

## Swansea Bay University Health Board

**Unconfirmed**

### Minutes of the Meeting of the Quality and Safety Committee 23<sup>rd</sup> March 2021 at 1.30pm via Microsoft Teams

#### **Present**

Martyn Waygood, Independent Member, (in the chair)  
Nuria Zolle, Independent Member  
Maggie Berry, Independent Member  
Reena Owen, Independent Member  
Jackie Davies, Independent Member

#### **In Attendance**

Christine Williams, Interim Director of Nursing and Patient Experience  
Nigel Downes, Head of Quality and Safety  
Lisa Hinton, Assistant Director of Nursing, Infection Prevention and Control (minute 54/21)  
Richard Evans, Medical Director  
Sian Harrop-Griffiths, Director of Strategy (to minute 56/21)  
Leah Joseph, Corporate Governance Officer  
Pam Wenger, Director of Corporate Governance  
Hazel Lloyd, Head of Patient Experience  
Darren Griffiths, Interim Director of Finance (from minute 55/21 to 56/21)  
Christine Morrell, Interim Director of Therapies and Health Science  
Scott Howe, Healthcare Inspectorate Wales  
Kirsty Lagdon, Healthcare Inspectorate Wales (to 57/21)  
Wendy Lloyd-Davies, Community Health Council  
Prue Thimbleby, Arts in Health coordinator (to minute 48/21)  
Victoria Owens, Consultant Midwife (to minute 48/21)  
Delyth Brushett, Audit Wales

Minute No.		Action
48/21	<b>PATIENT STORY: AMY'S STORY</b>	
	<p>A story was <b>received</b> which set out the experience of Amy's ante-natal journey. The story highlighted the importance of women having the opportunity to make decisions surrounding their birth, in this case Amy had declined an induction. With the support of the Consultant Midwife, Amy was able to make a fully informed decision and was provided with reassurance and facts surrounding the possible options available to her.</p> <p>In discussing the patient story, the following points were raised:</p>	

	<p>Martyn Waygood passed his thanks onto Amy and Tim for sharing their story. Prue Thimbleby advised that Victoria Owens was the Consultant Midwife who supported Amy. Victoria Owens highlighted the importance of hearing women's voices to shape the service provided and there is work ongoing to improve the engagement strategy. She thanked the committee for the opportunity to share the story and added that the vision for maternity services in Wales is women and family centered.</p> <p>Reena Owen was encouraged by the story and stated that there is a natural assumption that clinicians know best, however it is good that the choice of options are available.</p>	
<b>49/21</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	<p>The chair welcomed everyone to the meeting. The following apologies were noted: Chris White, Chief Operating Officer/ Director of Therapies and Health Science.</p> <p>The chair highlighted that late papers were submitted this month which added pressure to the support team. The chair requested that going forward unless there is an extremely good reason for the papers being late for submission papers would be deferred to the following monthly meeting.</p>	
<b>50/21</b>	<b>DECLARATION OF INTERESTS</b>	
	Reena Owen declared an interest in item 3.2 'rationale behind the five quality priorities for the annual plan'.	
<b>51/21</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
<b>Resolved:</b>	The minutes of the main meeting held on 23 <sup>rd</sup> February 2021 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>52/21</b>	<b>MATTERS ARISING</b>	
	There were no matters arising raised.	
<b>53/21</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b>. Martyn Waygood confirmed that he would discuss the workshop outside of the meeting with Pam Wenger and Christine Williams.</p> <p>Martyn Waygood noted that the work programme was not available due to the work ongoing on the rationale behind the five quality priorities for the annual plan.</p>	

<b>Resolved:</b>	The action log was <b>noted</b> .	
<b>54/21</b>	<b>INFECTION PREVENTION AND CONTROL</b>	
	<p>A report providing an update in relation to infection prevention and control (IPC) was <b>received</b>.</p> <p>In introducing the report, Lisa Hinton highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Health Board performance against all Tier 1 infection reduction goals for 2020/21 remains a challenge, although there has been improvement in relation to year-on-year comparisons in Staph. aureus, E. coli and Pseudomonas aeruginosa bacteraemia cases;</li> <li>– C.Difficile cases have increased year-on-year by 14%, and a 23% increase in bacteraemia caused by Klebsiella;</li> <li>– There is key-targeted work ongoing within the Primary Community Care Service (PCCS) and pharmacies to understand issues and make improvements surrounding antimicrobial prescribing;</li> <li>– The COVID position is challenging but there are improvements being made. The health board outbreak group continues to meet, and there are currently seven outbreak areas in Morriston Hospital and two in Singleton Hospital. There are no outbreaks in Neath Port Talbot Hospital or the Mental Health and Learning Disabilities Service;</li> <li>– Influenza and Norovirus positive cases are incredibly low. The amount of patients that were screened were similar to last year. There have been two cases of Influenza detected from more than 16,000 tests and five Norovirus from more than 3000 tests;</li> <li>– Care home commissioners have jointly funded an IPC Senior Nurse for care home and domiciliary care for 12 months. This post will commence in April 2021, with an initial focus on reviewing and provision of IPC training. The post-holder will work with the Long Term Care Team and with relevant Local Authority teams.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry was pleased to see the implementation of an IPC Senior Nurse but queried if there is scope for a review in six months to possibly continue the role on a permanent basis. Lisa Hinton advised that benchmarking would take place over the first few weeks, with a review taking place every three months thereafter.</p> <p>Maggie Berry noted that some targets detailed within the report had been postponed due to the COVID-19 pandemic and queried whether timescales could be provided for completion in the next report. Lisa Hinton advised that some actions are outside of her gift to control,</p>	

	<p>however the actions remain on the agenda and would welcome momentum from colleagues on the IPC dashboard.</p> <p>Christine Williams advised that IPC is a key priority within the Quality and Safety priorities for 2021/22, and progression and improvements of targets will be taken from digital through to resources for care homes.</p> <p>Nuria Zolle found the learning from outbreaks reassuring and queried if there were any developments or changes to the outbreaks of COVID-19 across sites. Lisa Hinton advised that the COVID-19 pathways are easier to manage and a behavioral review aspect outside of clinical areas is due to take place. There are root cause analyses ongoing along with a scrutiny panel reviewing lessons following deaths from COVID-19.</p> <p>Christine Williams advised that there is an All Wales process for nosocomial infections. The outbreaks in the second wave of the pandemic were different from the first wave. She added that many patients entered hospital sites asymptomatic, and as such practices were amended and learning taken forward.</p> <p>Lisa Hinton advised that screening patients for COVID-19 had increased which included on admission screening and day 3/5 screening for inpatients. Screening has also increased for orthopaedic patients following an outbreak.</p> <p>Reena Owen queried if there were lessons learned from other health boards. Lisa Hinton advised that Swansea Bay University Health Board (SBUHB) compares well against other health boards' performance and SBUHB will see progress through the improvement group.</p> <p>Wendy Lloyd-Davies queried the COVID-19 health and social care vaccination data. Sian Harrop-Griffiths will share the daily vaccination brief with Wendy Lloyd-Davies outside of the meeting. Sian Harrop-Griffiths confirmed that 89% of health and social care staff have received the first vaccination dose and 74% have received their second vaccination dose.</p> <p>Martyn Waygood noted the link and ongoing issues between lebsiella and antimicrobial prescribing in PCCS. Lisa Hinton advised that general practices are adjusting their processes in line with PCCS and pharmacies.</p> <p>Richard Evans informed committee members that klebsiella is a bug associated with intravenous lines that have been in place for some time, which can often include babies and patients in the intensive therapy unit. The infection is usually hospital acquired, however some healthcare acquired infections are difficult to interpret but the principle is remains. Electronic prescribing is being worked through and educational content is being shared following active conversations with cluster leads.</p>	
<p><b>Resolved:</b></p>	<p>The progress against healthcare associated infection priorities up to 28<sup>th</sup> February 2021 was <b>noted</b>.</p>	

55/21	<p><b>RATIONALE BEHIND THE FIVE QUALITY PRIORITIES FOR THE ANNUAL PLAN</b></p>
	<p>A report on the rationale behind the five quality priorities for the annual plan was <b>received</b>.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Following a quality priorities workshop held with stakeholders from across all service groups and corporate teams, the priorities were decided as: Suicide Prevention; Falls Prevention; Sepsis; Infection Prevention and Control – healthcare acquired infections and; End of Life Care for Adults.</li> <li>– The quality priorities were reviewed, discussed and refined at the Senior Leadership Team on 3<sup>rd</sup> March 2021 and 17<sup>th</sup> March 2021;</li> <li>– These priority programmes will be developed alongside Fractured Neck of Femur, Local Safety standards for Invasive Procedures, Transcatheter Aortic Valve Implantation, and reduced medication errors through electronic prescribing and increased adherence to NICE guidelines.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Christine Williams highlighted that the priorities had been discussed in detail and clinical engagement had been incorporated. A further revision will be submitted to the Board.</p> <p>Nuria Zolle highlighted that SBUHB needs to work with partners and stakeholders surrounding suicide prevention. She was pleased to see end of life was a quality priority and mentioned overtreatment towards the end of life journey.</p> <p>Reena Owen agreed with the five quality priorities, but queried the outcome of the analysis in the multidisciplinary review preventative measures and whether there is a mechanism to highlight early intervention strategies. Christine Williams advised that a multiagency action group is developing key measures to reduce the number of suicides in the high-risk 18-28 age group, with training and education being provided to staff who have contact with the age group.</p> <p>Reena Owen queried the community falls rates. Christine Williams advised that discussions in PCCS are ongoing to review improvement areas with the frail and elderly being built into the plan.</p> <p>Reena Owen stated that SBUHB must not lose focus on sepsis and that resource momentum was needed to enable data collection and effective reporting. Christine Williams agreed that there was a lack of sepsis data and resource requirements had been identified for a project lead to deliver clinical ongoing education and data collection.</p> <p>Reena Owen noted that although the health board has a duty of care in the end of life journey, there should be an escalation process in place to return patients to their home to die in the comfort of their own</p>

	<p>environment. Richard Evans highlighted that there are challenges in end of life care and COVID-19 has shone a light on a number of areas that need to be worked through.</p> <p>Martyn Waygood informed the committee that the Ospreys in the Committee Board is working with local rugby clubs on early identification and intervention surrounding suicides following funding from Welsh Government. He confirmed that he would discuss this further with Nigel Downes outside of this meeting.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>56/21</b>	<b>PERFORMANCE REPORT</b>	
	<p>The Performance Report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>– 1,207 positive cases of COVID-19 were recorded in February 2021 which brought the cumulative total to 30,036 in SBUHB since March 2020;</li> <li>– 256 staff members are currently isolating;</li> <li>– Ambulance response times in February significantly improved to 70.4% and March performance is currently 72%;</li> <li>– SBUHB’s performance against the 4 hour measure deteriorated from 76.83% in January 2021 to 71.25% in February 2021;</li> <li>– In February 2021, performance against patients waiting over 12 hours improved compared with January 2021, reducing from 570 to 220;</li> <li>– There were on average 115 patients who were deemed medically fit for discharge (MFFD) but were still occupying a bed;</li> <li>– The number of falls reported via Datix was 177 in February 2021;</li> <li>– The planned care system has changed and the referrals have started to pick back up;</li> <li>– Diagnostics and therapies have improving trajectories;</li> <li>– In February 2021, 57,458 patients were waiting for a follow-up past their target date. This is an in-month increase of 0.3%. Of the 57,458 delayed follow-ups in February 2021, 9,357 had appointment dates and 48,101 were still waiting for an appointment;</li> <li>– A substantive update report is due at April’s Performance and Finance Committee on Neurodevelopmental Disorder performance.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Jackie Davies highlighted that April/ May 2020 MFFD rates were low and queried what was successful at that point in time. Darren Griffiths advised that collective partnership work around mobilising patients to different areas to prepare for the first wave of COVID-19 was successful. There is learning to be taken around partnership response with options being reviewed, including Bonymaen House. Christine Williams stated that a point prevalence study is being undertaken with the Local Authority following the outcome of the second wave. The majority of MFFD patients are waiting for care homes and there is a need to review the type of care home beds available to patients, including work around re-enabling beds in Neath Port Talbot, Gorseinon and Bon-y-maen. A review of 'Hospital 2 Home' has taken place.</p> <p>Maggie Berry noted the Serious Incident (SI) closure breaches, the decrease in child and adolescent mental health service (CAMHS) statistics and pressure ulcer numbers have increased. Christine Williams advised that the SI closures are not meeting the target, however the complaints team have met with delivery groups, including MHL and some delays relate to staff redeployment and delays in clinical staff reviewing the SI. Christine Williams highlighted that there has been a sharp increase in pressure ulcers recorded and this has been directly linked to the availability of staff throughout October, November and December. She confirmed that improvement groups are focussing on pressure ulcers and falls.</p> <p>Darren Griffiths advised that in CAMHS there was a specific workforce group affected by a COVID-19 outbreak during January 2021, and the service is continuing but it is not delivering on access times.</p> <p>Jackie Davies noted that Singleton Hospital's friends and family feedback was good and queried if the ward liaison roles assisted with the figures. Christine Williams advised that initiatives have been taken within delivery groups whereby staff who have had to shield have virtually supported wards. She highlighted the need to review data surrounding sickness in Neath Port Talbot Hospital to highlight correlation between the low levels around friends and family feedback.</p> <p>Hazel Lloyd advised that there is an expectation to replicate the success of Singleton Hospital's feedback across all delivery groups. She highlighted that the option 'neither' and 'do not know' on the forms affects the data and there has been sickness within the Patient Advice Liaison Service department at Morriston Hospital.</p>	
<b>Resolved:</b>	The current health board performance against key measures and targets was <b>noted</b> .	
<b>57/21</b>	<b>PATIENT EXPERIENCE REPORT</b>	

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

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

- ‘Once for Wales’ and Civica’ will be going live on 1<sup>st</sup> April 2021;
- 242 complaints were recorded in January, and 89 enquires surrounding COVID-19 were received in February;
- A Concerns and Redress Assurance meeting was held with the MHLU Unit on 9th February 2021 and was attended by the Unit Nurse Director. The review was positive and the new restructure was discussed;
- Two members of staff are to receive intensive training on SI reporting;
- The Healthcare Inspectorate Wales (HIW) Tier 1 quality check originally scheduled for 8 December 2020, has been rescheduled and will take place on 17 March 2021 at Morriston Hospital.

In discussing the report, the following points were raised:

Nuria Zolle was content that the ‘neither’ and ‘do not know’ scoring options are being reviewed. Hazel Lloyd advised that a discussion took place at Quality and Safety Governance Group (QSGG) regarding communication and it was agreed that a task and finish group would be established to analyse complaints and understand priority areas.

Richard Evans noted that communication covers tone, promptness of a reply and the type of reply, and the approach to this issue via QSGG is appropriate.

Reena Owen stated that protocols around communication are not as sharp as they should be and confirmed she was happy to be involved to support the work as an Independent Member.

Jackie Davies queried if the Nursing and Midwifery Council (NMC) referrals were sent directly from patients and relatives. Hazel Lloyd confirmed they were direct complaints to the NMC from patients and relatives.

Wendy Lloyd-Davies noted that it was good see bespoke communication training for staff, but she hoped all staff were included in these sessions. She added that the starting paragraphs of complaints were often not appropriate. Hazel Lloyd advised that communication and inquest training is being provided at all levels.

Maggie Berry commented that it would be good for complaint responses to be standardised, and it would be helpful to see timescales for actions on the HIW action plan. Martyn Waygood noted that it would be good to see the number of actions completed on the action plan. Hazel Lloyd confirmed that she would include and incorporate the HIW audits into this report going forward.



	<p>Pam Wenger reflected on the possibility of having service groups attending the Quality and Safety Committee to account for the outstanding actions. Christine Williams and Pam Wenger will discuss outside of the meeting.</p> <p>Pam Wenger highlighted that previously community health council (CHC) visits were brought through the committee for information. Wendy Lloyd-Davies advised that currently the CHC is not undertaking visits due to the COVID-19 pandemic, however questionnaires had been issued and the outcomes could be shared with committee members. Pam Wenger, Christine Williams and Martyn Waygood will have a discussion outside of the meeting surrounding the best approach to circulate the information from the CHC.</p>	<b>PW</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- A discussion to take place regarding service groups attending the Quality and Safety Committee to account for the outstanding actions.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b>PW</b>
<b>58/21</b>	<b>QUALITY AND SAFETY GOVERNANCE GROUP</b>	
	<p>A report providing an update from the Quality and Safety Governance Group (QSGG) was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen felt the report lacked detail for her to be appropriately assured of the actions taken.</p> <p>Pam Wenger advised that ‘escalation’ can be interpreted that the committee needs to take action, when many issues detailed within the report are for noting. She is happy to be involved in developing this further. Martyn Waygood agreed with committee members’ comments and was willing to assist the team further if needed.</p> <p>Nuria Zolle welcomed further detail surrounding the prison service at HMP Swansea. Wendy Lloyd-Davies advised that the CHC visited approximately two years ago and a report was brought to the committee. She queried if the controlled drug supply to HMP Swansea delayed medication to residents. Pam Wenger advised that there was no impact to residents and the issue is now resolved as SBUHB have applied for a controlled drug supply license.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>59/21</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items to refer to other committees.	

<b>60/21</b>	<b>ANY OTHER BUSINESS</b>	
	<p>i. <u>Healthcare Standards update</u></p> <p>Nigel Downes advised that the report is progressing and should conclude in the middle of April 2021.</p>	
<b>61/21</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 27 <sup>th</sup> April 2021.	