

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 meeting	
Date of Report:	23 <sup>rd</sup> September 2025
Date of Meeting:	9 <sup>th</sup> September 2025
Group/Committee Chair	Interim Deputy Executive Director of Nursing and Patient Experience  <b>Quoracy:</b> the group was not quorate due to only two Group Nurse Directors being present for the beginning of the meeting and no other Group Nurse of Medical Directors attending, approval of papers was undertaken outside of the meeting.
Report Submitted by	Head of Quality and Safety
Report Sponsored by	Executive Director of Nursing and Patient Experience (EDON)
1.	Agenda
	The Quality and Safety Group meets monthly. Agenda for September meeting included as Appendix 1 (full papers available on request) <b>please note this is a PDF version of the agenda, embedded papers can be requested separately.</b>
2.	Alert
	<b>Service Group Quality Assurance Audits</b> the Patient Safety and Compliance group escalated that service groups are not undertaking unannounced assurance audits, which is a requirement of our Quality and Safety Framework and received limited assurance within a 2024 Internal Audit review. The EDON will write to each service group Nurse and Medical Directors to reiterate the requirement that assurance audits are undertaken regularly at service group and corporate level. <b>Complaints Performance</b> Morriston service group escalated that whilst their levels of productivity in relation to complaints had increased, the number of complaints received had also increased leading to challenges in providing timely responses. <b>Organisational Response to Suicide and Self-Harm</b> (Appendix 2) a draft organisational process for responding to incidents of suicide and self-harm in non-mental health premises was shared for approval. This paper will be presented to Management Board for approval. <b>Local Safety Standards for Invasive Procedures (LocSSIPs)</b> service groups did not provide assurance that they had up to date LocSSIPs in place for each area and therefore have been asked to complete an assurance template for the October meeting. <b>Court of Protection</b> the Patient Safety and Compliance group escalated pressure on providing timely support and information for such cases within existing resources. A business case has been developed for additional support.

		<p><b>Clinical Outcomes and Effectiveness Group (COEG)</b>  There are 10 National Institute for Health and Care Excellence/ (NICE) Health Technology Wales (HTW) outstanding guidance across the organisation. Service groups have been asked to provide assurance of compliance by 30<sup>th</sup> September 2025.</p>
3.	Awareness	<p><b>Patient story: Burns and Plastics</b> a patient story was shared outlining the learning and changes in practice within the Burns and Plastics service following a serious incident. A series of changes have been implemented following the incident including piloting a pathway across Plastics and Mental Health services.</p> <p><b>Review of Deaths within the Emergency Department</b> a review of the deaths within the Emergency Department was presented The review made the following recommendations which are being taken forward through the End of Life Care Steering Group.</p> <ul style="list-style-type: none"> <li>• The need to improve communication with Primary Care to ensure discharge summaries clearly outline prognosis and escalation plans.</li> <li>• To embed the framework of Care Decisions Guidance across hospital sites (already included in matrons' monthly audits)</li> <li>• To advance treatment escalation planning</li> <li>• To continue to evaluate the impact of Anglesey Ward and related initiatives</li> </ul> <p><b>Thematic review of Co-occurring Mental Health and Substance Misuse Issues</b> a paper was received from Mental Health and Learning Disabilities outlining the services in place for people with co-occurring mental health and substance misuse issues. An integrated pathway and joint operational policy is under development for presentation to the Regional Partnership Board in October 2025.</p> <p><b>National Quality Outcomes Framework Measures</b> (Appendix 3) shared for information. These will be integrated into our performance reporting and as part of our Always On reporting arrangements.</p> <p><b>Quality Improvement Capacity</b> training continues to be delivered across the organisation to increase capacity and skills in quality improvement.</p> <p><b>Lymphedema Service</b> quarterly report received.</p> <p><b>Major Trauma Network</b> quarterly report received advising that the Trauma Audit and research Network database is now operational following a two year period where data was not available following a cyber attack.</p>
4.	Assurance	<p><b>Burns Network Review Visit</b> the group were assured that a recent external peer review visit to the Burns and Plastics service had received positive feedback. Three concerns were raised during the visit, namely</p>

		<ul style="list-style-type: none"> <li>• Paediatric Burns Nursing Capacity: Succession planning in place, training packages developed for referral nurses, band 5 trainee nurse recruited under annex 21 to replace retiring band 6 staff.</li> <li>• Psychological Provision (current provision does not meet the recommended 2 WTE standard) – recruitment underway</li> <li>• Thermally controlled cubicles unavailable for over 15 years – plans to revisit issue if funding becomes available.</li> </ul> <p><b>More Than just Words Annual Report</b> (Appendix 4) this report was received for approval and has subsequently been presented to Quality and Safety Committee and is due to be presented to Board on 25<sup>th</sup> September 2025.</p>
5.	Review of Risks	<p><b>Risk Register</b> report from July Quality and safety committee shared. The Quality and Safety Committee is currently overseeing 10 strategic risks</p> <ul style="list-style-type: none"> <li>• The loss of pathology services risk (previously framed as service loss risk) is now classified as a financial risk, reflecting the potential need for an extension of the existing licence if service delivery timelines are not met.</li> <li>• This change acknowledges mitigation efforts and the evolving nature of the threat.</li> <li>• Access to Systemic Anti-Cancer Therapy (SACT) has been newly added as a risk. This focuses on delays in access to SACT which could impact patient outcomes. Risk to be reviewed again in Quarter 2 as more performance data becomes available.</li> <li>• Risks continue to be actively monitored and updated in line with organisational developments.</li> </ul>
6.	Sharing Learning of	<p><b>Never Events</b> there are two never events under investigation. Learning from these include</p> <ul style="list-style-type: none"> <li>• The need to strengthen pre-procedure checks</li> <li>• Staff training and awareness</li> <li>• Audit and monitoring</li> <li>• The need to improve communication protocols</li> </ul>
7.	Actions to be consider by the Quality and Safety Committee/ Management Board	<p>QSC and Management Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the More Than Just Words report</li> <li>• <b>Approve</b> the organisational process for responding to incidents of suicide and self-harm in non-mental health premises</li> <li>• <b>Note</b> the national quality outcome measures</li> </ul>