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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 November 2021	Agenda Item	6.1
Report Title	Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 2 November 2021		
Report Author	Nigel Downes, Head of Quality and Safety		
Report Sponsor	Gareth Howells, Executive 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 Quality & Safety Committee with an update Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 2 November 2021		
Key Issues	<ul style="list-style-type: none"> This paper provides the Quality & Safety Committee with an update on matters of Quality and Safety reported to the QSGG meeting on 2 November 2021. The paper provides a formal route of escalation to the Quality & Safety Committee from QSGG. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>The Quality & Safety Committee are asked to:</p> <ul style="list-style-type: none"> Note the contents of the overview report of the Quality and Safety Governance Group (QSGG) Meeting of 2 November 2021. Highlight any areas they require of QSGG, to support the development of Quality and Safety across the Health Board. 		

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 02 November 2021.

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

General Quality & Safety Group Exception Reports

- Morriston Service Group
- Neath Port Talbot Singleton Service Group
 - Maternity Services
 - Children's Services
- Primary Care & Community Services Group
- Mental Health & Learning Disabilities Services Group

Reporting

- Therapies and Health Sciences Highlight Assurance Group Report
- Arts in Health Quarterly Report
- Human Tissue Authority (R&D) Licence Report
- Health & Care Standards Update
- Annual Quality & Safety Priorities Update

COVID-19 Reports

- Infection Prevention and Control
- PPE Logistic Cell
- Safeguarding
- Putting Things Right

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

4. FINANCIAL IMPLICATIONS

None from this report

5. 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 and development of Quality and Safety issues across the Health Board.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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	Appendix A – QSGG Report November 2021	

Quality & Safety Governance Group

Update Report

November 2021

1	Reports/Reporting
1.1	General Quality & Safety Group Exception Reports
A1	Morrison Service Group
	<p>The Morrison Service Group Report was received at the meeting and the key priorities/themes were noted as:</p> <p>1) Morrison Service Group reported to QSGG the risk of avoidable harm to patients because of excessive access waiting times across ALL categories of patient – current local risk score 25.</p> <p>Increasing number of complaints and incidents where patients have come to harm, where there has been a missed opportunity to intervene and reduce harm. Score consistent with HB Risk Register.</p> <p>Morrison Service Group reported the following Actions/Mitigation:</p> <ul style="list-style-type: none"> • Morrison Service Group has reviewed the Risk Register to ensure relevant multi-factorial operational risks are being appropriately managed at a score of 25. The Risk is reviewed monthly by Service Group Triumvirate and monitored weekly by the management team. • Morrison Service Group have increased clinical engagement across all areas, to ensure patients are being managed across the appropriate pathway. • Review/investigate continuing concerns around increasing themes of staffing/organisational issues. • Morrison Service Group have participated in the Health Board consultation process on the delivery of re-organisation of services across hospital sites (consultation ended 01/10/2021). • Specialty Recovery/Improvement Plans available in place and forming the core aspect of Morrison Annual Plan for 2021/22. • Bi-weekly Recovery meeting being held – for assurance on the recovery of Morrison Service Group’s elective programme. <p>2) Morrison Service Group reported to QSGG avoidable patient harm due to a lack of timely assessment and treatment for emergency patients – current local score 20.</p> <p>There has been a return to levels of demand pre-COVID-19 (7000+ patients per month) combined with an increased patient acuity.</p> <p>Morrison Service Group reported the following Actions/Mitigation:</p> <ul style="list-style-type: none"> • Morrison Service Group are following the Escalation Policy. • Unscheduled Care & Patient Flow Improvement Work commissioned. • Targeted unscheduled care investment of £8.5m in the annual plan, including a new Acute Medical Model and dedicated ambulatory facility at Morrison Hospital. • Daily Health Board wide conference calls/escalation process is now in place. • Additional Senior Management resource in place: Health Board Head of Nursing for Patient Flow based at Morrison “Front Door”.

	<ul style="list-style-type: none"> • Operational Service Manager of the Day Rota (by Division) introduced. • Daily Site Management. Interim Assistant Director of Flow in place to assist in this area. • Review of Bed availability across the site. All additional surge capacity opened and available. Surge Capacity – including temporary arrangements for up to 23 beds on Tawe Ward. • Welsh Government (WG) South Wales Emergency Care Development Programme being developed. • REACT Patients are prioritised whilst in A&E; such patients are reviewed according to clinical need/urgency. • Patients transferred as soon as possible to appropriate ward areas. • Project boards established on both acute sites, to define the model of care and emergency pathway on each site. • Emergency Department (ED) improvements: <ul style="list-style-type: none"> ○ Active recruitment of staff within ED – currently 5 vacancies (improving position from 20 vacancies prior to COVID-19). ○ COVID and Non-COVID pathways for Resuscitation patients. ○ Currently undertaking staffing review – re: 2 Resuscitation pathways (COVID and Non-COVID pathways). ○ ED Consultant at “Front Door” to review patients on admission/within Ambulances – working with Paramedics to reduce the risk to patients of off-load delays. • As part of Acute Medical Service Review – Acute GP Unit moved to the Morryston site, which will assist with patients being allocated/streamed to GP Unit. <p>3) Avoidable patient harm as a result of nurse staffing deficits to undertake both direct and indirect nursing care – current local score 20</p> <p>Morryston Service Group reported the following Actions/Mitigation:</p> <ul style="list-style-type: none"> • Deputy Head of Nursing leading daily (7days) Nurse staffing meetings to review staffing across all areas of Morryston Service Group. • Dedicated Senior Nurse staffing rota in place (7days) – focusing on immediate resolution and safety issues across the Service Group. • Daily challenge/risk assessments taking place to ensure wards/departments are in line with Nurse Staffing Act requirements. • Implementation of Welsh Government guidance on staff COVID-19 testing and isolation. • To increase safety of patients across the Morryston Service Group: Patient Escalation Pathway has been updated to reflect critical mass and immediate operational escalation/de-escalation of patients. • HR Business Partner led work stream in place: focusing on recruitment & retention of staff; including overseas recruitment. • Re-centralised recruitment of HCSW. • Recruitment through student nurse “streamlining”. • Use of Band 3 and Band 4 non-registered roles. • Pooled staffing introduced to support any “short notice” gaps in establishment. • Enhanced Payment Rates have been introduced to overcome gaps in establishment.
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A2	<p data-bbox="424 132 1182 165">Neath Port Talbot Singleton Service Group (NPTSSG)</p> <p data-bbox="424 165 1289 232">The NPTSSG Report was received at the meeting and the key priorities/themes were noted as:</p> <p data-bbox="475 293 1455 427">1) NPTSSG reported to QSGG that continued constraints in staff availability, as a result of staff isolation/sickness/ shielding due to Covid-19, on the acute medical wards in Singleton Hospital are frequently below minimum staffing number requirements.</p> <p data-bbox="424 461 1142 495">NPTSSG reported the following actions/mitigation:</p> <ul data-bbox="475 499 1455 1323" style="list-style-type: none"> • Daily risk assessment of Staffing across NPTSSG being undertaken; with additional on site management for Out of Hours staffing risks. • Daily staffing tool used to record variation from roster. • Daily Nurse Safety briefings being held within the Medicine division. • To support gaps in staffing on Surgical Assessment Unit (SAU), there has been an increase in the deployment of staff from all Adult Divisions into SAU. • Ward Managers and Matrons to continually assess staffing and to escalate any issues/concerns accordingly. • Nurse Staffing Act temporary uplift to support SAU at Singleton Hospital. Continual recruitment process for additional staff to support this area. • E-Roster Scrutiny Panels operating; to ensure the Rostering Policy is being fully implemented and are being reviewed to encompass triangulation with key quality indicators. • Ongoing weekly Bank and Agency meeting to review and scrutinize all requests, key rostering KPIs and gain assurance of resources required or patients requiring enhanced observations. • A 7-day Professional Lead Nurse rota has been implemented to provide clear lines of accountability and maximizing utilization of the available nursing resource. • Registered Nurses recruited through overseas recruitment, with planned start dates between October to December. • Ongoing monthly review of all risk register entries. <p data-bbox="475 1357 1430 1458">2) NPTSSG reported to QSGG that previous absences within the matron and Quality and Safety Team has resulted in an increase in overdue incidents.</p> <p data-bbox="424 1503 1166 1536">NPTSSG reported the following actions/ mitigations:</p> <ul data-bbox="475 1541 1455 1917" style="list-style-type: none"> • The Head of Nursing (Adult Services) is holding weekly incident management meetings within their team to review overdue incidents. This has been successful, however the number of incidents being reported is approximately the same as being closed, and therefore the residual number of overdue incidents is only reducing gradually. • There has been a reduction in sickness in the Quality, Safety and Risk team. • A meeting has been arranged with the Service Group Nurse Director, Service Group Head of Quality and Safety and the Patient Feedback Team on 11/11/2021 to agree a plan to close historic incidents of “no harm”.
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	<p>3) NPTSSG reported to QSGG that their complaints response performance had decreased due to absences within both the Matron Team and the Quality & Safety Team, along with increasing numbers of concerns and enquiries being received.</p> <p>NPTSSG reported the following actions/ mitigations:</p> <ul style="list-style-type: none"> • Deputy Head of Nursing is holding weekly concerns reviews with the Service Group Quality and Safety Team. • Work underway to close overdue concerns, with a planned closure date for all 2020 concerns by 31/12/2021. Compliance of the targeted reduction plan will be reviewed by the Deputy Head of Nursing in the weekly concerns review. • Secondment opportunity at Band 7 within the Quality and Safety Team out for expression of interest. • Quality, Safety and Risk team support the Service Group Divisions by providing monthly (more frequently on request) Datix concerns reports to assist with improving compliance with response performance. • The Service group reported that this position had improved beyond the meeting's reporting period.
A3	Maternity Services
	<p>The Maternity Services report was received at the meeting and the key priorities/ themes were noted as:</p> <p>1) Maternity Services reported to QSGG that their staffing levels remained critical and this has been reported to Welsh Government,</p> <p>Maternity Services reported the following actions/ mitigations:</p> <ul style="list-style-type: none"> • The suspension home births, due for review on 7/12/2021. • Temporary closure of NPT Birth Centre, due for review on the 7/12/2021. • Daily director-led monitoring/control meeting to review risks. • Centralisation of Community Midwifery Services continues and underused satellite clinics have been suspended. • Further centralisation has resulted in the Senior Midwifery Management Team, specialist midwives and Birth Centre staff being based in Singleton site. • Increase of hours for part time Midwives. • Increase support worker hours when Registered Staff unavailable. • Midwifery Bank has been introduced. • All Midwifery Staff Specialists and Ward Managers working clinical hours. • Recruitment process complete for experienced Band 6 Midwives, with 7 Band 6 Midwives recently being appointed. <p>It was reported that, due to the revised staffing levels PROMPT (Practical Obstetric Multi-Professional Training) and CTG training could now be reintroduced with sessions planned for mid-November 2021. Additionally, as patient numbers and acuity allows, staff are being supported in undertaking their mandatory training.</p>

	<p>2) Maternity Services reported to QSGG that they are continuing to review their services and deliver against the action plan following the RCOG/RCM report into maternity services at Cwm Taf UHB (2019). The development of a service user group was noted as a risk as the Maternity Services Liaison Committee was disbanded pre-Covid and has not been reinstated.</p> <p>Maternity Services reported the following actions/ mitigations</p> <ul style="list-style-type: none"> • A Business proposal has been prepared for a “Maternity Voices Partnership”. This has been shared with the CHC and NMB who are in support of the proposal. <p>3) Maternity services reported to QSGG increasing numbers of overdue incidents</p> <p>Maternity Services reported the following actions/ mitigations</p> <ul style="list-style-type: none"> • Targeted work to reduce these has been arranged with the intention of reducing overdue incidents by at least 20 by the end of this quarter. • Action Plan agreed for release of Ward Manager’s time to reduce backlog within their clinical areas – 1 day per week. This will allow for a weekly target reduction plan to reduce the backlog. <p>Maternity Services reported to QSGG that they had recently been shortlisted for two good practice awards at the Royal College of Midwives’ Annual Midwifery Awards.</p>
A4	Children’s Services
	<p>The Children’s Services Report was received at the meeting and the key priorities/themes were noted as:</p> <p>1) Children’s Services reported to QSGG difficulties within neo-natal nurse staffing</p> <p>Children’s Services reported the following action/ mitigation:</p> <ul style="list-style-type: none"> • Short term enhanced overtime payments were put in place (for a two-week period), to attract and retain staffing. Evaluated: <ul style="list-style-type: none"> • Maintained safe standards of nursing against BAPM standards. • Able to support region, by not reducing HDU and ICU cots. • Maintained established staff working on the Neonatal Unit. Reduced need for Agency nurses during that period. • Reported daily at Sit-Rep meetings for neonates and paediatrics, which have been established by Welsh Government. • Early discussions regarding overseas recruitment of neonatal nurses in order to increase establishment to meet staffing requirements. <p>2) Children’s Services reported to QSGG difficulties in recruiting a named Doctor for Safeguarding</p> <p>Children’s Services reported the following action/ mitigation:</p> <ul style="list-style-type: none"> • Proactive approach of recruitment being taken. This post has been referred to a recruitment agency to find and locate potential candidates with the requisite skills and experience.

	<ul style="list-style-type: none"> • The Clinical Team and the Head of Safeguarding are currently covering elements of the post internally. • There are recruitment difficulties with other similar posts across Wales and there will be further discussion with the Service Group medical director to consider how the post could be made more attractive to applicants. <p>3) Children’s Services reported staffing gaps in Maes y Coed Special School and low nurse to pupil ratio. There is currently a 32-hour Health Board funded post in the school, who has seen referrals double.</p> <p>Children’s Services reported the following action/ mitigation:</p> <ul style="list-style-type: none"> • Meeting arranged with school Business Manager to develop business case. • Bench-marking with other schools in Cardiff and the Vale. • Discussion with the Local Authority to review funding arrangements as similar posts in Swansea are funded on a 50/50 split across Health and Education.
A5	Primary Care & Community Services (PCCS) Group
	<p>The PCCS Report was received at the meeting and the key priorities/themes were noted as:</p> <p>1) PCCS reported to QSGG priority of Ear Wax Management within the service.</p> <p>Welsh Health Circular (WHC) 2020/014 required the Health Board to provide wax removal in primary and community settings by 1st October 2021. The Primary Care Audiology service has been designed to include cost effective accessible wax removal and currently there are services funded under the temporary Cluster Transformation Project until end March 2022 in 5 cluster areas (58% population coverage). The majority of patients with problematic wax in areas not covered by the Primary Care Audiology service can only access wax removal privately at around £45- 60 per ear.</p> <p>Risks of not meeting the WHC include:</p> <ol style="list-style-type: none"> a) Increased complaints b) Loss of Health Board reputation c) Increased care needs by those for whom wax is preventing communication d) Inability for patients to manage hearing loss with hearing aids e) Increased demand for GPs/Practice Nurses. <p>PCCS reported the following Actions/Mitigation:</p> <ul style="list-style-type: none"> • Head of Audiology Service reviewed the risk. • Following which, a business case is now being considered by the Business Case Assurance Group for recurrent funding of the service to be rolled out across the Health Board, with recurrent funding. • Information provided to patients regarding self-management of hearing loss to be provided by audiology and available on Audiology and Primary One website (by 30/11/2021).

	<p>2) PCCS reported to QSGG issues with Capacity within Service Group Quality & Safety (Q&S) Team</p> <p>Long-term absence within the Q&S Team is affecting the team's capacity to manage its workload.</p> <p>PCCS reported the following Actions/Mitigation:</p> <ul style="list-style-type: none"> • Concerns management being undertaken by 2 x Band 6 Governance Leads, concerns signed off by individual Heads of Service. • Administrative support took up role 05/10/21. Short-term Corporate Q&S support being provided for: <ul style="list-style-type: none"> ○ Drafting QSGG reports ○ Service Group Q&S agenda ○ HCS coordination • Short term Patient Feedback Team support being provided for: <ul style="list-style-type: none"> ○ Advice on Serious Incidents ○ Patient Experience reports ○ PTR monthly reports • New Q&S Manager to commence in post 15/11/2021. • Leads for managing risk: Tanya Spriggs, Nurse Director PCCS and Karl Bishop, Dental Director (Chairs of PCT Q&S Group). 																				
A6	Mental Health & Learning Disabilities (MHL) Services Group																				
	<p>The MHL Report was received at the meeting and the key priorities/themes were noted as:</p> <p>1) MHL Service Group reported to QSGG issues with a backlog of SI Investigations</p> <p>It was reported to QSGG that, over the last few months, progress with the backlog of SI Investigations has been made by the Service Group:</p> <table border="1" data-bbox="432 1357 1447 1659"> <thead> <tr> <th></th> <th>July 2021</th> <th>October 2021</th> <th>Improvement</th> </tr> </thead> <tbody> <tr> <td>2018/2019</td> <td>12</td> <td>6</td> <td>6</td> </tr> <tr> <td>2019/2020</td> <td>34</td> <td>10</td> <td>24</td> </tr> <tr> <td>2020/2021</td> <td>43</td> <td>30</td> <td>13</td> </tr> <tr> <td>Total</td> <td>89</td> <td>46</td> <td>43</td> </tr> </tbody> </table> <p>43 cases closed between 01/07/2021 and 31/10/2021. It is anticipated that a further 15 cases (see below) will be closed by 30/11/2021.</p> <ul style="list-style-type: none"> • 2018-19: 4 cases • 2019/20: 6 cases • 2020/21: 5 cases 		July 2021	October 2021	Improvement	2018/2019	12	6	6	2019/2020	34	10	24	2020/2021	43	30	13	Total	89	46	43
	July 2021	October 2021	Improvement																		
2018/2019	12	6	6																		
2019/2020	34	10	24																		
2020/2021	43	30	13																		
Total	89	46	43																		

MHLD Service Group reported the following Actions/Mitigation:

- Focused work has been undertaken since July 2021 to address the backlog of SI cases.
- In order to close the remaining 24 outstanding cases, for 2019/20, the Service Group Director is supporting the Service Group in having a clear plan to address the backlog of SIs by December 31 2021.
- Work will continue to ensure compliance with the new reporting standards published in the summer to meet the required reporting timescales.
- The Learning is now being evaluated, to be shared across the Service Group and at QSGG.

2) MHLD Service Group reported to QSGG that the Court of Protection cases were an area of concern.

The Service Group reported the management and coordination of Court of Protection cases is an area of concern, in relation to:

- Applications for individuals who have their liberty restricted in their best interests in settings other than hospitals and care homes.
- Individuals challenging, via their advocate the restrictions that are in place under the Deprivation of Liberty authorisation.
- Rarely, individuals challenging their capacity to make decisions, or one or more of the areas approved in the Deprivation of Liberty authorisation.

MHLD Service Group reported the following Actions/Mitigation:

- A role has been established within Legal & Risk team to support COP.
- A Business Case is being developed, based on impact of the above Legal & Risk role, to ensure that staff have the support and resources needed for complex cases.
- Legal & Risk team are to provide training to staff on the expectations of the court for relevant witness statements and evidence.

3) Health & Care Standards

The MHLD Service Group reported that all work undertaken by the Service Group is embedded within its routine reporting.

The Service Group also reported that the impact of 2nd and 3rd waves of COVID-19 has impacted on some of the proactive work that was being undertaken to improve services, alongside work pressures affecting the data collection of the Health & Care Standards.

MHLD Service Group reported the following Actions/Mitigation:

- Positive innovation and the focus on improving services in a time of difficulty has provided service change that was not envisaged before COVID-19 and can demonstrate service innovations and progress.
- Updated reporting systems developed by the Corporate Q&S Team have assisted in improving the data collection systems for Health & Care Standards.
- The Service Group is currently preparing data for the Health & Care Standards Scrutiny Panel meeting on 24 November 2021.

2	Reporting
2.1	Therapies and Health Sciences Highlight Assurance Group Report
	<p>The following Assurance Group Reports were received within the Report:</p> <ul style="list-style-type: none"> • Point of Care Testing Assurance Group • Armed Forces Forum • Ultrasound Clinical Governance Committee • Human Tissue Authority Assurance Committee • Care After Death Centre (CADC) Project Steering Board • Director of Therapies and Health Sciences Professional & Governance Group • Psychological Therapies Management Committee • Ultrasound Midwife Sonography Group
2.2	Arts in Health Quarterly Report
	A video of the Arts in Health Team was presented and some members of the Arts in Health Team discussed their roles and how they could assist Service Groups.
2.3	Human Tissue Authority (R&D) Licence Report
	<p>Current joint licensing arrangements expose the Health Board (HB) to reputational risk resulting from compliance gaps within the University and insufficient staff resource for compliance across both organisations.</p> <p>The paper set out plans to remove Singleton and Morriston as satellite sites on the Swansea University licence and pursue a separate HB licence to cover compliance with the Human Tissue Act for the use and storage of human samples (relevant material) for research.</p> <p>A new application for a research licence will be submitted to the HTA. The new HB licence will require a Designated Individual to be responsible for organisational compliance with the HTA standards and a named corporate licence holder. Professor Steve Bain, Swansea University R&D Director has agreed to assume the role of DI and Christine Morrell will act as the corporate named licence holder. Professor Bain will liaise with the current DI regarding timelines for a Health Board application submission and a formal communication will be developed to share the proposed date with the University.</p>
2.4	Health & Care Standards (HCS)
	Verbal update provided. Timetable of HCS provided previously presented to QSGG. Outlined to QSGG that Mini-Scrutiny Panel to review all Service Groups' 6 monthly HCS on 24 November 2021.
2.5	Annual Quality & Safety Priorities
	<p>Verbal Update on the 5 priorities was presented to QSGG.</p> <p>Update provided on progress made with recruitment of key roles for the 5 priorities.</p> <ul style="list-style-type: none"> • End of Life Care – recruitment made to key roles. • Sepsis – Band 8B role with job matching.

	<ul style="list-style-type: none"> • IPC – Band 6 Decontamination Lead recruited. • Falls – Band 8A Falls Lead recruited. • Suicide – Band 8A to be recruited by 25 November 2021. <p>Update provided on the current Goals, Methods and Outcomes (GMOs) for each of the Priorities.</p> <p>Q&S Priorities Workshop held with members of all Service Groups on 20 October 2021. Service Groups requested to provide comments on GMOs (2022/23) by 30 November 2021. Updates will then be incorporated into Q&S priority GMOs (2022/23).</p>
Part B	COVID-19
B1	Infection Prevention and Control
	The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.
B2	PPE Logistic Cell
	No issues to report
B3	Safeguarding
	The group received and discussed the Report.
B4	Putting Things Right
	The group received and discussed papers. Q&S Committee to receive direct report from Infection Prevention Control.