





Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



Meeting Date	24 November	2020	Agenda Item		3.2	
Report Title	Quality and Safety Governance Group Report					
Report Author	Nigel Downes, Head Quality and Safety					
Report Sponsor	Christine Williams Interim Director of Nursing & Patient					
	Experience					
Presented by	Nigel Downes Head of Quality and Safety					
Freedom of	Open					
Information						
Purpose of the	To provide the Committee with an update from the Quality					
Report	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	Information	Discussion	Assurance	Appr	oval	
Required	\boxtimes					
(please choose one						
only)						
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 <u>22 January 2021</u>. 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						
Revised	The group reviewed the Corporately held Never Event Improvement						
Never Event	Plan 2020/21.						
Improvement							
Plan	A separate sub-group will meet to review the evidence log of the Improvement Plan actions and an updated Improvement Plan will be brought to QSGG. It was noted that individual action plans related to the specific incidents were being carefully managed and there was significant progress						
	being made.						
A1	Infection Control						
	The group discussed the report.						

	A slight reduction in C-Diff infection rate over the last month was noted, however this remains an area to monitor.
	It was noted that there remained ongoing challenges re: cleaning/domestic resource, including reviewing funding to increase this service.
	The Assistant Director IPC confirmed involvement in the joint work rechanges around antibiotic prescribing in Primary Care and Community.
40	DDE
A2	PPE
	The local position of PPE remains very positive.
	Despite a number of COVID-19 variants, the current guidance around PPE remains unchanged, which the Health Board is following.
	A query was raised re: differing practices of PPE being worn, especially FFP3 masks. It was confirmed that the Health Board is following the UK guidelines.
	Audits are taking place around ward PPE stock levels and also correct PPE being worn.
A3	Safeguarding
7.0	The group received and discussed papers.
	The group received and discussed papers.
	A SharePoint page has been launched, which was noted to be going well and good feedback had been received.
	IRIS training was noted to be going well.
A5	Putting things Right: Incidents, Concerns, Claims, Inquests, Risk
	The group received and discussed papers.
	Staff recognition awards are being well received by staff.
	DALC are doing an excellent ich and come et deties will be ber et tre
	PALS are doing an excellent job and some statistics will be brought to the next QSGG meeting to outline this further.
	The Service Groups were thanked for their work around complaints and the timeliness of their responses.

Plans are in place for Director of Governance, Head of Legal & Risk and Head of Quality & Safety to meet re: high risks and reporting to the QSGG group; and also around improving communication.

Discussion around the 'Once for Wales' instant module system ensued and SBUHB would 'live' as if introduced on 1 April, it will affect the functionality of Datix. SBUHB acknowledges that its use of Datix is more robust than most other HB's, and therefore crucial information would be lost by changing over to the new system. Once for Wales will be updated on a regular basis to meet the needs and requirements but in its current version it is not suitable to the HB's reporting needs.

Part B General Q&S Morriston Service Group The group received and discussed the exception paper. A meeting between the Service Group and H&S to take place around the issues re: ligature points and call bells/light pull-cords. Singleton Service Group Group discussed the exception report. The Service Group's first full Q&S meeting to take place in March 2021, aligned to the first Service Group Board meeting. Maternity Services Group The Exception report was received.

Children's Services

A new incident reporting group is working well.

The Neonatal Unit has now gone 12 months without any formal concerns reported. The Head of Quality & Safety is to meet with the team to review if there are any learning that could be shared across the Health Board.

B3 Primary Care and Community Services The group discussed the exception report.

No separate issues raised.

B4	Mental Health and Learning Disabilities Service Delivery Unit The group received the exception report.
B6	Director of Therapies and Health Sciences
	The group received the exception report.
B7	Arts in Health
	Musical Facilitator has been piloting music on wards via iPads.
	Investigation to be made re: Patient Stories of people with MH/LD and personal experiences of vaccination process.
	For Noting
C1	The Health and care standards paper was noted by the group
	Any Other Business
B8	Next QSGG 18 February 2021.

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		orting better health and wellbeing by actively wering people to live well in resilient communities	promoting	and		
Enabling Objectives		rships for Improving Health and Wellbeing	\boxtimes			
(please choose)	Co-Pr	oduction and Health Literacy				
(produce errocce)		ly 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				
		ent Staff				
		Digitally Enabled Care				
		inding Research, Innovation, Education and Learning	\boxtimes			
Health and Car						
(please choose)		taying Healthy				
		Safe Care				
		Effective Care		\boxtimes		
	Dignified Care		\boxtimes			
	Timely Care		\boxtimes			
		ual Care	\boxtimes			
	Staff a	nd Resources	\boxtimes			
Quality, Safety	and P	atient Experience				
This paper prov	ides a	summary from the Quality & Safety Governance	Group.			
Financial Impli	cation	S				
None						
	ons (ii	ncluding equality and diversity assessment)				
None						
Staffing Implic	ations					
None						
Long Term Implications (including the impact of the Well-being of Future						
Generations (V	Vales)	Act 2015)				
None						
Report History		N/A				
Appendices		Nil				