

**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update from Quality Safety & Experience Group
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers
SWYDDOG ADRODD: REPORTING OFFICER:	Sara Rees, Assistant Director of Nursing (Mental Health & Learning Disabilities)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Quality, Safety & Experience Group was established from 18th January 2021 to provide assurance, via the revised and aligned governance reporting structure, that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate. The Group will meet bi-monthly and will report upwards to the Operational Quality Safety & Experience Sub Committee.

Cefndir / Background

The MH&LD Quality & Safety Experience Group met in April 2021 and will continue to meet bi-monthly. The meeting was held virtually via MTeams and was quorate, with representation or reporting from all Heads of Service and Professional Leads together with reports from operational areas including Ombudsman, Health & Safety (incorporating Violence & Aggression), Estates/Facilities, Transforming Mental Health/PMO, QAPD and also updates from Medical Staffing Committee, Written Control Documentation Group, Psychological Therapies Management Group, Mental Health Legislation Scrutiny Group, Medicines Management Group, Ward Managers' Forum, Professional Nurse Forum, Safeguarding Group and Sentinel Events Group.

The impact of the Covid-19 pandemic on delivery and continuing provision of services was highlighted in many reports, providing information on how services have adapted to continue offering a provision in different formats and the consequences of prioritisations.

The Group viewed a short video link to "Last 1000 days" presented by NHS England at the start of the meeting which was well received and were further reminded of patient-centred care.

Exception reports were received from each of the Heads of Service which reflected common themes of, but not restricted to:

- Completion of Once for Wales (Datix replacement) training was ongoing;

- Safeguarding Children Level 3 and Safeguarding Adults Level 3 training was continuing across teams;
- Waiting List validations and Capacity & Demand exercises were being undertaken across multiple service areas;
- Within IPTS, the continued success of Attend Anywhere and adaptation of the team to provide Walk and Talk session for Veterans' Group was commended;
- A recent HiW inspection of Begelly (LD residential provision) had received positive informal feedback with the formal report awaited;
- A wider service review regarding epilepsy care was being undertaken;
- A recent HiW inspection of Enlli ward had been completed and the formal report received with no recommendations noted;
- An audit for Welsh Government relating to Dementia Read Codes had been successfully completed;
- The Admiral Nurse Service had recently successfully recruited into posts;
- Community Drug and Alcohol Team (CDAT) reported recent cases of aggression to staff members in Llanelli and were working with the Partnership Board to review practices to mitigate reoccurrence. Staff have been provided with Skyguard lone worker devices and Rachel Wood offered specific sessions with staff regarding Personal Safety Training.

The Group received an update from the Quality and Assurance Group Report which provided an overall summary of themes and trends, Integrated Autism Service, Autism Awareness Training information from Cardiff & Vale, a brief overview of the current Serious Incidents open within the Directorate, an update on current staff shortages within the team due to secondment to the Covid-19 Immunisation Team and also long term sickness, a reminder relating to the Carers Training and highlighted the current difficulties accessing reports which related to the changeover from Datix to Once for Wales system, noting a current inability to report RPI through either system.

Briefing papers were also received from:

- Safeguarding Delivery Group, which highlighted Level 3 Safeguarding Children training availability via MSTeams, VAAWDA mandatory training renewal, Ask & Act Training via MSTeams, Safeguarding Maturity Matrix requires completion by early July and 7 Minute Briefings were highlighted for inclusion in team briefings.
- Written Control Group (WCG), which highlighted discussions continuing outside of the meeting relating to Substance Misuse Services and SCAMHS to achieve smart solutions capturing underpinning existing documents and for transition documents to be reviewed. The Group also welcomed the Senior Inclusion and Diversity Officer to the membership and it was noted that the Learning Disabilities Operational Policy would be received at the Ward Managers Forum prior to its return to WCG.
- Professional Nurse Forum (PNF) completed its second meeting after an absence due to Covid-19 and reported the agenda was developing well, a workplan and training log was being developed. Future contact with Audit Department and PNF would continue.
- Mental Health Legislation Scrutiny Group provided a paper and reported a current focus on the Care and Treatment Plan Audit, the Assessment document and particular interest in new documentation from carers within Scrutiny Group.
- BPPAG provided a verbal update including ASD and Psychology waiting times, review of the overarching dashboard within the Directorate and the maintenance of good training and PADR figures, improvement of Detoc as a discharge pathway,

utilisation of Band 4 non-registered workforce and acknowledged the current medical pressures, noting the continued good compliance with medical compliance and acknowledged the work by Heads of Service and Associate Medical Director continuing to have effective job planning sessions.

- Psychological Therapies Management Group submitted a number of papers for consideration and information. PTMG brought attention to the current recruitment and plans for the Older Adult services. Further information was provided relating to Critical Care on ITU and the identification of patients who have experienced severe Covid-19 or long-Covid. PTMG also drew attention to the fragility of the DBT service and the protocol relating to the non-use of facemasks. Due to time constraints, two papers (Review of Evidence Tables and Strategic Goals of PTMG) were deferred to the April Quality Safety & Experience Group meeting.
- Transforming Mental Health/PMO Group provided an extensive and lengthy report giving updates on all areas.
- Medicines Management Storage reported a Safe Storage of Medicines notice had been issued and outlined the comprehensive audit which would be required and explained how this would include colleagues from Estates and Hotel Services. It was noted that this was a large project and was required to be completed and returned by September 2021.

Periodic reporting was received from Ombudsman Liaison, Assurance and Risk and Health and Safety.

The Quality Safety & Experience Group acknowledged and thanked Mr Roger Smith for all his work and attention as Ombudsman Liaison and wished him a long and happy retirement.

The Assurance & Risk verbal report confirmed that the Directorate were making good progress, with 2 current cases from Delivery Unit and 5 open with HiW.

The Health & Safety report was received prior to the meeting and included a letter from the Health & Safety Executive noting four compliance matters outstanding. The Chair of Quality Safety & Experience Group noted the strong corporate support for health & safety and encouraged prioritisation and reporting. It was noted that an MH&LD Health & Safety specific programme is currently being attended by 43 members of the Directorate via MSTeams ½ day a week for four weeks for May/June which was well received and staff were engaged and committed to the programme. It was also noted that the Sharp Safety Group was being reinvigorated with reviewed Terms of Reference together with MH&LD representation. The Covid-19 Investigation Protocol is to be revisited and would require promotion amongst teams on publication. A comprehensive report on Restrictive Practice Improvement was included within the Health & Safety Report and Rachel Wood was thanked for attending the Ward Managers Forum and will develop a collaborative plan to reduce restrictive practice. Legal & Risk noted that any damages for staff relating to Covid-19 would be paid by Welsh Riskpool but only if Legal & Redress Team were initially contacted.

The Chair of the Quality Safety & Experience Group asked for specific reports for the June meeting relating to:

- Learning Disabilities Service including but not limited to, annual review of placements, Court of Protection issues, best interest around monitors and an explanation of the current position;

- Quality Assurance and Professional Development including but not limited to, overarching action plan and review of themes in a detailed paper and an illustration of the Sentinel Events process.

Aseiad / Assessment

The Committee can be assured that the Quality, Safety & Experience Group receives a wide range of information from within the Directorate and across the wider Health Board which offers an efficient mechanism for raising and highlighting any issues that may impact (on compliance with the Mental Health Act 1983.), risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice*; and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*.

Argymhelliad / Recommendation

The Committee are requested to receive this paper for information.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	3.3 Quality Improvement, Research and Innovation Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

	Choose an item.
--	-----------------

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	QS&EG : Quality Safety & Experience Group MHLSG : Mental Health Legislation Scrutiny Group NICE: National Institute for Health and Care Excellence SCAMHS: Specialist Child and Adolescent Mental Health Service
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906

Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gyfrinachedd: Privacy:	e.g. potential for data breaches: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906