Band 6 roles currently in recruitment process.</p>

A4	Children and Young People's (CYP) Services
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Lack of specialist services for young people with severe eating disorders continues. Action/Mitigation: RMNs to be recruited via Nurse Bank/Nurse Agency, although due to insufficiency of RMNs across Wales difficult to recruit. Ongoing reporting into QSGG. • Respiratory Syncytial Virus (RSV) Surge in children As previously reported to the Committee, issue of the impact of the RSV Surge in Paediatrics & wider services. The number of children who have not been exposed to RSV within the current population, is considerably higher than normal, raising the risks of more widespread infection as social-distancing, handwashing, facemasks etc... are relaxed. The Public Health model has been discussed with an expert working group of paediatric respiratory and infectious disease clinicians together with the Royal College of Paediatrics and Child Health. The planning assumptions are therefore working on a position of an earlier outbreak with 20-50% increase in total number of RSV cases / admissions and a sharper peak of 100% WG are leading a task and finish group across Wales to prepare for the anticipated increase. Surge plans are currently being developed which will require the support of services across the Health Board including primary and secondary care services. Action/Mitigation: Action Plan submitted to WG in relation to potential issues. • Continued delay in support for workforce needs in Neonatal Unit to meet British Association of Perinatal Medicine (BAPM) standards. Action/Mitigation: Nursing Agency workers, with required skills/training, are being contracted into the Neonatal Unit as required. Issue continues to be escalated and therefore for further reporting back to QSGG. • Update re: Named Doctor for Safeguarding Children. HR support is being obtained, with plan for interviews to take place in September.
A5	Primary Care and Community Services Group
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Paediatric SLT Neonatal Provision - Singleton Hospital Action/Mitigation:

	<ul style="list-style-type: none"> • Risk review undertaken. • Children's services urgent request for assessment on neonatal unit. • SLT workforce children's service agreed to fund sessions on ad hoc basis. • Children's services continue to hold this risk rating as: High (20). • Approval of business case regarding funding is awaited. <ul style="list-style-type: none"> • Lack of consistent capacity for inpatient terminations and lack of agreed clinical pathways to support emergency presentations. Current Risk Rating: High (20). Action/Mitigation: <ul style="list-style-type: none"> • Due to COVID-19, the Pregnancy Advisory Ward (Ward 16 Singleton) was closed. Inpatient terminations were initially provided in the Sexual Health Department. • Following a review, 4 beds provided at Singleton Hospital. The demand for inpatient terminations however exceeds the 4 bed capacity and has resulted in a waiting list of 3 weeks. The guidelines for the provision of terminations, is 5 working days from initial appointment. • Some flexibility depending on bed availability to book in extra terminations if the waiting list increases significantly. • Where a bed cannot be provided before 18 week's gestation, patients referred to BPAS (British Pregnancy Advisory Service). • Additional temporary beds have also been sourced on a number of occasions, however there remains issues if a medical emergency was to occur. Further discussions are ongoing. <ul style="list-style-type: none"> • Controlled Drug (CD) license and Framework for HMP Swansea is progressing. Action/Mitigation: <ul style="list-style-type: none"> • Annual audit plan for the new HMP CD Standard Operating Procedure is in place, and audits in development to support staff and identify any gaps in Health Board CD policy. • Regular meetings with CD Accountable Officer and the Group CD Lead. • New Terms of Reference reviewed and agreed by the CD and High Risk Medications Q&S Group. • Operational CD and High Risk Medication Groups agreed and commencing July 2021. • Await CD License for HMP Swansea <ul style="list-style-type: none"> • Special Care Dentistry Princess of Wales General Anaesthetic (GA) List for Adults/Paediatrics. The service has reactivated at significantly reduced capacity and there is a further issue relating to lack of x-ray equipment. Action/Mitigation: Funding is being sought and awaiting a decision from the Capital Prioritisation Group.
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A6	Mental Health and Learning Disabilities Group
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Implementation of the new SI framework including the completing of rapid reviews, reporting and meeting the 120-day timescale. Action/Mitigation: Development of processes to ensure that all relevant criteria are met are underway with reporting on the new framework, which started on 14 June 2021. Investigations are being allocated to ensure compliance with the 120-day timescale. Work is ongoing to address the backlog of cases which have not been closed with Welsh Government and all cases have been allocated for review and investigation by the team. Continuing to improve the development and completion of action plans following the outcome of Serious Incident reviews by implementing additional processes following the completion of reports. In December 2020 the SI position was that there were 95 open cases with the current position being 24. Valproate Action plan - The Service Group continues to manage the risks presented to women of child bearing age who are prescribed Sodium Valproate in the management of their mental health and/or epilepsy. The Service Group reviews progress on a monthly basis. The most recent update demonstrates that there are a small number of hard to engage patients who remain outside of the review process, however this is progressing. Action/Mitigation: The Service Group has commissioned local prescribers to produce an individualised action plan for each patient who remains outside of the management plan. Complaint Management Action/Mitigation: Additional support is being added to the Service Group to improve on performance and quality of complaints responses. Training for managers from the Corporate Teams took place on 21 July 2021 and a review of learning from complaints was presented in Service Group Quality & Safety Committee on 27 July 2021.
A7	Therapies and Health Sciences
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Care After Death Centre (CADC): Health Board provided bereavement counselling non recurrent funding discontinued from June 1st. An option appraisal is being developed which may

	<p>form part of a business case for 22/23 to consider bereavement support and will be informed by the Welsh Government Bereavement recommendations. This will form part of the six monthly review for CADC.</p>
A.8	Clinical Outcomes and Effectiveness Group (COEG)
	<p>Clinical Outcomes and Effectiveness Group Update:</p> <ul style="list-style-type: none"> • The potential for learning from deaths will be enhanced with the ongoing growth of the Medical Examiners Service and development of a local multi-disciplinary Scrutiny Panel to identify learning opportunities through a five level approach. This will in time, replace the existing mortality reviews system. • 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. • 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 Group Medical Directors discuss the outcomes and effectiveness of actions taken to improve infection prevention and control and enhance antimicrobial stewardship within their own areas, minimizing risks. • The revised Clinical Audit and Effectiveness Policy, out for final comments, will describe the process and expectations for the new hierarchy of audit, improvement and assurance activities. The Policy supports an approach that targets time and energy to priorities and necessary ad-hoc proposals, meeting the needs of the Health Board, the Service Delivery Groups, Directorates/Services and individual clinicians, doctors in training and medical students.

Part B	Covid-19
B1	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.
B2	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	The group received and discussed the papers. Q&S Committee to receive direct report from Patient Feedback Services.
B3	Infection Prevention Control
	The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.
B4	PPE Logistical Cell
	The report was received and the key priorities/themes were noted as: <ul style="list-style-type: none"> • No issues around PPE stock levels to report.

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.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
This paper provides a summary from the Quality & Safety Governance Group.		
Financial Implications		
None		
Legal Implications (including equality and diversity assessment)		
None		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	N/A	
Appendices	Nil	