

**Neath Port Talbot & Singleton Service Group  
Quality, Safety & Risk Group  
Additional meeting – 26<sup>th</sup> January 2023, 9:30am /Via Microsoft Teams  
MINUTES**

Item No:	Topic	Action
<b>PART 1. PRELIMINARY MATTERS</b>		
1.1	<p><b>Present</b>  Amy Jayham, Head of Transformation and Improvement - Pharmacy (AJ)  Catherine Harris, Deputy Head of Maternity (CH)  Dougie Russell, Group Medical Director (DR) - <b><u>CHAIR</u></b>  Jayne Hopkins, Head of Quality, Safety &amp; Risk (JH)  Judith Vincent, Division Manager – Pharmacy (JV)  ██████████, Deputy Head of Nursing – Cancer Services ██████████  Lisa Graham, Deputy Head of Nursing - Medicine (LG)  Rebecca Nix, Quality Implementation Manager – CD&amp;T (RN)  Rhodri Davies, Divisional Manager – CD&amp;T (RD)  Sharron Price, Head of Nursing – Adult Services (SP)  Vicki Burrige, Head of Nursing – Children &amp; Young People (VB)</p> <p><u>Present</u>  ██████████ PA to Group Nurse Director – Note Taker ██████████</p> <p><b><u>Apologies</u></b>  Bethan Phillips, Clinical Lead – Nutrition &amp; Dietetics (BP)  Ceri Gimblett, Associate Service Director– Cancer Services (CG)  Chris Hudson, Consultant Physician and Clinical Director – Medicine (CH)  ██████████ HR Business Partner ██████████  Elaine Lewis, Deputy Division Manager – Hospital Operations, Singleton (EL)  Fiona Hughes, Associate Service Group Director (FH)  ██████████ Consultant Nurse - Minor Injury Unit ██████████  Martin Bevan, Group Medical Director (MB)  ██████████ Pharmacy Manager ██████████  ██████████ Finance and Business Partner ██████████  ██████████ HR Business Partner ██████████  Kate Bannister, Lead Midwife - Quality, Safety and Risk (KB)  Lesley Jenkins, Group Nurse Director (LJ)  Melanie Collins, Division Manager – Hospital Operations, Singleton (MC)</p>	

	<p>██████████ Quality Manager – WFI ██████████  ██████████ Pharmacy Manager ██████████  Susan Jones, Division Manager – Hospital Operations, NPT (SuJ)  Tina Taylor-Wood, Deputy Head of Nursing – Medicine (TTW)</p>	
1.2	<p><u>Agree minutes of the previous meeting – 13/12/22</u>  The minutes were agreed as an accurate reflection of the meeting</p>	
1.3	<p><u>Note the action log</u>  The action log was reviewed and updated  LG confirmed WH&amp;O IPC meeting are going ahead- have extended invite list with a lot more representation.</p>	
1.4	<p><u>Approve proposed realignment of Quality &amp; Safety Structure paper</u>  SP gave an overview of the attached paper, reporting that there has been a directive from the Executive Team that Service Groups need to implement the new Quality &amp; Safety structure to mirror the corporate structure. SP noted there have been discussions at a senior level regarding the amount of meetings and reports and it was acknowledged that the new structure will increase this requirement. It was confirmed that the Service Groups structure will be a 5-week rolling programme, and whilst there will be separate reports for the sub-groups, there is a plan that these can be copied and pasted for the QSR report. DR requested that there was ‘tight’ exception reporting from divisions not to extend the meeting over 2 hours.</p> <p>The following forums were confirmed as being part of the new Q&amp;S structure:</p> <ul style="list-style-type: none"> <li>• Patient &amp; Stakeholder Experience</li> <li>• Patient Safety &amp; Compliance</li> <li>• Quality Priorities – currently 5 quality priorities but anticipating that more will be added next year</li> <li>• Clinical Outcomes &amp; Effectiveness</li> <li>• Infection, Prevention &amp; Control</li> </ul> <p>The suggested frequency and dates for rolling programme were noted in the attached PowerPoint in the paper.  Members of the group were requested to review the Terms of Reference of the sub groups and send comments to IR for final approval at February’s meeting.</p>	
<b>PART 2. PRESENTATION</b>		
<b>PART 3. RISK AND ASSURANCE</b>		
3.1	<p><u>Maternity External governance review &amp; action plan [Deferred from December 22 meeting]</u>  CH reported that the attached action plan had been to Management Board and Quality &amp; Safety Committee, updating that in August the Maternity &amp; Neonatal network came to complete an external review of maternity services governance processes. Whilst the overall visit was positive there was some learning. CH confirmed that going forward an MDT maternity strategy meeting will be set up to</p>	



	review progress against this action plan and action plans from previous/future visits.	
<b>PART 4. PATIENT OUTCOMES AND CLINICAL EFFECTIVENESS</b>		
	<i>No agenda items</i>	
<b>PART 5. PATIENT SAFETY AND COMPLIANCE</b>		
	<i>No agenda items</i>	
<b>PART 6. PATIENT AND STAKEHOLDER EXPERIENCE</b>		
	<i>No agenda items</i>	
<b>PART 7. QUALITY PRIORITIES</b>		
	<i>No agenda items</i>	
<b>PART 8. DEEP DIVE AREAS</b>		
8.1	<u>Ward 3 Quality Assurance Framework audit Actions</u> SP noted the attached action plan, noting that all actions had been completed. The Group agreed closure of the action plan.	
<b>PART 9. DIVISIONAL EXCEPTION REPORTS</b>		
	<i>No agenda items – not required as additional meeting</i>	
<b>PART 10. CLOSING MATTERS</b>		
10.1	<b>Any Other Business</b>	
	VB reported that HIW visited the Paediatric department last week, there were no immediate actions from HIW and the report is expected to be received in February.	
	<u>Quality Management System presentation</u>	
	<u>Ombudsman Public Interest Report – C&amp;V HB</u>	
	<b>Date of next meeting: TBC new structure 2023</b>	