

## Swansea Bay University Health Board

**Confirmed**

### Minutes of the Meeting of the Quality and Safety Committee Tuesday 23<sup>rd</sup> May 2023 at 1pm at 1.30pm via Microsoft Teams

#### **Present**

Steve Spill, Vice-Chair (in the chair)  
Reena Owen, Independent Member  
Anne Louise Ferguson, Independent Member  
Nicola Matthews, Independent Member

#### **In Attendance**

Gareth Howells, Director of Nursing and Patient Experience  
Christine Morrell, Director of Therapies and Health Science  
Hazel Lloyd, Director of Corporate Governance  
Richard Evans, Executive Medical Director (until minute 77/23)  
Hazel Powell, Deputy Director of Nursing  
Mitchell Parker, Health Inspectorate Wales  
Angharad Higgins, Head of Quality and Safety  
Claire Mulcahy, Corporate Governance Manager  
Sue Evans, Llais  
Donna Morgan, NWSSP Audit and Assurance  
Delyth Davies, Head of Nursing Infection, Prevention and Control (Minute 75/23)  
Meghann Protheroe, Head of Performance (Minute 77/23)  
Sian Passey, Nurse Director, PCT Service Group (Minute 73/23 and 74/23)  
Jo Bradburn, Head of Speech and Language Therapy (Minute 73/23)  
Neil Thomas, Deputy Head of Risk (Minute 79/23)  
Eleri D'Arcy, Falls Quality Improvement Lead (Minute 76/23)  
John Murray, Deloitte  
Emily Bengtsson, Deloitte

<b>Minute No.</b>		<b>Action</b>
<b>68/23</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting.  Apologies for absence were received from Darren Griffiths, Director of Finance.	
<b>69/23</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	

<b>70/23</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the main meeting held on 23 <sup>rd</sup> March 2023 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>71/23</b>	<b>MATTERS ARISING</b>	
	There were no items raised.	
<b>72/23</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and was <b>noted</b> .	
<b>73/23</b>	<b>PATIENT STORY: PRIMARY CARE, COMMUNITY, THERAPY SERVICES</b>	
	<p>Jo Bradburn was welcomed to the meeting.</p> <p>A presentation on 'Gathering Patient Experience' was <b>received</b>.</p> <p>In introduction, Jo Bradburn highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The presentation gave an overview of how the Paediatric Speech and Language Therapy service have gathered and used patient experience data to shape service re-design;</li> <li>- It had been evident that change was needed within the service, some key issues had arisen; lengthy waiting lists, formal and informal complaints regarding waiting times and low job satisfaction for staff;</li> <li>- 1,500 surveys were sent out and the purpose was twofold; validation of the waiting lists and to gain patient feedback, ideas, solutions to improve the services;</li> <li>- From the 600 responses, some key themes were evident; patients/families wanted more parental involvement, there was a dislike towards the virtual assessments but they liked the online tools;</li> <li>- The feedback had exposed vulnerability in the service and there seemed to be a focus on waiting list management rather than being a child-centered service;</li> <li>- Actions arising from the exercise were; a full analysis of the data; careful sharing with team , a shaping vision exercise with the team based on feedback and further focus groups.</li> </ul>	

	<p>In discussion, the following points were raised;</p> <p>Anne-Louise Ferguson commented that she was impressed with how quickly and efficiently this had been done since Jo Bradburn was fairly new in post. In regards to the responses, she highlighted that that 50% of patients had not responded and asked how this would be followed up. Jo Bradburn informed that access to the patients was sometimes difficult as it they were reliant on the parent to respond but she assured this would be followed up in schools to ensure patients were not missed.</p> <p>Hazel Lloyd commented that this was an excellent example of the use of the Duty of Quality, putting the patient at the centre of services and incorporating the health board values.</p>	
<b>Resolved:</b>	The patient story was <b>noted</b> .	
<b>74/23</b>	<b>SERVICE GROUP HIGHLIGHT REPORT: PRIMARY CARE. COMMUNITY AND THERAPY SERVICES</b>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report, Sian Passey highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The quality and safety reporting structure within the service groups had been re-aligned and would be monitored over the coming months;</li> <li>- Quality and Engagement Act; the service group were currently working through the implications of Duty of Quality and processes being established;</li> <li>- Duty of Candour; the standard operating procedure for commissioned and contracted services was under development;</li> <li>- There was a national task and finish group underway in relation to delivery of duty of candour within the contracted services;</li> <li>- The service group had achieved 96% compliance with complaints performance for 2 consecutive months, achieved through early resolution;</li> <li>- The top five themes for concerns were; communication. Medication, appointments and attitude and behaviour. The service group were looking further into these areas;</li> <li>- The service group had a number of open incidents and there were challenges with investigation and closing down in a timely manner. This was being monitored closely;</li> </ul>	

- Health Inspectorate Wales Report 2022; of the 29 recommendations arising from the report, 3 remain open and would take time to achieve as they relate to workforce. Pathways were being worked through as Parkway Prison will transfer to Cwm Taf Morgannwg University Health Board;
- Quality Priorities; key leads have been assigned for each and there was varying progress;
- Patient Experience; the service group received 96% for good feedback from family and friends and 98% feedback from the All Wales dataset.

During discussion, the following points were raised:

Reena Owen advised that concerns had been raised in the community in relation to access to GPs, dentistry services and physiotherapy appointments. They had been repeatedly raised and were causing concern on the quality of services being provided. Sian Passey responded that some of these areas were a concern for the service group and had been placed on the health board risk register. She commented there was no easy fix but there was lots of work underway with contracted services to support access for example. She assured that the next report to committee would include elements from the primary care arena. Reena Owen requested a detailed report to a future committee on access to NHS dentistry and GP's.

Gareth Howells informed that a meeting with local AM's and MPs took place and the issue of access to NHS dentistry was raised and action arose to provide a list of practices that provide NHS access.

Steve Spill referenced the Duty of Candour and commented on the responsibility to ensure this was being rolled out across the entire areas. Sian Passey advised that primary care colleagues were being made aware of the requirements and discussions were underway with the clusters.

Anne-Louise Ferguson referred to the 800 open incidents within the service group and asked for further detail on these and how they would be addressed going forward in relation to the Duty of Candour. Sian Passey advised that 400 incidents were related to pressure damage within the district nursing team and a high number sat within the GP surgeries. There was a large piece of work underway regarding those injuries gained within A&E that have defaulted to care of GPs. The service group were looking at extra resource within district nursing. The backlog was being reviewed and worked through and an improvement plan had been put in place. Gareth Howells assured that a specific resource had been put in place to look at retrospective cases and manage the new cases going forward, a successful model had been used in Morriston and this would be replicated. He fully supported the approach being taken by the service group.

**SP/BO**

	<p>In relation to the Prison - Health Inspectorate Wales report, Steve Spill highlighted the concern that the nurse establishment was not sufficient and sought assurance on the actions being taken. Gareth Howells informed that the number of inmates far exceeded the resource and this had put pressure on the service. With the movement of Parkway, the service group would be looking at the resource available which was around 8 to 9 wte and this would make the establishment more robust. A letter had been written to Welsh Government voicing concerns but there had been no extra funding support. Sian Passey advised that temporary staff had been recruited to support the administration of medication. She assured they had mitigated the risk temporarily but there would always be the risk of no further funding support.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- A detailed report to a future committee on access to NHS dentistry and GP's.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>SP/BO</b>
<b>75/23</b>	<b>INFECTION, PREVENTION AND CONTROL REPORT</b>	
	<p>Delyth Davies was welcomed to the meeting.</p> <p>The Infection, Prevention and Control (IPC) report was <b>received</b>.</p> <p>In presenting the report, she highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report provided the 2022/23 end of year position against the tier 1 infection targets;</li> <li>- 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;</li> <li>- The report provides the all-wales comparison figures against the tier 1 targets;</li> <li>- Welsh Government were yet to publish the expectations therefore interim infection reductions expectations were presented within the report for 2023/24;</li> <li>- Trajectories for the service groups have been circulated and there needed to be a significant reduction in order to achieve the expectations;</li> <li>- Appendix 4 highlighted the improvement in a number of wards and units in Morriston achieving increasing days between infections;</li> <li>- A recent Internal Audit of <i>Infection Prevention &amp; Control: Service Group Governance Arrangements</i> has provided an outcome of reasonable assurance;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Key areas of focus for the service groups within improvement plans include; <ul style="list-style-type: none"> <li>➤ Achieving 85% compliance with mandatory level 1 IPC training which is available for all staff. Work to make level 2 IPC training mandatory was in train;</li> <li>➤ Continuation with quality priority improvements in medical device decontamination to demonstrate compliance with national standards;</li> </ul> </li> </ul> <p>During discussion the following points were raised:</p> <p>Reena Owen made reference to the health board having the highest incidence of <i>Pseudomonas aeruginosa</i> bacteraemia in Wales and queried why this was the case. Delyth Davies advised that cases had been seen in Singleton hospital where there had been positive water tests. She assured that remedial action was undertaken immediately but further work was required with Estates to ensure that information is triangulated in a timely manner.</p> <p>Steve Spill queried why commendation was given to the Liz Baker Unit when the number of days between cases was lower than others. Delyth Davies advised that as each of the Renal units functioned differently, the risk was higher in some than others. The Liz Baker Renal Unit in particular, treated both inpatients and outpatients, therefore risks of infection were higher.</p> <p>Steve Spill noted that the IPC nursing staff team were understaffed and queried medical ownership of IPC. Delyth Davies advised that there had been a challenge with ownership, IPC had been nurse driven but there was the need for ownership across all staff groups. Christine Morrell added she shared the concern in terms of ownership and assured that there were now IPC champion leads within every service group and this was improving and broadening the communication on ownership of all staff groups. Richard Evans commented that this issue lends itself well to the 'Big Conversation' and the drive for a quality and clinically led organisation. There needs to be a clear direction to staff and traction would be gained on this as part of that work.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>76/23</b>	<b>FALLS PREVENTION</b>	
	<p>Eleri D'Arcy was welcomed to the meeting.</p> <p>A report updating on Falls Prevention was received.</p> <p>In introducing the report, Eleri D'Arcy highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Since the last report, a deep dive on falls prevention had taken place. An analysis of a year's worth of data took place and the</li> </ul>	

	<p>goal was to decrease injurious falls by 10% and serious falls by 10%. Both these goals were achieved;</p> <ul style="list-style-type: none"> <li>- There had been a good improvement against the national standards;</li> <li>- National KPI's had been built into the health board KPI's in order to maintain focus;</li> <li>- The report data was reflective of inpatients only as community setting reporting mechanisms were complex and inconsistent. A national piece of work was underway to look at how health boards and local authorities collect data, as well as some local work underway on the same;</li> <li>- There was a regional taskforce with membership from local authorities, domiciliary care and the fire service with the aim to make falls prevention business as usual;</li> <li>- A 'Falls Summit' took place in March 2023 and this was a positive event although there was a lack of community representation. Part 2 of the summit will take place in September;</li> <li>- The focus within the next six months to a year was on a community falls strategy, linking falls prevention and response services;</li> <li>- There would be a re-launch of the re-conditioning work-stream and this would align with the West Glamorgan Regional Partnership work.</li> </ul> <p>In discussion of the report, the following points were raised;</p> <p>Nicola Matthews referenced the inpatient data on falls and asked whether this included those patients waiting for care packages. Eleri D'Arcy informed that it did not and this would be included within the re-conditioning work. Richard Evans stated it was important to capture this data and show the harm that can be caused by being in hospital for too long.</p> <p>Reena Owen highlighted the National Institute for Health and Care Excellence (NICE) guidance that assessments should be completed within the first 4 hours of admission to hospital. She added that the health board average stood at 41 hours and this needed to improve. Eleri D'Arcy agreed, adding that the Multifactorial Falls risk assessment (MRFA) were not meant to be used at the 'front door' but some focus was needed in that area. An audit on the MRFA would be undertaken.</p> <p>Anne-Louise Ferguson referenced the reporting of incidents and 52% accuracy levels and queried the reason for this and whether this would</p>	
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	<p>form part of training. Eleri D'Arcy advised that it in some cases , accuracy would depend on how readily available information is and there were also some cultural elements, where staff did not want to 'make a big deal' although this had greatly improved. It was important for staff to know that every fall is harmful, some falls were reported as 'no harm' but develop further, where fractures have not been evident for example and there needed to be clarity on that.</p> <p>Anne-Louise Ferguson queried whether there were 'falls monitors' on high acuity wards. Eleri D'Arcy advised yes, namely 'Bay Watch' was first rolled out in orthopaedics and had now been rolled out across the hospitals.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- An update on Falls Prevention to be provided to committee in November 2023.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>GH/ED</b>
<b>77/23</b>	<b>QUALITY AND SAFETY PERFORMANCE REPORT</b>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Unscheduled care, performance against the four hour target for April was 75.22% against the target which is a 1.5% improvement on March's performance;</li> <li>- The 12- hour performance improved in April, along with an improvement in ambulance handover times compared with March;</li> <li>- In cancer performance, the health board remain under the outlined trajectory for Single Cancer Pathway for March, however the reported performance has improved to 53% from 44% in February 2023;</li> <li>- There was a reduction in the number of positive COVID cases reported in April to 153 cases. The percentage of staff absence due to Covid specifically has reduced to 0.3% in April.</li> <li>- The health board continue to report high numbers clinically optimised patients across the sites. A reported reduction in figures in April, where figures were reported as 287 across the sites.</li> <li>- In infection prevention control performance, the health board was above the outlined Welsh Government trajectories in most areas apart from Klebsiella and Pseudomonas;</li> </ul>	



	<ul style="list-style-type: none"> <li>- Updated 2023/24 trajectories had been included in the report for all IPC areas;</li> <li>- 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;</li> <li>- 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.</li> <li>- The number of patients waiting over 14 weeks for therapies has decreased to 129 patients waiting over 14 weeks which is an improvement on previous months, with slightly larger numbers in areas like speech and language therapy and dietetics.</li> <li>- With Nationally reported incidents, 6 NRI's were reported for April, and no new never events were reported.</li> <li>- There had been a slight deterioration in the percentage of staff off work from 6.69% to 6.79% in March.</li> </ul> <p>During discussion the following points were raised:</p> <p>Steve Spill queried whether the reduced numbers for clinically optimized patients was due to the acute medical service re-design (AMSR). Gareth Howells advised that there wasn't a month on month trajectory as yet, but positively the numbers were going in the right direction.</p> <p>Reena Owen queried whether there had been any feedback from a patient experience perspective on the new AMSR arrangement and whether an improvement had been seen in A&amp;E. Hazel Powell responded that feedback was received daily but a deep dive would be undertaken once some more time had passed as well has a bespoke survey.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>78/23</b>	<b>EXECUTIVE SUMMARY OF THE QUALITY AND SAFETY OF PATIENT SERVICES GROUP</b>	
	<p>A report was <b>received</b>. In presenting the report, Angharad Higgins highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The following highlights relate to the Quality and Safety Group meeting held on 18<sup>th</sup> April 2023;</li> </ul>	

- The group received a patient story from Mental Health and Learning Disabilities regarding Speech and Language Therapy and the positive impact on a patient through having person-centred care;
- A presentation was also received how the health board to aims reduce harm from pressure damage, an overview of the work underway and priorities for improvement.
- The Health and Safety risks will now be managed by the Health and Safety Operational Group;
- Update from *Patient and Stakeholder Experience Group*; World patient Day was in September. An area of escalation was the recent review of the Wales Fertility Institute and a Gold Command was in place to address the recommendations;
- Update from *Patient Safety and Compliance Group*; there had been an increase of violence and aggression towards staff in community and acute settings: this will be fed into workforce groups for escalation;
- Capacity within the Safeguarding Team had been highlighted as a risk;
- Issues for escalation from *Primary Care Community and Therapies*; they were focusing on managing grade one concerns and putting in a one month pilot in place specifically around nursing care, to manage them as early resolutions;
- The delivery of the Duty of Candour was identified as a risk by the service groups;
- *End of Life Care*; actions within the service group were underway in areas such as improving training compliance and the sharing and recording of Advance and Future Care Planning (A&FCP). Improvements had been seen;
- *Sepsis*; monthly audits of Sepsis compliance now take place;
- *Suicide Prevention*; a 'deep dive' review was provided for Management Board in May 2023. To be placed on the agenda for this committee for July 2023;
- The Quality Governance Review undertaken by internal gained reasonable assurance;

During discussion the following points were raised:

Reena Owen commented that she was pleased to see discussions with the GP Clusters around quality, they were an important part of the health provision and it was important that all of the independent contracts were embedded within the same culture for quality.

In relation to concerns surrounding pressure ulcers, Reena Owen noted the lack of tissue viability nurse at Morriston stating that this was an important post and asked what was being done to address. Gareth

	Howells informed that a bid had been made as part of the IMTP and the Chief Executive was supportive. The challenge was within the bed contract, there were 2 tissue viability nurses within this contract and this was being negotiated. Reena Owen requested feedback on the outcome at later date.	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- <i>Suicide Prevention</i>; a 'deep dive' review to be placed on the agenda for the committee in July 2023;</li> <li>- Gareth Howells to feedback the outcome of the bid for the tissue viability nurse at a future committee;</li> <li>- The report be <b>noted</b>.</li> </ul>	<p><b>KR</b></p> <p><b>GH</b></p>
<b>79/23</b>	<b>EXTERNAL INSPECTIONS</b>	
	<p>Neil Thomas was welcomed the meeting.</p> <p>A report was <b>received</b>.</p> <p>In introducing the report, Neil Thomas highlighted the following key points:</p> <ul style="list-style-type: none"> <li>- One unannounced inspection had been undertaken within a Learning Disabilities service;</li> <li>- An unannounced inspection of the Paediatrics services was undertaken in January 2023, no immediate assurance were required;</li> <li>- The unannounced inspection of the Diagnostic Imaging Department at Morriston was positive, with one point requiring immediate assurance in relation to mandatory training in resuscitation and safe moving and handling training;</li> <li>- A new request to review the mental health discharge arrangements was received from Health Inspectorate Wales in March 2023 and the health board were asked to provide assurance against the Cwm Taf Morgannwg University Health Board action plan following their review;</li> <li>- An unannounced inspection took place in Hafod-Y-Wennol Unit, verbal feedback was provided and no immediate assurances were required;</li> <li>- Notice had been given of an upcoming inspection at Pontardawe Health Centre scheduled for 4<sup>th</sup> July 2023 and the Beacon Centre on the 29<sup>th</sup> June 2023;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The service groups have been reflecting on actions plans within Emergency Department and Paediatrics. Annex 1 had been updated to reflect this;</li> <li>- An update on the improvement plan following the local review of governance arrangements for the provision of healthcare services at HMP Swansea would be provided by the PCTS service group at next committee;</li> <li>- The health board have been asked to contribute to the Care Inspectorate Wales (CIW) Child Protection Rapid Review</li> <li>- Following the national review of consent to examination &amp; treatment standards in NHS Wales undertaken by Welsh Risk Pool, the health board could take reasonable assurance in respect of the processes;</li> <li>- In February 2023, the health board received confirmation of closure of an incident in respect to an unintended radiation exposure;</li> <li>- The Director of Nursing provided a response to a concern raised regarding staffing levels at NPT hospital.</li> </ul> <p>During discussion the following points were raised:</p> <p>Steve Spill asked for some clarification on the concern about unintended radiation exposure. Christine Morrell assured that very robust processes were in place surrounding this. All incidents in relation to exposure i.e. repeat investigations or machine failure were legally necessary to report.</p> <p>In regards to the Human Fertility and Embryology Authority (HEFA) inspection in Fertility services, Reena Owen sought assurance on the action to address the seven non-compliances. Christine Morrell assured that a Gold Command was in place, as well as task and finish groups and additional governance structures for reporting. As part of the conditions of the health board's licence, the actions arising from the review needed to be addressed. Some of which were closed down immediately. Christine Morrell advised she was the lead person responsible for this and reports on progress would come via this committee. A report on progress to be received through the next Neath Port Talbot and Singleton Service Group Report Highlight Report. Christine Morrell to confirm timescales.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- A report on progress of the actions to address the HEFA inspection in Fertility services to be received via the next Neath Port Talbot and Singleton Service Group Report Highlight Report. Christine Morrell to confirm timescales.</li> </ul>	<p><b>PCTSG/ CM</b></p>

	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>80/23</b>	<b>COMMITTEE EFFECTIVENESS SELF ASSESSMENT</b>	
	<p>A report providing an update on the outcome of the self-assessment was received.</p> <p>Hazel Lloyd highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Overall, feedback was positive;</li> <li>- Some areas raised in general comments were; more awareness of site visits. Independent Members are able to join the monthly site visits undertaken by Executive Team or their own arrangements can be made. Another suggestion was to hold Board Development sessions on sites and link in site visits;</li> <li>- Agenda lengths and avoidance of duplication; there had been discussions surrounding a joint work-programme/agenda planning session with Performance and Finance Committee.</li> <li>- Opportunities to visit other Quality and Safety Committees to review best practice from elsewhere;</li> </ul> <p>In discussion of the report, the following points were raised;</p> <p>Members commented that overall it was a positive reflection of the committee. That there has been some disagreement as to whether committee effectiveness should be discussed at the end of every meeting or whether this should take place on a quarterly basis. Members agreed this should be the case and the work programme to be updated to reflect this.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The Committee Effectiveness evaluation should take place on a quarterly basis and the work programme to be updated to reflect this.</li> <li>- The update report be <b>noted</b>.</li> </ul>	<b>HL</b>
<b>81/23</b>	<b>QUALITY AND SAFETY WORK PROGRAMME</b>	
	<p>It was advised that a joint meeting with members of Performance and Finance would be set up to discuss and align both work programmes for 2023-24.</p>	
<b>Resolved:</b>	The work programme was <b>noted</b> .	
<b>82/23</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	

	None.	
<b>83/23</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business, and the meeting was closed.	