

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 25th May 2021 at 1.30pm via Microsoft Teams

Present

Martyn Waygood, Independent Member (in the chair)
Nuria Zolle, Independent Member
Reena Owen, Independent Member
Maggie Berry, Independent Member
Jackie Davies, Independent Member
Stephen Spill, Vice Chair

In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Delyth Davies, Head of Nursing - Infection Prevention and Control (to minute 99/21)
Sian Harrop-Griffiths, Director of Strategy (to minute 108/21)
Richard Evans, Medical Director
Keith Reid, Director of Public Health (from minutes 100/21)
Christine Morrell, Interim Director of Therapies and Health Science
Leah Joseph, Corporate Governance Officer
Pam Wenger, Director of Corporate Governance (to minute 108/21)
Hazel Lloyd, Head of Patient Experience
Darren Griffiths, Interim Director of Finance (from minute 104/21 to 106/21)
Scott Howe, Healthcare Inspectorate Wales
Kirsty Lagdon, Healthcare Inspectorate Wales
Rab McEwan, Interim Chief Operating Officer (to minute 108/21)
Anne Beegan, Audit Wales;
Wendy Lloyd-Davies, Community Health Council
Prue Thimbleby, Arts in Health coordinator (minute 93/21)
Julie Lloyd, Staff Experience and OD Manager (from minute 106/21)
Meghann Reynolds, Senior Service Manager, Childrens' Services (from minute 105/21 to 108/21)

Minute No.		Action
93/21	PATIENT STORY: SEPSIS	
	A story was received which set out Glenn's experience following the death of his Wife, Siobhan. His story detailed how Siobhan came to be admitted to Morriston Hospital following a sepsis infection and his experience of waiting in the family room whilst Siobhan was in resuscitation. Since the story was been filmed, Glenn and his family	

	<p>have donated a new picture to Morriston Hospital for the family room and policies have been reviewed to include families being able to access the resuscitation room.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Prue Thimbleby highlighted that good lessons were learned from Glenn's experience and Siobhan's family have improved the family room with their kind donation. She advised that Glenn had taken part in a presentation to the resuscitation committee which then facilitated changes to processes and policies.</p> <p>Martyn Waygood recounted his own personal experience of septicemia and said that he found Glenn's account particularly moving. He asked Prue Thimbleby to pass on the committee's sincere thanks to Glenn and his family for sharing their experience.</p>	
94/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Helen Higgs; Head of Internal Audit; Lisa Hinton, Assistant Director of Nursing – Infection, Prevention and Control.	
95/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
96/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 27 th April 2021 were received and confirmed as a true and accurate record.	
97/21	MATTERS ARISING	
	There were no matters arising raised.	
98/21	ACTION LOG	
	<p>(i) <u>42/20 Quality and Safety Bill and Duty of Candour update</u></p> <p>Pam Wenger advised that a representative from Welsh Government (WG) would be attending a separate session to outline the Quality and Safety Bill and Duty of Candour. Further details will be provided in due course.</p> <p>(ii) <u>31/21 Additional chemotherapy chairs</u></p>	PW

	<p>Rab McEwan advised that Singleton Hospital's Service Director would be submitting an update report in July 2021 following Medicine Management Board.</p> <p>(iii) <u>57/21 Service Groups' attendance at Quality and Safety Committee</u></p> <p>Maggie Berry noted that it was good to see the pro forma (appendix 1) which should enable a mechanism to see progress against the Health and Care Standards throughout 2021 and into 2022.</p>	
Resolved:	The action log was received and noted .	
99/21	INFECTION PREVENTION AND CONTROL	
	<p>A report providing an update in relation to infection, prevention and control (IPC) was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - The COVID-19 position is improving and currently there are two outbreak areas across Swansea Bay University Health Board (SBUHB) and both are situated at Morrison Hospital; - The COVID-19 vaccination programme continues to progress well; - SBUHB awaits WG's targets surrounding Tier 1 key infections. There were 20 C.difficile (C.diff) cases recorded throughout April 2021, however it was positive to note that none related to cross-infection. - Key-targeted work remains ongoing within the Primary, Community and Therapies Service Group and pharmacies to understand issues and make improvements surrounding antimicrobial prescribing; - The introduction of junior-doctor led antimicrobial quality improvement is underway. The package is under development with assistance from foundation training leads and quality improvement; - Decanting issues remain a high priority on the IPC agenda, and a report on the position of risk is going through the Executive Team; - Progress has been made surrounding the digital ward dashboard. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies noted that the C.diff and E.coli figures were significantly high considering the IPC local measures of handwashing, personal protective equipment and social distancing. She highlighted that staff had indicated there was a lack of changing facilities and toilets across sites and queried whether there was a connection with the high infection scores. Delyth Davies advised that it would be surprising if bacteremia</p>	

	<p>infections were linked to staff facilities as C.diff is a disease influenced by antibiotics in the gut. Klebsiella infections could be linked to the time that patients remain on medication whilst on waiting lists.</p> <p>Jackie Davies noted that the report detailed that local research was being undertaken to understand the epidemiology better, and queried if there was any prevalence in the local area. Delyth Davies advised that local research details that cases of C.diff are higher in the community, and following whole genome sequencing, there are more clusters genetically linked to sequencing but not linked geographically.</p> <p>Martyn Waygood highlighted that currently SBUHB's C.diff position is the worst in Wales and it has maintained a consistent poor performance. Delyth Davies noted that the high C.diff numbers cannot be purely down to antimicrobial prescribing and noted that Cwm Taf Morgannwg University Health Board (CTMUHB) have high prescribing levels however their C.diff cases are lower.</p> <p>Christine Williams agreed with Delyth Davies' comments and noted that Public Health Wales are involved with the work ongoing with the Primary, Community and Therapies Service Group and pharmacies. There is a need to learn from other health boards to improve the position. She advised that isolating patients is difficult as SBUHB's capacity levels are above 95% which is not good for infection management.</p> <p>Nuria Zolle suggested that specific actions to mitigate the risks are included in the next iteration of the IPC report. Martyn Waygood noted that some actions are due to be completed soon and was pleased to see the successful engagement with the homeless community. He queried the vaccination position surrounding the Black, Asian and Minority Ethnic community. Delyth Davies advised that the 'Imbalance' continues to be used for visits to mosques and the influenza vaccination teams will be utilising the service to visit schools in the winter months.</p>	DD/LH
Resolved:	<ul style="list-style-type: none"> - The next iteration of the IPC report to include the mitigating actions taken surrounding the increased C.diff and E.coli figures. - The progress against healthcare associated infection priorities up to 30th April 2021 was noted. 	DD/LH
100/21	DELIVERY OF THE QUARTERLY OPERATIONAL PLAN – DELIVERY OF ACTIONS (Q4 PERFORMANCE)	
	<p>A report on the delivery of the quarterly operational plan – delivery of actions (Q4 performance) was received.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The tracker provides a good level of progress against the actions and milestones agreed for the end of March, Quarter 4; - 62.7% have been completed, 11.3% are on track to deliver into 2021/22 and 25.4% have not delivered at year end; - There are more actions rated 'Red' across a number of service areas including Children and Young People, Cancer, Digital , Diagnostics and Imaging than in previous quarters; - Actions have been identified as Red rather than Amber if they had not been completed at year end although the delivery continues into 2021/22; - Outstanding actions will be carried forward into 2021/22 as per the Annual Plan for 2021/22 and some key areas have been included in the proposals for recovery as part of the initial £100m being made available by Welsh Government and submitted on 26th April 2021. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies highlighted that many of the named leads detailed within the tracker timetable have left SBUHB and requested assurance that the table would be reviewed and updated accordingly. Sian Harrop-Griffiths gave assurance that the table would be updated.</p> <p>Nuria Zolle noted the importance of knowing the impact of actions. Sian Harrop-Griffiths advised that it is difficult to track the correlations due to WG's reporting timescales being stood down.</p> <p>Martyn Waygood queried if Stereotactic Ablative Radiation Therapy (SABR) would be rolled out across the cancer service. Sian Harrop-Griffiths advised that SBUHB are seeking to make a business case with Welsh Health Specialised Services Committee (WHSSC) surrounding the roll out of SABR as SBUHB are providing approximately 85%-90% of the same service provided by Velindre Cancer Centre.</p> <p>Martyn Waygood queried whether the human papillomavirus vaccination programme and health visitor service were recommencing. Sian Harrop-Griffiths confirmed that both services were restarting.</p>	
Resolved:	<ul style="list-style-type: none"> - The actions and milestones identified within Quarter 4 were noted. - The reported RAG status and supplementary comments against each action that is off-track were noted. - The areas of achievement as described in Appendix 2 were noted. 	
101/21	QUALITY AND SAFETY GOVERNANCE GROUP	
	<p>A key issues report from the Quality and Safety Governance Group (QSGG) was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p>	

- The last meeting took place on 10th May 2021;
- Following an action from April's Quality and Safety Committee, further information on the trends identified in relation to the Ombudsman recently investigating an increased amount of Oncology Complaints were requested. The complaints to SBUHB may initially be regarding another speciality, or even a neighbouring Health Board, however under the Ombudsman's extended powers they have also investigated the care provided to the patient whilst receiving Oncology care/treatment at SBUHB. Overall, eight Oncology Ombudsman investigations relate in some way to Oncology care/treatment at SBUHB. These eight complaints were received between January 2020 and April 2021;
- There has been a 100% increase in multi-agency risk assessment conferences (MARAC) surrounding domestic violence referrals during the past year, which may be due to people being seen on their own during the lockdown;
- Two advocate educators have been employed to roll out identification and referrals to improve safety in Primary Care;
- Morriston Hospital is undertaking work relating to inquest cases with HM Coroner involvement. There were over 60 open inquests recorded applicable to the Morriston Hospital Service Group. This number is high as Morriston Hospital is the licensed mortuary premises for SBUHB, and therefore any cases subject to HM Coroner interest or for post-mortem are received by Morriston Hospital. 20 of the 60 cases reviewed relate to care provided at Morriston Hospital, and the majority of these 20 relate to supra-regional services. Themes of learning include communication and ensuring decisions and discussions are properly recorded;
- There have been over 23,000 contacts with the Patient Advice and Liaison Service (PALS) team in the past 14 months. The majority of these relate to patient belongings and laundry;
- An obstetrician is continuing to support the training to midwife sonographer trainees. There are currently two midwife sonographer trainees on the programme, which is running until September 2021 and following completion of training a three month preceptorship is required;
- SBUHB have been unsuccessful in recruiting a Named Doctor for Safeguarding Children. This is an ongoing risk to SBUHB;
- The Mental Health and Learning Disabilities Service Group are working through the ongoing backlog of Serious Incidents (SI).

In discussing the report, the following points were raised:

Maggie Berry queried the level of attendance at the QSGG meeting. Nigel Downes advised that attendance was good, but he was not allowed to put the detail into the reports. Pam Wenger advised that it is reasonable to report repeating non-attendance and the service group

	<p>template in appendix 2 of the action log could be a good mechanism to support service groups reporting into QSGG and the Quality and Safety Committee.</p> <p>Maggie Berry queried issues relating to patient laundry and belongings. Nigel Downes advised that concerns were raised at the beginning of the COVID-19 pandemic whilst the PALS laundry service bedded in.</p> <p>Maggie Berry noted that poor communication relating to complaints was a prevalent theme. Hazel Lloyd advised that communication and attitude were themes in complaints and as such a task and finish group was developed which will report back to committee after 1st June 2021.</p> <p>Reena Owen noted that the in light of the request for additional funding for another two midwives to receive sonographer training, the timescales for completion will be at least two years. Christine Williams advised that there is a problem in providing training and support to sonographers. Midwives need to be released to complete the course, which can slow down lists when training is taking place. It was agreed that two Midwives would be trained per year which would lessen the impact on the wider team.</p> <p>Reena Owen highlighted that there were a large number of Ombudsman cases in oncology for one service and queried if this was a direct result of the COVID-19 pandemic. Nigel Downes advised that the eight oncology Ombudsman complaints relate to care and treatment dating back to 2018/19. Hazel Lloyd advised that the service is reviewing these concerns and its pathways.</p> <p>Nigel Downes advised that in respect of the increased MARAC figures, support and training has been provided. Adverts have been posted around hospital sites and social media surrounding domestic violence has been circulated. In light of the COVID-19 pandemic, patients have been seen at Emergency Departments alone which may have attributed to higher figures.</p>	
Resolved:	The report was noted .	
102/21	FINAL HEALTH AND CARE STANDARDS ANNUAL SELF-ASSESSMENT REPORT 2020/21	
	<p>The final Health and Care Standards Annual Self-Assessment Report 2020-2021 was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> - This report is in addition to the draft version that was received at April's Quality and Safety Committee; - Many of the standards have scored 3.2 or 3 due to COVID-19, except for timely care which has decreased to 2.8. <p>In discussing the report, the following points were raised:</p>	

Jackie Davies challenged the scoring of 4 around safe care in light of the poor IPC statistics at Morriston Hospital. Nigel Downes advised that the overall score was 3, and the Executive team reduced Morriston hospital's self-assessment score from 4 to 3. Christine Williams advised that the draft version was brought to April's Committee for assurance, however evidence remained outstanding from the service groups surrounding safe care and dignified care.

Maggie Berry liked the focus of the report and the thoroughness of comments. She welcomed Independent Member involvement with the Health and Care Standards scrutiny panel in future. Pam Wenger advised that at April's committee meeting it was discussed that the Health and Care Standards are quite dated and work is ongoing centrally surrounding the Duty of Candour.

Christine Williams advised that SBUHB has had an exceptional year and there was an expectation that the scores would decrease, however the process will be reviewed through 2021 and into 2022 with the implementation of the Quality and Safety Bill.

Nigel Downes intends to meet service groups either on a bi-monthly or quarterly basis for the appropriate reporting mechanism.

Reena Owen agreed with Maggie Berry's comments on the style of the report, but questioned the scoring. She felt that the scores were higher than they should be and if 'staying healthy' was reliant on the COVID-19 vaccination programme then SBUHB may have lost momentum on other areas linked to 'staying healthy'.

Pam Wenger advised that the committee are asked to recommend the report to Board for approval if the committee comes to a consensus on appropriate assurances.

Stephen Spill advised that most scoring is at 3 and scoring down to a 2 may be harsh and unreasonable. Keith Reid advised that when a self-assessment is scored following limited evidence from service groups, the strength of the evidence needs to be considered. He was disappointed that the scores were not higher. He agreed with Stephen Spill's comments and noted that a score of 3 is not sliding back, but the progress that was hoped was not met.

Nuria Zolle supported Stephen Spill's comments and felt that 3 was the correct position overall. She detailed that the validity of ownership and process was paramount to lead the scoring and was comfortable relying upon the Executive team to provide judgment.

Jackie Davies noted a disconnect with the scores and performance figures, but was assured by Christine Williams' challenge to the Service Groups.

Committee members agreed to recommend the report for Board approval.

Resolved:	The final Health and Care Standards Annual Self-Assessment Report was noted and recommended to the Board for approval on 27 th May 2021.	
103/21	INTERNAL AUDIT REPORTS	
	<p>A report providing an update on internal audits was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - A previous internal audit on the World Health Organisation (WHO) theatre surgical safety checklist was completed in 2019 which gave limited assurance. A subsequent internal audit was recently completed that also gave limited assurance. This was based on governance processes to monitor use of Local Safety Standards for Invasive Procedures (LocSIPP's) and in particular the WHO theatre surgical safety checklist. There is no suggestion that the checks themselves are not being done or that standards are not appropriate; - A previous internal audit on Mortality Reviews was completed in 2019 which gave limited assurance. A further internal audit was completed at the beginning of 2021 which also gave limited assurance. This was based on formal policies and procedures describing expectations to avoid inconsistent practice. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle welcomed the quarterly updates to the committee and queried the timescales for the mortality review framework. Richard Evans advised that the framework is being worked through and the Medical Examiner Services for Wales will be embedded by April 2022.</p> <p>Pam Wenger suggested that Richard Evans informs the committee secretariat on when the quarterly reports need to align with the QSGG and Quality and Safety Committee.</p> <p>Christine Morrell advised that SBUHB are sending one death per day from Morrison Hospital to the Medical Examiner Service and one set of notes per day from Singleton Hospital. Once the right resource is in place, numbers will be increased. There is a plan and assessment in place to support this.</p>	
Resolved:	The report was noted .	
104/21	PATIENT EXPERIENCE REPORT	
	<p>The patient experience report was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p>	

	<ul style="list-style-type: none"> - Civica system is being embedded; - 785 friends and family online survey returns which resulted in 99% of people stating they would highly recommend SBUHB which was an increase of 12% from March 2021; - 94 compliments were recorded for April 2021; - 200 complaints were received in April 2021. Themes were communication, attitude, vaccines and appointments; - A task and finish group has been developed to manage communication issues and concerns; - SBUHB recorded 80% performance against the 30 working day target in February 2021. The WG target is 75%; - Once for Wales System was launched on 7th May 2021 and SBUHB is reviewing learning from Hywel Dda Local Health Board following their governance breaches. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if there was an action plan in place surrounding communication and whether there was an expected outcome. Hazel Lloyd advised that a report would be taken through the QSGG first to engage with service groups directly. Actions are specific to areas and sites as different themes are raised across services.</p> <p>Jackie Davies queried whether the questions surrounding nutrition and hydration were national questions. Hazel Lloyd advised that the questions are national, however they are due to be reviewed in light of Health Board's feedback.</p> <p>Maggie Berry noted that Independent Members were previously involved in patients' staff recognition celebrations and queried if this would be restarted. Hazel Lloyd advised that Independent Members would be included in the future.</p> <p>Martyn Waygood noted the number of clinical negligence claims; 10 at Morriston Hospital and 3 at Singleton Hospital. Hazel Lloyd advised that the clinical negligence claims have decreased, however there have been an increase in redress cases which may be due to a quicker turnaround.</p>	
Resolved:	The report was noted .	
105/21	EXTERNAL INSPECTIONS REPORT	
	<p>The external inspections report was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The report covers a summary of inspections over the past six months; 	

	<ul style="list-style-type: none"> - Healthcare Inspectorate Wales (HIW) have revised their reports; - HIW provided notice of a joint inspectorate review of Child Protection Arrangements with Neath Port Talbot County Borough Council within SBUHB. <p>In discussing the report, the following points were raised:</p> <p>Scott Howe noted that the overall position at Morriston Hospital's Emergency Department was positive. The Child Protection Arrangements is the second pilot which will be a different experience for SBUHB and HIW welcomes reflection once completed.</p>	
Resolved:	The report was noted .	
106/21	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - This is a year-end report which is in a different format than usual; - Ambulance response times for April were at 72%, and May is in the low sixties; - Emergency Department and Acute Medical Unit attendances are near pre-COVID19 levels. - Fractured Neck of Femur metrics reflect that 5 out of 7 measures have improved; - Stoke patients assessed by a stroke specialist consultant physician within 24 hours was 100% in March 2021; - Total number of incidents reported in March 2021 was 1,802. This compares to 1,552 reported in March 2020. SI's were reported to WG in March 2021. Of the 3 new serious incidents reported to WG in March, 1 was an unexpected death in Mental Health (MH) and 2 were patient falls; - Whilst there was an increase in the overall mortality rate, there were less deaths in age group under 75s between March 2020 and February 2021 compared with March 2019 and February 2020. The primary driver for the increase in the rate is less admissions in the most recent time period; - There were 4,554 patients waiting over 8 weeks for reportable diagnostics as at the end of March 2021; - Improvements are being seen in endoscopy following financial investment; <p>In discussing the report, the following points were raised:</p>	

	Richard Evans advised that of the six national key performance indicator domains, SBUHB is now above, at, or within 5% of UK national average in five of the six domains. He advised that elective surgeries are being moved to Neath Port Talbot Hospital to ensure there is capacity for trauma.	
Resolved:	The current Health Board performance against key measures and targets as set out in this year-end report was noted .	
107/21	NEURODEVELOPMENTAL ASSESSMENT PERFORMANCE UPDATE	
	<p>A report providing an update on the performance within neurodevelopment assessment was received.</p> <p>The Chair welcomed Meghann Reynolds to the meeting. In introducing the report, she highlighted the following points:</p> <ul style="list-style-type: none"> - The team have appointed a Clinical Lead and Administrative Co-ordinator, who have been in post since November 2019. As an Advanced Speech and Language Therapist, the Clinical Lead functions as a diagnostician for autism spectrum disorder (ASD). This has increased the assessment capacity and enables the Consultant staff to assess cases requiring medication; - There has continued to be a steady increase in referrals since the inception of the service, which peaked during the summer of 2018/2019 at around 100 per month. Since 2019/2020, this has settled at an average of 67 per month currently. - There has been little reduction since school closures due to the pandemic. The current referral rate remains much higher than the current planned capacity, which contributes to the long waiting times experienced by patients and families; - There are currently 929 patients on the ASD and attention deficit hyperactivity disorder waiting list pathways, and 493 of those patients have been waiting over 52 weeks; - Demand currently outweighs capacity. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies noted that 10% of the referrals are from CTMUHB and queried if the service level agreement (SLA) ended would the resource be affected. Meghann Reynolds advised that there are financial and staffing risks associated with the SLA ending, however CTMUHB are not in a position to end the SLA in the next 12 months.</p> <p>Nuria Zolle noted that there needs to be an equity of service surrounding the 18th Birthday marker. Meghann Reynolds stated that there isn't a clear transition agreed between the team and WG to assess anyone</p>	

	<p>over the age of 18. Children aged 17 are being expedited and Integrated Autism Service colleagues are involved.</p> <p>Martyn Waygood noted that there is a large waiting list for a significant period of time and welcomed an update report in three month detailing the next steps.</p>	MR
Resolved:	<ul style="list-style-type: none"> - An update report be received at August Quality and Safety Committee; - The current Neurodevelopment Service position was noted. - The actions taken to increase capacity to date, and to seek support for the further actions identified necessary to build a sustainable service, reduce waiting times and improve performance were noted. 	MR
108/21	FINAL INTERNAL AUDIT REPORT - CONCERNS: SERIOUS INCIDENTS	
	<p>The final internal audit report on Concerns: Serious Incidents (SI) was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry noted that there was a robust system surrounding SI and requested assurance that the structure was not disjointed following the COVID-19 pandemic. Christine Williams assured Maggie Berry that learning has been ongoing throughout the pandemic within the service groups and there is a section of learning from SIs.</p>	
Resolved:	The final audit report surrounding concerns and serious incidents was noted .	
109/21	SWANSEA BAY COMMUNITY HEALTH COUNCIL 'ASKMYGP' ONLINE SERVICE	
	<p>A report setting out the findings of Swansea Bay Community Health Council's review of patients' experience of 'AskmyGP' online service received.</p> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry advised that she has been involved in two recent visits to the Primary Care Service and there was confusion around using Consultant Connect or 'AskmyGP'. She added that WG needs to develop consistent guidance surrounding contractors and their digital expectations. She has written to SBUHB's Interim Deputy Medical Director to inform him of her concerns.</p>	

	<p>Wendy-Lloyd Davies advised that this was raised at a recent Community Health Council meeting as currently 32 general practices are using 'AskmyGP' out of 49 . Lack of implementation in the remainder is due to cost implications. She added that there is disjointed usage around such a positive service. Maggie Berry advised that the use of the service is not detailed in the general practitioners' contracts.</p> <p>Martyn Waygood and Stephen Spill agreed to discuss the issue outside of the committee meeting.</p>	
Resolved:	An update surrounding the Swansea Bay Community Health Council 'AskmyGP' online service noted .	
110/21	WHSSC QUALITY AND SAFETY COMMITTEE KEY ISSUES REPORT	
Resolved:	The WHSSC Quality and Safety Committee key issues report was received and noted .	
111/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
112/21	ANY OTHER BUSINESS	
	<p>(i) Chair of Quality and Safety Committee</p> <p>Martyn Waygood informed committee members that Stephen Spill would be taking over as Chair for the Quality and Safety Committee. Martyn Waygood's final meeting as Chair will be on 22nd June 2021.</p>	
113/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 22 nd June 2021.	