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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



		Agenda Item	2.4 (i)
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Nuria Zolle, Independent Member		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	23 February 2021		
Summary of key matters considered by the committee and any related decisions made:			
<b>Patient Story: ‘The joy of sharing stories’</b> - A story was received which set out the experience of a volunteer based at Singleton Hospital who shares picture book story telling with patients. This highlighted the importance of communication and provided positive sharing experiences for both patients and volunteers.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<b>Infection Prevention and Control Report (IPC)</b> - There has been year-on-year improvement in pseudomonas and staph aureus, E. coli and klebsiella infections. C.difficile cases have increased year-on-year by 19%. Deep dive work is underway to make improvements following a 19% increase of the bacteraemia klebsiella.			
<b>Once for Wales Implementation Report</b> detailed that the Civica system will go live on 1 <sup>st</sup> April 2021 and will replace the previous system. Eight risks are associated with the project, which are being managed. Although three are high risks relating to the functionality of the incident module, staff and the Civica system will be ready to go live in April.			
<b>Maternity Service Risk Report</b> provided an update on assurance of the maternity service position in relation to achievement and actions required in line with the Welsh Government document ‘Maternity Care in Wales. A Five Year Vision for the Future (2019-2024) July 2019’. The health board remains non-compliant with the provision of the perinatal institute Growth Assessment Programme. Two midwives have been funded to complete ultrasound training in 2021 in order to increase the provision and capacity of the ultrasound service for women. The maternity service will work with the delivery unit to fully develop the governance and monitoring of the service prior to expansion for sustainability.			
Delegated action by the committee:			
The committee at this meeting took no delegated action.			
Main sources of information received:			
<b>Performance Report</b> -The 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.			
<b>Quality and Safety Risk Register</b> was received for assurance.			
<b>Ophthalmology Deep Dive Report</b> provided an update on the progress of the Ophthalmology gold command that was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the ‘Follow-Up Not Booked’ profile for Ophthalmology. An update report is to be received in August 2021.			

**Volunteering Services Report** highlighted that the COVID-19 pandemic affected volunteering roles. Pre-pandemic the health board had 400 volunteers; however, only 28 of those people could be redeployed due to shielding requirements. The recruitment of volunteers was a gradual process with many assisting in pharmacy, field hospitals, antibody meet and greet and deliveries.

**Morrison Hospital's Accident and Emergency Department Update Report and action log** were received for assurance. HIW will visit Morrison Hospital Accident and Emergency Department on 17<sup>th</sup> March 2021, with evidence to be provided to HIW by 11<sup>th</sup> March 2021.

**Major Trauma Operational Delivery Network** was received for assurance that confirmed that the network went live on 14<sup>th</sup> September 2020. Informatics and Workforce groups are being developed. A trauma datix system is in place, which provides an insight of the incidents over the organisation and highlights trends and patterns. Morbidity and mortality reviews are completed on a monthly basis that feeds into a local trauma quality improvement committee.

**Delivery of the quarterly operational plan tracker Q3/Q4** was received for assurance. The report provided a high-level summary of the performance position against the actions and milestones at the end of Quarter 3, reflecting the breadth of work that has been undertaken across the individual plans.

**Planned Care Report** was received for noting.

**Cancer Performance Report** was received for noting.

**HIW National Maternity Report** was received for noting.

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

None received.

**Matters referred to other committees:**

**Domestic recruitment turnover** to be referred to the Workforce and OD Committee.

<b>Date of next meeting</b>	23 March 2021
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