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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 July 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Quality and Safety Governance Group Report</b>		
<b>Report Author</b>	Lee Joseph, Quality and Safety, Corporate Nursing		
<b>Report Sponsor</b>	Christine Williams Interim Director of Nursing & Patient Experience  Cathy Dowling Deputy Director of Nursing and Patient Experience		
<b>Presented by</b>	Cathy Dowling Deputy Director of Nursing & Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Committee with an update from the Quality and Safety Governance Group		
<b>Key Issues</b>	This paper supports 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.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>Note this report</b></li> <li><b>Note matters for escalation</b></li> </ul>		

## **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 **9 July 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 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.

### **4. FINANCIAL IMPLICATIONS**

None from this report

## 5. UPDATE REPORT

<b>Part A</b>	<b>Covid-19</b>
<b>A1</b>	<b>Infection Control</b>
	<p>The group received a breakdown of Covid-19 positive cases in each unit and HB as a whole. It was noted that this data is monitored through Gold emergency COVID 19 arrangements.</p> <p>Work of the Infection Control Team was praised particularly the support provided to MH&amp;LD Services. Confirmation that the Infection Control Committee met in June and will meet again in August was received.</p> <p>C-Diff position is of concern and further focused improvement work is required to reverse the HB trajectory.</p>
<b>A2</b>	<b>PPE</b>
	<p>The group received the updated paper.</p> <p>No new issues regarding the supply of PPE highlighted with all units maintaining stock levels.</p> <p>Application to relocate central stores, currently based at HQ, to be moved to the Bay Hospital Site. Arrangements are currently being made to manage this move without disrupting stock flow.</p> <p>Analysis work initiated for capacity in relation to PPE availability should there be a second CV-19 wave.</p>
<b>A3</b>	<b>Safeguarding</b>
	<p>Quality of annual report submission was recognised. It was agreed to share with the Regional Safeguarding Board to demonstrate the significant contribution of health safeguarding partnership work.</p> <p>Topics regarding suicide and domestic abuse discussed within the report demonstrate extensive work taking place within Safeguarding around these issues as well as the increase in substance misuse.</p> <p>Quality of illicit drugs within the communities is an area of concern due to the impact on the services in hospital with regard to the range of symptoms presenting. It was noted that a discussion with the Quality Safety Partnership, around substance misuse, confirmed they have noted an increase.</p> <p>Since the last QSGG a meeting has taken place with the Director of Public Health, who is the lead on suicides, to discuss the strategic approach for the HB and the plan moving forward.</p>

	<p>Morrison Hospital informed the group they will shortly be identifying a new Safeguarding lead for Morrison.</p> <p>Following query, it was confirmed that progress on the work due to take place on 'Smacking' was on hold due to Covid 19. QSGG will be informed when work resumes.</p>
<b>A5</b>	<p><b>Putting things Right: Incidents, Concerns, Claims, Inquests, Risk</b></p>
	<p><b>No representation present at meeting. Future deputise</b></p> <p><b><u>Serious Incidents</u></b> A near miss incident that occurred within MH/LD service was highlighted and request for an urgent strategy meeting with particular focus for learning in a number of areas including, Operational pathway for admission to PICU, Staff skill mix on ward's and Safety/security of windows.</p> <p><b><u>Complaints</u></b> Data shows high risk complaints are now increasing following the easing of lockdown measures. Themes analysed identified access to services as the main area of concern for patients.</p> <p><b><u>HIW</u></b> HIW are re-commencing the second phase regarding Maternity Services review.</p> <p>The Head of Midwifery, expressed concern over the timing of the review due to the limits on some of the services being provided which may impact the overall reporting view by women.</p>
<b>A6</b>	<p><b>Essential Services Clinical Governance</b></p>
	<ul style="list-style-type: none"> <li>• <b>Ophthalmology</b></li> </ul> <p>Update paper received by Deputy COO giving assurances that re-introduction of services is a priority as part of essential services plan.</p> <ul style="list-style-type: none"> <li>• <b>CAHMS</b></li> </ul> <p>Verbal update received</p> <ul style="list-style-type: none"> <li>• <b>Cancer Services</b></li> </ul> <p>Going to Quality &amp; Safety Committee, paper submitted for noting</p> <ul style="list-style-type: none"> <li>• <b>Fracture Neck of Femur</b></li> </ul> <p>Going to Quality &amp; Safety Committee, paper submitted for noting</p>

<b>A7</b>	<b>Suspension of the current Patient Flow policy and use of Rapid Discharge Guidance</b>
	<p>The group agreed to incorporate the Rapid Policy within the existing Safer Policy as there was excellent work in both and gave an excellent overview around both processes.</p> <p>Group to consider any conflict between the 2 policies and discuss and next meeting.</p>
<b>Part B</b>	<b>General Q&amp;S</b>
<b>B1</b>	<b>Morrison Service Delivery Unit</b> <ul style="list-style-type: none"> <li>• Group discussed the July report.</li> <li>• Risk exception report to be shared at the next meeting</li> <li>• Volunteer workforce to re-join Morrison again as from Monday 13/07/2020</li> <li>• Encouraging staff to utilise any online training available</li> <li>• Lack of adolescent environment to be risk assessed and escalated to risk committee for consideration and incorporation to the board risk register</li> </ul>
<b>B2</b>	<b>Singleton Service Delivery Unit</b> <p><b>Paper noted – no attendance to support paper</b></p>
<b>B3</b>	<b>Neath Port Talbot Service Delivery Unit</b> <ul style="list-style-type: none"> <li>• Increase in patient query's regarding normal service resumption and reasons moves to different wards during CV-19.</li> <li>• Visiting guidelines awaited from WG to understand what local work is required</li> </ul>
<b>B4</b>	<b>Primary Care and Community Services</b> <p><b>Paper noted – no attendance to support paper</b></p>
<b>B5</b>	<b>Mental Health and Learning Disabilities Service Delivery Unit</b> <ul style="list-style-type: none"> <li>• Report discussed by group</li> <li>• Request for safeguarding section to be included in the MH &amp; LD report from August onwards</li> <li>• Request for update regarding serious incident improvement plan to be brought to group with updated trajectory required</li> </ul>
<b>B6</b>	<b>Maternity Services</b> <ul style="list-style-type: none"> <li>• SI team to support with Trigger list. Agreed the non-reportable to WG serious incidents and how they'll be managed.</li> <li>• The service had met with the Head of Safety &amp; Learning at NHS Wales Shared Services, to look at a revised permanent trigger list for SI reporting</li> </ul>

	<ul style="list-style-type: none"> <li>• Training &amp; Education, there is limited or no training available for POC testing, particularly in Blood Glucose monitoring. New staff or untrained staff do not have access to this training and the head of midwifery is raising this as a concern. Action taken to escalate to the deputy director of therapies and health science and feedback.</li> </ul>
<b>B6</b>	<b>Director of Therapies and Health Sciences</b>  <b>Paper noted – no attendance to support paper.</b>  <b>QSGG agreed to undertake a review of all service Delivery Units clinical risks and management</b>
<b>B8</b>	<b>AQS</b> No update to report. September remains the revised timeframe.
<b>B9</b>	<b>Any Other Business</b>  Review of reporting papers highlighted a gap by the risk committee in overseeing the management of clinical risks - Group agreed to undertake a review of all service Delivery Units <b>clinical</b> risks and management to assess/identify any additions for the groups work plan.
	<b>For Noting</b>
<b>B10</b>	Covid 19 Care Assessment Using Purpose T.doc
<b>B10</b>	Patient Care Assessment document in COVID 19 Surge Escalation.

## 7 Main issues to be escalated to Quality & Safety Committee

- C-Diff position.
- Positive annual Safeguarding report
- Clinical Risk management assurance
- HIW 2<sup>nd</sup> Phase plan (Maternity Services)
- Increase in Concerns regarding access to services as consequence of CV-19 restrictions
- Engagement of Executive Lead for suicide prevention – relaunch of HB wide improvement programme

## 8 RECOMMENDATION

The Quality and Safety Committee is asked to:

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

## Governance and Assurance

<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
(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"/>
<b>Quality, Safety and Patient Experience</b>		
This paper provides a summary from the Quality & Safety Governance Group.		
<b>Financial Implications</b>		
None		
<b>Legal Implications (including equality and diversity assessment)</b>		
None		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
None		
<b>Report History</b>	N/A	
<b>Appendices</b>	Nil	