

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **24th August 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

Christine Williams, Interim Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Richard Evans, Medical Director
Liz Stauber, Head of Corporate Governance
Wendy Lloyd-Davies, Community Health Council
Darren Griffiths, Interim Director of Finance (from minute 180/21 to 185/21)
Kirsty Lagdon, Healthcare Inspectorate Wales
Delyth Davies, Head of Nursing – Infection, Prevention and Control (to minute 182/21)
Hazel Lloyd, Head of Patient Experience (from minute 181/21 to 186/21)
Sue Kotrzuba, Assistant Directorate Manager, Children and Young People (from minute 182/21 to 184/21)
Craig Wilson, Deputy Chief Operating Officer (from minute 180/21 to 182/21)
Kath Ellis, Clinical Lead Children's Services Group (from minute 182/21 to 184/21)
Prue Thimbleby, Arts in Health Co-ordinator (minute 174/21)
Leah Joseph, Corporate Governance Officer

Minute No.		Action
174/21	PATIENT STORY: WHY DO PEOPLE THINK THAT THIS IS NOT IMPORTANT?	
	<p>Steve Spill welcomed Prue Thimbleby to the meeting.</p> <p>A story was received which set out a parent's experience of the cleft, lip and palate service throughout the COVID-19 pandemic. The pandemic affected service delays and ultimately delayed Jacob's surgery by at least a year. Jacob's family found the delays and lack of plans frustrating and upsetting. They welcomed honest answers and timescales, which could give comfort to families. In this circumstance Jacob's family received private treatment for his unilateral incomplete cleft lip.</p> <p>In discussing the patient story, the following points were raised:</p>	

	<p>Steve Spill queried Jacob's outcome. Prue Thimbleby confirmed that she would follow up on Jacob and inform committee members once an update was received.</p> <p>Reena Owen highlighted that the patient story exemplified the need to be honest when detailing recovery plans so that families can make an informed decision surrounding private treatment. Martyn Waygood agreed with Reena Owen's comments and noted that in light of the effects on speech and language, it is important to ensure the communication to families is transparent and correct.</p> <p>Wendy Lloyd-Davies highlighted that the type of visual defect can be emotional for parents and was shocked at the length of time for Jacob's surgery. She supported a follow-up on Jacob's outcome.</p> <p>Richard Evans noted the highly emotive perspective of such surgeries and highlighted the extremely challenging clinical discussions taking place around prioritisation given constraints on theatre sessions and the equally high priority of ensuring that patients with cancer get treatment to prevent progression of disease. The backlog is large and currently there are workforce difficulties that link to work related stress and COVID-19. The difficulty in communicating timescales to patients and families was not because a lack of a plan, but because of the challenges of managing COVID and the uncertainties that has brought through the separate waves of the pandemic. Richard Evans said that the he previously used the cleft, lip and palate service as an example to Welsh Government (WG) colleagues to highlight that the challenges of prioritising children's surgery.</p> <p>Steve Spill queried whether the children's cleft, lip and palate service could utilise theatres within a private hospital environment. Richard Evans advised that the children's service is highly specialised and would require post-operative support for the patients and their families, therefore the surgeries would need to take place at Morryston Hospital.</p> <p>Steve Spill was thankful to Jacob and his family for sharing their story.</p>	PT
Resolved:	A follow-up on Jacob's outcome to take place and be reported to committee members for assurance.	PT
175/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Delyth Brushett, Audit Wales; Siân Harrop-Griffiths, Director of Strategy.	
176/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	

177/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	<p>The minutes of the main meeting held on 27th July 2021 were received and confirmed as a true and accurate record, except to note the following:</p> <p><u>160/21 Lymphoedema Network Wales Annual Report</u></p> <p>Martyn Waygood suggested the following changes:</p> <p>Martyn Waygood queried why referrals had decreased by 41% and more complex cases were recorded. Christine Morrell advised that referrals to the national service are more complex and all lymphoedema patients are contacted by 'attend anywhere'.</p>	
178/21	MATTERS ARISING	
	There were no items raised.	
179/21	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>138/21 Older People's Charter</u></p> <p>Christine Williams advised that the arrangements for the older people's standards are being reviewed as the most recent work on the standards took place from 2012 to 2014. A tremendous amount of work is needed as the previous work is no longer fit for purpose. Mental health and learning disabilities colleagues are involved from a dementia charter aspect; however, there is a need to align the work.</p> <p>Maggie Berry noted that it could be useful to have an all-adults charter, which could detail the overall expectations expected from the Health Board when patients come into its hospitals. Christine Williams advised that this had previously been debated and she agreed with the approach, but highlighted that there is no quick turnaround for this piece of work.</p>	
Resolved:	The action log was noted .	
180/21	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>	

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

In discussing the report, the following points were raised:

Martyn Waygood queried whether the children's immunisation national goals would be met. Delyth Davies advised the business case is in development to provide a substantive and sustainable service and the Director of Public Health is supporting the work.

Martyn Waygood queried the decontamination process surrounding theatre trays for Creutzfeldt-Jakob disease (CJD) cases. Delyth Davies assured committee members that the process is safe and the tagging of trays provides additional assurance that risks from CJD are reduced, with additional annual decontamination of the trays taking place.

Reena Owen advised that the deteriorating performance in IPC was discussed at the Performance and Finance Committee on 24th August 2021, and the committee will be looking for further assurance on outputs of the 100-day plans for the five priorities. Christine Williams understood concerns surrounding the tier 1 IPC targets and noted that the 100-day plans would outline the actions and outcome measures with improvements being worked towards. She advised that it was difficult to

	<p>predict if significant improvements would be made, even though every attempt is being made to highlight actions to enable positive outcomes.</p> <p>Steve Spill noted that a great effort has been made towards the COVID-19 vaccination. He further noted that the cost of infections would have been in the region of £1.1m in the first quarter alone and queried if this was included in the budget. Darren Griffiths advised that the overheads to deal with IPC are already built into costs.</p>	
Resolved:	The progress against healthcare associated infection priorities up to 31 st July 2021 was noted .	
181/21	100-DAY PLAN FOR HEALTHCARE ASSOCIATED INFECTION IMPROVEMENT	
	<p>A report on the 100-day plan for healthcare associated infection improvement was received.</p> <p>In introducing the report, Nigel Downes highlighted that the three appendices included goals, methods and outcomes (GMO) to reduce healthcare acquired infections across the Health Board along with actions that remain open.</p> <p>In discussing the report, the following points were raised:</p> <p>Delyth Davies advised that challenges have remained surrounding compliance training and the electronic staff record does not allow staff members to self-administer their training details.</p> <p>Reena Owen noted confusion around timescales of the 100-day plan. Nigel Downes advised that the expiry date of the second iteration of the 100-day plan was 18th October 2021, however the plan that had been brought to the committee was a merged document of plan one and plan two.</p> <p>Reena Owen was surprised that this is the first time the 100-day plan had been taken through the Quality and Safety Committee and queried the specific actions of the achievements needed to tackle the priority. Christine Williams advised that the Quality and Safety Governance Group (QSGG) have received monthly updates surrounding the 100-day plan and assured committee members that the 100-day plan follows the same cycle for the annual plan priorities.</p> <p>Reena Owen highlighted concerns that financial issues surrounding IPC had not been resolved. Christine Williams advised that delays were related to the business case and stated that the Chief Executive supported the finance element needed to manage the priority. Darren Griffiths advised that £300k had been identified in the plan, which could be allocated. The plan had been approved and there was slippage of funding, therefore there should be no funding issues.</p> <p>Nigel Downes advised that the report was a distilled version of the 100-day plan and the GMO's were outlined in the main plan along with the</p>	

	<p>methodology. Reena Owen queried whether the remaining 100-day plans would be circulated. Nigel Downes advised that there is an expectation that the 100-day plans would be brought to the committee regularly. Christine Williams reminded committee members that regular reporting takes place through QSGG, however she was happy for the detail of the quality priorities 100-day plans to be brought to September's meeting. Nigel Downes advised that he would append the 100-day plans to the QSGG key issues report in September 2021.</p>	ND
Resolved:	<ul style="list-style-type: none"> - The 100-day plans for the five priorities to be appended to the next iteration of the Quality and Safety Governance Group Key Issues Report. - The report was noted. 	ND
182/21	OPHTHALMOLOGY	
	<p>A report on Ophthalmology trajectories was received.</p> <p>In introducing the report, Craige Wilson highlighted the following points:</p> <ul style="list-style-type: none"> - Follow-ups not booked and the paediatric backlog have levelled off; - A letter was received from WG last week surrounding risk assessing physical distancing which may give opportunities to increase footfalls in outpatient departments; - Suspected diabetic retinopathy has been a Health Board success story with 300 patients waiting for a hospital appointment being redirected to a community optometrist; - Specific cataracts outsourcing actions are beginning in September 2021; - There has been one serious incident this financial year which related to glaucoma; - The prioritisation process is having a positive effect on the waiting list backlogs, however there is an expectation that the number of referrals may increase due to the lack of face-to-face appointments. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood was encouraged by the low figure of serious incidents, but queried if there was confidence in the reporting structure. Craige Wilson advised that a serious incident is determined by the affects of lines of sight, which is a concern.</p> <p>Martyn Waygood queried if the Health Board is confident with the assumptions of normal clinic activity in glaucoma and pediatrics. Craige Wilson found the correspondence from WG a positive indicator for possibly doubling capacity in clinics.</p>	

	<p>Reena Owen queried whether outsourcing is an option if normal clinic business is not possible. She also queried if patients are followed-up from a communication perspective and if there was a pathway for patients to raise their concerns. Craige Wilson advised that the normal pathway for expediting patients is via the optometrists, and new referrals are contacted to confirm whether their condition has deteriorated. Age-related macular degeneration patients are at greatest risk; however, no serious incidents have been received. There are no options to outsource glaucoma patients; however, they will be referred back to optometrists for monitoring. He informed committee members that 'Open Eyes' is an image capture system which will be available in October 2021. This will provide opportunities to create clinics in a community environment and allow consultants to give an oversight to rely upon 'Open Eyes' for governance. A report will be received in the next quarter.</p>	CWilson
Resolved:	<ul style="list-style-type: none"> - An update ophthalmology report be added to the work programme for December 2021. - The report was noted. 	CWilson
183/21	TRANSCATHETER AORTIC VALVE IMPLANTATION	
	<p>A report on Transcatheter Aortic Valve Implantation (TAVI) was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Following the Royal College of Surgeons review of the second set of cohort cases, there were no new themes; - Out of 51 patients reviewed, 10 patients were detailed on the TAVI waiting list; - Assurance was given that good clinical ownership was in place and improvements have been made; - Reporting mechanism to be taken through Management Board via the Quality and Safety Governance Group with a TAVI report coming to the Quality and Safety Committee by exception. <p>In discussing the report, Steve Spill agreed that future reports would be received through Management Board via the Quality and Safety Governance Group with only exception reports coming through Quality and Safety Committee.</p>	
Resolved:	<ul style="list-style-type: none"> - Committee members approved future reports being received through Management Board via the Quality and Safety Governance Group every six months, providing evidence that it has reviewed its performance against national quality and outcome standards. 	

	- The report was noted .	
184/21	NEURODEVELOPMENT SERVICE	
	<p>A report on Neurodevelopment Service was received.</p> <p>In introducing the report, Sue Kotrzuba highlighted the following points:</p> <ul style="list-style-type: none"> - The waiting list had been reviewed as part of the planned validation to ensure there are no duplicate entries to enable a more specific profile of demand which will inform capacity planning; - Referrals increased in July 2021 which was expected as schools submitted all outstanding referrals before their six week summer break; - A demand and capacity review is due; - A business case is being developed to secure further funding in September/ October 2021 to highlight the requirement to increase capacity further. <p>Kath Ellis highlighted the following points:</p> <ul style="list-style-type: none"> - There were concerns raised at Performance and Finance Committee surrounding a risk identified with transition for children and young people to the Integrated Autism Service (IAS) as they approach their 18th birthday. Currently IAS only accept new referrals from 17 years and 9 months old. If young people are already on the Neurodevelopment waiting list, the team cannot transfer them because they would join the bottom of the IAS list and any time served on the Neurodevelopment waiting list is not counted; - Guidance was issued by WG in April 2021; however, local support is needed for the children and young people on the IAS list. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen noted that the concern surrounding IAS was a national concern and queried if the issue could be raised nationally. Kath Ellis advised that attempts have been made to put a transition in place; however, governance arrangements are not in place for it to be effective.</p> <p>Martyn Waygood was pleased to see the availability of the 'dual' diagnosis service and supported the transition from child to adult. Sue Kotrzuba advised that the 'dual' assessment has been in place since the end of June 2021.</p> <p>Martyn Waygood advised that the IAS transition issue had been raised at a previous Vice-Chair's meeting but no decision was made. Liz Stauber advised that in light of the operational aspect, the issue should be escalated to the executive team on the basis that key members were</p>	SK

	<p>not present at the meeting. This would enable escalation decisions to be made. Richard Evans supported Liz Stauber's suggestion. Sue Kotrzuba undertook to liaise with Liz Stauber outside of the meeting to take this forward.</p> <p>Steve Spill queried the status on repatriation of patients from Cwm Taf Morgannwg University Health Board. Sue Kotrzuba advised that discussions remain at local level and there was no further progress.</p> <p>Kath Ellis informed committee members that families are often confused as to why they need to travel from the Bridgend area when their children previously received treatment at the Princess of Wales Hospital.</p>	
Resolved:	<ul style="list-style-type: none"> - Sue Kotrzuba to liaise with Liz Stauber in relation to escalating the issues around IAS. - The current Neurodevelopment Service position and the actions taken to increase capacity to date were noted. - The report was noted. 	SK
185/21	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The Quality and Safety Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - In July 2021, there were an additional 1,946 positive cases recorded bringing the cumulative total to 34,173 in Swansea Bay since March 2020; - The percentage of staff sickness absence due to COVID-19 has slightly increased from 0.9% in June 2021 to 1.26% in July 2021; - Ambulance response times for July decreased to 63.5%, dropping below the 65% target. The current figure for July stands at 57.8%; - In July 2021, there were 616 ambulance to hospital handovers taking over one hour. This is a significant deterioration from 120 in July 2020 and an in-month increase of 69 from June 2021. In July 2021, 607 handovers over one hour were attributed to Morriston Hospital and nine were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes significantly increased from 315 in July 2020 to 1,937 in July 2021; - Emergency Department (ED) and Minor Injury Unit attendances have been steadily increasing month on month until September 2020 when attendances started to reduce. Attendances have been increasing again since March 2021, and in July 2021, there were 11,452 ED attendances. This is 54% more than April 2020 and 2% less than July 2019; 	

- The Health Board's performance against the 4-hour measure improved from 72.39% to 74.65% in July 2021. Performance is 75% to date.
- In July 2021, there were 4,185 emergency admissions across the Health Board, which is 1.3% lower admissions than in June 2021 and 13.8% more than July 2020. Morriston Hospital saw a slight in-month reduction, with 53 less admissions;
- In July 2021, there were on average 216 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. 210 patients are occupying a bed to date.
- There was one new Serious Incident (SI) reported in July and no Never Events were reported;
- The volume of patients on the outpatient waiting lists in totality is the same; however, the front of the queue is growing and is expected to continue to grow. Bids have been submitted to WG for further diagnostic investment and to increase theatre capacity at Neath Port Talbot Hospital;
- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, July 2021 saw a slight in-month decrease in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 23,279 in June 2021 to 23,225 in July 2021;
- In July 2021, there was 35,128 patients waiting over 36 weeks, which is a 0.25% in-month increase from June 2021. 25,485 of the 35,128 were waiting over 52 weeks in July 2021 and orthopaedics/ spinal accounted for 23.4% of the 52-week breaches, followed by ophthalmology with 12.7%;
- In July 2021 there were 151 patients waiting over 14 weeks for specified therapies;
- Urgent suspected cancer referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant number of patients that are likely to breach in the near future and there are more patients waiting at the tail end of the waiting list when compared with March 2020. The backlog is currently at 647 to date, and the majority of these patients are urological, breast, upper and lower GI and gynaecological;
- In July 2021, the overall size of the follow-up waiting list increased by 6,459 patients compared with June 2021 (from 127,444 to 133,903) and this is being monitored closely;

In discussing the report, the following points were raised:

Maggie Berry voiced concerns surrounding SI closures and the solution to increase performance. Hazel Lloyd advised that external training

	<p>courses have been provided to support teams going forward and improvement is expected.</p> <p>Darren Griffiths advised that across the breadth of performance, investment had been made in virtual clinics and modules such as 'hospital 2 home', but there have also been care home closures that have affected the ability to discharge clinically optimised patients. He stated that the metrics do not reflect the increase from four theatres to 20 theatres and the Health Board is running at the pace of the system and unable to minimise the backlog.</p> <p>Martyn Waygood voiced concerns over the reduction of families and friends feedback surveys. He noted that over 10,000 people waited over 12 hours for treatment at ED in July 2021 and noted that mental health complaints were on an upward trend. Hazel Lloyd advised that feedback had been requested and would be detailed at September's Quality and Safety Committee in the bi-monthly patient experience report.</p> <p>Steve Spill highlighted that hand hygiene had poor performance and noted that this could be easily controlled. He advised that many of the performance issues might be alleviated with the review of social distancing in clinical and outpatient areas.</p> <p>Richard Evans stated that there are capacity issues in outpatient clinics linked to physical distancing which require risk assessments. Paediatrics could be a good area to open initially, with other areas such as renal transplant patients with morbidity and mortality concerns benefiting from physical distancing in light of their vulnerability to COVID-19. There is a need to review the areas that SBUHB wishes to maintain physical distancing and a quality impact assessment would be needed for each service. He advised that COVID-19 cases are on the increase with mostly the younger generation being effected due to the vaccination programme and a pragmatic approach with a balance of risk is required going forward.</p>	
Resolved:	The current Health Board performance against key measures and targets was noted .	
186/21	QUALITY AND SAFETY RISK REGISTER	
	<p>The Quality and Safety Committee Risk Register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The Health Board Risk Register (HBRR) was presented to the full Board in July 2021; - As reported to the Board, at the request of the Chief Executive, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales 	

	<p>assigned to address risks. The HBRR reflected revisions made up to and including 15th July 2021;</p> <ul style="list-style-type: none"> - The HBRR currently contains 38 risks, of which 14 have been assigned to the Quality & Safety Committee for oversight. Ten have risk scores at, or above, the health board's current appetite of 20; - The TAVI risk has reduced from 16 to 12; - The vaccination and immunisation risk was closed by the Director of Public Health and will be replaced by a new risk reflecting current risk exposures. 	
Resolved:	<ul style="list-style-type: none"> - The updates to the HBRR relating to risks assigned to the Quality & Safety Committee, and the further changes being made in recognition of the changing risks facing the Health Board were noted. - The report was noted. 	
187/21	MORTALITY REVIEW	
	<p>A report on Mortality Reviews was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The backlog of mortality reviews has been cleared with a performance approach of 100% for stage one reviews; - Performance against stage two reviews is good; - The Medical Examiner found the grand rounds helpful. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill highlighted that it would be useful for SBUHB to distribute communications to patients more effectively, which would be better received by patients.</p>	
Resolved:	The report was noted .	
188/21	CLINICAL AUDIT AND EFFECTIVENESS REPORT	
	<p>A report on Clinical Audit and Effectiveness Report was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The new Clinical Audit & Effectiveness Policy was approved at the Clinical Outcomes and Effectiveness Group meeting on 13th August 2021; 	

	<ul style="list-style-type: none"> - The National Clinical Audit still exists and SBUHB awaits refreshed priorities. 	
Resolved:	The report was noted .	
189/21	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 August 2021; - Morriston Hospital's most significant current risk relates to the provision of emergency care at the hospital front door. A silver command task and finish group was developed in July 2021 to support immediate actions; - Neath Port Talbot Hospital's sickness nurse management team within the medicine division has led to delays in investigating incidents and an increased number of overdue incidents. Four overseas nurses have been recruited; - In the maternity service, there is a risk of not providing mandatory training during the COVID-19 pandemic. All non-essential training was suspended due to staff availability. There was an impact on Practical Obstetric Multi-Professional Training (PROMPT), as July sessions were delayed until August. If this session does not run SBUHB will not be in compliance with PROMPT Welsh Risk Pool standards; - There has been a surge in children contracting respiratory syncytial virus. WG are leading a task and finish group across Wales to prepare for the anticipated increase; - Recruitment for the Named Doctor for Safeguarding Children remains ongoing with Human Resource support being obtained; - Funding for x-ray equipment had been agreed to increase special care dentistry lists to two per week. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood highlighted that some issues detailed within the report do not have actions or mitigations supporting them. Nigel Downes had been in contact with service groups and requested that they provide their three priority areas and their mitigation and actions to prevent assurance issues.</p> <p>Martyn Waygood queried if the choice for home births had been taken away from parents. Nigel Downes advised that all home births were suspended at the beginning of August 2021 and a review is to take place next week. Christine Williams advised that the shortage of</p>	

	<p>midwives position is similar across Wales with improvement expected in September 2021.</p> <p>Martyn Waygood was concerned with inpatient termination delays of three weeks in maternity services when the guidance is five working days. Nigel Downes advised that patients have been referred to the British Pregnancy Advisory Service where a bed cannot be provided before 18 week's gestation as a holistic approach.</p>	
Resolved:	The report was noted .	
190/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
191/21	ANY OTHER BUSINESS	
	There were no items raised.	
192/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 28 th September 2021.	