





		Agenda Item	2.2 (ii)
Freedom of Information Status		Open	
Reporting Committee	Quality and Safety Committee		
Author	Liz Stauber, Head of Corporate Governance		
Chaired by	Steve Spill, Vice Chair		
Lead Executive Director (s)	Gareth Howells, Executive Director of Nursing and Patient Experience (Interim)		
Date of last meeting	28 March 2023		

# Matters to Draw to the Attention of the Board (particularly areas relating to risk or quality)

#### Infection Prevention and Control

Key Matters Raised by Members for Board Attention: with the exception of e.coli, the reduction targets have not been achieved and the numbers of infections from this time last year have increased.

Other Areas of Discussion: current compliance with training shows that the target for level 1 training is 85% and on 2<sup>nd</sup> March the health board was 85.4% compliant. The digital dashboard was presented and signed off at the Infection Prevention and Control Committee. There is still a lot to learn where patients are at risk in the community and there needs to be something about wider public health information about co-morbidities, age of population, chronic diseases, and a need to look at antimicrobial prescribing.

#### Other Areas of Discussion

#### Patient Story

A patient story was received setting out how a service group user addressed his mental health issues, which had led to substance misuse, through the support of the community mental health team. The committee heard that there was a public perception of the type of people who accessed such services but mental health can affect anyone and the teams recognised that they worked not only with the individuals but the families also.

## • Service Group Highlight Report – Mental Health and Learning Disabilities

The service group continued to maintain a low number of reportable infections and learning was to be shared across the health board. Falls was an area of concern particularly for older service users or those with learning disabilities and a falls group was in place. Work was ongoing to adopt health board processes for end-of-life care and the service group was actively involved in the suicide prevention work. The governance structure had been aligned to the corporate one and the Research, Development, Innovation and Learning hub met for the first time in February 2023.

#### Repatriation of CAMHS (Child and Adolescent Mental Health Services)

The service would transfer back to Swansea Bay on 1<sup>st</sup> April 2023 and work was ongoing around the remaining issues and outstanding risks. The staff consultation had been completed and letters issues to staff. Recruitment remained a big issue but the transition was being managed carefully to ensure recruitment was not delayed. Work was also needed around patient data migration the service level agreement for on-call services.

## Quality and Safety Performance Report

A slight increase in positive Covid-19 cases was reported in February (249 cases) and the percentage of staff sickness absence due to Covid-19 in February has remained at 0.5%. In relation to urgent and emergency care, the percentage of red calls responded to within eight minutes increased slightly in February and there was a slight increase in handovers over one hour. There is a consistent reduction of patients waiting over 104 weeks and the recover trajectory is being outperformed. The submitted trajectory for patients waiting over 52 weeks at stage one continues to be outperformed, and updated trajectories are being worked on to provide the health board's position up to end of June 2023 and for the remainder of the next financial year. Cancer performance remains under the outlined trajectory for single cancer pathway performance and reported performance has improved slightly to 50% from 48% in December 2022. Backlog figures remain above the previously submitted trajectory. However, a consistent reduction has been seen following focused intervention. Currently backlog figures are 367.

## Demonstration of the Quality Dashboard

The quality dashboard would be a 'game changer' in terms of how quality can be looked at across the health board to identify good examples of quality and also pick up any red flags. The Duty of Quality is coming through in April and it is important to have informatics that measure the right things and data that is recognisable by leadership teams and clinicians that informs as well as assures the quality of care being delivered. The quality and safety dashboard was initially pitched at a service group management level, but will also be viewable at board level with a range of indicators having drill down functionality.

#### Board Effectiveness Action Plan

A total of 18 actions out of a total of 42 have been assigned to this committee. Progress is being regularly reviewed and updated by each executive lead. Further updates will be circulated again in coming weeks. Currently 10 of the 18 actions are reported as complete. Six actions are currently ongoing and have become overdue. The remaining 2 actions have failed to reach their target dates.

## 10<sup>th</sup> Annual Quality Position Statement from the National Collaborative Commissioning Unit Quality Assurance and Improvement Service

The 10<sup>th</sup> annual quality position statement from the National Collaborative Commissioning Unit quality assurance and improvement service was received and noted.

#### WHSSC Quality Patient Safety Highlight Report

The WHSSC (Welsh Health Specialised Services Committee) quality patient safety highlight report was received and noted.

### **Decisions Made for Approval by the Board**

No decisions were made requiring board approval.

## **Updates Received from Sub-Groups**

## • Quality and Safety of Patient Service Group

The summary of the recent Quality and Safety Patient Service Group was received and noted.

# **Matters Referred to Other Committees**

There were no matters referred to other committees.

Date of next meeting 25	April 2023
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