

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 March 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 Interim Head of Nursing, Mental Health & Learning Disabilities Directorate

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 18<sup>th</sup> 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

Further to the reorganisation of the Healthboard's governance structure, the first meeting of the Quality & Safety Experience Group was held on 18 January 2021 and will continue to meet bimonthly. The revised Terms of Reference were agreed and updates and information reports were received from all Heads of Service and Professional Leads together with reports from operational areas including Ombusdman, Violence & Aggression, Legal & Claims, Estates/Facilities, Transforming Mental Health/PMO 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 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. It was noted that some groups (including Professional Nurses Forum and Written Control Documentation Group) had been reconvened after postponement due to the pandemic and Occupational Therapy reported their recovery and steering group sessions had continued and been attended throughout the pandemic.

The Group listened to a short audio link to a poem written for Suicide Bereavement UK at the start of the meeting which was well received and were further informed of the possibility of a partnership funded multi-agency based Practitioner.

A timetable of training events for all levels of staff and service areas was described including sessions on safeguarding (operational application), Coroner's Report requirements and an explanation of the format of the governance reporting for each service area was received. It was also highlighted that the Substance Misuse Team had recently completed a review and had successfully updated and submitted their processes in line with the reviewed NICE guidance.

The Group received an update from the Mental Health Legislation Scrutiny Group which provided details relating to the Use of the Mental Health Act, SCAMHS Update Report on admissions to the designated bed on Morlais Ward, Mental Health Measure performance report, Local Authority Data and Care Treatment Plan Audit Report. It was also noted that the MHLSG had received the following policies for consideration:

- (Section 5(2) Doctors Holding Power;
- Hospital Managers Scheme of Delegation; and
- Community Treatment Order.

It is acknowledged that the recent internal audit of Quality Safety Governance, commenced in November 2020, was finalised after the QS&E Group meeting had taken place and that the positive outcome of "reasonable assurance" was welcomed and the recommendations made have been applied within the future Workplan of the QS&E Group.

## Asesiad / 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 lechyd:	3.3 Quality Improvement, Research and Innovation
Health and Care Standard(s):	Choose an item.
Hyperlink to NHS Wales Health &	Choose an item.
Care Standards	Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the
Hyperlink to HDdUHB Strategic	opportunities to innovate and work with partners.
Objectives	Choose an item.
	Choose an item.
	Choose an item.
Amcanion Llesiant BIP:	Improve Population Health through prevention and
UHB Well-being Objectives:	early intervention
<u>Hyperlink to HDdUHB Well-being</u> <u>Statement</u>	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:	QS&EG : Quality Safety & Experience Group
Glossary of Terms:	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 lechyd	
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) <u>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</u>

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) <u>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</u>
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) <u>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</u>
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) <u>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</u>
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) <u>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</u>
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:	<ul> <li>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</li> <li>Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason)</li> <li>Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)</li> <li>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</li> </ul>