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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, Interim Vice Chair		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	22 September 2020		
Summary of key matters considered by the committee and any related decisions made:			
<b>Infection Control Report</b> - There has been year-on-year improvement in pseudomonas and staph aureus, E. coli and klebsiella infections, and a 72% year-on-year increase in Clostridium difficile (C.diff). There is a lack of decant facilities when occupancy is at acceptable levels on acute sites which compromises effectiveness of the hydrogen peroxide vapour disinfection (HPV) cleaning/decontamination program, and the short-term 3 month contract for a HPV service will conclude on 29 <sup>th</sup> September 2020.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
None identified.			
Delegated action by the committee:			
<ul style="list-style-type: none"><li>• <b>Annual Quality Statement</b> was received and endorsed subject to health board approval on 24<sup>th</sup> September 2020.</li><li>• <b>Healthy Relationships For Stronger Communities Strategy Report</b> – Neath Port Talbot (NPT) Council and the Swansea Bay University Health Board have restated their commitment to tackling domestic abuse and prepared the NPT Healthy Relationships for Stronger Communities 2020-2023. The Strategy was approved by Neath Port Talbot Councils' Cabinet in June and presented to and approved by the Health Board Safeguarding Committee on the 14<sup>th</sup> August. The strategy was received and endorsed subject to health board approval on 24<sup>th</sup> September 2020.</li></ul>			
Main sources of information received:			
<ul style="list-style-type: none"><li>• <b>Patient Experience Report</b> – The friends and family feedback restarted and in July there were 502 Friends and Family online survey returns which results in 91% of people stating they would highly recommend the health board to Friends and Family which was a 4% increase from June 2020. The majority of complaints related to communication, and as a result of the themes emerging from the Patient Advise and Liaison Service (PALS) report the team have developed bespoke communication training for all staff.</li><li>• <b>Infected Blood Inquiry Report</b> was received for noting.</li><li>• <b>Substance Misuse Report</b> was received for noting and was deferred until October's committee.</li><li>• <b>Caswell Clinic Report following the Quality Assurance Improvement Service review</b> - This report was received for noting and is the first cycle, which is expected annually, and all recommendations have been responded to. The key issues were housekeeping and</li></ul>			

reporting and both have been reviewed for transparency. Care and treatment planning have taken place at multidisciplinary meetings as care plans were generic and had not been reviewed for some time.

- **Performance Report** – The report presented the four quadrants of harm and data in respect of fractured neck of femur metrics, unscheduled care, planned care, cancer performance and stroke. A system of red/amber/green assessment has been introduced for those measures without a profile. The responses within 8 minutes is consistently good, but handover delays are starting to increase. The emergency department (ED) performance was over 80% in August 2020, with eye health examinations remaining low compared to pre-COVID19 levels and urgent dental appointments are coming back on line. GP referrals are getting to pre-COVID19 levels, and currently over 22k patients are waiting over 26 weeks for their first outpatient appointment.
- **Public Services Ombudsman Annual Report** was received for noting.

#### Highlights from sub-groups reporting into this committee:

- **Quality and Safety Governance Group** - Mental Health and Learning Disabilities Service Group Serious Incidents remain consistently high and this is recorded on the DU's risk register. 12 deaths were reported in July 2020, with significant work taking place around this issue. An information governance breach has been reported to the Information Commissioner's Office and this is being managed via Gold Command.

#### Matters referred to other committees:

No items referred to other committees.

#### Date of next meeting

27 October 2020