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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Agenda Item	2.4 (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	23 August 2022

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

Patient Story: 'Virtual Clinics'

A presentation was received which set out the experience of a husband and wife who had utilised the virtual ward and its supporting services. The presentation highlighted that virtual wards offer wraparound care closer to home with a holistic and patient centred focus. Virtual wards had helped to reduce avoidable hospital admissions and support the earlier safe discharge of patients from hospital. The patient story example that was presented to committee members included a referral from a GP practice, whereby the patient was reviewed and triaged the same day. The patient was booked within 48-hours to be assessed by a clinical manager. Following a comprehensive assessment and completion of 'my life my wishes' document, support was identified. Over time the team built a relationship with the patient and partner and a care home placement close to home was agreed. The patient was transferred to the care home to receive palliative care and ultimately passed away comfortable and supported in a place of their choosing.

Service Group Highlight Report: Primary, Community and Therapies Group

A report was received which highlighted key issues prevalent for Primary, Community and Therapies Group (PCTG). PCTG is a diverse group and currently reviewing all quality and safety structures to align with the revised corporate reporting requirements. Incidents on Datix Web continue to reduce and the group are focused on closing down incidents that remain open on Datix Web by end of August 2022. A detailed piece of work remains ongoing following the Healthcare Inspectorate Wales (HIW) external audit, and SBUHB's response was due by 22nd August 2022. PCTG continues to work with Community Health Council (CHC) around GP access. There has been a rise in pressure ulcer incidents which correlates to an increased number of COVID-19 cases and an increased number of patients requiring intense support. A hot debrief tool for on the spot investigations is being rolled out across Swansea and Neath Port Talbot District Nursing services, and the pressure ulcer safety card has also piloted successfully and was being rolled out. PCTG remains focused on infection, prevention and control with the thresholds being reset. PCTG achieved a standard of 93.5% feedback rating as 'good', with rates and themes being continued to be monitored.

Matters raised by members:

- *HMP Swansea engagement and involvement surrounding complaints;*
- *Optional contractual standards within GP Practices.*

Infection, Prevention and Control (IPC) report including the overarching improvement plan

A report was received for assurance which highlighted that there have been year-on-year reductions in *C. difficile* (18%) and *E. coli* bacteraemia (21%) infections. There has been a continued increase in *Staph. aureus* bacteraemia which was concerning, with Morriston Hospital Service Group cases accounting for much of the increase. Targeted intervention work was ongoing which included an 8-week rapid improvement programme. Wards are engaged with the ongoing work. The IPC team are reviewing community acquired bacteremia to target and understand the source of the infection.

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

A report was received for assurance which highlighted that on 30th March 2022 the Ockenden final report independent review of Shrewsbury and Telford Hospital Trust was published. Maternity and Neonatal Network developed an assurance framework incorporating the three key report recommendations. A meeting was held with the Chief Midwifery Officer on 17th May 2022 to clarify guidance for completion of the assurance document due to the request for a response by 27th May 2022. The maternity leadership team met on 23rd May 2022 to complete the red, amber and green (RAG) ratings for each issue. A national meeting took place on 7th July 2022 for the seven Health Boards' maternity service clinical leaders to discuss the assurance document. A second national meeting will take place 6th September 2022 led by the Independent Maternity Services Oversight Panel team for the extended learning from Cwm Taf University Health Board. There was no action plan, however there were 78 recommendations which were RAG rated as: 56 green; 16 amber and 6 red. Of the red ratings, three required a national response.

Matters raised by members:

- *Financial implications;*
- *Impact of stress on staff to reopen the maternity service at Neath Port Talbot Hospital.*

Children's Community Nursing Improvement Plan

A report was received for assurance which highlighted that due to staffing shortages since March 2022, the Health Care Support Worker's (HCSW) training sessions have been postponed in order to maintain care delivery for children and their families. The feedback system '*What's the Noise*' provides an opportunity to gain the views and feedback from the HCSW's as they work with families and this is being promoted. A task and finish group has been established to plan engagement events and the team were developing a '*In your Shoes*' plan to understand what works well, what doesn't work well and what can be done differently. Assurance audits are being undertaken for each child against the Welsh Government framework. The business case was due to be taken through the business assurance group on 23rd August 2022 for scrutiny and approval.

Matters raised by members:

- *Timescales around business cases.*

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

None highlighted.

Delegated action by the committee:

None taken.

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:

- *Discharge summaries compliance rates;*
- *Quality and safety issues for patients who remained on waiting lists for long periods of time.*

Quality and Safety Risk Register

The bi-monthly quality and safety risk register was received for assurance. The Quality and Safety Committee last received the May 2022 risk register extract at its June 2022 meeting. The report presented the June 2022 risk register extract, and updates that have been received as part of the current July Health Board Risk Register were reflected in the covering report. The June risk extract contained 40 risks and 15 of these risks are assigned to the Quality and Safety Committee for oversight, 9 of which are at or above the Health Board's current risk appetite score of 20. 5 further risks are included in the register extract for information, but overseen by other committees. There were no new risks to report

Matters raised by members:

- *Installation of cardiotocograph monitoring equipment.*

External Inspections

The quarterly report was received for assurance. The external review of Cefn Coed Hospital: Tawe Clinic took place between 14th and 16th March 2022 and no improvement notices were issued. An unannounced visit of Learning Disability Service Inspection was undertaken on 15th March 2022 where immediate notices were required and the improvement plan was accepted by HIW. Following a HIW review of the governance arrangements for the provision of healthcare settings at HMP Swansea during 2021/22, a report was published on 30th June 2022. PCTG are coordinating the development of the improvement plan in response to the report.

Dementia and Older People's Charter

An update report was received for assurance. Input has been achieved from all services and there was a commitment from wards to implement the charter. Positive work remains ongoing and a steering group has been established with good membership and attendance. Fresh approaches around dementia remains ongoing.

Matters raised by members:

- *Governance structure mechanism to embed and monitor charters;*
- *Reintroduction of visiting across sites to assist face-to-face feedback opportunities.*

Emergency Medical Retrieval and Transfer Service (EMRTS) Clinical Governance Report

An update report was received for assurance.

WHSSC joint committee key issues report

An update report was received for noting.

Highlights from sub-groups reporting into this committee:

Patient Services Group

The monthly report was received for assurance.

Matters referred to other committees:

There were no matters referred.

Date of next meeting

27 September 2022