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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 September 2020	Agenda Item	4.1
Report Title	Quality and Safety Governance Group Report		
Report Author	Lee Joseph, Quality and Safety, Corporate Nursing		
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 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 (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 • 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 (QSGG). The Update Report, at Section 5, outlines the key Quality and Safety areas discussed at the QSGG meeting on **6 August 2020**.

The full Update Report for the QSGG meeting of 9 September 2020 was not available prior to the submission date for the Quality & Safety Committee of 11 September 2020. Therefore, Section 6 outlines “the Main issues to be escalated for information to Quality & Safety Committee” from the meeting on 9 September 2020.

2. BACKGROUND

The 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

Meeting Attendance	Chair – Christine Williams Interim Director of Nursing Hazel Lloyd, Head of Patient Experience, Risk & Legal Services Des Keighan, Assistant Director of Operations – Estates Mark Madams, UND, Morriston Alastair Roeves, Interim Deputy Medical Director Lee Joseph Deputy Head of Quality and Safety Delyth Davies Head of Nursing, Infection Prevention & Control Angharad Higgins, QSI Manager, NPT Jane Phillips, Head of Midwifery, NPT Suzanne Holloway, Head of Quality and Safety, Morriston Nicola Edwards, Head of Nursing – Safeguarding Kath Hart, Head of Nursing, NPT Locality Helen Kemp, Clinical Director for Quality & Safety Lesley Jenkins, Unit Nurse Director, Singleton
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	<p>Joanne Jones, Head of Support Services Helen Griffiths, Corporate Head of Nursing Clare Dieppe, Consultant, Morriston SDU Paul Stuart-Davies, Unit Nurse Director, NPT</p>
<p>Presentation (Paediatric Emergency Department)</p>	<p>The group received a presentation update from Paediatric Emergency Care Consultant CD.</p> <p>The group were updated on the development of the improvement plan regarding the provision of emergency paediatric care at Morriston Hospital.</p> <p>The excellent progress was acknowledged. Sustainable adequate staffing for the department was raised as an on-going concern. Group discussion and solutions were discussed and agreed collaboratively amongst the group.</p>
<p>Presentation (Nutrition)</p>	<p>Presented by JJ Head of Support Services and HG Corporate Head of Nursing.</p> <p>The group were provided an update on actions taken against the overarching action plan.</p> <p>Discussions around e-learning training being an alternative solution to address concerns about training compliance were raised. An SBar will be submitted to the Nursing & Midwifery Board in September.</p> <p>The Group agreed for the accompanying paper could be submitted to the Chief Operating Officer for submission to Welsh Government.</p>
<p>Presentation Lessons Learned – HIW Inspection Morriston ED / AMAU</p>	<p>Presented by MM Unit Nurse Director</p> <p>The group received a presentation to update on actions taken since the HIW final report. MM confirmed that the full report had been released that morning and staff briefings discussions were being scheduled. MM acknowledged the findings as uncomfortable, and highlighted a need to ensure culture changes amongst the workforce which will be a challenging. MM highlighted that the issues identified in the report are reflective of wider system issues regarding flow through the hospital.</p> <p>The group queried the IPC arrangements for winter 2020, as there is a legal requirement. MM advised teams are working much more cohesively since the inspection and COVID, pathways are being put into place but there is still a lot more work to do. Concerns are that in winter they will be unable to operate at capacity and that at least 30% of occupancy needs to be cleared to allow for a more flexible service.</p> <p>The group acknowledged the report and the impact on staff morale and historical cultural issues. The group agreed the need to ensure checks and balances are in place and one of these being the spot check</p>

	audits. The group agreed that HIW will definitely return and there a need for broader lessons learned across units need to ensure that the key actions and checks are in place. The group were informed that ongoing monitoring will be reported to the Q & S Committee. MM advised he plans to design a template against the action plan to support ongoing checks and balances.
Part A	Covid-19
A1	Infection Control
	<p>The group discussed the report.</p> <p>The group discussed concerns around the targeted intervention areas particularly around CDiff. The group agreed that 'Reset' programmes that occurred prior to Covid need to be re-started. Winter unscheduled care pressures were also identified as a cause for concern.</p> <p>The group discussed that capital requirements of some of the clinical areas are needed as finances are decreased due to the Covid work that was undertaken. Some areas are "very poor" and need a lot of investment.</p> <p>The group also discussed how social distancing requirements for some of the wards needs to be factored into infection control planning.</p> <p>The group noted that training compliance remains poor in some areas, social distancing is not being adhered to in the clinical areas, and this includes staff. The group heard anecdotal evidence that staff are not following acceptable protocol in terms of social distancing and PPE equipment.</p> <p>The group asked for a concerted approach from MDT staff including senior medical input to infection control. It was agreed the that the Deputy Medical Director would raise this with Exec medical directors.</p>
A2	PPE
	<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>The group were informed that all Wales stock levels were good with no concerns around the PPE stocks. Contingency plans are in place. Plans are to build up at least a month's additional supply which will be stored in the Bay Field Hospital where Corporate PPE operations will be based from October 2020.</p> <p>Analysis work has been initiated for capacity planning in relation to PPE availability should there be a second CV-19 spike.</p>

A3	Safeguarding
	<p>The group discussed the report.</p> <p>The group discussed the issue around the thresholds being different for the local authorities, thresholds have been part of the DLM role. There have been occasions where they have needed to work with safeguarding along with local authorities and will continue to do that.</p> <p>The group were informed there is a piece of work ongoing in terms of reporting and moving forward and that service improvement is anticipated. Group will be updated regularly.</p> <p>The group heard of an increase in child safeguarding reporting, and that the CAHMs still not up to full service. The group heard how historically children safeguarding referrals were not collated or shared with the team but this has improved, and would indicate a rational behind the increase in numbers. The safeguarding team are actively watching safeguarding referrals to understand any new risks.</p>
A5	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	The group received and discussed papers. Q&S Committee to receive direct report from Patient Feedback Services.
Part B	General Q&S
B1	Morrison Service Delivery Unit <ul style="list-style-type: none"> Group discussed the exception report. Mandatory training compliance has improved
B2	Singleton Service Delivery Unit <ul style="list-style-type: none"> Group discussed the exception report The group asked for clarify if Singleton had a Medical IPC lead. Unit Nurse Director (UND) confirmed that she is currently working with Unit Medical Director around securing a sessional IPC lead. The group enquired whether another medical professional would be suitable? E.g. a pharmacist? This was agreed as an option but still with the requirement for medical engagement. A meeting to discuss governance arrangements around maternity is scheduled with Head of Midwifery.
B3	Neath Port Talbot Service Delivery Unit <ul style="list-style-type: none"> The group discussed the exception report. Group informed that the Pressure Ulcer Prevention Scrutiny Group (PUPSG) was soon due to restart post CV-19.

	<ul style="list-style-type: none"> Plans to also re-introduce the Falls Prevention Group are being progressed. Further feed-back to group will be reported on progress.
B4	Primary Care and Community Services <ul style="list-style-type: none"> The group discussed the exception report. The group noted there was no mention on the risk register of imms & vacs campaigns, and asked where the risks would be reported and whether QSGG would receive these. This was acknowledged and would added to the risk register.
B5	Mental Health and Learning Disabilities Service Delivery Unit <ul style="list-style-type: none"> No report submitted for the meeting. Group Chair requested that reports are submitted more timely.
B6	Maternity Services <ul style="list-style-type: none"> The group discussed the exception report. The group heard that based on the first review that took place, there were no themes in the first 5, but in the 11 cases review involving all, there were 2 main themes that came to light. Over 50% were smokers and perinatal mental health was the other factor, similar to the national reporting that was found.
B6	Director of Therapies and Health Sciences Paper noted – no attendance to support paper.
	For Noting
	No papers for noting.
	Any Other Business
AQS Update (2020 – 2021 priorities)	<p>The group were updated that due to Covid the Annual Quality Statement had previously been postponed to the end of September 2020. Final draft version will be presented to the group at September's meeting. This will be part of the sign off process that is required through the various committees.</p> <ul style="list-style-type: none"> LJ requested that the members of the group to specifically note the proposed Q&S priorities for 2020/21. LJ outlined some of the proposed QP alongside the standard QP expectations outlined in the WHC from WG. Early proposed QP are: <ul style="list-style-type: none"> Reduction in Never Events Suicide Prevention Further integration of PREMS & PROMS Targeted Intervention

	<ul style="list-style-type: none"> ○ Safe reintroduction of essential services ○ Delivery of new models of care in line with the Healthier Wales Strategy <p>Group Chair requested that the group members please respond/contact LJ and acknowledge that the AQS comes to the next meeting.</p>
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6 Main issues to be escalated for information to Quality & Safety Committee – from September 2020 meeting.

1. Within the MH&LD DU Serious Incidents remain consistently high and this is recorded on the DU's risk register. 12 deaths were reported in July 2020, with significant work taking place around this issue.
2. An Information Governance breach has been reported to the Information Commissioner's Office and this is being managed via Gold Command.
3. During July 2020 no HIW Inspections took place. Due to the Covid-19 Pandemic, all inspections were postponed although they have recommenced in September with the following reviews being undertaken via Microsoft Teams meetings with Ward managers for Tier 1 reviews:
 - Gorseinon
 - Ward B (Orthopaedics, Morriston)
 - Cyril Evans (Cardiac Ward, Morriston)
4. The QSGG Terms of Reference will be reviewed over the next couple of months to map the changes of structures within the Health Board.
5. Concerns were raised re: early warning of staffing issues, especially around the context of COVID-19 and a potential second wave.

7 RECOMMENDATION

The Quality and Safety Committee is asked to:

1. Note the 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	Nil	