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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 December 2020	Agenda Item	2.3
Report Title	Quality and Safety Governance Group Report		
Report Author	Lee Joseph, Deputy Head Quality and Safety		
Report Sponsor	Christine Williams Interim Director of Nursing & Patient Experience Cathy Dowling Deputy Director of Nursing and 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		
Key Issues	This paper provides the QSC 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
	<input checked="" type="checkbox"/>	<input 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 Quality and Safety Governance Group. This report outlines the key Quality and Safety areas discussed at the Quality and Safety Governance Group on **19 November 2020**. Please note that the format has changed to reflect how QSGG is currently dividing the agenda into Covid-19 and general Q&S.

2. BACKGROUND

The Quality and Safety Governance Group (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 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

Part A	Covid-19
Morrison ED HIW Feedback	<p>The group were advised that the Head of Q&S had completed a Corporate Assurance report and is due to meet the Service Group Triumvirate to feedback. Head of Q&S will present the report to the next meeting (January 2021).</p> <p>Highlights;</p> <ul style="list-style-type: none">• Director of H&S undertook ligature inspection and will report to the next meeting once a follow up inspection is undertaken.• Tier 1 review deferred until New Year.• ED in a better position but some work is still required.• On course to meet actions highlighted by HIW. Indications that HIW will revisit and inspect in January.• Unit DoN has identified additional issues following own review.

	<ul style="list-style-type: none"> • Increase in Mental Health and CAMHS provision needed (elements in HIW action plan). • Other Tier 1 inspections at Morriston, MH&LD, NPT, and Gorseinon all positive to date.
Volunteer Service Report	<p>The group received the Volunteers report which was originally reported to Workforce and OD.</p> <p>The group discussed new roles for volunteers during pandemic. It was suggested using volunteers to virtually support patients during visiting restrictions.</p> <p>The Group expressed thanks to volunteers.</p>
A1	Infection Control
	<p>The group discussed the report.</p> <p>The group were updated on a number of outbreaks across sites. Regular outbreak meetings to manage outbreaks continues.</p> <p>The group discussed COVID-19 vaccination, with a potential start of vaccination from beginning of December. It was noted that vaccination may not be able to be transported between sites once received.</p> <p>General IPC - <i>C-difficile</i> remains a challenge. The scrutiny Group remains in place.</p> <p>UVC contamination. HPV can be brought in if needed to provide reactive service.</p> <p>PVC curtains are in use.</p> <p>Support is being provided to PC&C for community outbreaks. Further work to do with School Nursing.</p> <p>The group discussed how the dashboard does not give the number of cases in care homes and queried whether numbers could be reported. The group were advised the data would not be health data, but attempts to access the data and report to the next meeting would be made.</p> <p>Nosocomial Harm/Deaths will be subject to review at a specific group and update reports will come in due course.</p>

	<p>The group asked for any new information/guidance on clear face masks, and were advised the ICP Team are working closely with HB procurement to ensure correct safety checks, as these types of mask have not yet gone through European checks, and are currently only single use.</p>
A2	PPE
	<p>The group received the updated paper.</p> <p>The group were advised the position remains stable.</p> <p>The HB are currently testing locally sourced FFP3 masks as an alternative purchasing stream - tests to be completed soon with a likely outcome of recommendation to purchase.</p> <p>The group discussed how a previous patient story from GOLD on PPE generated many comments. A request to generate more stories was made with a specific suggestion for a digital story from intensive care.</p>
A3	Safeguarding
	<p>The group received and discussed papers.</p> <p>The group were advised a guidance booklet for 'Safeguarding During COVID-19' (version 9) has been circulated.</p> <p>It was National Safeguarding Week, programme at the time of reporting and list of events had been circulated.</p> <p>Safeguarding Sharepoint has been launched and referenced in quarterly newsletter.</p> <p>Training due to be rolled out will include advice on completion of Integrated Reporting Form.</p> <p>CAMHS activity provided in report.</p> <p>An increase in Adults at Risk was reported; 22 IRIS referrals. Noted that the local age group of 26-40 is different to National age group.</p> <p>Safeguarding training has been amended and continues in virtual format.</p> <p>Data relating to Professional concerns and Rapid Response provided in report.</p>

A4	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	<p>The group received and discussed papers.</p> <p>The group were advised that complaints performance had dipped to 72%.</p> <p>Specific review undertaken for MHLD and support offered.</p> <p>A new Never Event was reported in November.</p> <p>HIW inspection for ED postponed until New Year. Morriston asked to provide an update and report to this group for Welsh Risk Pool.</p> <p>The revised Never Event Improvement Plan will be brought by the Head of Q&S to QSGG twice yearly. Action plan can be brought back in January.</p> <p>The group discussed concerns/themes raised by families re visiting during last days of life.</p>
Part B	General Q&S
B1	<p>Morrison Service Delivery Unit</p> <p>Group discussed the exception report.</p> <ul style="list-style-type: none"> • Discussed analysis between first COVID-19 wave and present. • Discussed identifying priority mandatory training, Infection Control to be prioritised.
B2	<p>Singleton Service Delivery Unit</p> <p>Group discussed the exception report.</p> <ul style="list-style-type: none"> • Ward 7 opened. Operating Policy for Ward 7 has been approved. • Discussed increase in nursing and midwifery concerns. <p>Maternity Services Group</p> <ul style="list-style-type: none"> • Noted 7 serious incidents under investigation. • Learning shared about staff to staff transmission. • Learning event re: swab incident. • Increase in number of concerns particularly relating to visiting and allowing partners to accompany for appointments. Addressed by revised guidance on visiting.

	<p>Children's Services</p> <ul style="list-style-type: none"> • 1 open SI relating to information governance breach currently being investigated. 39 incidents. • 10 months of no concerns in neonatal services. • Family Integrated Care programme being established in Singleton. • Noted risk of not having a named Dr since last incumbent retired. Post has been advertised and Morrision Service Group has been assisting in the interim. • 3 SARs in terms of request to children in continuing care. This is significant challenge, have requested extra help.
B3	<p>Neath Port Talbot Service Delivery Unit</p> <p>The group discussed the exception report.</p> <ul style="list-style-type: none"> • Noted this is the last month NPT and Singleton will report separately. • Noted rise in violence and aggression.
B4	<p>Primary Care and Community Services</p> <p>The group discussed the exception report.</p> <ul style="list-style-type: none"> • 5 Serious Incidents. 1 SI reported in October was deemed not a SI by Welsh Government. • Good feedback on Attend Anywhere and Ask my GP. • New risk for ISH, 4 beds on Ward 1 in Singleton. Demand for beds (for terminations) exceeds availability. • 5 Outbreak meetings re Gorseinon Hospital.
B5	<p>Mental Health and Learning Disabilities Service Delivery Unit</p> <p>The group received the exception report.</p> <ul style="list-style-type: none"> • Recruiting 2 new Serious Incident Investigators. • Noted out of 15 complaints, some concerns were due to COVID-19 related delays. • Noted Court of Protection work has major impact on workload. • Flu vaccination campaign going well.
B6	<p>Director of Therapies and Health Sciences</p> <p>The group received the exception report.</p> <ul style="list-style-type: none"> • Medical exposure issue - responsibility of employer, updated at HIW request. Details in report.

B7	Arts in Health
	<p>The group received the exception report. This was the first time reporting into QSGG and further reports will occur every 3 months.</p> <ul style="list-style-type: none"> • SBUHB methodology on digital story telling is becoming All Wales method. • The Arts in Health Co-ordinator is currently training staff across England and Wales on this methodology. • Reiterated importance of stories. • Group thanked the Arts in Health Co-ordinator for her work.
Part C	For Noting
C1	<ul style="list-style-type: none"> • Patient Flow and Rapid Discharge. AR suggested electronic transfer of care would be useful for consistency.
C2	<ul style="list-style-type: none"> • Operating Policy for Ward 7, version 1.4 ratified.
	Issues to be escalated to Quality and Safety Committee
	Nil
	Any Other Business
	Head of Q&S proposed a 1-hour weekly Q&S huddle would be useful, commencing 9:00 am on 24 th November and then on a weekly basis with DoN in attendance.

6 RECOMMENDATION

The Quality and Safety Committee is asked to:

1. Note report
2. For the Committee to review the report and highlight any areas of improvement they require of the Group to support current review and development.

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 type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input 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	Nil	