



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



		Agenda Item	4iii
<b>Freedom of Information Status</b>		Open	
<b>Reporting Committee</b>	Quality and Safety Committee		
<b>Author</b>	Liz Stauber, Committee Services Manager		
<b>Chaired by</b>	Maggie Berry, Non-Officer Member		
<b>Lead Executive Director (s)</b>	Angela Hopkins, Interim Director of Nursing and Patient Experience		
<b>Date of last meeting</b>	07 June 2018		

**Summary of key matters considered by the committee and any related decisions made:**

**Quality Assurance Framework and Ward to Board Dashboard Presentation**

Members heard that the assurance framework was to be used for all wards with a variation on the NHS Improvement 15-step challenge for other areas, and would use a bronze, silver and gold rating approach. The review teams should be wide ranging, not limited to board members, but the challenge of facilitating staff release needed to be considered and two wards per week would be visited. In order to support this, an information dashboard had been developed and was now being implemented on a phased basis, starting at Neath Port Talbot Hospital with five wards. It was agreed a verbal update would be received at the next meeting with formal report in October.

**Ward Hostesses**

It was noted that assumptions had been made as to where savings could be made should the scheme be fully funded however the cost to fully implement would be £3.1m. As such, the scheme could not be recommended for approval in light of the challenges faced by the health board to adhere to the Nurse Staffing Levels (Wales) Act 2016 as in order to fund it, the monies would need to be released from other staffing groups, which was not possible.

**Key risks and issues/matters of concern of which the board needs to be made aware:**

**Child and Adolescent Mental Health Services (CAMHS)** – a further update was received with regard to performance against CAMHS. It was noted that a risk register had now been established and a breakdown of performance against each target, plus the challenges faced, was outlined. While the committee noted an improvement in performance, it was felt that the full scale of trajectories was not yet clear, and it was agreed that a further report be received by the Performance and Finance Committee later that month which outlined performance, trends and actions, including a table of the targets and current achievements.

**Infection Control** – it was noted that this year the target was a 15% reduction in *clostridium difficile*, 10% reduction in *staph. aureus* bacteraemia and a 5% reduction in *e.coli* bacteraemia. In April 2018, the number of *clostridium difficile* cases was five higher than the profile (due to the impact of the influenza activity); the number of *staph. aureus* bacteraemia cases was one above the profile and the number of *e.coli* bacteraemia cases was three below the monthly profile.

**Older Person’s Commissioner: Safeguarding in Hospitals** – members heard that this was one report of a legacy of documents to be released by the Older Person’s Commissioner prior to her completing her term of office, and the others would be received in due course. The committee noted its thanks to the outgoing commissioner but also discussed the risk associated with the fact that the health board’s safeguarding lead was to join Welsh Government, leaving a gap within the service.

**Delegated action by the committee:**

No delegated action was taken by the committee at this meeting.

**Main sources of information received:**

- Singleton Services Delivery Unit presented a patient story which highlighted the work being undertaken to support children with long-term health conditions as they transitioned to adult services;
- The draft annual quality statement for 2017-18 was reviewed and comments made;
- Members heard the progress made in relation to developing patient recorded outcome measures, both locally and nationally.
- Healthcare Quality Division Feedback Report – this was received and noted with no significant issues;
- The staying healthy report was deferred to the next meeting;
- Members noted only one recommendation for the blood glucometry review remained outstanding, relating to a review point of care testing, and this was to transfer to the risk register;
- The quality and safety dashboard and exception report for Singleton Services Delivery Unit were discussed without significant issue;
- The health and care standards annual report and the annual report for the committee, both covering 2017-18 were considered and comments provided;
- A report outlining recent internal audits as well as update in relation to the Wales Audit Office review of discharge planning were received; and
- Details of recent external inspections and correspondence with reviewing bodies were noted.

**Highlights from sub-groups reporting into this committee:**

- A report summarising the results and actions following recent clinical audits was received from the **Clinical Outcomes Group**;
- The clinical governance report from the **Emergency Medical Retrieval and Transfer Service** was received with no significant issues raised; and
- An update was received from the **Quality and Safety Forum** outlining discussions from the recent meeting.

**Matters referred to other committees:**

None identified.

<b>Date of next meeting</b>	02 August 2018
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