





		Agenda Item	2.4 (v)
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Leah Joseph, C	orporate Governance Offi	cer
Chaired by	Steve Spill, Vice	e Chair	
Lead Executive Director (s)	Gareth Howells Experience	, Acting Director of Nursing	g and Patient
Date of last meeting	28 September 2	021	

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

<u>Patient Story: 'Organ Donation - A relative perspective'</u> - A story was received which set out a relative's experience following the death of her mum, Joy. Joy's daughter detailed that the clinical care from the Intensive Therapy Unit (ITU) was superb, however the trust that had been built was damaged due to information being withheld surrounding the organ donation process. Joy's daughter detailed that the team's willingness to listen and the opportunity to share her story has provided some good from a difficult experience.

<u>Unit Highlight Report: Morriston Hospital</u> – A report was received for assurance. The hospital occupancy is operating in excess of 100% each day with undue pressures on staff. There has been a negative impact when managing elective pathways in light of the COVID-19 pandemic. Workforce challenges are prevalent, however staff have shown commitment for patient experience.

# Matters raised by members:

Mitigating patients risk from ambulance offload to receiving an inpatient bed.

### 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. Swansea Bay University Health Board (SBUHB) continues to have the highest incidence of infection for the majority of the tier 1 key infections. The third wave of the COVID-19 pandemic has commenced. In addition to the escalation of service pressures, the incidence of other respiratory viruses and Norovirus which are expected to increase during winter, are likely to lead to a challenge for SBUHB to achieve and sustain reductions in healthcare-associated infections. In August 2021, there was a cluster of COVID-19 cases reported in a staff group in a shared office environment. There was a patient outbreak at Singleton Hospital admission unit. Routine admission and ongoing testing was reinstated.

### Matters raised by members:

- Impact on access to general practices (GP) resulting in slower treatment for infections;
- Challenges retaining domestic staff;

- A lapse of screening patients on admission at Singleton Hospitals' admissions unit;
- An IPC deep dive to be escalated to board for scrutiny and assurance at a future meeting;
- A COVID-19 outbreak on Ward F, Neath Port Talbot Hospital.

# **Delegated action by the committee:**

Paediatric Wards Nurse Staffing Act - The report provided an overview of the paediatric services within SBUHB, the complexity of services, their pressures, nursing establishments and skills within the service and the requirements for the Health Board to become compliant with the Nurse Staffing Levels (Wales) Act 2016. This is a statutory responsibility and SBUHB has to provide assurance regarding this process and compliance, and will lead to further work regarding how the services are designed; The work has undergone a wide and robust scrutiny process involving the Interim Executive Director of Nursing and Patient Experience, Director of Finance, Group Nurse Director, Head of Nursing and Group Finance and Human Resource representatives. Following recalculations, uplifts are required in Oakwood Ward and Ward M. The financial impact following the recalculations have been scrutinised and agreed by the finance team. The required uplift of funded establishments to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act for Paediatric Wards were agreed.

<u>Clinical Ethics Group (CEG) key issues report</u> – The bi-monthly report was received for assurance. Committee members **ratified** the expressions of interest advert.

#### Main sources of information received:

<u>Performance Report</u> – 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:

- GP referrals decreasing inclusive of urgent referrals;
- Issues surrounding timescales for closures of serious incidents;
- Clinically optimised patients and understanding the reasons why patients cannot be discharged.

Patient Experience Report was received for assurance. This report is received bi-monthly.

Matters raised by members:

- Communication to patients
- The need to receive substantive reports following external inspections

Access to Primary Care was received for assurance. Access to primary care services remains challenged. There are 49 GP Practices across the SBUHB footprint of which one is a directly managed practice. Over 90% of patient contacts take place in General Medical Practices which are responsible for providing General Medical Services (GMS) from 8am to 6.30pm, Monday to Friday with urgent cover outside these hours provided by SBUHB Urgent Primary Care Service. The GMS contract does not specify the type of access model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation. GMS access standards and guidance from 2019/20 has been amended. Later guidance is supplementary to original access standards

published in September 2019. In addition, with agreement between Welsh Government, GPC Wales and NHS Wales additional amendments have since been decided of which have been referenced within the latest release of guidance. Access and Sustainability Forum has reviewed the year end position and have agreed areas for specific actions and deep dive including a review of telephone access, patient information and sharing of good practice. 33 practices signed up to 'Ask my GP' service with 28 practices continuing to use the service in year two. SBUHB remains supportive and are encouraging GP practices to use the service.

# Matters raised by members:

- The effect of an increased number of practices declaring levels three or four;
- Clinical Governance Framework;
- Digital systems for patient interaction.

<u>Suicide Prevention Report</u> – A report was received for assurance. Good work is ongoing with the Swansea Bay Suicide and Self-Harm Multi-Agency Action Group (S&SH MAG) and the group has reconvened to review its terms of reference and ways of working. There is a lack of strategic coordination and aligning of programmes, and there is a proposal to develop an approach of reporting and reviews.

Welsh Health Specialised Services Committee (WHSSC) Quality and Safety Committee key issues report and annual report 2020/21 were received for noting.

<u>Quality and Engagement Act Implementation Programme Summer Newsletter</u> was received for noting.

Swansea Bay Community Health Council Orthopaedic Report was received for noting.

Swansea Bay Community Health Council Inpatient Summary Report was received for noting.

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

<u>Quality and Safety Governance Group (QSGG) key issues report</u> – The substantive report was received for assurance. SBUHB is looking to restart student's placements to Ward A and discussions with management at Swansea University are taking place. Corporate assurance visits are to begin on a monthly basis from October 2021, and the team welcome the involvement of Independent Members.

# Matters referred to other committees:

None identified.	
Date of next meeting	26 October 2021