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Health Board



<b>Meeting Date</b>	<b>29<sup>th</sup> March 2022</b>		<b>Agenda Item</b>	<b>6.1</b>
<b>Report Title</b>	<b>Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 10<sup>th</sup> March 2022</b>			
<b>Report Author</b>	Angharad Higgins, Deputy Head of Quality and Safety			
<b>Report Sponsor</b>	Gareth Howells, Executive Director of Nursing & Patient Experience			
<b>Presented by</b>	Paul Stuart Davies Assistant Director of Nursing			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To provide the Quality & Safety Committee with an update Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 10 <sup>th</sup> March 2022			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>This paper provides the Quality &amp; Safety Committee with an update on matters of Quality and Safety reported to the QSGG meeting on 10<sup>th</sup> March 2022.</li> <li>The paper provides a formal route of escalation to the Quality &amp; Safety Committee from QSGG.</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>The Quality &amp; Safety Committee are asked to:</p> <ul style="list-style-type: none"> <li>Note the contents of the overview report of the Quality and Safety Governance Group (QSGG) meeting of 10<sup>th</sup> March 2022</li> <li>Highlight any areas they require of QSGG, to support the development of Quality and Safety across the Health Board.</li> </ul>			

# Quality and Safety Governance Group Report

## 1. INTRODUCTION

This report provides the Quality & Safety Committee with an outline of the key Quality and Safety areas discussed at the QSGG meeting on 10<sup>th</sup> March 2022.

## 2. BACKGROUND

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.

### 3.1 Key areas of reporting

Please note that since the outbreak of the Covid-19 pandemic, the format of reporting into QSGG was amended and the current agenda is currently divided into Covid-19 and general Quality & Safety.

There was an agreement not to hold a meeting in February 2022, due to the short intervals between the meetings in January and March. Therefore, Service Group reports included information on the previous reporting period.

In response to the Welsh Government System Reset initiative-taking place at the time of the meeting, the agenda was condensed to focus on the immediate quality and safety issues across the organisation.

The specific areas of reporting at this month's QSGG meeting were received from:

### General Quality & Safety Group Exception Reports

- Primary Community Therapies Service Group
- Mental Health and Learning Disabilities Service Group
- Morriston Service Group
- Neath Port Talbot Singleton Service Group
  - Adult Services
  - Maternity Services
  - Children's Services

## **Reporting**

- Therapies and Health Sciences Highlight Assurance Group Report
- Pressure Ulcer Prevention Strategic Group
- Clinical Outcomes and Effectiveness Group
- Health & Care Standards Update
- Annual Quality & Safety Priorities Update

## **Items for approval**

- Referring Registrants Policy
- Community Health Council Reports Process

## **COVID-19 Reports**

- Infection Prevention and Control – to note
- Safeguarding – to note
- Putting Things Right

Please refer to Appendix A (Update Report) for further detail.

## **FINANCIAL IMPLICATIONS**

None from this report

## **4. RECOMMENDATION**

The Quality & Safety Committee is asked to:

1. Note the contents of the report.
2. Highlight any areas of improvement they require of the Group, to support current review of the Quality and Safety reporting structures across the organisation.

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 checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" 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		
Workforce issues are identified within the service group reports, along with mitigation to limit the impact of these.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The remit of the Quality, Safety and Governance Group reflects the aims of the Wellbeing of Future Generations Act.		
Report History	Quality and Safety Committee March 2022	
Appendices	Appendix A- Up date report	

## Quality &amp; Safety Governance Group Update Report

March 2022

<b>1</b>	<b>Reports/Reporting</b>
<b>1.1</b>	<b>General Quality &amp; Safety Group Exception Reports</b>
<b>A1</b>	<p><b>Primary Community and Therapies Service Group reported the following key quality and safety issue:</b></p> <ul style="list-style-type: none"> <li><b>Inability to meet the requirements of WHC 2020/014 Ear Wax Management</b></li> </ul> <p>WHC 2020/014 requires Health Boards to provide wax removal to the population. Problematic wax is thought to affect 4% of the population each year and can result in pain, hearing loss and tinnitus. Audiology has been providing a service to 5 clusters with transformation funding due to end on 31st March, 2022. Patients without wax removal are required to pay £45-65 for wax removal.</p> <p>The consequence of a lack of the hearing loss and tinnitus can be increased social isolation, work absence, increased care needs due to poor communication, exacerbation and increased progression of dementia, increased risk of developing dementia, increased referrals to ENT.</p> <p>The HB has indicated that funding has not been identified. Other funding opportunities are being explored.</p> <p>Responsibility for ear wax removal falls outside the remit of Audiology services and is also not part of the General Medical Services contract.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Wax removal is currently provided to the population in 5 cluster areas under temporary transformation funding. Funding for continuation of the service and roll out to other clusters has not been identified. Unless revenue is identified, the service will be unfunded from 1st April and at risk of ceasing. Further opportunities for funding are being explored.</p> <p>Currently 58% of the local Health Board population can access the service until the end of March 2022.</p> <ul style="list-style-type: none"> <li><b>Paediatric Dental General Anaesthetic Services – medical safety risk associated with the provision of Paediatric General Anaesthetic (GA) outside of an acute hospital setting.</b></li> </ul> <p>Repatriation of this service to an acute site is delayed due to theatre capacity which means the HB continues to commission services for delivery outside of national guidance (WHC 2018-09). A review of reported incidents has not identified any incidents of this profile reported.</p>

	<p><b>The Group reported the following action/ mitigation:</b></p> <p>A work-programme, led by the Deputy Chief Operating Officer is in place and is reporting to Management Board. Actions within this programme includes:</p> <ul style="list-style-type: none"> <li>• Consultant Anaesthetist present for every General Anaesthetic clinic</li> <li>• Assurance documentation supplied by Parkway Clinic including confirmation of arrangements in place with WAST and Morriston Hospital for transfer and treatment of patients</li> <li>• New care pathway implemented - no direct referrals to provider for GA</li> <li>• Multi -drug sedation ceased from Sep 2018 in line with WHC 2018 009</li> <li>• Revised SLA/Service Specification</li> <li>• HIW Inspection Visit Documentation provided to HB</li> <li>• All extended GA cases require approval from Paediatric specialist prior to treatment</li> <li>• <b>Overdue incidents</b></li> </ul> <p>There are currently 11 open incidents dating back to 2018/19.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>There is a plan in place to provide clinical/ governance oversight of each incident by end of March 2022, to determine whether they can be closed without further investigation.</p>
	<p><b>Mental Health and Learning Disabilities Service Group reported the following key quality and safety issues:</b></p> <ul style="list-style-type: none"> <li>• <b>Risks to patients and staff from Covid infection</b></li> </ul> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Silver COVID management meetings are held weekly to review risks and ensure maximum IPC measures are in place.</p> <ul style="list-style-type: none"> <li>• <b>Management of Court of Protection Cases</b></li> </ul> <p>This includes the following:</p> <p>Re-applications for individuals who have their liberty restricted in their best interests in settings other than hospitals and care homes.</p> <p>Individuals challenging, via their advocate, the restrictions that are in place in the Deprivation of Liberty authorisation.</p>

	<p>Rarely, individuals challenging their capacity to make decisions or one or more of the areas approved in the Deprivation of Liberty authorisation.</p> <p>These cases are heard in the Court of Protection and involve complex legal procedures and a significant amount of detailed work is required by frontline clinicians and members of the Multi-Disciplinary Team in the presentation of witness statements and other evidence.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>The Service Group is working as part of the Liberty Protection Safeguards (LPS) structures within the organisation.</p> <p>A work-stream is in place to provide training for staff in LPS including training for medic of Section 49 reporting.</p> <ul style="list-style-type: none"> <li>• <b>Welsh Community Care Information System</b></li> </ul> <p>There have been issues with the functionality of this system, used to record all patient contacts and risk assessments for patients under the care of Swansea Mental Health services. These have previously been reported to QSGG.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Meetings are held with Swansea Local Authority who manage the system to raise concerns.</p> <p>Interim measures to hold patient records outside the system have been put in place to manage ongoing concerns.</p> <p>The external provider has been made aware of the issues and upgrades are being implemented to reduce problems identified.</p> <p>On-going monitoring of incidents.</p>
	<p><b>Neath Port Talbot Singleton Service Group- Adult Services reported the following key quality and safety issues:</b></p> <ul style="list-style-type: none"> <li>• <b>Inability to provide Non-invasive Ventilation (NIV) to patients in Tŷ Olwen</b></li> </ul> <p>The inpatient unit in Tŷ Olwen had in the past been able to provide in-patient care for those with palliative and end of life care needs who also require NIV. Since the COVID pandemic this has not been possible.</p> <p>Initially, this was due to the limitation with regards to Aerosol Generating Procedures (AGPs) and the risk of COVID spread within the unit to vulnerable patients and unvaccinated staff. However, despite measures to allow patients who require AGPs to be admitted to Tŷ Olwen, the unit will continue to be unable to admit patients who require NIV.</p>

	<p>This is primarily due to a change in NIV equipment since COVID - requiring the need for staff training and daily NIV team support. At present the local NIV team are unable to provide the training or the commitment to regular support for NIV patients in Tŷ Olwen.</p> <p>Risk discussed in Risk Scrutiny Panel in March.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>The service has been in consultation with colleagues within the Morriston Hospital Respiratory Team to provide in-patient care (when required) on Ward J with in-reach liaison palliative care. Further development of process to allow admission of patients with palliative care needs, with NIV, who require in-patient care direct to appropriate ward area without requiring initial Emergency Department transfer and with additional specialist palliative care nursing/ medical support. The Palliative care Team are currently logging cases who cannot attend Tŷ Olwen specifically due to NIV.</p> <ul style="list-style-type: none"> <li>• <b>Access to Cancer services</b></li> </ul> <p>A backlog of patients now presenting with suspected cancers has accumulated during the Pandemic, creating an increase in referrals into the Health Board which is greater than the current capacity for prompt diagnosis and treatment; because of this there is a risk of delay in diagnosing patients with cancer, and consequent a delay in the commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Tight processes are in place to manage each individual case on the Urgent Suspected Cancer (USC) Pathway. There is enhanced monitoring and weekly monitoring of action plans for top 6 tumour sites.</p> <p>Initiatives to protect surgical capacity to support USC pathways have been put in place.</p> <p>There has been additional investment in Multi-Disciplinary Team coordinators and with cancer trackers appointed in April 2021.</p> <p>A priority pathway in place to fast track USC patients.</p> <p>There is ongoing comprehensive demand and capacity analysis with directorates, in order to maximise efficiencies.</p> <p>Weekly cancer performance meetings are held for both NPSSG and Morriston Delivery Units by specialty.</p> <p>The Endoscopy contract has been extended for insourcing.</p>
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	<p>Cancer improvement plans are in place.</p> <p>Additional work is being undertaken as part of diagnostic recovery and theatre recovery work-streams.</p> <ul style="list-style-type: none"> <li>• <b>Overdue incidents</b></li> </ul> <p>There are currently 1,350 open incidents, with 850 overdue for investigation.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>The Head of Nursing, Adult Services holds weekly incident management meetings with their team to monitor and reduce the number of overdue incidents.</p> <p>A hot debrief tool is being used for patient safety incidents relating to falls and pressure ulcers.</p> <p>The Divisions present written reports in the Service Group Controlled Drugs and Medication Incident Group, which include all open drug related incidents, which are overdue on investigation.</p> <ul style="list-style-type: none"> <li>• <b>Named Doctor for Safeguarding</b> (<i>updated position received out of committee</i>)</li> </ul> <p>The post of named Dr for Safeguarding has been re-advertised, closing date 21<sup>st</sup> March 2022.</p>
	<p><b>Neath Port Talbot Singleton Service Group- Maternity Services reported the following key quality and safety issues:</b></p> <ul style="list-style-type: none"> <li>• <b>Critical Midwifery Staffing Levels</b></li> </ul> <p>Midwifery staff unavailability remains above the 26.9% uplift with current overall unavailability at 36%.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>The Homebirth Service has been reintroduced on a case-by-case basis and failure to provide homebirth is monitored via Datix incident reporting.</p> <p>The suspension of Neath Port Talbot Birth Centre remains in place due to the unavailability of workforce.</p> <p>Community midwifery services continue in a centralised model.</p> <p>A meeting has been arranged with the Service Group senior leadership group to discuss midwifery workforce issues for discussion regards backfill arrangements and graduate midwifery streamlining.</p>

	<p>All mitigation as previously reported remains in place.</p> <p>An update will be provided to QSGG on the position.</p> <ul style="list-style-type: none"> <li>• <b>Lack of centralised monitoring on labour wards.</b></li> </ul> <p><b>The Group reported the following mitigation/ action:</b></p> <p>The procurement procedure has been completed with purchase anticipated by the 4<sup>th</sup> March 2022. Provider K2, have been contacted to discuss purchase and delivery dates.</p> <ul style="list-style-type: none"> <li>• <b>Screening for fetal growth assessment in line with Gap Grow</b></li> </ul> <p>Ultrasound scan (USS) capacity issues intensified during period of absence for preceptor clinics.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>USS machine ordered in readiness for service clinics. Backfill arrangements being concluded for two midwives currently on USS course in University of the West of England.</p>
	<p><b>Neath Port Talbot Singleton Service Group- Children and Young People's Services presented a position statement on the following key quality and safety issue:</b></p> <ul style="list-style-type: none"> <li>• <b>Children's Community Nursing Team staffing</b></li> </ul> <p>There is a risk of failure to sustain safe service provision for the Children's Community Nursing Team due to shortage of experienced, registered nurses and Health Care Support Workers (HCSW) within the agreed establishment, to meet the required number of shifts in agreed packages of care. This has been exacerbated by a high level of unplanned absence due to sickness and self-isolation.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Identifying clinical staff in the Children's Inpatient Service who could be redeployed into the team to support.</p> <p>Offer secondment for HCSW Band 2 from General Paediatrics to a Band 3 post for 4 months whilst robust recruitment drive continues.</p> <p>Offer all HCSW to increase their contracted hours on a short-term basis.</p> <p>Qualified community nurse supporting night duties on a short-term basis.</p> <p>Offer additional support to the HCSWs who are responsible for providing direct care and support to children who have Continuing Healthcare (CHC) packages.</p>

	<p>Exploring the option of using an external /independent nursing service to maintain care provision.</p> <p>Developing individual contingency plans for each CHC package should care delivery be affected.</p> <p>Advertising for experienced continuing care nurses.</p> <p>Working with Nurse Bank to develop a Paediatric pool.</p> <p>Approval to utilise off-contract agency where appropriate and available.</p> <p>Interim payment of targeted overtime approved until 31/3/2022.</p> <p>Gaining financial approval to fund a Lead Nurse for continuing care.</p> <p>Gaining financial approval for a Learning Difficulties nurse assessor to join the team.</p> <p>Appointing into the Band 7 Operational Manager for the Community Nursing Team (advert closes 21/2/2022).</p> <p>Progress to a position where there is a Deputy Head of Nursing role in post to support the community nursing team.</p> <p>Support the new community nurses to undertake the Community Nursing degree.</p> <p>Offer leadership programmes for the staff assuming leadership roles within the service.</p> <p>Offer Compact training for the Health Care support workers.</p> <p>Offer clinical supervision for all staff to ensure wellbeing and robust attendance at work management.</p> <p>Continuing care packages have been reduced to reflect staffing levels. This is a temporary measure. Mitigation in place to ensure health board reputation damage and to deliver safe quality care required.</p> <p>Continuous contact will be maintained with families to ensure they are aware of the current staffing position, feedback is essential, to ensure care provision is risk assessed and prioritised.</p> <p>Weekly exception report will be produced and shared with Service Group Directors in order to ensure briefed of the position, along with escalate any issues in between weekly briefs as necessary. This will be in place, together with weekly escalation meetings to monitor progress of mitigating actions agreed. This will ensure stronger governance arrangements and monitoring are in place and support provided as necessary.</p>
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	<p><b>Morrison Service Group reported the following key quality and safety issues:</b></p> <ul style="list-style-type: none"> <li>• <b>Avoidable harm to patients as a consequence of excessive access waiting times across all categories of patients</b></li> </ul> <p>Current Performance for Accident and Emergency Department:</p> <ul style="list-style-type: none"> <li>• 4hr = 57% (<i>decreasing</i>)</li> <li>• 12breaches=1,139 (<i>stable</i>)</li> <li>• Handover Delays 60mins = 724 (<i>increasing</i>)</li> </ul> <p><b>The Group reported the following action/ mitigation:</b></p> <p><b>National Mitigation</b></p> <ul style="list-style-type: none"> <li>• National investment programme (£100m) – announced June 2021</li> <li>• Innovation and new technology investment (£36b over 3yrs) to support health and social care – announced September 2021</li> </ul> <p><b>Health Board Mitigation</b></p> <ul style="list-style-type: none"> <li>• Public consultation on revised service delivery model – concluded October 2021</li> <li>• Annual Plan in place 2021/22</li> <li>• Focus on Top10 highest waiting list specialties</li> </ul> <p><b>Local (Morrison) Mitigation</b></p> <ul style="list-style-type: none"> <li>• Weekly meetings in place</li> <li>• Outsourcing and insourcing schemes in place (Orthopedics)</li> <li>• Theatre capacity allocated</li> <li>• Elective admissions managed on a daily on an individual patient basis</li> <li>• <b>Unscheduled Care &amp; Patient Flow Improvement Work commissioned</b> - Targeted unscheduled care investment of £8.5m in the annual plan, including a new Acute Medical Model and dedicated ambulatory facility at Morrison Hospital (work commencing Dec 2021)</li> <li>• Daily Health Board wide conference calls/ escalation process in place</li> <li>• Additional senior management resource in place – HB Head of Nursing for Patient Flow based at Morrison front door</li> <li>• Operational Service Manager of the Day Rota in place (by Division)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Additional surge capacity commissioned in the Tawe Unit at the front of the hospital has been decommissioned (Nov 2021) in order to allow building work for new Acute Medical Model to start</li> <li>• <b>Avoidable patient harm as a result of placement within an inappropriate healthcare setting.</b></li> </ul> <p>This risk articulates the risk to the person and reflects the potential risk for both current and future harm. There is a wealth of evidence to support the actual and potential harm associated with unnecessary hospital stays, these harms may include:</p> <ul style="list-style-type: none"> <li>• Increased risk of falls</li> <li>• Risk of nosocomial infection</li> <li>• Deconditioning and impact on level of care required to support the patient on discharge</li> <li>• Quality of life –impact on patients’ ability to recover independence</li> <li>• Poor last days of life experience – reduced access to families, friends and social activities</li> </ul> <p>There are increasing number of medically fit patients who are unable to be discharged from a medicine bed due to various issues/delays.</p> <p>Critical constricts in relation to access/time delays for social workers and assessment for package of care and social placement.</p> <p>Weekly multi-disciplinary clinically optimised review, as at 10/02/2022 = 103 patients are deemed medically fit to leave Morriston (<i>increasing</i>).</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>“Live” COP Dashboard in place.</p> <p>Weekly Medically Fit Review Meetings in place.</p> <p>Review on a patient-by-patient basis – with explicit action agreed in order to progress transfer to appropriate clinical setting.</p> <p>Patient COVID-19 status has added an additional level of complexity to decision making.</p> <p>Weekly escalation of complex cases to relevant partners/agencies.</p> <p>Development of an integrated discharge team on site to support complexity and the flow demands associated with the clinically optimised patient cohort.</p> <p>Situation Report provided to HB Q&amp;S Committee for consideration – 22/02/2022.</p>
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	<ul style="list-style-type: none"> <li>• <b>Avoidable patient harm as a result of healthcare acquired infection (HCA)</b></li> </ul> <p>HCA Infection: Trends It is clear from prevailing trend that Morriston is set in a long-term, complex process that is delivering HCA infection outcomes (volume) that could be considered stable and that have been present over an extended period of time (+4yrs). These levels are outside of national reduction profiles</p> <p>In order to achieve the system wide “step-change” reductions required there is a recognition that a system wide review of all issues causing the prevalence of HCA infection are fully understood in order that mitigation in relation to risks and future avoid ability is focused and meaningful and addresses the causal factors present.</p> <p><b>The Group reported the following action/ mitigation:</b></p> <p>Back to basics approach to Infection Prevention Control (IPC) implemented in Morriston Service Group.</p> <p>Revised Morriston IPC Group – inaugural meeting 17/02/2022. Revised terms of reference and scope in place for this meeting.</p> <p>Comprehensive update provided to HB IPC Committee – Feb 2022</p> <p>Update on QP focused work provided to Management Board – 09/02/2022</p> <ul style="list-style-type: none"> <li>• <b>Regional Burns Service</b></li> </ul> <p>A reduction in the risk was reported, due to the temporary model put in place and the plans for further reduction in the medium term.</p>
<b>2</b>	<b>Reporting</b>
<b>2.1</b>	<p><b>Therapies and Health Sciences Highlight Assurance Group Report</b></p> <p><b>The following Assurance Group Reports were received within the Report:</b></p> <ul style="list-style-type: none"> <li>• Informal feedback from United Kingdom Accreditation Service assessment of Laboratory Medicine</li> <li>• Director of Therapies Professional and Governance Group</li> <li>• Radiation Protection Group</li> <li>• Psychological Therapies Management Committee</li> <li>• Ultrasound Midwife Sonography Steering Group</li> <li>• Human Tissue Authority Assurance Committee</li> </ul>
<b>2.2</b>	<b>Pressure Ulcer Prevention Scrutiny Group</b>
	Reduction in hospital acquired pressure damage reported, though noting that this was above our pre-Covid levels.

	<p>Work to thematically review pressure damage within Primary Community Therapies and changes made to Joint Equipment Store information to improve selection of equipment for patients on discharge.</p> <p>Gap of a Tissue Viability Nurse post in Morriston and the impact this, along with the complexity of patients being admitted, has on the numbers of incidents of pressure damage within the Service Group.</p>
<b>2.3</b>	<b>Clinical Outcomes and Effectiveness Group</b>
	Action notes from February meeting shared.
<b>2.4</b>	<b>Health and Care Standards</b>
	Verbal update received on the internal scrutiny process and timescales for submission of end of year self-assessment.
<b>2.5</b>	<b>Referring Registrants Policy</b>
	Policy approval deferred until next meeting.
<b>2.6</b>	<b>Community Health Council Process for Receiving Reports</b>
	Process approval deferred until next meeting.
<b>2.7</b>	<b>Care After Death Service</b>
	Update presentation received.
<b>Part B</b>	<b>COVID-19</b>
<b>B1</b>	<b>Infection Prevention and Control</b>
	The group and noted papers. Q&S Committee receive direct report from Infection Prevention Control.
<b>B2</b>	<b>Safeguarding</b>
	The group received and noted papers. Q&S Committee receive a direct report from Safeguarding.
<b>B3</b>	<b>Putting Things Right</b>
	<p>The group received and discussed papers, noting the following key quality and safety issue:</p> <ul style="list-style-type: none"> <li>• <b>Incident and Concerns Management</b></li> </ul> <p>Service Groups reported concerns regarding the management of overdue incidents, which is of particular concern given the impending move to a new incident management system. A deterioration in the Health Board's performance on complaints response was also reported.</p> <p><b>The following action/ mitigation was agreed:</b></p> <p>A work-stream to address capacity to manage incidents and concerns within Service Groups will be established, reporting into QSGG.</p>