

## Swansea Bay University Health Board

### **Unconfirmed** Minutes of the Meeting of the Quality and Safety Committee 20<sup>th</sup> December 2022 at 10.45am via Microsoft Teams

#### **Present**

Steve Spill, Vice-Chair (in the chair)  
Reena Owen, Independent Member  
Pat Price, Independent Member

#### **In Attendance**

Anne-Louise Ferguson, Board Advisor (Legal)  
Gareth Howells, Director of Nursing and Patient Experience  
Hazel Lloyd, Director of Corporate Governance  
Felicity Quance, Internal Audit  
Liz Stauber, Head of Corporate Governance  
Meghann Protheroe, Head of Performance (for minute 288/22)  
Alison Clarke, Assistant Director of Therapies and Health Science  
Heidi Maggs, Service Lead – Laboratory Medicine  
Raj Krishnan, Deputy Executive Medical Director  
Sue Evans, Community Health Council  
Angharad Higgins, Head of Quality and Safety  
Michelle Walters, Healthcare Inspectorate Wales

<b>Minute No.</b>		<b>Action</b>
<b>281/22</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting. Apologies for absence had been received from Christine Morrell, Director of Therapies and Health Science, Richard Evans - Executive Medical Director, Inese Robotham, Chief Operating Officer, Jackie Davies, Independent Member, Nuria Zolle, Independent Member and Maggie Berry, Independent Member.	
<b>282/22</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>283/22</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the main meeting held on 22 <sup>nd</sup> November 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	

<b>284/22</b>	<b>MATTERS ARISING</b>	
	There were no matters arising not otherwise on the agenda.	
<b>285/22</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b>, with the following updates <b>noted</b>:</p> <p>(i) <u>Action Point One – Quality Governance Structure</u></p> <p>It was noted that the diagram of the quality governance structure was included in the update from the Quality and Safety Group.</p> <p>(ii) <u>Action Point Three – Paediatric Cardiology</u></p> <p>Reena Owen confirmed she had received the relevant information relating to paediatric cardiology and the action could be closed.</p>	
<b>286/22</b>	<b>WORK PROGRAMME 2022-23</b>	
	The work programme was <b>received</b> and <b>noted</b> .	
<b>287/22</b>	<b>INFECTION, PREVENTATION AND CONTROL REPORT INCLUDING OVERARCHING IMPROVEMENT PLAN</b>	
	A report providing an update on the health board’s infection, prevention and control plan, including overarching improvement plan was <b>received</b> and <b>noted</b> .	
<b>288/22</b>	<b>QUALITY AND SAFETY PERFORMANCE REPORT</b>	
	<p>A report providing an update on Quality and Safety Performance was <b>received</b>.</p> <p>In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> <li>- For urgent and emergency care, the four hour target was at 70.4% which was just below the 72% trajectory, 12 hour waits had reduced from 1,456 from 1,584 the previous month and ambulance handovers were above the trajectory;</li> <li>- There had been a deterioration in cancer performance to 51% but an improvement reported in the backlog;</li> <li>- The number of clinically optimised patients was reducing, with a daily average of 279;</li> <li>- Planned care had seen a decrease in the numbers waiting 26, 36 and 52 (stage one) weeks and a consistent reduction in the</li> </ul>	

	<p>number waiting more than 104 weeks for treatment – all areas were outperforming the trajectories submitted to Welsh Government;</p> <ul style="list-style-type: none"> <li>- Eight-week diagnostic waits had reduced to 5,627 and specific endoscopy waits were also decreasing but remained above trajectory;</li> <li>- Healthcare acquired infections were above trajectory in all areas;</li> <li>- 11 nationally reported incidents had been recorded and one never event.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Pat Price noted the significant decrease in prompt surgery for fractured neck of femur from 57% to 28.8% and asked for an update outside of the meeting as to the reasons why.</p> <p>Reena Owen stated that the more that could be done to manage the experience of the long-waiters for elective surgery the better. She added that anecdotal evidence had been shared by an orthopaedic matron that pre-habilitation was a key factor in patients' outcomes after surgery and this needed to be a priority.</p> <p>Steve Spill commented that performance around child and adolescent mental health services (CAMHS) was not what it needed to be but there was a plan to repatriate services back to the health board. A deep dive was also to be received by the Performance and Finance Committee in the new year.</p>	<b>LS</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Update be provided on the significant decrease in prompt surgery for fractured neck of femur from 57% to 28.8%</li> </ul>	<b>LS</b>
<b>289/22</b>	<b>EXECUTIVE SUMMARY OF THE QUALITY AND SAFETY OF PATIENT SERVICES GROUP</b>	
	<p>A summary of the Quality and Safety of Patient Services Group was received.</p> <p>In introducing the report, Angharad Higgins highlighted the following key points:</p> <ul style="list-style-type: none"> <li>- The updated quality structure was approved, including a new name for the group – Quality and Safety Group;</li> <li>- Falls prevention, end-of-life care and sepsis were to be part of focussed work with Improvement Cymru;</li> <li>- Action needed to be taken in order to comply with a safety alert for medication storage;</li> </ul>	

	<ul style="list-style-type: none"> <li>- A proposal had been received for the management of court of protection cases;</li> <li>- The Executive Medical Director was overseeing a piece of work to improve compliance with the World Health Organisation checklist.</li> </ul>	
<b>Resolved:</b>	The summary be <b>noted</b> .	
<b>290/22</b>	<b>DRAFT QUALITY STRATEGY</b>	
	<p>A report setting out the draft quality strategy was <b>received</b>.</p> <p>In introducing the report, Angharad Higgins highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The draft strategy was supported by an implementation plan to be completed by 28<sup>th</sup> February 2023;</li> <li>- The Management Board had been engaged on the content of the strategy in September 2022 to determine if the right approach and priorities were proposed;</li> <li>- Staff and key stakeholders had also been engaged, and a presentation given to the patient congress. Independent members and the community health council had also been sighted;</li> <li>- The strategy had four ambitions:             <ul style="list-style-type: none"> <li>• Delivering safe and reliable care;</li> <li>• An organisation that our communities, and patients are proud of;</li> <li>• Empowering staff;</li> <li>• High quality accessible services now and in the future.</li> </ul> </li> <li>- A communications strategy and launch event were in the process of being finalised ready for March 2023 by the Deputy Director of Nursing and Patient Experience;</li> <li>- Progress would be reported to the Management Board, Quality and Safety Committee and through annual quality statements;</li> <li>- Members were invited to submit any final comments to the Head of Quality and Safety by 30<sup>th</sup> December before it was shared with the board for approval in January 2023.</li> </ul> <p>In discussing the strategy, the following points were raised:</p> <p>Anne-Louise Ferguson commented that the strategy would have enormous benefit but queried how it would be distilled amongst staff. Angharad Higgins responded that a communications plan was in place which was divided into key messages to reach the right people. A number of communications methods would be used, including animated videos. An implementation plan had also been developed</p>	

	<p>but it was important to remember that this was a five-year strategy so would take time to embed.</p> <p>Reena Owen queried how it would be determined when the current quality priorities had become business as usual and it was time to agree new priorities. Angharad Higgins advised that a piece of work was currently underway to formalise the priorities which would be shared with the Management Board and committee in the new year. It was important that the next set of priorities had clear goals and deliverables.</p> <p>Pat Prince commented that numbers of staff engaged with the development of the strategy seemed low and queried the level of involvement by the service groups. Angharad Higgins responded that a presentation had been provided to each of the service groups to share in their various meetings and then composite feedback provided.</p> <p>Pat Price advised that it would be beneficial for the ‘our community’ section to reference social and economic deprivation which was critical for quality and ‘further priorities’ should include reference to performance data and information.</p> <p>Steve Spill stated that it was important that staff felt encouraged to speak up when services were not right and the strategy should provide the empowerment for this.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>;</li> <li>- The development of an implementation plan to support the strategy, by 28<sup>th</sup> February 2023 be <b>approved</b>.</li> </ul>	
<p><b>291/22</b></p>	<p><b>HEALTH BOARD RISK REGISTER</b></p>	
	<p>A report setting out the health board risk register entries assigned to the Quality and Safety Committee was <b>received</b>.</p> <p>In introducing the register Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- 16 risks were allocated to the committee, eight of which had a score of at least 20 and were reviewed by the Risk Scrutiny Panel and Deputy Chief Executive;</li> <li>- Three of the risks related to maternity and the committee had recently received a deep dive review while others were for infection control, safeguarding, clinically optimised patients and compliance with the Additional Learning Needs Act. All of these areas were covered in the committee’s work programme.</li> </ul> <p>In discussing the register, the following points were raised:</p> <p>Pat Price stated that a significant number of the actions relating to midwifery had been delivered, including a high level of recruitment.</p>	

	She queried if the current risk score remained extant. Hazel Lloyd responded that the service group was currently reviewing the risk score and this would be updated in the new year.	
<b>Resolved:</b>	The register be <b>noted</b> .	
<b>292/22</b>	<b>EXECUTIVE SUMMARY OF THE CLINICAL ETHICS GROUP</b>	
	An executive summary of the recent meeting of the Clinical Ethics Group was <b>received</b> and <b>noted</b> .	
<b>293/22</b>	<b>WHSSC QUALITY PATIENT SAFETY HIGHLIGHT REPORT</b>	
	A highlight report for WHSSC (Welsh Health Specialised Services Committee) quality and patient safety group was <b>received</b> and <b>noted</b> .	
<b>294/22</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items to refer to other committees.	
<b>295/22</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>296/22</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 27 <sup>th</sup> January 2023.	