





	Action plan was discussed and updated where relevant. GH noted that a number of discussions outside of meeting made up the majority of outstanding actions. GH requested that those responsible had actioned and met outside of the group to close the actions down. Formal actions to be raised in the group setting during the meeting	
1.4	<b>Note the Work Programme</b> <ul style="list-style-type: none"> <li>Group noted the work programme recognising it as a live document with monthly updates</li> </ul>	AH
<b>2</b>	<b>Patient Story</b>	
2.1	<b>Receive the Patient Story PCCT Service Group</b> <ul style="list-style-type: none"> <li>Patient Story presentation submitted by David Hughes from Podiatry and Orthotics titled 'Podiatry Working Together with MARY'. This presentation highlighted the importance of limit risk and escalation of Crisis across the HB also the consequences of poor patient activation.</li> <li>The members of the group thanked David for his presentation and the excellent service being provided.</li> <li>CM highlighted that more PROMS work needs to take place to focus on the evaluations and data collecting. Value based Healthcare will benefit from these. SH highlighted that patient engagement measure can not only resolve but prevent events, SH to link in with David Hughes outside of meeting</li> <li>HP asked if there was more work to highlight the walk in service. David Hughes said that due to Covid it was stood down but hoping to start up same day booking. David said that service prior to Covid was over-subscribed. Stressed meaningful conversations with Patients are key to managing their Health issues.</li> </ul>	David Hughes
<b>3</b>	<b>Quality Updates</b>	
3.1	<ul style="list-style-type: none"> <li><b>Service Group Reporting Arrangements</b> It is acknowledged that the SG are reporting experience and compliance into the Sub-groups so it was agreed that this section is update by exception for escalation to Management Board.</li> <li>HP asked that moving forward an exception template is created for this meeting to meet governance expectations.</li> </ul>	AH/CB
3.1.1	<ul style="list-style-type: none"> <li><b>Mental Health &amp; Learning Disabilities</b></li> </ul>	KH
	KH provided verbal update to Group. No current issues to escalate and currently aligning SG reporting arrangements. GH asked that escalation be noted in terms of Programme currently tele-vised in Manchester. KH confirmed that work is taking place to 'sense check' current practices. Formal report will be fed through governance processes. Peer walkabout's are taking place throughout services for assurance measures.	
3.1.2	<ul style="list-style-type: none"> <li><b>Morrison</b></li> </ul>	SHolloway
	SH said that space in reporting timetable needs to be considered to allow for SG in-house reporting. <ul style="list-style-type: none"> <li>HIW Dan Danino full report is now available on HIW site, action plan closure meeting taking place next week to close down the actions.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Still awaiting full report for ED action plan, progress has been excellent</li> <li>• Incident with ceiling collapse, investigations and discussions taking place and SH will feedback to group with more information</li> </ul>	
3.1.3	<ul style="list-style-type: none"> <li>• <b>NPT Singleton</b></li> </ul>	<b>JH</b>
	<ul style="list-style-type: none"> <li>• JH escalated final report for maternity services in SB UHB that Wales Neo Natal Network conducted that the SG is currently working through</li> <li>• Commenced joint review with Cardiff and Hywel Dda around Twins being born via Caesarean section</li> <li>• Childrens Community Nursing Services improvement plans, a new escalation via social media routes, staff are currently being supported within HB to deal with these issues.</li> </ul>	
3.1.4	<ul style="list-style-type: none"> <li>• <b>Primary Care Community Therapies</b></li> </ul>	<b>KB/CL</b>
	<p>KB asked what needs to be escalated? Understanding the parameters and concerns around duplication of escalation to this group in particular. GH said that his understanding is that the PSC group take highlight reports from SGs and part of that feedback will come to this group around any issues to be escalated. Chairs from PSC &amp; PSE groups to report escalations to this meeting. Query around the parameters of risks on the risk register?</p> <ul style="list-style-type: none"> <li>• AH raised that there may be future issues that don't fall into the Sub Groups and once the meetings become more embedded these issues may become more clear.</li> <li>• CL continuing working through corporate reporting structures, separating out 2<sup>nd</sup> level groups for reporting into PSG.</li> <li>• Working through actions with HMP Swansea, hoping to finalise by November</li> <li>• HIW have been reported to Q &amp; S Committee and Management Board, on target to complete within timescales</li> <li>• Exception reporting have been reported to Risk Management Committee, GP OOH &amp; Odastra outage, management of controlled drugs. Complainant issue with staff not able to home visit, an emergency meeting taking place to mitigate this issue. NE chasing local authority for response to this complainant issue.</li> </ul>	
3.2	<ul style="list-style-type: none"> <li>• <b>Quality &amp; Improvement Training Review</b></li> </ul>	<b>AH</b>
	<p>AH provided an update around QI Training and review of this training.</p> <ul style="list-style-type: none"> <li>• Currently training looks like Silver Level Improvement in Practice, Managers pathway and Graduate training scheme</li> <li>• Where a project is commenced through this training with guidance and mentorship provided by QI Team.</li> <li>• Some challenges around this include a project idea not being in-line with the training timescale</li> </ul>	

	<ul style="list-style-type: none"> <li>• Once these trainers are 'certified' there needs to be a way to use these skills for future QI work</li> <li>• Looking at reducing cohorts, having more of a targeted approach through suggestions from SG.</li> <li>• AH asked the group for suggestions around what is needed in terms of QI training and how to hold on to these skills.</li> <li>• CL said that Cwyn Taf are devising a digital system to input a QI idea which is managed by a group and then decision on level of support needed but this system will require purchase with financial implications.</li> <li>• CM said that it would be helpful to have a record on the system in terms of what works, what has been undertaken and what didn't work.</li> <li>• QI team have been approached to provide suggestions</li> <li>• SH highlighted AHMAT may support this process.</li> <li>• RK, QP targeted QI projects may be useful and registering their projects not be an onerous process. Suggested looking at theme from complaints and basing projects around those instead?</li> <li>• HP how do we build on the training?, having an academy of learning, how do we support teams within their areas? And then how do we manage it and what is the impact? Suggestions around a future workshop to discuss this in more detail?</li> <li>• RK suggested that some sort of certification be provided in terms of evidence and sharing learning once project has been completed.</li> </ul>	
3.3	<ul style="list-style-type: none"> <li>• <b>Patient Safety Congress</b></li> </ul>	<b>AH</b>
	<p>AH updated on the Congress on the congress event on 6<sup>th</sup> October.</p> <ul style="list-style-type: none"> <li>• Four Congress events scheduled for next year and thanked everyone for their support in making this congress a success.</li> <li>• Hybrid events seem to be the way forward.</li> <li>• Coroner to be approached to be a speaker, Impact of quality assurance</li> <li>• Children services / safeguarding / maternity / ED</li> </ul>	
3.4	<ul style="list-style-type: none"> <li>• <b>Quality Safety &amp; Improvement Website</b></li> </ul>	<b>AH</b>

	<p>AH shared that the Website is currently being put together and shared presentation on what is currently being looked at to include:</p> <p>What's missing?</p>  <ul style="list-style-type: none"> <li>• AH asked the members to provide feedback on what else could be included.</li> <li>• CL said that staff need to understand that QI is everybody's business</li> <li>• CM said that this website and highlighted that the Dashboard may sit within this?</li> <li>• HP asked the members to feedback to AH with any suggestions</li> </ul>	
3.5	<ul style="list-style-type: none"> <li>• <b>Quality &amp; Strategy Engagement</b></li> </ul>	<b>AH</b>
	<ul style="list-style-type: none"> <li>• AH updated the group on the Q &amp; S Strategy engagement work that has taken place over the last month.</li> <li>• Report back on strategy within the next couple of weeks</li> <li>• Plans are to submit to various groups and deadline for sign-off in January, hoping to launch early 2023</li> </ul>	
<b>4</b>	<b>Sub-Group Reports</b>	
4.1	<p><b>Update from Patient &amp; Stakeholder Experience Sub-Group</b></p> <ul style="list-style-type: none"> <li>• Approved minutes were submitted to group for noting</li> <li>• Plans to invite a member from the accessibility reference group</li> <li>• Strategic Refresh taking place in WG</li> <li>• Patient Experience Elements from final Quality Strategy will form key message for any focus moving forward.</li> </ul>	<b>HP</b>
4.2	<p><b>Update from Patient Safety &amp; Compliance sub-group</b></p> <ul style="list-style-type: none"> <li>• CM highlighted that the group is starting to come together with a clearer picture of expectations of the group. TOR to be finalised.</li> <li>• Majority of sub-groups provided an initial report for governance purposes and template for reporting to future meetings as well as reporting timetable has been circulated for comment. Agreement now around what group reports when within their schedule, i.e. not all 6 monthly reports to be submitted in June etc.</li> <li>• Streamlining reporting to fall under existing groups.</li> </ul>	<b>CM</b>
4.3	<p><b>Update from the patient outcomes and clinical effectiveness sub group</b></p>	

	<ul style="list-style-type: none"> <li>• RK said that the COEG meeting group working well, but noted that submitted report from July 2022.</li> <li>• Confirmed Medical examiners will be mandated by April 2023</li> <li>• National Audits, PROMS Surgery is an issue that needs to be looked at</li> </ul>	
4.4	<p><b>Receive the highlight report from the Quality Priorities Programme Board</b></p> <ul style="list-style-type: none"> <li>• AH discussed paper presented to Programme Board.</li> <li>• Within the report is an ask for Service Groups for reporting into the Quality Priority Groups, AH highlighted the work that is taking place within the priorities and what the Service Groups are doing around these priorities.</li> <li>• AH requested that SG feed in this information to meetings as at the moment it's not being reported, once this is submitted it will be reflected in reports to Management Board to give assurance</li> <li>• CM to meet with this Community Leisure UK group in relation to services they are currently providing or could provide around falls within the HB. To pick this up with Helen Annandale outside of meeting.</li> <li>• CB highlighted a draft template currently being circulated within the groups and will feedback once finalised.</li> </ul>	AH
4.5	<p><b>Safeguarding Report</b></p> <ul style="list-style-type: none"> <li>• NE presented report to the group.</li> <li>• All staff appointed to IRIS posts</li> <li>• Safeguarding maturity Matrix, met with Powys for peer review in October and will be included in annual Safeguarding report next year.</li> </ul>	NE
4.6	<p><b>Quality &amp; Safety Informatics Group Update</b></p> <ul style="list-style-type: none"> <li>• Progressing well with Dashboard work, next meeting Dai Williams and Mark Madams to come and present demo progress</li> </ul>	HP
5.	<b>Items for Noting</b>	
5.1	<p><b>Proposed Changes to Pre-Op Covid Testing for planned surgery</b></p>  <p>SBAR - changes to patient flow through t</p> <ul style="list-style-type: none"> <li>• PK discussed Agenda Item</li> <li>• Document was shared to explain context, RK to forward paper for minute sharing</li> <li>• The paper detailed that up until September planned surgery patients self-isolated for 10 days in total.</li> <li>• The proposal going forward is that for patients accessing surgery through the green pathway, level 1 with on the day testing, this has been in practice for 4 weeks and has been sense checked with no adversity reported.</li> <li>• Patients going through level 2, 3 and ITU still continue with 7 days, with PCR test 72-hour test prior then to come in for surgery</li> <li>• Lateral flow testing is a known concern and preference is Lumiera at this time.</li> </ul>	

	<ul style="list-style-type: none"> <li>• RK raised the differing pathway on each site, HP said that consistency needs to be agreed for HB Sign-off</li> </ul>	
5.2	<p><b>Improvement Cymru and Institute for Healthcare Improvement – A Safe Care Partnership</b></p> <ul style="list-style-type: none"> <li>• AH presented this final report based on their visit in June 2022. Findings from report will be taken into consideration for Strategy, particularly around culture. Also work around the Safe Care Partnership. Next steps are around 4 key areas that will be worked on Nationally with IHI, they are: <ul style="list-style-type: none"> <li>○ Leadership</li> <li>○ Safe &amp; Effective Community Care</li> <li>○ Safe &amp; Effective Ambulatory Care</li> <li>○ Safe &amp; Effective Acute Care</li> </ul> </li> <li>• What work can be done under these? And who will populate these teams.</li> <li>• Further discussion with Management is currently taking place to finalise</li> <li>• CM raised that Quality Improvement need to be embedded with any major service improvements? And importance of linking in with recovery and sustainability plan.</li> <li>• RK raised concerns around the timing of this programme around winter pressures.</li> </ul>	
<b>6.</b>	<b>Closing matters</b>	
6.1	AOB – To be agreed with Chair in Advance	
<b>7.</b>	<b>Group Reflection &amp; Date and time of next meeting</b>	
7.1	Reflection on meeting and lessons learnt	HP
7.2	Date and time of next meeting - 15 <sup>TH</sup> November 2022, Papers/Reports due for 7 <sup>th</sup> November with Patient/Staff story from Corporate	