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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



	Agenda Item	2.2 (v)
Freedom of Information Status	Open	
Reporting Committee	Quality and Safety Committee	
Author	Leah Joseph, Corporate Governance Officer	
Chaired by	Steve Spill, Vice Chair	
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience	
Date of last meeting	24 August 2021	

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

Patient Story - A story was received which set out a parent's experience of the cleft, lip and palate service throughout the COVID-19 pandemic. The pandemic affected service delays and ultimately delayed Jacob's surgery by at least a year. Jacob's family found the delays and lack of plans frustrating and upsetting. They welcomed honest answers and timescales, which could give comfort to families. In this circumstance Jacob's family received private treatment for his unilateral incomplete cleft lip.

Matters raised by members:

- The story exemplified the need to be honest when detailing recovery plans so that families can make an informed decision surrounding recovery plans;
- *Private theatre utilisation* is not an option for the children's service as it is highly specialised and would require post-operative support for the patients and their families, therefore the surgeries would need to take place at Morriston Hospital.

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

Infection Prevention and Control Report (IPC) – There was one outbreak of COVID-19 identified since the last report, and this was localised to one surgical ward in Morriston Hospital. The ward was closed to admissions and transfers and there have been no new cases reported since 31st July 2021. COVID-19 vaccination programmes are progressing well and the influenza vaccination programme is due to begin next month. Primary Care and Community Service Group have supported an extension of a secondment into the Immunisation Coordinator role until the 31st December 2021. A business case is in development to provide a substantive and sustainable core immunisation and vaccination team service, which is required to meet national immunisation and vaccination goals, methods and outcomes as outlined in the Health Board's Annual Plan 2021-22. The business case is being finalised. The tier 1-infection reduction goals for 2021/22 have yet to be published by Welsh Government (WG) however, Swansea Bay University Health Board (SBUHB) remains in a challenged position surrounding the tier 1 targets. C. difficile (C.diff) has become a national concern and an All Wales C.diff forum was developed which SBUHB are participating in. SBUHB continues to have the highest incidence rate per 100,000 population in Wales (52.12) when compared to other Welsh Health Boards. Funding has been provided by WG for electronic prescribing at Morriston Hospital by the end

of 2021. An expression of interest has been produced for general practitioner sessions dedicated to antimicrobial stewardship improvement.

Matters raised by members:

- The *deteriorating performance in IPC* was discussed at the Performance and Finance Committee on 24th August 2021, and the committee will be looking for further assurance on outputs of the 100-day plans for the five priorities.

Neurodevelopment Service – An update report was received for assurance. The waiting list had been reviewed as part of the planned validation to ensure there are no duplicate entries to enable a more specific profile of demand which will inform capacity planning. Referrals increased in July 2021 which was expected as schools submitted all outstanding referrals before their six week summer break. A demand and capacity review is due, and a business case is being developed to secure further funding in September/ October 2021 to highlight the requirement to increase capacity further. There were concerns raised at Performance and Finance Committee surrounding a risk identified with transition for children and young people to the Integrated Autism Service (IAS) as they approach their 18th birthday. Currently IAS only accept new referrals from 17 years and 9 months old. If young people are already on the Neurodevelopment waiting list, the team cannot transfer them because they would join the bottom of the IAS list and any time served on the Neurodevelopment waiting list is not counted.

Matters raised by members:

- The operational aspect of the *IAS transition* should be escalated to the executive team on the basis that key members were not present at the meeting. This would enable escalation decisions to be made.

Delegated action by the committee:

Transcatheter Aortic Valve Implantation (TAVI) – A report was received for assurance Following the Royal College of Surgeons review of the second set of cohort cases, there were no new themes. Out of 51 patients reviewed, 10 patients were detailed on the TAVI waiting list. Assurance was given that good clinical ownership was in place and improvements have been made. Committee members **approved** future reports being received through Management Board via the Quality and Safety Governance Group every six months, providing evidence that it has reviewed its performance against national quality and outcome standards.

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, unscheduled care, planned care, cancer performance and stroke metrics. The report was received for assurance.

Matters raised by members:

- Concerns surrounding the *closure of serious incidents* and the solution to increase performance;
- The *reduction of friends and family feedback surveys*;
- *Poor performance in hand hygiene*;
- *Risk assessments for areas where physical distancing* is still required.

100-day plan for healthcare associated infection improvement – A report was received for assurance, which highlighted that the three appendices included goals, methods, and outcomes (GMO) to reduce healthcare acquired infections across the Health Board along with actions that remain open.

Matters raised by members:

- *Funding queries* surrounding IPC were answered by the Director of Finance;
- Members requested sight of the *top five priorities' 100-day plans*.

Ophthalmology Report – A report was received for assurance that confirmed that follow-ups not booked and the paediatric backlog have levelled off. Correspondence was received from WG last week surrounding risk assessing physical distancing which may give opportunities to increase footfalls in outpatient departments. Suspected diabetic retinopathy has been a Health Board success story with 300 patients waiting for a hospital appointment being redirected to a community optometrist. Specific cataracts outsourcing actions are beginning in September 2021 and there has been one serious incident this financial year, which related to glaucoma. The prioritisation process is having a positive effect on the waiting list backlogs, however there is an expectation that the number of referrals may increase due to the lack of face-to-face appointments.

Matters raised by members:

- *Outsourcing patients*: There are no options to outsource glaucoma patients; however, they will be referred back to optometrists for monitoring;
- Patients receiving *follow-up communication* was highlighted and the pathway for patients is via their optometrist;

Health Board Risk Register – The bi-monthly report was received for assurance. The Health Board Risk Register currently contains 38 risks, of which 14 have been assigned to the Quality & Safety Committee for oversight. Ten have risk scores at, or above, the health board's current appetite of 20. The TAVI risk has reduced from 16 to 12, and the vaccination and immunisation risk was closed by the Director of Public Health and will be replaced by a new risk reflecting current risk exposures.

Mortality Review – An update report was received for assurance. The backlog of mortality reviews has been cleared with a performance approach of 100% for stage one reviews and performance against stage two reviews is good.

Clinical Audit and Effectiveness Report - The new Clinical Audit & Effectiveness Policy was approved at the Clinical Outcomes and Effectiveness Group meeting on 13th August 2021. The National Clinical Audit still exists and SBUHB awaits refreshed priorities.

Highlights from sub-groups reporting into this committee:

Quality and Safety Governance Group (QSGG) key issues report was received for assurance. The last meeting took place on 2nd August 2021. Morriston Hospital's most significant current risk relates to the provision of emergency care at the hospital front door. A silver command task and finish group was developed in July 2021 to support immediate actions. Neath Port Talbot Hospital's sickness nurse management team within the medicine division has led to delays in investigating incidents and an increased number of overdue incidents. Four overseas nurses have been recruited. In the maternity service, there is a risk of not providing mandatory training during the COVID-19 pandemic. All non-essential training was suspended due to staff availability. There was an impact on Practical Obstetric Multi-Professional Training (PROMPT), as July sessions were delayed until August. If this session does not run SBUHB will not comply with PROMPT Welsh Risk Pool standards. There has been a surge in children contracting respiratory syncytial virus. WG are leading a task and finish group across Wales to prepare for the anticipated increase. Recruitment for the Named Doctor for Safeguarding Children remains ongoing with Human Resource support being obtained. Funding for x-ray equipment had been agreed to increase special care dentistry lists to two per week.

Matters raised by members:

- Concerns raised with *inpatient termination delays* of three weeks in maternity services when the guidance is five working days;

- The *suspension of home births* and the lack of choice given to parents.

Matters referred to other committees:

None identified.

Date of next meeting

28 September 2021