

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 26th July 2022 at 1.30pm via Microsoft Teams

Present

Steve Spill, Vice Chair (in the chair)
Reena Owen, Independent Member
Patricia Price, Independent Member
Maggie Berry, Independent Member (to minute 182/22)

In Attendance

Christine Morrell, Director of Therapies and Health Science
Hazel Lloyd, Acting Director of Corporate Governance
Sian Harrop-Griffiths, Director of Strategy (from minute 188/22)
Hazel Powell, Deputy Director of Nursing
Martin Bevan, Medical Director - Neath Port Talbot Singleton Service Group (to minute 178/22)
Delyth Davies, Head of Nursing – Infection Prevention and Control (minute 179/22)
Darren Griffiths, Director of Finance and Performance (minute 180/22)
Meghann Protheroe, Head of Performance (minute 180/22)
Leah Joseph, Corporate Governance Manager
Osian Lloyd, Deputy Head of Internal Audit
Michelle Davies, Head of Strategic Planning (minutes 181/22 to 182/22)
Mandy Skeels, Personal Assistant, Neath Port Talbot Hospital (to minute 178/22)
Luke Jones, Designated Education and Clinical Lead Officer (minutes 182/22 to 183/22)
Rebekah Williams, E-prescribing Pharmacist (minute 185/22)
Marc Thomas, Programme Manager (minute 185/22)
Matt John, Director of Digital (minute 185/22)
Dinendra Gill, Emergency Department Consultant & Network Clinical Director (minute 188/22)
Andrea Bradley, Network Manager (minute 188/22)
Kelly James, Corporate Governance Administrator (observing)
Leah Joseph, Corporate Governance Manager

Minute No.		Action
171/22	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. Apologies for absence had been received from Richard Evans, Executive Medical Director; Sue Evans, Community Health Council; Gareth Howells, Interim Director of	

	Nursing and Patient Experience; Inese Robotham, Chief Operating Officer; Scott Howe, Healthcare Inspectorate Wales.	
172/22	DECLARATION OF INTERESTS	
Resolved:	There were no declarations of interest.	
173/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 28 th June 2022 were received and confirmed as a true and accurate record.	
174/22	MATTERS ARISING	
	There were no items raised.	
175/22	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>157/22 Performance Report</u></p> <p>Steve Spill highlighted that a response had been provided to Independent Member Nuria Zolle surrounding the deteriorating position of mobilising patients on 26th July 2022, however the action was to remain open until Nuria Zolle confirmed that she was content with the response.</p>	
Resolved:	The action log was noted .	
176/22	WORK PROGRAMME 2022/2023	
	<p>The work programme was received.</p> <p>i. <u>Clinically Optimised Patients</u></p> <p>Steve Spill requested that quarterly updates are received to the Quality and Safety Committee. The next update due was September 2022 and the work programme to be updated to reflect the same.</p>	SS
Resolved:	The work programme was noted .	
177/22	PATIENT STORY: A GOOD DEATH	
	A story was received which set out two different experiences surrounding palliative care. The video included recognising the signs that a patient was	

	<p>in their final stages of life, improving end of life care by handling symptoms and pain relief appropriately. The video also highlighted the importance of speaking to family members surrounding patients' faith and how to incorporate this element in their final stages of life.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Steve Spill highlighted that end of life care was one of the priorities for Swansea Bay University Health Board (SBUHB). Martin Bevan stated that the COVID-19 pandemic had highlighted issues in the first wave, and an education programme was ongoing to improve end of life care. Hazel Powell confirmed that training was in place to give staff confidence to have conversations surrounding end of life care with families, and to embed advanced future care planning. She suggested that a consultant specialist for palliative care attends a future committee meeting to discuss the work surrounding the priority in detail. Steve Spill agreed with the approach.</p> <p>Reena Owen voiced her interest in this service and felt reassured that end of life care was a priority for the Health Board. She queried whether SBUHB facilitated arrangements for patients to go home to die in a timely manner. Martin Bevan advised medics try to prolong life for as long as possible, however it was important for training to be widespread among nurses and clinicians to acknowledge when a patient was in their last stages of life. Christine Morrell advised that a high percentage of patients were dying in hospital and SBUHB was not working quick enough to begin the process to repatriate patients home to die. Work was ongoing to identify possible patients for discharge ahead of bank holidays.</p>	RE
Resolved	<ul style="list-style-type: none"> – Consultant Specialist for palliative care to attend a future meeting to present a detailed report around the end of life care priority. – The patient story was noted. 	RE
178/22	SERVICE GROUP HIGHLIGHT REPORT – NEATH PORT TALBOT AND SINGLETON SERVICE GROUP	
	<p>The highlight report from Neath Port Talbot and Singleton Service Group (NPTSSG) was received.</p> <p>In introducing the report, Martin Bevan highlighted the following points:</p> <ul style="list-style-type: none"> – Staffing issues remains a significant challenge for NPTSSG due to unplanned absences resulting from the recent COVID-19 peak. Cladding work is ongoing at Singleton Hospital with split templates across some of the wards which is affecting staffing deficits; – Midwifery services continues to be centralised in order to maintain safe staffing and effective business continuity. A paper was presented and approved by Management Board on 13th July 2022 to continue to temporarily suspend the home birth service until the end of September 2022; 	

- Patient attendances at Neath Port Talbot Hospital's minor injury unit (MIU) has significantly increased above the capacity for which the MIU was designed. Frequently, there are days with over 150 patients attending in the 15.5 hours the service is available;
- There has been six week delay observed in chemotherapy day unit for systemic anti-cancer treatment delivery. Cancer services division has revised the booking system to maximise chair usage and minimise wastage;
- Currently there is no General Paediatrics Consultants supporting cardiology stream, however this interviews were scheduled for Thursday, 28th July 2022. Neighboring Health Boards all have at least two Consultant Paediatricians with cardiology interest in post;
- There is a deficit of qualified haematology and blood transfusion staff within the Health Board's Laboratory Medicine Services;
- Ward 5, Neonatal Services was closed due to reduced nurse staffing levels.

In discussing the report, the following points were raised:

Maggie Berry highlighted that the report detailed compliance with hand hygiene had resulted in an improvement from 56% to 74% over a period of eight weeks, and queried whether this was affecting infection prevention and control rates. Martin Bevan noted that increased compliance was required to enable to maintain low levels of infections. Maggie Berry advised that she would raise the query once the Head of Nursing for infection, prevention and control had joined the meeting.

Reena Owen queried if there was succession planning ongoing in the Health Board due to the lack of General Paediatrics Consultants supporting cardiology. Martin Bevan advised that neonatal was becoming a more specialised service as the provision had changed over time. Reena Owen requested more detail be provided to her outside of the committee meeting.

Reena Owen was concerned in light of the high risk score in haematology, and queried whether mitigating actions were in place to provide assurance. Christine Morrell advised that the Health Board was in a critical situation surrounding biomedical scientists, and although investments had been made to increase training, the issue remained a South Wales problem. Health Boards were locally battling to recruit into posts and maintain the 24/7 service. Full-time trainers had been recruited to support training and investment in preceptorships had taken place. Work remained ongoing with Hywel Dda University Health Board for a workforce plan and a training programme for local graduates.

Steve Spill queried if there were plans to increase the MIU footprint for the waiting area and whether discussions had taken place to expand the facility. Martin Bevan advised that the virtual waiting room was in place for patients to wait in their cars to reduce waiting room footfall. He noted that expanding the waiting room would be difficult due to the modular

MBevan

	<p>theatres being place behind MIU, however work was ongoing to strengthen the position as MIU was vital for quality, safety, patient experience and controlling numbers visiting Morriston Hospitals' emergency department.</p> <p>Steve Spill queried how tight the safeguarding audits were as Ward 3 at Singleton Hospital triangulated quality indicators highlighted it as an area for concern. He also mentioned that the report stated an increase in adolescents being nursed on the children wards. Martin Bevan advised that there was a focus on training, however he did not have specific information on this item. Steve Spill agreed that his queried could be included in the Safeguarding quarterly Quality and Safety In-Committee report in August.</p> <p>Pat Price queried if there had been a negative response surrounding the suspension of home births and the limitation of choice for mothers. Hazel Powell advised that all mothers who had originally opted for home births were being contacted with an offer of an 'alongside option'. If there was an opportunity for other Health Board's to manage maternity-led births depending how close mum's lived to the border of other Health Boards then a midwifery-led option would be offered. Martin Bevan advised that no concerns had been raised at a recent quality and safety service group meeting.</p>	GH
Resolved:	<ul style="list-style-type: none"> – More detail to be provided to Reena Owen surrounding succession planning in light of no General Paediatrics Consultants supporting cardiology. – Details surrounding safeguarding audits that take place as quality indicators be included in August's Safeguarding quarterly Quality and Safety In-Committee report. – The highlight report from NPTSSG be noted. 	MB GH
179/22	INFECTION PREVENTION CONTROL REPORT AND OVERARCHING IMPROVEMENT PLAN	
	<p>The infection, prevention and control (IPC) report was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - There has been year-on-year reductions in the following infections: C. difficile (11%), E. coli bacteraemia (22%) and Klebsiella spp. bacteraemia (15%); - A continued increase in Staph. aureus bacteraemia was concerning, with Morriston Hospital cases accounting for much of the increase. Strategies for reducing risks of Staph. aureus bacteraemia are being reviewed by Service Groups, with the IPC Team support, including the use of daily chlorhexidine bathing, 	

	<p>which is currently used universally for all patients in trauma and orthopaedics;</p> <ul style="list-style-type: none"> - Strategies to reduce infections at Singleton Hospital would include a proposal for a line insertion team that would reduce the time that oncology and haematology patients wait for insertion of peripherally inserted central catheter lines; - There is no dedicated IPC community team so secondary resource is being diverted to assist; - Progress has been made, however there is an ongoing focus to decrease infection rates and spread messaging that IPC is everyone's responsibility. <p>In discussing the IPC report, the following points were raised:</p> <p>Steve Spill complimented the formatting of the report and was pleased improvements in infection rates had been reported, however he queried what settings were the community acquired infections taking place. Delyth Davies advised that only a small number were attributed to care homes, and work was ongoing to assist primary care and therapies service for follow up meetings and education. She noted that the majority of infections were happening at home, and some in patients with chronic illnesses. , She stated that targeted work was ongoing in relation to infections associated with the urinary tract.</p> <p>Steve Spill queried whether the messaging on the improvement plan was being received positively by staff. Delyth Davies advised that messaging was being positively received. Improvement activities currently were mainly nurse-led, but work was ongoing with medical directors and clinical leads to ensure momentum was not lost.</p> <p>Hazel Powell highlighted that the plans for the Board to visit certain areas had been pulled back due to the recent peak in COVID-19 cases, however a small group was still planning to attend the top five areas for traction and to gain information around culture, behaviour in clinical areas.</p> <p>Maggie Berry commented that the report was good and liked the split between service groups. She highlighted that in light of the important focus on roles and responsibilities in IPC, there were different statistics of hand hygiene compliance being reported in the NPTSSG highlight report compared to the performance report. She queried what IPC used to determine compliance rates. Delyth Davies advised that hand hygiene training takes place along with observational audits, however staff were often aware that they were being observed and this can influence behaviours observed. The best gauge for hand hygiene compliance was feedback from patients.</p> <p>Maggie Berry noted that some areas of the 12-month plan were off-track, and queried if this was due to decreased staffing levels. Delyth Davies advised that the areas off track were linked to staffing and dashboard delays and in trying to determine whether existing systems could be used as a source of information.</p>	
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	<p>Maggie Berry queried what alternative was being progressed following the decontamination business case not being approved. Delyth Davies advised that the service may never be in a position to have a decontamination area, however a programme was ongoing to enable domestic staff to decontaminate clinical appliances to enable nursing staff to have more time to provide care to patients.</p>	
Resolved:	<p>Initial progress to the end of June 2022 against the Health Board's Infection, Prevention Improvement Plan was noted.</p>	
180/22	<p>QUALITY AND SAFETY PERFORMANCE REPORT</p>	
	<p>The quality and safety performance report was received.</p> <p>In introducing the report, Meghan Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - In June 2022, there were an additional 372 positive cases recorded bringing the cumulative total to 117,405 in Swansea Bay since March 2020. The percentage of staff sickness absence due to COVID-19 has increased from 1.2% in May 2022 to 2.4% in June 2022; - The number of new cases of COVID19 has reduced in May 2022, with 286 new cases being reported in-month; - In June 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 56.9%. - In June 2022, there were 578 ambulance to hospital handovers taking over 1 hour and this is an increase in figures compared with 538 in May 2022; - The Health Board's performance against the 4-hour measure deteriorated slightly from 73.91% in May 2022 to 71.65% in June 2022; - In June 2022, there were a total of 62 admissions into the Intensive Care Unit (ICU) in Morriston Hospital, this is a minor reduction when compared with 78 admissions in May 2022; - There were on average 314 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's hospitals in June; - The Health Board reported two nationally reportable Incidents for the month of June 2022 to Welsh Government. There were no never events reported; - In June 2022, 19% of patients were readmitted as an emergency within 28 days of their previous discharge date. This is 1% higher than figures seen in May 2022; 	

	<ul style="list-style-type: none"> - June 2022 saw a 1% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment; - There was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 6,306 in May 2022 to 6,012 in June 2022; - Neurodevelopmental Disorders access times within 26 weeks continues to be a challenge, the performance increased to 36% in May against a target of 80%. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen highlighted concerns that the number of clinically optimised patients did not appear to be decreasing which was impacting flow through the hospital, availability of beds, quality, safety and patient experience. She queried whether there was any resolution as most Health Boards were in similar positions. Darren Griffiths advised that concerns were echoed amongst the executive team, however work was ongoing to purchase bed externally, and a strategic review was ongoing across health and social care services. There are empty beds in the social care setting which need to be accessed, however the acute medical service redesign (AMSR) would assist the process.</p> <p>Steve Spill queried whether the increase of 90 beds at Singleton Hospital would assist flow. Darren Griffiths advised that the increase of beds was linked to AMSR bed modelling output at Morriston and Singleton Hospitals, and the aim was for the 90 beds to reduce to zero once flow had increased at Morriston Hospital.</p> <p>Darren Griffiths highlighted that the planned care trajectory was subject to review and the modelling was being tested, with an expectation that a revised trajectory would be taken through August's Performance and Finance Committee.</p>	
Resolved:	The current Health Board performance against key measures and targets be noted .	
181/22	PATIENT EXPERIENCE REPORT	
	<p>The Patient Experience Report was received.</p> <p>In introducing the report, Susan Ford highlighted the following points:</p> <ul style="list-style-type: none"> - The team have developed a new quarterly report for the Quality and Safety Committee; - Communication training from the Ombudsman has been well attended by nursing and medical staff. Positive feedback received from all recent sessions and a rolling programme was in place for training from the Ombudsman; 	

	<ul style="list-style-type: none"> - Following discussions with Service Groups regarding complaints, performance has increased. During April 2022, the Health Board's performance was 76% which is above the Welsh Government target and is the highest it has been for the last six months; - The Health Board received 547 complaints in quarter 1 of 2022/23. This compares with 529 for quarter 4 2021/22; - Friends and family survey returns reduced from 3,550 in May to 3,292 in June; - The top four themes prevalent within complaints included communication, appointments, clinical treatment and admissions; - The Head of Communications was working with the patient experience team to develop a communication plan. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill liked the report in its new format. Hazel Lloyd thanked the patient experience team for taking on the challenge to develop a new style of report and welcomed feedback from committee members.</p> <p>Reena Owen preferred this version of the report and was complimentary of the colours and graphs, but queried how SBUHB was sharing the learning across the organisation and to service groups. Hazel Lloyd advised that the team reports to the quality and safety patient safety group, and service groups are represented at these meetings which fits in with the quality management system and quarterly learning sessions.</p> <p>Reena Owen was concerned over the increase of ombudsman complaints in orthopaedics. Hazel Lloyd advised that a meeting was planned to look at what other Health Boards were doing, however the volume of complaints were static compared to other Health Boards. Hazel Powell highlighted that SBUHB was looking at regular scale and spread events as part of learning and quarterly patient safety congress sessions were in the pipeline. She noted that more needed to be done to do as a learning organisation to ensure it continues to be evidenced based.</p> <p>Maggie Berry liked the report and the service group differences to enable cross-referencing and for service groups to benchmark themselves. She queried whether there was a trend surrounding the number of re-opened complaints at Morriston Hospital. Susan Ford advised that complaints at Morriston Hospital were complex and spread over many services, and some complaints are re-opened when families request a further meeting to discuss outcomes.</p>	
Resolved:	The report be noted .	
182/22	ALLOCATION OF FUNDS TO SUPPORT LONG WAITERS UPDATE REPORT	
	A report on the allocation of funds to support long waiters was received .	

	<p>In introducing the report, Michelle Davies highlighted the following points:</p> <ul style="list-style-type: none"> - The lifestyle GP prehabilitation scheme is being progressed and due to go live in quarter two. Clinics in primary care will focus on patients with suspected gastrointestinal cancer and the rapid diagnostic centre. Both schemes support the early identification of suspected symptoms using a health optimisation bundle; - The Swansea Bay Physiotherapy Team have developed a business case to provide an orthopaedic prehabilitation model that offers a broad range of support options. The preferred business model will be considered corporately imminently having already been considered and supported by the Business Case Advisory Group. This scheme will also be supported by the British Red Cross; - SBUHB have been invited to participate in a Macmillan Cancer Support and Onko partnership UK-wide pilot scheme that offers personalised health coaching and prehabilitation support to cancer patients through Onko's digital platform. The pilot will fund 100 patients, who will receive a full digitally enabled prehabilitation health optimisation package over a maximum of 12 weeks; - The need for a steering group has been flagged to SBUHB's Chief Executive to help support clinical leadership. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen was pleased to see progress, but queried whether all pilots and business cases had been funded. Michelle Davies advised that funding had been approved, and the next step was agreeing governance arrangements.</p> <p>Reena Owen queried what percentage of people on the waiting list were able to access prehabilitation assistance. Michelle Advised undertook to review the business cases and follow up with Reena Owen outside of the committee meeting.</p> <p>Pat Price queried the different streams in funding. Michelle Davies advised that the bids have been funded and progressed separately, and the GP lifestyle GP prehabilitation scheme was temporary at first however this is now recurrent. The British Red Cross has been funded by Welsh Government and this was provided to all Health Boards across Wales which aligns to the orthopaedic work. Face-to-face exercise clinics would be offered to patients to increase mobility.</p> <p>Steve Spill welcomed an update report in the late Autumn.</p>	<p>MD</p> <p>IR</p>
Resolved:	<ul style="list-style-type: none"> - Statistics of the amount of people on the waiting list with the ability to access prehabilitation assistance to be confirmed to Reena Owen outside of the committee meeting. - Update report be received in October/ November and work programme be updated to reflect the same. 	<p>MD</p> <p>IR</p>

	<ul style="list-style-type: none"> - The progress to implement prehab services across the Health Board be noted. 	
183/22	ADDITIONAL LEARNING NEEDS ACT REPORT	
	<p>A report providing an update surrounding the Additional Learning Needs (ALN) Act was received.</p> <p>In introducing the report, Luke Jones highlighted the following points:</p> <ul style="list-style-type: none"> - The ALN Act is a transformative piece of legislation with an emphasis on a timely and responsive system; - The ALN Act has been live since September 2021, and there is a three year period for implementation; - SBUHB has established an operational steering group to deliver the work programme and a shared vision with other Health Boards; - SBUHB is breaching the statutory compliance requests in more than 50% of its collaborative resources; - The ALN Act has been set up without inclusion of additional resources, and remains at tier three of the integrated medium term plan with no additional funding earmarked from Welsh Government; - There is an awareness that escalation of concerns could be potential in light of SBUHB breaching its duties, and the team are trying to quantify outcomes. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the ALN Act confirms that the Health Board is ultimately responsible for breaches. Luke Jones advised that one of the policies that made up the ALN Act was that Health Boards were responsible and statutory duties were to be place upon them. He noted that an overwhelming number of speech and language patients were under the ALN provision, and there was an expectation that children and adolescent mental health service referrals would increase.</p> <p>Reena Owen highlighted that a speech and language performance report was received at the Performance and Finance Committee earlier today and concerns had been raised at the meeting surrounding the ALN Act. She queried whether there was any methodology to enable prioritisation children so that breaches happen in the right context. Luke Jones advised that the number of referrals has not increased, but the ALN Act processes have increased which adds further demands, however processes should not affect the patients being seen out of turn.</p> <p>Reena Owen highlighted that there sentence surrounding the process for approving business cases may not be factually correct. Christine Morrell advised that there was a process and business cases were taken through the Business Case Assurance Group for scrutiny and approval/ declined. She noted that a better handling of capacity and demand was needed to</p>	

	<p>strengthen the business case. There are approximately 15 speech and language posts that are education funded and an assessment needs to be undertaken to decide where the funding for the posts comes from. She advised that some children are assessed under the ALN Act, and this would be carried out by the therapies teams. The biggest impact of the ALN Act would be felt by speech and language service.</p> <p>Steve Spill queried the next steps for implementation. Luke Jones advised that redevelopment of demand and capacity work was ongoing to understand the implications for the speech and language service, and strong partnership working would be required.</p> <p>Pat Price queried whether the next implementation phase for September 2022 would fit in with Local Authority arrangement timings. Luke Jones advised that discussions were ongoing with the next phase in mind and reasonable discussions with partnerships were taking place. Christine Morell advised that Luke Jones' role was a statutory role as part of the ALN Act, and the role is shared between Hywel Dda University Health Board and Powys Teaching Health Board.</p>	
Resolved:	The report be noted .	
184/22	DUTY OF CANDOUR AND QUALITY BILL	
	<p>A verbal update on the duty of candour and quality bill was received.</p> <p>In introducing the update, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The act became law in June 2020, with full implementation planned for June 2023. The guidance remains in draft and the consultation is expected to be finalised in September 2022; - There are no surprises anticipated, and the process mirrors SBUHB's quality management system; - Resourcing and implementing of the duty of candour in Service Groups remains a concern, however the team await the finalisation of the consultation; - Update expected to be brought back to Quality and Safety Committee in October 2022. 	HL
Resolved:	<ul style="list-style-type: none"> - The verbal update be noted. - Work programme be amended to reflect update scheduled for October 2022. 	HL
185/22	HOSPITAL ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION EVALUATION REPORT	

	<p>A report providing an update on Hospital Electronic Prescribing and Medicines Administration (HEPMA) evaluation report and presentation were received.</p> <p>In introducing the report and presentation, Rebekah Williams and Marc Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - SBUHB is the national pathfinder for HEPMA following initial funding from Welsh Government in 2018; - Solution software was not specified so the Health Board bought the software that was available at the time. Work continued with the supplier over the past four years, and learning has been shared with other Health Boards; - A further £1m was secured following an all-Wales stakeholder learning event; - There are 17 different benefits across four key themes: improve medicines management; increase efficiencies; improve quality of prescribing processes; improve antimicrobial stewardship; - Most of the 17 benefits have been met with a few to be fully realised; - HEPMA will be rolled out to Morriston Hospital in the next phase by the end of the financial year; <p>In discussing the update, the following points were raised:</p> <p>Matt John advised that SBUHB have been national trailblazers for primary, community and therapies service. Reena Owen commented that the service was brilliant and efficient, but queried whether there had been staff resistance surrounding implementation. Rebekah Williams advised that staff resistance had happened however the process had tested digital confidence amongst the workforce and built skills. She highlighted that when the process goes live, members from the team are present to ensure any digital queries are answered in person and the medical and nursing staff are supported.</p> <p>Reena Owen queried whether financial savings would be quantified in the future. Rebekah Williams advised that costs would be saved by departments not having to purchase patient stationary and drug charts. The service will also guide pharmacy to make financial cost savings and to reduce drug expenditure. Matt John stated that the Chief Executive had asked him and the Director of Finance and Performance to present a report to Management Board in October, and to follow up a report in October. Reena Owen welcomed an update via the Performance and Finance Committee.</p> <p>Pat Price congratulated the team for best practice and quantifying benefits realisation.</p>	
Resolved:	The report be noted .	

	The presentation be noted .	
186/22	QUALITY AND SAFETY OF PATIENT SERVICES GROUP HIGHLIGHT REPORT	
	<p>The key issues highlight report from Quality and Safety of Patient Services Group was received.</p> <p>In introducing the update, Hazel Powell highlighted the following points:</p> <ul style="list-style-type: none"> - The title of the Quality and Safety of Patient Services Group is due to be renamed to Patient Safety Group; - There are development opportunities to enhance learning and culture to get people to think differently; - Towards the summer and autumn months, there will be a discussion about what quality means to SBUHB. <p>In discussing the update, the following points were raised:</p> <p>Steve Spill highlighted that the report did not reference unannounced visits. Hazel Powell advised that a programme of visits had been developed, however as COVID-19 peaked last month, June's visit was cancelled. The team are keen to visit areas with good outcomes and best practice to ensure learning is shared across sites.</p> <p>Reena Owen voiced concerns around the administration support required to maintain the sub-groups under the Quality and Safety of Patient Services Group. Hazel Powell advised that Service Groups have quality roles and responsibilities and the resource was available to enable the Service Groups to map into the corporate structure. Hazel Lloyd had flagged the need for increased resources to the Director of Performance and Finance, however a piece of work was required to understand Service Group gaps and what resource was available corporately.</p> <p>Reena Owen queried whether the new governance structure for Quality and Safety of Patient Services Group had been approved by Audit Wales. Hazel Lloyd advised that structured assessment work was ongoing with both internal audit and Audit Wales. Audit Wales were pleased with the speed of progress and a deep dive of a Service Group would take place formally and feedback would be provided accordingly. Steve Spill highlighted that the key objective was surveillance for the while network for deficiencies to be raised.</p>	
Resolved:	The report be noted .	
187/22	QUALITY AND SAFETY PRIORITIES PROGRESS REPORT	
	<p>The Quality and Safety priorities progress report was received.</p> <p>In introducing the update, Hazel Powell highlighted the following points:</p>	

	<ul style="list-style-type: none"> - IPC had not been included as this was reported separately; - Quality leads had been appointed to provide quality information, measures and a methodology approach to understand how we collect data; - At future meetings, a priority lead could attend a meeting to discuss their priority in detail. 	
Resolved:	The report be noted .	
188/22	SOUTH WALES TRAUMA NETWORK REPORT	
	<p>A report on South Wales Trauma Network report was received.</p> <p>In introducing the update, Dinendra Gill highlighted the following points:</p> <ul style="list-style-type: none"> - The South Wales Trauma Network (SWTN) went live on September 14th 2020; - In quarter four there continued to be a high number of patients accessing the major trauma centre either by a primary or secondary transfer. Almost 79% of admissions are due to road traffic accidents and falls; - 38 trauma Datix were submitted with a wide variety of themes - Revision of the risk and issues log has taken place and is presented to the clinical and operational Board meetings; - Staff absences in Welsh Ambulance Service Trust trauma desk team has led to a lack of resource to cover the trauma desk as originally proposed resulting in requirement for the Emergency Medical Retrieval Transfer service to provide unplanned cover resulting in a negative impact on performance; - 3 intensive care unit (ICU) beds were commissioned as part of the SWTN however, due to various demands in University Hospital of Wales, ICU capacity transfers have taken place across the network in order to meet capacity requirements; - A silver trauma lead is being embedded into the process, and a Matron is now in the operational delivery network structure. <p>In discussing the update, the following points were raised:</p> <p>Reena Owen queried how trauma network assists processes. Dinendra Gill advised that SWTN going live in the midst of a pandemic was the correct decision as there had been a two year focus to ensure the repatriation service was successful, however this service may have been prioritised over other specialised services.</p>	
Resolved:	The report be noted .	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

189/22	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	There were no items to refer.	
190/22	ANY OTHER BUSINESS	
	There were no other items raised.	
191/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 23 rd August 2022.	