

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 21st December 2021 at 1.30pm via Microsoft Teams

Present

Steve Spill, Vice Chair (in the chair)
Martyn Waygood, Independent Member
Reena Owen, Independent Member

In Attendance

Gareth Howells, Interim Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Keith Reid, Director of Public Health (from minute 300/21)
Richard Evans, Medical Director
Darren Griffiths, Director of Finance (minute 308/21)
Siân Harrop-Griffiths, Director of Strategy (from minute 300/21)
Alison Clarke, Assistant Director of Therapies and Health Science
Delyth Davies, Head of Nursing – Infection, Prevention and Control (from minute 300/21 to 307/21)
Hazel Lloyd, Acting Director of Corporate Governance
Brian Owens, Service Director for Primary, Community and Therapies Services (minute 299/21 to 300/21)
Jan Worthing, Service Director for Neath Port Talbot and Singleton Hospital Service Group (minute 307/21 to 309/21)
Jane Phillips, Interim Head of Nursing for Children and Young People (minute 307/21 to 308/21)
Susan Jose, Head of Midwifery (minute 307/21 to 309/21)
Scott Howe, Healthcare Inspectorate Wales
Michelle Walters, Healthcare Inspectorate Wales
Sue Evans, Community Health Council
Leah Joseph, Corporate Governance Officer

Minute No.		Action
299/21	PATIENT STORY: PHYSIO WORKS	
	Steve Spill welcomed Brian Owens to the meeting. A story was received which set out the experience of a gentleman who had struggled to walk for short periods of time and had begun classing himself as an 'invalid'. He began physiotherapy sessions that	

	encouraged him to exercise between parallel bars, which transformed his physicality. He became able to walk unaided in the daylight and was supported by the physiotherapy team throughout the process.	
Resolved:	The patient story was noted .	
300/21	UNIT HIGHLIGHT REPORT – PRIMARY, COMMUNITY AND THERAPIES GROUP	
	<p>The primary, community and therapies group (PCTG) highlight report was received.</p> <p>In introducing the report, Brian Owens highlighted the following points:</p> <ul style="list-style-type: none"> - Following the restructure of the newly formed PCTG, the workforce increased by 40% when therapies was transferred into the PCTG, without any additional governance resource; - PCTG is a diverse group and there is a challenge to have the appropriate structures to be assured of the quality and safety of a wide range of services. The governance arrangements are under review in light of the COVID-19 pandemic and recent changes to the PCTG portfolio; - Virtual access to some services continues, but there are access issues and increasing waiting lists e.g. paediatric speech and language therapy. Creating sustainable primary and community services remains a key focus for the PCTG; - Gorseinon Community Hospital achieved tier one target figures between September and November 2021 with zero incidences of C.Difficile, Staph Aureus, Pseudomonas, Klebsiella which was positive; - Year-on-year comparison data for primary care shows improvement in C.Difficile cases, with the Welsh Government 15% reduction target likely to be achieved this year compared with 2020/21; - Year-on-year comparison data highlights a 28% increase in E.coli cases in primary care, with over half of the reported cases with a urinary tract link. This is a focus to ensure PCTG develops targeted urinary tract infection prevention campaigns which would include education for correct sampling, hydration and prescribing; - Dedicated infection, prevention and control support for PCTG is ongoing with direct links with the infection control nurses to help improve tier 1 targets, with particular focus on community acquired C.difficile incidents and increased e-coli cases; - The role of clinical lead for health care associated infections and anti-microbial resistance has now been appointed and due to commence in the role early January 2022. This is a general 	

	<p>practitioner role employed for two sessions per week to directly support the anti-microbial resistance agenda. The role would work collaboratively with infection, prevention and control and medicines management teams to tackle the prescribing statistics in primary care and promote antimicrobial stewardship;</p> <ul style="list-style-type: none"> - There is a clear reporting mechanism to the quality and safety governance group; - The suicide prevention group are working with the Assistant Director of Health and Safety to confirm that ligature risk assessments have been identified and addressed across our service group; - A meeting has been held with specialist palliative care services to discuss an interface with four virtual wards, pathways and alignment to primary care and community nursing to facilitate multi-disciplinary team approach; - Proposals submitted to recommence the falls response service to address winter pressures; - In October 2021, there were 89 'friends and family' survey returns with overall score of 90%; - Community Health Council (CHC) continues to play a part in reflecting peoples' views and representing their interests in primary care services. A task and finish group has been developed to prove the position for access to care; - To date, there were 24 COVID-19 positive cases in HMP Swansea with the position under review and changing at a fast pace; - HMP Swansea continue to conduct decontamination/sterilisation procedures for all reusable dental equipment; - HMP Swansea continue to action recent Healthcare Inspectorate Wales (HIW) outcomes with only one outstanding action which is expected to be completed January 2022; - School immunisation campaigns and catch up programmes continue, however work was significantly hindered by COVID-19 related school year closures and absences, however the school nursing team continue to achieve good vaccination rates; - Additional Learning Needs (ALN) and Education Tribunal Act (ALNET) risks have been highlighted associated with capacity and sustainability of services, statutory obligations and ongoing funding of commissioned services. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill found the report and summary supporting it comprehensive.</p> <p>Reena Owen was pleased that Gorseinon Community Hospital achieved tier one target figures. She queried whether the dental service had its</p>	
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	<p>own feedback system. Brian Owens advised that complaints and compliance feedback was often linked to access to care, with comments being fed through via the community health council which had been helpful. He advised that the dental feedback was not in the usual 'friends and family' feedback format.</p> <p>Reena Owen highlighted that making every contact count, smoking cessation and weight management had not been included in the report, and queried whether messaging and management of the services were taking place. Brian Owens advised that smoking cessation and weight management sits with PCTG. Weight management had been included in the annual plan and a business case was in development. He stated that diabetes prevention meetings were ongoing, a strategic programme was being rolled out across clusters, and there were a range of interfaces in place for making every contact count.</p> <p>Martyn Waygood queried whether there were any lessons to be learned from Gorseinon Community Hospital surrounding their tier one achievements. Brian Owens advised that the cohort of patients receiving care at Gorseinon Community Hospital could be challenging from an infection, prevention and control perspective. Gareth Howells advised that the Gorseinon Community Hospital are getting basic infection, prevention and control measures right e.g. washing hands and single room usage.</p> <p>Martyn Waygood noted that physiotherapy was detailed as an outlier within the report as 75% positive feedback was reported, and queried if any work had been undertaken to improve the position. Brian Owens noted the 25% opportunity to make improvements and noted that the sub-specialties need to be looked into as there was bigger outpatient activity ongoing.</p> <p>Martyn Waygood queried the current position for school immunisations. Brian Owens was confident that youngsters within the appropriate age groups would receive their immunisation, however there may be a gap in the children who have passed the appropriate age group. Gareth Howells suggested that this be escalated by primary care into the Health Board escalation process.</p> <p>Alison Clarke highlighted that 'ALN Bill' in the report needs to be updated to 'ALN Act'.</p> <p>Steve Spill queried whether there was enough managerial governance oversight following the increased 40% workforce. Brian Owens advised that there was still the same number of people managing governance, however the changes following the ALN Act may require additional workforce changes.</p>	
Resolved:	<p>The primary, community and therapies services highlight report and appendices were noted.</p>	

301/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Maggie Berry, Independent Member; Christine Morrell, Director of Therapies and Health Science; Inese Robotham, Chief Operating Officer.	
302/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
303/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 23 rd November 2021 were received and confirmed as a true and accurate record.	
304/21	MATTERS ARISING	
	There were no items raised.	
305/21	ACTION LOG	
Resolved:	The action log was received and noted .	
306/21	WORK PROGRAMME 2021/22	
Resolved:	The work programme was received and noted .	
307/21	INFECTION PREVENTION AND CONTROL AND RECRUITMENT AND RETENTION UPDATE	
	<p>A report providing an update in relation to infection, prevention and control (IPC) and retention and recruitment was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - There are currently eight ongoing COVID-19 outbreaks across hospital sites; - 50% of staff have received their influenza vaccination; - A significantly increased incidence of glycopeptide resistant enterococcus faecium had been identified in Morriston Hospital's three trauma and orthopaedic wards over a period of months; 	

- Morriston Hospital have undertaken further investigations with support from Public Health Wales Consultant Microbiology, Healthcare Epidemiology colleagues and IPC team;
- The investigation will be multi-disciplinary and will involve a retrospective and ongoing review of laboratory results to establish potential case numbers, a clinical review of cases of infection, review of the use of vancomycin in orthopaedic surgical practices, review of practices and the environment.

Gareth Howells highlighted the following points:

- The report described the IPC position and unique infections;
- The position is unsustainable and key and core recommendations had been detailed within the report;
- Each infection would be reported as a Never Event;
- Senior leadership oversight would be required going forward under the Assistant Director of IPC role.

In discussing the report, the following points were raised:

Steve Spill reflected that the current position was not normal, however the Health Board was tackling IPC and work was progressing.

Reena Owen queried IPC staffing in comparison with other Health Boards, and noted that the IPC team should be staffed prior to recruiting an Assistant Director of IPC. Gareth Howells advised that the Health Board's current IPC structure levels with other Health Boards, however there is a need for local ownership. He stated that the Health Board had committed to reduce the cost of IPC.

Reena Owen highlighted that basic IPC controls like handwashing was not taking place and also wearing uniforms outside of the workplace was occurring. Gareth Howells acknowledged that shower facilities are needed in some areas across sites, however he recognised there was an individual responsibility to manage uniform wearing outside of the workplace. He noted that communication would be a part of the relaunch to remind staff of their requirements.

Richard Evans commented that the Assistant Director of IPC would provide seniority, strategy and a focus on how IPC should be managed. The IPC teams should be operational and advisory across the sites to provide the infrastructure to service groups.

Sue Evans advised that the second quarterly report CHC report was expected shortly with information surrounding hand hygiene prior to eating meals. Delyth Davies advised that the opportunity to wash hands prior to meals has increased due to hand hygiene wipes being readily available and accessible for wards.

Alison Clarke advised that there are roles within the Health Board that require staff to wear their uniforms between hospital and community.

Resolved:	The progress against healthcare associated infection priorities up to 30 th November 2021 was noted .	
308/21	EXTERNAL REVIEW OF THE CHILDREN'S COMMUNITY NURSING SERVICE UPDATE REPORT	
	<p>An update report following the recommendations from an external review of the children's community nursing service was received.</p> <p>In introducing the report, Jan Worthing highlighted the following points:</p> <ul style="list-style-type: none"> - Following a public report, it was highlighted that there was lack of clear team governance structures with concerns being managed internally with no robust consistent process in place; - There was limited evidence of the team working in partnership with families; - The culture of care was identified as being complex with what appeared to be an inflexible leadership style; - A robust action plan was now in place; - The children's community health care meeting took place on 21st December 2021. <p>Jane Phillips highlighted the following points:</p> <ul style="list-style-type: none"> - The first part of the programme focused on staff and family feedback and to ensure a sustainable service going forward; - External media interest has been difficult to manage; - Continuity of services remains critical for complex care children; - Some actions were identified throughout the review and have since been completed. There are a number of actions scheduled for December 2021 that have commenced; - There are plans to meet with staff in January 2022 to build resilience and a new culture for compassionate care; - There is key work around engagement and co-production plans for families; - The next iteration of the action plan is expected to look different as the actions continue to be worked through; - The staffing situation remains a concern with a risk score of 20. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood thanked colleagues for the report, but noted that 90% of families had issues surrounding communication. He queried why these concerns had not been raised prior to the review. Jan Worthing advised that the care provided to families was fantastic and this had</p>	

	<p>been validated by families. Feedback had now been incorporated into the process along with Datix reporting and recording informal concerns.</p> <p>Martyn Waygood highlighted that the agency staff timescale may need updating from 'December 2022' to 'December 2021'. Jane Philipps advised that this had already been amended.</p> <p>Martyn Waygood queried whether anonymity of families was being adhered to if families had requested it. Jane Phillips advised that all families were written to and were invited for a meeting. If they wished to provide anonymised general feedback, then their personal details were not disclosed.</p> <p>Reena Owen felt assured that the team was rebuilding, however she highlighted the lack of governance issues when the Datix system and governance team structures were already in place. She queried how she could be assured that the outcome would not happen again in another team or service in light of the lack of Datix incidents reported. Jan Worthing advised that no issues with the team were previously highlighted and no complaints of Datix incidents were reported, so there was no intelligence that there were issues or concerns. She added that going forward, all community teams were being measured against the review. Siân Harrop-Griffiths advised that there was a need to make sure the report was reviewed in the context of other services for lessons to be learned. Hazel Lloyd informed committee members that work is underway to review the services with low numbers of Datix incidents.</p>	
Resolved:	The update on progress provided within the report was noted .	
309/21	CHANGE IN ORDER OF AGENDA	
Resolved:	Item 5.1 to be taken with item 3.3 following.	
310/21	MATERNITY SERVICE RISK REPORT	
	<p>A report on maternity services risks was received.</p> <p>In introducing the report, Susan Jose highlighted the following points:</p> <ul style="list-style-type: none"> - There are currently 19 open risks, and 11 of these have a risk score of 20; - Maternity Risk 2788 critical staffing levels: Midwifery unavailability remains in excess of 30% overall with the community midwifery service most adversely impacted with unavailability over 40%. The next review date for reinstating homebirth and Neath Port Talbot Birth Centre services will be 4th January 2022; 	

- Midwifery bank had been developed to strengthen staffing numbers and the skill mix was being monitored between junior and senior midwives;
- **Maternity Risk 1605 screening for fetal growth assessment in line with Gap/Grow:** Two midwives commenced training in January 2021 and will complete their practical assessment in January 2022. Following a preceptorship period they will provide service scan lists commencing April 2022.
- Health Education Improvement Wales have provided a further two fully funded places on the ultrasound training course University West of England commencing January 2022. In October 2021, ultrasound scan for fetal anomaly scanning was increased to 30 minute time slots in line with antenatal screening standards. This further reduced third trimester scan capacity between 20-25 appointments per week;
- **Maternity Risk 329 lack of central monitoring on labour wards:** The business case has been fully prepared and updated for submission.
- **Maternity Risk 2595:** Safe midwifery staffing for maternity settings (NICE 2015) state the midwife in charge should look out for 'red flag events'. These are signs that there may not be enough midwives to give women and babies the care they need. Red flag events include a delay in commencing induction of labour. An incident report is submitted for all women who are not transferred to Labour Ward within 24 hours of pre-labour rupture of membranes. The Datix system identified 89 incidents being linked to this risk during 2021. The majority of cases result in no harm with one incident being managed under redress;
- **Maternity Risk 2007:** Two obstetric theatres are located on the labour ward in Singleton Hospital. The theatres are managed by the maternity team, with a dedicated theatre team including anaesthetic cover available 24 hour, 7 days a week for the main theatre. There is no dedicated team for opening a second theatre should an emergency arise. Seven incident reports have been submitted since September 2020 are linked to the risk. Two of the incidents are being supported through redress due to delays in care outside of standard practice. A working group supported by maternity and theatre staff groups are preparing options appraisal paper for all issues related to staffing and governance of obstetric theatres which will report to the service groups by April 2022;
- Pregnant women are now categorised as a high risk group and some unvaccinated women are needing treatment in intensive therapy unit. Vaccination sessions have been organised to offer vaccinations and boosters.

In discussing the report, the following points were raised:

Steve Spill felt assured that the risks are being supervised appropriately.

	<p>Reena Owen queried whether there was any way to accelerate processes for the risks, including the business case for theatres with a timescale of April 2022. Jan Worthing advised that theatre work was ongoing for planned surgical care and this was expected to move at pace early in 2022. She stated that daily planned elective caesareans were included in the theatre lists.</p> <p>Jan Worthing highlighted that the two midwives who have completed their training were due to begin scanning patients in January 2022. Susan Jose highlighted that learning would begin at the point of qualification. Jan Worthing assured committee members that there was an expectation that the risks would decrease over the next few months.</p> <p>Reena Owen queried if the Health Board could do more to circulate clearer messages for pregnant women in respect of the vaccination process. Keith Reid advised that vaccination for pregnant women was a standard of care. He stated that the health board needed to be confident that midwives were advocating vaccinations and he had received feedback that expectant mothers were only taking up the vaccination once their obstetrician had advised them to do so. He advised that there are access barriers for boosters, however if pregnant women are due for their booster they would be called to attend an appointment. Susan Jose advised that the Public Health Wales midwife has provided sessions with midwives via Microsoft Teams surrounding discussing vaccinations with pregnant women, and a promotion campaign was ongoing.</p>	
Resolved:	The report was noted .	
311/21	PUBLIC HEALTH SERVICE OMBUDSMAN PUBLIC REPORT	
	<p>A verbal update surrounding the public health service Ombudsman public report following a complaint within upper (gastrointestinal) GI services was received.</p> <p>In introducing the update, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The public health service Ombudsman public report related to a complaint in a previous report surrounding upper GI endoscopy; - The patient and relatives were not properly informed of the prognosis and the patient deteriorated quite rapidly; - Most of the Ombudsman recommendations had been completed; - One of the recommendations was for advanced communication training be provided to all GI staff. This would be quite broad and needed to be commissioned on a bespoke basis; - The Medical Director has received confirmation from the Ombudsman regarding resolution, and consultant and specialty nurses are to undergo bespoke training; 	

	<ul style="list-style-type: none"> - The expected timescale for completion of the final action is March 2022. 	
Resolved:	The verbal update was noted .	
312/21	SUBSTANCE MISUSE REPORT	
	<p>A verbal update surrounding substance misuse was received.</p> <p>In introducing the update, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> - Area planning board commissions substance misuse service on behalf of Welsh Government and the Health Board sits on this panel; - There are four areas of concern and work is ongoing, and not yet completed to mitigate these issues; - Concern 1: Death rates relating to substance misuse have increased in Swansea Bay, and currently the position is the worst in Wales and seems to be declining further with 34 reported in Swansea and 11 reported in Neath Port Talbot. There is no single factor, and most of the deaths are polypharmacy. 48 % of people are not engaged with services; - Concern 2: There are waiting lists delays for access to community detox facilities. Work is ongoing to understand the delays, however the issue is not yet resolved; - Concern 3: Blood borne virus testing has not yet resumed at Swansea Bay University Health Board (SBUHB); - Concern 4: Locally, the pathfinder has moved away from the previous data collection system platform to a new platform. There is a problem collecting substance misuse statistics and information is unable to be submitted to Welsh Government. Welsh Government are aware of the situation and work remains ongoing; - It was suggested that a substantive report be taken to March's Quality and Safety Committee. <p>In discussing the update, Reena Owen highlighted that it was important SBUHB reviewed the areas within its control to assist with the position, and was concerned that there were polypharmacy related deaths.</p>	KR
Resolved:	<ul style="list-style-type: none"> - The verbal update was noted. - A substantive report to come to March's Quality and Safety Committee. 	KR
313/21	QUALITY AND SAFETY PERFORMANCE REPORT	

	<p>The Quality and Safety Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - To date, there are 38 COVID-19 positive patients occupying a bed across hospital sites; - In November 2021, there was an in-month increase to 52.0% for ambulance response times but is still below the 65% target. In November 2021, the number of green calls reduced by 13%, amber calls reduced by 19%, and red calls reduced by 15% compared with September 2021; - In November 2021, there were 670 ambulance to hospital handovers taking over one hour. This was a significant deterioration from 500 in November 2020 and was an in-month increase from October 2021; - The ED four hour performance figures for November 2021 was 73.46% and currently are sitting at 73% to date; - In November 2021, performance against the 12-hour measure improved compared with October 2021, decreasing from 1,276 to 1,055. 1,054 patients waiting over 12 hours in November 2021 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital. This is an increase of 429 compared to November 2020. SBUHB had the second bed Emergency Department performance in Wales; - There was one new Never Event reported in November 2021 for Morriston Hospital which related to a surgical prosthesis incident; - In November 2021, performance against the 80% target of submitting serious incident closure forms within 60 working days was 0% as the one closure form in Morriston Hospital due to be submitted to Welsh Government, was not submitted on time. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood queried when the clinically optimised patient figure was expected to decrease. Darren Griffiths advised that to date there were 255 clinically optimised patients across sites, and a report had been taken through the Performance and Finance Committee on 21st December 2021. He advised that bed availability was considerably less than what was contracted for. Gareth Howells advised that work was ongoing to reduce the numbers, however he suggested an overview be brought to January's Quality and Safety Committee from an operational perspective. Siân Harrop-Griffiths agreed with the approach as virtual wards would be going live in care homes next month. She noted that she was due to meet with Swansea and Neath Port Talbot Local Authorities and the Health Board's Chief Operating Officer to discuss further. She added that both domiciliary care and care homes are currently very fragile.</p>	<p>IR</p>
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Resolved:	<ul style="list-style-type: none"> - A report on clinical optimised patients from a quality and safety perspective be taken through January's Quality and Safety Committee. - The current Health Board performance against key measures and targets was noted. 	IR
314/21	HEALTH BOARD RISK REGISTER	
	<p>The Health Board risk register (HBRR) was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The HBRR was last presented to the full Board on 25th November 2021 and it has been shared with executive director's to update where appropriate; - SBUHB continues to operate at the increased risk appetite level of 20 as determined at the outset of the pandemic; - The HBRR currently contains 38 risks, of which 14 of these are assigned to the Quality & Safety Committee for oversight. 11 are at or above the Health Board's current risk appetite score of 20. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried the process when Executive Director's need to increase or decrease the risks assigned to them. Hazel Lloyd advised that the risk is reported through Management Board and a discussion takes place with the triumvirate of Executive Directors and Service Directors.</p> <p>Martyn Waygood queried if risk reference 67 (radiotherapy) had reduced. Richard Evans advised that although the risk remains, the risk rating had been reduced. Hazel Lloyd stated that risk had been reduced to risk level 15.</p>	
Resolved:	The report was noted .	
315/21	WELSH HEALTH CIRCULAR QUALITY AND SAFETY FRAMEWORK	
	<p>A verbal update surrounding the Welsh Health Circular Quality and safety Framework was received.</p> <p>In introducing the update, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> - The Quality Engagement Act will come into force from April 2023 and as such SBUHB would be reviewing its framework to link in with the Welsh Government framework; - The terms of reference of the quality and safety governance group is expected to be reviewed and updated with the document 	

	to be brought to the Quality and Safety Committee for ratification at a future meeting.	
Resolved:	The verbal update was noted .	
316/21	QUALITY AND SAFETY GOVERNANCE GROUP	
	<p>A key issues report from the quality and safety governance group (QSGG) was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> – The last QSGG meeting took place on 10th December 2021; – Morriston Service Group reported the following to QSGG: 1. The risk of avoidable harm to patients because of excessive access waiting times across all categories of patient care; 2. Avoidable patient harm due to a lack of timely assessment and treatment for emergency patients; 3. Avoidable patient harm as a result of nurse staffing deficits to undertake both direct and indirect nursing care; 4. Sustainability of the regional burns service due to lack of workforce at anaesthetic consultant level; – Neath Port Talbot Singleton Service Group reported the following to QSGG: 1. There is a deficit of qualified Haematology and Blood Transfusion staff within the HB Laboratory Medicine Services; 2. Risk ID 1759 of non-compliance with the Nurse Staffing Levels; 3. Unavailability of timely ambulance transfer; – Children's services reported to QSGG difficulties in recruiting a named Doctor for Safeguarding. The role had gone out to advert and had been spread across Wales via an agency. The position closed for a fourth time, however no applications were received. Public Health Wales have been contacted and support has been received from the Royal College of Paediatrics and Child Health. The vacancy remains a concern. – All outstanding actions in relation to HMP Swansea have been reviewed and agreed at the service group nursing quality and safety meeting. Outstanding IPC actions have been reviewed at partnership board. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether headhunting had taken place to fill the Doctor for Safeguarding vacancy and if the pay was enticing. Nigel Downes advised that headhunting had taken place. Gareth Howells advised that SBUHB has almost exhausted all options, but there could be a need to look differently at the type of person that was needed in the role.</p> <p>Martyn Waygood thanked Nigel Downes for his work.</p>	

Resolved:	The key issues highlight report was noted .	
317/21	LYMPHOEDEMA NETWORK WALES BI-ANNUAL REPORT	
	<p>The Lymphoedema Network Wales Bi-Annual Report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood queried the reason for the high referrals. Alison Clarke confirmed she would undertake an action to confirm the reason outside of the committee.</p>	AC
Resolved:	<ul style="list-style-type: none"> - Confirmation surrounding the reason for the high Lymphoedema referrals to be confirmed to Martyn Waygood outside of the meeting. - The report was noted. 	AC
318/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
319/21	ANY OTHER BUSINESS	
	<p>i. <u>Nigel Downes and Martyn Waygood</u></p> <p>Steve Spill noted it was the last meetings for Nigel Downes who was taking up a secondment outside of the health board and Martyn Waygood who was stepping down as an independent member. He thanked Nigel Downes for his input into the Quality and Safety Committee and Martyn Waygood for his tremendous service as the previous chair of the Quality and Safety Committee.</p>	
320/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 25 th January 2022.	