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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 May 2020	Agenda Item	3.6
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 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 <i>(please choose one only)</i>	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 • Note the temporary amendments to the agenda during Covid-19 emergency preparedness (See section 3, pg2) • 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 17 April 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

Part A	Covid-19
A1	Infection Control
	<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>C-Diff was highlighted as an issue (9 cases already for April, against the monthly target of 8). There is an anticipatory increase for C-Diff cases, in relation to respiratory cases and antibiotics. The group were advised that an increase of cases is to be expected.</p> <p>All other infection targets are currently being met.</p> <p>Action – Escalate to quality and safety committee the need to monitor c difficile</p>
A2	CV-19 Quality and Safety Dashboard
	<p>The group was updated by informatics on the latest CV-19 dashboard. The group agreed this was a great visual aid which shows a headlines across the HB of the current position.</p> <p>The group asked if the oxygen flow rates could be added to the system. This was taken as an action.</p> <p>The group asked if there were any indicators around CPAP machines – it was highlighted that other hospitals have reported less people in ITU where they are using CPAP machines.</p> <p>The group asked if there was a way to include an average length of stay of patients with Covid-19 – The group were advised this is work in progress. There is a flag on signal to show any patients with stays over 7 days.</p> <p>Morrison representative advised they are currently working on flagging patients who are still in at days 7 & 10 days in Morrison, and it is helping give them a more accurate picture of the patients.</p> <p>NPTH raised concerns around the gap between the number of tests performed, and the capacity for lab testing, indicating there was spare capacity which should be utilised. Informatics agreed to look into how testing capacity v's usage can added to the dashboard.</p> <p>Concerns surrounding the potential for future claims to come through once the covid-19 starts to pass was raised. The group questioned whether something could be added surrounding staff numbers with Covid19, and number of safeguarding issues added – as sub sections to Quality and Safety section of dashboard.</p> <p>Informatics stated they were open to discussions about any data capture which would be helpful. All the above suggestions were deemed positive improvements</p>
A3	PPE

	<p>The group received an update on the current position surrounding PPE. There has been movement around PPE guidance – additional guidance from Director of Public Health has come out.</p> <p>Set up of central stores at HQ has brought the matter under control which must improved stock control and ordering system. 6 day week delivery service in full operation. Daily PPE Logistic Cell conference calls manage any issues on a day to day basis. Negative media from some union representatives is not supported by the facts and figures. Meaningful Union engagement from the RCN has been both helpful and welcomed in helping restore confidence amongst staff.</p> <p>It was agreed that staff need to be reminded that hand hygiene and social distancing are just as important as having the correct PPE with evidence of staff eating food still dressed in full PPE.</p> <p>The group were advised there has been a YouTube video done surrounding the correct procedures for cleaning googles, and removing gloves. Links are on the intranet. Currently working on a video surrounding hoods.</p> <p>There was a daily PPE silver logistic cell reporting to gold CV19 – risk rating score 25.</p>
A4	Safeguarding
	<p>The group accepted a report provided for the meeting, which was circulated with the agenda.</p> <p>The group were advised the Safeguarding Team were advanced with their response to the changes made due to Covid19, so as a HB we are in a good position.</p> <p>Referrals are down, but broad awareness there will still be incidents ongoing – team have increased their hours to 8am-8pm. Need to continue to promote that the team are still available for referrals.</p>
A5	CV-19 Training and Education Hub
	No current update presented.
A6	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	<p>The group were advised a short incident reporting form has been developed for Covid19 related incidents. Once submitted on-line, the corporate team are then backfilling all the other information to help ease the workload on reporters. There has also been an answerphone facility set up for any queries.</p> <p>The group were advised the team have started to code incidents that are coming in, and they are currently pulling all the data they can. All Wales are working on this, to try and standardise the coding.</p> <p>Welsh Government require an SI report for any member of staff who has died, but at this time, do not want SI reports for those who are critically ill.</p>

	<p>Any staff member's death is to be reported by the site where the staff member was an inpatient rather than the Unit where they work.</p> <p>1,500 incidents had been reported in March 2020 – 49 were Covid-19 related.</p> <p>There were already been 59 Covid-19 related incidents reported in April 2020 (at the time of the meeting). March figures overall are in line with usual reports – except there are more from MH/LD which are generally related to behavioural issues from patients whose routines are disrupted due to current infection control measures etc.</p> <p>Concerns raised around potential 'hidden' harm being caused to patients in the community care setting, as GP's are mainly carrying out phone/video calls to patients.</p> <p>The group were advised there is a process for field reporting surrounding dental contacts – these are sent off weekly. There is also a monitoring of data on prescriptions. There is a concern around a 'storing of problems' as limited number of patients can be seen. Patients attending ED with dental problems are being redirected to the correct service.</p> <p>Complaints – theme surrounding access to Cancer pathway, and those awaiting surgery.</p> <p>The group were advised that the Medical Director was is in the process of having discussions re: how we can start to switch on some capacity to resolve this.</p> <p>The group were advised any concerns/complaints are being picked up within the 30 day timescale and to help support this, the corporate team have moved to 7 day working rota.</p> <p>Patient Experience Report – not been using the machines, and are supporting the visiting policy, so less visitors are able to complete the reports. Wish list and requests for family to drop off clean clothes and toiletries have been well received. Outpatient's team have been supporting with this.</p> <p>Patient Experience Team has been supporting MH/LD with patient stories.</p> <p>An action to see if there are any positive patient stories that could be taken to the incident group and the gold meetings was taken.</p> <p>Escalate to Quality and safety Committee theme of increased complaints relating to access to cancer care and treatment</p>
Part B	General Q&S
B1	Morrison Service Delivery Unit –

	<p>No paper submitted.</p> <p>Verbal update on the current position of the hospital was provided.</p> <p>Theatres have been reduced from 23 to 2.</p> <p>No serious incidents reported.</p> <p>Most reporting incidents are via ED which are identifying issues that have occurred in community i.e. pressure ulcers – currently working through the trends.</p> <p>Report will be provided going forward.</p>
B2	<p>Singleton Service Delivery Unit</p> <p>Paper provided and accepted as read.</p> <p>2 wards with Covid-19 outbreaks noted.</p> <p>Ward 9 remains closed.</p> <p>69 risks (above 16 on the risk register).</p> <p>Figures in the report did not include maternity and children. This gap will be addressed by the next meeting.</p> <p>The group were advised a separate paper on maternity is available and could be sent after the meeting.</p>
B3	<p>Neath Port Talbot Service Delivery Unit</p> <p>Paper provided and accepted as read.</p> <p>The group discussed the information provided on the report with no concerns raised.</p>
B4	<p>Primary Care and Community Services Delivery Unit</p> <p>Paper provided and accepted as read.</p> <p>The group discussed the information provided on the report with no concerns raised.</p>
B5	<p>Mental Health and Learning Disabilities Service Delivery Unit</p> <p>Paper provided and accepted as read.</p> <p>The unit advised there had been an increase in behavioural issues, and this comes from patients having restricted movements and changes to</p>

	routine. The issues are being raised on Datix. Currently working on a risk register.
B6	Director of Therapies and Health Sciences No representation or paper submitted.
B7	Health and Care Standards – Year end submission The group were advised the Health and Care standards were green up to 11 th March (pre-Covid19). As a lot of work was done early on the Health and Care Standards, so these will be completed on a slightly amended timetable and presented to QSC on the 26 May and presented to Board on the 28 May. Audit updated and aware of amended timeframe.
B8	AQS No update to report. September remains the revised timeframe.
	For Noting
B9	The group noted NICE/NHSW COVID19 Guidelines
B10	The group noted NHS Wales Indemnity arrangements during CV-19 pandemic
B11	The group noted CV-19 HIW Response HIW will do inspections if they deem it necessary.
B12	The group noted Guidance on management of medicines on wards during Covid-19 pandemic

7 Main issues to be escalated to Quality & Safety Committee

- Expected rise in number of C-Diff cases.
- Feedback on CV19 Dashboard as good practice going forward
- Possible hidden harm and outcomes will need to be monitored with active monitoring through QSGG.
- A definitive picture on complaints surrounding cancer/surgery patients is needed.
- Risk management assurance

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

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 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		
(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		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	N/A	
Appendices		