

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 26th January 2021 at 1.30pm via Microsoft Teams

Present

Martyn Waygood, Independent Member (in the chair)
Stephen Spill, Vice Chair
Maggie Berry, Independent Member
Nuria Zolle, 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 08/21)
Richard Evans, Medical Director (from minute 10/21)
Leah Joseph, Corporate Governance Officer
Pam Wenger, Director of Corporate Governance
Kirsty Lagdon, Healthcare Inspectorate Wales
Hazel Lloyd, Head of Patient Experience
Darren Griffiths, Interim Director of Finance (to minute 10/21)

Minute No.		Action
01/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Carol Mosley, Audit Wales; Scott Howe, Healthcare Inspectorate Wales; Chris White, Chief Operating Officer/ Director of Therapies and Health Science; Siân Harrop-Griffiths, Director of Strategy.	
02/21	DECLARATION OF INTERESTS	
	Reena Owen declared an interest in item 3.4 Patient Experience Report.	
03/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the main meeting held on 15 th December 2020 were received and confirmed as a true and accurate record.	

04/21	MATTERS ARISING	
Resolved:	<p>i. <u>12/20 and 242/20 Morriston Hospital's Accident and Emergency Department Environment</u></p> <p>Reena Owen queried if there was a provisional date for the next Healthcare Inspectorate Wales (HIW) visit to Morriston Hospital's Emergency Department (ED). Both Nigel Downes and Hazel Lloyd confirmed that no date had been set for the next HIW visit. Christine Williams advised that the majority of actions from the previous visit had been completed and a Quality Assurance Review was completed using the framework. The few actions that remain outstanding are in relation to the environment and training, with the COVID-19 pandemic limiting completion of the actions. Pam Wenger suggested that an update is brought to February's Quality and Safety Committee. Pam Wenger informed committee members that HIW have revised their approach on visits to hospital sites. Kirsty Lagdon stated that HIW are currently not undertaking non-routine checks in light of the COVID-19 pandemic restrictions.</p>	ND
Resolved:	Quality and Safety Committee to receive an update report on Morriston Hospital's Action Plan in response to the HIW review in February.	ND
05/21	ACTION LOG	
	<p>The action log was received and the following updates provided:</p> <p>(i) <u>272/20 Violence and Aggression</u></p> <p>Nigel Downes highlighted that violence and aggression levels have steadied across the service groups, however, there have been challenges at Morriston Hospital's Emergency Department throughout the COVID-19 pandemic and work is underway to install surveillance cameras.</p> <p>(ii) <u>272/20 Nursing and Midwifery Concerns</u></p> <p>Nigel Downes noted that there had been increased concerns raised via social media platforms in respect of visits within midwifery. The Head of Midwifery has assured that government guidance is being followed in respect of one partner attending scans, anomaly scans and births.</p>	
Resolved:	The action log was noted .	
06/21	CHAIR'S BRIEF	
	A verbal update was received from Martyn Waygood which confirmed that following Welsh Government's original letter in March 2020 which	

	<p>provided quality and safety committee guidance on matters to be considered, the Chair and Chief Executive of Swansea Bay University Health Board (SBUHB) are in discussions regarding the approach to future committees. Once the dialogue has taken place, lead executives and chairs of committees will be informed of the decisions made. Pam Wenger advised that the Chief Executive is keen to meet with lead executives to discuss the guidance list, along with a discussion with independent members to understand the priorities for ongoing work programmes.</p> <p>Pam Wenger provided an update following a recent meeting with Audit Wales on the quality and safety governance review. The work will begin over the next few months on operational quality and safety arrangements and corporate arrangements. Audit Wales will be linking in with Service Directors.</p>	
07/21	WORK PROGRAMME 2019-20	
	The work programme was received and noted .	
08/21	INFECTION PREVENTION AND CONTROL	
	<p>A report providing an update in relation to infection prevention and control (IPC) was received.</p> <p>In introducing the report, Lisa Hinton highlighted the following points:</p> <ul style="list-style-type: none"> – 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; – C.difficile cases have increased year-on-year by 29%, however there has been a significant decline since August 2020; – Deep dive work is underway to make improvements following a 14% increase of incidence of the bacteraemia Klebsiella; – The IPC team are supporting the vaccination roll out, and also supporting the COVID-19 response in care homes and delivery groups; – Influenza and Norovirus cases are low across sites. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies was pleased the report acknowledged that reduction initiatives had historically been compromised by over-crowding on wards, which increased the use of pre-emptive beds. She queried whether lateral flow twice-weekly staff testing was taking place. Lisa Hinton advised that in some key areas, this had been piloted, and the lateral flow devices are increasing as the pandemic is worked through. She highlighted that a sound strategy for dealing with Nosocomial</p>	

	<p>transmissions has been set up, and staff are tested as part of the risk assessment on outbreak wards.</p> <p>Maggie Berry noted that a report is going to April's Health and Safety Committee on air exchange rates within a hospital setting.</p> <p>Nuria Zolle queried whether there are plans to revisit the local interpretation on the personal protective equipment (PPE) guidance. Lisa Hinton noted that the guidance for PPE remains the same for the new variant following the national government guidance being republished last week. She added that in November 2020, COVID Gold approved the implementation of visors being used within high-risk areas, even though the guidance did not require this. She advised that use of visors was implemented in November and as such, SBUHB has taken reasonable steps to ensure staff are protected.</p> <p>Martyn Waygood noted that the Chief Executive is going to review SBUHB's C.difficile position, however since August the rates have decreased.</p> <p>Lisa Hinton noted that a report was recently received from Public Health Wales, which indicates that there was an increase in relation to antimicrobial prescribing from the first wave and this may therefore be seen following the second wave of COVID-19. She informed committee members that cleaning on sites had been increased and improvements are being seen following the ongoing work.</p>	
Resolved:	The report was noted .	
09/21	NURSE STAFFING LEVELS (WALES) ACT 2016 INTERNAL AUDIT REPORT	
	<p>The final Nursing Staffing Levels Act (NSA) Internal Audit Report was received.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The audit review undertaken in early 2019/20 provided 'reasonable assurance'. The 2020/21 internal follow up audit review reported significant progress made and the review provided 'substantial assurance'. - All actions were being implemented prior to the follow up audit review. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen commented that the report was assurance against the audit review findings. She queried how well SBUHB is complying with the NSA levels. Christine Williams advised that the NSA levels apply to acute surgical and medical wards. Currently, all surgical and medical</p>	

	<p>wards are within their core establishment of staffing. The process is reviewed twice a year and reported to the Nursing and Midwifery Board. SBUHB had difficulties in recruiting into posts, however mitigating action is taken in relation to the level of risk to provide safe care. The temporary nursing workforce are utilised and the number of vacancies is currently in a better position than previously. There are vacancy recruitment programmes ongoing and the vacancies currently stand at 250. Staff have been redeployed from non-clinical areas to support the pandemic efforts. Care homes pose a further risk, with 14 care homes needing support. The long-term care team is being back filled as a taskforce to provide assistance in care homes.</p> <p>Jackie Davies commented that action four which related to reporting, should remain open for a while. She queried whether the new 'Allocate' system would assist with NSA level reporting. Christine Williams advised that 'Allocate' would be used to develop a solution on an All Wales basis.</p>	
10/21	PERFORMANCE REPORT	
	<p>The Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> – During December 2020, there were 11,972 positive COVID cases recorded, with 250 patients being treated in hospital for COVID; – Number of staff isolating reducing to 411; – Ambulance response times dipped significantly to 54.1% in December 2020, however the level returned to 65%. A detailed assessment will be taken through the Performance and Finance Committee; – There were 510 ambulance to hospital handovers taking longer than one hour in December 2020. This is a reduction from 868 in December 2019, but an in-month increase from November 2020; – The data reflects that throughout November and December, patients were using alternative aspects of care which included the Minor Injury Unit instead of ED; – COVID has changed the system dynamic of ED. There have been fewer attendances; however, in light of the difficult circumstances the service is slower; – The number of serious incidents were lower in December 2020 and there were no new Never Events reported; – The dynamic of the planned care list is changing and work is ongoing to support the response. The number of patients waiting over 26 weeks for a first outpatient appointment remains a challenge; 	

	<p>– The single cancer pathway data has been included within the report for the first time.</p> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried the Ophthalmology position. Darren Griffiths advised that currently there are 9000 patients on the waiting list, which is being managed by clinicians along with the risk; however, there is a need to monitor this service closely. Fortunately, there is a standalone facility for Ophthalmology at Singleton Hospital.</p> <p>Martyn Waygood queried if there was an appointment prioritisation programme in place. Darren Griffiths advised that there is a focus on the category two patients, where surgery is required within four weeks. However, in respect of categories three and four SBUHB are not able to meet capacity in demand within expected timescales. There is an ambition to enter into planned care once surgery restrictions are lifted.</p> <p>Richard Evans highlighted that staff sickness is improving gradually following health care workers receiving their first dose of the vaccine. Theatre capacity has been affected by sickness and isolation; however, there will be opportunities to open theatres when staff return.</p> <p>Martyn Waygood noted that the stroke pathway is a cause for concern. Richard Evans noted that the stroke ward capacity is not currently running in the way it used to, and the ward is currently at amber.</p>	
Resolved:	The current Health Board performance against key measures and targets was noted .	
11/21	OMBUDSMAN PUBLIC INTEREST REPORT	
	<p>The Ombudsman Public Interest Report was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The report was disappointing; - The experience was harrowing for the family and there was a communication issue where the family was not fully aware of the diagnosis; - The report highlighted that work is needed to be done involving the team. <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies was disappointed that documentation management was poor in this instance. Reena Owen supported Jackie Davies' comments and noted that there seems to be a lack of communication protocol, and queried if staff do not know what is required of them.</p> <p>Richard Evans noted that there does not need to be a separate communication protocol as communication falls within the professional expectations of what is required. He stated that there are a small number of cases where similar concerns have been raised. There is a</p>	

	<p>need to ensure that people act appropriately in their roles and are aware of expectations and professional responses. He highlighted that breaking bad news is difficult, but recognised that there are ways to achieve this appropriately, and documentation of these conversations are required.</p> <p>Nuria Zolle queried if SBUHB have apologised to the family. Richard Evans advised that the initial response to the family was not what SBUHB would want to see and the family's concerns should have been listened to. Hazel Lloyd confirmed that SBUHB have apologised to the family.</p> <p>Hazel Lloyd highlighted that CTMUHB initially led the investigations, and SBUHB were brought into the investigation later on. She added that a good discussion took place at the last Quality and Safety Governance Group meeting and arrangements for a communications improvement group was agreed to be set up to review themes and trends.</p> <p>Christine Williams noted that although SBUHB was brought in later, she was appalled by the standards and the tone of correspondence which caused distress to the family. She noted that communication was a persistent theme and this is linked to professional standards and practice, therefore a second communication protocol is not needed. However, there is a need to reinforce standards and hold people to account.</p> <p>Reena Owen stated that deficiencies individuals' practices need proactive resolution.</p> <p>Martyn Waygood noted that progress against the actions recommended in the Ombudsman's report would be received in June and October 2021.</p>	RE
Resolved:	<ul style="list-style-type: none"> - Progress against the actions recommended in the Ombudsman's report would be received in June and October 2021. - The report was noted. 	RE
12/21	QUALITY AND SAFETY GOVERNANCE GROUP	
	<p>A report providing an update in relation to the quality and safety governance group (QSGG) was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> – The last QSGG meeting took place on 22nd January 2021; – PPE is in a positive position; – There have been no serious incidents recorded in the neonatal service for the last 12 months. A meeting is due to take place to 	

	<p>find out what the service is doing and whether the lessons can be shared across SBUHB and wider.</p> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood queried if the 'Once for Wales' module system would have a detrimental effect on the functionality of Datix. Hazel Lloyd advised that options were posed to the team to facilitate the best way to record crucial information. The 'Once for Wales' will go live on 1st April 2021, and it will be updated on a regular basis to meet needs and requirements, however its current version is not suitable and Datix will remain in place.</p>	
Resolved:	The report was noted .	
13/21	COVID-19 QUALITY AND SAFETY ISSUES	
	<p>A verbal updated on COVID-19 Quality and Safety issues was received.</p> <p>Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Isolation measures are getting traction and rates are not dropping rapidly, but in plateaus; - One of the biggest challenges is to stop the spread of COVID-19 to patients and staff; - A Nosocomial transmission group has been set up, along with the outbreak oversight group which meets up to 5 times per week; - An All Wales study has revealed that 30%-50% of people who tested positive for COVID-19 acquired it in a hospital setting, and not via community transmission. - A group has been set up to review the reporting mechanism for robust governance. <p>In discussing update, the following items were raised:</p> <p>Christine Williams advised that the outbreak position is improving which is an improvement from December 2020.</p> <p>Jackie Davies queried the position on the 12-week gap second dose vaccinations for staff, and whether SBUHB is confident that staff will receive the second dose within the recommended timescale. Richard Evans highlighted the intention for staff to receive the second dose in a timely manner; however, SBUHB is reliant on stock intake from Belgium. Currently the stock is good and there is no particular cause for concern. The plan is to prioritise the staff and patients who require the second dose.</p>	
Resolved:	The verbal update was noted .	
14/21	PATIENT EXPERIENCE REPORT	

	<p>A report providing an update in relation to patient experience was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> – For the month of December there were 639 friends and family online survey returns which resulted in 77% of people stating they would highly recommend SBUHB to friends and family which was a 7% decrease from November 2020; – The new patient experience system is going live on 1st April 2021; – 64 compliments were recorded and 148 complaints were received in December 2020; – Corporate support is being provided to Mental Health and Learning Disabilities for response to Serious Incidents; – The last never event was recorded on 19th November 2020 – In relation to the Breast Centre at Singleton Hospital, 93 returns were recorded of which 48 were 'good' or 'very good', 31 were 'neither' or 'don't know' and 14 were 'poor' or 'very poor'. Unfortunately, contact names were not provided for further information, therefore it was difficult for the team to discuss the issues directly with the patients. The feedback has been provided to the Breast Centre for internal management. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried the process following receipt of feedback and whether an independent review is undertaken. Hazel Lloyd advised that the concerns assurance group review the quality of feedback and whether learning can be applied. The patient experience feedback is used to analyse how the service is running and if training is needed, and reported into QSGG. Christine Williams advised that the data is triangulated to undertake unannounced ward visits using the quality assurance framework, which would involve a multi-disciplinary team.</p> <p>Maggie Berry was concerned as although work has gone into improving communication, there are still issues surrounding this area. Pam Wenger noted that this issue reinforced the importance of the communications improvement group.</p>	
Resolved:	The report was noted .	
15/21	CLINICAL ETHICS GROUP TERMS OF REFERENCE	
	<p>The Terms of Reference for the Clinical Ethics Group (CEG) was received.</p>	

	<p>In introducing the Terms of Reference, Richard Evans highlighted that there was an opportunity to strengthen CEG and clarify membership and reporting arrangements.</p> <p>In discussing the Terms of Reference the following points were raised:</p> <p>Martyn Waygood noted that as an Independent Member, he is happy to be a part of the membership in light of his legal background.</p>	
Resolved:	The Clinical Ethics Group Terms of Reference were ratified .	
16/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to be referred to other committees.	
17/21	ANY OTHER BUSINESS	
	There were no items raised under any other business.	
18/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 23 rd February 2021 that will be chaired by Nuria Zolle.	