Meeting Date	25th January 2022	Agenda Item	5.1
Report Title	**Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 19 January 2022**		
Report Author	Angharad Higgins, Deputy Head of Quality and Safety		
Report Sponsor	Gareth Howells, Executive Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	To provide the Quality & Safety Committee with an update Overview Report of the Quality and Safety Governance Group (QSGG) Meeting of 19th January 2022.		
Key Issues	• This paper provides the Quality & Safety Committee with an update on matters of Quality and Safety reported to the QSGG meeting on 19th January 2022. • The paper provides a formal route of escalation to the Quality & Safety Committee from QSGG.		
Specific Action Required *(please choose one only)*	**Information** ☒	**Discussion** ☒	**Assurance** ☒	**Approval** ☐
Recommendations	The Quality & Safety Committee are asked to: • Note the contents of the overview report of the Quality and Safety Governance Group (QSGG) Meeting of 19th January 2022. • Highlight any areas they require of QSGG, to support the development of Quality and Safety across the Health Board.			

<p style="text-align:center">Quality and Safety Governance Group Report</p>

1. INTRODUCTION

This report provides the Quality & Safety Committee with an outline of the key Quality and Safety areas discussed at the QSGG meeting on 19th January 2022.

2. BACKGROUND

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.

3.1 Key areas of reporting

Please note that since the outbreak of the Covid-19 pandemic, the format of reporting into QSGG was amended and the current agenda is currently divided into Covid-19 and general Quality & Safety. The specific areas of reporting at this month's QSGG meeting were received from:

General Quality & Safety Group Exception Reports

- Morriston Service Group
- Neath Port Talbot Singleton Service Group
    - Maternity Services
    - Children's Services
- Primary Care & Community Services Group
- Mental Health & Learning Disabilities Services Group

Reporting

- Therapies and Health Sciences Highlight Assurance Group Report
- Clinical Outcomes and Effectiveness Group
- Health & Care Standards Update
- Annual Quality & Safety Priorities Update
- Regulatory Compliance, Accreditation and Quality Management
- All Wales Nursing Documentation
- Nutrition Hydration Group

COVID-19 Reports

- Infection Prevention and Control
- Safeguarding
- Putting Things Right

Community Health Council Reports

- GP Access
- Telephones, Tablets and Technology
- Feeing Forgotten: Waiting for NHS Care and Treatment during the Coronavirus pandemic

Please refer to Appendix A (Update Report) for further detail.

4. FINANCIAL IMPLICATIONS

None from this report

5. RECOMMENDATION

The Quality & Safety Committee is asked to:

1. Note the contents of the report.

2. Highlight any areas of improvement they require of the Group, to support current review and development of Quality and Safety issues across the Health Board.

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		
Workforce issues are identified within the service group reports, along with mitigation to limit the impact of these.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The remit of the Quality, Safety and Governance Group reflects the aims of the Wellbeing of Future Generations Act.		
Report History	N/A	
Appendices	Appendix A- Up date report Appendix B1- Community Health Council Report- GP Access Appendix B2- Telephones, tablets and technology Appendix B3- Feeling forgotten? Hearing from people waiting for NHS Care and treatment during the Coronavirus pandemic	

Quality & Safety Governance Group

Update Report

January 2022

1	Reports/Reporting
1.1	**General Quality & Safety Group Exception Reports**
A1	**Neath Port Talbot Singleton Service Group**
	The Neath Port Talbot Singleton Service Group Report was received at the meeting and the key quality impacts were noted as: 1. **Singleton Assessment Unit (SAU) environment is not fit for purpose in terms of clinical care. As a 19 bedded unit, they often have circa 40 patients resulting in patient care being compromised.** There have been periods where patients have spent night time hours in the waiting room, or cared for in the POD and decontamination room. **Neath Port Talbot Singleton Service Group reported the following action/ mitigation** - Patients triaged and risk assessed when placed in Minor Injuries Unit (MIU) area - POD and Decontamination room not to be routinely used. Should the POD be needed due to exceptional pressures risk score must be escalated to reflect the risk within the department (during hours Head of Nursing, Divisional Manager, Head of Operations and Matron must be informed, Out of Hours Silver on call manager must be informed) - Increase in senior nursing staff onto the unit with additional band 8a Matron and 2 8a Nurse Practitioners supported - Regular environmental and matron audits - New Cardiac monitoring system installed - Additional patient call bells installed - Quality of care is monitored through regular audits and the additional matron support 2. **High number (1350) of open incidents, including 850 incidents overdue for investigation.** **Neath Port Talbot Singleton Service Group reported the following action/ mitigation** - Falls and pressure ulcer incidents being investigated using Hot Debrief tool - Weekly incident review meetings established by Head of Nursing to review and performance manage incident investigations - The service group gave assurance that the incidents have been reviewed and that the majority are incidents of no or low harm, incidents of significant harm have a management plan in place 3. **Non-compliance with Nurse staffing Level Act (Wales) 2016 and staffing pressures within the non-registered workforce** Omicron and staff sickness / shielding. Frequently below minimum staffing number requirements across the Surgery, Cancer and Medicine on both sites.

Singleton Assessment Unit (SAU) position has improved from a staff availability, however due to a sustained increase in activity core staffing levels are not sufficient to meet the clinical need of the patients. This is mitigated across the group but resulted in an overall increase in the risk score.

Cladding work has increased requirement for temporary staffing with Ward 12 and 6 split across 2 templates and Ward 16 now re-designated as a COVID-19 admission ward.

Additional surge beds in Neath Port Talbot (NPT) with Ward D at 40 beds and Ward C between 38 and 40 beds. Difficulty in filling additional staffing requirement.

Significant gaps within the unregistered workforce due to vacancies, increased capacity and the impact of Omicron.

Neath Port Talbot Singleton Service Group reported the following action/ mitigation:

- Daily staffing risk assessment completed with Head of Nursing or Deputy Head of Nursing present at the meeting. Escalation to ensure Director oversight and understand risks across the site daily
- The Service Group holds daily Nurse Staffing Meeting to review staffing levels in addition the deployment of staff to mitigate risks. This is held daily for the NPT and Singleton sites
- Nurse Pool re-established
- The Medicine and Cancer Division holds a daily nursing safety briefings to highlight patient safety risks
- Weekly Bank and agency grip and control meeting to review and scrutinise all requests, key rostering key performance indicators (KPIs) and gain assurance of resources required for patients requiring enhanced observation
- Health Care Support Worker (HCSW) recruitment underway with 50 Whole Time Equivalent (WTE) posts under offer, 22 have start dates. Corporate recruitment team supporting with this work.
- Registered Nursing (RN) vacancy gap in SAU significantly improved with new starters now in post
- E-Roster Scrutiny Panels operate to ensure the rostering Policy and Standards are fully implemented and are being reviewed to encompass triangulation with key quality indicators.
- Nurse Bank fully utilised and part of the nurse staffing meetings.
- Professional Lead Nursing rota implemented seven days a week.
- Workforce plans are in place for agreed staffing in surge and super surge during COVID-19 emergency with consideration of all reasonable steps.
- Registered Nurses deployed following daily risk assessment to ensure risks mitigated.
- Band 4 Assistant Practitioners now established as part of the nursing workforce across both sites with robust inductions and competencies which have been completed.
- Registered Nurses have been secured from the overseas recruitment programme and are now in post

A2	**Neath Port Talbot Singleton Service Group – Maternity Services**
	Maternity Services report was received at the meeting and the key quality impacts were noted as:
	1. Critical midwifery staffing levels
	These issues have been reported to Welsh Government via a No Surprises Report
	Maternity Services reported the following action/ mitigation:
	- Staff support information circulated – every Friday an open Communication Forum is held for Midwives, to provide updates on the service position
	- There is a temporary suspension of the Home Birth service, this position has been reviewed with a plan to re-instigate the service from February 2022
	- Temporary suspension of the Birth Centre services in NPT Hospital in order to concentrate our available midwifery resource in Singleton Hospital, an options paper is being drafted on the review of Phase 3 of the Royal College of Obstetricians and Gynecologists (RCOG) guidance on management of services during Covid-19. This paper will consider re-opening the midwifery led birth unit
	- Centralising Community Services
	- Specialist Midwives are supporting clinical caseloads
	- Developed a Midwifery Bank
	- All part-time midwives currently employed have been offered and accepted further substantive hours
	- Access to Agency Midwives as required: single-shift or block booking
	- Support provided from Jigso and Flying start midwives to caseload where possible
	- Head of Midwifery attends weekly update meetings with the All Wales Maternity and Neonatal Network – attended by the Welsh Government Nursing Officer and Royal College of Midwives
	- Escalation to Welsh Government of the challenges, with continual regular updates
	- Open communication channels to the Service Group, Executive Board and Community Health Council
	- Enhanced overtime payments have been/are being provided
	- Closely liaising with the Royal College of Midwifery (RCM) and ensuring RCM and RCOG COVID guidance is implemented
	- Increasing the risk level within the Service Group and Health Board Risk Register
	- The Service Group/Maternity Service are holding daily meetings (more regularly when required) to retain oversight of the staffing position
	2. Ultra-sound scans of expectant mothers who smoke
	Local guidelines states that women who smoke more than 11 cigarettes a day should receive serial ultrasound scans during pregnancy, however limited capacity within Radiology means that this is not possible. There have been 3 incidents of failure to provide serial scanning to women who smoke more than 11 and less than 20 cigarettes per day

8	**Maternity Services reported the following action/ mitigation:** - Meeting arranged with Radiology to agree next steps - Training of sonographer midwives is underway 3. **Lack of central monitoring system in Singleton Hospital** Funding has been approved for provision of the system and the provider (K2) have given a delivery date of between 10 and 12 weeks Training and implementation will take a further 6-8 months **Maternity Services reported the following action/ mitigation:** - A Project Board has been established to oversee delivery, this is due to meet in the coming month
A3	**Neath Port Talbot Singleton Service Group- Children and Young People's Services**
	Children and Young People's Services report was received at the meeting and the key quality impacts were noted as: 1. **Nurse staff levels in Neonatal services remain challenging with the reported increase of Covid infections within the community.** **Children and Young People's Services reported the following action/ mitigation:** - The use of Thornbury Nursing Agency to support safer staffing levels continues however, some shifts remain unfilled, resulting in skill mix being very challenging with one nurse looking after two intensive care babies in some instances - Engagement with overseas recruitment has been positive and the meeting was informed that 12 overseas nurses had been recruited and once they are on-boarded this will almost complete the nursing establishment 2. **Failure to find a suitable candidate to take on the role of Named Doctor Safeguarding** This is an on-going issue affecting the quality and safety of services, which the service group has sought to resolve over a number of months **Children and Young People's Services reported the following action/ mitigation:** - A further round of recruitment is due to commence, in the interim the service is being supported by a community paediatrician and through support from the Corporate Safeguarding team 3. **Impact of the publication of the findings from the external review into the Childrens Community Nursing Team** **Children and Young People's Services reported the following action/ mitigation:**

	- Development of an improvement plan, progress against which is reported to Quality and Safety Committee - Review of governance arrangements within the Children's Community Nursing Team
A4	**Primary, Community and Therapies Service Group**
	Primary, Community and Therapies report was received at the meeting and the key quality impacts were noted as: 1. **Paediatric Dentist General Anaesthetic (GA) List X-ray machine** The Health Board is unable to provide dental treatment under GA safely and effectively, in line with national guidance due to lack of X-ray equipment. This could result in litigation, complaints and incidents, professional concerns and inequity of service provision for extremely vulnerable patients. Many of these patients have severe learning difficulties and complex medical needs, including challenging behaviour which prevent them from accessing care whilst awake or with conscious sedation as out-patients. **Primary, Community and Therapies reported the following action/ mitigation:** - An X-ray machine has been ordered, delivered and is being quality checked on 28.1.22 - It is anticipated that the service will be operational by 28.2.22 2. **Inpatient terminations** There is a clinical risk to patients resulting from sourcing in-patient beds in response to demand exceeding capacity. This arose after losing the Pregnancy Advisory Ward as a result of these beds being used for COVID-19. The consequences of sourcing beds in other areas are that there is no agreed management of medical emergencies apart from accessing the Crash Team and there is difficulty in securing theatre and accepting clinician. **Primary, Community and Therapies reported the following action/ mitigation:** - Nurses take all the likely required equipment for the procedure with them to which ever ward is allocated for the day - Nurses are trained to deal with medical emergencies (usually haemorrhage) - Crash Team in Singleton Hospital can be accessed - There is some flexibility, depending on bed availability to book in extra terminations, if the waiting list increases significantly - Where a bed cannot be provided before 18 weeks gestation, patients referred to British Pregnancy Advisory Service (BPAS) - There is agreement in principle for inpatient terminations to be managed by Gynaecology and a paper has been sent to the Divisional Manager for Women's Health

3. **Insufficient Speech & Language Therapy (SALT) workforce provision in NPT Community Resource Team (CRT)**

The CRT Speech and Language Therapy service is not sustainable, and cover cannot be provided at times of absence, there is no succession planning built into the workforce model and caseload numbers / demand outstrip the workforce capacity.

Primary, Community and Therapies reported the following action/ mitigation:

- Current cases and existing waiting list (those referred for service prior to 31/7/20) to be offered a limited service by Intermediate Care Manager (registered SALT) who can provide clinical support for a maximum of 1 day per week for urgent cases
- SALT Assistant and SALT assistant apprentice to be given clinical support by Intermediate Care Manager
- Duty of care to be retained with referrer or GP until able to reopen
- SALT remains on sick leave. SALT provision within NPT CRT remains at 100% deficit. Aiming for phased return to work February 2022.
- Integrated Community Services Manager to join SLT bank to carry out waiting list management and triage on weekends to help reduce risk on an interim basis
- Exploring options to build resilience to SALT provision across the region jointly with Swansea CRT – SBAR being developed for submission to service group triumvirate

4. **Bariatric Service Dietetic Staff**

There is a risk of poor patient experience and outcomes as a result of lack of Nutrition and Dietetic staff resources in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS).

Guidelines for follow-up of patients undergoing bariatric surgery published in Clinical Obesity recommend that patients should receive a consultation with a specialist dietitian preoperatively regrading diet and food progression. They also recommend dietetic support following surgery every 4-6 weeks for the first year following surgery with a possible decrease in follow up during the second year (O'Kane et al. 2016).

Current dietetic capacity in the WIMOS service falls significantly short of meeting this recommendation with currently approximately 45 post-operative patients on the caseload who have never had any dietetic input since their surgery.

Primary, Community and Therapies reported the following action/ mitigation:

- Telephone clinics have been set up which all allows for more patients to be reviewed. There has been improved attendance by the patients in these telephone clinics and it provided patients with more options to fit in with their lifestyle since many patients live very far away
- The WIMOS dietetic service has been mapped to acknowledge the dietetic input required.
- Clinics have been set up on Myrddin by bariatric service secretary to move towards a more joined up and seamless service.

		- Use of a diary for reviews and blood results requests to attempt to speed up procedure. - Database of patients created by dietitian highlighting patients not seen and prioritising and triaging for clinics. - Attendance at MDT for updates and input on patients being considered for surgery. - Risk highlighted to Morriston Delivery Unit - Benchmarking against other services - Service monitoring - Escalation of recent vacancy to Divisional Manager for Integrated Surgical Services - Business case for increased resource being developed. The group also provided an update on the progress of the HMP action plans, noting that patient experience within HMP Swansea is now being reported into the HMP Governance Group.
A5		**Mental Health and Learning Disabilities**

		The Mental Health and Learning Disabilities Service Group Report was received at the meeting and the key quality impacts were noted as:
		
		1. **On-going impact of Covid-19 on service delivery**
		
		   Mental Health and Learning Disabilities reported the following action/ mitigation:
		
		   - Silver COVID management meetings are held to review risks and ensure maximum level of Infection Prevention and Control is in place
		   - Contingency plans are in place to manage staff absence and risks are managed
		
		2. **The management and coordination of Court of Protection cases**
		
		   These cases are heard in the Court of Protection and involve complex legal procedures and a significant amount of detailed work required by frontline clinicians and members of the Multi-Disciplinary Team in the presentation of witness statements and other evidence.
		
		   Mental Health and Learning Disabilities reported the following action/ mitigation:
		
		   - Engagement with Learning and Development to develop training and wrap around support for staff involved in the process
		   - Planned development of training for staff in the expectations of the Court
		   - Lunch and learn session held to raise awareness
		   - Planned review taking into account the impact of the Liberty Protection Safeguarding Team
		
		3. **Wales Community Care Information System (WCCIS)**
		
		   There are on-going issues with the roll-out of the WCCIS system for patients under the care of mental health services in Swansea.
		
		   Mental Health and Learning Disabilities reported the following action/ mitigation:

12	- Meetings are held with Swansea Local Authority who manage the system to raise concerns - Interim measures to hold patient records outside the system have been put in place to manage business continuity & patient safety - The external provider has been made aware of the issues and upgrades are being implemented to reduce problems identified - Incident reporting of each time WCCIS risks patient safety The group also reported that the position regarding historic Serious Incidents has now been recovered and the previous back-log of incidents have been investigated, allowing the group to concentrate on contemporaneous investigations.
A6	**Morriston Service Group**
	Morriston Service Group Report was received at the meeting and the key quality impacts were noted as: **1. Access to service- planned care** Avoidable harm to patients as a consequence of excessive access waiting times across all categories of patient. This reflect a health board wide risk relating to delays in planned care **Morriston Service Group reported the following action/ mitigation reflecting on-going work at local, organisational and national level:** **National Mitigation** - National investment programme (£100m) – announced June 2021 - Innovation and new technology investment (£36b over 3yrs) to support health and social care – announced September 2021. **Health Board Mitigation** - Public consultation on revised service delivery model – concluded October 2021 - Annual Plan in place 2021/22 - Focus on Top10 highest waiting list specialties **Local (Morriston) Mitigation** - Weekly meetings in place - Outsourcing and insourcing schemes in place (Orthopaedics) - Theatre capacity allocated - Elective admissions managed on a daily on an individual patient basis In addition the following information was provided post-meeting: - Maintenance of "green" pathways with Post Anaesthesia Care Unit support for urgent elective pathways at Morriston Hospital (including Cardiac Services) - In and out sourcing of elective orthopaedic work (NHS Wales initiative) - Relocation of elective surgical workload into capacity within Singleton & NPT - Ongoing validation of inpatient waiting lists **2. Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients** Return to levels of demand pre-COVID-19 (7000+ per mth) combined with an increased patient acuity.

Morriston Service Group reported the following action/ mitigation:

- Unscheduled Care & Patient Flow Improvement Work commissioned
- Targeted unscheduled care investment of £8.5m in the annual plan, including a new Acute Medical Model and dedicated ambulatory facility at Morriston Hospital (work commencing Dec 2021)
- Daily Health Board wide conference calls/ escalation process in place.
- Additional Senior Management resource in place – HB Head of Nursing for Patient Flow based at Morriston front door
- Operational Service Manager of the Day Rota in place (by Division)
- Additional surge capacity commissioned in the Tawe Unit at the front of the hospital has been decommissioned (Nov 2021) in order to allow building work for new Acute Medical Model to start.

In addition the following information was provided post-meeting

- Point of care testing for COVID-19 has been implemented in Emergency Department /Surgical Decision Making Unit to support of the flow of patients requiring admission
- Work on facility to support the transfer of emergency medical admission from Singleton to Morriston
- Additional nursing staff are now located in the waiting room to support patients who are waiting to be seen and to identify and escalate deteriorating patients.
- PALS Team provide daily support to the waiting room in terms of patient communication where there are extended waiting times

3. **Avoidable patient harm as a result of nurse staffing deficits to undertake both direct and indirect nursing care**

Daily challenge/risk in ensuring wards/dept. are in line with NSA requirements.
Increased acuity and demand in relation to the Emergency Department and Critical Care in addition to extended service provision within baseline services.

Morriston Service Group reported the following action/ mitigation:

- Daily (7days) Nurse staffing meetings in place led by Deputy Head of Nursing in place (10am)
- Dedicated Snr Nurse staffing rota in place (7days) – focused on immediate resolution and safety
- Pooled staffing introduced to support short notice gaps in establishment – however additional surge capacity is eroding this flexibility
- Implementation of WG guidance on staff COVID-19 testing and isolation
- Enhanced payment rates in place however slow take up and impact has been relatively low
- HR Business Partner led work stream focused on recruitment & retention including overseas staff

The service group noted that, with a reducing impact of Omicrom, they are hopeful to see an improving position in the weeks ahead.

4. **Sustainability of Intensive Care Unit (ICU) Capacity due to patient flow within the hospital site**

   General Intensive Treatment Unit (ITU) capacity is spread across two locations in order to facilitate COVID-19 and non-COVID-19 capacity. In addition, there are specialty specific ITU facilities in Cardiac and Burns which are maintained separately and on a regional basis.

   There is multi-factorial impact on ITU capacity as a result of patient flow within the hospital
   - Staff Sickness
   - Reliance on Agency Staff
   - Environment
   - COVID-19
   - Delays in discharge to general beds

   There are currently 28 general ITU beds on the Morriston Site to support; emergency work (COVID and non-COVID) and Elective demand

   Morriston Service Group reported the following action/ mitigation:

   - Daily monitoring of skill mix and patient acuity.
   - Daily monitoring of COVID-19 demand
   - Daily monitoring of ITU admissions on a case by case basis
   - Daily monitoring of discharges on a case by case basis
   - Escalation of delays in discharge to general wards escalated and managed daily
   - National daily reporting via the Critical Care Network (NHS Wales)

5. **Sustainability of the Regional Burns Service due to lack of workforce at Anaesthetic Consultant level –the service is partially closed**

   Decreasing consultant numbers due to retirement and Anaesthetists not gaining Certificate of Completion of Training with appropriate Intensive Care Medicine (ICM) and Burns experience, despite attempts to encourage local development of staff.

   Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants.

   Morriston Service Group reported the following action/ mitigation:

   - Currently have 8 appropriately qualified consultants in post - managing sickness and job planning process in place to sustain existing consultant workforce as far as possible.
   - National Burns Network notified
   - Burns service currently closed to P3 patients.
   - P2 patients located in Wales will be assessed before transfer to another unit or downgrade to ward based patient.
   - Welsh Government notified via No Surprises Report – November 2021

	6. **Failure to provide sustainable clinical services due to a lack of investment in medical devise and equipment infrastructure** This issue was highlighted in a WAO Review (Dec 2021) – where the lack of equipment risk on the Health Board RR was identified. **Morriston Service Group provided the following action/ mitigation:** - Development of a Morriston Service Group Standard Operating Procedure for the description and management of risk as a result of medical devises/equipment issues, in progress. - To be considered and approved Morriston Quality and Safety meeting in January 2022
2	**Reporting**
2.1	**Therapies and Health Sciences Highlight Assurance Group Report**
	The following Assurance Group Reports were received within the Report: • Point of Care Testing Assurance Committee • Director of Therapies Professional and Governance Group • Armed Forces Forum • Ultrasound Clinical Governance Committee • Human Tissue Authority Assurance Committee
2.2	**Clinical Outcomes and Effectiveness Group**
	Presentation received on mortality review process.
2.3	**Health and Care Standards**
	Verbal update received on the internal scrutiny process.
2.4	**Annual Quality and Safety Priorities**
	Verbal update provided on establishment of the Annual Quality and Safety Priority Programme Board.
2.5	**Patient Safety Notice PSN055**
	Verbal update provided on reporting requirements.
2.6	**Regulatory Compliance Accreditation and Quality Management Systems**
	Presentation provided.
2.7	**All Wales Nursing Documentation**
	Update provided.
2.8	**Nutrition Hydration Group**
	Update provided.
Part B	**COVID-19**
B1	**Infection Prevention and Control**
	The group received and discussed papers. Q&S Committee receive direct report from Infection Prevention Control.
B2	**Safeguarding**
	The group received and discussed papers. Q&S Committee receive a direct report from Safeguarding.
B3	**Putting Things Right**
	The group received and discussed papers.

B4	**Community Health Council Reports (Appendix B1, B2, B3)**
	The following Community Health Council reports were received for noting: - GP Access - Telephones, tablets and technology - Feeling forgotten- hearing from people waiting for NHS Care and treatment during the Coronavirus pandemic