

## Highlight Report to Management Board

|                                |   |
|--------------------------------|---|
| <b>Name of Reporting Group</b> | Quality and Safety Group (previously known as the Patient Safety Group) |
| <b>Date of Last Meeting</b>    | 15.11.22  |
| <b>Author</b>                  | Angharad Higgins, Interim Head of Quality and Safety                    |
| <b>Sponsor</b>                 | Gareth Howells, Executive Director of Nursing and Patient Experience    |
| <b>Presenter</b>               | Hazel Powell, Deputy Director of Nursing and Patient Experience         |

### Summary of the Meeting

#### Governance Arrangements

- Revised structures for the group were approved, including agreement to change the name of the group to Quality and Safety Group (QSG). It was noted that further work is underway to standardise and align the terms of reference for each of the sub-groups. It was noted that Safeguarding was not included in the structures and that this needed to be included. Revised terms of reference to be presented to QSG in January 2023.

#### Service Group Issues

- Mental Health and Learning Disabilities**  
No issues to escalate. The group reported on their internal assurance review following the Panorama programme on Edenfield in Manchester which is underway across all areas. This review will be summarised in a report, which will be brought to the QSG once finalised.
- Morrison**  
Full **HIW Emergency Department** report received and action plan approved by HIW. 'Deep dive' into patient experience underway and an immediate action to recruit two hostesses has been taken to address issues regarding nutrition and hydration of patients in the department. Monthly progress against the action plan to be reported by Morrison Service Group to the Patient Safety and Compliance Group.
- Neath Port Talbot and Singleton**  
Staffing levels in **Maternity Services** remain critical and there are daily escalation meetings taking place to manage this. A written report will go to Management Board in December 2022.  
**NPT MIU** the consultant nurse is currently absent and cover arrangements are in place from Morrison. Ad-hoc support is also available from the senior ED medical team via the red phone.  
**Children's Community Nursing Service External Review** action plan being delivered and routes for escalation of risk/ deviance in place.  
**AMSR** the service group reported on the activity underway in preparedness for the launch of AMSR.  
**Ward 12 Assurance Audit** the report from a recent quality assurance audit will be brought to the next meeting. The overall audit outcome graded the ward as 'amber,'



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though there were specific concerns regarding the quality and completeness of documentation which have been included in the report to the Head of Nursing. Staff experience was positive, though staffing pressures were noted by those interviewed. Six issues required improvement in relation to infection control and these have been fed back. A safeguarding audit was undertaken in conjunction with the ward assurance audit and there were improvements required in relation to leadership, training and availability of information. Completion of the resultant action plan will be monitored through the service group and through the Patient Safety and Compliance Group.

- **Primary Care Community and Therapies**

Work is planned to develop a tool for assurance audits within the healthcare provision in **HMP Swansea**. A toolkit will be presented to Patient Safety and Compliance Group in January 2023 for approval.

#### **Quality Priority Focus- End of Life Care (EOLC)**

- Update on progress of quality priority received. Future work includes increased communication and podcasts. A focus is required on EOLC in community settings.

#### **Patient and Stakeholder Experience Sub-group Update**

- Service group templates agreed
- Focus session to be held looking at PREMS
- Access to services and waiting times is a theme in concerns across services
- Nutrition and hydration report received and updates requested on access to snacks in between meals and provision of meals in unscheduled care areas
- Accessibility Reference Group representative welcomed to group membership

#### **Patient Safety and Compliance Group**

- Sub-structures shared for noting
- Discussion held regarding reporting and management of Court of Protection cases
- Quality Management System and how Scientific and Technical Services' systems fit into this to be discussed further
- Query regarding accreditation of community of practice

#### **Clinical Outcomes and Effectiveness Group ( previously referred to Patient Outcome and Clinical Effectiveness Group)**

- There is a new process in place for self-assessment against NICE guidance and reports against this will be received from January 2023
- WHO Checklist audit, initial reports indicate that some staff groups are not completing the checklist.

#### **Quality Priorities Programme Board**

- Report to Management Board for 30.11.22 received.

#### **Safeguarding**

- Good practice noted in work in ED in response to violence and aggression

#### **Quality and Safety Informatics Group**

- Working dashboard to be in place by January 2023.



## Key Decisions

- Approval of updated structures and revised group name to Quality and Safety Group and replacement of Patient Outcome and Clinical Effectiveness Group with Clinical Outcomes and Effectiveness Group
- Approval of EOLC, Falls Prevention and Sepsis projects to be included within the Improvement Cymru Safe Care Collaborative

## Challenges, Risks and Mitigation

- Action required to ensure compliance with PSN-055 regarding the safe storage of medication, mitigation will be achieved by the Medicines Management Lead, through establishment of a joint working group to develop an SBAR for Patient Safety and Compliance group by 31.1.23
- Management of Court of Protection cases and reporting route required, proposal being developed by Director of governance by 1.3.23.
- Failure to comply with WHO checklists consistently leading to avoidable harm. The Executive Medical Director has written to all clinical directors flagging up the issue and a learning session will be included in the Patient safety congress on 2.2.23.

## Action Being Taken (what, by when, by who and expected impact)

| Action   | Lead                               | Timescale | Intended outcome  |
|--|------------------------------------|-----------|---|
| Standardisation of terms of reference for QSG and sub-groups                               | Interim Head of Quality and Safety | 18.1.23   | Clarity on governance structures  |
| Alignment of quality and safety structures within service groups to reflect QSG structures | Service group directors            | 18.1.23   | Robust governance at service group level, supporting the development of our quality management system |
| Links to be made between Big Conversation and Kindness in Healthcare Network work          | Chair                              | 20.12.22  | Continuation of work to   |
| Mapping of EOLC within district nursing services   | Head of Nursing, PCCT              | 1.4.23    | Understanding of provision and gaps in order to inform development of services                        |
| Working group to be established to agree method of managing                                | Medicines Management Lead          | 31.1.23   | Improved medicines safety   |



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| compliance with PSN-55 across service groups  |  |   |  |
| Development of proposal for management of Court of Protection cases   | Head of Corporate Governance   | 1.3.23  | Understanding of level of support required to appropriately manage cases and ensure learning |
| Discussion to be held regarding accreditation of a community of practice  | Chair of PSC group and Deputy Director of Nursing and Patient Experience | 31.12.23                                      | Robust governance for community of practice  |
| Communication being circulated from Medical Director stating that the WHO checklist is a mandatory requirement and expectation that this is done and to a high standard | Executive Medical Director   | Complete                                      | Improved patient safety  |
| Current theatre SOPs and processes are being checked to ensure that the WHO checklist features in all of these  | Service group medical directors  | To be reported to next COEG meeting. Jan 2023 | Improved patient safety  |

## Financial Implications

None noted

## Recommendations

Members are asked to:

- Note the contents of the report