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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 May 2021		Agenda Item	4.1
Report Title	Quality and Safety Governance Group 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 during Covid-19. The paper provides a formal route of escalation to QSC from QSGG where necessary.			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 **10 May 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 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">• Health and Care Standards Self-Assessment.• Health Inspectorate Wales (HIW) Status report and action plan April 2021.• HIW Action Plan MIU.• HIW Action Plan – Ward 12 Singleton.• HIW Action Plan – Maternity Services.• Revised QSGG meeting dates and reporting schedule shared.• Communication Task and Finish Group Terms of Reference – the group is being setting up.• Dying Matters Week Poster shared for information.

	General Quality & Safety Unit Exception Reports
A1	<p data-bbox="432 230 810 264">Morrison Service Group</p> <p data-bbox="432 264 1417 297">The report was received and the key priorities/themes were noted as:</p> <ul data-bbox="432 342 1449 672" style="list-style-type: none"> • Morrison undertaking work relating to inquest cases with HM Coroner (HMC) involvement. At the time of Morrison's report being submitted there were over 60 open inquests recorded to the Morrison Service Group. This number is high as Morrison is the licensed mortuary premises for the Health Board, and therefore any cases subject to HMC interest or for post-mortem now come to Morrison. Only 20 of the 60 cases reviewed relate to care provided in Morrison, and the majority of these 20 relate to supra-regional services. <p data-bbox="475 694 1058 728">Themes of learning around work include:</p> <p data-bbox="512 750 1406 824">Communication and making sure discussion and decisions are properly documented/recorded within the Healthcare record.</p> <p data-bbox="512 846 1374 880">Action Plans are now being implemented at an earlier stage.</p> <ul data-bbox="432 963 1449 1149" style="list-style-type: none"> • Morrison reported on a piece of work that is taking place regarding patient feedback and the Patient Advice and Liaison Service (PALS) team. It was highlighted there had been over 23,000 contacts with the PALS service in the past 14 months, the majority of these relate to the patient belongings and laundry. <p data-bbox="512 1171 1449 1317">Action/Mitigation: A retrospective analysis is being undertaken to identify any themes and trends outside of the 'patient belongings and laundry' contacts in order to ensure that any other issues and/or learning are not missed.</p> <ul data-bbox="432 1400 1396 1507" style="list-style-type: none"> • It was noted that there appeared to be an increasing trend within patient feedback regarding poor communication in relation to Infection Control. <p data-bbox="512 1529 1428 1637">Action/Mitigation: Head of Quality & Safety at Morrison to fully analyse this information and discuss with Infection Prevention Control team.</p> <ul data-bbox="432 1720 1385 1794" style="list-style-type: none"> • Morrison were thanked for the rapidity of their response to undertaking the work in relation to review of nosocomial deaths.

A2	<p>Singleton & Neath Port Talbot (NPT) Service Group</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Delays in investigating incidents with potential missed opportunities for learning. The Service Group holds a significant risk in relation to the number of overdue incidents. <p>Action/Mitigation: Progress has been made to reduce the number of overdue incidents and this has improved through utilising staff unable to work within clinical areas, which has supported the reduction of the number of overdue incidents. Ensuring that learning is identified and integrated into governance arrangements is a priority.</p> <ul style="list-style-type: none"> Issue of merging the Risk Management process of the new Service Group continues: <p>Action/Mitigation: Work is currently ongoing to merge the risk register from both sites. This will ensure a more streamline register and ensure that there is no duplication. Bespoke training is being arranged to support Service Divisions in managing their risks, in order to address the number of risks that are overdue for review or do not have mitigating actions.</p> <ul style="list-style-type: none"> The group has been involved in a complex Court of Protection case and the learning will be shared with Safeguarding Committee.
A3	<p>Maternity Service</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> A cross-Health Board Serious Incident has now been resolved and a closure form is being finalised across health boards and Welsh Ambulance Service NHS Trust. Gap Grow – an obstetrician, who is currently off the obstetric rota, is continuing to support the training to midwife sonographer trainees, whilst awaiting a permanent appointment. <p>Action/Mitigation: It was confirmed that there are currently 2 midwife sonographer trainees on the programme, which is running Jan – Sept 2021. Following completion of training a 3-month preceptorship is required.</p> <p>It was also noted that, in order to provide adequate cover, the Health Board should aim for 4 sonographers as a minimum. A</p>

	<p>paper is currently being drafted to request funding for 2 additional midwife sonographer trainees next year.</p> <ul style="list-style-type: none"> Staffing of a second Theatre within the service continues. This issue is also reflected on the service Risk Register. <p>Action/Mitigation: The Service Group is currently reviewing governance around Theatres and will be reporting into the Service Group at the end of May. QSGG will be updated accordingly following the review.</p> <ul style="list-style-type: none"> Training around foetal surveillance for midwives is currently at 99% (previously reported at 92%).
A4	<p>Children and Young People's (CYP) Services</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Reported the Health Board had been unsuccessful in recruiting a Named Doctor for Safeguarding Children. This was due to non-attendance of the only candidate. This is an ongoing risk to the Health Board. <p>Action/Mitigation:</p> <ul style="list-style-type: none"> Parts of the role, where possible, are being shared/delegated amongst the service – members of medical team undertaking some of the workload and support from the corporate team in relation to peer reviews. There have been numerous attempts at recruiting to the post which have been unsuccessful. Service Manager is again attempting different approaches to recruit to this post. Recruitment is now being reviewed with possible full-page advertisement in the BMJ. Role is being promoted with external colleagues. The job description is also being reviewed with possibility of making post more attractive. Ongoing risk of there not being a Named doctor for Safeguarding, which has gone on for an extended period of time, with numerous attempts at recruiting to this post and this is on the Service's Risk Register. <ul style="list-style-type: none"> Ongoing issues continue re: Emergency Paediatric Life Support, in relation to the lack of life support training.

	<p>Action/Mitigation: The Service Group is to hold local updates, via CPD, to overcome this issue.</p> <ul style="list-style-type: none"> • Risk of inappropriate environments of care for adolescents admitted to the Children's Ward. <p>Action/Mitigation: Risk assessments are being completed for every adolescent who needs to be admitted into the children's ward. A Standard Operating Procedure and Escalation Plan has been developed to ensure consistency.</p>
A5	<p>Primary Care and Community Services Group</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • Controlled Drug license for HMP Swansea is progressing. Action/Mitigation: Awaiting pharmacy support regarding level of DBS checks required in order to complete. Controlled Drug Framework development continues with HMP Swansea and GPOOH. A Terms of Reference for the Controlled Drugs and high risk medications group is being presented to PCCS Q&S Group meeting. • Funding for Neonatal Dietician for SBUHB – British Association of Perinatal Medicine (BAPM) standards are not being met. Action/Mitigation: telephone advice, signposting to other specialist services for complex cases, with support for high-risk children at point of discharge, and development of national guidelines for feeding pre-term infants.
A6	<p>Mental Health and Learning Disabilities Group</p> <p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • The Service Group noted that the work around the ongoing backlog of Serious Incidents continues. <p>Action/Mitigation: Although this workload is high, the Service Group now have a full team of investigators in place and are performance managing against their Quality and Safety prioritising template in relation to the current backlog of incidents.</p> <ul style="list-style-type: none"> • Nosocomial COVID-19 reviews:

	<p>Action/Mitigation: A work plan has been prepared identifying how the Nosocomial reviews will be completed within the Service Group.</p> <ul style="list-style-type: none"> Falls: There has been an increase in Neck of Femur injuries. <p>Action/Mitigation: Falls Group is now firmly established which are reviewing specific incidents to ensure any learning is addressed and shared. Trends/themes have been reviewed, including looking back to the clinical condition at admission and whether or not this was a factor and initial findings note: lack of sleep and tiredness has been identified in all cases and the Service Group is looking at how this can be addressed.</p>
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"> Focus around prevention and self-management through the usage of patient stories by Lymphedema Service, these hosted on the Pocket Medic website. Delegation of tasks including enteral feeding, I/V cannulation for HCSW was brought to the professional governance meeting, to be cascaded through their respective groups. The Volunteer Strategy Implementation Group is supporting in the post-Covid recovery phase through reading friends and music projects. Advised that Volunteers week is coming up, 1-7 June 2021, and that activities to celebrate the contribution of volunteers during the past year are planned.
A8	Arts in Health Quarterly Update
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Over the last 3 months Arts in Health have been successful in raising external funding, which has been matched by charitable funds, to commission the Dance to Health falls prevention work. The Arts in Health team were thanked for all their work that has been invaluable during the Pandemic and continues to do so.

A9	General Comment	
	<ul style="list-style-type: none"> Colleagues had previously raised concerns on the accuracy of the ESR Mandatory Training figures and the difficulty of some staff having accessing to the training. Action/Mitigation: Head of Quality and Safety provided fed back to QSGG on meeting with Assistant Manager OD & Learning, re: recording of/undertaking of training/specialist training. The Assistant Manager OD & Learning will be invited to QSGG to discuss factors relating to training/recording of training on ESR. QSGG template will also be reviewed to ensure adequate assurance reporting is provided on external reviews, eg Cwm Taf Maternity, Ockenden Review, etc... 	
Part B	Covid-19	
B1	Safeguarding	
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Emotional Health and Wellbeing, to date there has not been an increase, however verbal updates from CAMHS suggest there may be an increase as schools return. There has been a 100% increase in MARAC referrals during the past year, which may be due to people being seen on their own during the lockdown. Two advocate educators have been employed to roll out IRIS in Primary Care. The group were informed around concerns over the short-term sustainability of the Corporate Safeguarding team, as over the coming months 3 members of the Corporate Safeguarding Team are leaving for new roles. 	
B2	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk	
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> Following discussion, it was decided that the Once for Wales Concerns Management System (OfWCMS) was to go live on 1 June 2021. 	

	<p>The group also discussed the papers.</p> <p>Q&S Committee to receive direct report from Patient Feedback Services.</p>
B3	Infection Prevention Control
	<p>The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.</p>
B4	PPE Logistical Cell
	<p>The report was received and the key priorities/themes were noted as:</p> <ul style="list-style-type: none"> • There is excellent supply of all PPE across the Health Board. • 6 reported PPE incidents reported Jan – April 2021, 5 were no harm and 1 was low harm.

6 Ombudsman Oncology Investigations

6.1 The Q&S Committee, in the meeting of 27 April 2021, requested further information on the trends identified in relation to the Ombudsman recently investigating an increased amount of Oncology Complaints.

6.2 In relation to this issue, the complainants' complaints to the Health Board may initially be regarding another speciality, or even a neighbouring Health Board, however under the Ombudsman's extended powers they have also investigated the care provided to the patient whilst receiving Oncology care/treatment at SBUHB.

6.3 Overall, eight Oncology Ombudsman investigations relate in some way to Oncology care/treatment at SBUHB. These eight complaints were received between January 2020 and April 2021.

6.4 Themes & Trends of the complaints:

- Poor documentation, including discussions with patients
- Poor communication
- Consent issues
- Lack of discussion regarding patients' poor prognosis
- Lack of ensuring the patient and family are aware of patients' poor prognosis
- Lack of consideration of human rights
- Lack of support for patients and their families

6.5 Action/Mitigation:

- Issues raised in the weekly Executive Q&S Huddle.
- Ombudsman investigations to be continually monitored/reviewed re: investigations/early resolutions to identify themes, trends and lessons to be learned – with escalation as necessary.
- Service Group are aware of the increase/trend in Oncology complaints being investigated by the Ombudsman.
- Issue outlined to QSGG.

7 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	