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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



	Agenda Item	2.4 (v)
<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>	Steve Spill, Vice Chair	
<b>Lead Executive Director (s)</b>	Gareth Howells, Interim Director of Nursing and Patient Experience	
<b>Date of last meeting</b>	26 October 2021	

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

Patient Story: 'Francis' Story - A story was received which set out Francis' experience of being hospitalised after contracting COVID-19. Although the story was not able to be played fully due to technical issues, Nurse Director for Mental Health and Learning Disabilities highlighted that the story had been created in the last 12 months and consent had been provided by Francis to share her story. When Francis contracted COVID-19 she was living in supported accommodation but subsequently was admitted to the Princess of Wales Hospital in Bridgend. Following admission Francis was ventilated and spent six weeks in the intensive therapy unit. Francis has down's syndrome and was well known to the liaison nurse which created elements of trust. The patient advice liaison service were incredibly helpful throughout her admission. The story would be shared outside of the meeting.

Unit Highlight Report: Mental Health and Learning Disabilities (MHLD) – A report was received for assurance. The clinical audit programme had been promoted to increase the volume of audits, and 'drop in' sessions had been supported by clinical audit to guide and advise potential audit teams. MHLD have undertaken focused work to improve local standards as a consequence of the 2018 Welsh Government delivery unit national review of the quality of care and treatment plans. Further action plans were created and improvements were made. Reporting mechanisms are via the Quality and Safety Governance Group and Mental Health Legislation Committee. The service group developed a strategy to ensure that staff have opportunities to review data collected via incidents, complaints, serious incident reviews and patient feedback. Lunch and learn events were developed to ensure that learning opportunities were available across the teams. The serious incident review backlog remains a risk for the service group. In order to manage the backlog and continued volume of reported incidents requiring review, the service group agreed additional funding to expand the SI review team. Good progress was made in managing the risk surrounding valproate prescribing in females of childbearing potential. In the reporting period of 1st October 2020 to 1st October 2021, the child and adolescent mental health service (CAMHS) emergency bed was utilised eight times and remains a risk.

Matters raised by members:

- *Patient visitation at MHLD sites*
- *Mitigating patients risk when the CAMHS bed is utilised at Neath Port Talbot Hospital*
- *Additional resource for managing court of protection cases*

- *Management of historical serious incidents*
- *Health and care standards monitoring mechanism*

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

Infection Prevention and Control Report (IPC) and the all-Wales IPC position. A report was received for assurance. Swansea Bay University Health Board (SBUHB) continued to have the highest incidence of infection for the majority of the tier 1 key infections. Further analysis was undertaken to show comparisons with other Welsh acute Health Boards. In September 2021, there were six localised outbreaks of COVID-19, with COVID-19 incidence in community healthcare settings and social care settings continuing to impact significantly on service provision. The lack of decant facilities compromised effectiveness of the cleaning/decontamination programme. Provision of decant facilities would enable plans to upgrade mechanical ventilation and single room accommodation to standards set in national guidance. The primary care flu-planning group is focussing on improving uptake in the two and three year olds, which only saw a marginal increase in the 2020-21 flu season. Welsh Government published their targets on 28<sup>th</sup> September 2021, however SBUHB had been working towards the same standards for the past two years.

Matters raised by members:

- *Increased community infection rates*
- *Hand hygiene position*
- *Patients leaving clinical wards to meet with family members outside of the hospital environment*

Maternity Services' Critical Staffing Levels Report was received for assurance. In July 2021, midwifery absence reached critical levels due to unplanned staffing absences which increased staff unavailability to 30% and a 'no surprises' notification was submitted to Welsh Government on 9<sup>th</sup> July 2021. Home births were temporarily discontinued and community services have been centralised to maximise available resources. On 15<sup>th</sup> September 2021, due to increased unavailability of community midwives who could co-ordinate and lead the specialist service in the freestanding midwifery unit (FMU) at Neath Port Talbot Hospital, Welsh Government was updated of the action taken to temporarily suspend services at the FMU. The ongoing response to the COVID-19 pandemic has posed challenges in women's choice in place of birth. The risk rating in relation to critical midwifery staffing was escalated from 20 to 25 on the risk register. The obstetric unit aims to have 13 midwives on every shift which provides staffing for the labour ward, the alongside midwifery unit, antenatal assessment unit, antenatal and postnatal wards. During the period from the 9<sup>th</sup> July 2021 to the 13<sup>th</sup> October 2021 there were 126 shifts that fell below the required staffing levels. As staff availability improves, a recovery plan will be developed in accordance with the midwifery staff that become available. It was projected that the timeline of recruitment of new band 6 midwives, commencement of band 5 newly registered midwives and the completion of preceptorship programmes for band 5 graduate midwives from the 2020 university cohort would improve staff availability and skill mix by the beginning of December 2021.

Matters raised by members:

- *Feedback from women and relatives*

*Social media utilisation to share information on the position*

### Delegated action by the committee:

Health and Care Standards self-assessment 2021/22 – Committee members received and **approved** the approach to undertaking the annual self-assessment against the Health and Care standards framework for 2021-2022

Ombudsman's Annual Report was received for assurance. Committee members approved the actions taken to improve complaint management and learn from Ombudsman cases.

Matters raised by members:

- Deep dive into the output of monthly redress cases
- Communication from the Health Board to patients

### **Main sources of information received:**

Health Board Risk Register was received for assurance. This report is received bi-monthly.

Matters raised by members:

- Radiotherapy outsourced patients
- Screen for foetal growth

Welsh Health Circular Quality and Safety Framework was received for assurance.

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.

Public Health Service Ombudsman Public Report - A verbal update on the progress update against the recommendations within the Public Health Service Ombudsman Public Report following a complaint within upper gastrointestinal services was received from the Medical Director for assurance.

Older People's Charter – A verbal update was noted from the Interim Director of Nursing and Patient Experience.

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

Quality and Safety Governance Group (QSGG) key issues report – The substantive report was received for assurance. The last QSGG meeting took place on 5<sup>th</sup> October 2021. At Morriston Hospital, avoidable harm to patients as a consequence of excessive access waiting times across all categories of patient had a current local risk score 25. Mitigating actions have been taken which included recruitment of 15 members of staff into the emergency department. Actions have been taken to manage the nursing deficit at Morriston Hospital which includes a review of bed availability. In the children's service, five premature babies had pressure damage to their nasal areas receiving continuous positive airway pressure. Following a review and the involvement of the equipment manufacturer, new humidifiers have been installed.

### **Matters referred to other committees:**

None identified.

**Date of next meeting**

23 November 2021