Meeting Date	**14 February 2020**	**Agenda Item**	**3.4**
Report Title	**Quality and Safety Governance Group Report**		
Report Author	Lee Joseph, Quality and Safety, Corporate Nursing		
Report Sponsor	Gareth Howells, Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
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 supports the achievements of the Health Board's corporate objectives by ensuring effective governance is in place within the organisation.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐

Recommendations	Members are asked to: • **NOTE** this report • **NOTE** matters for escalation

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 14 February 2020.

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

Updates in this report are structured against the Health and Care Standards headings;

Staying Healthy
Safe Care
Effective Care
Dignified Care
Timely Care
Individual Care
Staff and Resources

Gold command level activities are reported upon separately at the end of the update report.

4. FINANCIAL IMPLICATIONS

None from this report

5. UPDATE REPORT

5.1	**QSGG GOVERNANCE & ACCOUNTABILITY**
5.1.1 Group TOR and Q&S Framework	Revised Quality and Safety Governance Framework and group TOR (as presented to Committee in December) will be presented to Exec Board for final ratification. Work continues to map out organisational working/steering groups and committees below QSGG. Once finalised, the Chair of QSGG will write formally to all groups requesting that all TOR are amended to reflect QSGG reporting arrangements. Update on this and the final QSGG business plan for 2020/2021 financial year will be brought to Committee in April 2020.
5.2	**STAYING HEALTHY**
5.2.1 Corona Virus	The group were updated on the commissioning of Gold Command in relation to Corona Virus. This Gold Command will report directly to Q&S Committee with relevant updates.
5.3	**SAFE CARE**
5.3.1 Serious Incidents	Welsh Government have confirmed they will no longer use the 60 working day target to complete SI investigations. WG are also considering what should be reported as a SI to WG going forward. A meeting was held with Service Delivery Units to discuss timescales. All considered timescales were beneficial and recognised that in accordance with the Regulations, relating to concerns and complaints, health organisations have 6 months in which to resolve complex cases. Six months was considered too long and the consensus was 90 working days to complete serious incidents was reasonable. This will be the HB position going forward.
5.3.2 Never Events Gold Strategy Meeting	Seven Never Events have been reported from 1 April 2019. Further information of these is being presented to Committee separately on the agenda. Gold Command Strategy meeting to review the HB's never event position is due to take place on the 10 March 2020. This strategy meeting is to discuss and assess the Health Board's position regarding Never Event Serious Incidents. This meeting is not to discuss the Health Board's response to individual incidents already on going, but to consider what other organisational actions/assurances are necessary to manage patient safety and reduce future risk. The meeting will consider the following;

	• Overview of any trends and themes from this financial year's NE incidents, including overview of recommendations (local/board wide) - **Serious Incident Team** • Look back to improvement plans from NE cluster in previous financial years – **Quality and Safety Team** • Re-look at previous external peer review of theatres (2016) undertaken using human factors analysis & Classification System (HFACS), seeking to identify any additional improvement opportunities, particularly at 'level 4 Organisational Influences', as set out in the report – **Quality and Safety Team** • Update and assessment against Internal Audit Report improvement plan (Ref WHO Checklist (SBU-1920-021) – **Medical Directors Audit Register** • Update on LocSSIP development including management changes across the HB and theatre provision of Theatres by Morriston SDU – **Morriston SDU** • Agree any additional actions required to support focused improvement, and identify areas which could be managed within the 'Theatres' High Value Opportunity (HVO) work stream to avoid duplication of effort and resource - **All** A further update will be provided to QSC post strategy meeting
5.3.3 Infected Blood Inquiry	The Infected Blood Inquiry is still ongoing. The Health Board has not received any new inquiries for information since October 2019.
5.3.4 HIW Immediate Action Plan Morriston ED/AMAU	The group discussed the Health Inspectorate Wales (HIW) visit to Morriston ED and AMAU, and the immediate action plan. The group were advised the immediate action plan had received assurance from HIW. This item is on the QSC agenda for further detail.
5.3.5 NEWS2	The group received a presentation on the development of a revised National Early Warning Score chart (NEWS2). The group were informed how audits of the current NEWS chart demonstrate a high error rate, particularly around total scores. The presentation demonstrated the amendments to the revised chart and how trials in clinical areas had resulted in less (human) error and improved patient safety. The group approved the revised chart and sought assurances around the roll-out plan and staff training. The group were content to allow the RADAR group to continue to manage the roll-out and implementation across the board, with an update in 6 months back to QSGG.

5.4	**Effective Care**
5.4.1 Ambulance Release from Morriston ED	The group were informed of continued work at Morriston ED to ensure Ambulances are released when requested by WAST and when appropriate to do so. The group were informed of joint work between the HB and WAST including joint assessment of calls (on occasions) to help make more informed decisions about clinical need.
5.5	**Dignified Care**
5.5.1 Complaints	Group were updated on the concerns position – please see embedded document for full details Appendix 1
5.6	**Timely Care**
5.6.1 Link between development of Pressure Ulcer Damage and Ambulance off-load delays	**Situation** The group were informed of an increase in the number of Pressure Ulcers (PU's) developing on community based patients who are being conveyed to hospital by ambulance and then encountering delays to be offloaded from ambulances. The situation has become apparent following an increase in SI reports (relating to PU's) of patients who when admitted, have pressure damage. SI reports are documenting these were acquired for instance at Care Homes, but Care Homes are stating patients skin integrity was intact when they left. A review of such disputed cases (between community setting and hospital acquired) has identified the theme of offload delays for such patients. The group agreed that this was clearly a symptom of the wider unscheduled care pressures and evidence of avoidable harm being caused. **Plan** The group agreed that more accurate reporting of such incidents is required, and that there may be some work to do around coding so that 'offload delay' can be accurately captured. Current reporting codes do not allow for such reporting meaning that data is not readily available to understand the full extent of the issue. Chair of the HB PU prevention group has agreed to liaise with Shared Services to amend Datix Coding. Nurse Director to discuss with Medical Director as issue is not just a nursing issue and requires MDT approach.

	Improved scrutiny of each individual case to ensure learning is occurring to help improve measures to reduce risk when off-load delays occur. PUPSG to oversee mutually agreed strategy between HB, WAST and care Homes.
5.7	**Individual Care**
5.7.1 Patient Experience	The group were updated on Patient Experience – please see embedded report for full details; Appendix 2
5.7.2 Arts in Health	The group were updated on current work. Patient Story Showcase will be held on Friday 28 February in the Millennium Room between 12.00 – 13.00 hours – open invitation to all.
5.8	**Staff and Resources**
	No agenda items
5.9	**Gold Level Activity**
5.9.1 Ophthalmology Gold Command	The Group were informed that overall trajectory remains on track. One new Serious Incident has been reported whereby a diabetic retinopathy patient has suffered a degree of avoidable sight loss due to delay in treatment. The incident will be reported to WG and managed in keeping with Putting Things Right (PTR) requirements and other similar incidents.

6 Exception Reports from Service Delivery Units

Morriston

Reports from the Quality & Safety meetings held within Morriston Delivery Unit were noted by the group.

- HIW ED and AMAU visit – immediate actions plan assurance from HIW
- Approximately 150 incidents reported per week in relation to admission and access to services
- Staff morale an issue during times of continued pressure – UND and UMD to start new engagement initiatives to help demonstrate listening and understand to staff concerns.
- New 8b and replacement 8c posts in Morriston Hospital ECHO/Medicine to help bring leadership to services

Singleton

Reports from the Quality & Safety meetings held within Singleton Delivery Unit were noted by the group.

- HIW visit to Paediatrics (Morriston Hospital) immediate feedback and assurance provided
- Return to full complement (x3) of Patient Advisory Liaison posts

Neath Port Talbot

Reports from the Quality & Safety meetings held within Neath Port Talbot Delivery Unit were noted by the group.

- Significant surge capacity on site
- Increase in violence and aggression incidents towards staff – unit to continue linking with H&S Department to assess and manage risk

Primary Care & Community

Reports from the Quality & Safety meetings held within the unit were noted by the group.

- Pressure Ulcer damage to patients delayed on Ambulances
- High risk – Delivery of Community Cardiac Service due to staffing (on risk register)

Mental Health & Learning Disabilities

Reports from the Quality & Safety meetings held within the Unit were noted by the group.

- No representation at meeting

7 Main issues to be escalated to Quality & Safety Committee

- Continued unscheduled care pressures
- Never Event position – Gold meeting to be held 10 March 2020

8 RECOMMENDATION

Members are asked to:

- **NOTE** the report

- **AGREE** any areas of improvement they require of the Group to support current review and development.

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	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
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 1	