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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



	Agenda Item	2.2 (ii)
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Freedom of Information Status	Open
Reporting Committee	Quality and Safety Committee
Author	Leah Joseph, Corporate Governance Manager
Chaired by	Steve Spill, Vice Chair
Lead Executive Director (s)	Gareth Howells, Interim Director of Nursing and Patient Experience
Date of last meeting	26 April 2022

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

Patient Story: Return to Original Care

A story was received which set out the ‘home first’ programme and the aims to streamline processes in place to facilitate safe and timely hospital discharges, as well as taking preventative steps to avoid unnecessary admissions.

Service Group Highlight Report: Primary, Community and Therapies Services (PCTS)

A report was received which highlighted key issues prevalent for PCTS. PCTS is a diverse group and challenge remains to have the appropriate structures to be assured of the quality and safety of a wide range of services which are disparate in nature. Risk workshops have been held with the senior management team and risk reporting and management is improving with regular monthly meetings between governance and heads of service to review risk registers. Incident management had improved with a reduction of open incidents from 777 in January 2022 to a current total of 307 open incidents on the legacy Datix. Complaints performance reduced in March 2022 due to a variety of factors including the impact of long term sickness and annual leave within the governance team. The impact of annual leave and system reset within the service teams reducing available capacity for investigation and response. The move to Datix Cymru brings reporting challenges specific to PCTS due to the diversity of services and the requirement to manage governance within these services. The governance team are working with corporate governance to manage these risks and understand the challenges and opportunities that Datix Cymru will present. Work is progressing to reduce the number of outstanding incidents open on the legacy Datix system in order to reduce the transfer burden to the new system. National initiatives to end the contract with the national reporting and learning system and include general medical services (GMS) and non-GMS contractor incident reporting into Datix Cymru had brought challenges around process, access and communications at a national level. There has been ongoing monitoring of incidents reported from contractors since 1st April 2022. The Healthcare Inspectorate Wales (HIW) final report following their review of HMP Swansea remains outstanding. The service group was successful in obtaining their controlled drug license for HMP Swansea.

Matters raised by members:

- *GMS access task and finish group;*
- *New access to standards to convert the utilisation of the digital platforms commitment into a standard;*
- *Interface between Swansea Bay University Health Board (SBUHB) and HMP Swansea;*
- *Access to NHS dental treatment;*

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

Report on progress against the infection prevention and control (IPC) improvement plan

The report and plan were received for assurance. The revised IPC 12-month improvement plan was evolving with a focus on seven main areas. Progress had been made with recruitment into IPC appointments. A communications strategy was under development which would be launched on the intranet and be included within the Chief Executive's online blog. IPC service group support structures have been revised to reflect the current resource and cross-cover, and this has been circulated to all service groups for clarity in relation to the named IPC lead. The Chief Nursing Officer has requested sight of the SBUHB IPC improvement plan in May 2022.

Matters raised by members:

- *Basic hygiene and hand washing audits;*
- *Communication being filtered down to wards with the aim to display data on wards surrounding 'how many days without infection'.*

Childrens Continuing Care Service final improvement plan

All avenues have been reviewed offering families feedback opportunities for service improvement projects. Weekly drop-in sessions have been established for health care support workers to review the action plans and engage with staff. 'What's the noise' digital application has been developed to give staff an opportunity to provide feedback on their shifts and this has been positive. The registered nursing workforce have 'lunch and learn' sessions. The draft parental agreement remained outstanding and agreed key questions for feedback have been included within the agreement. Training with the organisational development team around culture and reliance had been postponed due to staffing difficulties, however there was an anticipation that the sessions would be run in September 2022, and new staff would receive the background of the service to ensure mistakes are not made again. From a leadership perspective, a new manager has been appointed. There are a number of red actions within the improvement plan however these are linked to key posts detailed within the workforce improvement business case which is being taken through the Business Case Assurance Group (BCAG) on 27th April 2022. The roles within the business case relate to nurse assessor roles for both physical and learning needs, and lone worker requirements in the twilight shifts. The risk score around staffing on the Health Board Risk Register currently stands at 20, but there is an anticipation that the score would reduce once staff commence employment in June 2022. Support has been received from the corporate team for strengthen the engagement plan to assist families to be a part of service development going forward.

Matters raised by members:

- *Rotation of health care support workers on twilight shifts;*
- *Concerns raised surrounding the lack of funding for the workforce improvement priority.*

Delegated action by the committee:

Annual review of health and care standards

The report was received for approval. Welsh Government are in the process of reviewing the current health and care standards, and will be replaced by other standards. There are seven themes that have been scored against: staying healthy; safe care; effective care; dignified care; timely care; individual care; and staff and resources. The overall scores and process have been affected by the impact of the COVID-19 pandemic. This year's self-assessment standards have seen a reduction of six of the scores whilst one of the scores has remained the same. The service groups have undertaken a quarterly self-assessment which are honest reflections of the workforce and vacancy positions. Work continues with service groups to strengthen processes, and the self-assessments will be used to lead to improvements

Main sources of information received:

Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, theatre utilisation, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Matters raised by members:

- *Ministerial priorities;*
- *Child and adolescent mental health services and neurodevelopmental performance;*
- *Deteriorating vaccination levels among children.*

Additional funding and resource to support patients' wellbeing on waiting lists

In 2021/22, non-recurrent funds were utilised however it was difficult to get processes in place and spend was minimal. Welsh Government issued messaging to SBUHB that support for patients on waiting lists was to be included in the Health Board's 2022/23 recovery and sustainability plan, and this has been detailed as a priority. A business case was being submitted to BCAG recommending increasing the service to offer 240 new appointments for hips and 1900 prehabilitation places within expanded exercise and lifestyle programme service which aimed at waiting list knee and hip arthroplasty patients. Benefits analysis work has been ongoing, and the final report was scheduled to be taken to BCAG in May 2022. A prehabilitation business case has been prepared by the clinical lead and service improvement colleagues for those patients suspected of cancer and Management Board will consider the implementation of an integrated prehabilitation pathway.

Risk Management Report for Quality and Safety Risks

The bi-monthly report was received for noting. The Health Board Risk Register (HBRR) was last presented to the Health Board in March 2022. The Board endorsed continuation of the risk appetite score level of 20, but agreed to explore the adoption of a more nuanced approach in future. A future approach to expressing & using risk appetite is being developed. Risk entries have been circulated for review and update by executive directors and their nominated senior management leads. HBRR currently contains 40 risks. Fourteen of these are assigned to the Quality and Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. Five further risks are overseen by other committees. Discussions were ongoing surrounding the risks from the COVID-19 risk register and how the risks and mitigating actions would continue to be monitored.

Matters raised by members:

- *Maternity risks;*
- *Best interest assessor funding;*
- *Sonographer timescales surrounding risk 63: Screening for Fetal Growth Assessment in line with Gap-Grow.*

Upcoming launch of the older person and dementia charters report was received for noting. The dementia charter forms a component of the dementia action plan for Wales. The launch of the Dementia Friendly Hospital Charter on 6th April 2022 was a success. The good work had been recognised at the launch and seven pilot areas were chosen which will focus on implementing care around values, individuals, perspectives and social.

Demand and capacity surrounding cleft, lip and palate service

The update report was received for assurance. There was a significant reduction in theatre capacity for both the paediatric and cleft adult service due to the COVID-19 pandemic. When surgery recommenced, paediatric surgery in Morriston Hospital was allocated three lists a week from mid-October 2020, with eight specialties sharing these lists. The cleft service was receiving on average two lists a month, 40% of their usual surgical capacity. By April 2021 there were 50 paediatric patients and 36 adult patients awaiting surgery. Discussions were undertaken with the Children’s Hospital for Wales in Cardiff and Vale University Health Board to mitigate the risks associated with delays for paediatrics awaiting cleft surgery, resulting in 11 patients being treated there. Appropriate non-complex adult patients were treated in Neath Port Talbot Hospital. Backfill lists were allocated to the service when available, and surgeons operating on adult patients have been job planned. An additional two paediatric lists per month were allocated to the service resulting in a weekly paediatric list. Five adult patients were outsourced to St Joseph’s Hospital in Newport. As a result of the additional capacity described above the paediatric service is now in balance with pre-COVID levels of waiting list numbers and times. The service still has concerns with regard to the backlog of adult cleft patients.

Highlights from sub-groups reporting into this committee:

Executive Summary of the Quality and Safety Governance Group (QSGG)

The executive summary report was received for assurance. The QSGG structures and report mechanisms are being revised for a clear focus of quality and safety, mitigation and timescales. Service groups have been asked to give assurance around the risk to reply to concerns within 30 days. The audit programmes have restarted, and this includes the quality assurance corporate visits. The corporate team welcome committee member participation in the visits. Access to NHS dental treatment remains an issue, and the CHC report titled ‘getting to the root of the problem’ were included in the appendices. Appendix 3 provided details of the updated more robust mechanism for managing CHC reports and the current status of responses to CHC reports.

Matters raised by members:

- *Demand and capacity surrounding the dentistry service;*
- *Unannounced Health Board and Community Health Council visits.*

Matters referred to other committees:

There were no matters referred to other committees.

Date of next meeting

24 May 2022



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Reporting Committee	Quality and Safety Committee
Author	Leah Joseph, Corporate Governance Manager
Chaired by	Steve Spill, Vice Chair
Lead Executive Director (s)	Gareth Howells, Interim Director of Nursing and Patient Experience
Date of last meeting	29 March 2022

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

Patient Story: Our Miracle Boys

A story was received 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.

Service Group Highlight Report: Neath Port Talbot Hospital/ Singleton Hospital (NPTSSG)

A report was received which highlighted key issues prevalent for NPTSSG. 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.

Matters raised by members:

- *Complex recruitment process around chemotherapy service*
- *Haematology risks relating to recruitment and retention*

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

Infection Prevention and Control Report (IPC)

The substantive report was received for assurance. The position of the tier 1 healthcare associated infections had not varied. One of the aims of the improvement plan was to ensure all members of staff are responsible and have ownership for IPC. A detailed 12-month plan per quarter was appended to the report for assurance. 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. Surgical services were developing surveillance criteria and processes with digital intelligence to reduce the incidence of surgical site infection.

Matters raised by members:

- *Director of IPC role*
- *IPC Committee and reporting mechanism*
- *Staff influenza vaccination low rates in 2021/22*
- *Single use medical devices*

Pressure Ulcer Performance

A report and presentation was received for assurance following an action from February's meeting that detailed pressure ulcer performance for Quarter 3, from the period of October to December 2021. For Quarter 3, there was a combined 4.8% reduction in primary care and hospital acquired pressure ulcers.

Matters raised by members:

- *Increased community acquired pressure ulcers and the support available to carers and families*
- *Tissue viability nursing requirements at Morriston Hospital*
- *Procurement bed system*

Substance Misuse

A report was received for assurance. Further to a verbal update at December's Quality and Safety Committee, the report advised that the Area Planning Board 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. 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. Work will start shortly on a process to recommission substance misuse services in Western Bay with a view to commissioning through an 'alliance' approach. Blood borne virus testing has been reinstated which was positive.

Suicide Prevention

A report was received which detailed that 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. 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. A promotional video is expected to launch in May 2022. 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. '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.

Delegated action by the committee:

None taken.

Main sources of information received:

Performance Report – A year-end report was received which presented the four quadrants of harm and data in respect of COVID-19, fractured neck of femur, theatre utilisation, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Matters raised by members:

- *Serious Incidents and the support being received to strengthen performance*
- *Two Never Events were reported to Welsh Government in February 2022*

Patient Experience Report

The bi-monthly report was received for assurance. 68 feedback forms had been received from patients being detained at HMP Swansea regarding their health care and services they have had access to. 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. Complaints performance is linked to the COVID-19 staffing pressures. Themes within complaints surrounded communication, access to appointments and clinical treatment. 'Once for Wales' is scheduled to go live on 1st April 2022. Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Cefn Coed Hospital overnight on 14th March 2022, visiting clyne and fendrod wards, and feedback is due. HIW will conduct an onsite planned visit in Morryston Hospital between 26th and 28th April 2022. The draft embargoed report received on 17th 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.

Matters raised by members:

- *Feedback from general practice surgeries*

Holistic Review of Child and Adolescent Mental Health Services (CAMHS)

A verbal update was provided by the Director of Strategy. Additional sessions have been implemented to assist with CAMHS performance. The waiting list is being triaged and currently 50% of the waiting list are waiting for an appointment. Assessment intervention clinic is beginning in April 2022.

CAMHS commissioning governance arrangements

A report was received for assurance. SBUHB CAMHS Commissioning Group meetings are held monthly and the membership includes representative from SBUHB and Cwm Taf Morgannwg University Health Board. SBUHB is commissioning external support for delivery of service specification. Recommendations will be taken through Board for future management arrangements following external assistance.

Cardiac Services

A report was received for assurance. Cardiac services has previously been discussed in public at January's Health Board meeting. The report was the first iteration to be received at Quality and Safety Committee (public). The Royal College of Surgeons have begun their service review and the expected timescale for the draft formal report is 8 to 10 weeks. The review is broad both internally and externally.

Quality and Safety Management Mechanism

A report was received for assurance which highlighted that 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. Following the productive sessions, an action plan is going to Health Board meeting on 31st March 2022.

Annual Equality Report was received for noting.

Additional Learning Needs Act update report was received for noting.

Quality Impact Assessment Process report was received for noting.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) key issues report

The substantive report was received for noting.

Matters referred to other committees:

There were no matters referred to other committees.

Date of next meeting

26 April 2022