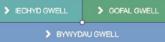


Neath Port Talbot & Singleton Service Group Quality, Safety & Risk Group Additional meeting – 26th January 2023, 9:30am /Via Microsoft Teams MINUTES

Item No:	Topic	Action
	PART 1. PRELIMINARY MATTERS	
1.1	Present Amy Jayham, Head of Transformation and Improvement - Pharmacy (AJ) Catherine Harris, Deputy Head of Maternity (CH) Dougie Russell, Group Medical Director (DR) - CHAIR Jayne Hopkins, Head of Quality, Safety & Risk (JH) Judith Vincent, Division Manager - Pharmacy (JV) Deputy Head of Nursing - Cancer Services Lisa Graham, Deputy Head of Nursing - Medicine (LG) Rebecca Nix, Quality Implementation Manager - CD&T (RN) Rhodri Davies, Divisional Manager - CD&T (RD) Sharron Price, Head of Nursing - Adult Services (SP) Vicki Burridge, Head of Nursing - Children & Young People (VB)	
	Present PA to Group Nurse Director – Note Taker Bethan Phillips, Clinical Lead – Nutrition & Dietetics (BP) Ceri Gimblett, Associate Service Director – Cancer Services (CG) Chris Hudson, Consultant Physician and Clinical Director – Medicine (CH) HR Business Partner Elaine Lewis, Deputy Division Manager – Hospital Operations, Singleton (EL) Fiona Hughes, Associate Service Group Director (FH) Consultant Nurse - Minor Injury Unit Martin Bevan, Group Medical Director (MB) Pharmacy Manager HR Business Partner Kate Bannister, Lead Midwife - Quality, Safety and Risk (KB) Lesley Jenkins, Group Nurse Director (LJ) Melanie Collins, Division Manager – Hospital Operations, Singleton (MC)	









	Quality Manager – WFI
	Pharmacy Manager
	Susan Jones, Division Manager – Hospital Operations, NPT (SuJ)
	Tina Taylor-Wood, Deputy Head of Nursing – Medicine (TTW)
	Tind Taylor-Wood, Deputy Fledd of Warsing – Wedleine (TTW)
1.2	Agree minutes of the previous meeting – 13/12/22
	The minutes were agreed as an accurate relfection of the meeting
1.3	Note the action log
	The action log was reviewed and updated
	LG confirmed WH&O IPC meeting are going ahead- have extended invite list with
	a lot more representation.
1.4	Approve proposed realignment of Quality & Safety Structure paper
	SP gave an overview of the attached paper, reporting that there has been a
	directive from the Executive Team that Service Groups need to implement the new
	Quality & Safety structure to mirror the corporate structure. SP noted there have
	been discussions at a senior level regarding the amount of meetings and reports
	and it was acknowledged that the new structure will increase this requirement. It
	was confirmed that the Service Groups structure will be a 5-week rolling
	programme, and whilst there will be separate reports for the sub-groups, there is a
	plan that these can be copied and pasted for the QSR report. DR requested that
	there was 'tight' exception reporting from divisions not to extend the meeting over 2 hours.
	The following forums were confirmed as being part of the new Q&S structure:
	Patient & Stakeholder Experience
	Patient & Glakeriolder Experience Patient Safety & Compliance
	Quality Priorities – currently 5 quality priorities but anticipating that more will
	be added next year
	Clinical Outcomes & Effectiveness
	Infection, Prevention & Control
	The suggested frequency and dates for rolling programme were noted in the
	attached PowerPoint in the paper.
	Members of the group were requested to review the Terms of Reference of the sub
	groups and send comments to IR for final approval at February's meeting.
	PART 2. PRESENTATION
	PART 3. RISK AND ASSURANCE
3.1	Maternity External governance review & action plan [Deferred from December 22
	meeting]
	CH reported that the attached action plan had been to Management Board and
	Quality & Safety Committee, updating that in August the Maternity & Neonatal
	network came to complete an external review of maternity services governance
	processes. Whilst the overall visit was positive there was some learning. CH
	confirmed that going forward an MDT maternity strategy meeting will be set up to



	review progress against this action plan and action plans from previous/future visits.	
	PART 4. PATIENT OUTCOMES AND CLINICAL EFFECTIVENESS	
	No agenda items	
	PART 5. PATIENT SAFETY AND COMPLIANCE	
	No agenda items	
	PART 6. PATIENT AND STAKEHOLDER EXPERIENCE	
	No agenda items	
	PART 7. QUALITY PRIORITIES	
	No agenda items	
	PART 8. DEEP DIVE AREAS	
8.1	Ward 3 Quality Assurance Framework audit Actions SP noted the attached action plan, noting that all actions had been completed. The Group agreed closure of the action plan.	
	PART 9. DIVISIONAL EXCEPTION REPORTS	
	No agenda items – not required as additional meeting	
	PART 10. CLOSING MATTERS	
10.1	Any Other Business	
	VB reported that HIW visited the Paediatric department last week, there were no immediate actions from HIW and the report is expected to be received in February.	
	Quality Management System presentation	
	Ombudsman Public Interest Report – C&V HB	
	Date of next meeting: TBC new structure 2023	





