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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	26 July 2022

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

Patient Story: 'A good death'

A story was received which set out two different experiences surrounding palliative care. The video included recognising the signs that a patient was in their final stages of life, improving end of life care by handling symptoms and pain relief appropriately. The video also highlighted the importance of speaking to family members surrounding patients' faith and how to incorporate this element in their final stages of life.

Service Group Highlight Report: Neath Port Talbot and Singleton Service Group

A report was received which highlighted key issues prevalent for Neath Port Talbot and Singleton Service Group (NPTSSG). Staffing issues remained a significant challenge for NPTSSG due to unplanned absences resulting from the recent COVID-19 peak. Cladding work is ongoing at Singleton Hospital with split templates across some of the wards which is affecting staffing deficits. Midwifery services continues to be centralised in order to maintain safe staffing and effective business continuity. A paper was presented and approved by Management Board on 13th July 2022 to continue to temporarily suspend the home birth service until the end of September 2022. Patient attendances at Neath Port Talbot Hospital's minor injury unit (MIU) has significantly increased above the capacity for which the MIU was designed. Frequently, there are days with over 150 patients attending in the 15.5 hours the service is available. There has been six week delay observed in chemotherapy day unit for systemic anti-cancer treatment delivery. Cancer services division has revised the booking system to maximise chair usage and minimise wastage. When this report was written there was no General Paediatrics Consultants supporting cardiology stream, however interviews were scheduled for Thursday, 28th July 2022. Neighboring Health Boards all have at least two Consultant Paediatricians with cardiology interest in post. There was a deficit of qualified haematology and blood transfusion staff within the Health Board's Laboratory Medicine Services.

Matters raised by members:

- *Succession planning*
- *Increasing MIU footprint in waiting area*

- *Safeguarding audits*
- *Suspension of home births*

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

A report was received for assurance which highlighted that there has been year-on-year reductions in the following infections: C. difficile (11%), E. coli bacteraemia (22%) and Klebsiella spp. bacteraemia (15%). A continued increase in Staph. aureus bacteraemia was concerning, with Morriston Hospital cases accounting for much of the increase. Strategies for reducing risks of Staph. aureus bacteraemia are being reviewed by Service Groups, with the IPC Team support, including the use of daily chlorhexidine bathing, which is currently used universally for all patients in trauma and orthopaedics. Strategies to reduce infections at Singleton Hospital would include a proposal for a line insertion team that would reduce the time that oncology and haematology patients wait for insertion of peripherally inserted central catheter lines. There was no dedicated IPC community team so secondary resource is being diverted to assist. Progress has been made, however there is an ongoing focus to decrease infection rates and spread messaging that IPC is everyone's responsibility.

Matters raised by members:

- *Community acquired infections*
- *IPC messaging*
- *Hand hygiene compliance*
- *Alternative options following the unapproved decontamination business case*

Allocation of funds to support long waiters

A report was received for assurance which highlighted that the lifestyle GP prehabilitation scheme was being progressed and due to go live in quarter two. Clinics in primary care will focus on patients with suspected gastrointestinal cancer and the rapid diagnostic centre. Both schemes support the early identification of suspected symptoms using a health optimisation bundle. The Swansea Bay Physiotherapy Team have developed a business case to provide an orthopaedic prehabilitation model that offers a broad range of support options. The preferred business model will be considered corporately imminently having already been considered and supported by the Business Case Advisory Group. This scheme will also be supported by the British Red Cross. SBUHB have been invited to participate in a Macmillan Cancer Support and Onko partnership UK-wide pilot scheme that offers personalised health coaching and prehabilitation support to cancer patients through Onko's digital platform. The pilot will fund 100 patients, who will receive a full digitally enabled prehabilitation health optimisation package over a maximum of 12 weeks. The need for a steering group has been flagged to SBUHB's Chief Executive to help support clinical leadership.

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:

- *Clinically optimised patient numbers*
- *Increase of beds at Singleton Hospital*
- *Planned care trajectory*

Patient Experience Report

The bi-monthly report was received for assurance which highlighted that the team have developed a new quarterly report for the Quality and Safety Committee. Communication training from the Ombudsman has been well attended by nursing and medical staff. Positive feedback received from all recent sessions and a rolling programme was in place for training from the Ombudsman. Following discussions with Service Groups regarding complaints, performance has increased. During April 2022, the Health Board's performance was 76% which is above the Welsh Government target and is the highest it has been for the last six months. The Health Board received 547 complaints in quarter 1 of 2022/23. This compares with 529 for quarter 4 2021/22. Friends and family survey returns reduced from 3,550 in May to 3,292 in June, and the top four themes prevalent within complaints included communication, appointments, clinical treatment and admissions. The Head of Communications was working with the patient experience team to develop a communication plan.

Matters raised by members:

- *Increase of Ombudsman complaints in orthopaedics*
- *Re-opened complaints at Morriston Hospital*

Additional Learning Needs Act

A report was received for noting which highlighted that The ALN Act is a transformative piece of legislation with an emphasis on a timely and responsive system. The ALN Act has been live since September 2021, and there is a three year period for implementation. SBUHB has established an operational steering group to deliver the work programme and a shared vision with other Health Boards. SBUHB is breaching the statutory compliance requests in more than 50% of its collaborative resources. The ALN Act has been set up without inclusion of additional resources, and remains at tier three of the integrated medium term plan with no additional funding earmarked from Welsh Government. There is an awareness that escalation of concerns could be potential in light of SBUHB breaching its duties, and the team are trying to quantify outcomes.

Matters raised by members:

- *Speech and language performance*
- *Redevelopment of demand and capacity*

Duty of Candour and Quality Bill

The Acting Director of Corporate Governance provided a verbal update which detailed that the Act became law in June 2020, with full implementation planned for June 2023. The guidance remains in draft and the consultation is expected to be finalised in September 2022. There are no surprises anticipated, and the process mirrors SBUHB's quality management system. Resourcing and implementing of the duty of candour in Service Groups remains a concern, however the team await the finalisation of the consultation.

Hospital Electronic Prescribing and Medicines Administration evaluation report

A report and supporting presentation were received for assurance which highlighted that SBUHB is the national pathfinder for HEPMA following initial funding from Welsh Government in 2018. Solution software was not specified so the Health Board bought the software that

was available at the time. Work has continued with the supplier over the past four years, and learning has been shared with other Health Boards. A further £1m was secured following an all-Wales stakeholder learning event. There are 17 different benefits across four key themes: improve medicines management; increase efficiencies; improve quality of prescribing processes; improve antimicrobial stewardship. Most of the 17 benefits have been met with a few to be fully realised, and HEPMA will be rolled out to Morriston Hospital in the next phase by the end of the financial year.

Major Trauma Network report

A report was received for noting which highlighted that the South Wales Trauma Network (SWTN) went live on September 14th 2020. In quarter four there continued to be a high number of patients accessing the major trauma centre either by a primary or secondary transfer. Almost 79% of admissions are due to road traffic accidents and falls, and 38 trauma Datix were submitted with a wide variety of themes. Revision of the risk and issues log has taken place and is presented to the clinical and operational Board meetings. Staff absences in Welsh Ambulance Service Trust trauma desk team has led to a lack of resource to cover the trauma desk as originally proposed resulting in requirement for the Emergency Medical Retrieval Transfer service to provide unplanned cover resulting in a negative impact on performance. Three intensive care unit (ICU) beds were commissioned as part of the SWTN however, due to various demands in University Hospital of Wales, ICU capacity transfers have taken place across the network in order to meet capacity requirements. A silver trauma lead is being embedded into the process, and a Matron is now in the operational delivery network structure.

Quality and Safety Priorities Progress Report

A report was received for assurance which highlighted that IPC had not been included as this was reported separately. Quality leads had been appointed to provide quality information, measures and a methodology approach to understand how SBUHB collects data.

Highlights from sub-groups reporting into this committee:

Quality and Safety of Patient Services Group

The monthly report was received for assurance. The title of the Quality and Safety of Patient Services Group is due to be renamed to Patient Safety Group. There are development opportunities to enhance learning and culture to get people to think differently, and towards the summer and autumn months, there will be a discussion about what quality means to SBUHB.

Matters raised by members:

- *Programme for unannounced quality improvement visits*
- *Concerns around the administration support required to maintain the sub-groups under the Quality and Safety of Patient Services Group*

Matters referred to other committees:

There were no matters referred.

Date of next meeting

23 August 2022