

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **26th April 2022** **at 1.30pm via Microsoft Teams**

Present

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

In Attendance

Gareth Howells, Interim Director of Nursing and Patient Experience
Richard Evans, Medical Director
Siân Harrop-Griffiths, Director of Strategy
Christine Morrell, Director of Therapies and Health Science (to minute 99/22)
Hazel Lloyd, Acting Director of Corporate Governance
Scott Howe, Healthcare Inspectorate Wales
Michelle Walters, Healthcare Inspectorate Wales
Sue Evans, Community Health Council
Leah Joseph, Corporate Governance Manager
Hazel Powell, Deputy Director of Nursing (from minute 96/22)
Sara Utley, Audit Wales
Delyth Davies, Head of Nursing for Infection, Prevention and Control (from minute 95/22 to 96/22)
Darren Griffiths, Director of Finance and Performance (from minute 93/22 to 95/22)
Lesley Jenkins, Nurse Director for Neath Port Talbot Hospital and Singleton Hospital (from minute 95/22 to 96/22)
Karl Bishop, Dental Director for Primary, Community and Therapies Services (to minute 93/22)
Sam Page, Head of Primary Care (to minute 93/22)
Claire Lewis, Quality, Safety and Improvement Manager (to minute 93/22)
Jane Phillips, Interim Head of Nursing for Children and Young People (from minute 95/22 to 96/22)
Michelle Davies, Head of Strategic Planning (from minute 99/22 to 101/22)
Angharad Higgins, Head of Quality and Safety
Stephen Jones, Service Group Nurse Director, Mental Health and Learning Disabilities (from minute 101/22)
Chris Scott, Audit Manager, Audit and Assurance Services (from minute 93/22)
Joanne Davies, Directorate Manager for Head and Neck and Urology Services (from minute 96/22 to 98/22)
Neil Thomas, Deputy Head of Risk (from minute 99/22 to 100/22)

Minute No.		Action
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86/22	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting, in particular Emma Woollett. Apologies for absence had been received from Maggie Berry, Independent Member, Inese Robotham, Chief Operating Officer, Anjula Mehta, Medical Director for Primary, Community and Therapies Services, Craige Wilson, Deputy Chief Operating Officer; Brian Owens, Service Director for Primary, Community and Therapies Services; Kate Hannam, Service Director for Morriston Hospital.	
87/22	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
88/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 29 th March 2022 were received and confirmed as a true and accurate record.	
89/22	MATTERS ARISING	
	There were no items raised.	
90/22	ACTION LOG	
Resolved:	The action log was received and noted .	
91/22	WORK PROGRAMME 2022/2023	
Resolved:	The work programme was received and noted .	
92/22	PATIENT STORY: RETURN TO ORIGINAL CARE	
	<p>A story was received which set out the ‘home first’ programme and the aims to streamline processes in place to facilitate safe and timely hospital discharges, as well as taking preventative steps to avoid unnecessary admissions.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Karl Bishop noted that the programme was not unique however virtual wards had helped to assist patients to continue to receive care in the community, instead of a hospital admission. Steve Spill highlighted that the story had been shared at the Regional Partnership Board meeting.</p>	

	<p>Reena Owen queried whether resistance was being received from care homes as different requirements of staffing could be compared between hospital nursing and nursing in care homes. Karl Bishop advised that circumstances varied case-by-case, and positive engagement had been received across the organisation. He noted that appropriate risk management was needed from a Health Board perspective.</p> <p>Emma Woollett highlighted that she chaired the Regional Partnership Board meetings, and queried patient's views around quality, and what should be done to strengthen quality improvements. Gareth Howells reflected that work needed to begin to understand the unique view of all parties, and the Regional Partnership Board had a key role to play in communication to wards.</p> <p>Steve Spill highlighted that the fractured neck of femur numbers were increasing back to the original position and this needed to be monitored.</p>	
Resolved	The patient story was noted .	
93/22	SERVICE GROUP HIGHLIGHT REPORT – PRIMARY, COMMUNITY AND THERAPIES SERVICES	
	<p>The highlight report from the Primary, Community and Therapies Services (PCTS) was received.</p> <p>In introducing the report, Karl Bishop highlighted the following points:</p> <ul style="list-style-type: none"> – PCTS is a diverse group and challenge remains to have the appropriate structures to be assured of the quality and safety of a wide range of services which are disparate in nature; – Risk workshops have been held with the senior management team and risk reporting and management is improving with regular monthly meetings between governance and heads of service to review risk registers; – Incident management has improved with a reduction of open incidents from 777 in January 2022 to a current total of 307 open incidents on the legacy Datix; – Complaints performance reduced in March 2022 due to a variety of factors including the impact of long term sickness and annual leave within the governance team. The impact of annual leave and system reset within the service teams reducing available capacity for investigation and response. – Common complaint themes included waiting times, pain management and facilities; – The move to Datix Cymru brings reporting challenges specific to PCTS due to the diversity of services and the requirement to manage governance within these services. The governance team are working with corporate governance to manage these risks and 	

understand the challenges and opportunities that Datix Cymru will present. Work is progressing to reduce the number of outstanding incidents open on the legacy Datix system in order to reduce the transfer burden to the new system;

- The Healthcare Inspectorate Wales (HIW) final report following their review of HMP Swansea remains outstanding;
- The service group was successful in obtaining their controlled drug license for HMP Swansea and the invoice is due to be paid;
- Health and care standards workshops to be developed and updates incorporated into governance meeting structures for real-time data;
- PCTS quality and safety meetings are ongoing, with reporting mechanisms into Quality and Safety Governance Group;
- New statutory duties under Additional Learning needs and Educational Tribunal (ALNET) Act (Wales) 2018 has been highlighted to the corporate team.

In discussing the report, the following points were raised:

Emma Woollett queried whether the same Datix issues were being seen in primary care settings across other Health Boards. Karl Bishop advised that there was an all-Wales issue as the administration was more difficult, however this was being worked through.

Emma Woollett observed that the quality priorities had been agreed by the Health Board and it was good to receive the update, however more actions were needed to increase the pace of movement. She queried the output and input surrounding the GMS access task and finish group. Sam Page advised that GMS access plays a major role in patient experience, and there had been an increase in complaints and letters, however the Community Health Council (CHC) reviews were helpful to manage issues. The task and finish group was developed to review recommendations and agree action with GP practices to increase patient experience, and once the action plan had been agreed, it would be shared with GP practices for learning. Sue Evans advised that the task and finish group was important as it continually received feedback surrounding access to GP Services and there was a need to share good practice.

Reena Owen was pleased that the quality priorities were working with care homes around falls and sepsis to reduce emergency department presentation as the elderly could deteriorate quickly waiting in ambulances for long periods of time. She queried why 'Ask my GP' was not operating at all times, and whether there was a commitment to roll out to all practices as the system would fail if not operating continuously. Sam Page advised that there was a commitment that all patients would have the access to a digital solution. Swansea Bay University Health Board (SBUHB) was awaiting the new access to standards to convert the commitment into a standard as currently utilisation of the digital platforms

remained choice for GP practices. Work around the consistency of messaging and communication was ongoing around the digital platforms.

Richard Evans advised that the draft of the new access to standards seemed to strengthen messaging around face-to-face appointments. There was learning around the move from no remote access prior to COVID-19, to only remote access within a few weeks through the lockdown periods. He noted that messages from patients would be included in the framework. Reena Owen highlighted the importance of clear messaging to patients of the requirements for GP practices as current messaging was causing confusion.

Reena Owen queried whether any actions had been developed following the poor patient experience prison survey at HMP Swansea. Karl Bishop advised that learning had been taken forward as the interface between SBUHB and HMP Swansea had been revitalised, and both organisations were meeting more regularly and a forum had been developed. The HIW final report was outstanding, however a more robust governance structure was in place with senior leadership involvement. Claire Lewis advised that the initial feedback from the prison would be monitored.

Gareth Howells reflected that it would be interesting and important for context to know the number of people accessing GP services on a daily basis. Sam Page advised that PCTS were not able to access the data easily, however under the new contract agreements, demand and capacity data was due to be shared with PCTS on a monthly basis, and the service group could then provide this information graphically to share with patients.

Sam Page highlighted that SBUHB received funding from Welsh Government for 2021/22 and for the next three years to support additional resource in general practices to manage increased demand. She noted that transformation funding had been secured for targeted support work around diagnostics in therapies which was a positive development for access.

Emma Woollett noted that some aspects to access to care were outside the Health Board's gift however regular updates on the impact on access following the task and finish groups would be helpful.

Steve Spill was concerned around the dental compressor. Darren Griffiths advised that this issue had been rectified and delivery of the new equipment was expected within six to eight weeks.

Steve Spill requested assurance that the PCTS quality and safety reports to Quality and Safety Governance group were including all areas of concern due to the diversity of the service group. Gareth Howells advised that the reports were detailed and gave assurances. He noted that the structure worked well, however work was ongoing to strengthen and enhance the Quality and Safety Governance Group report mechanism.

Steve Spill queried whether the Health Board had authority over the GP's and dental practices around what antibiotics should be prescribed following the increase of antibiotic related infections. Karl Bishop advised

	<p>that there was influence due to the clear reporting structures of what was being prescribed and there was an understanding of the outliers. Sam Page advised that outliers were highlighted that the GMS prescribing group.</p> <p>Reena Owen voiced concerns surrounding the CHC dental report titled 'getting to the root of the problem'. She noted that patients were struggling to get access to NHS dental treatment, and queried the demand and capacity data. Karl Bishop advised that a detailed response had been provided to CHC. He stated that some dental services had been stopped due to Welsh Government protocols in the lockdown periods of the pandemic. He noted that dentist practices remained opened through the COVID-19 pandemic, however flow had severely been impacted. There had been a contract variation and 90% of practices had accepted the variation which focused on needs assessments which were different to the previous contract position. The variation changes came into effect on 1st April 2022, and patients were being encouraged to have 12-monthly check-ups in place of the previous six-monthly check-ups. To date this has improved the flow of patients and had assisted with better access to patients for those in need. Infection, prevention and control guidance had also been changed which assisted with flow within practices.</p> <p>Emma Woollett suggested that the Health Board response to the CHC be shared outside of the committee meeting.</p> <p>Steve Spill suggested that a report on dental access be received at June's Quality and Safety Committee meeting, to include the impact on access from a quality and safety perspective and outcomes following the task and finish group.</p>	<p>SP</p> <p>SP</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - Health Board response to the CHC be shared outside of the committee meeting. - Report on dental access be received at June's Quality and Safety Committee meeting, to include the impact on access from a quality and safety perspective and outcomes following the task and finish group. - The report be noted. 	<p>SP</p> <p>SP</p>
<p>94/22</p>	<p>CHANGE IN AGENDA ORDER</p>	
<p>Resolved:</p>	<p>Item 4.1 to be taken with 3.1 to follow.</p>	
<p>95/22</p>	<p>QUALITY AND SAFETY PERFORMANCE REPORT</p>	
	<p>The quality and safety performance report was received.</p>	

In introducing the report, Darren Griffiths highlighted the following points:

- Between February 2022 and March 2022, the number of staff self-isolating (asymptomatic) increased from 43 to 87 and the number of staff self-isolating (symptomatic) increased from 204 to 326;
- In March 2022, the registered nursing staff group had the largest number of self-isolating staff who are asymptomatic and the “other” staff group were the largest group of symptomatic staff who were isolating which had a material impact on service provision;
- The eight minute release time for red ambulances remained under the 65% target and currently stood at 51.1%;
- One hour ambulances delays to date stood at 437;
- In March 2022, there were 11,084 emergency department attendances, which is 25% more compared to March 2021 and 32.2% more than March 2020;
- Four-hour emergency department waits remained stable at 71% to date;
- Performance against the 12-hour measure deteriorated compared with February 2022, increasing from 1,105 to 1,282. To date this stood at 690;
- In March 2022, there were on average 269 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals. This is the first time a reduction has been seen since December 2021. To date the number stood at 255 which was a modest improvement;
- SBUHB reported 7 Serious Incidents in March and no Never Events were reported;
- March 2022 saw a significant increase in referral figures for elective care;
- March 2022 saw an in-month reduction of 3% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches reduced from 25,522 in February 2022 to 24,728 in March 2022;
- There were 37,820 patients waiting over 36 weeks which is a 0.3% in-month reduction from February 2022. 27,129 of the 37,820 were waiting over 52 weeks in March 2022. There were 13,587 patients waiting over 104 weeks for an appointment, which is a 4% increase from February 2022. Targeted validation work is currently taking place to reduce the number of patients waiting over 52 and 104 weeks with the view to meet the Welsh Government target;
- Challenges remain in endoscopy with 4,198 patients waiting more than 8 weeks for specified diagnostics;
- Strong improvement had been made in imaging diagnostics;

- Podiatry and Speech and language waiting list positions remain on trajectory;
- Currently, 506 patients have an active wait status of more than 63 days for cancer treatment;
- In February 2022, 99% of adult mental health assessments were undertaken within 28 days of referral for patients 18 years and over. 85% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in February 2022;
- 67% of child and adolescent mental health services (CAMHS) therapeutic interventions were started within 28 days following assessment in February 2022.

In discussing the report, the following points were raised:

Steve Spill stated that earlier in the day, Performance and Finance Committee had received a report around ministerial priorities and noted that Welsh Government had requested data around the priorities. He suggested that these measures could be used at committee meetings to measure performance and streamline the performance report. Darren Griffiths noted that Welsh Government published the first wave of ministerial priorities, with the expectation that three further waves would be published in due course. There were performance trajectories related to the priorities for the year, and Welsh Government would be holding executives to account for their responsibilities around parameters. He noted that the measures would assist around performance escalation, but SBUHB was at the beginning of the journey.

Reena Owen voiced concerns around access to CAMHS and Neurodevelopmental Disorder and felt there was insufficient momentum around performance. She queried the position of the business case as the service was crucial for children, and requested assurance around improvements and timescales. Darren Griffiths undertook to confirm the business case position outside of the meeting. He noted that the volume of waits had reduced, but the material effect was not being seen in the performance due to the length of time patients were waiting for assessments.

Emma Woollett agreed with Steve Spill's comments around the performance report, and noted that the report was repetitive as the same graphs were presented at Health Board. She noted that there was a focus on access issues, which, while very important, were not the only quality measure. She queried what SBUHB was doing to ensure quality of care once patients were admitted to wards, despite the known pressures on space and staff. Gareth Howells advised that a report on pressure ulcer performance came to March's Quality and Safety Committee with a focus on care in community services and at home. Pressure damage has been added as a sixth priority for the Health Board on 2022/23, and a Health Board-wide focus on painful wounds was needed. Emma Woollett advised that pressure ulcers had also been recorded in Morriston Hospital and a focus was needed across sites and in the communities.

DG

	<p>Steve Spill noted that the level of vaccinations among children had deteriorated and queried if concerns had been raised. Rickard Evans confirmed that although he was not aware of any concerns, he undertook to discuss levels with the Director of Public Health.</p>	<p>RE</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> – The position of the business case be confirmed outside of the committee meeting. – Deteriorating levels in vaccinations among children to be discussed with the Director of Public Health. – The current Health Board performance against key measures and targets be noted. 	<p>DG</p> <p>RE</p>
<p>95/22</p>	<p>REPORT ON PROGRESS AGAINST THE INFECTION PREVENTION AND CONTROL IMPROVEMENT PLAN</p>	
	<p>A report providing an update on progress against the infection, prevention and control (IPC) improvement plan was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> – The revised IPC 12-month improvement plan was evolving with a focus on seven main areas; – Progress had been made with recruitment into IPC appointments; – The senior strategic role previously titled ‘Assistant Director of Nursing for IPC’ would be absorbed into the Director of IPC role; – A communications strategy was under development which would be launched on the intranet and be included within the Chief Executive’s online blog; – IPC service group support structures have been revised to reflect the current resource and cross-cover, and this has been circulated to all service groups for clarity in relation to the named IPC lead; – The Chief Nursing Officer has requested sight of the SBUHB IPC improvement plan in May 2022. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen was pleased to see the improvement plan and actions, and queried whether the trajectory of the improvement plan would be developed to map progress over the 12 month period. Delyth Davies advised that the trajectory would be monitored on a month-by-month basis from a service group perspective and a Health Board perspective.</p> <p>Reena Owen raised concerns around hand hygiene and basic patient hygiene, and queried whether this would be covered within the plan. She also queried whether audits would take place as basic requirements were fundamental for progress. Delyth Davies advised that there was scope to explore validation around hand hygiene. Sue Evans advised that CHC</p>	

	<p>feedback has been received in a recent report which included -hand washing. Delyth Davies stated that it was good to have independent validation and discussions held at Quality and Safety Committee were fed back to the IPC Committee.</p> <p>Emma Woollett queried whether communication and expectations in relation to IPC was filtered down to ward level. Delyth Davies advised that there was an aim to display data on wards surrounding 'how many days without infection'. Emma Woollett advised that this could be powerful as it would be patient facing and also promote staff to be proud of the wards and areas they work in.</p>	
Resolved:	Progress to date in relation to the Infection Prevention and Control Improvement Plan be noted .	
96/22	CHILDRENS CONTINUING CARE SERVICE FINAL IMPROVEMENT PLAN	
	<p>A report providing an update in relation to the children's continuing care service final improvement plan was received.</p> <p>In introducing the report, Lesley Jenkins and Jane Phillips highlighted the following points:</p> <ul style="list-style-type: none"> - All avenues have been reviewed offering families feedback opportunities for service improvement projects; - Weekly drop-in sessions have been established for health care support workers to review the action plans and engage with staff; - '<i>What's the noise</i>' digital application has been developed to give staff an opportunity to provide feedback on their shifts and this has been positive; - The registered nursing workforce have 'lunch and learn' sessions; - The draft parental agreement remains outstanding and agreed key questions for feedback have been included within the agreement; - Training with the organisational development team around culture and reliance had been postponed due to staffing difficulties, however there was an anticipation that the sessions would be run in September 2022, and new staff would receive the background of the service to ensure mistakes are not made again; - From a leadership perspective, a new manager has been appointed; - There are a number of red actions within the improvement plan however these are linked to key posts detailed within the workforce improvement business case which is being taken through the Business Case Assurance Group (BCAG) on 27th April 2022; 	

- The roles within the business case relate to nurse assessor roles for both physical and learning needs, and lone worker requirements in the twilight shifts;
- The risk score around staffing on the Health Board Risk Register currently stands at 20, but there is an anticipation that the score would reduce once staff commence employment in June 2022;
- Support has been received from the corporate team for strengthen the engagement plan to assist families to be a part of service development going forward.

In discussing the report, the following points were raised:

Steve Spill acknowledged that most of the outstanding actions related to resources, and queried whether there was any resistance from BCAG. Jane Phillips advised that no resistance or pushback had been noted to date.

Gareth Howells stated that BCAG would be discussing risks and mitigation actions at the meeting scheduled for 27th April 2022. Siân Harrop-Griffiths advised that workforce improvement plan had been included in the 2022/23 recovery and sustainability plan, however it was an unfunded priority and there was no funding currently available, however funding could be available via BCAG. Reena Owen was concerned and highlighted that a follow-up was needed following the BCAG meeting.

Steve Spill queried whether the health care support workers were rotated on twilight shifts. Jane Phillips advised that all options had been reviewed, however due to COVID-19 guidelines, small bubbles were created to protect colleagues and families. She noted that families prefer to know the people who provide care for their children. Reena Owen was pleased to see the progress, but highlighted that the twilight shifts can be lonely for individuals and supported the lone working requirements.

Emma Woollett had not appreciated that the workforce issues were not going to be funded as the service was running at 30% vacancies which remained a concern. She queried whether any views had been taken around the structure of the service and merits of splitting the CHC from the nursing perspective to ensure a long-term sustainable service. Gareth Howells advised that a piece of work was being undertaken around the CHC from both adult and child services.

Emma Woollett queried how many of the vacancies resulted from expansion as opposed to vacancies. Jane Phillips advised that there were three areas of concern/ key points for the team: Health Care Support Worker band 4 recruitment; nurse assessor roles and not meeting the learning disabilities standards; and lone working practice in twilight hours. Steve Spill suggested that the item be discussed at the Quality and Safety Committee May agenda planning session.

SS/GH

Resolved:	<ul style="list-style-type: none"> - Outcome of the BCAG workforce improvement business case be discussed at the Quality and Safety Committee’s May agenda planning session. - The key findings of the report be noted. - The updated improvement plan in response to the recommendations, noting that it is evolving as still further engagement with families and staff takes place be noted. 	SS/GH
97/22	ANNUAL REVIEW OF HEALTH AND CARE STANDARDS	
	<p>A report providing the outcome of the annual review of health and care standards was received.</p> <p>In introducing the report, Hazel Powell and Angharad Higgins highlighted the following points:</p> <ul style="list-style-type: none"> - Welsh Government are in the process of reviewing the current health and care standards, and will be replaced by other standards; - There are seven themes that have been scored against: staying healthy; safe care; effective care; dignified care; timely care; individual care; and staff and resources; - The overall scores and process have been affected by the impact of the COVID-19 pandemic; - This year’s self-assessment standards have seen a reduction of six of the scores whilst one of the scores has remained the same; - The service groups have undertaken a quarterly self-assessment which are honest reflections of the workforce and vacancy positions; - Work continues with service groups to strengthen processes, and the self-assessments will be used to lead to improvements. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen reflected that she previously attended a scrutiny panel and found the process helpful to share best practice, and suggested that holistic approaches were embedded.</p> <p>Steve Spill recognised that improvements needed to be made as the majority of themes scored two or three, and queried how SBUHB compared with other Health Boards. Angharad Higgins advised that the self-assessment tools are used as guidance for service groups, and the SBUHB adopts rigorous standards and can justify the levels to Welsh Government.</p>	
Resolved:	The report be approved .	

98/22	CAPACITY AND DEMAND FOR CLEFT LIP AND PALATE PATIENTS	
	<p>A report providing an update in relation to capacity and demand for Cleft, Lip and Palate patients was received.</p> <p>In introducing the report, Joanne Davies highlighted the following points:</p> <ul style="list-style-type: none"> – There was a significant reduction in theatre capacity for both the paediatric and cleft adult service due to the COVID-19 pandemic; – When surgery recommenced, paediatric surgery in Morriston Hospital was allocated three lists a week from mid-October 2020, with eight specialties sharing these lists. The cleft service was receiving on average two lists a month, 40% of their usual surgical capacity. By April 2021 there were 50 paediatric patients and 36 adult patients awaiting surgery; – Discussions were undertaken with the Children’s Hospital for Wales in Cardiff and Vale University Health Board to mitigate the risks associated with delays for paediatrics awaiting cleft surgery, resulting in 11 patients being treated there; – Appropriate non-complex adult patients were treated in Neath Port Talbot Hospital; – Backfill lists were allocated to the service when available, and surgeons operating on adult patients have been job planned; – An additional two paediatric lists per month were allocated to the service resulting in a weekly paediatric list; – Five adult patients were outsourced to St Joseph’s Hospital in Newport. – As a result of the additional capacity described above the paediatric service is now in balance with pre-COVID levels of waiting list numbers and times. The service still has concerns with regard to the backlog of adult cleft patients. <p>In discussing the report, Richard Evans thanked Joanne Davies and the team for their efforts to reduce the waiting lists. He stated that he had previously used the cleft, lip and palate service as an exemplar for harm from nutrition and speech and language perspectives following the effects of COVID-19 restrictions. He noted the importance of the service following the effects on youngsters and was reassured by the progress made.</p>	
Resolved:	The report be noted .	
99/22	EXECUTIVE SUMMARY OF THE QUALITY AND SAFETY GOVERNANCE GROUP	
	The executive summary of the Quality and Safety Governance Group (QSGG) was received .	

	<p>In introducing the report, Hazel Powell highlighted the following points:</p> <ul style="list-style-type: none"> – The QSGG structures and report mechanisms are being revised for a clear focus of quality and safety, mitigation and timescales; – Service groups have been asked to give assurance around the risk to reply to concerns within 30 days; – The audit programmes have been restarted, and this includes the quality assurance corporate visits. The corporate team welcome committee member participation in the visits; – Access to NHS dental treatment remains an issue, and the CHC report titled ‘getting to the root of the problem’ had been included in the appendices; – Appendix 3 provided details of the updated more robust mechanism for managing CHC reports and the current status of responses to CHC reports. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen found the new format of the report helpful. She queried whether responding to the CHC within three weeks was manageable. Gareth Howells advised that Siân Harrop-Griffiths had reviewed the process for accountability measures, and work was ongoing and would be brought back to the meeting once the cycle had closed.</p> <p>Reena Owen highlighted that SBUHB’s response had been agreed outside of the Quality and Safety committee, and queried information surrounding demand for NHS dental services. She wondered as waiting lists were full, how many people were waiting for a place on the waiting lists. Gareth Howells suggested a specific deep dive on dentistry services at May’s Quality and Safety Committee for committee members to gain assurance.</p> <p>Emma Woollett noted the importance to not share reports or responses unless they have been through the Quality and Safety Committee. She complimented the format of the report and the patient experience element included and she raised concerns that PCTS had not provided a written report to QSGG. Angharad Higgins advised that the PCTS report had been received retrospectively, and there had been difficulties from a workforce perspective to provide the report. She assured committee members that PCTS had robust approach to quality governance.</p> <p>Steve Spill liked the report and queried whether it was taken through Management Board. Gareth Howells advised that the report is taken through Management Board for interrogation and discussion.</p> <p>Steve Spill noted that developments of QSGG would be interesting, and queried whether unannounced visits would be taking place. Angharad Howells stated that unannounced visits were ongoing and a plan was in place to restart the CHC visits. Hazel Powell advised that the corporate nursing team were linking with the patient experience team and service groups to ensure visits were taking place.</p>	KB
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Resolved:	<ul style="list-style-type: none"> – Deep dive report surrounding access to NHS Dental treatment to include capacity and demand data and to provide assurance on how data is being captured relating to patients waiting for a place on the NHS waiting list. – The contents of the overview report of the QSGG meeting of 4th April 2022 be noted. 	KB
100/22	RISK MANAGEMENT REPORT – QUALITY AND SAFETY RISKS	
	<p>The risk management report detailing the quality and safety risks was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> – The Health Board Risk Register (HBRR) was last presented to the Health Board in March 2022. The Board endorsed continuation of the risk appetite score level of 20, but agreed to explore the adoption of a more nuanced approach in future. A future approach to expressing & using risk appetite is being developed; – Risk entries have been circulated for review and update by executive directors and their nominated senior management leads; – HBRR currently contains 40 risks. Fourteen of these are assigned to the Quality and Safety Committee for oversight, 10 of which are at or above the Health Board’s current risk appetite score of 20. Five further risks are overseen by other committees; – Discussions were ongoing surrounding the risks from the COVID-19 risk register and how the risks and mitigating actions would continue to be monitored. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett expressed some concern that many risks were related to maternity services. Gareth Howells advised that the risks were not necessarily related to quality and standards of care. Daily discussions were ongoing surrounding staffing levels and bank and agency staff had been utilised to support services. He highlighted that a maternity and neonatal desktop review had been planned, and the terms of reference for the review needed to be approved. He shared the concern, however mitigation action was in place along with continuous reviews of staffing levels.</p> <p>Steve Spill noted that four best interest assessors had been recruited following funding from Welsh Government, and queried whether they now were in place. Neil Thomas agreed to review and respond to Steve Spill outside of the committee meeting. Gareth Howells advised that SBUHB was an outlier, and a report was being taken through May’s Mental Health Legislation Committee. He highlighted that although the positions had been funded, they would need to be reviewed on an annual basis.</p>	NT

	<p>Steve Spill queried whether Parkway Clinic related to risk 61 was a private provider. Neil Thomas advised that the clinic was an offsite, private provider which included administering general anaesthesia to patients. SBUHB is trying to move the service onsite by May 2022 to decrease the risks to patients.</p> <p>Steve Spill requested assurance around risk 63 Screening for Fetal Growth Assessment in line with Gap-Grow, as sonography timescales as they expired the first week of April 2022. Neil Thomas undertook to confirm outside of the meeting.</p>	NT
Resolved:	<ul style="list-style-type: none"> – Updates around best interest assessor start date be confirmed to the Chair outside of the committee meeting. – Sonography timescales to be confirmed to the Chair outside of the committee meeting. – The updates to the HBRR relating to risks assigned to the Quality and Safety Committee be noted. 	NT NT
101/22	SUPPORTING PATIENTS' WELLBEING ON WAITING LISTS	
	<p>A report on additional funding and resource to support patients' wellbeing on waiting lists was received.</p> <p>In introducing the report, Michelle Davies highlighted the following points:</p> <ul style="list-style-type: none"> – In 2021/22, non-recurrent funds were utilised however to was difficult to get processes in place and spend was minimal. – Welsh Government issued messaging to SBUHB that support for patients on waiting lists was to be included in the Health Board's 2022/23 recovery and sustainability plan, and this has been detailed as a priority; – The clinical teams and the GP's are strong ambassadors for prehabilitation; – A business case was being submitted to BCAG recommending increasing the service to offer 240 new appointments for hips and 1900 prehabilitation places within expanded exercise and lifestyle programme service which aimed at waiting list knee and hip arthroplasty patients. Benefits analysis work has been ongoing, and the final report was scheduled to be taken to BCAG in May 2022; – A prehabilitation business case has been prepared by the clinical lead and service improvement colleagues for those patients suspected of cancer, and Management Board will consider the implementation of an integrated prehabilitation pathway. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen was supportive of the resource spend, but queried whether a long-term solution was in place to ensure longevity. Michelle Davies</p>	

	<p>advised that ongoing support has been received from GP's around the exercise and lifestyle programme service.</p> <p>Reena Owen queried the role the British Red Cross would provide to patients. Michelle Davies advised that the British Red Cross position remains in the procurement stage and the specification could be shared outside of the meeting. The British Red Cross would provide support in health and wellbeing, but also be a sign posting service for patients.</p> <p>Emma Woollett suggested that a review of the success of implementation and outputs take place quickly to ensure the interventions are supportive to the different groups of patients. Michelle Davies acknowledged that access points need to be managed to provide a suite of options for patients. She noted that the British Red Cross would need to be managed and a toolkit would need to be provided for them to work through. She highlighted the importance of patients not being cold-called, but offer the sign posting service as part of the package, and she would feedback comments to the team.</p> <p>Emma Woollett highlighted that communication and messaging would be important for patients to understand where they are placed on the list and when they should expect to be listed for an appointment. Michelle Davies stated that a 'point in time' dashboard for PCTS was being developed to enable patients to make decisions surrounding whether private care could benefit them.</p> <p>Steve Spill noted that the project was developing and suggested an update report to include communications and initial patient feedback be taken through July's Quality and Safety Committee meeting.</p>	MD
Resolved:	<ul style="list-style-type: none"> - An update report on the allocation of funds to support long waiters be received at July's Quality and Safety Committee to include communication to patients and initial patient feedback. - The work undertaken to date to develop services to support patients waiting in 2021/22 be noted. - The future plans to develop and scale these schemes up in 2022/23 be noted. 	MD
102/22	UPCOMING LAUNCH OF OLDER PERSON AND DEMENTIA CHARTERS	
	<p>A report providing an update on the upcoming launch of the older person and dementia charters was received.</p> <p>In introducing the report, Stephen Jones highlighted the following points:</p> <ul style="list-style-type: none"> - The dementia charter forms a component of the dementia action plan for Wales; 	

	<ul style="list-style-type: none"> – There had been delays with implementation and discussions were ongoing with Public Health Wales, Improvement Cymru, and the West Glamorgan Regional Partnership; – The launch of the Dementia Friendly Hospital Charter on 6th April 2022 was a success; – The good work had been recognised at the launch and seven pilot areas have been chosen which will focus on implementing care around values, individuals, perspectives and social. <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells highlighted that good work had taken place around dementia care and the dementia charter, and noted that comparison with the Andrews report was ongoing to ensure lessons had been learned.</p> <p>Emma Woollett commented that it was good to receive the report. Steve Spill requested an update report on three months following the implementation.</p>	GH
Resolved:	<ul style="list-style-type: none"> – A report surrounding the implementation of the Dementia Charter be received in July 2022 and an update on Older People’s Charter to be included. – The report be noted. 	GH
103/22	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items referred to other committees.	
104/22	ANY OTHER BUSINESS	
	There were no items raised.	
105/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 24 th May 2022.	