

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **28th September 2021** **at 1.30pm via Microsoft Teams**

Present

Steve Spill, Vice Chair (in the chair)
Maggie Berry, Independent Member
Martyn Waygood, Independent Member
Reena Owen, Independent Member

In Attendance

Gareth Howells, Acting Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Richard Evans, Medical Director (from minute 207/21)
Siân Harrop-Griffiths, Director of Strategy (from minute 214/21)
Keith Reid, Director of Public Health (from minute 211/21)
Liz Stauber, Head of Corporate Governance
Wendy Lloyd-Davies, Community Health Council
Victoria Davies, Community Health Council (to minute)
Darren Griffiths, Director of Finance (from minute 207/21 to 210/21)
Kirsty Lagdon, Healthcare Inspectorate Wales
Carole Smith, Healthcare Inspectorate Wales (to minute 214/21)
Scott Howe, Healthcare Inspectorate Wales
Delyth Davies, Head of Nursing – Infection, Prevention and Control (to minute 209/21)
Hazel Lloyd, Head of Patient Experience (from minute 209/21)
Brian Owens, Service Director – Primary and Community Care (from minute 209/21 to 211/21)
Anjula Mehta, Medical Director - Primary and Community Care (minute 211/21)
Kate Hannam, Interim Service Director – Morriston Hospital (from minute 211/21 to 215/21)
Mark Ramsey, Medical Director – Morriston Hospital (from minute 211/21 to 215/21)
Leah Joseph, Corporate Governance Officer
Christine Morrell, Interim Director of Therapies and Health Science
Jonathan Jones, Principle Auditor - Internal Audit
Lisa James, Graduate Trainee Manager
Siobhan Hynes, Graduate Trainee Manager
Carol Doggett, Head of Nursing of Medicine and ECHO - Morriston Hospital (from minute 211/21 to 215/21)
Bethan James, Matron of ITU - Morriston Hospital (from minute 211/21 to 215/21)
Sophie Petty, Personal Assistant (from minute 211/21 to 215/21)

Minute No.		Action
202/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting, in particular colleagues from Healthcare Inspectorate Wales who were observing the meeting as part of an ongoing piece of work and Gareth Howells who had re-joined the health board as Director of Nursing and Patient Experience. The following apologies were noted: Janet Williams, Head of Operations; Helen Higgs, Head of Internal Audit.	
203/21	DECLARATION OF INTERESTS	
	Martyn Waygood declared an interest in item 2.2 Suicide Prevention Report as a trustee for Ospreys in the Community.	
204/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 24 th August 2021 were received and confirmed as a true and accurate record.	
205/21	MATTERS ARISING	
	There were no items raised.	
206/21	ACTION LOG	
	The action log was received . <ul style="list-style-type: none"> i. <u>138/21 and 127/21 Older People's Charter</u> Gareth Howells suggested that an update is brought to October's committee with a view to agree the next steps.	GH
Resolved:	The action log was noted .	
207/21	INFECTION PREVENTION AND CONTROL	
	A report providing an update in relation to infection, prevention and control (IPC) was received . In introducing the report, Delyth Davies highlighted the following points:	

- Swansea Bay University Health Board (SBUHB) continues to have the highest incidence of infection for the majority of the tier 1 key infections;
- The third wave of the COVID-19 pandemic has commenced;
- In addition to the escalation of service pressures, the incidence of other respiratory viruses and Norovirus which are expected to increase during winter, are likely to lead to a challenge for SBUHB to achieve and sustain reductions in healthcare-associated infections;
- In August 2021, there was a cluster of Covid-19 cases reported in a staff group in a shared an office environment;
- There was a patient outbreak at Singleton Hospital admission unit. Routine admission and ongoing testing was reinstated;
- The Band 6 Decontamination Co-ordinator post which was put out to advert earlier in September 2021 has now closed and the recruitment process is underway;
- A recent paper was published in America which reported that prior to the COVID-19 pandemic, widespread reduction in healthcare-associated infections had been highlighted. However, during the pandemic there was increased incidence of healthcare-associated infections in Quarter 2, 2020/21, rising significantly in Quarters 3 and 4. The authors acknowledged limitations to their study, but suggested that the COVID-19 pandemic placed significant burden on acute hospitals, which “may have altered staffing practices, increased critical care capacity, and modified use of personal protective equipment.”
- When comparing the second and third wave, there has been an escalated burden on staff shortages and SBUHB’s services.

In discussing the report, the following points were raised:

Maggie Berry queried the data and levels of community acquired infections and whether patients are presenting at the Emergency Department (ED) with infections, or if they have already been in contact with the Health Board from a primary care perspective. Delyth Davies advised that there had been an impact on access to general practices (GP) that had resulted in slower treatment for infections. There is no national study ongoing however monitoring will be maintained.

Martyn Waygood noted that the range of c.difficile, klebsiella pneumoniae and staph aureus infections are broad and not all Health Boards are in the same position as SBUHB. Delyth Davies advised that the data changes month-on-month and a small increase of infections can make a significant impact on the data. She will include context in the next iteration of the report.

Martyn Waygood informed committee members that he and Steve Spill recently visited Morrision Hospital and felt the frustrations of people leading the domestic staff recruitment. Delyth Davies stated that the

	<p>domestic department has had challenges when retaining staff, with some staff members having to take on the role of health care support worker to meet demands.</p> <p>Martyn Waygood requested assurance surrounding the lapse of screening on admission. Delyth Davies advised that Singleton Hospital's admissions unit has not seen positive COVID-19 cases for several months and therefore processes had been relaxed. She assured committee members that this issue had been resolved and screening had been resumed.</p> <p>Gareth Howells reflected that it could be helpful for committee members to receive an update as part of the infection control report at October's meeting surrounding the All Wales position as a national comparator alongside the local Health Board work.</p> <p>Reena Owen felt that performance was not increasing, rather it deteriorating and noted that the Community Health Council (CHC) report included in the papers was concerning due to the number of patients who were not asked to wash their hands before their meals. She suggested that the committee escalates the matter to Health Board for a deep dive into IPC.</p> <p>Richard Evans noted that there was value in presenting a comparison from an All Wales perspective. He advised that IPC is highly complex and c.difficile rates are not necessarily hospital acquired. Work is ongoing with colleagues in primary care surrounding antimicrobial prescribing and some improvements have already been made with good outcomes. He was optimistic that the position would shift more positively.</p> <p>Steve Spill queried the position surrounding a potential outbreak on Ward F at Neath Port Talbot Hospital. Delyth Davies advised that currently there were a number of staff members that have tested positive for COVID-19 and others were awaiting their results. A challenge for staff members is that the ward cannot be locked down as patients are not necessarily detained so were able to leave and return.</p>	<p>GH</p> <p>SS</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - A report surrounding the IPC All Wales position to be received at October's committee. - Deep dive into IPC to be escalated to Board for a future meeting. - The progress against healthcare associated infection priorities up to 31st August 2021 was noted. 	<p>GH</p> <p>SS</p>
<p>208/21</p>	<p>CHANGE IN AGENDA ORDER</p>	
<p>Resolved:</p>	<p>Item 3.1 to be taken with 3.2 and 3.3 following.</p>	
<p>209/21</p>	<p>QUALITY AND SAFETY PERFORMANCE REPORT</p>	

The Quality and Safety Performance Report was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- In August 2021, there were an additional 7,177 positive cases recorded bringing the cumulative total to 41,274 in Swansea Bay since March 2020. There are currently 62 patients COVID-19 positive occupying beds across sites;
- A rise is expected in the percentage of staff sickness absence due to COVID-19;
- Ambulance response times for August decreased to 59.1% dropping further below the 65% target, which is indicative of the pressures at Emergency Department (ED) and within primary care;
- In August 2021, there were 726 ambulance to hospital handovers taking over one hour. This is a significant deterioration from 163 in August 2020 and an in-month increase of 110 from July 2021. In August 2021, 711 handovers over one hour were attributed to Morriston Hospital and 15 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes significantly increased from 418 in August 2020 to 2,443 in August 2021;
- ED and minor injury unit attendances have been steadily increasing month on month until September 2020 when attendances started to reduce. In August 2021, there were 11,078 ED attendances. This is 52% more than April 2020 and 1.7% less than August 2019;
- The Health Board's performance against the 4-hour measure improved from 74.65% in July 2021 to 75.04% in August 2021. Performance is 71.9% to date;
- In August 2021, performance against the 12-hour measure deteriorated compared with July 2021, increasing from 1014 to 1060. This is expected to increase in September 2021;
- In August 2021, there were on average 233 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's hospitals. 266 patients are occupying a bed to date and work is ongoing in the partnership arena to manage the numbers;
- In August 2021, SBUHB reported five Serious Incident's (SI) and no Never Events were reported. Performance against the 80% target of submitting closure forms within 60 working days was 0% as none of the closure forms due to be submitted to Welsh Government in August 2021 were submitted on time;
- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge, and August 2021 saw a slight in-month increase in the number of patients waiting over

	<p>26 weeks for an outpatient appointment. The number of breaches increased from 23,225 in July 2021 to 23,444 in August 2021;</p> <ul style="list-style-type: none"> - A new performance page has been added for theatre efficiency. In August 2021 theatre utilisation rate was 69% which is an in-month decrease of 3% and a 31% decrease compared to August 2020. In August 2021 there was 23 days 12 hours and 44 minutes lost due to underutilisation; - In August 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,425 in July 2021 to 5,523 in August 2021. 1.5m has been secured from Welsh Government to reduce the cardiac waiting list; - In August 2021 there were 186 patients waiting over 14 weeks for specified therapies; - A backlog reduction plan has been agreed surrounding urgent suspected cancer referrals. Performance was 55% in July 2021; - The overall Health Board rate for responding to concerns within 30 working days was 69% in July 2021, against the Welsh Government target of 75% and Health Board target of 80%. - An action plan is in place for neurodevelopmental disorder diagnostic assessments. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried the realistic ambition for the theatre efficiency trend. Darren Griffiths advised that between 85% and 90% would be realistic and currently SBUHB is seeing increased activity levels.</p> <p>Steve Spill queried the drivers for the falling performance. Darren Griffiths advised that the vaccination programme has helped however physical distancing remains in place which effects theatre flow and staff having to protect themselves. There is a need to reflect with clinicians the options of starting operations earlier to enable bed availability.</p> <p>Martyn Waygood noted his concerns surrounding decreasing GP referrals and this includes urgent referrals. Darren Griffiths noted an expectation of an increase in September and this will need to be monitored.</p> <p>Maggie Berry highlighted the need to understand the issues surrounding closures for SI's and detailed that she was not assured about timescales. She noted that pressure ulcers have increased at Morriston Hospital and needed to understand reasons behind this.</p> <p>Maggie Berry stated that SBUHB must understand the needs of people that is preventing them from being discharged. She noted that there have been care home closures, however there are too many people in hospital not needing to be there which is linked to ambulance delays.</p> <p>Reena Owen advised that a report on clinically optimised patients was received at today's Performance and Finance Committee. A meeting</p>
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	<p>between SBUHB and the Local Authorities also took place earlier today to discuss this area of concern. This is still being worked through and a further report is due to come to October's Performance and Finance Committee for details on patients, their pathways, breakdown of impact on ambulance performance and virtual wards.</p> <p>Gareth Howells advised that there is a need to stop and regroup to reconfigure services to not lose the good work that has been undertaken in all areas.</p>	
Resolved:	The current Health Board performance against key measures and targets was noted .	
210/21	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"> – Following the committee's request, feedback from the Mental Health and Learning Disabilities (MHL D) team was included in the appendices; – 90 members of staff are trained to use the new Civica feedback system; – For the month of August there were 2,025 friends and family survey returns which resulted in 92% of people stating they would highly recommend SBUHB to friends and family; – There were 97 compliments recorded and 150 complaints recorded; – The Health Board recorded 71% performance against the 30 working day target in June 2021. The Welsh Government Target is 75%; – Healthcare Inspectorate Wales (HIW) are due to carry out inspections are HMP Swansea and the radiotherapy centre at Singleton Hospital. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry was concerned over the number of SI's from 2018/19 that need closure. She noted the need for actions to enable closures and outcomes of HIW inspections needed to be included for discussion and not just for noting on the agenda. Hazel Lloyd advised that she met with the MHL D Service Director to go through the outstanding SI's. The MHL D team have received external training and are being supported to make big improvements on their outcome.</p> <p>Reena Owen endorsed Maggie Berry's comments surrounding the HIW inspection reports. She queried the communication to patients who remain on the waiting lists and whether a trend of complaints had been</p>	

	<p>received. Hazel Lloyd advised that there had been an increase of complaints in the past two years and the information will be included in the next iteration of the report.</p> <p>Wendy Lloyd-Davies advised that the CHC inspection of HMP Swansea took place pre-COVID-19 and could share the recommendations with HIW and the Chair. Scott Howe acknowledged receipt of the CHC report and following a meeting with HMP Swansea and SBUHB, the governance and healthcare review took place with the terms of reference being updated.</p> <p>Martyn Waygood noted that the CHC orthopaedic report gave graphic indicators in lack of communication. He requested that assurance of the improvement plan for Princess Street Surgery in Gorseinon. Hazel Lloyd undertook to review this.</p>	<p>HL</p> <p>HL</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - Details of the increase in complaints over the past two years to be included in the next iteration of the patient experience report. - Assurance be provided surrounding the improvement plan for Princess Street Surgery in Gorseinon in the next iteration of the patient experience report. - The report was noted. 	<p>HL</p> <p>HL</p>
<p>211/21</p>	<p>ACCESS TO PRIMARY CARE</p>	
	<p>A report on access to primary care, including <i>AskMyGP</i> was received. In introducing the report, Brian Owens highlighted the following points:</p> <ul style="list-style-type: none"> - Access to primary care services remains challenged; - There are 49 GP Practices across the SBUHB footprint of which one is a directly managed practice; - Over 90% of patient contacts take place in General Medical Practices which are responsible for providing General Medical Services (GMS) from 8am to 6.30pm, Monday to Friday with urgent cover outside these hours provided by SBUHB Urgent Primary Care Service; - The GMS contract does not specify the type of access model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation; - GMS access standards and guidance from 2019/20 has been amended. Later guidance is supplementary to original access standards published in September 2019. In addition, with agreement between Welsh Government, GPC Wales and NHS 	

	<p>Wales additional amendments have since been decided of which have been referenced within the latest release of guidance;</p> <ul style="list-style-type: none"> – Access and Sustainability Forum has reviewed the year end position and have agreed areas for specific actions and deep dive including a review of telephone access, patient information and sharing of good practice; – 33 practices signed up to ‘Ask my GP’ service with 28 practices continuing to use the service in year two. SBUHB remains supportive and are encouraging GP practices to use the service; – CHC colleagues are assisting SBUHB to triangulate feedback surrounding ‘Ask my GP’; <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the Access and Sustainability Forum review could give SBUHB levers to get practices to ensure reasonable access for patients and face-to-face appointments where appropriate. Brian Owens agreed but under the caveat that GP’s are under intense pressure and the demand is through to be significantly increased. The data is owned by GP’s and not easily obtained. Currently there are two practices declaring level four and one practice declaring level three. There are six practices with GP’s self-isolating and a full assessment of sustainability is ongoing with support being provided.</p> <p>Reena Owen queried the effect of an increased number of practices declaring levels three or four and whether this should be reflected on the Health Board Risk Register. Brian Owens advised the sustainability risk is related to primary care and as such is being managed by the group’s risk register. He added that it would be escalated further if needed but is currently being managed comfortably by primary care.</p> <p>Martyn Waygood queried the assessment of compliance for the use of ‘Ask my GP’ and whether there was an expectation of further reductions in year three. Brian Owens advised that SBUHB is unable to contractually oblige GP’s, however the feedback is that the service is well received and is being encouraged.</p> <p>Anjula Mehta stated that the clinical governance framework requirements are defined nationally, and the governance is being tightened following relaxations throughout COVID-19. Local additions can give personalised discussions around the more detailed working ongoing from the governance reviews, with the framework being robust.</p> <p>Maggie Berry highlighted that the governance assurance process needs to be controlled by Welsh Government and SBUHB should state this for consistency for patients. She queried why five GP’s ceased using ‘Ask my GP’. Anjula Mehta advised that modernising GP practices is integral to the transformation of primary care and managing demand. Secondary care is being impacted when primary care has increased demand for consultations.</p>	
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	<p>Maggie Berry noted that compatibility across digital systems is needed for interaction. Anjula Mehta stated that due to the COVID-19 pandemic, the digital transformation was not a gradual process and patients are having to catch up with the changes. Brian Owens advised that an inaugural meeting with cluster leads and executives is due to take place to develop a structure.</p>	
Resolved:	<p>The position on access to general medical services was noted.</p>	
212/21	<p>CHANGE IN AGENDA ORDER</p>	
Resolved:	<p>Item 2.2 to be taken with 5.1, 5.2 and 3.4 to follow.</p>	
213/21	<p>SUICIDE PREVENTION REPORT</p>	
	<p>A report on suicide prevention was received.</p> <p>In introducing the report, Keith Reid highlighted the following:</p> <ul style="list-style-type: none"> - Gaps in leadership remains an area of concern; - Good work is ongoing with the Swansea Bay Suicide and Self-Harm Multi-Agency Action Group (S&SH MAG) and the group has reconvened to review its terms of reference and ways of working; - There is a lack of strategic coordination and aligning of programmes, and there is a proposal to develop an approach of reporting and reviews. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen felt that there was a need for a clear plan from the multiagency and partnership dimensions. Keith Reid stated that there was a reflection of the broader structural position of the Health Board and issues can be lost when they are crosscutting and multidimensional. He highlighted that the actions from the Quality and Safety Governance Group were important and were in the gift of the Health Board. There is an opportunity to align self-harm and suicide prevention to reduce duplication.</p> <p>Nigel Downes agreed with Keith Reid's comments and noted that it was hard for SBUHB to get traction to reduce suicide rates due to the wider system issues.</p> <p>Steve Spill referenced the national Suicide and Self-Harm Prevention Co-ordinator and establishment of a short life task and finish group. Keith Reid advised that the Suicide and Self-Harm Prevention Co-ordinator is accountable via Welsh Government with risk factors identified, but the prevention agenda of their role needing further</p>	

	<p>discussion. S&SH MAG is a forum used for information sharing purposes which could form a platform to co-ordinate actions in the future.</p> <p>Reena Owen felt that SBUHB should be the lead agency from a MHL D perspective and queried if many people who have committed suicide were already known to SBUHB. Keith Reid advised that one in three people who have committed suicide in the Swansea Bay area had previously been in touch with the Health Board's MHL D service. Three quarters of the people had no link with MHL D service and a range of other multifactorial issues (e.g. job and financial insecurity) had impacted them, and as such SBUHB is not the lead agency for the multifactorial issues.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - Committee members supported the establishment of a short life task and finish group to develop arrangements to integrate oversight of work in the field of suicide and self-harm across Swansea Bay to report within 3 months. - The report was noted. 	
<p>214/21</p>	<p>PATIENT STORY: ORGAN DONATION – A RELATIVE PERSPECTIVE</p>	
	<p>Steve Spill welcomed Kate Hannam, Mark Ramsey, Bethan James and Carol Doggett to the meeting.</p> <p>A story was received which set out a relative's experience following the death of her mum, Joy. Joy's daughter detailed that the clinical care from the Intensive Therapy Unit (ITU) was superb, however the trust that had been built was damaged due to information being withheld surrounding the organ donation process. Joy's daughter detailed that the team's willingness to listen and the opportunity to share her story has provided some good from a difficult experience.</p> <p>Bethan James highlighted the following:</p> <ul style="list-style-type: none"> - The complaint was received in 2018 with many actions coming from lessons learned; - The story has been shared in many forums and groups and there is now nursing representation on the Organ Donation Committee; - The ED teams have been involved in the learning outcomes and training has improved; - An organ donation study day took place in Morriston Hospital which was a huge success and families are now able to be sign posted to the appropriate information; - Memory boxes have been developed for families. <p>In discussing the patient story, the following points were raised:</p>	

	Gareth Howells noted that the story was emotive and suggested that the story is shared in all ITU and critical care forums to share learning.	
Resolved:	The patient story was noted .	
215/21	UNIT HIGHLIGHT REPORT – MORRISTON HOSPITAL	
	<p>The Morriston Hospital highlight report was received.</p> <p>In introducing the report, Kate Hannam highlighted the following points:</p> <ul style="list-style-type: none"> - The hospital occupancy is operating in excess of 100% each day with undue pressures on staff; - There has been a negative impact when managing elective pathways in light of the COVID-19 pandemic; - Workforce challenges are prevalent, however staff have shown commitment for patient experience. <p>In discussing the patient story, the following points were raised:</p> <p>Steve Spill recounted a visit to the hospital’s ED environment which was fantastic and interesting. Martyn Waygood thanked colleagues for their determination and honesty throughout the visit.</p> <p>Reena Owen advised that Performance and Finance Committee have proposed actions to assist with the unscheduled care position. She queried whether the ED handover risk score was appropriate in terms of the Health Board risk register and the unit’s risk register. Carol Doggett advised that the patient journey from ambulance offload to waiting for an inpatient bed is risk scored and the unit is continuously working to mitigate the risk to patients. Kate Hannam highlighted that the two-hour huddles that were recently established have proven valuable when reviewing risk and seeking clarity on actions. She provided assurance that specific pathways are in place to protect beds.</p> <p>Martyn Waygood queried the green status of IPC pathway detailed within the highlight report. Carol Doggett advised that the status was green due to the protocols being adhered to by the unit.</p>	
Resolved:	The Morriston Hospital highlight report was noted .	
216/21	PAEDIATRIC WARDS NURSE STAFFING ACT	
	<p>A report on paediatric wards nurse staffing act was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - The report provided an overview of the paediatric services within SBUHB, the complexity of services, their pressures, nursing establishments and skills within the service and the requirements 	

	<p>for the Health Board to become compliant with the Nurse Staffing Levels (Wales) Act 2016;</p> <ul style="list-style-type: none"> - This is a statutory responsibility and SBUHB has to provide assurance regarding this process and compliance, and will lead to further work regarding how the services are designed; - The work has undergone a wide and robust scrutiny process involving the Interim Executive Director of Nursing and Patient Experience, Director of Finance, Group Nurse Director, Head of Nursing and Group Finance and Human Resource representatives; - Following recalculations, uplifts are required in Oakwood Ward and Ward M; - The financial impact following the recalculations have been scrutinised and agreed by the finance team. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether SBUHB would be compliant the majority of the time, and whether the extension into paediatrics would include Ward F at Neath Port Talbot Hospital. Gareth Howells advised that the ability to maintain safe staffing levels has always been a challenge, however the Act states that all reasonable steps need to be taken to ensure the Act is maintained. Three staffing huddles that take place each day on each ward to review staffing levels. Regarding Ward F, he advised that there is a different piece of work surrounding the child and adolescent mental health service pathway that needs to be undertaken which will be complicated due to the nature of the care being provided.</p>	
Resolved:	<ul style="list-style-type: none"> - The recommendations of the nurse staffing levels were noted. - The required uplift of funded establishments to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act for Paediatric Wards were agreed. 	
217/21	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> <ul style="list-style-type: none"> - The last QSGG meeting took place on 2nd September 2021; - SBUHB is looking to restart student's placements to Ward A and discussions with management at Swansea University are taking place; 	

	<ul style="list-style-type: none"> - Corporate assurance visits are to begin on a monthly basis from October 2021, and the team welcome the involvement of Independent Members. <p>In discussing the report, the following points were raised:</p> <p>Siân Harrop-Griffiths noted that the participation in the national end of life care audit detailed within the appendices was off track as the due date was 15th September 2021. Nigel Downes advised that he would review the action.</p> <p>Nigel Downes advised that the 100-day plans provided were amalgamated versions of the first and second versions. The third version will be live from 18th October 2021. He undertook to bring the updated 100-day plans to January's Quality and Safety Committee. He highlighted to committee members that the first scrutiny panel for the health and care standards is scheduled for 24th November 2021 and the Vice Chair has been invited.</p>	ND
Resolved:	<ul style="list-style-type: none"> - 100-day plans to be brought to January's Quality and Safety Committee for assurance. - The key issues highlight report was noted. 	ND
218/21	CLINICAL ETHICS GROUP	
	<p>A key issues report from the Clinical Ethics Group (CEG) was received.</p> <p>In introducing the report, Richard Evans highlighted that other than minor rewording changes, he was content with the expressions of interest document for recruitment into the CEG.</p> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried the presence of an Independent Member at the CEG bi-monthly meetings. Richard Evans agreed with Reena Owen's suggestion and advised that the format of the group would be reviewed in the new year, after which, more recommendations on how the CEG should operate can be given.</p>	
Resolved:	<ul style="list-style-type: none"> - Committee members ratified the expressions of interest. - The key issues highlight report was noted. 	
219/21	SWANSEA BAY COMMUNITY HEALTH COUNCIL (CHC) INPATIENT SUMMARY REPORT	
Resolved:	<p>The Swansea Bay CHC Inpatient Summary Report was received.</p> <p>In discussing the report, Reena Owen highlighted that although she was pleased to see the report on the committee's agenda, a substantive report is required from the lead Executive for the next meeting. Maggie</p>	

	<p>Berry and Martyn Waygood endorsed Reena Owen's suggestion. Liz Stauber suggested that this is picked up outside of the meeting so that a formalised timetable from CHC can be received. The work programme will then be updated accordingly.</p> <p>Wendy Lloyd-Davies advised that responses are well received from SBUHB, however the CHC is not always aware of the implementation of recommendations. She thanked the patient advice and liaison service for their involvement of collecting information as over 948 responses were received in respect of the CHC orthopaedics review. She informed committee members that there has been no improvement around patient hand hygiene before meals, however the report was positive from a staff perspective.</p> <p>Maggie Berry requested that substantive reports are received to October's Quality and Safety Committee for the CHC Orthopaedic Report and CHC Inpatient Summary Report. Steve Spill advised that he would discuss with the Corporate Governance team outside of the meeting.</p>	LS
Resolved:	<ul style="list-style-type: none"> - The CHC formalised timetable of reviews to be requested and incorporated into the Quality and Safety Committee work programme. - The report was noted. 	LS
220/21	SWANSEA BAY COMMUNITY HEALTH COUNCIL ORTHOPAEDIC REPORT	
Resolved:	The Swansea Bay Community Health Council Orthopaedic Report was received and noted .	
221/21	QUALITY AND ENGAGEMENT ACT IMPLEMENTATION PROGRAMME SUMMER NEWSLETTER	
Resolved:	The Quality and Engagement Act Implementation Programme Summer Newsletter was received and noted .	
222/21	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) KEY ISSUES REPORT	
Resolved:	The WHSSC key issues report was received and noted .	
223/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	

224/21	ANY OTHER BUSINESS	
	There were no items raised.	
225/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 26 th October 2021.	