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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



	Agenda Item	2.5 (ii)
<b>Freedom of Information Status</b>	Open	
<b>Reporting Committee</b>	Quality and Safety Committee	
<b>Author</b>	Leah Joseph, Corporate Governance Manager	
<b>Chaired by</b>	Steve Spill, Vice Chair	
<b>Lead Executive Director (s)</b>	Gareth Howells, Interim Director of Nursing and Patient Experience	
<b>Date of last meeting</b>	24 May 2022	

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

##### **Patient Story: JOURNEY THROUGH INTENSIVE THERAPY UNIT DURING COVID-19 AND LESSONS LEARNED**

A story was received which set out the experience of a 68 year-old gentleman who was admitted to the intensive therapy unit (ITU) from Cyril Evans ward following a peri arrest call. Following his admission to ITU and intubation, the patient tested positive for COVID-19 and remained in ITU for 92 days in multi-organ failure. Whilst he was treated on the ward, the patient needed to be rolled into the prone position using gliding sheets. The patient was often on his front for 16 hours per day which increased pressure ulcers on the lips, head and nose. The patient has since recovered and was discharged from Morriston Hospital in January 2021. Good quality improvements had been made including follow-up physiotherapy clinics, checklists to prone and de-prone patients and checklists to review pressure ulcers.

##### **Service Group Highlight Report: Morriston Hospital**

A report was received which highlighted key issues prevalent for Morriston Hospital which detailed focus remaining on emergency and urgent patient flow, planned care recovery, delayed transfer of care in clinically optimised patients, infection, prevention and control and patient experience. Emergency and urgent patient flow has a risk score of 25. Risks related to avoidable harm due to lack of capacity in the Emergency Department (ED), overcrowding in ED resulting in increased mortality and morbidity, and challenges to support Welsh Ambulance Service Trust to offload patients. Footfall at ED has increased which affects patient's accessing planned care. Red and blue pathways remain in place to manage COVID-19 patient. Access to cancer services has a risk score of 20. There is insufficient bed capacity and theatre capacity at Morriston Hospital. Delayed transfer of clinically optimised patients has a risk score of 20. Risks relate to avoidable harm as a result of patient placement within an inappropriate healthcare setting. Infection, prevention and control (IPC) has a risk score of 20. The internal IPC improvement plan has been approved. Many of the actions are ambitious, however antimicrobial prescribing has reduced by 70% since September 2021. The first IPC internal meetings had taken place and were maturing at pace. A communications programme for IPC was in development to share messages across sites along with virtual boards for patients, relatives and staff. Patient experience feedback was generally good. The site has begun to

demonstrate 'you said, we did' culture and this work was ongoing. Safe care was a focus for Health and Care Standards to enable a higher score in the self-assessment process next year. Two areas within quality priorities were being focused on: IPC processes; and recognition of acute deteriorating patients. Healthcare Inspectorate Wales (HIW) undertook an in-person inspection on 25<sup>th</sup> May 2022 and the feedback was awaited.

Matters raised by members:

- *Lateness of papers was not acceptable as committee members needs an opportunity to scrutinise reports ahead of meetings;*
- *Patient Reported Outcome Measures;*
- *Operations cancelled at short notice and impact on patient experience;*
- *Basic standard of patients handwashing before meals;*
- *Manually closing incidents by end of June 2022;*
- *Clinically optimised patients and partnership working;*
- *Ward infection prevention and control plans.*

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

None highlighted.

#### **Delegated action by the committee:**

**Quality and Safety Committee Terms of Reference** were approved.

#### **Main sources of information received:**

##### **Performance Report**

The substantive 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:

- *Future development of the report to include protections/ trajectories;*
- *30-day response rate to closing complaints;*
- *Decreased mortality reviews.*

##### **Patient Experience Report**

The bi-monthly report was received for assurance. Patient experience feedback decreased by 1% in April 2022 compared to March 2022. 3,133 friends and family feedback survey returns were received (89%). 41 compliments and 162 complaints were recorded in April 2022. There was a reduction in complaints in comparison to 194 in March 2022. No never events were confirmed or closed. The Health Board Risk Register for April 2022 contained 39 risks, of which 21 have risk scores at, or above SBUHB's current appetite of 20. Four of these have risk scores of 25.

Matters raised by members:

- *Report restructure to include triangulation, trends, narrative, what looks good and ultimately the ability to drive down to ward level over time;*
- *Communication strategy;*
- *Readmissions be included in future performance reports.*

## **Clinical Outcomes and effectiveness update including clinical audit and mortality**

A report was received for assurance. In 2021, the clinical audit and effectiveness policy was revised to introduce a hierarchy of priorities for audit activities. The approach had been introduced for the new audit year. Audits have taken place based on either Health Board, service group or directorate issues or trends. The next steps would be to manage the recommendations following the audits and ensure lessons learned.

### **External Inspections**

The ad-hoc report was received for assurance which detailed that two inspections had recently concluded in directly managed services at Dan Y Deri and Tawe Clinic and Cefn Coed Hospital. SBUHB submitted an immediate assurance plan in respect of Dan Y Deri and awaits the draft report and wider improvement recommendations. An improvement plan was submitted for Tawe Clinic in response to a draft report, and its acceptance and finalisation of that report are awaited. The HIW review of healthcare provision within HMP Swansea is ongoing.

### **Controlled Drug Governance and Assurance**

The six-monthly report was received for assurance. A three-phased approach was in place to provide a flexible and practical structure via which service groups could make improvements. All phases are either in the 'booked' or 'completed' stage. An NHS Management Trainee was assigned to this design and produce an education package to support controlled drugs management on wards. It was envisaged that this will be piloted in collaboration with Morriston Hospital in the first instance. Internal Audit published their findings following a review of controlled drug governance which was received at February's Quality and Safety Committee.

### **Health Board response following the Community Health Council (CHC) review of NHS Dental Services**

The report was received for noting. In discussing the item, the Dental Director advised that the patient facing draft response to the CHC was due to be signed off for external publishing. The Board to Board meeting on 18<sup>th</sup> May 2022 with CHC gave an opportunity for the report to be discussed in detail. The contact reform programme (CRP) had enabled 30k additional new patients and slots. There has been a 90% uptake from practices choosing the amended contract. The new response enables more of the population would have access to dental treatment. Karl Bishop was due to meet the Head of Communications to discuss messaging with Primary Care and Therapies Service (PCTS). 60% of SBUHB's population and 70% of children seek regular dental treatment.

Matters raised by members:

- *Collating feedback and national satisfaction questionnaire;*
- *Extension of the referral management centre service from 5-day to a 7-day service.*

**WHSSC Quality Patient Safety Chairs Report** was received for noting.

## **Highlights from sub-groups reporting into this committee:**

### **Quality and Safety of Patient Services Group**

The report was received for assurance. Quality and Safety Governance Group met for the final time on 3<sup>rd</sup> May 2022. The new group has been titled Quality and Safety of Patient Services Group (QSPSG). Neath Port Talbot Singleton Service Group's Children and Young People's Services reported successful recruitment of a named Doctor for Safeguarding. Quality improvement team to support service groups to strengthen the quality improvement position;

Matters raised by members:

- Governance reporting mechanism into QSPSG and Quality and Safety Committee;
- Service group quality and safety meetings remain ongoing;

#### **Matters referred to other committees:**

The controlled drug governance final internal audit report be referred to Audit Committee to review assurance framework development.

#### **Date of next meeting**

28 June 2022