

Highlight Report to Management Board

Name of Reporting Group	Quality and Safety Group
Date of Last Meeting	20.12.22 Meeting stood down due to operational pressures
Author	Angharad Higgins, Interim Head of Quality and Safety
Sponsor	Gareth Howells, Executive Director of Nursing and Patient Experience
Presenter	Hazel Powell, Deputy Director of Nursing and Patient Experience

Summary of the Meeting

Due to operational demands related to the WAST industrial action, the December QSG meeting was stood down and papers circulated for noting. There were no issues requiring Chair's action.

Service Group Issues

No issues reported by service groups who were asked to report any issues for escalation prior to the next meeting.

Draft Quality Strategy

Final draft quality strategy circulated for comments. This was also presented to Quality and Safety Committee on 20.12.22. Comments to be received by 30.12.22.

Patient and Stakeholder Experience Sub-group Update (summary taken from meeting notes)

- Service groups asked to review complaints sign-off process to increase timeliness of responses
- Reduction in reopened concerns within Morriston Service Group
- Patient satisfaction reported through Friends and Family test has increased by 1% to 91% in November, compared to 90% in October
- Volunteer Services to report into this group in future.
- SBAR into MCA assessments for Welsh speaker to be presented in January 2023

Patient Safety and Compliance Group (summary taken from meeting notes)

- Compliance with PSN 052- new target of December 2022 set
- HFEA inspection planned for WFI NPT in January 2023
- HIW review of Ophthalmic Services planned
- Increased diligence regarding sharing learning from Learning From Events to be built into reporting processes
- HIW review of Diagnostic Imaging in Morriston planned for February 2023.
- Issues with Once for Wales DATIX system escalated to All-Wales group.
- Mental Health and Learning Disabilities reported safety work underway in relation to provision of resuscitation equipment in their community clinics, Primary Care Community and Therapies to consider any risks in relation to their services
- The group asked chairs of sub-groups to ensure that there is appropriate escalation of issues from their reporting groups.

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

- Proposal for leadless pacemakers discussed, this is being led by the Morriston Medical Director.
- Welsh Government requires submission of two-stage assurance forms following publication of all mandated national audit/registry topics. A small number of responses remain outstanding, although progress has been reported for some. These responses will now be reviewed by the Deputy Medical Director and discussed at the monthly Executive Medical Directors meetings as required, prior to final submission to Welsh Government.
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report received. Two active studies: Testicular Torsion and Community Acquired Pneumonia (CAP). Deadline for CAP noted as 5.1.23.
- Progress with the following Medical Director priority areas was reported
 - DNACPR, data collection on DNACPR project paused to focus on Consent Audit
 - Consent to Treatment, progress is being made on Welsh Risk Pool request for cases for review.
 - Care in the Last Days of Life
 - Antimicrobial Stewardship
 - WHO Surgical Checklist
 - Use of Chaperones
- Clinical Audit Plans: Group Medical Directors asked to ensure all colleagues are on track to deliver their projects
- Mortality reviews: all outstanding Stage 2 reviews from 2022 are being processed through the Learning from Deaths Panel, availability of medical records are hampering progress with 2021 cases.
- Themes from Medical Examiners' Service shared.
- AMaT- system to be used from 2023 to populate 2023/24 audit plans.

Quality Priorities Programme Board

- Report to Management Board for 21.12.22 received.

Safeguarding

- Funding in place to support training in relation to Liberty Protection Standards
- HB participating in regional Rapid Response to Suicide process
- HB participating in Safeguarding Maturity Matrix Peer Review Process

Key Decisions

- No decisions required through Chair's actions

Challenges, Risks and Mitigation

- Financial risk for on-going license fee for AMaT, options to be progressed by AMaT project lead
- Increasing numbers of Medical Examiner reviews will be monitored by COEG for potential impact or resource requirement.



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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
Discussion to be held regarding accreditation of a community of practice	Chair of PSC group and Deputy Director of Nursing and Patient Experience	31.1.23	Robust governance for community of practice
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
Review of need for resuscitation equipment within community clinics to be undertaken	PCCT Group Nurse Director	28.2.23	Improved patient safety

Financial Implications

Financial implications of AMaT license being scoped.

Recommendations

Members are asked to:

- Note the contents of the report