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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



|  |   |                          |                                     |
|--|---|--------------------------|-------------------------------------|
| <b>Meeting Date</b>  | <b>27 September 2022</b>  | <b>Agenda Item</b>       | <b>4.3</b>                          |
| <b>Report Title</b>  | <b>Report of the Patient Safety Group August 2022</b>   |                          |                                     |
| <b>Report Author</b>   | Angharad Higgins, Interim Head of Quality and Safety  |                          |                                     |
| <b>Report Sponsor</b>  | Hazel Powell, Deputy Director of Nursing  |                          |                                     |
| <b>Presented by</b>  | Gareth Howells, Executive Director of Nursing, Co-chair Quality, Safety and Patient Services Group<br>Hazel Powell, Deputy Director of Nursing  |                          |                                     |
| <b>Freedom of Information</b>                                      | Open  |                          |                                     |
| <b>Purpose of the Report</b>                                       | This report provides a summary on behalf of the Chair of the Quality, Safety and Patient Services Group meeting on August 16 <sup>th</sup> 2022, noting any issues requiring escalation to the Quality Management Board.  |                          |                                     |
| <b>Key Issues</b>  | <ul style="list-style-type: none"> <li>• Terms of reference adopted</li> <li>• Learning from Trauma and Orthopaedic Summit shared</li> <li>• Update reports received from <ul style="list-style-type: none"> <li>- Quality and Safety Priorities</li> <li>- Safeguarding</li> <li>- Quality and Safety Informatics Group</li> </ul> </li> <li>• Communication campaign around patient safety planned for September 2022</li> </ul>  |                          |                                     |
| <b>Specific Action Required</b><br><i>(please choose one only)</i> | <b>Information</b>  | <b>Discussion</b>        | <b>Assurance</b>                    |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Recommendations</b>   | Members are asked to:<br><b>RECEIVE</b> the update report on the group's activity.<br><b>NOTE</b> that the Quality and Safety Priorities are on track and the progress against individual priorities.<br><b>NOTE</b> the risk to delivery of the Falls Prevention Quality Priority due to interface issues with the DATIX web system, previously reported with actions in the Quality and Safety Priorities paper to Quality Management Board, August 2022.<br><b>NOTE</b> the planned communication campaign focussing on Patient Safety for September 2022. |                          |                                     |

## **Patient Safety Group August 2022**

### **1. INTRODUCTION**

This report provides a Chair's update to the Quality Management Board on the Patient Safety Group meeting of August 16<sup>th</sup> 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 third meeting on August 16<sup>th</sup> 2022, with representation from each of the sub-groups.

#### **Terms of Reference**

It was noted that the terms of reference for the group had been approved by Management Board.

#### **Trauma and Orthopaedics Quality Summit Update**

An update on the quality summit was provided, noting that the summit was welcomed by the multi-disciplinary team as an opportunity to openly discuss the challenges faced by the service. The service was commended for work they have undertaken already to address quality issues, including the delivery of the Ward A action plan.

Key issues identified within the summit were

- Learning from Never Events to be shared through Quality Congress
- Improved proactive communication with patients regarding waiting times to be undertaken
- Positive engagement regarding infection prevention and control and falls prevention
- Ward based work to re-profile staffing to be undertaken

The service also highlighted some key successes

- Consultant of the week (Covers Board and Ward Rounds)
- Ambulatory Trauma Pathway NPTH
- Two New Trauma Consultants
- Fracture Clinic re location back to Morriston from NPTH – will improve efficiency
- Fracture NOF Business Case - extra six junior medical staff
- Full Level SHO Employment

Some improvements required

| Improvements identified   | Lead                         | Timescale and Reporting Mechanism   |
|---|------------------------------|---|
| Fractured Neck of Femur (NOF) patients not making ED to ward within 4 hours | Service Group<br>Triumverate | To be outlined in service group action plan and progress reported to Quality Management Board |
| Focus on HEIW feedback from June 2022                                       | Service Group<br>Triumverate | To be outlined in service group action plan and progress reported to Quality Management Board |

The outcome and actions from the summit will be led by the Morriston Service Group leadership team, with a follow-up summit to review progress to be held within 6 months. It was also noted that planned care board will re focus on scheduled care and some of the issues highlighted within the summit.

The quality summit model was considered to be an effective way of engaging with teams and for creating a forum to discuss quality of care openly. This model will be used in other clinical teams in future

### Sub-Group Updates

Updates were received from the following groups:

#### Patient and Stakeholder Experience

- The chair (HP) reported that the group has not met since the last meeting with the next meeting of this groups is planned for September 6<sup>th</sup> 2022, where there will be a focus session on patient experience and how this directs the work of the group.

#### Patient Safety and Compliance Group

- The chair (CM) reported that the group has not met since the last meeting and that a second meeting of this group is arranged for 17.8.22.

#### Patient Outcomes and Clinical Effectiveness Group

- The chair (RE) reported that the group has not met since the last meeting and that there were no new issues to report or escalate since the previous meeting.

#### Quality and Safety Priorities Programme Board

AH reported that due to not being quorate the August meeting of the Quality and Safety Priorities Programme Board had been cancelled, but the following updates were provided.

- Suicide Prevention
  - Training focussed around online provision and the Sharing Hope project gaining momentum across the Health Board. Workshops taking place within the main sites, Launch in Taliesin Centre in Swansea next month
- Falls
  - Inaugural Overarching Falls group meeting met on the 13<sup>th</sup> July. Helen Annandale will chair this group going forward with a handover period arrangement. PC&CT currently undertaking targeted work around falls training taking place within the service group and once data is confirmed they will move forward with appropriate falls training for various staff groups involved. Mental Health currently looking at work around falls audit assessment and the quality of assessments. Falls prevention week taking place in September across the Health Board and externally in terms of linking in with schools, raising falls awareness. Risk to escalate is the issue around Datix Data and dashboards not syncing, which affects targeted work and identifying hot-spots
- Sepsis
  - Currently waiting on All Wales Sepsis guidance. Work currently taking place to identify Sepsis leads within Service Groups and audits taking place around patients that scored NEWS score of 3.
- Infection Control
  - Reports directly into Management Board
- EOLC
  - NACEL work is currently underway but currently looking at EOLC Training, focussing on number of staff being trained and how this impacts the Service Group and where gaps are identified.

## **Items for assurance**

### **Safeguarding**

Report received, which noted

- Continuation of funding for IRIS within Primary Care
- Information Sharing Form developed for use in ED and MIU from 4<sup>th</sup> July 2022
- From 1<sup>st</sup> August, expanded Multi-Agency Rapid Response to Suicide meetings, which will now include Significant Suicide Attempts and sudden deaths in the under 25's.

### **Quality and Safety Informatics Group**

Update on progress provided by chair (HP). Next meeting 22<sup>nd</sup> August and further update on progress in developing mock-up dashboards to be reported in September PSG meeting.

## **Items for Decision**

### **A September of Quality and Safety**

The group were advised of a series of communication events planned for September, in line with World Patient Safety Day, Sepsis Day, Suicide Prevention Week and Falls Prevention Week. Members were asked to promote these initiatives within their services and teams.

### **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 a future meeting to explore this further.

### **4. FINANCIAL IMPLICATIONS**

None.

### **5. RECOMMENDATION**

Management Board 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 2.

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Governance and Assurance</b>  |   |                                     |
| <b>Link to Enabling Objectives (please choose)</b>   | <b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b> |                                     |
|  | 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"/>            |
|  | <b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>         |                                     |
|  | 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"/>            |
| <b>Health and Care Standards</b>   |   |                                     |
| <b>(please choose)</b>   | 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"/> |
| <b>Quality, Safety and Patient Experience</b>  |   |                                     |
| The Patient Services Group provides a clear and comprehensive structure for quality, safety and patient experience.  |   |                                     |
| <b>Financial Implications</b>  |   |                                     |
| Implication of long term administration requirement.   |   |                                     |
| <b>Legal Implications (including equality and diversity assessment)</b>  |   |                                     |
| Legal implications considered within individual reports, including Safeguarding.   |   |                                     |
| <b>Staffing Implications</b>   |   |                                     |
| Longer term administration requirement to support sub-groups.  |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>  |   |                                     |
| <ul style="list-style-type: none"> <li>○ <b>Long Term</b> - The group will consider quality planning in order to adopt a strategic approach to quality and improvement.</li> <li>○ <b>Collaboration</b> – The group seeks to share learning and improvement across the organisation</li> <li>○ <b>Involvement</b> - The Patient and Stakeholder Experience Group promotes involving and learning from those who use our services.</li> </ul> |   |                                     |
| <b>Report History</b>  | Quality Management Board August 2022<br>Quality and Safety Committee September 2022   |                                     |
| <b>Appendices</b>  | Appendix 1 PSG Annual Workplan<br>Appendix 2: Quality and Safety Structures Implementation Plan August 2022                     |                                     |

[illegible]

## Appendix 2: 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 <sup>th</sup>          | 1. Patient and Stakeholder Experience (PSE)<br>2. Patient Safety and Compliance (PSC)<br>3. Patient Outcomes and Clinical Effectiveness (POCE) | Initial meeting of sub-groups held   | 1. Inaugural meeting held 14.6.22<br>2. Inaugural meeting held 14.6.22<br>3. COEG terms of reference to be revised to reflect scope of POCE |
| June 21 <sup>st</sup>               | 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 <sup>th</sup>       | PSG  | Development and presentation of Service Groups' Annual Quality Plans to QSPSG. |   |
| (by) February 28 <sup>th</sup> 2023 | PSG  | Interim Review of Terms of Reference   | Timescale amended to 6 months from adoption.  |