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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



	Agenda Item	2.1
Freedom of Information Status		Open
Reporting Committee	Quality and Safety Committee (Special)	
Author	Claire Mulcahy, Corporate Governance Manager	
Chaired by	Steve Spill, Vice Chair	
Lead Executive Director (s)	Gareth Howells, Executive Director of Nursing and Patient Experience	
Date of last meeting	15 May 2023	

Matters to Draw to the Attention of the Board (particularly areas relating to risk or quality)

- **Service Group Highlight Report – Neath Port Talbot and Singleton Service Group**
Areas of Discussion: The acute medical service re-design had significantly impacted on nurse staffing levels in Singleton and a high level of temporary staff were being utilised to mitigate the risk. It had been a challenge to go below 100 beds on the temporary wards and a proposal was being presented to release some beds. Midwifery staffing levels remained critical and had resulted in the suspension of home-births and closure of the Unit at Neath Port Talbot. A gold command group had been set up to implement the action plan following the Human Fertilisation and Embryology Authority Inspection for the Welsh Fertility Institute which noted 7 major non-conformances.

Key Matters Raised by Members for Board Attention:

- The potential use of unqualified staff to cover the staffing gaps;
- Home-births and Birthing Centre; there was a commitment to re-open these services by Autumn 2023 but a workforce re-design was required to ensure these pathways could safely be re-opened.
- Phlebotomy survey and provision; community feedback had highlighted dissatisfaction with the provision. It was advised that there was a national shortage of specialist staff and difficulty in both recruitment and retention. An engagement document was awaited following the survey in June 2023.
- Retention of staff – particularly those staff that have been in training posts within the health board
- Neonatal Unit Accommodation – options were being explored through charitable funds but refurbishment would take place on completion of the cladding work.

Other Areas of Discussion

- **Patient Story**

The patient story provided an insight into the experience of a younger patient (and member of staff) and the impact of her illness and delays in treatment. She was admitted to hospital following severe pain due to endometriosis, was provided with strong medication but not offered surgery. Her pain continued and was put onto the waiting list but struggled to work in her healthcare support worker role due to severe pain. She felt neglected by the health board, as a staff member helping patients, she was not being helped. She was provided with a date for surgery after a two year wait due to the pandemic. The video illustrated the impacts of the

health board treatment waits and also the impact that the pandemic has had on patients. In terms of actions taken, it was advised a nurse specialist had been employed to support patients on the pathway and appointment slots given within the colorectal service which are sometimes required with this illness. Members sought further information on gynaecology waiting lists.

- **Implementation of the Duty of Candour and Quality**

Both duties were implemented on the 1st April 2023. There was work to do on the training needs for both duties which would require specialist training. A communication plan was also being developed to support messages of quality across the organisation.

Decisions Made for Approval by the Board

No decisions were made requiring board approval.

Updates Received from Sub-Groups

No updates from Sub-Groups.

Matters Referred to Other Committees

Workforce and Digital Committee - The issue of staff deficiencies across many areas within the NPTSSG.

Workforce and Digital Committee - Assurance sought on the issue of retention of staff members trained within the health board and what is being done to ensure they remain.

Date of next meeting	23 May 2023
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Matters to Draw to the Attention of the Board (particularly areas relating to risk or quality)

- **Service Group Highlight Report – Primary Care, Community and Therapy Services**

Key Matters Raised by Members for Board Attention; assurance was sought on the actions undertaken to address the nurse resource at HMP prison following the Health Inspectorate Wales report. An update report was due to committee in July 2023. Concerns were also raised regarding access to NHS and Dentistry, a detailed report was requested to be presented to the committee.

Other Areas of Discussion: The quality and safety reporting structure had been re-aligned. The service group were working through the implications of the Duty of Quality and working through processes. A standard operating procedure for The Duty of Candour was under development for the commissioned and contracted services. 96% compliance had been achieved in complaints performance and this had been achieved through early resolution, although there were challenges with the number of open investigations and this was being monitored closely. The backlog was being reviewed and a new model to look at retrospective cases was being implemented. The majority of open cases related to pressure ulcers within the district nursing team and some had defaulted back to the care of their GP from A&E.

Other Areas of Discussion

- **Patient/Staff Story**

A staff story 'Gathering Patient Experience' was received and gave an overview of how the paediatric Speech and Language Therapy Service had used patient data to shape service redesign. Change was needed within the service with key issues such as lengthy waiting lists, formal and informal complaints and low job satisfaction for staff. A survey was sent to service users and feedback exposed vulnerability in the service – there was a focus on waiting list management rather than being a child-centred service. Actions were identified to address the issues including a vision shaping exercise, focus groups, careful information sharing with staff. Members highlighted how this was an excellent example of the use of the Duty of Quality, putting the patient at the centre of services and incorporating health board values.

- **Infection Prevention and Control**

The report provided the 2022/23 end of year position against the tier 1 infection targets. There had been a 10% reduction in E-coli bacteraemia in the health board in 2022/23 and this was

the first time the health board had ever achieved the Welsh Government reduction expectation. Trajectories for 2023/24 had been circulated and there needed to be a significant reduction in order to achieve the expectations. A recent Internal Audit of *Infection Prevention & Control: Service Group Governance Arrangements* has provided an outcome of reasonable assurance. Key areas of focus for the service groups within improvement plans include achieving 85% compliance with mandatory level 1 IPC training and the continuation with quality priority improvements in medical device decontamination to demonstrate compliance with national standards.

- **Falls Prevention**

A deep dive on falls prevention within the hospital setting had taken place with a review of one year's data. The goals to decrease injurious and serious falls by 10% had both been achieved. There was also a good improvement against the national standards. Reporting within community settings was inconsistent and a national piece of work was underway with local authorities to standardise. There was a regional taskforce with local authorities, domiciliary care and the fire service with the aim to make falls prevention business as usual. The community falls strategy was a priority for the next six months.

- **Quality and Safety Performance Report**

Performance against the 4-hour target for April was 75.22% against the target which is a 1.5% improvement on March's performance and the 12- hour performance improved in April, along with an improvement in ambulance handover times compared with March. The health board remains under the outlined trajectory for Single Cancer Pathway for March, however the reported performance has improved to 53% from 44% in February 2023. The health board continues to report high numbers of clinically optimised patients across the sites. A reported reduction in figures in April, where figures were reported as 287 across the sites. In infection prevention control performance, the health board was above the outlined Welsh Government trajectories in most areas apart from Klebsiella and Pseudomonas. For planned care, there had been a reduction in the number of patients waiting over 26 stage 1, 36 weeks, 52 weeks at stage 1 and over 104 weeks. The number of patients waiting over 8 weeks for diagnostics, had increased to 6,867 patients waiting and the numbers waiting specifically for Endoscopy has increased.

- **External Inspections**

Assurance was sought on the actions to address the seven non-compliances highlighted in the Human Fertility and Embryology Authority (HEFA) inspection in Fertility services. A Gold Command was in place, as well as task and finish groups and additional governance structures for reporting. A report on progress to be received via the Service Group highlight report. Unannounced inspections had taken place at Hafod-Y-Wennol Unit, Paediatrics services, and Diagnostic Imaging at Morriston. The health board were asked to provide assurance against the Cwm Taf Morgannwg University Health Board action plan following their review of their mental health discharge arrangements.

Decisions Made for Approval by the Board

No decisions were made requiring board approval.

Updates Received from Sub-Groups

A summary report from the Quality and Safety Group held on the 18th April 2023 was received.

Matters Referred to Other Committees

No referrals made to other committees.

Date of next meeting	27 June 2023
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- Risk Register**

Key Matters Raised by Members for Board Attention: In relation to risk 89, HMP Swansea, the health board investment into prison is based on 250 inmates, the maximum capacity can reach 480. Members reiterated the need for this risk to remain at 20. An update report was due to committee in July 2023.

Other Areas of Discussion: There were twenty risks assigned to the Quality and Safety Committee, fifteen of which have met or exceeded the health board appetite threshold. Two risk ratings had increased; *Deprivation of Liberty Safeguards* from 15 to 20 and *Screening for Fetal Growth* from 15 to 20.

Other Areas of Discussion

- Patient Story**

The story set out the experience of a patient who had undergone a total pelvic exenteration following a battle with bowel cancer in which chemotherapy and radiotherapy had not been successful. The patient was forty-four with two young children and made this life changing decision that would make him permanently disabled but would increase his life-expectancy by 3 to 5 years. The story highlighted the success in his recovery, as well as the great help and support he received from the Clinical Nurse Specialist and the clinical team, one of only two teams in the UK. Members were informed that the health board was advanced in this area of bowel cancer treatment and demand was increasing.

- Service Group Highlight Report – Morryston Service Group**

The in-hospital falls scrutiny process was fully established, as well as the pressure injury scrutiny process. An audit was being undertaken on the safe storage of medications and actions will be progressed based on findings. The service group did not reach the reduction in Infection Prevention Control (IPC) tier 1 targets but a significant improvement was seen in April and May 2023. There was good engagement in IPC Rapid Review Scrutiny Panels and improvement in IPC training compliance.

The Service Group provided assurance that a robust process was in place in terms of management action and outcomes for incidents triggering the Duty of Candour, with director led discussion and immediate action on those triggering the review process.

The highlight report included an update on Health and Safety for the Service Group. Key issues highlighted were the infrastructure of the hospital including the lack of decant area, roof and power supply, car parking and corridor storage. *Black Building* testing for emergency power supply was also highlighted and advised this was undertaken by a simulator test. Within the Morriston Emergency Department, significant investment had been provided to the waiting area and there had been good feedback on the improvements.

- **Clinical Audit and Effectiveness**

A mid-year overview of the work of the Clinical Outcomes and Effectiveness Group (COEG) was provided and updated on performance with Audit Plans for 2022/23, compliance with and the response to published mandated national audits/registries. Members were informed of the successful bid to receive a two-year licence free period for use of the Audit Management and Tracking (AMaT). A roll-out of the full functionality of the system was planned which would support numerous improvements in monitoring audits and improvements in the hierarchy, and key national guidance.

- **Infection Prevention and Control**

The report provided a summary position to the 31st May 2023 against the tier 1 infection target. Whilst the Health Board is achieving the average monthly case expectation for *Pseudomonas aeruginosa* bacteraemia only, there is year-on-year reduction in episodes for *Staph. aureus* and *E. coli* bacteraemia. There continues to be an issue with increasing episodes of *Klebsiella* spp. bacteraemia year-on-year. There has been an increase in *C. difficile* cases to the end of May 2023 with the majority of cases occurring at Morriston and the community. Action against the Improvement Plans continues to achieve reduction in the 5 key healthcare associated infections. Actions continue to achieve compliance with national training target for IPC mandatory training. A paper was due to management board for support to make level 2 IPC training mandatory for all staff. Quality governance arrangements have been reviewed and the Infection Control Committee will become a sub-group of the Quality & Safety Group going forward. Updates for the Quality & Safety Committee will be included within the report from the Quality & Safety Group.

- **Waiting List Management**

Predominantly, the issue of long waits stood in orthopaedics, general surgery, oral/maxillofacial and plastics. A recovery plan was underway and consisted of a combination of waiting list initiatives, improving core capacity as well as outsourcing and insourcing through Neath port Talbot and Singleton. Patients were being supported via increased contact with clinical teams and an external company have been procured to contact all patients. A validation exercise took place which had removed almost 27% of long waiting patients. A pre-habilitation service had been introduced for those patients awaiting hip and knee surgery and all registered patients have been offered educational support in areas such diet, exercise and healthy lifestyle.

- **Clinically Optimised Patients**

A high level of clinically optimised patients remained in the system and at the time of reporting there were 263 within the cohort. The first regional meeting had taken place with NHS Executives with the aim to develop a joint action plan across the region.

- **Quality and Safety Performance Report**

The number of new cases of COVID-19 reduced in May to 81, compared to 153 in April 2023 and the percentage of staff sickness due to COVID.19 stood at 0.2%. The number of red calls responded to within 8 minutes increased to 56.35 %, positively this had increased to 62.9% for June 2023 and this was best in Wales. Performance against the 4-hour target stood at 75.3% for May 2023 and was circa 74% for June 2023 and 12-hour waits increased to 1,303. Fractured neck of femur prompt surgery performance stood at 26.9% for April 2023 and this had deteriorated by 15.3% compared to the same period in 2022. In April 2023, there 114 cases of healthcare acquired pressure ulcers; There was one never event reported in May 2023 reported by Plastics. The number of patients waiting over 52 weeks at stage 1 was approximately 3,000 and this reflects the orthopaedics position. The majority of patients waiting over 104 weeks predominantly sat within the orthopaedics. There was an increase in the number of patients waiting over 8 weeks for diagnostics with the majority of breaches within endoscopy. A detailed plan of action had been expedited to address. 149 breaches stood in Speech and Language Therapy and the service group have identified detailed recovery trajectories.

- **COVID Nosocomial Review plan**

81 reviews had been conducted relating to patients in Wave 1 and contact had been made with 37 families of deceased patients who acquired nosocomial COVID-19 during Wave 2. Work is progressing to meet and follow the trajectory required to complete the programme by March 2024.

- **WHSSC Quality Patient Safety Highlight Report**

The WHSSC (Welsh Health Specialised Services Committee) quality patient safety highlight report was received and noted.

Decisions Made for Approval by the Board

No decisions were made requiring board approval.

Updates Received from Sub-Groups

Quality and Safety Group - A summary report from the group held on the 16th May 2023 was received.

Health and Safety Operational Group - A key issues report from the group held on the 9th May 2023 was received.

Matters Referred to Other Committees

No referrals made to other committees.

Date of next meeting	25 July 2023
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