

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 23rd February 2021 at 1.30pm via Microsoft Teams

Present

Nuria Zolle, Independent Member (in the chair)
Stephen Spill, Vice Chair
Maggie Berry, Independent Member
Keith Lloyd, Independent Member (from minute 26/21 to 32/21)
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 26/21)
Richard Evans, Medical Director
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 28/21 to 30/21)
Siân Harrop-Griffiths, Director of Strategy (to minute 28/21)
Chris White, Chief Operating Officer/ Director of Therapies and Health Science
Scott Howe, Healthcare Inspectorate Wales
Kirsty Lagdon, Healthcare Inspectorate Wales
Wendy Lloyd-Davies, Community Health Council
Prue Thimbleby, Arts in Health coordinator (minute 19/21)
Alison Clarke, Assistant Director of Therapies and Health Science
Dinendra Gill, Consultant, Emergency Department (minute 28/21)
Susan Jose, Interim Head of Maternity (from minute 30/21 to 32/21)
Katie Taylor, Volunteer Service Manager (minute 35/21)
Craig Wilson, Deputy Chief Operating Officer (from minute 31/21 to 34/21)
Nicola Edwards, Head of Nursing – Safeguarding (from minute 35/21)

Minute No.		Action
19/21	PATIENT STORY: THE JOY OF SHARING STORIES	
	A story was received which set out the experience of a volunteer based at Singleton Hospital who shares picture book story telling with patients. This highlighted the importance of communication and provided positive sharing experiences for both patients and volunteers. The stories are a	

	<p>good distraction for patients, but also helps remind them of what they enjoy at home.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Wendy Lloyd-Davies thanked Prue Thimbleby for presenting the story, and queried whether the engagement with patients is continuing throughout the pandemic and in care homes alike. Prue Thimbleby advised that 'reading friends' is a national project which was piloted by Swansea Bay University Health Board (SBUHB). In light of the restrictions following the pandemic, the programme was postponed throughout COVID-19, however the library is now managing the programme and the team are reviewing socially distanced options for story sharing. She added that this is not used heavily in local care homes.</p> <p>Reena Owen recounted a positive personal experience with the books. Prue Thimbleby advised that cupboards have been sourced across sites to ensure the 'pictures to share' books are stored safely.</p>	
20/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Martyn Waygood, Independent Member; Delyth Brushett, Audit Wales.	
21/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
22/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the main meeting held on 26 th January 2021 were received and confirmed as a true and accurate record.	
23/21	MATTERS ARISING	
	<p>i. <u>Vaccination Second Dose</u></p> <p>Jackie Davies queried the second dose vaccination position. Chris White advised that the second dose programme had commenced in the mass vaccination centre with SBUHB approaching the 100k first dose mark. Richard Evans advised that the cumulative second doses as at 23rd February 2021 were 18 for Oxford and 6407 for Pfizer.</p> <p>ii. <u>Morriston Hospital Emergency Department (ED) Cameras</u></p> <p>Maggie Berry queried the timescale for the installation of cameras at ED. Nigel Downes advised that capital planning are involved, and he will provide an update at the March meeting.</p>	ND

24/21	ACTION LOG	
	The action log was received . Pam Wenger advised that the Quality and Safety Workshop is postponed for a few weeks to allow the chair of the committee to attend the session.	
Resolved:	The action log was noted .	
25/21	WORK PROGRAMME 2019-20	
	The work programme was received and noted .	
26/21	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 in Staph. aureus, E. coli and Pseudomonas aeruginosa bacteraemia cases; – C.difficile cases have increased year-on-year by 19%, and a 19% increase in bacteraemia caused by Klebsiella; – Workforce challenges caused pressures on sites, however from September 2020 to January 2021, two influenza cases and two norovirus cases were recorded. This is a significant reduction in relation to year-on-year comparisons; – The COVID-19 and influenza vaccination programmes are progressing well. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried if a deep dive into Klebsiella infections was ongoing. Lisa Hinton advised that a deep dive is ongoing to look back at the source to highlight possible interventions; however, there are no current themes.</p> <p>Jackie Davies noted the hospital acquired COVID-19 infections at Cefn Coed Hospital and the Mental Health Learning and Disability Units (MHLU). Lisa Hinton highlighted challenges faced when trying to isolate residents within their homes in a MHLU environment. These areas are not clinical environments and as such, behavioural challenges in relation to personal protective equipment (PPE) does take place. The team are working with procurement for options regarding PPE, and staff have been involved with outbreak meetings.</p>	

	<p>Maggie Berry raised concerns regarding the domestic recruitment turnover, and suggested that this issue is referred to the Workforce and Organisational Development (OD) Committee. She noted that there are links with the support services role and the planned review was due at the end of March 2021. Lisa Hinton advised that domestic recruitment is a national problem; however, the support services role has been beneficial. Reena Owen suggested a discussion takes place with a group of domestic staff to understand the reasons for leaving, and queried if retention bonuses were a possibility to enable staff to feel valued. Chris White noted that the first step is to refer the issue to Workforce and OD Committee, and then the next steps be agreed at the committee meeting. He noted that staff do have exit interviews when they leave the health board.</p> <p>Maggie Berry also raised concerns of the Hydrogen Peroxide Vapour (HPV) contract. Lisa Hinton advised that a meeting is taking place today (23rd February 2021) to discuss the HPV contract tendering process.</p>	NZ
Resolved:	<ul style="list-style-type: none"> - Domestic recruitment turnover be referred to the Workforce and OD Committee for consideration. - The progress against healthcare associated infection priorities up to 31st January 2021 was noted. 	NZ
27/21	QUARTERLY OPERATIONAL PLAN TRACKER Q3/Q4	
	<p>A report on the delivery of the quarterly operational plan tracker (Q3/Q4) was received.</p> <p>In introducing the report, Sian Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The report provides a high level summary of the performance position against the actions and milestones at the end of Quarter 3, reflecting the breadth of work that has been undertaken across the individual plans; - Where actions are off-track, mitigating actions have been highlighted with 95% of the actions have either been delivered or are on track; <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies noted that some of the leads detailed within the tracker have retired. Sian Harrop-Griffiths will update the details.</p>	
Resolved:	<ul style="list-style-type: none"> - The actions and milestones identified within the Q3&4 Plan for Quarter 3 were noted; - The RAG status and supplementary comments against each action that is off-track were noted; - The areas of achievement were noted; 	

	<p>– The timelines for the reporting arrangements for the remainder of 2020/21 were noted.</p>	
28/21	MAJOR TRAUMA OPERATIONAL DELIVERY NETWORK	
	<p>A report on the Major Trauma Operational Delivery Network (MTODN) was received.</p> <p>In introducing the report, Dinendra Gill highlighted the following points:</p> <ul style="list-style-type: none"> - The South Wales Trauma Network went live on 14th September 2020; - The network covers South Wales, West Wales and South Powys, and SBUHB hosts the Operational Delivery Network (ODN); - The ODN team oversee the clinical and operational activity of network, from injury prevention through to the point of recovery; - ‘Governance days’ took place in September and December 2020, and four meetings have taken place since going live; - Informatics and Workforce groups are being developed; - A trauma datix system is in place which provides an insight of the incidents over the organisation and highlights trends and patterns; - Morbidity and mortality reviews are completed on a monthly basis which feeds into a local trauma quality improvement committee; - There are currently seven risks identified, two of which are red: COVID-19 recovery plans and locum plastic surgeon. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle found the report helpful and noted the good development.</p> <p>Keith Lloyd queried the key performance indicators. Dinendra Gill advised that operational data and trauma audit reporting schedule were the two main key performance indicators.</p> <p>Reena Owen noted the different layers of governance, but queried when the MTODN will become cost effective. Dinendra Gill highlighted that good clinical governance oversight is helpful to see what changes need to be made. When the business case was developed it included a five-year plan, and elements of the benefit realisation plan captured could be referred back to committee in the future.</p> <p>Sian Harrop-Griffiths highlighted that SBUHB are about to commission a piece of work with Welsh Health Specialised Services Committee and this will include an in-depth effectiveness review. She also advised that an independent peer review of the network is scheduled to take place towards the end of 2021.</p> <p>Dinendra Gill noted that a gateway review is expected to follow once the peer review had taken place.</p>	

	Alison Clarke queried if links in commissioning of post registration of education with Healthcare Inspectorate Wales (HIW) and therapies had taken place. Dinendra Gill advised that he would discuss outside of the committee, but is happy to take council from Alison Clarke.	
Resolved:	The content of the report and positive progress made in establishing the network governance structures were noted .	
29/21	MORRISTON HOSPITAL'S ACCIDENT AND EMERGENCY DEPARTMENT REPORT AND ACTION LOG	
	<p>Morrison Hospital's Accident and Emergency Department (ED) update report and action log was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> - HIW completed an unannounced inspection of the ED and the Acute Medical Assessment Unit at Morrison Hospital from 27th to 29th January 2020; - HIW also inspected hospital operations, site meetings, medically fit for discharge meeting, ward board rounds and daily executive led conference calls; - The HIW final report was received, which included 18 immediate concerns that required the service to complete an immediate improvement plan outlining the urgent actions to be undertaken; - Following the HIW final report, an improvement plan was devised and submitted to HIW in June 2020. The Improvement Plan was accepted as assurance by HIW and it was published on 6th August 2020; - An unannounced internal quality assurance inspection was due to be undertaken on 6th October 2020. However, due to escalation of COVID-19, the full inspection could not be undertaken. Therefore, a remote corporate assurance review took place the week commencing 5th October 2020 which focussed on scrutinising the evidence provided within the agreed HIW immediate improvement plan; - Additional corporate assurance update review and meetings took place in February 2021; - There were a few ligature concerns; however, the unit is looking to procure anti-ligature pull cords, press button alarms and lockable doors. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry was pleased with the report and the evidence gathered to support it. She was concerned of the timescale for sourcing the anti-ligature equipment. Nigel Downes advised that SBUHB is expected to make a large purchase order that has delayed the process, along with</p>	

	<p>delays following the pandemic. He also advised that the new storage room door in ED is due to be fitted within the next few weeks.</p> <p>Reena Owen found the table in appendix A helpful, but noted that the environment in ED is not welcoming for patients, families and carers, and queried if it would be helpful to review feedback from patient and carer experiences. Christine Williams advised that the ED environment does require a refresh and the delivery unit has already raised this with the executive team. A review will take place once the second wave of the pandemic has ended.</p>	
Resolved:	The findings of the Corporate Assurance Review were noted .	
30/21	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"> – January 2021 had the lowest amount of new cases of COVID-19 since September 2020. 3,739 positive cases were recorded which brought the cumulative total to 28,809 in Swansea Bay since March 2020. – Ambulance response times have consistently been above 65% in the year 2020 with the exception of December 2020 where performance reduced to 54.1%. In January 2021, performance significantly improved to 67.3% and was above the 65% target; – There were 195 ambulance to hospital handovers taking longer than one hour in January 2021; – The Health Board's performance against the 4-hour measure improved from 72.58% in December 2020 to 76.83% in January 2021; – In January 2021, performance against patients waiting over 12 hours improved compared with December 2020, reducing from 776 to 570 (all in Morriston Hospital); – There were on average 135 patients who were deemed medically fit for discharge (MFFD) but were still occupying a bed. The number of MFFD patients has steadily reduced every month since November 2020; – Hospital acquired infections are currently stable; – The number of serious incidents have reduced, along with inpatient falls; – The planned care system has changed, and currently 34,000 patients on the list have been waiting over 36 weeks; 	

	<p>– Diagnostic rates decreased from 6,579 in December 2020 to 6,239 in January 2021 for patients waiting over 8 weeks for specified diagnostics.</p> <p>In discussing the report, the following points were raised:</p> <p>Keith Lloyd noted that 26% of Neurodevelopmental Disorder patients received a diagnostic assessment within 26 weeks in December 2020 against a target of 80%, and 58% patients had their routine assessment by specialist child and adolescent mental health. Darren advised that an update report is expected at March's Performance and Finance Committee following a turnover of management and additional posts being filled.</p> <p>Reena Owen highlighted Fractured Neck of Femur was discussed at today's Performance and Finance Committee. Richard Evans advised that in 2018/19, the SBUHB was an outlier for mortality. However, work has been achieved within this service and mortality statistics are now at the national average. He clarified that good progress had been made and shared the key performance indicators for Morriston Hospital. He noted that prompt surgery remains an issue due to the COVID-19 pandemic affecting theatres; however, the majority of elective surgery is taking place at Neath Port Talbot Hospital, which should assist theatre statistics.</p>	
Resolved:	The current Health Board performance against key measures and targets was noted .	
31/21	QUALITY AND SAFETY RISK REGISTER	
	<p>A report providing an update in relation to the quality and safety risk register was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried when the chemotherapy day unit is going to benefit from the additional 10 chairs required. Chris White confirmed that he would review this and provide an update at the next committee.</p> <p>Reena Owen informed committee members that deep dives surrounding cancer performance, planned care and unscheduled care were being taken through Performance and Finance Committee. Pam Wenger advised that the planned care and cancer performance reports had been added to the agenda from previous Performance and Finance Committees for information.</p>	CW
Resolved:	<ul style="list-style-type: none"> - Update on the additional 10 chemotherapy chairs at the day unit be provided at March's Committee. - The updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee, and the further 	CW

	changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required were noted .	
32/21	MATERNITY SERVICE ASSURANCE REPORT	
	<p>A maternity service assurance report was received.</p> <p>In introducing the report, Susan Jose highlighted the following points:</p> <ul style="list-style-type: none"> - The report provided an update on assurance of the maternity service position in relation to achievement and actions required in line with the Welsh Government (WG) document 'Maternity Care in Wales. A Five Year Vision for the Future (2019-2024) July 2019'; - A table top review was undertaken following an increase of stillbirths in SBUHB with 14 being recorded in 2019 and 16 being recorded in 2020; - The review highlighted that smaller gestational age foetus', smoking cessation, mental health issues, and increased body mass index were risk factors; - In January 2021, the initial report of the independent maternity services over sight panel for Cwm Taf Morgannwg University Health Board was published, and the following themes emerged from the report: family centred care; safe and effective care; continuity of care; skilled multi-professional teams; sustainable quality services; - SBUHB remains non-compliant with the provision of the perinatal institute Growth Assessment Programme (GAP). Two midwives have been funded to complete ultrasound training in 2021 in order to increase the provision and capacity of the ultrasound service for women. The maternity service will work with the delivery unit to fully develop the governance and monitoring of the service prior to expansion for sustainability; - The Public Health Midwife is linked to the Public Health Wales leads for smoking cessation. All women are automatically referred to the 'help me quit' service. All in-patient areas in the hospital are able to support and offer nicotine replacement therapy. Due to the COVID-19 pandemic the use of carbon monoxide monitors are currently on hold; - The specialist obesity clinic was postponed due to the pandemic, however the Public Health Midwife will be reinstating the clinic in March 2021; - Adult weighing scales have been purchased for community midwives so that they can check consenting women's body mass index at home visits; 	

	<ul style="list-style-type: none"> - A dietetic team has been funded to provide nutrition information and training for midwives; - A 'think tank' is taking place on 25th February 2021 which will consist of a focus group reviewing how women are informed of their babies health; - The team are awaiting confirmation of funding for a perinatal mental health midwife as 9 out of 6 women highlighted concerns in this area; - Vaccinations for pregnant women in the vulnerable groups is under review. <p>In discussing the report, the following points were raised:</p> <p>Scott Howe queried if there was a perinatal bedded unit in the Neath Port Talbot area. Susan Jose advised that there is a unit available at Neath Port Talbot Hospital and training is due to begin in March 2021 for perinatal midwifery.</p> <p>Keith Lloyd queried if mortality rates and caesarean section rates are included in the safe and effective care metrics. Susan Jose confirmed that a dashboard is produced each month, which is red, amber, green rated, however maternity and neonatal maternity work is underway for a national database. Chris White highlighted that the metrics are discussed with the Chief Nursing Officer.</p> <p>Reena Owen was pleased with the progress for the Public Health Midwife and smoking cessation work. She noted that women may not take on the advice provided by midwives on lifestyle choices, and it is important that the advice is documented in the notes and followed through the 'making every contact count' initiative.</p> <p>Pam Wenger noted that there were two maternity risks detailed on the risk register with unchanged risk scores, and queried if the level of risk could be reviewed before the end of March 2021. Susan Jose advised that the central monitoring risk and fetal growth monitoring risk are still in the early stages and the impact of the roles have yet to be established, however once the ultrasound training has completed this will enable the midwives to build upon their skillset. She advised that a reduction of the risk is foreseen over the next few months.</p> <p>Jackie Davies queried if the perinatal mental health midwife would collaborate in the future with the specialist practitioner in MHL. Susan Jose foresees the perinatal mental health midwife working closely with the perinatal response and management service team.</p>	
Resolved:	The actions being taken within maternity services were noted .	
33/21	ONCE FOR WALES IMPLEMENTATION PLAN	

	<p>A report providing an update in relation to the Once for Wales Implementation Plan was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - National Programme Delivery Board was established to deliver a new risk management for NHS Wales with the aim of learning on having commonality within the modules to enable learning at a national level; - Implementation of the new Once for Wales Datix system is overseen by the SBUHB Once for Wales Implementation Group/Datix User Group; - Civica system will replace the previous system, which collects patient experience on 1st April 2021; - Eight risks associated with the project, which are being managed. Although three are high risks relating to the functionality of the incident module, staff and the Civica system will be ready to go live in April. 	
Resolved:	The report was noted .	
34/21	OPHTHALMOLOGY DEEP DIVE REPORT	
	<p>An Ophthalmology Deep Dive Report was received.</p> <p>In introducing the report, Craige Wilson highlighted the following points:</p> <ul style="list-style-type: none"> - The report provided an update on the progress of the Ophthalmology gold command which was established to coordinate and expedite the mitigating action and monitoring of risk reduction against the 'Follow-Up Not Booked' profile for Ophthalmology; - The performance of the Ophthalmology outpatient service is a key concern for SBUHB and a challenging area is that of delayed follow up appointments; - An eye care gold command was set up to oversee an improvement trajectory for eye care services. Whilst good progress had been made in all of the targeted areas through to the end of February 2020, the COVID-19 pandemic has resulted in a significant reversal in the trend; - Urgent clinics have been arranged for sub-specialty patients at risk of irreversible sight loss; - The paediatric backlog is reducing but will be reliant on resuming normal clinic activity numbers or additional clinics; 	

	<ul style="list-style-type: none"> - Diabetic retina clinics are to commence as WG have funded a community referral refinement scheme to reduce demand on the hospital service; - The glaucoma backlog is reducing but will be reliant on resuming normal clinic activity numbers, along with more trained glaucoma practitioners working in community based clinics support by the WG eye care outpatient department transformation fund; - Regional recovery plans are being developed for Cataracts; - No serious incident recorded since 2019 in Ophthalmology. <p>In discussing the report, the following points were raised:</p> <p>Chris White thanked Craige Wilson for managing Ophthalmology. Craige Wilson advised that through WG initiatives, funding is continuing into 2021, which should give committee members reassurance. He advised that work is continuing with colleagues in the primary community care service following the implementation of electronic patient records, which should assist with patient monitoring and overall capacity.</p> <p>Chris White suggested a further update on the trajectories in 6 months.</p>	CWilson
Resolved:	<ul style="list-style-type: none"> - Update report be received in August 2021. - The report was noted. 	CWilson
35/21	VOLUNTEER SERVICES REPORT	
	<p>A report on the Volunteer Service was received.</p> <p>In introducing the report, Alison Clarke highlighted the following points:</p> <ul style="list-style-type: none"> - The volunteer service reports to the QSGG, which feeds into the Quality and Safety Committee; - COVID-19 affected volunteering roles. Pre-pandemic SBUHB had 400 volunteers; however, 28 of those people were able to be redeployed due to shielding requirements; - The recruitment of volunteers was a gradual process with many assisting in pharmacy, field hospitals, antibody meet and greet and deliveries; - Many risk assessments were created and recreated; - A volunteer cell was developed which fed into other cells across the health board. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle thanked Alison Clarke and the team for the report and noted the demographic changes of the volunteers throughout the pandemic.</p> <p>Jackie Davies was pleased by the volunteer handbook, and queried how volunteers are recognised. Katie Taylor advised that recognition takes</p>	

	<p>place through annual celebrations; however these have been adapted to virtual celebrations.</p> <p>Reena Owen relayed feedback that some volunteers have not received a response from SBUHB, and queried if the health board was prepared for more volunteers. Katie Taylor advised that the communication issues were mirrored nationally, however SBUHB took details from callers and communicated whether they met the requirements.</p> <p>Alison Clarke advised that going forward digitalisation would be utilised. She added that the volunteer team is small, but colleagues are working on a regional approach with a volunteer passport being a part of the discussions.</p>	
	The report was noted .	
36/21	PLANNED CARE	
	A report providing update on planned care was received and noted .	
37/21	CANCER PERFORMANCE	
	A report providing update on cancer performance was received and noted .	
38/21	HEALTHCARE INSPECTORATE WALES NATIONAL REVIEW OF MATERNITY SERVICES	
	The HIW national review of maternity services report was received and noted .	
39/21	ITEMS TO REFER TO OTHER COMMITTEES	
	<u>26/21 Domestic recruitment turnover</u> be referred to the Workforce and OD Committee.	
40/21	ANY OTHER BUSINESS	
	<p>i. <u>HIW visit to Morriston Hospital</u></p> <p>Nigel Downes advised that HIW have confirmed that will visit Morriston Hospital on 17th March 2021, with evidence to be provided to HIW by 11th March 2021.</p> <p>ii. <u>Quality and Safety Governance Group (QSGG)</u></p>	

	Maggie Berry queried when the last QSGG meeting took place, as a report had not been received. Nigel Downes advised that the last meeting took place on 18 th February 2021. The meeting arrangements are under review and the February minutes will be received at March's Quality and Safety Committee.	
41/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 23 rd March 2021.	