



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



		Agenda Item	3.2.2
<b>Freedom of Information Status</b>	Open		
<b>Reporting Committee</b>	Quality and Safety Committee		
<b>Author</b>	Liz Stauber, Committee Services Manager		
<b>Chaired by</b>	Maggie Berry, Independent Member		
<b>Lead Executive Director (s)</b>	Gareth Howells, Director of Nursing and Patient Experience		
<b>Date of last meeting</b>	06 December 2018		

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

- **Primary Care and Community Services Exception Report and Patient Story** – members received an update on quality and safety issues within primary care and community services. As part of the discussion it was noted that the unit’s assurance framework had been revised and included strengthened relationships with general medical and dental services. Learning had been taken from a number of audits, including changing the visiting cycles to contactors and the unit’s strategic quality and safety meetings. Patient flow was a key area of work with a number of initiatives such as the acute clinical care teams, ‘end PJ paralysis’ and the integrated care model at Morriston and Gorseinon hospitals. In addition, deprivation of liberty safeguards (DoLS) performance was being addressed with a new team and clear management structure.

The unit also presented a patient story which outlined the experience of a new mum who was feeling socially isolated and anxious. Her health visitor referred her to the perinatal mental health service which was able to signpost to group sessions managed through a third-sector organisation. At the most recent visit, the health visitor had noted that the mum was like a ‘new person’, regularly attending playgroups. The early intervention work had prevented a mental health crisis which could have a long-term impact for both the mum and the child. Members commented on the variation of services across the health board.

- **Infection Control Report** - infection control remained a high focus, not just in terms of targeted intervention, but from a patient safety perspective. There were three areas of focus; *e.coli*, *clostridium difficile* and *stauph.aureus bactaermia*. All three performance areas were all under the trajectory in October 2018 for the first time, which was thanks to the efforts of the unit nurse directors. Performance in November 2018 saw *stauph.aureus bactaermia* on trajectory, *clostridium difficile* remained under but *e.coli* had gone above trajectory.

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

- **Quality and Safety Performance Report** – members felt that the report in its current format did not provide the narrative it needed to effectively discharge its duty as it was based purely on performance. It was agreed that a proposal would be developed as to

a more appropriate way to present the information to the committee.

#### Delegated action by the committee:

- **Pharmacy and Medicines Management** – an update was received with regard to the work to reduce anti-biotic prescribing and the committee was supportive of a proposal for a consultant pharmacist, with some reservations as to timing.

#### Main sources of information received:

- **Nurse Staffing Levels** – a further update was provided as to the ongoing work to comply with the Nurse Staffing Levels (Wales) Act 2016.
- **Quality and Safety Indicators for Mental Health and Learning Disabilities** – members received the first draft of proposed performance indicators for mental health and learning disabilities and suggested ways in which they could be developed further.
- **Delivery Unit Update Report** – progress in relation to the NHS Wales Delivery Unit's 90-day review of serious incidents was reported;
- **Chronic pain review** – members received the report and action plan following a review of the chronic pain service. It was agreed a further update on progress would be received at the April 2019 meeting by which time all actions should be complete;
- **Patient Experience** – the quarterly report in relation to patient experience performance was received and members were informed that a patient experience forum was to be established.
- **Internal Update** – the findings of recent internal audits relating to quality and safety issues were noted;
- **Corporate Risk Register** – members received an update on the work to revise the corporate risk register.
- **External Inspections** – a report outlining the findings of recent external inspections was received and noted.

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

- **Clinical Outcomes Group** – the committee was advised that the work of the clinical outcome group was to be absorbed by the clinical senate council, which was meeting for the first time later in December 2018;
- **Quality and Safety Forum** – the regular update from the forum was received with no significant issues raised, with exception of unit attendance at meetings.

#### Matters referred to other committees:

None identified.

**Date of next meeting**

21 February 2019