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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 October 2022	Agenda Item	4.4
Report Title	Report of the Patient Safety Group September 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 September 20th 2022, noting any issues requiring escalation to the Quality Management Board.		
Key Issues	<ul style="list-style-type: none"> Initial outcome of the internal Glan Clwyd comparative review in Morriston Emergency Department, Singleton Assessment Unit and Neath Port Talbot Minor Injuries Unit provided Immediate assurance from HIW review of Morriston Emergency Department received HMP Swansea HIW Action plan received Service groups' structures alignment with PSG received Revised Quality and Safety Process Framework received Engagement of the draft Quality Strategy 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: RECEIVE - The update report on the group's activity		

Patient Safety Group September 2022

1. INTRODUCTION

This report provides a Chair's update to the Quality Management Board on the Patient Safety Group meeting of September 20th 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 fourth meeting on September 2022, with representation from each of the sub-groups. The PSG has a rolling workplan which is received in each meeting for noting.

2.1 PATIENT VOICE

Patient Story

A patient story entitled 'A Good Death,' was received from Neath Port Talbot Singleton Service Group (NPTSSG). The story prompted discussion regarding End of Life Care, a focussed discussion will take place on this priority in the next meeting.

2.2 QUALITY UPDATES

Glan Clwyd Comparative Review

An update on the multi-disciplinary peer review undertaken in Morriston Emergency Department, Singleton Assessment Unit and Neath Port Talbot Minor Injuries Unit was reported. All service groups have received verbal feedback on their reviews, including where immediate assurances were required and have put in place actions in response, a full paper will be presented to the October meeting of the PSG providing thematic learning.

HIW Review Morriston Emergency Department (ED)

The PSG received the action plan developed to provide immediate assurance to HIW following their unannounced visits to Morriston ED. Progress against this plan will be reported via the following routes

- Monthly reports to the Patient Safety and Compliance Group
- Updates to professional forums and to the Executive Nurse and Medical Directors
- Quarterly reports to PSG

HIW Review of HMP Swansea

The PSG received the action plan developed in response to the HIW inspection of HMP Swansea. Progress against this plan will be reported to the Patient Safety and Compliance Group, however it was recognised that the PSG required further assurance on the actions, given that it is a plan delivered in partnership with another body. Reporting and scrutiny mechanisms will be reported back to the next meeting.

Service Group Alignment with Revised Quality and Safety Structures

Service groups reported how their quality and safety structures reflected those of the PSG.

Written reports were received from

- Mental Health and Learning Disabilities
- Morriston
- Neath Port Talbot Singleton

Primary Community and Therapies provided a verbal description with a written report to follow.

It was noted that the structures described provided assurance that service groups have reviewed their arrangements for quality and safety following the establishment of PSG.

Post meeting note: There is a Health Board wide task and finish group in place to review quality and safety structures within service groups which will report into Quality Management Board and the Quality and Safety Committee.

Revised Quality and Safety Process Framework

The revised Quality and Safety Process Framework (Appendix 2) was shared with the PSG for comment, noting that this will require further review following the launch on the Quality Strategy and its implementation plan. The framework will be adopted from 1st October 2022.

Quality Strategy Engagement

The draft Quality Strategy and engagement resources were shared.

Sub-Group Updates

Updates were received from the following groups:

Patient and Stakeholder Experience

- The group met on 6.9.22 and agreed its terms of reference. Reporting tools for service groups have been agreed and are being used.
- A focussed discussion on reporting PROMS took place which will be continued in the next meeting.

Patient Safety and Compliance Group

- The chair (CM) provided a written report of the September meeting, noting that
 - Terms of reference require approval
 - A detailed workplan is being developed to ensure that the agenda meeting the group's purpose and provides assurance to PSG
 - The group is aligning sub-groups and their reporting arrangements

Patient Outcomes and Clinical Effectiveness Group

- Copy of the Clinical Outcomes and Effectiveness Group report to Quality and Safety Committee received

Quality and Safety Priorities Programme Board

It was noted that the Programme Board was due to meet the following day and a full report on the progress against the priorities will be provided to the next Quality Management Board and Quality and Safety Committee.

Verbal updates on each of the priorities was given for information as follows:

- Suicide Prevention
 - Successful learning symposium event held on September 8th
 - Service groups asked to consider their priority areas for training
- Falls
 - Data quality issues due to Health Board. DATIX interface continue and these have been escalated to the All-Wales DATIX group
 - Several events planned for Falls Prevention week including 'Crime Scenes,' for falls risks and intergenerational work with a local primary school
- Sepsis
 - Service Groups required to develop actions in response to the point prevalence audit of patients with news scores of 3 or more, undertaken at the end of July
- Infection Control
 - Currently reporting directly to Management Board, however the PSG will receive these updates as part of future reporting against the Quality and Safety Priorities
- EOLC
 - NACEL audit is currently underway.
 - Service groups asked to promote EOLC training within their medical teams.

2.3 ITEMS FOR ASSURANCE

Safeguarding

Report received noting

- In preparation for the introduction of Liberty Protection Safeguards, the HB has received additional funding for training from Welsh Government. This funding has enabled additional Mental Capacity Act training, which target specific needs to be arranged with Swansea University Law lecturers.

Quality and Safety Informatics Group

The group is making good progress and a draft Quality and Safety dashboard was shared with the PSG.

3. GOVERNANCE AND RISK ISSUES

No items for escalation were identified within this meeting.

4. FINANCIAL IMPLICATIONS

None.

5. RECOMMENDATION

Members 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 Septembert 2022 Quality and Safety Committee October 2022	
Appendices	Appendix 1: Quality and Safety Structures Implementation Plan August 2022 Appendix 2: Quality and Safety Process Framework	

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.