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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Agenda Item	2.2 (iii)
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Freedom of Information Status	Open
Reporting Committee	Quality and Safety Committee
Author	Leah Joseph, Corporate Governance Officer
Chaired by	Steve Spill, Vice Chair
Lead Executive Director (s)	Gareth Howells, Interim Director of Nursing and Patient Experience
Date of last meeting	23 November 2021

Summary of key matters considered by the committee and any related decisions made:

Patient Story: Jordan's Story - A story was received which set out Jordan's experience following his admission to Morriston Hospital for a suspected appendicitis. His overall length of stay was two weeks and in this time he found the food 'disgusting' and requested that the menu be reviewed. He provided positive feedback on the care he received from the team on the children's ward, and was grateful that staff did not inform him that he had sepsis as it would have frightened him.

Service Group Highlight Report: Neath Port Talbot Hospital and Singleton Hospital Service Group (NPTSSG)

A significant amount of work has been undertaken to revise the quality governance framework and reporting arrangements for seven new service divisions. The risks are reflective of the pressures, including workforce challenges due to unplanned staff absence resulting from COVID-19 related sickness, shielding and self-isolation. There were 26 confirmed Serious Incidents under investigation. This was an improved position since April 2021 when the Service Group reported 47 under investigation. There were no Never Events reported by the Service Group in the reporting period and the last date the former Delivery Units reported a Never Event was 8th March 2018. Following the joint inspection of child protection arrangements in June 2021, feedback from the audit identified robust safeguarding processes observed in the Minor Injuries Unit, with innovative practice developments and a strong learning culture. There was positive use of the Child Sexual Exploitation (CSE) risk questionnaire screening tool to support early identification of CSE, and appropriate referrals were made where required. The Service Group was proud that a number of teams and staff have been successful in national awards.

Matters raised by members:

- *Workforce risks in maternity and haematology*
- *Yellow band initiative*
- *Upsurge of child and adolescent mental health service (CAMHS) patients*
- *Ambulance to minor injuries handovers*
- *Compliance against the sonographer scanning for gap and grow*

Key risks and issues/matters of concern of which the board needs to be made aware:

Infection Prevention and Control Report (IPC)

Swansea Bay University Health Board (SBUHB) continued to have the highest incidence of infection for the majority of the tier 1 key infections. Further analysis was undertaken to show comparisons with other Welsh acute Health Boards. In October, there had been continuing and new localised outbreaks of COVID-19 in Morriston Hospital, Dan-y-Deri and Ward F at Neath Port Talbot Hospital. Progress continued to strengthen the governance of decontamination processes across SBUHB. A framework for decontamination training has been approved through the Decontamination Quality Priority Group. SBUHB has appointed into the Band 6 decontamination co-ordinator post, funded through quality priorities and the appointee will commence in post from 14th November 2021. The business case to expand the immunisation team is under consideration currently. The IPC team has been affected, and would continue to be affected further by vacancies within the team. There's a current 75-hour vacancy, a further 37.5-hour vacancy in November 2021, and 12-month maternity leave, which would come into effect in December 2021. At the end of January 2022, there will be an additional 37.5-hour vacancy. The Assistant Director of Nursing for Quality and Safety, is pursuing funding to cover maternity leave, with some additional short-term support for the team. However, these changes will result in a reduction in cover for the current 7-day service, whilst new and inexperienced staff gain experience, skills and competence. There would be a significant loss of senior, experienced IPC nurses and there's not a large pool of qualified and experienced IPC nurses nationally.

Matters raised by members:

- *IPC workforce challenges*
- *Lack of decanting facilities*
- *'Bare beneath the elbow' compliance levels*

Ophthalmology

An update report was received for assurance. The paediatrics backlog is reducing and will be reliant on resuming normal clinic activity numbers or additional clinics. The glaucoma backlog has plateaued, however initiative work was due to begin in November 2022. Consultant Connect established to assist referrals queries from optometric practices to rapid access eye clinic and Diabetic retina services. Over the last 12 months, three Serious Incidents have been reported in Ophthalmology, resulting in a loss of lines of sight. All incidents have been investigated and corrective action plans put in place to prevent further occurrence.

Health Board response to the Community Health Council (CHC) surrounding elective orthopaedic surgery

A report was received for assurance. The orthopaedics waiting list has grown exponentially, and the list size over 52 weeks is significant. This is an issue for all Health Boards, and SBUHB is not an outlier. The time patients are spending on waiting lists is impacting their mental health, and access has been a real issue for individuals. The service group has considered how communication is delivered, ensuring robust validation is taking place and engaging co-productively with patients to manage expectations. Patients are now being asked whether they wish to remain on the waiting list, and whether their circumstances have changes. The CHC report has been taken seriously by the service group and a report is being presented to the Quality and Safety Governance Group surrounding correspondence to patients.

Matters raised by members:

- *Funding from Welsh Government for rehabilitation to optimize patients on the waiting lists*

- *Patient access to exercise programmes and dietary advice to support initiatives*
- *Pastoral support from the Red Cross has been funded by Welsh Government*
- *Validation pre-assessment output and input*

Delegated action by the committee:

None taken.

Main sources of information received:

Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, theatre utilisation, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Matters raised by members:

- *Theatre utilisation when operations are cancelled*
- *Care home beds to improve the system of handling clinical optimised patients*
- *Serious Incident closure data*
- *Health Board's zero tolerance for four-hour emergency department waits*

Patient Experience Report was received for assurance. This report is received bi-monthly.

Matters raised by members:

- *Communication to patients*
- *Vaccine booking line*
- *Elements of communication causing patient issues*
- *Prison death serious incident reporting mechanism*

Controlled drug governance and assurance progress report

A report was received for assurance. Service Groups have undertaken significant work to strengthen controlled drugs governance through an agreed three-phased approach. When viewed within the context of the continuing COVID-19 pandemic and associated service pressures, progress made to date is encouraging. The document was a live document and would be updated as plans evolve.

Matters raised by members:

- *Financial options to strengthen controlled drug governance across SBUHB*

Ward to Board Dashboard

A report was received for assurance which highlighted that a task and finish group would commence in January 2022, with new Terms of Reference, which would include monthly progress reports into Quality and Safety Governance Group and quarterly to the Quality & Safety Committee. Quality Assurance Framework reviews to take place on the dashboard so that assurance can be gained from the dashboard.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) key issues report

The substantive report was received for assurance. The last QSGG meeting took place on 2nd November 2021. At Morriston Hospital, avoidable harm to patients as a consequence of excessive access waiting times across all categories of patient had a current local risk score 25. Mitigating actions have been taken which included increased clinical engagement across

all areas, to ensure patients are being managed across the appropriate pathway. Actions have been taken to manage the nursing deficit at Morriston Hospital which includes daily nurse staffing meetings to review staffing across all areas of Morriston Service Group. The new Head of Quality and Safety in Primary Care commenced post on 15th November 2021. There has been a reduction in the closure of Serious Incidents in Mental Health and Learning Disabilities with an improvement of 43 closures since July to October 2021. The quality priorities workshop took place on 20th October 2021 which was well attended, and a scrutiny panel has been scheduled for 24th November 2021 which an Independent Member will attend.

Matters raised by members:

- *Serious Incident learning to be shared across the organisation*

Clinical Ethics Group key issues report was received for noting.

Matters referred to other committees:

None identified.

Date of next meeting

21 December 2021



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Date of last meeting	21 December 2021

Summary of key matters considered by the committee and any related decisions made:

Patient Story: *Physio Works*

A story was received which set out the experience of a gentleman who had struggled to walk for short periods of time and had begun classing himself as an 'invalid'. He began physiotherapy sessions that encouraged him to exercise between parallel bars, which transformed his physicality. He became able to walk unaided in the daylight and was supported by the physiotherapy team throughout the process.

Service Group Highlight Report: Primary, Community and Therapies Group (PCTG)

The highlight report was received for noting. Virtual access to some services continues, but there are access issues and increasing waiting lists e.g. paediatric speech and language therapy. Creating sustainable primary and community services remains a key focus for the PCTG. Gorseinon Community Hospital achieved tier one target figures between September and November 2021 with zero incidences of C.Difficile, Staph Aureus, Pseudomonas, Klebsiella which was positive. Year-on-year comparison data for primary care shows improvement in C.Difficile cases, with the Welsh Government 15% reduction target likely to be achieved this year compared with 2020/21. Year-on-year comparison data highlights a 28% increase in E.coli cases in primary care, with over half of the reported cases with a urinary tract link. This is a focus to ensure PCTG develops targeted urinary tract infection prevention campaigns which would include education for correct sampling, hydration and prescribing. Dedicated infection, prevention and control support for PCTG is ongoing with direct links with the infection control nurses to help improve tier 1 targets, with particular focus on community acquired C.difficile incidents and increased e-coli cases. School immunisation campaigns and catch up programmes continue, however work was significantly hindered by COVID-19 related school year closures and absences, however the school nursing team continue to achieve good vaccination rates.

Matters raised by members:

- *Making every contact count, smoking cessation and weight management*
- *Lessons learned from Gorseinon Community Hospital*

- *Physiotherapy currently an outlier in respect of feedback*
- *School immunisations*

Key risks and issues/matters of concern of which the board needs to be made aware:

Infection Prevention and Control Report (IPC)

The substantive report was received for assurance. There are currently eight ongoing COVID-19 outbreaks across hospital sites; 50% of staff have received their influenza vaccination. A significantly increased incidence of glycopeptide resistant enterococcus faecium had been identified in Morriston Hospital's three trauma and orthopaedic wards over a period of months. Morriston Hospital have undertaken further investigations with support from Public Health Wales Consultant Microbiology, Healthcare Epidemiology colleagues and IPC team. The investigation will be multi-disciplinary and will involve a retrospective and ongoing review of laboratory results to establish potential case numbers, a clinical review of cases of infection, review of the use of vancomycin in orthopaedic surgical practices, review of practices and the environment.

Matters raised by members:

- *IPC staffing gaps and Assistant Director of IPC role*
- *Basic IPC controls e.g. hand hygiene and hand washing before and after meals*
- *Staff wearing uniforms outside of the workplace prior or after a shift*

External review of the children's community nursing service

A report was received for assurance. Following a public report, it was highlighted that there was lack of clear team governance structures with concerns being managed internally with no robust consistent process in place. There was limited evidence of the team working in partnership with families. The culture of care was identified as being complex with what appeared to be an inflexible leadership style. A robust action plan was now in place and the most recent children's community health care meeting took place on 21st December 2021. Some actions were identified throughout the review and have since been completed. There are a number of actions scheduled for December 2021 that have commenced.

Matters raised by members:

- *Datix reporting and recording informal concerns*
- *Sharing the lessons learned to our services*
- *Anonymity for families when requested*

Maternity Service Risk Report

A report was received detailing 11 risks with a score of 20 and how the risks were being mitigated and managed. These included critical staffing levels, screening for fetal growth assessment in line with Gap/Grow, lack of central monitoring on labour wards, 'red flag' events and dedicated team for a second theatre should an emergency arise.

Matters raised by members:

- *Vaccination messaging for pregnant women;*
- *Training opportunities at Health Education Improvement Wales*

Delegated action by the committee:

None taken.

Main sources of information received:

Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, theatre utilisation, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Matters raised by members:

- *Clinically optimised patients*

Health Board Risk Register was received for assurance. This report is received bi-monthly.

Matters raised by members:

- *Risk 67 radiotherapy decreased to 15*
- *The process for Executive Directors to either increase or decrease the risk score*

Public Health Service Ombudsman Public Report following a complaint within upper GI services

A verbal update was provided by the Medical Director.

Substance misuse

A verbal update was provided by the Director of Public Health. There are four areas of concern and work is ongoing, and not yet completed to mitigate the issues. A substantive report is scheduled for March 2022.

Lymphoedema Network Wales Bi-Annual Report

A report was received for noting.

Welsh Health Circular quality and safety framework

A verbal update was provided by the Head of Quality and Safety for noting.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) key issues report

The substantive report was received for assurance. The last QSGG meeting took place on 10th December 2021.

Matters raised by members:

- *Doctor for Safeguarding vacancy*

Matters referred to other committees:

None identified.

Date of next meeting

25 January 2022