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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Agenda Item	2.5 (ii)
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Freedom of Information Status	Open
Reporting Committee	Quality and Safety Committee
Author	Leah Joseph, Corporate Governance Manager
Chaired by	Steve Spill, Vice Chair
Lead Executive Director (s)	Gareth Howells, Interim Director of Nursing and Patient Experience
Date of last meeting	28 June 2022

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

Patient Story: Mike's Story

A story was received which set out the experience of a veteran who had accessed the Veteran's NHS Wales Service following mental health difficulties following his return from two tours of being a soldier in Afghanistan. He found the treatment life changing and improvements were made in both personal and professional lives.

Service Group Highlight Report: Mental Health and Learning Disabilities

A report was received which highlighted key issues prevalent for Mental Health and Learning Disabilities (MHLD) Services. The quality assurance framework is being embedded across all areas of the service group. The current position for the backlog of serious incident investigations from 2019/2020 is zero. There is one prison investigation open from 2020/21, however there are no cases currently open with Welsh Government. Complaints performance in May which related to March complaints was 65%. The performance was low due to the number of complex complaints received, however focus work was ongoing to increase performance. Two Healthcare Inspectorate Wales (HIW) visits have taken place. The first at Cefn Coed Hospital between 14th and 16th March 2022, and the second at Dan-y-Deri Learning Disability Service on 15th March 2022. Patient friends and family feedback was in a good position, however work is ongoing to increase returns. There were a total of 803 incidents that required investigations and closure on the Datix system as at 5th April 2022. As of 10th June 2022 there were 245 incidents that required investigations and closure. The service group is reporting regularly to the MHLD quality and safety group on the progress of closing the incidents, and it is anticipated that all incidents will be closed with under 10 serious incidents to be transferred to the new system due to the complexity of the investigation.

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

Infection, Prevention and Control plan to include Service Group improvement plans

- The overarching infection, prevention and control (IPC) improvement plan was received which confirmed that To the end of May 2022, the Health Board was on trajectory in

relation to the infection reduction profiles for Klebsiella bacteraemia and Pseudomonas aeruginosa bacteraemia. Whilst SBUHB had not achieved reductions in-line with the proposed trajectory for C. difficile, Staph. aureus bacteraemia and E. coli bacteraemia by the end of May, there had been a year-on-year reduction in the number of cases of C. difficile (25% fewer cases) and E. coli bacteraemia. Infections tend to behave seasonally and fluctuate depending on the time of year, however currently infections were on a downward trend. The IPC team have had good engagement with service groups to develop their improvement plans. A leadership touchpoint meeting took place last week which focused on IPC to help strengthen engagement and change attitudes towards IPC. The team have recognised that people were taking ownership of IPC which was positive, however there is a need to maintain momentum.

- The Primary Care and Therapies Service (PCTS) IPC improvement plan was received. The IPC service group meetings were ongoing with a multi-disciplinary function which fed into the IPC Committee. The Clinical Director for IPC has recently been appointed. From an antimicrobial stewardship perspective, SBUHB remains the highest prescribing Health Board. There is a six month lag in the data however work needs to be done to strengthen the Health Board's performance. Areas to improve on included the choice of therapy, the duration of the prescription and use of dipsticks to guideline a diagnosis. Good progress has been made around the broad-spectrum (4C) prescribing in PCTS and a targeted action plan was in place.
- The Neath Port Talbot and Singleton Service Group (NPTSSG) IPC improvement plan was received. The position was promising and people were embracing the changes towards IPC. The IPC service group meeting and divisional meeting has been established to take place on a monthly basis. The service group had the ability to monitor antimicrobial prescribing usage and cease using intravenous therapy after 72 hours to minimise infection rates. Handwashing champions are in place across both site. A monitoring mechanism is in place where communication is filtered through from the antimicrobial pharmacist to the service group Medical Director to raise concerns around the type of medicine prescribed. The hospital electronic prescribing and medicines administration (HEPMA) software has been changed to include antibody review chart. There were environment and patient differences between Neath Port Talbot Hospital and Singleton Hospital, and cladding works had impacted patient's moves within Singleton Hospital.
- The Morriston Hospital IPC improvement plan was received. There has been no increase in antimicrobial prescribing, and the Service Medical Director is updated when exception reports are received for appropriateness of antimicrobial prescribing. Despite early signs of improvement within the trajectory templates, Morriston Hospital continues to experience periods of increased incidence for C. difficile. The service group is looking at alternative ways in which early hot debriefs can be used to prevent further transmission in the possible likelihood of delayed deep dive reviews. The service group has established an IPC governance structure which feeds into the IPC Committee. Rapid response domestic bed space cleaning service established and all wards are populating visual boards. Project leads have been aligned to the project delivery plan/quadrants including: training and development; environment and decontamination; patient experience; governance reporting, engagement and communications; and scrutiny and audit.

Clinically Optimised Patients to improve the experience for these patients and those waiting for beds

A report was received which confirmed that the clinically optimised patient position remains static yet challenged, however SBUHB remains focused on what is in its gift to be able to improve the position. Admission avoidance and frailty programme is an action being taken to mitigate the increase of clinically optimised patients within SBUHB. Virtual wards are in their infancy in SBUHB, however the development of these services offers the opportunity for patient optimisation in the community, admission avoidance and supported discharge from hospital thus reducing length of stay. The reintroduction of early supported teams to support patients early in their recovery pathway to be managed within the community setting is being explored across all sites currently. A review of the current system and processes in managing patients who require further support on discharge is underway. SBUHB continues to commission beds within the community to meet the gap in residential/home care market.

Matters raised by members:

- *Reduction of COVID-19 measures;*
- *Engagement with local authorities around social partnerships.*

Delegated action by the committee:

Update on the position following the self-assessment against the Ockenden maternity recommendations

Committee members agreed to defer the report on the position following the self-assessment against the Ockenden maternity recommendations to July's Quality and Safety Committee in light of no representation from NPTSSG.

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:

- *Lessons learned following COVID-19;*
- *Projection for planned care to return to a normal position;*
- *Never Event reported in May linked to orthopaedics.*

Health Board Risk Register - quality and safety risks

The bi-monthly report was received for assurance. The HBRR for May 2022 was received and endorsed by Management Board in June 2022 which contains 40 risks. During April, an additional meeting of the Risk Scrutiny Panel attended by the Executive Medical Director reviewed risks scored 20 and above. Advisory notes were shared with executive leads following the meeting for consideration during the update process in April. 15 of the 40 risks are assigned to the Quality and Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees. Two risks have reduced from 20 to 16: Screening for Fetal Growth Assessment in line with Gap-Grow; and Risk of Closure of Burns Service. The last gold command meeting took place in April and risks have been circulated and arrangements agreed for risk management. Fragility of External Domiciliary Care Market is being reviewed by PCTS. The incident management module of Datix Cymru went live in April 2022 and the modules for managing complaints and other feedback went live in July 2021.

Following these transitions, the licence for continued use of these legacy DatixWeb modules will expire at the end of August 2022, following which access to the module will become 'read-only'. There is a need to close down or transfer all remaining open records within DatixWeb. Any records not closed by the end of August will no longer be able to be actively managed within the legacy system and will require transfer into the new Datix Cymru module. No electronic means of transfer has been provided as part of the programme – the approach required will be manual. A paper was prepared and shared with Datix user leads, Service Group Directors and Executive Quality and Safety leads. A final paper was considered by the Management Board on Wednesday 15th June and a risk based approach was agreed.

Highlights from sub-groups reporting into this committee:

None to report.

Matters referred to other committees:

No items to refer.

Date of next meeting

26 July 2022