

## Swansea Bay University Health Board

**Unconfirmed**  
**Minutes of the Meeting of the Quality and Safety Committee**  
**29<sup>th</sup> March 2022**  
**at 1.30pm via Microsoft Teams**

### **Present**

Steve Spill, Vice Chair (in the chair)  
 Reena Owen, Independent Member  
 Maggie Berry, Independent Member.

### **In Attendance**

Gareth Howells, Interim Director of Nursing and Patient Experience  
 Richard Evans, Medical Director  
 Siân Harrop-Griffiths, Director of Strategy (for minutes 51/22 to 59/22 and from 61/22)  
 Rhian Lewis, NWSSP  
 Scott Howe, Healthcare Inspectorate Wales  
 Sue Evans, Community Health Council  
 Hazel Lloyd, Acting Director of Corporate Governance  
 Leah Joseph, Corporate Governance Manager  
 Keith Reid, Director of Public Health  
 Sara Utley, Audit Wales  
 Christine Morrell, Director of Therapies and Health Science  
 Inese Robotham, Chief Operating Officer (to minute 63/22)  
 Stephen Jones, Service Group Nurse Director, Mental Health and Learning Disabilities and Suicide Prevention Lead (for minutes 60/22 to 62/22)  
 Delyth Davies, Head of Nursing for Infection, Prevention and Control (for minute 59/22)  
 Darren Griffiths, Director of Finance (for minutes 60/22 to 63/22)  
 Rachel Govier Williams, Tissue Viability Nurse (for minute 60/22)  
 Jayne Hopkins, Head of Quality and Safety for Singleton Hospital  
 Jade Joseph, Service Administrator (to minute 57/22)  
 Dougie Russell, Service Group Medical Director for Singleton Hospital (to minute 58/22)  
 Kate Bannister, Lead Midwife for Quality, Safety and Risk (to minute 58/22)  
 Vicki Burrige, Head of Nursing for Children and young People (to minute 58/22)  
 Katy Goss, Lead OD Facilitator for Staff Experience (minutes 68/22 to 70/22)  
 Debbie Eytayo, Director of Workforce and OD (minutes 69/22 to 70/22)  
 Luke Jones, Designated Education Clinical Lead Officer (minutes 69/22 to 71/22)  
 Paul Stuart Davies, Assistant Director of Nursing (from minute 63/22)

Minute No.		Action
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<b>51/22</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting, noting apologies for absence had been received from Jan Worthing, Service Director for Neath Port Talbot Hospital and Singleton Hospital and Lesley Jenkins, Nurse Director for Neath Port Talbot Hospital and Singleton Hospital.	
<b>52/22</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>53/22</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	<p>The minutes of the main meeting held on 22<sup>nd</sup> February 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record, except to note the following amendments:</p> <p>(i) <u>22/22 Patient Story</u></p> <p>This had an emotional <i>affect</i> on staff, and all were encouraged to take time-out during the day for breaks.</p> <p><i>To</i></p> <p>This had an emotional <i>effect</i> on staff, and all were encouraged to take time-out during the day for breaks.</p>	
<b>54/22</b>	<b>MATTERS ARISING</b>	
	<p>(i) <u>Business case for the vaccination and immunisation service</u></p> <p>Keith Reid advised that there was a national piece of work underway led by the vaccination integrated board which was developing a new model for the vaccination programme in Wales. The turnaround of the work is expected to be quick as Welsh Government required the programme to live by August 2022 to support the winter vaccination booster programme. The model was needed before local implications were raised and the business case can be finalised.</p>	
<b>55/22</b>	<b>ACTION LOG</b>	
<b>Resolved:</b>	The action log was <b>received</b> and <b>noted</b> .	
<b>56/22</b>	<b>WORK PROGRAMME</b>	
<b>Resolved:</b>	The work programme was <b>received</b> and <b>noted</b> .	

<b>57/22</b>	<b>PATIENT STORY: OUR MIRACLE BOYS</b>	
	<p>A story was <b>received</b> which set out the experience of a mother and her family's care following early spontaneous labour of twins. The lady and her family were supported by the neonatal unit at Singleton Hospital. They received good care and felt welcomed and reassured by the team. They were kept involved with the care of the infants, and midwives also assisted with breast feeding support which was appreciated by mum.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Vicki Burrige advised committee members that infants were doing very well and were due to receive their pre-school health and development review. The infants had been followed up by the neonatal team as one infant remained on oxygen following discharge. Reena Owen recounted a personal experience and found the video positive. Steve Spill asked the team to pass on the committee's thanks for sharing their story.</p>	
<b>Resolved</b>	The patient story was <b>noted</b> .	
<b>58/22</b>	<b>SERVICE GROUP HIGHLIGHT REPORT – NEATH PORT TALBOT HOSPITAL AND SINGLETON HOSPITAL</b>	
	<p>The highlight report from the Neath Port Talbot Hospital and Singleton Hospital (NPTSSG) service group was <b>received</b>.</p> <p>In introducing the report, Dougie Russell highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Compliments were provided supporting the good work by the Singleton Hospital neonatal team;</li> <li>- There have been issues surrounding Systematic Anti-Cancer Therapy (SACT) targets for treatment. Work has been ongoing with a focus on the timetable for the use of chairs. Historically, there had not been enough capacity, and the team were looking to expand and begin working weekends as a short term solution. The long term ultimate solution would include moving the chemotherapy day unit into the main hospital building at Singleton Hospital. A business case remained with the Chief Executive for review.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if there was scope to accelerate some actions relating to SACT. Dougie Russell advised that there are issues around the complex recruitment process as chemotherapy competent staff are required due to the type of specialised service required.</p> <p>Maggie Berry reflected that the committee had been monitoring SACT for quite some time and a solution was needed. Dougie Russell informed that there was a focus on infection, prevention and control and positive</p>	

	<p>movement had been made especially around the e-prescribing which had gone live at Neath Port Talbot Hospital and Singleton Hospital.</p> <p>Reena Owen highlighted that the haematology risk remained a concern and queried if the right mitigations for the risk were being made. Dougie Russell stated that the issue was not just recruitment for staff, but also retention was a factor. He noted that there was a need to ensure roles were made more attractive. Christine Morrell noted that the issue was South Wales-wide and initiative work was underway that included 24/7 working. She noted that work was ongoing with Health Education and Improvement Wales to review internal training posts as locums are content to work unsocial shifts when substantive staff members may be more opposed.</p> <p>Steve Spill highlighted that the deadlines of the risks were due to be realised in April, May and June, and queried if the Service Group were on track to hit targets or whether deadlines would need to be moved. Dougie Russell was positive that actions would remain on track, but stated that it would be dependable on recruitment. The plans are robust but recruitment would be needed to provide support.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>59/22</b>	<b>INFECTION PREVENTION AND CONTROL AND IMPROVEMENT PLAN</b>	
	<p>A report providing an update in relation to infection, prevention and control (IPC) was <b>received</b>.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The position of the tier 1 healthcare associated infections had not varied;</li> <li>- The improvement plan was taken through Management Board on 9<sup>th</sup> March 2022 and comments were being worked through for the next Management Board meeting;</li> <li>- One of the aims of the improvement plan was to ensure all members of staff are responsible and have ownership for IPC;</li> <li>- A detailed 12-month plan per quarter was appended to the report for assurance;</li> <li>- Senior levels of leadership have been established, and Service Group IPC Committees are being developed to show intent of key business to drive down infection rates;</li> <li>- Surgical services were developing surveillance criteria and processes with digital intelligence to reduce the incidence of surgical site infection.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Gareth Howells reflected that Swansea Bay University Health Board (SBUHB) was going back to basics around governance structures and moving the emphasis of responsibility to all SBUHB staff, and not just the IPC team. He was excited by the ongoing work and looked forward to present the changes to committee members on a monthly basis.</p> <p>Richard Evans noted that the IPC issues are broader than nursing and there has been good engagement with senior clinicians from all areas. He confirmed that he had written to all clinical leads to reiterate the message that IPC is everyone’s responsibility. He noted that staff need to feel empowered to highlight breaches of IPC and to raise issues accordingly.</p> <p>Reena Owen was encouraged by the improvement plan, however she was concerned regarding the need for a Director of IPC role and the need for a consultant lead. Gareth Howells advised that the Director of IPC role would be a core appointment for engagement to enhance the position and take it to the next level. He noted that there was a consultant lead in each area for individual cases, however both he and Richard Evans meet with clinical leads on a monthly basis to discuss cases and lessons learned. Reena Owen wanted assurance that the costs were not coming out of vacant IPC posts. Gareth Howells assured that the costs would not be taken from the vacant roles as SBUHB are trying to ensure a robust team.</p> <p>Reena Owen noted she was unaware that SBUHB had an IPC Committee. She queried the reporting mechanism and whether an Independent Member should be a part of the membership. Delyth Davies advised that the IPC Committee meets bi-monthly and reports directly to the Quality and Safety Governance Group.</p> <p>Maggie Berry was pleased plans were moving forward, and queried whether one super immunisation team could cover both COVID-19 and influenza vaccination programmes. Delyth Davies advised that the programmes are different, however there would be an incorporation with the influenza immunisation team to deliver boosters to staff. Maggie Berry stated that she was pleased there was a staff focus with the immunisation team as staff influenza vaccination levels had been low the past year.</p> <p>Maggie Berry observed that the decontamination issues remained a concern as a structure was needed from a practical solution. She queried whether single patient use medical devices could impact the reduction of infections. Delyth Davies advised that models are being reviewed and scrutinised for decontamination tests. She added that the 130 vacant hours was challenging, however the team are very motivated and remained positive.</p>	
<p><b>Resolved:</b></p>	<p>The report and progress against Health Care Associated Infections priorities to the end of February 2022 be <b>noted</b>.</p>	

<b>60/22</b>	<b>PRESSURE ULCER PERFORMANCE</b>	
	<p>A report providing an update in relation to pressure ulcer performance was <b>received</b>.</p> <p>In introducing the report, Rachel Govier-Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A presentation supported the report that detailed pressure ulcer performance for Quarter 3, from the period of October to December 2021;</li> <li>- For Quarter 3, there was a combined 4.8% reduction in primary care and hospital acquired pressure ulcers.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill noted that the hospital acquired pressure ulcers had decreased, yet the community acquired pressure ulcers had increased. He queried whether there was any learning provided for families. Gareth Howells advised that concordance remains a challenge within people's homes, and a focus was needed in primary care and community care. He noted that the impact of reduced staff on site due to the effects of COVID-19 was felt, however the position was expected to improve.</p> <p>Reena Owen was encouraged by the overall reduction, but was concerned around the lack of tissue viability nursing at Morriston Hospital for the past two years. She queried whether the resource from NPTSSG was being shared. Gareth Howells commented that previous cost improvement plans had affected the posts and currently a procurement bed system was underway, with two tissue viability nurses being a part of that contract. The allocation was expected to take place over the next few months and both nursing and procurement teams would work closely.</p> <p>Rachel Govier-Williams advised that she provided support across the Health Board, and the tissue viability nursing team are not as big as other speciality teams. The quality improvement project has been rolled out across Neath Port Talbot Hospital, community and some acute areas to encourage learning for staff. She noted that audits and training platforms have increased for staff, along with the use of safety cards.</p> <p>Maggie Berry reflected that Neath Port Talbot Hospital previously developed a video for families to assist with avoiding pressure ulcers in the home. Rachel Govier-Williams advised that 'move a little more' video was available online for families and carers, along with training resources for staff.</p> <p>Steve Spill requested that a progress report is brought back to committee in three months.</p>	<b>GH</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- An update report on pressure ulcer performance be received in June 2022.</li> </ul>	<b>GH</b>

	- The report be <b>noted</b> .	
<b>61/22</b>	<b>SUBSTANCE MISUSE</b>	
	<p>A report providing an update in relation to substance misuse was <b>received</b>.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Further to a verbal update at December's Quality and Safety Committee, the report advised that the Area Planning Board (APB) has embarked upon a service review in response to key concerns raised during Quarter 3 of 2021/22. This would maintain a focus on reducing and maintaining low levels of waiting lists;</li> <li>- The proposed Independent Drugs Commission for Western Bay is moving forwards following the identification of co-chairs to lead the work. A recruitment process would be required;</li> <li>- Work will start shortly on a process to recommission substance misuse services in Western Bay with a view to commissioning through an 'alliance' approach;</li> <li>- Blood borne virus testing has been reinstated which was positive.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen was concerned that SBUHB was an outlier in terms of numbers of deaths following substance misuse. She queried who would complete out the strategic review on behalf of APB, and how would all parties take ownership of the agenda. Keith Reid advised that the APB Commissioner comprises the review. There would be clear separation, but good participation with providers. He stated that the group of provides would need to bid and then distribute the monies accordingly.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The response to the serious concerns raised at the APB and that future reports will feedback on the outcome of the strategic review be <b>noted</b>.</li> <li>- The intention to undertake work to develop an Alliance approach to contracting for substance misuse services commissioned by the APB be <b>noted</b>.</li> <li>- The recruitment process underway for the Expert Advisory Panel / Independent Commission into Drugs be <b>noted</b>.</li> </ul>	
<b>62/22</b>	<b>SUICIDE PREVENTION ACROSS SBUHB</b>	
	A report providing an update in relation to quality improvement for suicide prevention across SBUHB was <b>received</b> .	

	<p>In introducing the report, Stephen Jones highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A quality priority suicide prevention lead had been appointed and the role will link with operational and governance groups for outcomes and outputs for public agendas;</li> <li>- The lead has engaged with other Health Boards in using a staff story as a platform to de-stigmatise mental health and suicide amongst the workforce;</li> <li>- A promotional video is expected to launch in May 2022;</li> <li>- Approximately 20 members of staff have received training to become suicide prevention advocates which provides staff with the skillset to have a level of intervention to knowledge, to ask the right questions and direct colleagues to the correct area and/or service if appropriate;</li> <li>- 'Talk to me 2' strategy was underway to reduce stigma and improve awareness and understanding of suicidal behaviours amongst the public, professionals and people who are in contact with people at risk of suicide and self-harm. An action plan is being developed to support it.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill found the report good and informative. Reena Owen was encouraged by the report, however she observed that the child and adolescent mental health service (CAMHS) could be linked and affected from a prevention perspective. Stephen Jones advised that CAMHS was commissioned through Cwm Taf Morgannwg University Health Board (CTMUHB) and the team are only able to map across from an operational perspective.</p> <p>Reena Owen noted that previously there was a high incidence of male suicides in the area, and queried if SBUHB was focussing on groups with high incidence of suicide. Stephen Jones advised that research shows that suicide rates are less now among the younger generation and more towards the 40+ generation.</p> <p>Steve Spill queried whether suspected suicides statistics showed if the people were patients, or if they had never presented before. Stephen Jones advised that all cases are reviewed within 12 months of presenting/ contact, and cases are also reviewed if risks have been highlighted outside of a hospital setting.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>63/22</b>	<b>QUALITY AND SAFETY PERFORMANCE REPORT</b>	
	The quality and safety performance report was <b>received</b> .	

In introducing the report, Darren Griffiths highlighted the following points:

- There were currently 103 inpatients with the COVID-19 virus and 195 inpatients recovered;
- The eight minute release time for red ambulances remained under the 65% target and was currently 48%;
- One hour ambulances delays as of Friday, 25<sup>th</sup> March 2022 was 539;
- Four-hour emergency department waits remained stable at 72%;
- The number of clinically optimised patients was broadly unchanged at 281 as of 29<sup>th</sup> March 2022;
- SBUHB reported 2 Serious Incidents and 2 Never Events to Welsh Government for the month of February 2022;
- 199 falls reported via Datix web for SBUHB in February 2022;
- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. February 2022 saw an in-month reduction of 0.3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 25,588 in January 2022 to 25,522 in February 2022;
- The referral to treatment position is stabilising;
- There are challenges in endoscopy with 3,907 patients waiting more than 8 weeks for specified diagnostics;
- Speech and language waiting list position improved significantly in February 2022;
- To date, early February 2022 figures show total wait volumes have decreased by 8%. Of the total number of patients awaiting a first outpatient appointment, 76% have been booked;
- Radiotherapy waiting times are challenging however the provision of emergency radiotherapy within 1 and 2 days has been maintained at 100% throughout the COVID-19 outbreak;
- In February 2022, the overall size of the follow-up waiting list increased by 188 patients compared with December 2021 (from 131,848 to 132,036);
- 33% of Neurodevelopmental Disorder patients received a diagnostic assessment within 26 weeks in January 2022 against a target of 80%. The current waiting list has decreased to 802 in comparison to March 2021 which stood at 929;

In discussing the report, the following points were raised:

Maggie Berry was concerned that closure of Serious Incidents remained an issue for Service Groups, and highlighted that a new system could cause issues. Hazel Lloyd advised that the Serious Incident performance required incidents to be closed within one month of being

	<p>received, however the Service Groups were being supported following with external training, which was previously well received by Mental Health and Learning Disabilities Service Group.</p> <p>Reena Owen was concerned that two Never Events had been reported to Welsh Government within two months and queried whether this was due to the pressure on services. Hazel Lloyd highlighted over the last financial year, there were three Never Events reported to Welsh Government, and although two have been reported in the last month, both were from separate specialities. She assured committee members that investigations and lessons learned would be taken through the Quality and Safety Governance Group to enable outcomes to be shared across all services.</p> <p>Gareth Howells noted that the approach to highlighting the Never Events had been good and learning would be shared accordingly.</p>	
<p><b>Resolved:</b></p>	<p>The current Health Board performance against key measures and targets be <b>noted</b>.</p>	
<p><b>64/22</b></p>	<p><b>PATIENT EXPERIENCE REPORT</b></p>	
	<p>The patient experience report was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- 68 feedback forms had been received from patients being detained at HMP Swansea regarding their health care and services they have had access to;</li> <li>- Progress is being made to develop the ‘What’s the Noise’ survey, with Health Care Support Workers within the children’s services for ideas and improvements;</li> <li>- Complaints performance is linked to the COVID-19 staffing pressures;</li> <li>- Themes within complaints surrounded communication, access to appointments and clinical treatment;</li> <li>- ‘Once for Wales’ is scheduled to go live on 1<sup>st</sup> April 2022;</li> <li>- Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Cefn Coed Hospital overnight on 14<sup>th</sup> March 2022, visiting clyne and fendrod wards, and feedback is due;</li> <li>- HIW will conduct an onsite planned visit in Morriston Hospital between 26<sup>th</sup> and 28<sup>th</sup> April 2022;</li> <li>- The draft embargoed report received on 17<sup>th</sup> January 2022 following the National Review of Mental Health Crisis Prevention in the Community has made 19 recommendations. A deadline date for submission is due to be confirmed in April 2022.</li> </ul>	

	<p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether patient feedback was being sought by SBUHB in relation to general practice surgeries. Hazel Lloyd advised that the technology was available to collect the patient experience feedback out in the community and she undertook to include the trajectory in the next iteration of the patient experience report.</p> <p>Maggie Berry was pleased that the complaint themes had been broken down and she found the complaints theme section interesting. She queried whether improvements had been made since HIW's 'Patient Discharge from Hospital to General Practice (GP): Thematic Report 2017-2018'. Hazel Lloyd advised that the HIW report would be included in the next iteration of the patient experience report. She noted that the communications team have taken actions forward and have handed out follow up sheets to assist with feedback collation.</p> <p>Reena Owen queried what the plans were for the rapid diagnostic centre expansion and where would the location be. Christine Morrell advised that the rapid diagnostic centre was located in Neath Port Talbot Hospital and was related to cancer diagnostics. The centre was not related to emergency services.</p> <p>Reena Owen observed that one of the significant issues caused by COVID-19 was the lack of visitation for patients when they presented at the hospital, and some patients would not have had the ability to absorb the information provided from clinicians and staff and their decision making may have been compromised. She suggested that the advice provided could have been followed up with a letter or telephone call.</p>	<p>HL</p> <p>HL</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Community patient feedback trajectory to be included in the next iteration of the patient experience report.</li> <li>- HIW 'Patient Discharge from Hospital to General Practice: Thematic Report 2017-2018' to be included in the next iteration of the patient experience report.</li> <li>- The report be <b>noted</b>.</li> </ul>	<p>HL</p> <p>HL</p>
<b>65/22</b>	<b>CHANGE IN ORDER OF AGENDA</b>	
<b>Resolved:</b>	Item 4.3 to be taken with in combination with item 7.2. Item 5.1 to follow.	
<b>66/22</b>	<b>HOLISTIC REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND CAMHS COMMISSIONING GOVERNANCE ARRANGEMENTS</b>	
	A report on CAMHS commissioning governance arrangements was <b>received</b> along with a verbal update on the holistic review of CAMHS.	

	<p>In introducing the report and verbal update, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- SBUHB CAMHS Commissioning Group meetings are held monthly and the membership includes representative from SBUHB and CTMUHB;</li> <li>- SBUHB is commissioning external support for delivery of service specification;</li> <li>- Many of the single point of access cases have been returned to GP's due to them not meeting the threshold;</li> <li>- Additional sessions have been implemented to assist with CAMHS performance;</li> <li>- The waiting list is being triaged and currently 50% of the waiting list are waiting for an appointment;</li> <li>- Assessment intervention clinic is beginning in April 2022;</li> <li>- Recommendations will be taken through Board for future management arrangements following external assistance.</li> </ul>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The CAMHS commissioning governance arrangements following the draft internal audit report was <b>noted</b>.</li> <li>- The verbal update on the holistic review of CAMHS be <b>noted</b>.</li> </ul>	
<b>67//22</b>	<b>CARDIAC SERVICES</b>	
	<p>A report providing an update on cardiac services was <b>received</b>.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Cardiac services has previously been discussed in public at January's Health Board meeting;</li> <li>- This report is the first iteration to be received at Quality and Safety Committee (public);</li> <li>- The Royal College of Surgeons have begun their service review and the expected timescale for the draft formal report is 8 to 10 weeks;</li> <li>- The review is broad both internally and externally.</li> </ul>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>68/22</b>	<b>QUALITY AND SAFETY MANAGEMENT MECHANISM</b>	
<b>Resolved:</b>	A report detailing the quality and safety management mechanism was <b>received</b> .	

	<p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Work to develop a robust quality management system was underway, being driven by two externally facilitated workshops with the senior management teams across corporate and service groups;</li> <li>- Following the productive sessions, an action plan is going to Health Board meeting on 31<sup>st</sup> March 2022.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells advised that the Audit Wales' quality governance review and internal audit review of the quality and safety framework provided an opportunity to pause and reset governance structures. There was a good plan in development and the senior team had gone back to basics when mapping the plan. Richard Evans advised that the cultural aspect of understanding was good for high quality outcomes, and the aspiration was to continue to improve in quality and safety.</p> <p>Maggie Berry observed a general disappointment in light of the gaps highlighted in both reports over the past two years, and was hopeful that plans get improvements by the next internal audit review.</p> <p>Reena Owen noted that she was encouraged that SBUHB was reviewing this aspect and stated that a balance check was needed for Independent Members to restart their visits to hospital sites to ensure a focus on culture and quality. She highlighted that assurance was needed that the right information is being filtered through as the Board are only aware of what it knows.</p> <p>Gareth Howells agreed with Reena Owen's comments and noted that requirements need to be clear and SBUHB should not have surprises.</p> <p>Steve Spill noted that the Quality and Safety Governance Group was have a refreshed review around its surveillance of risks.</p> <p>Richard Evans noted that currently the arrangements around Quality and Safety Governance Group was being crystalised into culture and structures at discussions in Management Board meetings. He added that Quality and Safety Governance Group are trying to mirror the conversations at the Quality and Safety Committee and with Service Groups. There may be an opportunity for agendas to be recommended to ensure replication.</p> <p>Paul Stuart Davies advised that the Quality and Safety Governance Group was unable to cover all areas and it linked with other meetings and groups for intelligence and feedback on risks. There was a need to be preventative as well and treat and manage risks and issues.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>69/22</b>	<b>QUALITY AND SAFETY GOVERNANCE GROUP</b>	

<b>Resolved:</b>	The key issues highlight report from the Quality and Safety Governance Group was <b>received</b> and <b>noted</b> .	
<b>70/22</b>	<b>ANNUAL EQUALITY REPORT</b>	
	<p>The Annual Equality Report was <b>received</b>.</p> <p>In introducing the report, Debbie Eyitayo and Katy Goss highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Annual Equality Report had been ratified by the Workforce and OD Committee;</li> <li>- There has been a focus on community health inequalities and there is a need to build on community and service user equality, inclusion and diversity;</li> <li>- There were 7 objectives following the strategic equality plan 2020-24, and some of these surrounded staff help and wellbeing, testing the vaccination programme and a reduction in health inequalities.</li> </ul> <p>In discussing the report, the following points were made:</p> <p>Steve Spill found the report comprehensive, but noted the information included was a year out of date. Debbie Eyitayo advised that SBUHB had a legal requirement to report on the last financial year and the report would be published on the Health Board website.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>71/22</b>	<b>ADDITIONAL LEARNING NEEDS ACT</b>	
	<p>A report on the Additional Learning Needs Act was <b>received</b>.</p> <p>In introducing the report, Luke Jones highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The impact of the Additional Learning Needs Act has been light on SBUHB to date, however there is an expectation that would change dramatically over the next period;</li> <li>- There was an expected impact around resource and the legal implications were being established.</li> </ul> <p>In discussing the report, the following points were made:</p> <p>Reena Owen observed that there could be links with Neuro Development Disorders, and was concerned that additional responsibilities would be added to SBUHB in light of the challenging waiting list position. She highlighted that this area was being monitored by Performance and Finance Committee, and recruitment and demand both posed issues to performance. Luke Jones advised that SBUHB will be required to participate in some areas of the changes and</p>	

	<p>requirements, however the main impacts will be on the therapies services in learning and young people.</p> <p>Hazel Lloyd suggested that the Additional Learning Needs Act report is received three times throughout the year.</p>	<b>HL</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The work programme for 2022/23 be updated to reflect that the Additional Learning Needs Act update report be received three times a year.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>HL</b>
<b>72/22</b>	<b>QUALITY IMPACT ASSESSMENT PROCESS</b>	
<b>Resolved:</b>	A report on the quality impact assessment process was <b>received</b> and <b>noted</b> .	
<b>73/22</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items referred to other committees.	
<b>74/22</b>	<b>ANY OTHER BUSINESS</b>	
	There were no items raised.	
<b>75/22</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 26 <sup>th</sup> April 2022	