



Quality Safety & Patient Services Group Meeting (QSPSG)
Re-named from July Onward as Patient Safety Group (PSG)

21st June 2022 @ 10:00 am via Teams

Meeting

Present (via Teams):

Gareth Howells, Executive Director of Nursing, Nursing (Chair)	(GH)
██████████, Deputy Head of Quality & Safety	██████████
Hazel Powell, Deputy Director of Nursing	(HP)
Alison Clarke, Therapies and Health Sciences	(AC)
Karl Bishop, Dental Director, PCT	(KB)
██████████, Head of Quality and Safety, Neath Port Talbot Singleton	██████████
██████████, Deputy Head of Quality & Safety	██████████
Carol Doggett, Interim Director of Nursing	(CD)
Christine Morrell, Director of Therapies and Health Science	(CM)
Stephen Jones, Nurse Director, MH & LDis Group	(SJ)
Richard Evans, Executive Medical Director	(RE)
Mark Ramsay, Unit Medical Director, Morriston	(MR)

Apologies:

Lesley Jenkins, Group Nurse Director, Neath Port Talbot Singleton	(LJ)
██████████, Assistant Head of Risk & Assurance, Risk & Assurance	██████████
Sue Jose, Head of Midwifery, Maternity	(SJ)
Martin Bevan, Group Medical Director Singleton and Neath	(MB)

Item No.	Description	Responsibility
1	Preliminary Matters	
1.1	<p>Apologies for absence and declarations of interest</p> <ul style="list-style-type: none"> The apologies were noted GH has proposed that in future the group is called the 'Patient Safety Group' (PSG) Purpose of this inaugural meeting was to explore some key points around the group's main function/membership and reporting mechanisms. It was acknowledged that it may take a couple of months to ensure that everything is running smoothly in these matters and if there are areas for development. It is expected that future meetings will be around 2 hrs in duration. 	██████████
	<p>Agree Terms of Reference</p> <ul style="list-style-type: none"> GH highlighted the numerous groups reporting into the meeting and also within the sub-groups. This is 	info

1.2	<p>acknowledged as the biggest challenge in setting up the sub-group meetings with the appropriate representation.</p> <ul style="list-style-type: none"> • ■■■ requested that the group provide suggestions within next week on how high risk learning is brought into the meeting, highlighting that it needed to be accessible and not necessarily a report or a paper. The aim is to keep these as meaningful as possible for everyone as it is acknowledged the current workload and pressures • ■■■ informed the members that the sub-group meeting structures are currently being worked through. • HP raised the issue around the administrative support provided for the sub-groups and its sustainability, HP suggested that the members look at any potential gaps that may have developed due to the new reporting structures which may allow for flexibility in providing support • AC asked where the Quality and Safety Committee currently sits within the structure. GH confirmed that this group's purpose it to provide assurance to the Q & S Committee. Direct line is to management board with a dotted line to Q & S Committee but this may change over time. • KB requested that the appendix 1 be updated to reflect the changes that had occurred within the structures after the TOR was initially circulated. • SJ raised the point that there are service groups reporting into these groups, and feels that there is an expectation to get their SG reporting in line with this. SJ asked the group to allow some time for their service group to accommodate these changes. SJ also raised that Richard Maggs needs to be invited to this group but be mindful of clinical work. Query over ■■■■■ to be invited to this group. • CM commented around membership, in the set groups the sub groups, setting compliance and patients experience, the Deputy Director of Therapies and Health Science and the Assistant Director of Therapy and Health Sciences will be the Co-chairs of those, and they're not on the invite list? CM also queried if the Clinical Director of Therapies should also be included in the membership? It was highlighted that Pharmacy and Therapies across the HB need to be represented. • RE recommended that Chairs of the sub-groups should be members of this group and encourage broader team representation. In regard to recognising that there will be competing priorities, re, clinical commitments, then deputies must be nominated to attend in place to ensure breadth of professional opinions 	
1.3	<p>Note the Action Plan The group agreed to note the action plan and close it down. GH explained that there were no major concerns in terms of outstanding actions on the current QSGG action log and that GH was to meet with ■■■ and HP to finalise and formally close down. A new action log to be started for the Patient Safety Group</p>	■■■
1.4	<p>Note the Work Programme</p> <ul style="list-style-type: none"> • The group noted the current draft work programme and GH explained that it is currently viewed as a rather fluid 	■■■

	<p>document as it becomes more clear of what feeds into where etc. GH asked for comments to be feedback to group. GH raised concerns over the current 'tick box culture'. ██████ to be approached to advise in terms of reporting structures/mechanisms to ensure clarity of process and consistency.</p> <ul style="list-style-type: none"> • HP mentioned that it has been recommended that there are broader wider work commitments, i.e. Q & S Congress • GH asked if these groups flexibility to escalate urgent issues to this group. ██████ agreed that there should be a mechanism for issues to be escalated to this group and not wait to be raised in Sub-group upward. CD said that there is always a danger of the sub-groups raising issues when they have the capacity to deal with them at another level before coming to this group • Comments and feedback to be sent to ██████ prior to next meeting. 	
2	Patient Story	
2.1	<p>Receive the Patient Story</p> <ul style="list-style-type: none"> • This agenda item was to highlight that a patient story is expected every month and a rolling timetable. • GH requested that Corporate be part of the story schedule along with the other service groups and schedule to be updated to reflect this. • Service groups to link in with Digital Story Telling Team 	All
3	Quality Updates	
3.1	<p>Receive the quality and safety risk register █████ raised the following points: Risk Register</p> <ul style="list-style-type: none"> • The full May 2022 HBRR from which this extract is taken was received, discussed and ratified at the Management Board last Wednesday (a further amendment was made after the meeting in response to a CEO query). The CEO expressed a lack of appetite for risks of 25 and a desire to see them addressed as soon as possible, and he is looking for an indication of when reductions as a result of actions will be visible. • For info: While there are two 25 scoring risks in the attached, both are reported to QSC for information (as they have Q&S implications) – the main scrutiny of these takes place at PFC (the top right boxes indicate main assuring committee and any copied for information). • There are a number of Q&S risks though scored at 20 which exceeds the Board's appetite. The CEO is also keen to see these addressed – at his direction in April the Medical Director initiated a review of risk register entries scored 20+ and advisory comments were shared with Exec/Snr Mgt risk owners. This process will be repeated. The QSC Risk Report pulls together some of the key elements from HBRR templates to present an update on each in this respect. 	<p>█████ paper Presented by HP</p>

	<p>Datix</p> <ul style="list-style-type: none"> • The other key point of note is the outcome of the Management Board decision last week – facilitating the thematic closure of records in the legacy Datix Web system. • Additionally, ■ would update the group that following the MBD decision and following engagement with service groups and Datix user group reps via email, projected figures for records expected to remain at the end of August for transfer into Datix Cymru have just been submitted to the O4W programme team. ■ expecting discussion on these at the Steering Group meeting in the morning. There is further work to agree the process to take this forward now – the corporate Datix/Risk & Assurance team will liaise with service governance leads and Datix leads on this. • RE requested that the Service Groups re-look at their risk registers and ensure that the ratings are accurate and that all mitigations are in place. CD shared that Morryston are currently looking at existing evidence around their current risks to support their current risk ratings. • AC noted that HCPC referrals are brought to this group, currently reporting into workforce and OD. ■ to be informed. • HP highlighted the need for the learning to come out of Datix, for further discussion with ■ to work through what may be available. • Any comments or points to highlight, ■ to be informed 	
3.2	<p>Putting Things Right Paper</p> <p>It was noted that in future this paper would be split and submitted to Patient compliance as well as Patient Stakeholder groups</p> <p>These papers were submitted and noted with key points:</p> <ul style="list-style-type: none"> • Patient Feedback – For the month of May there were 3,550 Friends and Family survey returns which resulted in a satisfaction score of 90%. This score increased by 1% compared to April 2022 where the satisfaction score was 89% and returns were 3,133. • Compliments – 45 recorded for May 2022. • Complaints – The Health Board received 219 complaints during the month May 2022 • The Health Board recorded 65% performance against the 30 working day target in March 2022. This is below the Welsh Government Target of 75%, this is likely to be due to the increase in COVID cases and staff shortages within the Health Board. NPTSSG, MH&LD and Morryston are below the target of 75%. Discussions have been held with the Service Groups in relation to the reasons for low 	■

	<p>performance and this will continue to be monitored by the Corporate Complaints Team.</p> <ul style="list-style-type: none"> • Never Events - One new Never Event was reported on the [REDACTED] This related to a Retained foreign object post procedure in [REDACTED] • Risk Management – The April HBRR currently contains 39 risks, of which 21 have risk scores at, or above, the Health Board’s current appetite of 20. Four of these have risk scores of 25. • HIW inspections and update on action plans – full details were provided in the noted report. • The Health Board is non-compliant with 3 PSA/PSNs, which have passed their compliance date. • The Patient Experience, Risk & Legal Services Team presented a new style of report which focusses around the thematic and requested feedback to be sent to [REDACTED] • [REDACTED] informed the group that there is a piece of work currently taking place with the QI team around complaints and process mapping to improve responses. 	
4	Sub-Group Reports	
4.1	<p>Patient Experience HP confirmed that the meeting had taken place and provided a verbal update</p> <ul style="list-style-type: none"> • TOR were discussed and awaiting feedback and further comment • Discussion around reporting, approached the SG around using a 1-page template and awaiting feedback. • HP confirmed that this group is in its early stages and it may take a couple of months to embed. • 	[REDACTED]
4.2	<p>Patient Safety and Compliance sub group</p> <ul style="list-style-type: none"> • CM confirmed that the meeting took place and acknowledged this was also a forming meeting and recommended that the sub-groups TOR are mapped together. • A large number of groups are expected to report into this group so mapping and reporting schedules to be worked through • Frequency, management and feed into dashboard logistics to be worked through • [REDACTED], HP & CM are meeting to discuss details • [REDACTED] confirmed that membership is key, HFEA, Transfusion highlighted as needing to report into this meeting 	[REDACTED] & [REDACTED]

	<ul style="list-style-type: none"> HP highlighted again the need to re-look at existing meetings that may become redundant as a result of the sub-group creation 	
4.3	<p>Patient outcomes and clinical effectiveness sub group</p> <ul style="list-style-type: none"> RE confirmed that this is an existing meeting which is Clinical Outcomes group with focus of the group predominately around National Audits. AC confirmed that attendance of this group includes clinical directors which is excellent in obtaining good feedback 	■
4.4	<p>Quality Priorities Programme Board</p> <p>■ confirmed that this meeting takes place bi-monthly which has been running for a couple of months. Currently looking at amalgamating the falls groups meetings to further streamline the reporting process</p>	■
4.5	<p>Infection Control Committee</p> <p>IPC currently reports to management Board, no plans to change this arrangement at this time due to the priority of work currently taking place.</p>	
4.6	<p>Safeguarding Report</p> <p>GH recommended that Safeguarding be brought to this group instead of going straight to Management Board for future meetings. ■ to be invited to group</p>	
5.	Items for Decision	
5.1	<p>Community Health Council unannounced visits SBAR</p> <p>■ said that this was a joint paper around re-instating CHC visiting.</p> <ul style="list-style-type: none"> CHC keen to start the unannounced visits again but mindful of service pressures the suggestion going forward is that 24 hours prior to the visit they ask which areas are not suitable for visiting and then on the morning they inform the HB which ward they will be visiting. CHC will request information on the ward and the key personnel to link in with. Once visit has concluded a brief feedback session will be provided and then a formal report will follow. Request for each site to identify key person as point of contact to feedback to CHC. CD to discuss with HON and feedback to this group. SJ said that probably it will be a member of the Q & S team but discussion will need to take place Decision: Proposal approved. Service groups to consider how this will be supported within their service groups and to link in with ■ 	■/ALL

6.	Items for Noting	
6.1	AMaT business Care █ confirmed that business case has been approved to go through for consideration	█
6.2	Improvement Cymru Diagnostic Visit Feedback <ul style="list-style-type: none"> • HP confirmed that the visits had taken place in June and feedback had been very positive with some feedback around incorporating QI principles within certain areas, as well as Empowering leadership, Skill and spread and working with Data • Formal feedback to follow end of June • █ to come to exec meeting in future • HP thanked everyone involved 	█
6.3	Palliative Care EOL Steering Committee GH praised the team for the excellent work taking place Acknowledged that the new NACEL audit will be taking place shortly	█
7.	Closing Matters	
7.1	Any other Business <ul style="list-style-type: none"> • It was acknowledged that arrangements need to be made within service areas so that they feed into this group and sub-groups the relevant information. Membership of this group is key to informing the flow for all the groups involved and structures • AC raised query around AMaT that was raised at COEG meeting on who can access it and that the non-NICE areas should be fed through to AMaT 	
8.	Group Reflection & Date and time of next meeting	
	█ asked the group to build in a reflection on the meeting at the end of each meeting to ensure that objectives are covered. Date and time of next meeting - 19th July @ 10:00 am, Papers due for 11th July Patient Story – MH & LD	