

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **28th June 2022** **at 1.30pm via Microsoft Teams**

Present

Steve Spill, Vice Chair (in the chair)
Reena Owen, Independent Member
Patricia Price, Independent Member
Nuria Zolle, Independent Member

In Attendance

Gareth Howells, Interim Director of Nursing and Patient Experience (from minute 152/22)
Inese Robotham, Chief Operating Officer (from minute 158/22)
Christine Morrell, Director of Therapies and Health Science
Hazel Lloyd, Acting Director of Corporate Governance
Scott Howe, Healthcare Inspectorate Wales
Sue Evans, Community Health Council
Leah Joseph, Corporate Governance Manager
Hazel Powell, Deputy Director of Nursing
Angharad Higgins, Head of Quality and Safety
Meghann Protheroe, Head of Performance (minute 157/22)
Tanya Spriggs, Nurse Director Primary Care Therapies Service (to minute 152/22)
Dougie Russell, Medical Director - Neath Port Talbot Singleton Service Group (to minute 152/22)
Martin Bevan, Medical Director - Neath Port Talbot Singleton Service Group (to minute 152/22)
Delyth Davies, Head of Nursing – Infection Prevention and Control (to minute 152/22)
Joanne Walters, Matron – Infection Prevention and Control
Mark Ramsey, Medical Director - Morriston Hospital (to minute 152/22)
Pankaj Kumar, Deputy Group Medical Director – Morriston Hospital (to minute 152/22)
Suzanne Holloway, Head of Quality and Safety – Morriston Hospital (to minute 152/22)
Mark Hackett, Chief Operating Officer (to minute 152/22)
Stephen Jones, Nurse Director Mental Health and Learning Disabilities (from minute 152/22 to 154/22)
Marie Williams, Head of Nursing – Quality Governance and Improvement (from minute 152/22 to 154/22)
Catherine Harris, Deputy Head of Midwifery – Singleton Hospital (from minute 155/22 to 156/22)
Neil Thomas, Deputy Head of Risk (minute 155/22)
Ross Hughes – NWSSP (*observing*)

Minute No.		Action
146/22	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting, in particular the Chief Executive and Service Group Medical and Nurse Directors. Apologies for absence had been received from Richard Evans, Executive Medical Director; Maggie Berry, Independent Member and Darren Griffiths, Director of Finance and Performance.	
147/22	DECLARATION OF INTERESTS	
Resolved:	Pat Price declared an interested in item 5.1 <i>Quality and Safety Risk Register</i> in light of discussions around the best interest assessors.	
148/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 24 th May 2022 were received and confirmed as a true and accurate record.	
149/22	MATTERS ARISING	
	There were no items raised.	
150/22	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>124/22 Patient Experience Report</u></p> <p>Reena Owen advised that the original meeting scheduled for 16th June 2022 with the Patient Experience Manager and Interim Director of Communications did not go ahead, however a new date had been arranged for 4th July 2022.</p>	
Resolved:	The action log was noted .	
151/22	WORK PROGRAMME 2022/2023	
Resolved:	The work programme was received and noted .	

152/22	<p>INFECTION PREVENTION CONTROL IMPROVEMENT PLAN AND SERVICE GROUP'S IMPROVEMENT PLANS</p>
	<p>Steve Spill welcomed attendances from the Service Groups to highlight the importance of infection, prevention and control at Swansea Bay University Health Board (SBUHB).</p> <p>The overarching infection, prevention and control (IPC) improvement plan was received. In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - To the end of May 2022, the Health Board was on trajectory in relation to the infection reduction profiles for Klebsiella bacteraemia and Pseudomonas aeruginosa bacteraemia; - Whilst SBUHB had not achieved reductions in-line with the proposed trajectory for C. difficile, Staph. aureus bacteraemia and E. coli bacteraemia by the end of May, there had been a year-on-year reduction in the number of cases of C. difficile (25% fewer cases) and E. coli bacteraemia; - Infections tend to behave seasonally and fluctuate depending on the time of year, however currently infections were on a downward trend; - The IPC team have had good engagement with service groups to develop their improvement plans; - A leadership touchpoint meeting took place last week which focused on IPC to help strengthen engagement and change attitudes towards IPC. The team have recognised that people were taking ownership of IPC which was positive, however there is a need to maintain momentum; <p>In discussing the overarching IPC report, the following points were raised:</p> <p>Steve Spill highlighted the importance to permeate a culture down to all corners of the organisation, but queried whether SBUHB would be in a position to confirm that all areas of the organisation were engaged with quality improvements. Delyth Davies advised that Primary Care and Therapies Service were an exemplar of improvements and dividends were being realised. She noted that engagement would be ongoing to review roles within 12 months to implement targeted interventions. She stated that chlorhexidine wipes were being piloted in Morriston Hospital's trauma and orthopaedic ward to help reduce the risk of infections, and the team would continue to celebrate good success. The progress overall was positive.</p> <p>Mark Hackett advised that the overall improvement plan tried to incorporate four focus areas:</p> <ul style="list-style-type: none"> ○ A credible Health Board plan enforced by evidence and resource; ○ Visibility of plans at service group level; ○ Apply evidence based practice and;

- Rapid review of cases to assist with flow.

He stated that there was a management focus on reducing infections which was a basic requirement that SBUHB should provide. There was a need to work on roles and responsibilities and to drive down to departments and wards, however work was ongoing around communication for engagement and ownership. There was an element of reward and recognition being reviewed by SBUHB to spread learning and good news across the organisation, and this would be built upon in the next quarter. Audits and surveys on roles and responsibilities were ongoing to provide assurance that basic systems of control were in place.

Nuria Zolle was pleased to hear that work was ongoing around learning, roles and responsibilities, however the culture and behavioral requirements needed to be spread. She queried how the shift of core behaviours was taking place. Hazel Powell advised that good communication work was ongoing and the team were rapidly sharing good practice and improvements across sites via team briefings and newsletters. The team have also looked at how other Health Boards are sharing communication to ensure that learning was being embedded for an open and honest culture.

Nuria Zolle highlighted that there was a system of pressures that increased bed occupancy, and queried how the Health Board dealt with IPC issues when higher rates of infection were reported. Hazel Powell advised that the IPC framework was in place, however this was being revised for clarity on roles and responsibilities. There was more work to be done to test the framework from ward to Board and she was leading on this piece of work supported by Delyth Davies.

Gareth Howells observed that at the leadership touchpoint meeting, the majority of people were not clinicians and as such IPC remained everyone's responsibility. He noted the importance of staff feeling comfortable to challenge and also be prepared to be challenged around IPC. He noted that pressures were being seen across sites, however the majority of harm takes place three-feet between the patient and caregiver. Work remained ongoing around the Acute Medical Services Redesign to management a new way of emergency care which should have huge impacts by the end of 2022.

The Primary Care and Therapies Service (PCTS) IPC improvement plan was **received**. In introducing the report, Tanya Spriggs highlighted the following points:

- The IPC service group meetings were ongoing with a multi-disciplinary function which fed into the IPC Committee;
- The Clinical Director for IPC has recently been appointed;
- Areas for improvement include:
 - Ecoli rate is above the Welsh average of 68 per 100k. A task and finish group for a urinary tract infection campaign has

	<p>been established and regional funding secured for recruitment of IPC care home lead nurse role.</p> <ul style="list-style-type: none"> ○ C. difficile rates remain significantly challenged, however reviews were being undertaken for each individual case and a reporting pathway has been agree into the IPC service group meetings. ○ Staph. Aureus rates are static, however scrutiny of 2021/22 data has been completed to agree a targeted approach to reduce community associated cases. <ul style="list-style-type: none"> - From an antimicrobial stewardship perspective, SBUHB remains the highest prescribing Health Board. There is a six month lag in the data however work needs to be done to strengthen the Health Board's performance. Areas to improve on included the choice of therapy, the duration of the prescription and use of dipsticks to guideline a diagnosis. - Good progress has been made around the broad-spectrum (4C) prescribing in PCTS and a targeted action plan was in place. <p>In discussing the PCTS IPC improvement plan, the following points were raised:</p> <p>Mark Hackett requested elaboration around how PCTS had audit compliance against evidence based practice. Tanya Spriggs advised that work remained ongoing following the targeted approach and the service group was at the beginning of the journey for audits.</p> <p>Reena Owen was pleased to see the report from PCTS as often the IPC issues were community acquired. She queried whether SBUHB was satisfied that all care homes were onboard with the quality improvements and noted the importance of the IPC care home lead nurse role. Tanya Spriggs advised that the IPC link for care homes had been in post previously and the team were recruiting into this post following the individual leaving the role. The individual had previously undertaken scoping work and findings showed good engagement with care homes and linked back to practices and pressures placed upon GPs. Communication work remains ongoing to remind care homes around the appropriate use of dipsticks.</p> <p>Reena Owen queried the changes following analysis of the C. difficile cases. Tanya Spriggs noted that the reviews had previously been in place, however scrutiny was more overt around themes, learning and comparisons with neighboring practices.</p> <p>Nuria Zolle observed that practices were shaping the delivery on the ground and updates could be useful at a future meeting. She noted that the Health Board does not have the luxury of additional capacity, however as the same pressures were being seen across other Health Boards this should not an excuse for SBHUB.</p>
--	---

The Neath Port Talbot and Singleton Service Group (NPTSSG) IPC improvement plan was **received**. In introducing the report, Dougie Russell and Martin Bevan highlighted the following points:

- The position was promising and people were embracing the changes towards IPC;
- Currently the operating capacity was over 100%;
- The IPC service group meeting and divisional meeting has been established to take place on a monthly basis;
- The service group had the ability to monitor antimicrobial prescribing usage and cease using intravenous therapy after 72 hours to minimise infection rates;
- Handwashing champions are in place across both sites;
- There is a need to discuss establishing a cross-service group meeting with PCTS;
- A monitoring mechanism is in place where communication is filtered through from the antimicrobial pharmacist to the service group Medical Director to raise concerns around the type of medicine prescribed;
- The hospital electronic prescribing and medicines administration (HEPMA) software has been changed to include antibody review chart;
- Statutory and mandatory training compliance rates have slipped, however there was a focus on this and would continue to be discussed at monthly meetings. Staff have not found the electronic staff record user friendly;
- There were environment and patient differences between Neath Port Talbot Hospital and Singleton Hospital, and cladding works had impacted patient's moves within Singleton Hospital.

In discussing the NPTSSG IPC improvement plan, the following points were raised:

Reena Owen highlighted that a recent Community Health Council (CHC) report detailed that SBUHB were not offering handwashing to patients prior to meals, and queried whether there would be an emphasis on this within the plan. Martin Bevan advised that he was not aware of the CHC report, but would discuss outside of the meeting with nursing colleagues.

Dougie Russell highlighted that visiting was opening up and there was an expectation that visitors would have the same hand washing hygiene standards as staff.

Mark Hackett noted the reduction in *C. difficile* and *Staph. Aureus* rates, but queried the *E.coli* position. Dougie Russell highlighted that there was a renewed focus around the management of lines.

The Morriston Hospital IPC improvement plan was **received**. In introducing the report, Mark Ramsey highlighted the following points:

- There has been no increase in antimicrobial prescribing, and the Service Medical Director is updated when exception reports are received for appropriateness of antimicrobial prescribing;
- Despite early signs of improvement within the trajectory templates, Morriston Hospital continues to experience periods of increased incidence for *C. difficile*. The service group is looking at alternative ways in which early hot debriefs can be used to prevent further transmission in the possible likelihood of delayed deep dive reviews;
- The service group has established an IPC governance structure which feeds into the IPC Committee;
- Rapid response domestic bed space cleaning service established and all wards are populating visual boards;
- Project leads have been aligned to the project delivery plan/quadrants including: training and development; environment and decontamination; patient experience; governance reporting, engagement and communications; and scrutiny and audit.

In discussing the Morriston Hospital IPC improvement plan, the following points were raised:

Nuria Zolle highlighted the big challenges ahead, and queried how audits identified areas of concern and lessons to be learned as there needed to be space to monitor progress to manage the systematic challenges in IPC. Suzanne Holloway advised that the improvement plan was developed with the principles of honesty and transparency which is why some areas remained 'red' as the quality outcome was unexpected. The rapid debrief process was beneficial however the consistency of outcome was difficult to compare, and processes were being tightened to ensure consistency in change and outcomes over a longer-term period.

Mark Hackett queried the changes to Staph. Aureus rates in May 2022. Mark Ramsey advised that sporadic outbreaks can take place in renal due to the temporary lines and the dialysis treatment can increase the risk of infections. Temporary lines in vascular access can also increase Staph. Aureus infections, however chlorhexidine washes can assist minimising infections. Pankaj Kumar advised that the dip in Staph. Aureus in May was linked to care bundle packages, and enhanced surveillance on all bacteraemia infections across sites was being undertaken. The enhanced surveillance data was expected to be available in six months' time for review and this was being undertaken by SBUHB and colleagues from Public Health Wales.

Reena Owen requested assurance that the separate IPC groups were all collating and sharing learning across the Health Board. Gareth Howells highlighted the requirement to set up a governance structure for local issues, and the core fundamental issues were overseen by IPC Committee. The reporting mechanism was into the IPC Committee,

	<p>Quality and Safety Patient Safety Group and finally into Management Board.</p> <p>The Chair thanked colleagues for their presentations and commented that the session had been excellent. He observed that although work remained ongoing, good progress had been made to date. He would review with Gareth Howells at the agenda planning session for July's meeting for the periodical reporting mechanism for the IPC report.</p>	GH/SS
Resolved:	<ul style="list-style-type: none"> - Discussion to take place at July's agenda planning session on 29th June 2022 around the reporting mechanism for the IPC report to Quality and Safety Committee. - Initial progress to the end of May 2022 against the Health Board's Infection Prevention Improvement Plan was noted. - Service group improvement plans were noted. 	GH/SS
153/22	PATIENT STORY: MIKE'S STORY	
	<p>Steve Jones and Marie Williams were welcomed to the meeting.</p> <p>A story was received which set out the experience of a veteran who had accessed the Veteran's NHS Wales Service following mental health difficulties following his return from two tours of being a soldier in Afghanistan. He found the treatment life changing and improvements were made in both personal and professional lives.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Steve Jones highlighted Mike's phenomenal recovery journey and commended the productive service for veterans. Steve Spill detailed that he had previously watched the video at an armed forces panel and the service was well thought of throughout the veteran community. Reena Owen was unaware of the service, but was interested in visiting the service.</p> <p>Hazel Powell queried whether the service reached out to veterans, or whether it waited on contact from veterans. Steve Jones highlighted that reach out to veterans led to the referral process, however the service was under resources and the service did not have available activity and reaching out to veterans was reduced. Christine Morrell supported Steve Jones' comments and stated that the service managed waiting lists well and signposting was taking place. Impacts had been seen from a therapies perspective and armed forces groups and forums were available to support veterans. She highlighted the importance of spreading communication surrounding this service as many SBUHB employees were ex-military and more support needed to be provided to these individuals.</p>	
Resolved	The patient story was noted .	

154/22	<p>SERVICE GROUP HIGHLIGHT REPORT – MENTAL HEALTH AND LEARNING DISABILITIES SERVICE</p>
	<p>The highlight report from Mental Health and Learning Disabilities (MHL) Services was received.</p> <p>In introducing the report, Stephen Jones highlighted the following points:</p> <ul style="list-style-type: none"> - The quality assurance framework is being embedded across all areas of the service group; - The current position for the backlog of serious incident investigations from 2019/2020 is zero. There is one prison investigation open from 2020/21, however there are no cases currently open with Welsh Government. The team are working hard to avoid new complaints falling out of timescale for review; - Complaints performance in May which related to March complaints was 65%. The performance was low due to the number of complex complaints received, however focus work was ongoing to increase performance; - Two Healthcare Inspectorate Wales (HIW) visits have taken place. The first at Cefn Coed Hospital between 14th and 16th March 2022, and the second at Dan-y-Deri Learning Disability Service on 15th Mach 2022. Action logs are being monitored; - Patient friends and family feedback was in a good position, however work is ongoing to increase returns; - There were a total of 803 incidents that required investigations and closure on the Datix system as at 5th April 2022. As of 10th June 2022 there were 245 incidents that required investigations and closure. The service group is reporting regularly to the MHL quality and safety group on the progress of closing the incidents, and it is anticipated that all incidents will be closed with under 10 serious incidents to be transferred to the new system due to the complexity of the investigation. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether MHL were confident that IPC rates were under control. Steve Jones advised that good progress had been made however the focus compared to other service groups was different. There was a good governance IPC infrastructure in place along with a strong reporting structure, and he was fairly confident that IPC rates were under control.</p> <p>Nuria Zolle found the report helpful and was pleased that positive comments had been fed back surrounding staff members' care, however she voiced concerns relating to the MHL environments. Steve Jones confirmed that some environments within MHL were his biggest worry, however escalation through appropriate channels was in place. He was pleased that comments had been commended for their exemplary care.</p>

	<p>Reena Owen queried if processes could be accelerated around environment issues and whether the business case for Cefn Coed could include Dan-y-Deri to enable improvement of care and environment. Steve Jones advised that leverage from executives and Independent Members would be welcomed, however the MHLD team are further ahead with the environment changes than ever before. He noted that the business case needed to be independent in light of the differences in care provided.</p>	
Resolved:	The highlight report from MHLD be noted .	
155/22	HEALTH BOARD RISK REGISTER – QUALITY AND SAFETY RISKS	
	<p>The Health Board Risk Register (HBRR) was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The HBRR for May 2022 was received and endorsed by Management Board in June 2022 which contains 40 risks; - During April, an additional meeting of the Risk Scrutiny Panel attended by the Executive Medical Director reviewed risks scored 20 and above. Advisory notes were shared with executive leads following the meeting for consideration during the update process in April; - 15 of the 40 risks are assigned to the Quality and Safety Committee for oversight, 10 of which are at or above the Health Board’s current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees; - Two risks have reduced from 20 to 16: Screening for Fetal Growth Assessment in line with Gap-Grow; and Risk of Closure of Burns Service; - The last gold command meeting took place in April and risks have been circulated and arrangements agreed for risk management. Fragility of External Domiciliary Care Market is being reviewed by PCTS; - The incident management module of Datix Cymru went live in April 2022 and the modules for managing complaints and other feedback went live in July 2021. Following these transitions, the licence for continued use of these legacy DatixWeb modules will expire at the end of August 2022, following which access to the module will become ‘read-only’. There is a need to close down or transfer all remaining open records within DatixWeb. Any records not closed by the end of August will no longer be able to be actively managed within the legacy system and will require transfer into the new Datix Cymru module. No electronic means of transfer has been provided as part of the programme – the approach required 	

	<p>will be manual. A paper was prepared and shared with Datix user leads, Service Group Directors and Executive Quality and Safety leads. A final paper was considered by the Management Board on Wednesday 15th June and a risk based approach was agreed.</p> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle welcomed the Datix update, but requested that the wording surrounding the risks for IPC controls be reviewed as the detail needs to include the Welsh Government target in comparison with other Health Boards. Neil Thomas undertook to review the actions outside of the meeting and provide updates via the action log.</p> <p>Nuria Zolle queried whether the three actions relating to Additional Learning Needs had been completed as one expires in June and two in expired in May 2022, and noted that assurance around demand and capacity was needed. Neil Thomas undertook to review and confirm outside of the committee, but noted that although improvements had been made in the last few months surrounding the actions, more work needed to be completed.</p>	<p>NT</p> <p>NT</p>
Resolved:	<ul style="list-style-type: none"> - Wording surrounding the risks for IPC controls be reviewed as the detail needs to include the Welsh Government target in comparison with other Health Boards. - Updates around three open Additional Learning Needs actions be confirmed to Nuria Zolle outside of the committee. - The updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee be noted - The decisions taken to support the closure of incident, complaint and feedback modules within the legacy DatixWeb system be noted. 	<p>NT</p> <p>NT</p>
156/22	REPORT ON POSITION FOLLOWING SELF-ASSESSMENT AGAINST OCKENDEN MATERNITY RECOMMENDATIONS	
	<p>Committee members agreed to defer the report on the position following the self-assessment against the Ockenden maternity recommendations to July's Quality and Safety Committee in light of no representation from NPTSSG.</p>	GH
Resolved:	<p>Action log be updated to reflect deferral of report to July's Quality and Safety Committee.</p>	GH
157/22	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The quality and safety performance report was received.</p>	

	<p>In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - The number of new cases of COVID19 has reduced in May 2022, with 286 new cases being reported in-month; - In May 2022, the number of red calls responded to within 8 minutes saw an in-month increase to 56.3%. In May 2022, the number of green calls decreased by 2%, amber calls decreased by 2%, and red calls decreased by 18% compared with April 2022; - The Health Board's performance against the 4-hour measure improved slightly from 72.87% in April 2022 to 73.81% in May 2022; - The number of patients waiting over 12 hours in Accident and Emergency (A&E) slightly decreased from 1,294 in April 2022 to 1,195 in May 2022; - The number of emergency admissions between November 2021 and February 2022 had seen a consistent reduction, however admissions have increased in May 2022 (4,117); - In May 2022, there were on average 285 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's hospitals; - May 2022 saw a 3% in-month increase in the number of patients waiting over 26 weeks for a new outpatient appointment. Additionally, the number of patients waiting over 36 weeks increased by 1.6% to 39,403. Referral data has recently been reviewed and updated following the introduction of the new digital dashboard in June 2021. Referral figures for May 2022 saw a significant increase (14,076) on those seen in April 2022 (11,544); - Therapy waiting times continue to improve, there are 614 patients waiting over 14 weeks in May 2022, compared with 679 in April 2022. - Access times for crisis performance has been maintained at 100% since April 2022; - Neurodevelopmental Disorders access times within 26 weeks continues to be a challenge, the performance remained at 35% in April 2022 against a target of 80%. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried whether work was ongoing to increase the deteriorating position of mobilising patients. Meghann Protheroe undertook to review and confirm outside of the committee.</p> <p>Nuria Zolle queried whether lessons were being learned and shared surrounding COVID-19 to help mitigate the impacts of the waves on SBUHB's quality and performance. Meghann Protheroe confirmed that COVID-19 slides were be circulated to highlight lessons learned.</p>	<p>MP</p>
--	--	------------------

	<p>Nuria Zolle highlighted that the projection for planned care to return to a normal position was expected to take seven to ten years. Meghann Protheroe stated that a large piece of work was being undertaken for ministerial priority trajections and detailed work remained ongoing.</p> <p>Steve Spill requested details around the Never Event reported in May 2022. Gareth Howells advised that the Never Event related to an incorrect piece of equipment in an orthopaedics procedure. He noted that a summit was scheduled for July and the findings of this meeting would be reported to August's Quality and Safety In-Committee session. Hazel Lloyd assured committee members that Serious Incidents and Never Events were reported to Quality and Safety Committee on a bi-monthly basis.</p>	<p>GH</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - Update surrounding actions to increase the deteriorating position of mobilising patients be confirmed to Nuria Zolle outside of meeting. - Following the report of a Never Event in May relating Orthopaedics, an update of findings from a summit in July be reported to August's Quality and Safety In-Committee meeting. - The current Health Board performance against key measures and targets be noted. 	<p>MP</p> <p>GH</p>
<p>158/22</p>	<p>CLINICALLY OPTIMISED PATIENTS</p>	
	<p>A report providing the outcome of external inspections was received.</p> <p>In introducing the report, Inese Robotham highlighted the following points:</p> <ul style="list-style-type: none"> - The clinically optimised patient position remains static yet challenged, however SBUHB remains focused on what is in its gift to be able to improve the position; - Admission avoidance and frailty programme is an action being taken to mitigate the increase of clinically optimised patients within SBUHB; - Virtual wards are in their infancy in SBUHB, however the development of these services offers the opportunity for patient optimisation in the community, admission avoidance and supported discharge from hospital thus reducing length of stay; - The reintroduction of early supported teams to support patients early in their recovery pathway to be managed within the community setting is being explored across all sites currently; - A review of the current system and processes in managing patients who require further support on discharge is underway; - SBUHB continues to commission beds within the community to meet the gap in residential/home care market. <p>In discussing the report, the following points were raised:</p>	

	<p>Nuria Zolle queried whether there was a percentage of actions and issues that were out of SBUHB's control. Inese Robotham confirmed that the number of gains can be numbered, however the gains were small and SBUHB was not able to mitigate the void at the end of the pathway if patients remained on a site for a long period of time.</p> <p>Nuria Zolle queried whether SBUHB could do more around discharge planning delays. Inese Robotham advised that transitional care beds can cause confusion and each case was being picked up individually for learning.</p> <p>Nuria Zolle queried whether there was good front line social care interaction. Inese Robotham confirmed that engagement was ongoing with social care partners.</p> <p>Steve Spill highlighted that COVID-19 numbers were on the rise and queried whether the upcoming autumn and winter months would have a detrimental effect to bed occupancy. Inese Robotham advised SBUHB was prepared for COVID-19 peaks and dips in light of possible further mutations, and Welsh Government have extended staff testing to July. She noted that there were still gaps in the care home market which could affect occupancy.</p> <p>Gareth Howells reflected that SBUHB teams were excellent at being flexible and managing the COVID-19 guidelines, and currently the organisation was not seeing increased death rates. Nuria Zolle stated that it was important that SBUHB tried to innovate a way out of COVID-19 and to ensure balance and risk was being considered.</p> <p>Pat Price queried when COVID-19 measures were expected to be reduced. Inese Robotham advised that most measures had been stood down apart from patient testing for elective procedures, patients at risk, and staff testing. SBUHB was unable to mandate masks, however the organisation encourages mask wearing for patients and employees.</p> <p>Pat Price queried what extend is admission level increase because of lack to access to out of hours GP services. Inese Robotham advised that the effect is not directly on admissions, however there was an effect on overcrowding in A&E and patient experience outcomes.</p> <p>Pat Price welcomed future updates surrounding social partnership with local authorities. Inese Robotham advised that currently there was no feedback to report.</p> <p>Gareth Howells reflected that local authorities and Health Board provide care for the same people and the increased risk in the system is outside A&E. SBUHB has been flexible around its COVID-19 measures and the current position is the new normal.</p>	
Resolved:	The report and the ongoing actions to address the clinically optimised patients within SBUHB be noted .	
159/22	ITEMS TO REFER TO OTHER COMMITTEES	

Resolved:	There were no items to refer.	
160/22	ANY OTHER BUSINESS	
	<p>i. <u>Service Group attendance at Committee meetings</u></p> <p>Gareth Howells undertook an action to feedback into the executive team to ensure attendance from Service Groups.</p>	GH
161/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 26th July 2022.	