

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 25th January 2022 at 1.30pm via Microsoft Teams

Present

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

In Attendance

Gareth Howells, Interim Director of Nursing and Patient Experience
Keith Reid, Director of Public Health (from minute 07/22)
Richard Evans, Medical Director (to minute 07/22 and from minute 10/22)
Darren Griffiths, Director of Finance (minute 08/22)
Siân Harrop-Griffiths, Director of Strategy
Delyth Davies, Head of Nursing for Infection, Prevention and Control (from minute 01/22 to 07/22)
Joanne Walters, Matron of Quality Improvement for Infection, Prevention and Control (from minute 01/22 to 07/22)
Chris Scott, Audit Manager – Audit and Assurance Services
Paul Stuart Davies, Assistant Director of Nursing
Alison Clarke, Assistant Director of Therapies and Health Science
Hazel Lloyd, Acting Director of Corporate Governance
Scott Howe, Healthcare Inspectorate Wales
Deb Lewis, Deputy Chief Operating Officer
Sue Evans, Community Health Council
Leah Joseph, Corporate Governance Officer

Minute No.		Action
01/22	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Christine Morrell, Director of Therapies and Health Science; Inese Robotham, Chief Operating Officer.	
02/22	DECLARATION OF INTERESTS	
	Darren Griffiths declared an interest in item 3.1 Performance Report in light of discussion around support received from the British Red Cross.	

03/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 21 st December 2021 were received and confirmed as a true and accurate record.	
04/22	MATTERS ARISING	
	There were no items raised.	
05/22	ACTION LOG	
Resolved:	<p>The action log was received.</p> <p>i. <u>31/21 Systematic Anti-Cancer Therapy (SACT) including an update on the additional 10 chemotherapy chairs at the day unit</u></p> <p>Steve Spill advised that a verbal update was received from the Service Director of Neath Port Talbot and Singleton Service Group at today's Performance and Finance Committee. At the meeting, it was detailed that an update would be taken to February's Quality and Safety Committee.</p> <p>ii. <u>245/21 Older People's Charter</u></p> <p>Maggie Berry advised that she met with Gareth Howells and the Assistant Director for Nursing to discuss the overall plan for all charters. Gareth Howells advised that there was an opportunity to review both the older people's charter and the children's charter. A baseline assessment against the Andrews report was ongoing and he suggested that an update be provided at April's Quality and Safety Committee.</p> <p>iii. <u>281/21 Quality and Safety Governance Group (QSGG)</u></p> <p>Maggie Berry requested that the action relating to the position of the recruitment process surrounding the Doctor for Safeguarding remained as an open action until the post was filled. Gareth Howells advised that an update would be provided in the next iteration of the QSGG report.</p> <p>iv. <u>317/21 Lymphoedema referrals</u></p> <p>Maggie Berry queried whether the service level agreement (SLA) for the lymphoedema service included existing patients, and required assurance that patients were aware of the SLA changes. Alison Clarke stated that an agreed end date could not be reached between Swansea Bay University Health Board (SBUHB) and Cwm Taf University Health Board (CTMUHB) for the SLA, and the team were working on completing the cessation document with a proposed end date of 1st July 2022. She highlighted that this was a local issue between SBUHB and CTMUHB lymphoedema services and not the national lymphoedema team so it would not involve the clinical lead for lymphoedema. She detailed that patients have not</p>	<p>JW</p> <p>GH</p> <p>PSD</p>

	<p>been notified, as there was not an agreed position. When the organisation has the cessation document formally signed off, then part of this process will be agreeing how patients would be notified of the changes.</p>	
Resolved:	<ul style="list-style-type: none"> - Receive an update on the older people's charter at April's Quality and Safety Committee. - SACT business case update to include the additional 10 chemotherapy chairs at the day unit be received at February's Quality and Safety Committee. - Update on the position of the recruitment process surrounding the Doctor for Safeguarding be detailed in the next iteration of the QSGG report. - The action log was noted. 	<p>GH</p> <p>JW</p> <p>PSD</p>
06/22	WORK PROGRAMME	
Resolved:	<p>The work programme was received.</p> <p>i. <u>Allocation of committee issues</u></p> <p>Steve Spill advised that he met with lead executives and the Chief Executive to discuss allocation of issues in light of duplication e.g. performance report being received at both Performance and Finance Committee and Quality and Safety Committee. He noted that the work programme for 2022/23 could be subject to change. Gareth Howells noted that the terms of reference could also be subject to change.</p>	
Resolved:	The work programme was noted .	
07/22	INFECTION PREVENTION AND CONTROL AND RECRUITMENT AND RETENTION UPDATE	
	<p>A report providing an update in relation to infection, prevention and control (IPC) and retention and recruitment was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - From 1st April 2020 to 31st December 2021, there have been over 89,000 positive cases of COVID-19 with an increase of approximately 19,500 in one month.; - In December 2021, there were 17 COVID-19 ward outbreaks across SBUHB sites; - The emergence of the Omicron variant, particularly during the festive period, has had a major impact on community outbreaks due to its high transmissibility; 	

- Unscheduled care patients, initially testing negative on day of admission, are testing positive shortly after. Other patients who were exposed to these initially undetected patients, who were in the incubation period, subsequently have become positive;
- Staff absence is high, and much of this is being linked with community acquisition rather than exposure at work. The degree of staff shortages is likely to affect adversely infection risks;
- Welsh Government's target for influenza vaccination of staff is 85%. As at 10th January 2022, approximately 52% of staff had been vaccinated and approximately 53% of front-line staff had been vaccinated;
- The localised policy review is on target to complete by end of March 2022;
- Tier one infections remain at unacceptable positions for c.difficile, staph. aureus bacteraemia and klebsiella bacteraemia and all Health Boards are challenged in this area, however the rate of increase has slowed;
- Screening for heterogeneous glycopeptide intermediate resistant staph. aureus (hGISA) remains ongoing, however to date no additional patients have been reported;
- Public Health Wales consultant nurses have visited Morriston Hospital to review the patient pathways following glycopeptide resistant enterococcus faecium (GRE) in trauma and orthopaedics, and no 'red flags' were identified;
- There was a successful recruitment into a vacant band 6 IPC post and it is hoped that the successful applicant will commence before the end of February 2022;
- The need for a substantive specialist immunisation team remains a priority, especially in view of the uptake rates with the existing immunisation programmes which potentially could lead to outbreaks of vaccine preventable diseases;
- The IPC team are having to prioritise its focus, currently dealing with the impact of COVID-19 on wards and within community facilities;
- Face-to-face training has been suspended temporarily;
- The team continue to make progress on quality priorities and actions are being worked on for the next steps.

In discussing the report, the following points were raised:

Gareth Howells noted a report on the IPC position had been through Management Board in December 2021. Richard Evans and Gareth Howells are due to meet with clinical leads from February 2022 onwards. He advised that scrutiny panels had been established, and there were plans to enhance the team further with management oversight; however, a business partner model would require further

	<p>funding. He noted that on reflection of the all-Wales position, SBUHB was going in the right direction.</p> <p>Maggie Berry queried why the influenza staff vaccination rates were so low this year considering the good rates in previous years. Delyth Davies suspected that sickness had been prevalent and availability of influenza vaccination sessions may have affected the rates. She highlighted that staff may have been influenced by the low numbers of influenza that had been recorded, and chose to prioritise the COVID-19 vaccinations and boosters instead.</p> <p>Maggie Berry was pleased to see that ventilation and nosocomial transmission was detailed in the report, as this had been discussed at Health and Safety Committee on 20th January 2022. At the meeting, it was suggested that the risk was increased on the Health Board risk register.</p> <p>Maggie Berry highlighted that domestic staff had a rapid and high turnover than any other area, and suggested that the item be referred to the Workforce and OD Committee. Delyth Davies noted that retention has always been a challenge in domestic staff as often the role can be a stepping-stone for health care support worker roles. Paul Stuart Davies noted that domestic roles are important roles. The level of intelligence surrounding the turnover had assisted with improvements of pay, and nurse bank numbers have assisted with flexibility.</p> <p>Reena Owen was concerned with the lack of IPC workforce following the team suspending the 7-day service on a temporary basis. She queried if secondments were an option and whether there was scope to update the profile of IPC. Delyth Davies noted that there were opportunities to look at different ways of doing IPC. There were different models in England and there could be roles for staff to do surveillance work to form quality improvements, however a dedicated group would be required for the work. She noted that health care support worker roles needed to be reviewed to include the management of urinary samples. The Health Board has been seeking IPC nurses; however, the private sector has offered competitive rates.</p> <p>Reena Owen referenced the business case for a sustainable immunisation and vaccination programme to maintain the service, and was surprised that SBUHB did not already have a team in place. Delyth Davies advised that Welsh Government had provided the investment for COVID-19 immunisations, however funding was not provided for the sustainability of vaccinations and childhood vaccinations, which is why the business case was developed.</p> <p>Paul Stuart Davies noted that the team fit within IPC was important to support and influence service groups. The team had advertised for key IPC posts and engagement with service groups was ongoing to support the future IPC dynamics. He highlighted that SBUHB's immunisation team was the smallest in Wales. The business case was near completion, which would help to improve the size of the team.</p>	<p>MB</p>
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	<p>Keith Reid advised that the group were responsible for providing training and governance, and SBUHB needed to move away from the current approach due to overextending and increasing risks. Reena Owen was pleased with the responses and requested that an update be included in the next iteration of the IPC report.</p> <p>Maggie Berry queried the progress surrounding decanting facilities. Siân Harrop-Griffiths advised that SBUHB were developing a decanting facility at Morriston Hospital as part of the capital programme next year. She highlighted that discretionary capital was incredibly tight next year; however decanting was a part of those discussions. Gareth Howells stated that the capital plan was in progress with long-term visions, and 50% single rooms could change the future of SBUHB wards to assist with care in isolation.</p>	DD
Resolved:	<ul style="list-style-type: none"> - Refer domestic recruitment turnover to the Workforce and OD Committee. - Update on the business case for sustainable immunisation and vaccination be included in the next iteration of the IPC report. - The progress against healthcare associated infection priorities up to 31st December 2021 was noted. 	MB DD
08/22	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The Quality and Safety Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Between November and December 2021, the number of staff self-isolating (asymptomatic) increased from 65 to 126 and the number of staff self-isolating (symptomatic) increased from 120 to 393; - In December 2021, there was an in-month increase to 46.4% for ambulance response times but is still below the 65% target. The number of green calls increased by 2%, amber calls increased by 3%, and red calls increased by 15% compared with November 2021; - In December 2021, there were 612 ambulance to hospital handovers taking over one hour. This was a significant deterioration from 510 in December 2020 and was an in-month reduction from October 2021; - The ED four hour performance figures for December 2021 was 70.15% and currently are sitting at 71.1% on 19th January 2022 which remains a challenge; - In December 2021, performance against the 12-hour measure deteriorated compared with November 2021, increasing from 1,055 to 1,101. There were 1,100 patients waiting over 12 hours 	

	<p>in December 2021 in Morriston Hospital, with one patient waiting over 12 hours in Neath Port Talbot Hospital. This is an increase of 3250 compared to December 2020;</p> <ul style="list-style-type: none"> - In December 2021, there were on average 261 patients deemed clinically optimised but were still occupying a bed in one of the Health Board's hospitals. As of 19th January 2022, there are 281 patients deemed clinically optimised which adds significant pressure to flow; - The rate of pressure ulcers per 100,000 admissions decreased from 955 in September 2021 to 613 in October 2021 which is positive; - There were no new Never Events reported in December 2021, and performance against the 80% target of submitting closure forms within 60 working days was 0% as the one closure form in Morriston Hospital due to be submitted to Welsh Government, was not submitted on time; - The planned care waiting list size has grown to 85k in two years and work is ongoing to address the backlog; - In December 2021, there was a small increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 6,008 in November 2021 to 6,071 in December 2021; - A diagnostic and therapies recovery plan is scheduled to be taken to February's Performance and Finance Committee; - Staff sickness and staff vacancies have had a detrimental impact on podiatry waiting list performance; - Movement in the cancer backlog remains a concern and currently there are 700 patients waiting over 63 days; - In November 2021, 98.1% of mental health assessments were undertaken within 28 days of referral for patients 18 years and over; - In November 2021, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 96.1%; - In November 2021, 97% of child and adolescent mental health services (CAMHS) patients received an assessment within 48 hours, and 36% of routine assessments were undertaken within 28 days from referral in November 2021 against a target of 80%. - 64% of therapeutic interventions were started within 28 days following assessment by LPMHSS in November 2021. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen highlighted that cancer remained a concern in light of its falling performance. She queried if SBUHB had contacted the people on</p>	
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	<p>the waiting lists for a wellbeing check. Deb Lewis advised that funding had recently been received to support long waiters and there was need to review options to provide the right resource. Allocation of the monies was new and colleagues in third sector were reviewing many options. She suggested that a report be taken to February's Quality and Safety Committee. Darren Griffiths declared an interest in light of the involvement of the Red British Cross, as the charity might support SBUHB with communication to patients.</p> <p>Maggie Berry was concerned around the number of clinically optimised patients and queried whether community beds had helped the position. Deb Lewis advised that there was a profile of what the patients were waiting for, and their requirements were quite mixed. There has been learning around the information SBUHB provides when referring a patient to the local authority.</p> <p>Paul Stuart Davies advised that he attends the transformation meetings and the local authority are just as concerned as SBUHB has been around clinically optimised patients. Many of the care homes were closed due to positive COVID-19 cases, some have had staffing issues and other care homes were worried for the current care home residents. He noted that not all patients were able to have the next steps provided to them, however all aspects were being reviewed.</p> <p>Reena Owen highlighted that she had attended a good briefing from the Service Director of Morriston Hospital. A presentation of the dashboard had been received which highlighted categories and updates of the clinically optimised patients. She felt assured that SBUHB had a good handle on why patients are sitting in beds across sites.</p>	CW/DE
Resolved:	<ul style="list-style-type: none"> - A report on the allocation of funds to support long waiters be taken to February's Quality and Safety Committee. - The current Health Board performance against key measures and targets was noted. 	CW/DE
09/22	PATIENT EXPERIENCE REPORT	
	<p>The patient experience report was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - Since the start of the COVID-19 vaccination system, the Health Board has seen a number of complaints and enquiries from patients/relatives regarding the system. There was a rise in the number of vaccine complaints received during November and December, which was also the start of the booster programme. Themes related to appointments, communication issues and environment/ car park facilities; 	

	<ul style="list-style-type: none"> - Training dates for communication training secured with Ombudsman from January to October 2022; - For the period 1st December 2021 to 31st December 2021, a total of 2035 incidents were reported; - There were two national reportable incidents in December 2021. There was an opportunity to review the themes on a quarterly basis or for a deep dive to take place every six months; - For the month of December 2021, there were 2,776 'friends and family' survey returns which resulted in 93% of people stating they would highly recommend the Health Board to 'friends and family'. This is a 1% decrease from November 2021 where the recommendation score was 94% and returns were 3,194; - A meeting took place with the prison service and an agreement is now in place to collate and report the patient feedback from the prisons on a monthly basis; - 153 complaints were received and 73 compliments were received for December 2021; - <i>Once for Wales</i> is expected to go live on 1st April 2022. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill liked the report format, and found the Healthcare Inspectorate Wales action plan helpful.</p> <p>Reena Owen thanked Hazel Lloyd and team for the improved report and liked the progress of vaccinations included within it. She queried whether guidance was in place following Welsh Government updating its timescales. Hazel Lloyd advised that further work nationally was ongoing and an all-Wales incident policy was being reviewed. There were tools in place for SBUHB to handle complaints on pressure ulcers and falls, however where complaints involved more than one specialty then deadlines could be extended. Operational pressures also affect the timescales of complaint handling.</p> <p>Maggie Berry liked the complaint themes, but queried how themes and lessons learned from general complaints would be taken forward. Hazel Lloyd advised that the team have work extremely hard to revise the report and would include the information in the next iteration of the report.</p>	HL
Resolved:	<ul style="list-style-type: none"> - Themes and lessons learned from general complaints to be included in the next iteration of the patient experience report. - The report was noted. 	HL
10/22	QUALITY AND SAFETY GOVERNANCE GROUP	

	<p>A key issues report from the quality and safety governance group (QSGG) was received.</p> <p>In introducing the report, Paul Stuart Davies highlighted the following points:</p> <ul style="list-style-type: none"> – The Head of Quality and Safety role is due to be advertised following the substantive beginning an 18-month secondment; – The last QSGG meeting took place on 19th January 2022, and the overarching themes from all service groups were: staffing levels; return of pre-COVID-19 pressures; heightened acuity of patients, their care and needs; increased walk-ins through the emergency department and less presentation via ambulance; – Governance remains a challenge throughout the service groups; – The pressure ulcer lead is due to retire in March 2022, and there will be a gap at Morriston Hospital. Provision will be needed within SBUHB to maintain good work; – Mitigated actions are in place to manage unscheduled care pressures at Singleton Hospital; – Maternity services is scheduled to be reviewed mid-February following critical midwifery staffing levels; – Nurse staff levels in neonatal services remain challenging with the reported increase of COVID-19 infections within the community. Thornbury nursing agency has been utilised to maximise staffing levels; – To date, there has been no suitable candidate to take on the role of the named Doctor for Safeguarding. The advert has gone live and national leads have been used to entice applicants; – Positive dental plans were received from primary, community and therapies service group, which included the purchase and delivery of an x-ray machine. The service will be operational by 28th February 2022; – The community resource team speech and language therapy service is not sustainable, and cover cannot be provided at times of absence. There is no succession planning built into the workforce model and caseload numbers outstrip the workforce capacity. Mitigating actions are being worked through to ensure the service is resilient; – Staff absence remains a concern for Mental Health and Learning Disabilities (MHL), however they are managing gaps proactively; – Morriston Hospital highlighted avoidable harm to patients because of excessive access waiting times across all categories of planned care; 	
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	<p>– At Morriston Hospital, general Intensive Treatment Unit (ITU) capacity is spread across two locations in order to facilitate COVID-19 and non-COVID-19 capacity. In addition, there are specialty specific ITU facilities in cardiac and burns, which are maintained separately and on a regional basis that increases strain on provision.</p> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill found the report comprehensive.</p> <p>Reena Owen raised concerns around Morriston Hospital's failure to provide sustainable clinical services due to a lack of investment in medical device and equipment infrastructure. She queried whether additional funding should be allocated to support the services. Paul Stuart Davies noted that from an operational perspective, the initial purchase could be covered off; however, guarantees and delivery also need to be factored into costing. He advised that service groups often have a wish list detailing the devices required.</p> <p>Reena Owen felt unassured by the community health council (CHC) report, and felt that there were major issues for people to trying to make general practitioner (GP) appointments. She noted that a base level of GP services needed to be provided and digital may be the way forward. Gareth Howells thanked Reena Owen for her feedback and noted that a specific report on GP practices could be brought to a future Quality and Safety Committee. He stated that the CHC reports provide a community based view, the service group had reviewed the report, and feedback had been provided to the CHC. He highlighted the need for a smoother process and advised that he and Sue Evans would meet outside of the meeting. Siân Harrop-Griffiths confirmed that she would also discuss any gaps in the process outside of the meeting.</p> <p>Paul Stuart Davies advised that the CHC had recognised an issue and at the peaks of COVID-19, some of the reporting mechanisms needed to be worked through to ensure the circulation and dissemination of reports. Sue Evans advised that the GP access report is a quarterly report and the first report had been taken to the access and sustainability group. A task and finish group had been developed following the meeting to answer the actions following recommendations.</p> <p>Steve Spill agreed that the GP access update report be received at a future Quality and Safety Committee, and the Medical Director and Service Director for PCTS attend to present the report.</p> <p>Maggie Berry queried whether lessons could be shared as to how MHL D have cleared their serious incident backlog. Paul Stuart Davies advised that MHL D have not cleared all their serious incidents; however, they were working through a projection of serious incidents and managing both historic and current incidents.</p> <p>Maggie Berry queried how people are waiting for a consultation with a specialist dietician preoperatively regarding diet and food progression.</p>	<p>SS</p>
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	Paul Stuart Davies advise that he would update Maggie Berry separately outside of the meeting.	
Resolved:	<ul style="list-style-type: none"> - Progress report on GP access following review by CHC be received at a future Quality and Safety Committee, and the Medical Director and Service Director for PCTS attend to present the report. - The key issues highlight report was noted. 	SS
11/22	ITEMS TO REFER TO OTHER COMMITTEES	
	Items to refer to Workforce and OD Committee have already been discussed at minute 07/22.	
12/22	ANY OTHER BUSINESS	
	There were no items raised.	
13/22	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 22 nd February 2022.	