

Swansea Bay University Health Board
Quality and Safety Committee
Unconfirmed minutes of the meeting held on 12th December 2019
at 9.00am in the Millennium Room, Second Floor, HQ

Present

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

In Attendance

Gareth Howells, Director of Nursing and Patient Experience
Hazel Lloyd, Head of Patient Experience
Chris Morrell, Deputy Director of Therapies and Health Science (minute 163/19 to 164/19)
Richard Evans, Medical Director (from minute 163/19 to 173/19 and 175/19)
Chris White, Chief Operating Officer (from minute 164/19 to 172/19)
Leah Joseph (LSJ), Corporate Governance Officer
Lee Joseph (LJ), Assistant Head of Concerns Assurance (minute 176/19)
Cathy Dowling, Deputy Director of Nursing & Patient Experience (minute 176/19)
Keith Reid, Director of Public Health
Sue Evans, Community Health Council
Claire Dieppe, Paediatrics Consultant (minute 160/19 to 169/19)
Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control (from minute 168/19 to 173/19)
James Gough, Clinical Team Leader (minute 160/19 to 168/19)
Neil Thomas, Deputy Head of Internal Audit
Helen Higgs, Head of Internal Audit (minute 160/19 to 183/19)
Abigail McEvoy, All Wales Public Sector Graduate (minute 163/19 to 182/19)
Brendan Lloyd, Executive Medical Director Welsh Ambulance Service NHS Trust (minute 160/19 to 168/19)
Claire Bevan, Executive Director of Quality, Safety & Patient Experience Welsh Ambulance Service NHS Trust (minute 160/19 to 168/19)
Jeff Morris, Head of Electronic Assistive Technology Service Wales Welsh Ambulance Service NHS Trust (minute 160/19 to 168/19)
Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships (minute 168/19 to 172/19)

Minute

Action

160/19 WELCOME AND APOLOGIES FOR ABSENCE

Martyn Waygood welcomed everyone to the meeting. The following apologies were noted: Jackie Davies, Independent Member, Sian Harrop-Griffiths, Director of Strategy, Pam Wenger, Director of Corporate Governance, Darren Griffiths, Associate Director of Performance and Scott Howe, Healthcare Inspectorate Wales.

161/19 DECLARATIONS OF INTEREST

Reena Owen declared an interest in relation to the Suicide Prevention report and Substance Misuse report.

162/19 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24th October 2019 were **received** and **confirmed** as a true and accurate record.

163/19 MATTERS ARISING NOT ON THE AGENDA

(i) 156/19 National Maternity and Perinatal Audit Report

Martyn Waygood queried how the health board is managing the high caesarean section rates. Gareth Howells confirmed that the majority of caesarean sections take place overnight, and that an action is in place to provide support out of hours to the senior clinicians.

(ii) 157/19 Older People's Strategy

Richard Evans has not yet received the total amount of how many bed days would have been lost in respect of the 251 patients that did not require a hospital bed.

(iii) Screening for Foetal Growth Update

Chris Morrell confirmed she is meeting with the Acting Head of Midwifery and the Radiology team to review gaps in the timescales for scanning utilisation and opportunities for midwives to scan patients. Equipment in place is satisfactory, but this will be included in the review. The gaps that are in effect are not related to lack of equipment. The gap relates to the lack of trained staff to scan.

(iv) Human Tissue Authority

All recommended works to be signed off by April 2020, this includes alarms in fridges at the Princess of Wales Hospital (POWH) and handover of the mortuary at POWH. An update to be provided in April 2020.

CM

164/19 ACTION LOG

The action log was **received** and **noted**.

165/19 WORKSHOP ACTION LOG

The workshop action log was **received** and **noted**.

166/19 WORK PROGRAMME 2019/20

The committee's work programme was **received** and **noted**.

167/19 PATIENT STORY: NICOLA'S STORY

A patient story was received from Nicola, via a video recording, who recounted a recent experience when her mother suffered a fall at home. The short film outlined the difficulties that she faced. This included repetition of the information Nicola needed to provide in respect of her mother's fall, and the many calls Nicola had to make whilst her mother remained in pain. Nicola recalled how the attending paramedics were "brilliant", however they had to remain with her mother at the hospital for two and a half hours prior to handing her care over to the hospital staff. Nicola voiced concerns that there is no account taken of a patient's age or environmental situation, and this should have a bearing on an emergency call.

In discussing the patient story, the following points were raised:

James Gough advised that Welsh Ambulance Service Trust (WAST) have reviewed all their processes in place and understand the frustration for family members when being asked the same questions throughout different calls for the same incident.

James Gough informed the committee that there is a falls response module in place. The first level is covered by two falls assistants and they are trained to provide patient observations which reduces patient harm and anxiety. The second level is covered by a paramedic and either an occupational therapist or a physiotherapist. The third level is covered by an emergency ambulance response team. The falls process enables a quick triage and the allocation of suitable resource.

Brendan Lloyd added that the coding has been amended to ensure that the patient's environment is taken into consideration and investment in clinical call handlers will be in place shortly.

Chris White noted that the patient's date of birth is asked for routinely on calls. Chris White thanked Jeff Morris for his input and added that both organisations (Swansea Bay University Health Board and WAST) are working well together.

Jeff Morris advised that WAST rely on clinicians to make decisions and their advice can be different to the call handlers as they are able to go off script. Jeff Morris added that WAST have developed their falls strategy with the assistance of their significant volunteer team.

Resolved: The patient story was **noted**.

168/19 NOTIFICATION TO HANDOVER TIME LOST REPORT

A report providing an update in relation to notification of handover time lost report was **received**.

In introducing the report, Claire Bevan highlighted the following points:

- There have been 300,000 calls per year to 111 and 500,000 calls per year to 999, of which 20,000 are red calls;
- The number of patients waiting over 12 hours increased in August

and September 2019;

- Sickness rates were higher than the pan-Wales position, increasing in 2019/20 up to August 2019, however there was a recent decrease in September 2019;
- Amber response times are longer in Swansea Bay compared to other parts of Wales which is a concern;
- The report has been framed in a 5 step module. Clinicians have the availability to work remotely to assist when there are peaks in demand.

In discussing the report, the following points were raised:

Jeff Morris confirmed that the performance for Neath Port Talbot did not meet the 65% performance target in September 2019, however the missed red calls are reported to Service Directors on a daily basis. Jeff Morris informed the committee that the mental health pathway is established and work is ongoing with local care homes. Jeff Morris also added that relationships are good which helps to provide assurance to the committee, and that working with the Local Authority collaboratively will help patient flow.

Chris White mentioned that the report is a fair reflection and the relationship with WAST is good. Chris White added that today there were 192 medically fit patients for discharge which is a risk in the system. A national piece of work is ongoing involving divers which should alleviate pressures. Additional beds will be available once the wards in Singleton Hospital which have been affected by asbestos and fire damage reopen. The health board needs to deliver an intervention system of care focussing on low level acuity (Hospital 2 Home) and also flexible working for staff.

Richard Evans added that there is an issue with the system, however Hospital 2 Home is now live. He added that the critical element is patients going home and staying home, which requires involvement from the Local Authority.

Chris White informed the committee that Claire Bevan is retiring, and thanked her for her hard work for the NHS, Martyn Waygood echoed the message.

Resolved: The report was **noted**.

169/19 PAEDIATRIC ACUTE AND EMERGENCY PRESENTATION

A presentation providing an update in relation to the paediatric acute and emergency department was **received**.

In introducing the report, Clare Dieppe highlighted the following points:

- A single point of access pilot is underway with the support of the executive team, however the pace is not fast enough.
- Two paediatric nurses have been employed within the emergency

department, taking the total to three. However, the majority of shifts are running with one nurse, and establishment has not increased;

- An office area is being transformed into a clinical area to enable additional space to treat patients.
- The team is no further forward with recruiting a Medical Paediatric Consultant as there were no applicants.

In discussing the report, the following points were raised:

Chris White advised that recruitment for a Medical Paediatric Consultant post needs to be refreshed. Gareth Howells fully supports this concept and the business case. Richard Evans also suggested the advert is refreshed.

Clare Dieppe highlighted pace of change as the biggest challenge, and queried how this is managed over the next two years. Joanne Abbott-Davies recognises the piece of work required and has agreed to support Clare Dieppe.

Chris White acknowledged that a plan is needed however governance of the organisation, capital developments and revenue are a few of the reasons why this process has been lengthy, however he is aware that the pace needs to be accelerated.

Martyn Waygood requested an update in March 2020. Gareth Howells is willing to present the paper on behalf of Claire Dieppe at the March committee.

GH

Resolved:

- The report be **noted**.
- An update be brought back to March 2020 committee.

GH

170/19 CHANGE IN AGENDA ORDER

The agenda order be changed and items 3.1, 4.2 and 2.6 be taken next, with 2.4 and 2.5 following.

171/19 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES ACTION PLAN AND REPORT

The Child and adolescent mental health services (CAMHS) Action Plan and Report was **received**.

In introducing the report, Joanne Abbott-Davies highlighted the following points:

- The admission criteria is in consultation. The referral updates have been shared with the Local Authority, however this remains a concern.
- A new service module is expected June 2020 which is a single

integrated service. The plan has been signed off by all agencies.

- Investment is being made in Primary schools to increase resilience skills.
- CAMHS referrals are decreasing, and social services are more involved.
- The compliance for assessments is 70%, and there are currently 20 children outside of the 28 day target.
- Single Point of Access arrangements are different nationally.

Resolved: The report was **noted**.

172/19 COMMUNITY HEALTH COUNCIL REPORT

The Community Health Council Report was **received**.

In introducing the report, Joanne Abbott-Davies highlighted that no thematic reports were received from the Community Health Council.

In discussing the report, the following points were raised:

Reena Owen queried if the health board received feedback from the Community Health Council. Joanne Abbott-Davies confirmed that a high level summary spreadsheet is used to manage themes and this can be incorporated into the committee reports. Martyn Waygood requests this spreadsheet along with the action plan and Community Health Council for triangulation and assurance.

JAD

Sue Evans informed the committee that further reports in respect of dental and the local prison will follow.

- Resolved:**
- High level summary spreadsheet to be submitted to January's committee along with the action plan for triangulation and assurance.
 - The report was **noted**.

JAD

173/19 INFECTION CONTROL REPORT

Martyn Waygood welcomed Lisa Hinton to the meeting.

A report providing an update in relation to infection control was **received**.

In introducing the report, Lisa Hinton highlighted the following points:

- The health board remains under targeted intervention for healthcare acquired infections (HCAIs).
- In this reporting period we are over trajectory in terms of targets. A Clostridium difficile control group was set up in November 2019 to address Health Board wide improvements. The health board has breached December's month limit within the first week.

- Ultraviolet C (UV-C) environmental decontamination will be available on each of the three acute sites from January 2020 and the guidance to standardise escalation of cleaning to enhanced technologies is being presented to Infection Control in December 2019.
- Over occupancy and staffing in clinical areas with a lack of decant facilities remain the biggest challenges to reduce rates of infection.
- Singleton Hospital is not funded to meet the National Minimum Standards of Cleanliness hours.

In discussing the report, the following points were raised:

Reena Owen raised concerns regarding recruitment. Lisa Hinton confirmed that work is ongoing and this will not be resolved immediately. Lisa Hinton added that bespoke statutory and mandatory training sessions have been arranged for domestic staff.

Martyn Waygood reminded the committee that the lack of decant availability is not a new risk. Lisa Hinton advised that areas to decant in Singleton were lessened following a fire and once the ward affected has been reopened, this will ease decanting pressures. Lisa Hinton informed the committee that she has contacted the capital team in Morriston Hospital for possible additional decanting areas and awaits a response.

Gareth Howells highlighted that with regard to cleaning difficulties, the amount of inpatients and lack of decanting space have been serious issues for the last two months. Martyn Waygood responded by noting that flow is a challenge. Lisa Hinton commented that due to the difficulties raised by Gareth Howells, there is an increased risk of infection exposure.

Martyn Waygood requested a focus outside of the hospital setting, as well as details of the trajectory and what advice is being provided to General Practitioners. Martyn Waygood suggested that the next report infection control report focusses on the detail, as the information within this report is dense.

LH

Resolved:

- A report focussing on infection control measures outside of the hospital setting, as well as details of the trajectory and what advice is being provided to General Practitioners to come to January Committee.
- The report be **noted**.

LH

174/19

SUICIDE PREVENTION REPORT

A report providing an update in relation to suicide prevention was **received**.

In introducing the report, Keith Reid highlighted the following points:

- A proposal for funding from the Regional Suicide & Self Harm prevention monies has been made to support local suicide prevention action.
- The suicide prevention pilot has a group of people with expertise based in Swansea to develop the health board approach. The collaborative plans require multi-agency working and the learning will be shared.
- The regional coordinator posts to prevent suicide and to understand and apply lessons learnt are expected to be filled by the end of 2019.
- An approach has been made to the Coroner's Office seeking support for a review of local suicides in preparation for a formal audit and a response is awaited.
- There has been an increase of suicides in males over 70.

In discussing the report, the following points were raised:

The committee agreed that a report would be needed every six months.

KR

Keith Reid noted Reena Owen's query about multi-agency services being involved with the substance misuse groups, however he commented that he is not yet decided on how to best involve them.

Martyn Waygood noted a potential event with Ospreys Rugby aimed at tackling stigma around mental health and raising awareness of local support for those in mental distress.

Resolved:

- Update to be provided in six months.
- The report be **noted**.

KR

175/19 SUBSTANCE MISUSE

A report providing an update in relation to substance misuse was **received**.

In introducing the report, Keith Reid highlighted the following points:

- The Swansea Bay Area Planning Board (SBAPB) has the responsibility for commissioning substance misuse (drug and alcohol) services for the APB area.
- SBAPB operates the national Take Home Naloxone programme and access to specialist substance misuse treatment. Naloxone is a drug that counteracts opioids and when given after an opioid overdose it can be an effective treatment that prevents death.
- Poverty is associated with substance misuse in this area, however there has been a decline in the death rates for the past two years within Neath and Port Talbot.
- The amount of deaths associated with cocaine use has increased.

In discussing the report, the following points were raised:

The committee agreed that a report would be needed every six months.

- Resolved:**
- Update to be provided in six months.
 - The report be **noted**.

KR

176/19 PERFORMANCE REPORT

The performance report was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The paper provides a draft of the dashboard. It is hoped that this new overview will provide the committee with a clear visual on good and challenging areas of performance.
- Waiting times for outpatient appointments and elective treatment continued to increase in October 2019 and the percentage of patients waiting under 26 weeks decreased. Plans are being put into place to stabilise the position.
- Mental Health & Learning Disabilities continue to be the most significant influence on the Health Board's position in respect of Serious Incidents due to the high volume of cases assigned to the Unit. The Unit has been tasked with developing an improving trajectory for when 80% of cases reviewed will be reached and sustained.

In discussing the report, the following points were raised:

Reena Owen found the draft dashboard helpful, but noted complaints as an area of concern and queried if this is a symptom of the pressure the health board is currently under.

Hazel Lloyd confirmed that the high number of formal complaints was predicted due to the coding changes that differentiates informal and formal complaints. This move will standardise how complaints are coded.

Maggie Berry queried if peer reviews are carried out for hand hygiene. Cathy Dowling confirmed that peer reviews are not completed, however the infection prevention control team carry out ward and across site reviews. Matrons also complete hand hygiene reviews on wards that they do not manage.

Martyn Waygood also added that theatre usage remains an issue. Richard Evans advised that NHS England have announced a long term commitment focusing on when Consultants retire. The tax bills are large and are affecting their pensions. Richard Evans added that there are shortages in workforce and there is a three year plan in place. However the health board need to use this opportunity to sell the benefits of

working in Swansea to recruit anaesthetists.

Martyn Waygood requested a focus on patients on the waiting lists under planned care work and the orthopaedic lists, to include the safety and quality risks to the patients. Gareth Howells confirmed that he would link with the Associate Director of Performance and provide a paper in January.

GH/DG

- Resolved:**
- An update focussing on patients on the waiting lists under planned care work and orthopaedic waiting lists, to include the safety and quality risks to the patients be provided in January.
 - The report be **noted**.

GH/DG

177/19 PATIENT EXPERIENCE REPORT

A report providing an update in relation to the patient experience report was **received**.

In introducing the report, Hazel Lloyd highlighted the following points:

- The inpatient discharge feedback rate in September 2019 was 19.5% against a target of 35%.
- The Health Board's performance against the 30 working day target was 84% for the month of August 2019, achieving the 75% Welsh Government target.

In discussing the report, the following points were raised:

Reena Owen raised recurring themes including car parking, communication, delays in appointments and asked what the health board is doing to benefit patient experience. Hazel Lloyd confirmed that she will add this to the report.

The committee agreed that a report would be needed every three months.

GH

- Resolved:**
- Next update be provided in three months.
 - The report was **noted**.

178/19 CHANGE IN AGENDA ORDER

The agenda order be changed and items 4.3 be taken next, with 4.1, 5.1 and 5.2 following.

179/19 EXTERNAL INSPECTIONS

A report providing an update in relation to the external audit and outcome review plan was **received**.

In introducing the report, Hazel Lloyd highlighted the following points:

- HIW have accepted action plans in respect of two immediate

notices.

- HIW correspondence received to notify that they will conduct a compliance inspection of the Radiology Department at Neath Port Talbot Hospital, on 21st and 22nd January 2020.

In discussing the report, the following points were raised:

The committee agreed that a report would be needed every three months.

GH

- Resolved:**
- Next update be provided in three months.
 - The report be **noted**.

GH

180/19 INTERNAL AUDIT UPDATE

A report providing an update in relation to internal audits was **received** and **noted**.

In introducing the report, Neil Thomas highlighted the following points:

- Two audit assignments have been reported; Nursing Quality Assurance and Human Tissue Authority with regard to mortuary services.
- No rating applied in respect of Nursing Quality Assurance as it was an interim follow up review. Peer reviews have been undertaken, the wards have been revisited by Audit to review improvements a revised action plan was agreed with a target completion date of November 2019.
- Limited assurance has been given in respect of Human Tissue Authority with regard to mortuary services. Whilst action had been taken following the Human Tissue Authority inspection, a plan was not in place to address the other shortfalls identified following management's self-assessment, and in some cases there had not been sufficient time to implement actions fully.

In discussing the report, the following points were raised:

Richard Evans commented that there is learning to be received in regards to controlled drugs. There is a paper that he, Gareth Howells and the Director of Corporate Governance are working on which describes new reporting arrangements at all management levels. He added that training has already begun.

- Resolved:**
- The report be **noted**.

181/19 KEY ISSUES: QUALITY AND SAFETY ASSURANCE GROUP

A report providing an update in relation to the quality and safety assurance group was **received**.

Resolved: - The report be **noted**.

182/19 QUALITY AND SAFETY GOVERNANCE GROUP TERMS OF REFERENCE AND SAFETY FRAMEWORK DEVELOPMENT

The Quality and Safety Governance Group Terms of Reference and Quality and Safety Framework Development was **received**.

In introducing the report, Lee Joseph highlighted the following points:

- A four phase Quality and Safety Process Framework has been developed to maintain the continuous improvement cycle and the re-launch of the framework will take place in 2020;
- Strengthening Health and Care Quality and Safety in Wales Five Year Plan (2020-2025) was announced By Welsh Government (WG) in December 2019 and this includes patient safety, accountability, values, culture, leadership and quality management systems;
- Healthcare Inspectorate Wales (HIW) and the Wales Audit Office undertook a review of quality governance arrangements at Cwm Taf Morgannwg University Health Board (CTMUHB). This review included the quality and safety strategy, framework, roles and responsibilities, board papers, board assurance framework and incident reporting;
- The HIW review and the WG five year plan has provided the team with the opportunity to future proof the framework;
- Development of the quality and Safety iHub, defining executive portfolios and the formal self- assessment against CTMUHB are a handful of projects that require completion.

In discussing the report, the following points were raised:

Maggie Berry asked if the new governance structure will be rolled out to other committees. Cathy Dowling confirmed that once the framework has been signed off, the infrastructure will be in place to share this with other committees.

Neil Thomas suggested that the final version of the Quality and Safety Framework is shared at the formal executive meeting as there have been changes to the version.

CD

Maggie Berry suggested that all five units should be present to ensure the Quality and Safety Governance Group is quorate. Cathy Dowling confirmed that she would amend the Terms of Reference to reflect this and will share the final version of the Quality and Safety Framework at the formal executive meeting.

Resolved: - Terms of Reference to reflect that all five sites to be present for

CD

the Quality and Safety Governance Group to be quorate.

- The final version of the Quality and Safety Framework to be shared at the formal executive meeting.
- The report be **noted**.
- The Quality and Safety Framework is **approved**.
- The Terms of Reference **ratified** subject to the amendments to ensure meeting is quorate.

CD

183/19 ITEMS TO REFER TO OTHER COMMITTEES

These were discussed throughout the meeting.

184/19 ANY OTHER BUSINESS

Martyn Waygood suggested the Chief Executive Officer attends a future Quality and Safety Committee with a view to highlight the issues surrounding flow. He requested figures on a regular basis of the number of bed days which relate to patients who are medically fit for discharge.

TM

CW

185/19 NEXT MEETING

This was scheduled for 28th January 2020.

186/19 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.