

Swansea Bay University Health Board

Unconfirmed Minutes of the Meeting of the Quality and Safety Committee 24th May 2022 at 1.30pm via Microsoft Teams

Present

Steve Spill, Vice Chair (in the chair)
Reena Owen, Independent Member
Emma Woollett (Chair)
Maggie Berry, Independent Member
Patricia Price, Independent Member

In Attendance

Richard Evans, Medical Director
Siân Harrop-Griffiths, Director of Strategy
Inese Robotham, Chief Operating Officer
Christine Morrell, Director of Therapies and Health Science
Hazel Lloyd, Acting Director of Corporate Governance
Scott Howe, Healthcare Inspectorate Wales
Sue Evans, Community Health Council
Delyth Brushett, Audit Wales
Leah Joseph, Corporate Governance Manager
Hazel Powell, Associate Director of Nursing and Patient Experience
Angharad Higgins, Head of Quality and Safety
Darren Griffiths, Director of Finance and Performance (minute 123/22 to 124/22)
Karl Bishop, Dental Director for Primary, Community and Therapies Services (minute 129/22)
Chris Scott, Audit Manager, Audit and Assurance Services
Neil Thomas, Deputy Head of Risk (127/22 minute)
Sue Ford, Patient Feedback Manager (minute 125/22)
Carol Doggett, Interim Nurse Director – Morriston Hospital (from minute 122/22 to 123/22)
Suzanne Holloway, Head of Quality and Safety Morriston Hospital (from minute 122/22 to 123/22)
Louise Wade Deputy Head of Nursing for Critical Care (from minute 122/22 to 123/22)
Karen James, Lead Physiotherapist for Critical Care (from minute 122/22 to 123/22)
Bethan James, Matron Intensive Therapy Unit (from minute 122/22 to 123/22)
Rhys Howell, Pharmaceutical Advisor (minute 132/22)

| Minute No. | | Action |
|------------|---|--------|
| 115/22 | WELCOME / INTRODUCTORY REMARKS AND APOLOGIES | |

| | | |
|------------------|---|--|
| | The chair welcomed everyone to the meeting. Apologies for absence had been received from Gareth Howells, Interim Director of Nursing and Patient Experience. | |
| 116/22 | DECLARATION OF INTERESTS | |
| | There were no declarations of interest. | |
| 117/22 | MINUTES OF THE PREVIOUS MEETING | |
| Resolved: | The minutes of the main meeting held on 26 th April 2022 were received and confirmed as a true and accurate record. | |
| 118/22 | MATTERS ARISING | |
| | There were no items raised. | |
| 119/22 | ACTION LOG | |
| Resolved: | The action log was received and noted . | |
| 120/22 | WORK PROGRAMME 2022/2023 | |
| Resolved: | The work programme was received and noted . | |
| 121/22 | CHANGE IN ORDER OF AGENDA | |
| Resolved: | Item 2.2 to be taken with 2.1 to follow. | |
| 122/22 | SERVICE GROUP HIGHLIGHT REPORT – MORRISTON HOSPITAL | |
| | <p>The highlight report from Morriston Hospital was received.</p> <p>In welcoming Carol Doggett, Steve Spill highlighted that it was not acceptable for Independent Members not to have the opportunity to scrutinise reports ahead of the meeting due to lateness of papers. He noted that the committee reserved the right to ask the Service Group to return to the next meeting to answer any questions once committee members had sufficient time to scrutinise the report. Carol Doggett apologised for lateness of the report, noted that it was not usual standard and assured colleagues that it would not recur.</p> <p>In introducing the report, Carol Doggett highlighted the following points:</p> | |

- Focus remains on emergency and urgent patient flow, planned care recovery, delayed transfer of care in clinically optimised patients, infection, prevention and control and patient experience;
- Emergency and urgent patient flow has a risk score of 25. Risks relate to:
 - o Avoidable harm due to lack of capacity in the Emergency Department (ED);
 - o Overcrowding in ED resulting in increased mortality and morbidity;
 - o Challenges to support Welsh Ambulance Service Trust to offload patients.
- Footfall at ED has increased which affects patient's accessing planned care.
- Red and blue pathways remain in place to manage COVID-19 patients;
- Access to cancer services has a risk score of 20. There is insufficient bed capacity and theatre capacity at Morriston Hospital;
- Delayed transfer of clinically optimised patients has a risk score of 20. Risks relate to avoidable harm as a result of patient placement within an inappropriate healthcare setting;
- Infection, prevention and control (IPC) has a risk score of 20. The internal IPC improvement plan has been approved. Many of the actions are ambitious, however antimicrobial prescribing has reduced by 70% since September 2021
- Patient experience feedback was generally good. The site has begun to demonstrate 'you said, we did' culture and this work was ongoing.
- Safe care was a focus for Health and Care Standards to enable a higher score in the self-assessment process next year;
- Two areas within quality priorities were being focused on: IPC processes; and recognition of acute deteriorating patients;
- Healthcare Inspectorate Wales (HIW) undertook an in-person inspection on 25th May 2022 and the feedback was awaited.

In discussing the report, the following points were raised:

Steve Spill found the report a solid piece of work, but highlighted the current status for introduction of Patient Reported Outcome Measures was red. Suzanne Holloway advised that there was a need to develop clinical patient outcome measures and work was evolving following recovery from COVID-19. Previous work had been undertaken in orthopaedics to measure feedback.

Reena Owen highlighted that patient experience would be negative following operations being cancelled at short notice. She queried what

Swansea Bay University Health Board (SBUHB) was doing to improve the position. Carol Doggett advised that the process to manage short notice cancellations was tied into programmes creating flow and capacity. The response included telephone contact with patients to offer support and discuss the next steps.

Reena Owen queried actions being taken to improve the position around patient's hand washing prior to eating meals. Carol Doggett advised that the opportunity for patients to wash their hands prior to meals was a basic standard which Morriston Hospital could deliver. Each bed space has admission packs including hand wipes, and alternative measures were being taken for patients unable to access sinks. Easy-read posters have been developed to promote patients requesting to wash their hands.

Maggie Berry noted that current open incidents and redress incidents were overdue, and queried the process and resource issues to manually input these past June 2022. Suzanne Holloway advised that there was a focus on decision making as Morriston Hospital had around 50k incidents. 1800 of these cases need to be closed by end of June, which was approximately 4% of the total figure. Many of the cases relate to period December 2021 to February 2022, which related to the beginning of Omicron variant that affected workforce and increased patient footfall on site. The service group was looking at pragmatic ways to close and manage the process effectively. There was work ongoing to flatten legacy incidents, and although there was a risk, the team were working towards completing the process in June 2022.

Maggie Berry queried progress following the HIW orthopaedics inspection of ward B. Suzanne Holloway advised that HIW inspected ward B in May 2021 and an improvement plan was submitted in-line with timescales. There were issues around staff training, and she undertook to confirm completion of those actions with Maggie Berry outside of the committee meeting. Carol Doggett advised that the improvement plan was due to initially be shared in the orthopaedics meeting and then Suzanne Holloway would share the improvement plan with Maggie Berry.

Maggie Berry highlighted that the number of clinically optimised patients remained high and queried whether the block was procedure related or partner related. Carol Doggett advised that medical pathways were in place to identify the care package required for each patient. If patients are discharged within the first 7 days on admission, then the existing care package would be continued. If the patient was discharged past the 7-day period, the care package process would restart. The majority of patients across the site require full care package or a place within a residential care home setting. The ability to supply care remained a blocker and the lengthy process had been refined over the years. The bulk of number of days spent on wards were usually for prescribed care. Steve Spill highlighted that a clinically optimised patient report was due at June's Quality and Safety Committee which covered all service groups.

Emma Woollett requested that June's report included simplified data to determine whether the delays were linked to community or hospital

SH

| | | |
|------------------|---|----|
| | <p>issues. She noted that internal delays were in SBUHB's gift to improve upon, however external partner delays required a different approach and SBUHB could help to support and it would be helpful to understand how SBUHB could start to have more proactive discussions with partners. She queried whether SBUHB could forecast demand and capacity to give a longer term solution. Inese Robotham detailed that SBUHB does not have a population-wide demand and capacity view. The Chief Executive was considering bringing in a strategic partner to undertake analysis. There currently was insufficient capacity across all hospital pathways, and this is further exacerbated with the fact that if there was no capacity at the point the care needs are identified, the patient's condition often deteriorates leading to more complex care requirements.</p> <p>Emma Woollett requested assurance that basic plans for each ward were available in place of a trajectory. Carol Doggett assured committee members that basic individual wards plans were a part of the IPC plans and a system was in place to capture divisional reporting from ward to Board. The team were supported corporately to develop visual boards for patients, staff and relatives once visiting had been restarted.</p> <p>Pat Price queried the position surrounding partnership working with local authorities around poor social working. Carol Doggett advised that a social worker liaison was based at Morriston Hospital who attends clinically optimised meetings. A patient level tracker sets the meeting tempo and escalation to partners was in place. The team have not had to escalate issues often. Sue Evans stated that the CHC were reviewing delays in discharge and the organisation could help to assist the service group. Carol Doggett to discuss report sharing with Sue Evans outside of the committee meeting.</p> <p>Richard Evans advised that SBUHB were liaising with local authorities to manage issues at local levels, and discussions were ongoing with partners, SBUHB Chair and Chief Executive. From a national level, different actions were needed and options were under review.</p> | IR |
| Resolved: | <ul style="list-style-type: none"> - The highlight report from Morriston Hospital be noted. - Clinically optimised patient report to the June committee to include the detail as set out in the discussion. | IR |
| 123/22 | PATIENT STORY: JOURNEY THROUGH INTENSIVE THERAPY UNIT DURING COVID-19 AND LESSONS LEARNED | |
| | <p>Karen James and Bethan James were welcomed to the meeting.</p> <p>A story was received which set out the experience of a 68 year-old gentleman who was admitted to the intensive therapy unit (ITU) from Cyril Evans ward following a peri arrest call. Following his admission to ITU and intubation, the patient tested positive for COVID-19 and remained in ITU for 92 days in multi-organ failure. Whilst he was treated on the ward, the patient needed to be rolled into the prone position using gliding sheets.</p> | |

| | | |
|-----------------|--|--|
| | <p>The patient was often on his front for 16 hours per day which increased pressure ulcers on the lips, head and nose. The patient has since recovered and was discharged from Morriston Hospital in January 2021.</p> <p>Karen James highlighted the following points:</p> <ul style="list-style-type: none"> - Follow-up clinics were ongoing and feedback from patients included feeling abandoned by SBUHB when being discharged from hospital back into the community; - The service group began to signpost patients in the community in June 2020. This included telephone calls within 2 to 3 days post-discharge and physiotherapy support led by patients; - 20% of patients discharged would be readmitted within three months. This has reduced to 4.8% in Morriston Hospital which is a positive measure. <p>In discussing the patient story, the following points were raised:</p> <p>Reena Owen queried how families were supported and communication maintained whilst a patient was receiving treatment in ITU. Bethan James commented that the COVID-19 pandemic had been a challenge. The team maintained a visual board outside the ward and it would be updated each day with messages for families and these would be communicated via telephone. FaceTime was often used and nurses held the hands of patients who were dying.</p> <p>Bethan James advised that visiting guidelines for ITU had been updated in the past few days, and this affected end of life care visitation or planned ahead visitation.</p> <p>Louise Wade thanked Karen James and Bethan James for their presentation, however many legacy documents had not been detailed. Checklists that were developed throughout the COVID-19 pandemic were being used to prone and de-prone patients and to review pressure ulcers. Although the past two years had been a challenging time, good quality improvements had been made.</p> | |
| Resolved | The patient story was noted . | |
| 124/22 | 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"> - Between March 2022 and April 2022, the number of staff self-isolating (asymptomatic) reduced from 87 to 42 and the number of staff self-isolating (symptomatic) reduced from 326 to 270; - The eight minute release time for red ambulances remained under the 65% target and currently stood at 55.1%; | |

- In April 2022, there were 671 ambulance to hospital handovers taking over one hour. This was a slight reduction in figures compared with 687 in March 2022;
- Four-hour emergency department waits remained stable at 72.2% to date;
- Performance against the 12-hour measure deteriorated compared with February 2022, increasing from 1,282 to 1,294;
- In April 2022, there were on average 274 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's Hospitals. To date the number stood at 281;
- There were 13 cases of Staph. aureus bacteraemia in April 2022, of which 6 were hospital acquired and 7 were community acquired;
- In March 2022, there were 105 cases of healthcare acquired pressure ulcers, 56 of which were community acquired and 49 were hospital acquired;
- SBUHB reported one Serious Incident in April and no Never Events were reported;
- Ophthalmology theatre is due to open within the next few weeks;
- In April 2022, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,863 in March 2022 to 6,308 in April 2022;
- Podiatry and speech and language positions are recovering;
- Challenges remain in endoscopy with 4,407 patients waiting more than 8 weeks for specified diagnostics;
- The number of Urgent Suspected Cancer referral figures reported in April 2022 (1535) are the lowest figure reported since December 2021;
- In April 2022, the overall size of the follow-up waiting list increased by 1,699 patients compared with March 2022 (from 133,772 to 135,471);
- Performance team are happy to include projections in the performance report if required.

In discussing the report, the following points were raised:

Steve Spill welcomed development of the report to include quality and safety trajectories and projections aligned with the committee. The Performance and Finance Committee performance report was presented earlier today with the additional information. Darren Griffiths undertook to update the report to reflect quality and safety trajectories/ projections

Steve Spill highlighted that Serious Incident closures reported low performance, however the target was 80%. Darren Griffiths highlighted that Mental Health and Learning Disabilities Serious Incidents had been included within the reporting against a 30-day response rate. Hazel Lloyd

DG

| | | |
|-------------------------|---|---------------------|
| | <p>advised that SBUHB was required to pick its own timescales surrounding incidents, and the Health Board had not been realistic setting the targets. Workforce also remained an issue to respond to the incidents in a timely manner. She highlighted that the trajectory of improvement would be included in the next iteration of the report.</p> <p>Emma Woollett queried the total number of ambulance handovers and the proportion outside of the measured targets of 15 minutes and one hour. Darren Griffiths advised that the vast majority of waits were over 15 minutes. Emma Woollett suggested that the total number of ambulance conveyance was detailed subtly.</p> <p>Maggie Berry highlighted that mortality reviews had decreased significantly. Richard Evans advised that stage one mortality reviews take place via the medical examiner, however he would review and confirm to Maggie Berry outside of the committee meeting.</p> | RE |
| <p>Resolved:</p> | <ul style="list-style-type: none"> - Performance Report to reflect quality and safety trajectories/projections going forward. - Explanation to be provided to Maggie Berry outside of the committee surrounding decreasing mortality reviews. - The current Health Board performance against key measures and targets be noted. | <p>DG</p> <p>RE</p> |
| <p>125/22</p> | <p>PATIENT EXPERIENCE REPORT</p> | |
| | <p>The patient experience report was received.</p> <p>In introducing the report, Sue Ford highlighted the following points:</p> <ul style="list-style-type: none"> - Patient experience feedback decreased by 1% in April 2022 compared to March 2022. 3,133 friends and family feedback survey returns were received (89%); - 41 compliments and 162 complaints were recorded in April 2022. There was a reduction in complaints in comparison to 194 in March 2022; - No never events were confirmed or closed; - The Health Board Risk Register for April 2022 contained 39 risks, of which 21 have risk scores at, or above SBUHB's current appetite of 20. Four of these have risk scores of 25. <p>In discussing the report, the following points were raised:</p> <p>Pat Price queried the difference between the amount of returns and the amount of patients treated in April 2022. Sue Ford undertook to confirm data to Pat Price outside of the committee meeting.</p> <p>Emma Woollett noted that the report did not detail how good the service was, and suggested the report be restructured to include triangulation, trends, narrative and ability to drive down to ward level over time. The</p> | <p>SF</p> |

| | | |
|-------------------------|---|-------------------------------|
| | <p>report should also include specified questions and key drivers from a quality and safety perspective. Sue Ford agreed the need to triangulate information. Hazel Lloyd advised that the patient experience team were reviewing other organisations report formats across the United Kingdom and would be reliant on dashboards for live data going forward. She noted that themes would be covered in the reset for the report.</p> <p>Reena Owen felt that SBUHB had not improved its communication as she had personally received complaints around families not receiving communication. Sue Ford acknowledged that there were challenges around communication and discussions were ongoing with the Interim Director of Communications around progress and strategy, including feedback from the Ombudsman. Hazel Lloyd noted that the patient experience team had identified that complaint response was not as high as it should be and the team were working with the quality improvement team to map back and meet with service groups where appropriate. Hazel Lloyd undertook to include the timescales and progress within the next iteration of the report.</p> <p>Reena Owen queried if SBUHB had basic protocols in place for communication management that applied to all staff across the Health Board. Hazel Lloyd undertook to confirm details outside of the meeting as the Interim Director of Communications was working on a piece of work.</p> <p>Maggie Berry queried if any interaction had taken place with the new Ombudsman liaison. Hazel Lloyd advised that she was meeting with new Ombudsman liaison in June 2022.</p> <p>Maggie Berry remained concerned as over 2000 incidents needed to be closed by the end of June 2022. Hazel Lloyd advised that the backlog of incidents was a national issue. SBUHB has the lowest number of incidents requiring closure compared with other Health Boards, and complex incidents allow six months for closure.</p> <p>Maggie Berry queried whether the number of patients returning to hospital with the original medical issue following discharge would be incorporated into the patient experience report or the performance report. Emma Woollett suggested that it should form part of the quality performance report.</p> <p>Steve Spill queried whether the number of 161 deaths in Mental Health and Learning Disabilities was correct. Sue Ford would review outside of the committee.</p> <p>Steve Spill observed whether SBUHB was asking the right questions in the friends and family feedback questionnaires as the approval rate was not at 90%.</p> | <p>HL</p> <p>HL</p> <p>DG</p> |
| <p>Resolved:</p> | <ul style="list-style-type: none"> - The difference between the amount of returns and the amount of patients treated in April be confirmed to Pat Price outside of the committee. | <p>SF</p> |

| | | |
|----------------------|--|--|
| | <ul style="list-style-type: none"> - Progress and timescales surrounding discussions with service groups around complaints be included within the next iteration of the report. - Details surrounding basic protocols for communication management that apply to all staff across the Health Board be confirmed outside of the committee meeting. - Number of readmissions to form part of the quality performance report. - The patient experience report be noted. | <p>HL</p> <p>HL</p> <p>DG</p> |
| <p>126/22</p> | <p>QUALITY AND SAFETY GOVERNANCE GROUP/ QUALITY AND SAFETY OF PATIENTS SERVICE GROUP HIGHLIGHT REPORT</p> | |
| | <p>The Quality and Safety governance Group/ Quality and Safety of Patient Service Group highlight report was received.</p> <p>In introducing the report, Hazel Powell highlighted the following points:</p> <ul style="list-style-type: none"> - Quality and Safety Governance Group met for the final time on 3rd May 2022. The new group has been titled Quality and Safety of Patient Services Group (QSPSG); - Neath Port Talbot Singleton Service Group's Children and Young People's Services reported successful recruitment of a named Doctor for Safeguarding; - Quality improvement team to support service groups to strengthen the quality improvement position; - To support the reintroduction of inpatient ward visits by the CHC, a proposal was being developed jointly by the Health Board and CHC for consideration on 21st June 2022 <p>In discussing the report, the following points were raised:</p> <p>Reena Owen supported a set template for reporting into the Quality and Safety Committee from groups but highlighted concerns around the variety of groups under the QSPSG. She queried governance arrangements to support reporting mechanisms. Hazel Powell stated that there was an intention to not duplicate work or burden staff and changes had been made within the governance system following audit feedback. The terms of reference for QSPSG were due to be agreed.</p> <p>Angharad Higgins highlighted the need for succinct timely information and work was ongoing to enable assurance at Quality and Safety Committee around hotspots and trends.</p> <p>Maggie Berry queried whether the governance arrangements fitted with the service group quality and safety meetings. Hazel Powell stated that service groups mirrored the QSPSG, however existing groups would need to feed into the QSPSG. Staff were transitioning and adapting to the new</p> | |

| | | |
|------------------|--|-----------|
| | <p>governance arrangements and report templates were in development to support staff.</p> <p>Maggie Berry queried attendance at the group meetings. Hazel Powel advised that attendance had been good and workshops had been interactive.</p> <p>Richard Evans advised that several meetings were called committees or groups under Quality and Safety Committee that did not have a reporting mechanism, however now all groups feed up to the Quality and Safety Committee under the new governance structure. He advised that the QSPSG did not replace service group's quality and safety meetings. The service group quality and safety meetings handle and record issues and actions, and escalation would be into QSPSG locally.</p> | |
| Resolved: | The report be noted . | |
| 127/22 | EXTERNAL INSPECTIONS | |
| | <p>A report providing the outcome of external inspections was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - Two inspections had recently concluded in directly managed services at Dan Y Deri and Tawe Clinic and Cefn Coed Hospital; - SBUHB submitted an immediate assurance plan in respect of Dan Y Deri. The draft report and further improvement plan had been received from HIW relating to Dan Y Deri and were being addressed by management. An improvement plan was submitted for Tawe Clinic in response to a draft report, and its acceptance and finalisation of that report are awaited; - The HIW review of healthcare provision within HMP Swansea is ongoing; <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett was keen to understand themes and overdue actions and suggested inclusion within the body of the report to monitor development in place of appendices.</p> <p>Reena Owen highlighted that it would be useful to know the immediate actions raised following the inspections. Neil Thomas detailed the actions and noted that a newsletter would be used to share detail of inspections going forward.</p> <p>Reena Owen queried the timescale for the HMP Swansea HIW report as there could be a delay to manage immediate actions. Neil Thomas advised that while the report was awaited, he understood that some action was being progressed for HMP Swansea within the service group.</p> | NT |
| Resolved: | - The external inspections report be noted . | NT |

| | | |
|------------------|---|--|
| | <ul style="list-style-type: none"> - Themes and overdue actions be included within the body of the report to monitor development in place of appendices. | |
| 128/22 | CHANGE IN ORDER OF AGENDA | |
| Resolved: | Item 6.2 to be taken with item 4.5 following. | |
| 129/22 | CHC REVIEW OF NHS DENTAL SERVICES | |
| | <p>A report on CHC review of NHS Dental Services was received.</p> <p>In introducing the report, Karl Bishop highlighted the following points:</p> <ul style="list-style-type: none"> - The patient facing draft response to the CHC was due to be signed off for external publishing; - The Board to Board meeting on 16th May 2022 with CHC gave an opportunity for the report to be discussed in detail; - The contact reform programme (CRP) had enabled 30k additional new patients and slots. There has been a 90% uptake from practices choosing the amended contract; - The new response enables more of the population would have access to dental treatment; - Karl Bishop was due to meet the Head of Communications to discuss messaging with Primary Care and Therapies Service (PCTS); - 60% of SBUHB's population and 70% of children seek regular dental treatment. <p>In discussing the report, the following points were raised:</p> <p>Sue Evans advised that the Board to Board meeting gave opportunities for questions and answers. She noted that an update on reform was expected from PCTS, and hopes for better feedback this year on dentistry following national CHC projections.</p> <p>Steve Spill noted that the CRP was rewarding practices to see new patients, and queried how old patients were being monitored. Karl Bishop advised that a number of new metrics had been established and metrics for new patients included patients who had received treatment in the last four years. SBUHB was note responsible for the 111 service, but was aware of the increased demand for this service. Plans were in place to extend the referral management centre service from 5-day to a 7-day service.</p> <p>Reena Owen felt reassured but noted the importance of a monitoring mechanism to include patient feedback and mystery shopper exercises. Karl Bishop advised that work had begun around a call back service, circulation of national satisfaction questionnaires and local messaging. Sue Evans noted that a comment box on the national satisfaction</p> | |

| | | |
|------------------|---|--|
| | <p>questionnaires would be helpful instead of yes or no tick boxes. Karl Bishop would provide feedback to the NHS Business Service Authority.</p> <p>Maggie Berry queried whether it was difficult to obtain data on 111 patients and patients who are unable to get on to a dental waiting list. Karl Bishop advised that initial information was provided at triage and logged. Dentistry was a mixed economy and reasons for 40% of the population accessing private care was unknown. National surveys have highlighted that a significant percentage of population have no need to go to the dentist unless they are in pain. Work was ongoing to entice people to have general check-ups and a public health exercise found that children were influencing their parents to arrange and receive dental checks. He noted that there was an educational issue to discourage patients who do not need to be seen every six months, to arrange a 12-month check-up.</p> | |
| Resolved: | The CHC review of NHS Dental Services report be noted . | |
| 130/22 | CLINICAL OUTCOMES AND EFFECTIVENESS UPDATE INCLUDING CLINICAL AUDIT AND MORTALITY | |
| | <p>A report providing an update in relation to clinical outcomes and effectiveness update including clinical audit and mortality was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - In 2021, the clinical audit and effectiveness policy was revised to introduce a hierarchy of priorities for audit activities. The approach had been introduced for the new audit year; - Audits has taken place based on either Health Board, service group or directorate issues or trends; - The next steps would be to manage the recommendations following the audits and ensure lessons learned. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett welcomed the report and thanked Richard Evans for his contribution.</p> <p>Reena Owen queried whether a peer review was included within the audits. Richard Evans advised that no external peer reviews would take place, and audits were completed internally. The audits were against a standard and undertaken locally.</p> <p>Pat Price queried the output levels. Richard Evans advised that the clinical audit outcome and effectiveness group holds all audits undertaken and would report into the Quality and Safety Committee with outcomes. A conclusion report would also be reported annually to Quality and Safety Committee which would include all audits completed over the 12-month period.</p> | |

| | | |
|------------------|---|-----------|
| | <p>Maggie Berry highlighted that good practice could be expanded and looked forward to the development of future reports.</p> <p>Steve Spill queried whether Audit Committee or Quality and Safety Committee should receive reports for clinical audits. Richard Evans advised that it was important that reports were taken through Quality and Safety Committee from a clinical aspect. Hazel Lloyd supported Richard Evans' comments and assured committee members that the report was taken through Audit Committee for systems and Quality and Safety Committee for outcomes.</p> | |
| Resolved: | The report be noted . | |
| 131/22 | QUALITY AND SAFETY COMMITTEE TERMS OF REFERENCE | |
| Resolved: | The Quality and Safety Committee Terms of Reference was received and approved . | |
| 132/22 | CONTROLLED DRUG GOVERNANCE AND ASSURANCE REPORT | |
| | <p>A progress report on the Controlled Drug Governance and Assurance was received.</p> <p>In introducing the report, Rhys Howell highlighted the following points:</p> <ul style="list-style-type: none"> - A three-phased approach was in place to provide a flexible and practical structure via which service groups could make improvements; - All phases are either in the 'booked' or 'completed' stage; - An NHS Management Trainee was assigned to this design and produce an education package to support controlled drugs management on wards. It was envisaged that this will be piloted in collaboration with Morriston Hospital in the first instance; - Internal Audit published their findings following a review of controlled drug governance which was received at February's Quality and Safety Committee. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett requested the controlled drug governance final internal audit report be referred to Audit Committee to review assurance framework development.</p> | SS |
| Resolved: | <ul style="list-style-type: none"> - The controlled drug governance final internal audit report be referred to Audit Committee to review assurance framework development. - The report be noted. | SS |

| | | |
|------------------|--|--|
| 133/22 | WHSSC QUALITY PATIENT SAFETY CHAIRS REPORT | |
| Resolved: | WHSSC Quality Patient Safety Chairs Report was received and noted . | |
| 132/22 | ITEMS TO REFER TO OTHER COMMITTEES | |
| Resolved: | <p>i. <u>132/22 Internal Audit</u></p> <p>Controlled drug governance final internal audit report be referred to Audit Committee.</p> | |
| 133/22 | ANY OTHER BUSINESS | |
| | There were no items raised. | |
| 134/22 | DATE OF NEXT MEETING | |
| | The date of the next meeting was confirmed as 28 th June 2022. | |