

Summary Notes – Thursday 28 October 2021

Tracy Hogarty has kindly agreed to take one of the Deputy Chair roles, thank you for your commitment, Tracy.

Key notes from the meeting:

- The membership of the medicines management committee has been revamped and a meeting is planned for the new group in the near future.
- A new chair is required for the Mortality Review Committee
- We discussed the need for a clear suite of mandatory training to be put in place for SMOs and a work stream is under way to achieve.
- We welcomed Carol Atmore as a member of Clinical Council. Carol is the Clinical Director of WellSouth. We discussed how we can strive to improve clinical governance across the whole system. Including, the Chair of the Council sitting on the WellSouth Clinical Governance Committee and connections across system focus groups to be utilized.
- We had presentations on a Ward Round Safety Checklist and a proposal for Nursing Leadership Safety and Quality Walkabout Document. We had lively discussion to help shape both of these projects going forward which centred around the value of broadening rounds to include other professions, as an interprofessional team approach would enable a whole-of-team engagement. We acknowledged the focus of the Council on patient safety and felt both these processes would contribute to this aim.
- Nigel Millar gave us a farewell talk around safety culture and we took the opportunity to thank Nigel for all of his excellent work in this space during his time with the DHB. Good luck Nigel in the next phase of your career.
- Hywel Lloyd updated us on the whole of system endemic COVID planning. This provided us with assurance that the DHB was preparing for the inevitable spread of COVID to our region and importantly, was aiming to maintain the delivery of as much patient care as practical by working flexibly and utilizing technology for secondary care. Where possible the philosophy is to maintain patients care within the community/primary care setting. It was noted that staff wellbeing could become an issue.
- We also discussed the Health and Quality Safety Commission Consumer Engagement Report. A number of departments have been assessed and of particular note is the excellent work by Rheumatology in this space. We acknowledge that as a DHB we have work to do in this space.
- We focused on the Health Round Table data relating to hospital acquired infection. We used this a basis to look at how our infectious diseases and infection prevention and control resource was organized and the complexity of their role. We discussed the footprint of the current service and the council supportive a review of this important element of patient safety provision.