



Quality and Safety Group Key Issues Report	
The purpose of this report is to provide an overview of the matters identified by Quality and Safety Group to be brought to the attention of the Quality and Safety Committee and Management Board following discussions at the last Group meeting	
Date of Report:	Report of 11.2.25
Date of Meeting:	14.1.25 12 members present, 1 associate member present, 15 others present. Quoracy met (chair and four service groups)
Group/Committee Chair	Deputy Executive Medical Director
Report Submitted by	Head of Quality and Safety
Report Sponsored by	Interim Deputy Director of Nursing and Patient Experience
1.	Agenda
The Quality and Safety Group meets monthly. Agenda for February meeting included as Appendix 1 (full papers available on request) :	
2.	Alert
The Quality and Safety Group (QSG) wish to alert members of the Quality and Safety Committee (QSC) and Management Board that:	
<ul style="list-style-type: none"> <li>- The Joint Commissioning Committee reported improvements in the following SBUHB services, Burns and Plastics and Wales Fertility Institute (WFI) who have been de-escalated entirely</li> <li>- There is a group established to improve the safety culture within Theatres and the Chair of QSG is escalating concerns regarding adherence with Local Safety Standards for Invasive Procedures (LoCSSIPs) to the Executive Medical Director,</li> <li>- With regarding to Infection Prevention and Control despite significant efforts, the health board is still failing to achieve the de-escalation criteria for key infections. Full report attached as Appendix 2.</li> <li>- QSG did not receive an update on the health position with regard to ligature risk assessments and has requested that this be presented to the April meeting.</li> </ul>	
3.	Awareness
The QSG wish to advise members of the QSC and Management Board the meeting reports to that:	
<ul style="list-style-type: none"> <li>- The Quality Strategy Impact Assessment was accepted</li> <li>- One quadrant of the Quality Dashboard (Patient Safety) is now live and on the Quality, Safety and Improvement intranet page</li> </ul>	



		<ul style="list-style-type: none"> <li>- The revised Patient Identification Policy was approved</li> <li>- No new Never Events have been reported in the period</li> </ul>
4.	Assurance	<p>The QSG wish to assure members of the QSC and Management Board that:</p> <ul style="list-style-type: none"> <li>- Morriston Service Group presented on their overarching action plan addressing the findings of internal and external reviews. There is one outstanding action from the Health Inspectorate Wales (HIW) review in September 2022 that is expected to be completed before next meeting. Ongoing actions and implementations of recommendations from NHS Execs (June 2024) and Getting it Right First Time (GIRFT) recommendations (July 2024) were noted.</li> <li>- Service groups' quality and safety structures have been reviewed and Morriston, Mental Health and Learning Disabilities and Primary Care Community and Therapies' structures aligned with the corporate structures.</li> </ul> <p><i>Post-meeting note: Neath Port Talbot Singleton service group have submitted their revised structures and these now align with the corporate structures</i></p>
5.	Review of Risks	<ul style="list-style-type: none"> <li>• Risk noted by the Patient Safety and Compliance Group regarding the resource required to complete Subject Access Requests.</li> </ul>
6.	Sharing of Learning	<ul style="list-style-type: none"> <li>• Thematic learning from the 2022 corporate assurance audits shared</li> </ul>
7.	Actions to be consider by the Quality and Safety Committee/ Management Board	<ul style="list-style-type: none"> <li>• QSC and Management Board are asked to <b>note</b> the progress against the Quality Priorities included in Appendix 3.</li> </ul>

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