

Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



		Agenda Item	2.3 (i)
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Martyn Waygood, Interim Vice Chair		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	27 October 2020		

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

Infection Control Report - There has been year-on-year improvement in pseudomonas and staph aureus, E. coli and klebsiella infections. There has been a 75% year-on-year increase in Clostridium difficile (C.diff). Meetings on an all Wales basis are taking place to understand the increase of C.diff on sites. There is a lack of decant facilities when occupancy is at acceptable levels on acute sites which compromises effectiveness of the hydrogen peroxide vapour (HPV) disinfection cleaning/decontamination programme. COVID-19 may have had an impact on C.diff infections, which may relate to antimicrobial treatment for respiratory tract infections. There are also increasing single room pressures following the pandemic. The number of COVID-19 tests taken has increased in the past few weeks and there has been a sharp increase in the number of positive cases in September and October 2020. Genetic sequencing is taking place in a laboratory in Cardiff which has highlighted that there are differing strains of C.diff

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

None identified.

Delegated action by the committee:

None identified.

Main sources of information received:

Substance Misuse Report There is agreement within the Area Planning Board (APB) on moving to a public health approach to tackling substance misuse as part of a national pathfinder, and this approach will have significant implications on the commissioning and delivery of services in Swansea Bay University Health Board.

Performance Report – The report presented the four quadrants of harm and data in respect of fractured neck of femur metrics, unscheduled care, planned care, cancer performance and stroke. A system of red/amber/green assessment has been introduced for those measures without a profile. The report was received for noting.

Overview of unscheduled care report was received for assurance.

Cancer Care report was received for assurance.

Additional Learning Needs Report was received for assurance. There is a need to prioritise children's services including the re-establishment of school-based services where appropriate. Failing to do so may result in complaints, education tribunals and compromise the health board's relationship with the Education Services of the Local Authorities.

Quality and Safety Risk Register was received for assurance.

Domestic Recruitment Report was received for assurance which highlighted that the domestic recruitment campaign is ongoing.

WHSSC Chair's Report was received for noting.

EMRTS Clinical Governance Report was received for noting.

Welsh Risk Pool Annual Report was received for noting.

Annual Quality Statement was received for noting.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group - There is an outstanding Serious Incident position and suicide risk for Mental Health and Learning Disabilities. There was an Information Governance breach at Singleton Hospital which is being managed by Gold Command. A safety issue was received in relation to 21 ventilators at Singleton Hospital's neonatal department. There has been no direct harm, and the risk has been temporarily reduced by loaning ventilators from Cardiff and Vale University Health Board.

Matters referred to other committees:

Zero hour contracts referred to Workforce and Organisational Development Committee.