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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



		Agenda Item	2.3 (i)
<b>Freedom of Information Status</b>	Open		
<b>Reporting Committee</b>	Quality and Safety Committee		
<b>Author</b>	Leah Joseph, Corporate Governance Officer		
<b>Chaired by</b>	Martyn Waygood, Independent Member		
<b>Lead Executive Director (s)</b>	Christine Williams, Interim Director of Nursing and Patient Experience		
<b>Date of last meeting</b>	27 April 2021		
<b>Summary of key matters considered by the committee and any related decisions made:</b>			
None identified.			
<b>Key risks and issues/matters of concern of which the board needs to be made aware:</b>			
<p><b>Infection Prevention and Control Report (IPC)</b> - The high impact of COVID-19 that peaked in December 2020 and January 2021 was felt up to and including March 2021. Swansea Bay University Health Board (SBUHB) achieved the Welsh Government infection reduction expectation in relation to both E. coli and Pseudomonas aeruginosa bacteraemia cases. SBUHB did not achieve the Welsh Government infection reduction expectations in relation to Staph.aureus bacteraemia, C. difficile (C.diff), and Klebsiella bacteraemia. There had been year-on-year increases in the number of cases of C. diff, and Klebsiella bacteraemia. Key-targeted work is ongoing within the Primary Community Care Service and pharmacies to understand issues and make improvements surrounding antimicrobial prescribing. E-prescribing had been rolled out across Neath Port Talbot Hospital and Singleton Hospital.</p>			
<b>Delegated action by the committee:</b>			
None identified.			
<b>Main sources of information received:</b>			
<p><b>Performance Report</b> -The monthly report 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><b>Quality and Safety Risk Register</b> was received for assurance.</p> <p><b>Patient Story</b> - A story was received which set out a service user's experience of 'Dance to Health'. Following a neurological illness, he became involved with the 'Dance to Health' group and has found the sessions beneficial from both a mental and physical aspect. Prior to the pandemic, the average attendance was 45 people each week</p> <p><b>Health Board Annual Prescribing Report</b> – A report was received which confirmed that for 2020/21 there were three priority areas in addition to safety and efficiency domains: Analgesics in Primary Care, anticoagulants in atrial fibrillation, and antimicrobial stewardship. A large number of anticoagulants in atrial fibrillation patients have been reviewed. There is a need to focus on decreasing prescribing of long-acting insulin analogues in primary care and secondary care. The reasons for over prescribing need to be explored to rectify and make improvements.</p> <p><b>Controlled Drugs Framework</b> - The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 placed a statutory responsibility on the Health Board and its Controlled Drug Accountable Officer to ensure the safe management and use of controlled</p>			

drugs. Controlled drug governance requires strengthening across SBUHB in order to provide the necessary assurance regarding compliance with this legislation. Each Service Group has appointed a senior Controlled Drug lead who the Controlled Drug Accountable Officer will be able to work with over the coming months to progress the strengthening of Controlled Drug governance.

**Health and Care Standards Annual Self-Assessment Report 2020-2021 – A draft version was received.** There are seven themes, of which four are awaiting further information from the service groups. Three of the themes have been signed off.

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

**Quality and Safety Governance Group (QSGG)** - The most recent QSGG meeting took place on 30<sup>th</sup> March 2021 the report was received for assurance. Revised governance arrangements for Neath Port Talbot Hospital and Singleton Hospital remain under review. There was an increase in the number of Ombudsman complaints in relation to Oncology services. It was noted that a number of complaints related to Oncology services are also associated with other specialities. A number of themes were identified which included poor communication with both patient and relatives, lack of patient consent and lack of support. There is an ongoing risk surrounding the lack of a named Doctor for Safeguarding. Concerns were raised by staff on the accuracy of the Electronic Staff Record Mandatory Training figures and the difficulty some staff have in accessing the training.

**Matters referred to other committees:**

None identified.

**Date of next meeting**

25 May 2021