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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.3 (i)
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Martyn Waygood, Independent Member		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	22 June 2021		
Summary of key matters considered by the committee and any related decisions made:			
<p>Patient Story - A story was received which set out an experience of how the patient advice liaison service (PALS) supported a gentleman and his family throughout his stay at Morriston Hospital in the COVID-19 pandemic. The family were able to communicate with their father via an electronic tablet which “brought hope” to the gentleman. The family found PALS to be supportive.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<p>Infection Prevention and Control Report (IPC) – The COVID-19 position is improving and currently there is one outbreak area across Swansea Bay University Health Board (SBUHB) situated at Morriston Hospital. SBUHB remains in a challenged position surrounding the tier 1 targets. The Health Board has agreed to participate in a Public Health Wales-led epidemiological review exploring the relationship between COVID-19, secondary bacterial infections and C.diff to gain an improved understanding of the impact of COVID on the incidence of C.diff. The COVID-19 vaccination programmes are progressing well, however the service is under resourced from a substantive perspective as the service is currently being temporarily supported. This will cease at the end of 2021 and there are concerns that from January 2022 onwards that the output required will not be sustainable. The quality priority programme for healthcare associated infection improvement has been agreed and a 100-day plan developed.</p>			
Delegated action by the committee:			
There was no action taken.			
Main sources of information received:			
<p>Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.</p> <p>Quality and Safety Risk Register is a bi-monthly report received for assurance.</p>			

‘Once for Wales’ – An update report was received for assurance. The system has been through vigorous testing and although there are still issues, this should not stop the system going live on the planned date of 1st July 2021.

Presentation from Swansea Bay Youth Representatives on the Children’s Charter was received for assurance.

A verbal update detailing the **progress against the Ombudsman recommendations** was received for assurance. A further update will be received in September 2021 at the Quality and Safety Committee.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) - The most recent QSGG meeting took place on 2nd June 2021. The primary cause of staff incidents at work is related to behaviour of patients toward staff, including physical assault. At Neath Port Talbot Hospital there have been delays in investigating incidents with potential missed opportunities for learning, and the Service Group holds a significant risk in relation to the number of overdue incidents. The prison review inquest action plans have been combined into one 13-point action plan to maintain and track accurate progress against the actions raised. An update report will be brought to QSGG on a quarterly basis

Matters referred to other committees:

None identified.

Date of next meeting	27 July 2021
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Freedom of Information Status	Open
Reporting Committee	Quality and Safety Committee
Author	Leah Joseph, Corporate Governance Officer
Chaired by	Martyn Waygood, Independent Member
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience
Date of last meeting	25 May 2021

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

Patient Story - A story was received which set out Glenn's experience surrounding the death of his Wife, Siobhan. His story detailed how Siobhan came to be admitted to Morriston Hospital following a sepsis infection and his experience whilst waiting in the family room whilst Siobhan was being treated. Since the story was been filmed, Glenn and his family have donated a new picture to Morriston Hospital for the family room and policies have been reviewed to include families being able to enter the resuscitation room.

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

Infection Prevention and Control Report (IPC) – The monthly report detailed that the COVID-19 position is improving and the COVID-19 vaccination programme continues to progress well. Swansea Bay University Health Board (SBUHB) awaits Welsh Government's (WG) targets surrounding Tier 1 key infections. There were 20 C.difficile (C.diff) cases recorded during April 2021, however it was positive to note that none related to cross-infection and were likely linked to chest infections following long COVID-19. Key-targeted work remains ongoing within the Primary, Community and Therapies Service Group and pharmacies to understand issues and make improvements surrounding antimicrobial prescribing. The introduction of junior-doctor led antimicrobial quality improvement is underway. The package is under development with assistance from foundation training leads and quality improvement. Decanting issues remain a high priority on the IPC agenda, and a report on the position of risk is going through the Executive Team. Progress has been made surrounding the digital ward dashboard.

Delegated action by the committee:

Final Health and Care Standards Annual Self-Assessment Report 2020-2021 – The report was received and committee members **recommended** the report to Board for approval.

Main sources of information received:

Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Patient Experience Report was received for assurance. This report is received bi-monthly.

Delivery of the quarterly operational plan tracker Q4 was received for assurance. The report provided a high-level summary of the performance position against the actions and milestones at the end of Quarter 4, reflecting the breadth of work that has been undertaken across the individual plans.

Internal Audit Reports were received for assurance. The Internal audit on World Health Organisation (WHO) theatre surgical safety checklist and internal audit on Mortality Reviews gave limited assurance, however this was based on formal policies and governance procedures rather than the processes involved

External Inspections Report received for assurance.

Neurodevelopment Assessment Performance Report – A report was received which highlighted that there has continued to be a steady increase in referrals since the inception of the service, which peaked during the summer of 2018/2019 at around 100 per month. Since 2019/2020, this has settled at an average of 67 per month. The current referral rate remains much higher than current planned capacity, which contributes to the long waiting times experienced by patients and families. There are currently 929 patients on the autism spectrum disorder and attention deficit hyperactivity disorder waiting list pathways, and 493 of those patients have been waiting over 52 weeks. An update report is scheduled to August's Quality and Safety Committee.

Final Internal Audit Report on Concerns: Serious Incidents was received for noting.

Welsh Health Specialised Services Committee Quality and Safety Committee key issues report was received for noting

Swansea Bay Community Health Council 'ask my GP' online service – An assessment report was received for noting.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) - The most recent QSGG meeting took place on 10th May 2021 and the report was received for assurance. Following an action from April's Quality and Safety Committee, further information on the trends identified in relation to the Ombudsman recently investigating an increased amount of Oncology Complaints were requested. The complaints to SBUHB may initially be regarding another speciality, or even a neighbouring Health Board, however under the Ombudsman's extended powers they have also investigated the care provided to the patient whilst receiving Oncology care/treatment at SBUHB. Overall, eight Oncology Ombudsman investigations relate in some way to Oncology care/treatment at SBUHB.

Matters referred to other committees:

None identified.

Date of next meeting	22 June 2021
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