

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **24th November 2020** **at 1.00pm via Microsoft Teams**

Present

Martyn Waygood, Interim Vice Chair (in the 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
Darren Griffiths, Interim Director of Finance (to minute 246/20)
Lisa Hinton, Assistant Director of Nursing, Infection Prevention and Control (minute 244/20)
David Roberts, Service Director Mental Health and Learning Disabilities (from minute 244/20 to 245/20)
Delyth Brushett, Wales Audit Office
Chris White, Chief Operating Officer/ Director of Therapies and Health Science (to minute 253/20)
Keith Reid, Director of Public Health
Richard Evans, Medical Director
Leah Joseph, Corporate Governance Officer
Pam Wenger, Director of Corporate Governance
Scott Howe, Healthcare Inspectorate Wales
Kirsty Lagdon, Healthcare Inspectorate Wales (to minute 249/20)
Wendy Lloyd Davies, Community Health Council
Karen Stapleton, Assistant Director of Strategy (from minute 244/20 to 247/20)
Andrew Jones, Performance Improvement Manager (from minute 244/20 to 240/20)
Georgia Pennells, Corporate Governance Administrator
Jacqui Evans, Interim Assistant Head Risk & Assurance (from minute 245/20 to 246/20)
Alison Gallagher, Service Group Manager Patient Flow (from minute 242/20 to 250/20)

Minute No.		Action
238/20	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Keith Lloyd, Independent member; Siân Harrop-Griffiths,	

	Director of Strategy; Hazel Lloyd, Head of Patient Experience, Alastair Reeves, Interim Deputy Medical Director, Carol Moseley, Audit Wales.	
239/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
240/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the main and in-committee meetings held on 27 th October 2020 were received and confirmed as a true and accurate record.	
241/20	MATTERS ARISING	
	<p>(i) <u>229/20 Domestic Recruitment</u></p> <p>Reena Owen advised that following a discussion with Darren Griffiths, funding for domestic recruitment is included in the budget.</p>	
242/20	ACTION LOG	
	<p>The action log was received and the following updates provided:</p> <p>(i) <u>12/20 Morryston Hospital's Accident and Emergency Department Environment</u></p> <p>Martyn Waygood requested an update in respect of how the implementation of an Emergency Department Assistant (EDA) is working. Nigel Downes advised that he recently visited the site as part of assurance of the Healthcare Inspectorate Wales (HIW) action plan. A Health Care Support Worker has been assigned as an EDA for the Emergency Department (ED) to provide patient's with bottled water, food and to ensure patients receive adequate nutrition and hydration. Reena Owen queried if the EDA supported patients and families who have been waiting for long periods in ambulances outside ED. Nigel Downes advised that he had been informed that a registered nurse was also assisting the EDA, but confirmed that he would look into this and provide an update at the next committee.</p> <p>(ii) <u>Nurse Staffing Act (NSA)</u></p> <p>Jackie Davies queried how the health board monitors and records non-compliance of the NSA. Christine Williams advised that there is work ongoing to review an all Wales solution, which includes key quality areas. The information is reported to the NSA every six months by the Interim Director of Nursing and Patient Experience, and also reported to the health board meeting.</p> <p>Jackie Davies advised that she could not see data on non-compliance and queried how many times the health board had been in breach.</p>	ND

	Christine Williams advised that unless an All Wales template is produced, reporting of non-compliance remained a challenge, however there is an option to report E roster breaches. Pam Wenger advised that an NSA report is going to health board this week; however, there may be scope for a deep dive into this area in the future.	
Resolved:	<ul style="list-style-type: none"> – Provide a verbal update to December’s committee regarding the EDA assisting patients waiting in ambulances. 	ND
243/20	WORK PROGRAMME 2019-20	
	The work programme was received and noted .	
244/20	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"> – There has been year-on-year improvement in pseudomonas, staph aureus, E. coli and klebsiella infections; – There has been a 49% year-on-year increase in Clostridium difficile (C.diff). Meetings on an all Wales basis are taking place to understand the increase of C.diff on sites; – There is a lack of decant facilities when occupancy is at acceptable levels on acute sites which compromises effectiveness of the ‘4D’ cleaning/decontamination programme. – COVID-19 may have had an impact on C.diff infections, which may relate to antimicrobial treatment for respiratory tract infections; – The second wave of COVID-19 began in mid-September and infections have increased sharply during October and November. Incidents are closely monitored with delivery groups holding meetings with operational outbreak control groups, which report to the Health Board Outbreak Control Group. Daily Situation Updates are also sent to Welsh Government; – Immunisation work is underway and expected to go live on 1st December 2020; – Swansea Bay is currently the only health board in Wales that has a 7 day IPC service available; – The IPC team are involved with physical distancing risk assessments. <p>In discussing the report, the following points were raised:</p>	

	<p>Nuria Zolle queried the COVID-19 hospital transmission position. Richard Evans advised that there are pockets of hospital transmissions, which could be attributed to asymptomatic staff and patients. New guidance is expected to be released within the next few days from Welsh Government (WG), which will strengthen the management of hospital transmissions.</p> <p>Christine Williams advised that there are cluster outbreaks in Gorseinon, Neath Port Talbot, Morrison and Singleton Hospitals. She highlighted that patients are swabbed on admission, however it has been found that patients are presenting with symptoms and testing positive on day 3 or 4. This is being managed tightly and reported to WG, with outbreaks settling down and lessons being shared throughout the second wave of the pandemic.</p> <p>Martyn Waygood noted that the health board is 6th in Wales in relation to IPC infection rates, and queried if other health boards are improving in this area which is why we remain 6th. Richard Evans advised that the ribotyping does not represent the position within hospitals and added that there has been a rise in C.diff that can be associated with COVID-19 anti-microbial treatment. A national review is underway, which will provide more understanding on this issue. He noted that there have been different sorts of antibiotics that have related to C.diff within the health board. Lisa Hinton will include this information in her IPC reports going forward.</p> <p>Martyn Waygood queried the status of the development of ward dashboards. Lisa Hinton advised that the developments have been postponed in light of COVID-19 activity; however, it remains on the work plan.</p> <p>Maggie Berry queried how the hospital acquired infections and patients returning to good health is being monitored. Lisa Hinton advised that a COVID-19 notice had been implemented for staff and patients, which determines when patients are formally recovered.</p> <p>Maggie Berry queried whether it is the appropriate time to open the field hospitals to make decant space available for deep cleans. Lisa Hinton highlighted that deep cleans are still possible within hospital sites which is sufficient for COVID-19, however the 4D cleaning is not possible without decanting facilities. Christine Williams noted that the field hospital has a specific super surge use and it is not possible to move acutely unwell patients into the environment. Maggie Berry queried whether medically fit for discharge patients would be suitable for the field hospital. Chris White advised that if patients were moved into the field hospital, they would need to be there for a short period.</p> <p>Maggie Berry queried the air exchange rate comparison against the national standards. Lisa Hinton is awaiting an update from the estates department.</p>	
<p>Resolved:</p>	<p>The report was noted.</p>	

245/20	MENTAL HEALTH SERVICES RESPONSE TO COVID-19 PANDEMIC	
	<p>A report providing an update in relation to the Mental Health Services response to the COVID-19 pandemic was received.</p> <p>In introducing the report, David Roberts highlighted the following points:</p> <ul style="list-style-type: none"> – Strategic Outline Case has been submitted to WG for the revision of outdated adult acute facilities at Cefn Coed Hospital; – The Delivery Unit along with the Local Authority are developing a Modernisation Plan for NHS learning disability services with commissioners in Cwm Taf Morgannwg University Health Board, Cardiff & Vale Health Board and the Regional Partnership Board; – The COVID-19 pandemic has enabled digital innovation within mental health, ensuring clinical prioritisation to support the most in need remains a focus; – – Transforming Mental Health Services Programme was suspended due to the pandemic in March 2020 with project managers redeployed to support COVID-19 emergency planning. It was reinitiated in July with projects asked to take specific account of the impact of COVID-19 as well as longer term development. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen found the report impressive but queried if the carers in the community are being supported. David Roberts advised that he is happy to work with support workers and possibly tailor an offer to suit them to assist in care support. Christine Williams advised that she recently attended a Dementia West Glamorgan Stakeholder workshop and actions were reviewed to support carers.</p> <p>Nuria Zolle queried if there is blending between health and the behavioural science. David Roberts advised that there is a focus on shifting resource to the front end of the service to prevent patients becoming unwell, and the sanctuary is an excellent example of the work being completed. A strong economic base is needed along with Local Authority involvement. He highlighted volunteers have shown interest regarding blending behavioural science.</p> <p>Chris White advised that colleagues are reviving the blended approach and early intervention and de-escalation is needed to prevent mental health issues. David Roberts was confident that Welsh Government funding would assist in the future profile.</p>	
Resolved:	The report was noted .	
246/20	PERFORMANCE REPORT	

The performance report was **received**.

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

- Planned care system is struggling especially for treatment within 36 weeks; however, the rate at which the size of the waiting list is increasing appears to be slowing down. 32k patients are waiting more than 36 weeks for treatment;
- October 2020 saw a reduction in the number of patients waiting over 26 weeks for a new outpatient appointment as well as a reduction in the number of patients waiting over target for diagnostics and therapies;
- Urgent Suspected Cancer referral numbers continue to increase with September 2020 receiving pre-COVID numbers of referrals. This is resulting in an increase in the front end of the waiting list and an increase in the backlog of patients waiting more than 53 days. There are growing backlog issues in diagnostics;
- Fractured neck of femur performance in August 2020 continues to be broadly at Welsh National levels and showing an improved position compared with August 2019;
- There was one never event recorded in October 2020 and this event occurred in Maternity Services;
- There had been an increase in the number of serious incidents reported in September 2020 and this would be kept under review. Following a detailed discussion, a recovery plan had been agreed for mental health and learning disabilities to reduce the backlog of serious incident reviews;
- There had been an increase in one-hour ambulance handover delays, but not to the levels seen pre-COVID-19. Ambulance response times have consistently been above 65% in the year 2020 and in October 2020 performance was 66.2% which was the best in Wales;
- In October 2020, the number of green calls increased by 0.2%, amber calls reduced by 2% and red calls reduced by 13% compared with September 2020;
- The overall Health Board rate for responding to concerns within 30 working days was 72% in August 2020 against the Welsh Government target of 75% and Health Board target of 80%;
- In September 2020, 99% of patients waited less than 26 weeks for psychological therapy. This was above the national target of 95%.

In discussing the report, the following points were raised:

Jackie Davies commented that staff must be feeling overwhelmed when trying to deliver a service for many of the services affected by COVID-19, and queried if the health board is confident on delivery. Darren

	<p>Griffiths advised that diagnostics have been the most responsive following good planning and additional resource. There is an expectation that the elective and the referral to treatment long waiting lists will have a 3/5 year long recovery plan, which will need a different way of thinking. He added that the staff are tired, however they are committed and right now the focus is on the highest risks.</p> <p>Richard Evans advised that it is a challenge to work through, and there are people who have not yet presented to their General Practitioner (GP), which reflects an underlying backlog. If WG change their prioritisation guidance then this may assist in clearing the backlog. Chris White highlighted the importance of looking after staff and making noticeable changes quickly in the outpatient departments.</p> <p>Reena Owen advised committee members that at November's Performance and Finance Committee it was confirmed that patients on priority levels 1 to 4 are reviewed regularly to ensure they are being updated and assigned to the correct priority. She also advised that a medically fit for discharge report will be received at December's Performance and Finance Committee.</p> <p>Chris White informed committee members that the health board is in a difficult position with core capacity being full and it stretching into surge capacity. Intensive Care Unit has overflowed into Enfys Unit at Morriston Hospital and this is a difficult time for all staff.</p>	
Resolved:	The performance report was noted .	
247/20	QUARTER 2 OPERATIONAL PLAN – DELIVERY OF ACTIONS	
	<p>A report providing an overview in relation to the Q2 Operational Plan - Delivery of Actions was received.</p> <p>In introducing the report, Karen Stapleton highlighted that the report provides a summary of milestones including details of two actions, which remain outstanding.</p>	
Resolved:	The report was noted .	
248/20	PATIENT EXPERIENCE REPORT	
	<p>The patient experience report was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> – The report reflects improvement in complaint response times; – The Corporate Complaints Team have returned to a 7 day working schedule; 	

	<ul style="list-style-type: none"> – Targeted support and training is being provided to the mental health team in relation to serious incident responses. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if there was a framework for patient communication as it would be helpful to formalise response expectations. Pam Wenger confirmed that she would make enquiries with the Head of Patient Experience, but noted that there is an individual within the health board who provides specific training for patient communications. Christine Williams advised that patient communications is a part of the ‘putting things right’ training.</p> <p>Nuria Zolle queried whether the communication from patients in respect of feedback is scrutinised, and whether there are there more details available following feedback reviews. Pam Wenger advised that she would discuss this with the Head of Patient Experience to review the approach.</p> <p>Richard Evans advised that there was a component issue in relation to the Never Event. A representative for the company was present at the surgery, which is not uncommon. Richard Evans will make appropriate enquiries internally in relation to representatives being present at surgery and the quality assurance checks that are in place. Chris White highlighted that clinicians have clinical governance over their patients, and it is helpful for representatives to be present in surgery for future modernisation.</p> <p>Martyn Waygood had concerns that critical comments had been received from those having care at the breast centre, and noted wider feedback generally that some patients did not feel supported in relation to feeding, drinking and pain management. He requested assurance on these points. Pam Wenger advised that both points would be highlighted in December’s report.</p>	<p>PW</p> <p>PW</p> <p>PW</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> – Pam Wenger to discuss the approach to scrutinising patient feedback with the Head of Patient Experience. – Pam Wenger to discuss a Patient Communication Framework with the Head of Patient Experience. – December’s Report to include assurance on breast centre patient feedback and feedback relating to patients being supported with feeding, drinking and pain management. – The report was noted. 	<p>PW</p> <p>PW</p> <p>PW</p>
<p>249/20</p>	<p>PLANNED CARE UPDATE</p>	
	<p>A report providing an update in relation to planned care was received. In introducing the report, Chris White highlighted the following points:</p>	

	<ul style="list-style-type: none"> - The report details the recovery and redesign of outpatient services in line with essential services guidance and the National Outpatient Strategy; - The development and delivery of surgical services is in line with Welsh Government guidelines and the Royal College of Surgeons Clinical Guide to Surgical Prioritisation during the COVID-19 Pandemic; - The clinical prioritisation meeting is held weekly with the involvement of Chris White, Christine Williams and Richard Evans. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry provided committee members with a personal experience of ‘Doctor Doctor’ and wanted clarity on how the health board is communicating to patients that the texts are not from scammers. Richard Evans suggested that the text is forwarded to Chris White for him to review and adjust the communication accordingly. Chris White apologised to Maggie Berry for confusion following the communication and advised that the feedback would be circulated to the team.</p> <p>Reena Owen highlighted that in November’s Performance and Finance Committee a discussion on equity of access to the private sector took place. Chris White advised that access to the private sector had been raised with the Director of Delivery in WG and the NHS Wales Chief Executive. There is also a need to put concerns formally in writing to WG to continue the efforts for the health board’s population. He added that the health board is exploring a number of specialties outside of Wales to provide urgent care for patients.</p>	
Resolved:	The report was noted .	
250/20	PHONE FIRST AND 111	
	<p>A report providing an update in relation to ‘phone first’ and 111 was received.</p> <p>In introducing the report, Alison Gallagher highlighted the following points:</p> <ul style="list-style-type: none"> - The local ‘phone first’ model will be provided throughout the 24 hour period, and will be integrated into existing services including the Acute GP Unit and the GP out of hours’ service; - The model is aimed at reducing ED demand by streaming patients to appropriate alternative pathways of care; - The model will be a part of the local unscheduled care system and aligned to the Health Board objectives in terms of unscheduled care delivery, patient safety and performance; 	

	<ul style="list-style-type: none"> – The key risks in relation to the model relate to availability of the GP workforce to enhance the existing services that will adopt the model, and the short term funding agreement in place which ends March 2021; – The model will be operational from December 1st 2020, however it is likely that a soft launch approach will be adopted until 111 recruitment is completed and has a robust workforce to respond to anticipated increased demand; – A national communication strategy is still outstanding, along with national governance arrangements. <p>In discussing the report, the following items were raised:</p> <p>Maggie Berry queried the confidence of recruitment to enable the service. Alison Gallagher advised that a full rota has been agreed for December 2020, however the GP out of hours rota is fragile. The demand for staff is managed using existing resource and the lead clinician has received five expressions of interest.</p> <p>Nuria Zolle queried the costs and if there were any expectations in savings. Chris White advised that funding is not covered by COVID-19 monies; however, money is being maximised via unscheduled care agreed by the commissioner of the East Transformation Fund. The funding is categorised as usual business.</p> <p>Alison Gallagher informed committee colleagues that if a patient phones 111 but requires emergency treatment, then the call is diverted to 999 immediately. Chris White advised that moving forward the service should be in a favourable position for funding in Q1 of the financial year.</p>	
Resolved:	The report was noted .	
251/20	CONSULTANT CONNECT	
	<p>A report providing an update in relation to Consultant Connect was received.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> – The service is a mechanism for communication between clinicians. It facilitates conversations with GP’s and secondary care clinicians; – There is scope to extend the service into other specialities. <p>In discussing the report, the following items were raised:</p> <p>Chris White noted that this is an exciting venture for the health board and opens the options available to patients. Scott Howe gave a personal account of using 111 and Consultant Connect and was impressed with both services. Martyn Waygood commented that the</p>	

	system was good and he had followed the development via cluster panel lead meetings.	
Resolved:	The report was noted .	
252/20	HEALTHCARE STANDARDS PROCESS 2020-21	
	A report providing an update in relation to the Healthcare Standards Process 2020-21 was received and approved .	
253/20	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 most recent QSGG meeting took place on 23rd October 2020; – There has been an increase in stillbirths and social media communication was provided in the report surrounding this issue; – The review of stillbirths is yet to be completed, but will be reported to QSGG once approved; – The timescale to complete service plans to replace the fleet of ventilators in neonatal department has accelerated. Procurement will be involved with purchasing new ventilators; <p>In discussing the report, the following points were raised:</p> <p>Reena Owen highlighted her concerns with smoking cessation and stillbirths, and there is a need for renewed focus in midwifery as the health board is not achieving its target to stop women smoking whilst pregnant. Christine Williams assured committee members that it is high on the list of midwifery priorities, and following a review it was highlighted that weight and smoking were issues.</p>	
Resolved:	The report was noted .	
254/20	EXTERNAL INSPECTIONS REPORT	
	<p>A report providing an update in relation to external inspections was received.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p>	

	<ul style="list-style-type: none"> – HIW have completed a national review of maternity services across Wales. Singleton Hospital and Neath Port Talbot Hospital’s maternity services were inspected as part of the review. The Chair, Chief Executive Officer, Medical Director and Director of Nursing were interviewed, and the report is expected to be published in Q3 of 2020/21; – A Learning from Inspections Newsletter has been developed to help promote learning and action following the inspection findings; – A Tier 1 inspection of Gorseinon Hospital took place on 4th September 2020 and no immediate improvement plan was required. One issue relating to clinical supervision was identified, and the final report was received on 1 October 2020; – A Tier 1 inspection of Morriston Hospital’s Ward B was carried out on 9th September 2020. The completed improvement plan was accepted by HIW as sufficient assurance and the final report was issued on 1 October 2020; – A Tier 1 inspection of Morriston Hospital’s Cyril Evans Ward was carried out of 9th September 2020. No improvement plan was required and two suggestions were made for consideration. The final report was received on 7th October 2020; – A Tier One quality check was carried out at Singleton Hospital’s Oncology Ward on 3rd November 2020, and no feedback has been received to date; – A Tier 1 inspection at Neath Port Talbot Hospital Minor Injury Unit took place on 17th November 2020, and the evidence request has been completed and returned to HIW; – An inspection at Morriston Hospital’s ED had been rescheduled to take place in January 2021. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if the findings from the HIW inspections feed into the health board risk register. Pam Wenger advised that the board assurance framework details assurance gaps in internal and external inspections and this is reported to Audit Committee.</p>	
Resolved:	The report was received and noted .	
255/20	WHSSC CHAIR’S REPORT	
Resolved:	The WHSSC Chair’s Report was received and noted .	
256/20	ITEMS TO REFER TO OTHER COMMITTEES	

	There were no items raised.	
257/20	ANY OTHER BUSINESS	
	There were no items raised under any other business.	
258/20	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 15 th December 2020.	