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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 November 2022	Agenda Item	4.2
Report Title	Report of the Patient Safety Group October 2022		
Report Author	Angharad Higgins, Interim Head of Quality and Safety		
Report Sponsor	Hazel Powell, Deputy Director of Nursing		
Presented by	Gareth Howells, Executive Director of Nursing, Co-chair Patient Safety Group		
Freedom of Information	Open		
Purpose of the Report	This report provides a summary on behalf of the Chair of the Patient Safety Group meeting on October 19 th 2022, noting any issues requiring escalation to the Quality Management Board.		
Key Issues	<ul style="list-style-type: none"> • Internal quality reviews within MH and LD following Panorama programme on care in Manchester • Update on HIW immediate assurance plan for Morriston ED • HMP death in custody and HIW HMP action plans on track • Risks relating to Adastra outage in out of hours and CD management in the community • Engagement on Quality Improvement training and Quality, Safety and Improvement webpages • Service group accountability for delivery of Quality Priorities reiterated 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: RECEIVE <ul style="list-style-type: none"> - The update report on the group's activity NOTE <ul style="list-style-type: none"> - Service group accountability for delivery of the Quality Priorities 		

Patient Safety Group October 2022

1. INTRODUCTION

This report provides a Chair's update to the Quality Management Board on the Patient Safety Group meeting of October 19th 2022.

2. BACKGROUND

The Patient Safety Group (PSG) was established in June 2022 and has four sub-groups, namely:

- Patient and Stakeholder Experience
- Patient Safety and Compliance
- Patient Outcomes and Clinical Effectiveness
- Quality Priorities Programme Board

PSG held its fifth meeting on October 2022, with representation from each of the sub-groups. The PSG has a rolling work-plan which is received in each meeting for noting.

2.1 PATIENT VOICE

Patient Story

A patient story was received from the Podiatry Service which described the importance of patient activation to provide meaningful PROMS and patient centred management plans. The service was commended for their approach to co-production and service groups were asked to share the learning on the importance of having meaningful conversations with patients about their problem solving abilities, instead of focussing on clinical risk factors alone.

2.2 QUALITY UPDATES

Service Group Escalation

Discussion within the group regarding the need to have a route of immediate escalation of issues from service groups, without needing to be taken through sub-groups. Terms of reference to be revised to reflect this.

Issues raised from service groups were:

Mental Health and Learning Disabilities

Internal review against findings of Panorama programme on care in Manchester and action plan to address any gaps in assurance. This includes a programme of peer quality walkabouts.

Morriston

HIW (Healthcare Inspectorate Wales) Dandanino Ward review now published on HIW website. Action plan to be closed first week of November.

HIW ED (emergency department) visit, confirmation received from HIW that they are assured by our actions following their immediate assurance issues. Service group reported 75% completion of immediate actions.

Incident where a ceiling fell onto a patient and caused harm. The issue with the ceiling had been on the Health Board risk register and a dual investigation is underway, looking at the health and safety issues and the Serious Incident investigation. Learning to be reported back to this meeting.

Neath Port Talbot Singleton

Wales Neonatal network report received and service group working through the recommendations, which was predominantly positive.

Joint review commenced with other Hywel Dda and Cardiff and Vale University Health Boards regarding a maternity case.

Children's Community Nursing Services: implementation plans on going.

Primary Care Community and Therapies

Review of structures on going to reflect corporate arrangements.

HMP Swansea Death in Custody action plan- on target for completion in November.

HMP HIW review- reported to QSC (Quality and Safety Committee) and Management Board this month and on target to achieve timescales within the plan.

Two risks reported relating to Out of Hours, one relating to the outage of the Adastra system and the other relating to CD (controlled drugs) management within out of hours. The service group triumverates are leading on the response to these.

Review of Quality Improvement Training

Engagement on the QI (quality improvement) training review was commenced with members asked to consider how the training provision can be improved in order to increase the application of QI across the Health Board. The QI training lead will undertake a series of engagement events with service groups and feed back to the next meeting in order that this can inform the development of our future training model as part of the QI Hub.

Further discussion held regarding the QI Hub and people's requirements of the Hub. This will be reported into PSG in future meetings.

Patient Safety Congress

Outcome of inaugural congress shared. Positive feedback has been received regarding the event and a programme of quarterly events will be developed.

Quality, Safety and Improvement (QSI) Web-pages

Members discussed what they would require from QSI webpages in order to support the development of a resource to meet organisational needs. A 'one click' approach was requested.

Sub-Group Updates

Updates were received from the following groups:

Patient and Stakeholder Experience (Chair's updated)

- Strategic refresh of Patient Experience taking place at WG level, group linking in with this work at WG level
- Member of ARG to be invited to the group and also to support with our assurance processes
- Terms of reference revised

Patient Safety and Compliance Group (Chair's update)

- The group is starting to form and terms of reference are maturing
- Compliance groups reported into last meeting
- Reporting structures into the group have been revised
- Reporting plan developed so that there is regular reporting into PSCG
- Reporting template agreed for group which will be used for service group reporting

Patient Outcomes and Clinical Effectiveness Group

Update from recent meeting:

- WHO checklist discussed and importance of pre-theatre elements. Locsips and Natsips to be tightened up
- Mortality work is progressing, service groups to ask to ensure they have enough panel members to support this, Singleton, NPT and Gorseinon have processes in place. Morriston arrangements being finalised. Themes from reviews shared-falls and pressure damage, this will link in with Quality Priority work.
- Number of mandated audits underway has increased to 42

Quality and Safety Priorities Programme Board

October report to Management Board received for noting. This is reported separately to the Management Board.

All service groups asked to ensure that they are actively engaged in each priority and have in place local actions and monthly reporting mechanisms to progress each priority. Accountability at service group levels stressed.

2.3 ITEMS FOR ASSURANCE

Safeguarding

Report received noting:

- All IRIS posts recruited to
- In preparation for LPS (liberty protection safeguards) additional funding for training with Swansea University received from WG (Welsh Government)
- Rapid Response to Suicide meetings now includes serious attempts. 6 meetings held in September
- We have been paired with Powys Health and have commenced peer review under the National Safeguarding Maturity Matrix report to be submitted to PHW (Public Health Wales).

Quality and Safety Informatics Group

Dashboard developed and shared with the group for comments in previous meeting.

IHI/ IC Diagnostic Visit Report

Report received and findings to be fed into the Quality Strategy

Safe Care Collaborative

We are engaged in the Collaborative and will take forward work under the four key areas

- Leadership
- Safe and Effective Community Care
- Safe and Effective Ambulatory Care
- Safe and Effective Acute Care

Conversations taking place within the Exec team as to which four areas we include in this work.

Pre-op Covid Testing

Revised process shared for support as Covid Gold now stood down, noting that at some point the strategy for highest risk patients will need review, but not at this time given the number of cases seen presently. The process shared has clinical and operational support within the Health Board.

3. GOVERNANCE AND RISK ISSUES

No items for escalation were identified within this meeting.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

Management Board are asked to note the contents of this report and the progress made in implementing the new quality and safety structures as set out in Appendix 1.

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 type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" 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 checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input 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		
The Patient Services Group provides a clear and comprehensive structure for quality, safety and patient experience.		
Financial Implications		
Implication of long term administration requirement.		
Legal Implications (including equality and diversity assessment)		
Legal implications considered within individual reports, including Safeguarding.		
Staffing Implications		
Longer term administration requirement to support sub-groups.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> ○ Long Term - The group will consider quality planning in order to adopt a strategic approach to quality and improvement. ○ Collaboration – The group seeks to share learning and improvement across the organisation ○ Involvement - The Patient and Stakeholder Experience Group promotes involving and learning from those who use our services. 		
Report History	Quality Management Board September 2022 Quality and Safety Committee October 2022	
Appendices	Appendix 1: Quality and Safety Structures Implementation Plan August 2022	

Appendix 1: Quality and Safety Structures Implementation Plan August 2022

Date	Forum	Required Action	Position 30.6.22
3.5.22	Quality Safety Governance Group (QSGG)	Engagement with QSGG on revised structures	Complete
(by)31.5.22	Out of committee	Agreement of all sub-group chairs	Complete
(by)31.5.22	Out of committee	Draft terms of reference drafted for each subgroup	Complete
(by)31.5.22	Out of committee	Administrative support for subgroups confirmed	Complete for first three months
(by) June 14 th	1. Patient and Stakeholder Experience (PSE) 2. Patient Safety and Compliance (PSC) 3. Patient Outcomes and Clinical Effectiveness (POCE)	Initial meeting of sub-groups held	1. Inaugural meeting held 14.6.22 2. Inaugural meeting held 14.6.22 3. COEG terms of reference to be revised to reflect scope of POCE
June 21 st	Quality, Safety and Patient Services Group (QSPSG)	Inaugural Quality Safety and Patient Services Group meeting	Inaugural meeting held
(by) October 2022	PSG	Development of annual reporting plan for QSPSG and subgroups	PSG plan approved PSE and PSC plans to be agreed in October meetings. Timescale amended
(by) February 28 th 2023	PSG	Development and presentation of Service Groups' Annual Quality Plans to QSPSG.	Timescale revised to reflect assurance provided regarding function of service groups' quality and safety structures and implementation of Quality Strategy
(by) February 28 th 2023	PSG	Interim Review of Terms of Reference	Timescale amended to 6 months from adoption.