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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 August 2022	Agenda Item	3.4
Report Title	Report of the Patient Safety Group June 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 Quality, Safety and Patient Services Group Hazel Powell, Deputy Director of Nursing		
Freedom of Information	Open		
Purpose of the Report	This report provides a summary on behalf of the Chair of the Quality, Safety and Patient Services Group meeting on July 19 th 2022, noting any issues requiring escalation to the Quality and Safety Committee and Management Board.		
Key Issues	<ul style="list-style-type: none"> • Draft terms of reference agreed • Annual work and reporting plan developed • Update reports received from <ul style="list-style-type: none"> - Patient and Stakeholder Experience Group - Patient Safety and Compliance Group - Clinical Outcomes and Effectiveness Group • Presentation received on Quality and Engagement Act 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: APPROVE the terms of reference for the Patient Safety Group. RECEIVE the update report on the group's activity.		

Patient Safety Group July 2022

1. INTRODUCTION

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

2. BACKGROUND

The Patient Safety Group (PSG) report to Management Board on July 13th 2022 outlined the progress being made to implement new quality and safety structures within the Health Board. This work includes the establishment of a Patient Safety Group and the following sub-groups:

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

PSG held its second meeting on July 19th 2022, with representation from each of the sub-groups and three of the four service groups.

Terms of Reference and Work Plan

Following consultation with PSG members, draft terms of reference were agreed. It is proposed that these terms are reviewed in six months. Draft terms of reference are included as Appendix 1, these have been submitted to Management Board for approval in their meeting of 10.8.22.

A draft annual work and reporting plan was agreed, this is included for noting within Appendix 2.

Staff Story

A staff story was presented by Mental Health and Learning Disabilities, on the challenges of supporting people with complex needs by teams working remotely during the Covid-19 Pandemic. Service groups were asked to share the learning from the story regarding the use of remote group work to provide interventions and support for patients and how the team was supported in dealing with potentially difficult situations whilst working from home.

Risk Management

No report available. Further discussion will be held regarding nature and frequency of reporting risk issues into PSG in order to avoid duplication of the work of the Risk Scrutiny Panel and Risk Management Group.

Quality and Engagement Act

A presentation was received outlining the requirements of the Quality and Engagement Act, including the Duty of Quality and Duty of Candour. PSG were advised of the work underway within the Health Board to develop a quality management framework and to promote an 'always on' culture regarding quality. Further updates to be provided to PSG as this work progresses.

Sub-Group Updates

Updates were received from the following groups:

Patient and Stakeholder Experience

- The second meeting of this group was held on July 5th 2022 and the chair (HP) reported good progress in establishing the group and its aims.
- The group will spend the next three meetings focussing on its structures in order to ensure that it can effectively capture and report on the following three areas:
 - Patient experience, acknowledging that this is broader than the current Friends and Family test
 - Stakeholder experience in order to engage with partners and communities
 - Learning for sharing, so that there is a mechanism for experience to influence change
- The Communication Team will be invited to this group in order to ensure that we are proactive in our engagement on quality and safety.

Patient Safety and Compliance Group

- The chair reported that a second meeting of this group is arranged for 17.8.22.
- Planning is underway to look at reporting mechanisms into this group, including frequency of reporting. To support this, initial mapping of existing sub-groups and reporting mechanisms has been completed.
- The Chair described how the group will receive quarterly exception reporting, with an annual focus report on improvement. Regular opportunities for learning will be built into the group's structures in order to share good practice and support cultural change.

Patient Outcomes and Clinical Effectiveness Group

An update from most recent Clinical Outcomes and Effectiveness Group (COEG) was received, which noted:

- The refined Clinical Audit Plan for 2022/23 which focusses on a smaller number of targeted audits which will lead to improvements
- Mortality reductions plans, with a paper being presented to Management Board in August

- The need to develop the assurance functions within COEG, as opposed to issue resolution

Quality and Safety Priorities Programme Board

Next meeting 19.7.22.

The Management Board report from 13.7.22 was received PSG were informed of the targeted quality improvement support being provided to the quality and safety priorities. Service group representatives were reminded of the requirement to work with the project leads to demonstrate progress against the priorities.

Items for assurance

Safeguarding

Report received.

Items for Approval

Community Health Council Unannounced Visits

Following the approval of the reintroduction of unannounced visits by the Community Health Council in the previous PSG meeting, the group agreed that further discussions were required in order to support the reintroduction, taking into account the current Covid-19 situation. This will be progressed by the Interim Head of Quality and Safety and Head of Nursing for Neath Port Talbot Singleton Service Delivery Group.

3. GOVERNANCE AND RISK ISSUES

No items for escalation were identified within this meeting.

Members noted the challenges for service groups in undertaking quality management activities, alongside operational demands. It was agreed to allocate time in the next meeting to explore this further.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

Quality and Safety Committee 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 3.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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 August 2022 Quality and Safety Committee August 2022	
Appendices	Appendix 1- Draft Terms of Reference Appendix 2- PSG Workplan Appendix 3 Quality and Safety Structures Implementation Plan July 2022	

Patient Safety Group

Terms of Reference

PATIENT SAFETY GROUP TERMS OF REFERENCE

Purpose

The purpose of the Patient Safety Group (PSG) is to discharge the responsibility of the Management Board to provide **quality management** in line with the Duty of Quality for Health Boards.

Quality management is the act of overseeing different activities and tasks within an organization to ensure that services offered, as well as the means used to provide them, are consistent and high value. It helps to achieve and maintain a desired level of quality across all services operated, commissioned or hosted by the Health Board. Ultimately, quality management will help us to achieve the best possible safety, experience, outcomes and clinical effectiveness for patients, their families, carers, and staff.

Aims

This Patient Safety Group (PSG) will aim to

- Drive **quality management**
 - by establishing structures and implementing processes to effectively carry out its functions
 - by supporting stakeholders to work together to improve processes, services, and ultimately patients, carer and staff experience
- Drive continuous **quality improvements** in services
 - by monitoring current practice, including clinical audit, and providing constructive feedback on purposeful change,
- Drive **quality planning** of services
 - by identifying the quality standards relevant to any service
 - by advising on how these standards can be met
- Drive **quality assurance** of services
 - by responding to internal and external assessments of services
 - by demonstrating that learning from incidents and best practice is systematised
 - by escalating significant concerns
- Drive **quality control**
 - By monitoring the Health Board performance against the Quality & Safety Framework and the Quality Priorities

- By overseeing Health Board implementation of Duties of Organisational Candour and Quality

Objectives

- Deliver **Quality management**
 - The PSG will establish a limited set of groups/subgroups, with very clear purposes and objectives, and monitor their effectiveness
 - The PSG will champion a *Just Culture* and promote the open reporting and discussion of concerns by staff, patients and carers
 - The PSG will demonstrate its own effectiveness by regularly reporting the difference it is making to meaningful outcomes for patients, carers and staff
- Drive continuous **quality improvements** in services
 - The PSG will decide what information relating to quality and safety it requires to be received and with what frequency, and how it is published (e.g. dashboard)
 - The PSG will monitoring current practice, including clinical audit, and providing constructive feedback on purposeful change
 - The PSG will oversee the production and implementation of a patient experience improvement plan, published and reported on annually. The plan will be influenced by the National Patient Survey/PALS.
- Drive **quality planning** of services
 - The PSG will use external standards and guidance (e.g. Health & Care standards, NICE Guidance, HTW Technology Appraisals etc) to guide its judgement on the Health Board's delivery of services
 - Where a service falls below a standard, the PSG will direct a service to submit to it a remedial plan, to be designed and implemented within an agreed timescale
- Drive **quality assurance** of services
 - The PSG will commission investigations/reviews (such as in service failures, complex cases, never or serious incidents, claims, litigation etc) where concerns about safety cannot be addressed by standard methods within a reasonable time, and ensure learning is systematised across all services
 - The PSG will monitor responses to external reviews (e.g. HIW, Ombudsman etc) and ensure learning is systematised across all services in the Health Board
 - The PSG will oversee the introduction of the Once for Wales Concerns Management System, and identify and monitor trends in incident and complaints reports, and finally demonstrating learning from incidents, complaints and best practice is systematised

- The PSG will oversee the implementation of the Duty of Organisational Candour legislation in SBUHB services, independent contractors and commissioned services, and demonstrate learning is systematised
- The PSG will ensure safeguarding of adults and children is effective across the health board and in commissioned, hosted and contracted services
- Drive **quality control**
 - The PSG will report how the Health Board is performing against the Quality & Safety Framework (using the 6 domains of quality) and advise on actions needed
 - The PSG will report Health Board performance against the Quality Priorities and advise on any corrective actions needed
 - The PSG will oversee the production of Health Board's Annual Quality Report required under the Duty of Quality Act

Membership

The co-chairs of the Patient Safety Group will be the Director of Nursing & Patient Experience, Executive Medical Director, and Director of Therapies & Health Science.

The membership of the group comprises:

- Director of Nursing and Patient Experience
- Assistant Director of Nursing
- Executive Medical Director
- Deputy Medical Director
- Director of Therapies and Health Science
- Assistant Director of Therapies and Health Sciences
- Chief Operating Officer
- Deputy Chief Operating Officer
- Director of Corporate Governance
- A triumvirate member from each service group, or a suitable deputy

Members are required to nominate a deputy to attend a meeting if they are unable to personally attend.

There will also be regular attendees of the group including:

- Head of Quality and Safety
- Assistant Director of Health and Safety;
- Head of Legal, Risk and Patient Experience;
- Head of Infection Control;
- Associate Head of Quality and Safety
- Head of Compliance
- Head of Support Services
- Assistant Director of Estates
- Clinical Director of Pharmacy (Controlled Drugs Responsible Officer)

With the approval of the chair, other persons may be asked to attend meetings from time to time for a specific purpose.

The group shall invite appropriate partnership representatives, including a staff side representative for the relevant site to attend the group when necessary.

The chair of the group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items.

Quorum

The quorum of the group is seven members and must include:

- The chair or vice chair;
- Director of Nursing and Patient Experience (or deputy in times of absence);
- Executive Medical Director or Deputy Medical Director
- Executive Director of Therapies or Assistant Director of Therapies
- Three service group representatives;

Core members are required to attend at least 75% of the group meetings and must be present (or send a deputy) to present agenda items. The chair will follow up any issues related to the unexplained attendance of members. Should non-attendance jeopardise the functioning of the group, the Chair will discuss the matter with the member and if necessary seek a substitute or replacement.

Frequency

The group will meet monthly, a fortnight before the Management Board in order to ensure timely reporting.

Authority

The Patient Safety Group is authorised to discharge the duties set out in these terms of reference within the authority delegated to the individual members, both in the scheme of Delegation, and from time to time by the Management Board as recorded in the minutes of meetings. The functions and actions of the group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations. Individuals remain responsible for their duties and accountable for their actions.

Reporting

The Patient Safety Group is a sub-group of the Management Board and must submit a written report following the meetings of the group, including the annual approval of its terms of reference.

Action notes and records of discussions will be made and will be available for reference if required.

The PSG will consider any issues referred from the Management Board.

The PSG will report monthly to the Management Board with an assurance report on the effectiveness and trajectory of the Health Board's performance in:

- Quality Management
- Quality Improvement
- Quality Assurance
- Quality Planning
- Emerging and/or significant Quality & Safety Risks without adequate mitigation

Sub-groups

The sub-structure of the Patient Safety Group is set out in **appendix one** and includes four group: one each to focus on clinical effectiveness, patient safety, patient outcomes and patient experience.

In addition, given the key focus being given to infection prevention and control, this committee will also report directly to the Management Board. Where necessary, it will commission deep dives or reports from specific areas of a sub-group's remit.

Escalation

In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario, the chair is required to escalate the matter to the Chief Operating Officer, and relevant executive director immediately.

In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario the service group medical and/or nurse director must include it on the service group risk register if appropriate.

There will be circumstances whereby the group may wish to consider escalating an issue to the Management Board or Quality and Safety Committee. If such an instance arises, then the chair of the group must discuss with the Director of Corporate Governance in the first instance. Any matter that is considered appropriate for escalation will require a written report setting out the issue, and the actions taken to resolve/mitigate the risk/issue.

Support

The group shall be supported by the secretariat services provided through the Quality and Safety department, specifically with regard to secretarial duties, minute taking and administrative support.

Duties shall include:

- Agreement of the meeting agendas with the chair of the group;
- Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;
- Enforcing a disciplined timeframe for agenda items and papers, as below:
 - At least 10 working days before each meeting, papers will be due;
 - At least five working days prior to each meeting, papers will be issued to all group members and any invited attendees;

- Advising the chair and the group about fulfilment of the terms of reference and related governance matters;
- Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within seven working days from the date of the last meeting;
- Distribution of minutes to all group members;
- Maintaining an up to date log of actions due and completed;
- As required, separate notices will also be issued on matters which may arise outside of the meeting of the group.

Review of Terms of Reference

The group will monitor the effectiveness and working arrangements of these terms of reference annually.

Date 19.7.22

Appendix 2 :PSG Workplan 2022/23

PSG Workplan 2022/23											
Topic	Lead	June	July	August	September	October	November	December	January	February	March
Patient Story	Service Groups (set out in rolling rota)										
Preliminary Matters											
Minutes of previous meeting	Chair										
Action log	Chair										
Work Programme	Chair										
Quality											
Service Group Quality Management Systems	Service Group Triumverate Reps										
Quality Priorities Update	Chair QP Programme Board										
Quality and Engagement Act	Head of Q and S										
Quality Management Framework Development	Head of Q and S										
Quality Congress	Chair/ Head of Q and S										
Safe Care											
Patient Safety and Compliance Group Update	Chair Patient Safety and Compliance			17-Aug	22-Sep	18-Oct	15-Nov	13-Dec	19-Jan	16-Feb	23-Mar
HMP update	PCT Triumverate										
Improvement Cymru Diagnostic Visit	Head of Q and S										
Timely Care											
EMRTS Report											
Effective Care											
Patient Outcomes and Effectiveness Group Update	Chair Patient Outcomes and Effectiveness Group										
Trauma Network Update											
Lymphodaema Network Update											
Efficient Care											
Q and S Informatics Group	Chair Q and s Informatics Group										
Equitable Care											
Children's Community Nursing Service	NPTSSG Service Group Triumverate Rep										
Patient Centred Care											
Patient and Stakeholder Experience Group Update CHC Feedback	Chair Patient and Stakeholder Experience Group Manager			02-Aug	06-Sep	04-Oct	01-Nov	06-Dec	03-Jan	07-Feb	07-Mar

Appendix 3: Quality and Safety Structures Implementation Plan July 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 September meetings. Timescale amended
(by) October 18 th	PSG	Development and presentation of Service Groups' Annual Quality Plans to QSPSG.	
(by) February 28 th 2023	PSG	Interim Review of Terms of Reference	Timescale amended to 6 months from adoption.