

Swansea Bay University Health Board
Quality and Safety Committee
Unconfirmed minutes of the meeting held on 28th January 2020
at 1.00pm in the Millennium Room, Second Floor, HQ

Present

Martyn Waygood, Interim Vice Chair (in the chair)
Reena Owen, Independent Member
Jackie Davies, Independent Member

In Attendance

Gareth Howells, Director of Nursing and Patient Experience
Sian Harrop-Griffiths, Director of Strategy
Pam Wenger, Director of Corporate Governance
Darren Griffiths, Associate Director of Performance and Finance (minute 10/20 to 13/20)
Richard Evans, Medical Director (from minute 06/20)
Leah Joseph, Corporate Governance Officer
Keith Reid, Director of Public Health (from minute 06/20)
Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control (minute 10/20)
Scott Howe, Healthcare Inspectorate Wales
Neil Thomas, Deputy Head of Internal Audit
Helen Higgs, Head of Internal Audit
Delyth Lewis, Wales Audit Office
Wendy Lloyd-Davies, Community Health Council
Craig Wilson, Deputy Chief Operating Officer
Susan Jose, Interim Head of Midwifery (minute 05/20)
Nicola Edwards, Head of Nursing – Safeguarding (minute 10/20 to 11/20)

Minute

Action

01/20 WELCOME AND APOLOGIES FOR ABSENCE

Martyn Waygood welcomed everyone to the meeting. The following apologies were noted: Maggie Berry, Independent Member, Hazel Lloyd, Head of Patient Experience, Chris Morrell, Deputy Director of Therapies and Health Science and Chris White, Chief Operating Officer.

02/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

03/20 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12th December 2019 were **received** and **confirmed** as a true and accurate record, except to note the following:

180/19 Internal Audit Update

No rating applied in respect of Nursing Quality Assurance as it was an interim follow up review. Peer reviews have been undertaken, the wards have been revisited by Audit to review improvements a revised action plan was agreed, with a target completion date of November 2019.

Limited assurance has been given in respect of Human Tissue Authority with regard to mortuary services. Whilst action had been taken following the Human Tissue Authority inspection, a plan was not in place to address the other shortfalls identified following management's self-assessment, and in some cases there had not been sufficient time to implement actions fully.

04/20 MATTERS ARISING NOT ON THE AGENDA

(i) 173/19 Infection Control Report

Gareth Howells highlighted the possibility of a change in use of Ward G at Morriston Hospital, as there has been an increase in healthcare acquired infections (HCAIs). There is a proposal to move Ward G to Neath Port Talbot Hospital and use the original location as a decant area. Another proposal is to install a demountable unit to be used to decant patients into, to enable deep cleans.

(ii) 182/19 Quality and Safety Governance Group

Martyn Waygood will share the Strengthening Health and Care Quality and Safety in Wales Five Year Plan with the committee.

MW

05/20 CHANGE IN AGENDA ORDER

The agenda order be changed and items 2.1 be taken next, with 1.5, 1.6 and 1.7 following.

06/20 PATIENT STORY: HANNAH'S STORY

Sue Jose was welcomed to the meeting and introduced Hannah's Story. This patient story was an account of a lady who had experienced a distressing birth. Following her discharge from hospital, Hannah found the community midwife visits carrying out post-natal checks at her home quite stressful due to the community midwives not arriving in a timely manner. A comment regarding the way Hannah was breastfeeding her son from a visiting midwife upset Hannah, which in turn affected Hannah's sleeping pattern. Hannah was taken by her husband to Morriston Hospital, and then referred onto Cefn Coed Hospital. Hannah was sent home by Cefn Coed Hospital so that she could breast feed her son. However, the following day Hannah's husband took her back to Morriston Hospital as Hannah was having difficulty coping. Staff at Morriston Hospital were able to secure a bed at Singleton Hospital, and

Hannah was readmitted to the ward. Whilst at the ward, Hannah received care from a perinatal mental health midwife who spoke to, listened to Hannah and reassured her. Hannah has since received counselling and is feeling better.

In introducing the report, Sue Jose highlighted key issues which included continuity of care, communication in respect of breast feeding, having a main midwife to provide care and the patient's referral to Cefn Coed Hospital. Perinatal Response and Management Services (PRAMS) is a specialised team within Neath Port Talbot Hospital which provides assessments and treatment for anxiety, depression and distress following traumatic births. Sue Jose informed the committee that a three month scoping exercise is taking place from January to March 2020 and two midwives will be attending to enhance their skill sets. Currently there is no lead for perinatal mental health, however a mother and baby unit is being planned through Welsh Health Specialised Services Committee (WHSSC), and this local service will need to link in with the national service. The story has been shared with the community teams and the task and midwifery working groups.

In discussing the story, the following points were raised:

Jackie Davies was pleased to hear that the regional mother and baby unit is underway and queried how this will link with the local community mental health service. Sue Jose confirmed that there is a good referral service into PRAMS, and the community midwives have mandatory training to assist with mental health referrals.

Reena Owen asked if there is a designated midwife to ensure relationships are built. Sue Jose assured that every woman should have a named midwife within the community setting, and the expectation is that each woman should have no more than two midwives throughout the antenatal process.

Sian Harrop-Griffiths attended a meeting with Welsh Government, NHS Wales Collaborative and WHSSC and an interim proposal was agreed which involved a six bedded unit in Tonna Hospital and will assist to co-locate the community team. Welsh Government have agreed to support the capital on this bid. There will be a stakeholder consultation for a long-term permanent solution and the capital works are expected to take up to 12 months.

Martyn Waygood passed on his thanks to Hannah for sharing her story.

Resolved The patient story was **noted**.

07/20 ACTION LOG

(i) 160/19 Healthcare Inspectorate Wales

Scott Howe advised that the wording in the previous Healthcare

Inspectorate Wales (HIW) dental report that came to October's committee was not correct. If all the audit targets are met, then the dental practice X-ray system is deemed safe. If at least one out of the audit targets is not met, then there may be areas of improvement however they would not necessarily be deemed as unsafe. In light of this there are no concerns in respect of the X-Ray use at eight practices previously deemed 'unsafe'.

Resolved: The action log was **received** and **noted**.

08/20 WORK PROGRAMME 2019/20

The committee's work programme was **received** and **noted**.

09/20 WORKSHOP ACTION LOG

Reena Owen raised the effects on a patient when their operation is cancelled at the last minute. Gareth Howells noted the importance of understanding the patient experience feedback and what it is actually like to be a patient under the health board's care. Gareth Howells added that there is work ongoing to capture the impact on friends and family.

Pam Wenger suggested that a paper linking the workshop patient feedback actions and the Cwm Taf Morgannwg University Health Board Governance review be brought to the committee in February.

HL

Resolved: The work shop action log was **received** and **noted**

10/20 INFECTION PREVENTION CONTROL

Martyn Waygood welcomed Lisa Hinton to the meeting.

A report providing an update in relation to infection control was **received**.

In introducing the report, Lisa Hinton highlighted the following points:

- Clostridium difficile has increased at both Morriston and Singleton Hospitals, therefore increasing pressure on these sites;
- The lack of availability to complete cleaning audits is a risk and this has been added to the risk register;
- A shortfall remains in cleaning hours due to vacancies and sickness. There are 200 cleaning hours not filled at Singleton Hospital and 270 cleaning hours not filled at Morriston Hospital. Three people have been recruited into domestic posts since October 2019. A paper focusing on recruitment will be raised at February's Senior Leadership Team meeting as both Singleton Hospital and Morriston Hospital are underfunded to meet the national standards of cleanliness.
- In addition to the 200 and 270 cleaning hours, Singleton Hospital

- requires 275 hours to meet the national standards of cleanliness and Morriston Hospital requires 793 hours to meet the same;
- Pre-emptive beds create an infection prevention control challenge due to the close proximity of beds;
- Ultraviolet C (UV-C) environmental decontamination is on trial until March 2020. If the equipment is not purchased after March, there will be no enhanced cleaning technologies within the health board.

In discussing the report, the following points were raised:

Reena Owen suggested that the thought process needs to be more imaginative to entice people to apply and accept domestic roles. Lisa Hinton confirmed that there are hostess and domestic split posts available and senior roles are being offered in order to support the domestics in post.

Gareth Howells confirmed that the issues within recruitment have been added to the risk register and the team have been transparent with the figures. He apologised for the sharpness of the data and the report, however it is an honest account of the current situation, and added that the health board has to reach a zero tolerance for infections.

Craig Wilson confirmed that he meets with the Head of Support Services on a regular basis and highlighted the hard work of the staff and their dedication.

Wendy Lloyd-Davies queried whether a contracted company can manage domestics for the health board. Gareth Howells highlighted that a private company could be an option, however it would need to go through a tendering process and there is a risk of increased costs.

Martyn Waygood noted the risk of not meeting the national standards of cleaning by some margin, which in turn increases the infection control risks, and he added his concerns that the Board have not been sighted on this issue. Gareth Howells informed the committee that a formal plan regarding the recruitment issues will need to be brought back to this committee following the Senior Leadership Team. Pam Wenger suggested that an assessment is completed for this committee to identify the levels of risk and the action to be taken.

CW

Sian Harrop-Griffiths added that the ongoing work is good, and accepted and agreed with Gareth Howells' comment of zero tolerance. She stated that the health board needs to rethink the recruitment process. She informed the committee that decanting options are part of the capital programme discussions. Superficial improvements were made last year, however due to the pressures, this work has not been possible this year.

Craig Wilson advised that he has been asked to review surge and possibilities for space to enable decanting.

Martyn Waygood closed this item by noting the efforts and hard work

that is being put towards this risk, however the health board is not there yet.

- Resolved:**
- The report was **noted**.
 - Formal assessment and action plan be provided at February's committee focusing on the health board's infection control recruitment issues to identify the risks and actions being taken.

CW

11/20 SAFEGUARDING

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

In introducing the report, Nicola Edwards highlighted the following points:

- Consideration of how to promote the use of digital technology to use the Procedures;
- Integrated Duty to Report, all "Adult at Risk Reports/Referrals" to be submitted to relevant Local Authority from 3rd February 2020 in line with the Social Services and Well-being (Wales) Act 2014;
- Change of language 'Safeguarding' and 'Adult at Risk', (not POVA) and 'Report not Referral' (not VA1);
- All Adult and Child at Risk/Professional Concerns Reports are to be submitted to the Local Authority where the abuse/neglect occurred and followed up in writing on the relevant form within 24 hours;
- All referrals will go into a report to the Local Authority and will be managed by the Local Authority, with an aim of a 5 day turnaround for the initial meeting to take place;
- This process has been in place for children's services since 2011. The health board will no longer manage the referrals, which will give the health board's safeguarding team availability to work on other cases.

- Resolved:** The report be **noted**.

12/20 UNSCHEDULED CARE

A report providing an update in relation to unscheduled care was **received**.

In introducing the report, Craige Wilson highlighted the following points:

- There is an upward trend on complaints, concerns and incidents.
- Unscheduled care is Morriston Hospital's highest risk, however the health board is working with WHSSC to cohort patients outside Accident and Emergency department to minimise risk.
- Surge capacity is under review;
- Following the Minister for Health and Social Service's visit to

Morrison a few weeks ago, funding has become available at the end of March to reduce numbers in medically fit patients at Morrison Hospital and to assist with the care packages to enable discharge.

In discussing the report, the following points were raised:

Jackie Davies raised concerns that union's call rates have increased in regards to pre-emptive beds. Gareth Howells commented that pre-emptive (escalation) beds were not utilised on wards for six months, and added that the focus on the winter plan requires momentum so the pre-emptive beds are not used.

Reena Owen recounted a personal visit to Morrison Hospital's Accident and Emergency Department. The coffee machine was out of use, the department was cold and the environment was poor. She queried whether there is money available from charitable funds to fund a pop-up café when the coffee machine is out of use, a heater be purchased to provide warmth to patients, and whether reading material can be purchased to entertain patients. Craige Wilson acknowledged Reena Owen's comments and advised that similar feedback has already been passed on to the Service Director.

Martyn Waygood requested a report and action plan in respect of the facilities at Morrison Hospital's Accident and Emergency Department.

Craige Wilson informed the committee that the 'Hospital 2 Home' service has been fully embedded. The patient flow coordinator will be reviewing the 'Hospital 2 Home' data to analyse whether it is delivering against expectations. **CW**

Sian Harrop-Griffiths added that 'Hospital 2 Home' is the regional partnership board priority and has been funded through the integrated care fund.

Martyn Waygood requested an updated unscheduled care report is brought to February's committee.

CW

- Resolved:**
- Updated unscheduled care update report to be brought to February's committee. **CW**
 - Report and action plan in respect of the facilities at Morrison Hospital's Accident and Emergency Department be brought to February's committee. **CW**
 - The report was **noted**.

13/20 **PERFORMANCE REPORT**

The performance report was **received**.

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

- A new Never Event was reported in December 2019 relating to wrong site surgery within Orthopaedics in Morriston Hospital. This is included in the serious incident reporting element on page 18 of the report. Actions are being taken forward via a strategy meeting chaired by the Interim Deputy Medical Director and a local safety Alert is being completed to be issued within Morriston Delivery Unit.
- The charts (page 22 and 23) set out performance against the 7 key fractured neck of femur metrics and they indicate an improving picture on orthogeriatric assessment, prompt surgery and The National Institute for Health and Care Excellence (NICE) compliant surgery amongst others. There are some challenges still to be met in terms of patients returning to their original residence and the overall mortality score when compared to the Welsh average. A range of actions is set out in support of improvement in this important area.
- The Unscheduled Care section of the report (pages 32, 33 and 34) show the 4 hour Emergency Department performance in December as 70.94%. Ambulance call responses were marginally higher in December and behind this, red call response times within 8 minutes in December were at 61.8%, and early indications are that January to date is 65.9%. The numbers for 1 hour handovers increased slightly in December with a proportionate increase in the number of handover hours.
- The demand position shows that the number of emergency attendances and admissions are relatively flat, if not slightly lower in December, but what can't be seen in the report is acuity. The Health Board has seen a 20% increase in patient's with triage category 1, 2, and 3 over the last 8 months, which can be taken as a proxy for patient acuity.
- December reported the highest number of stroke admissions in the last 13 months;
- Planned care performance has been affected by unscheduled care pressures and changes to taxation on pension rules affecting the willingness of medical colleagues to undertake flexible additional and core sessions;
- Good progress has been made since April 2019 within the 5 key specialties of the national planned care programme (Dermatology, Ear Nose and Throat, Ophthalmology, Orthopaedics and Urology);
- Cancer performance is validated over 28 days following the month end close down so December position should be

considered draft and extra capacity in radiotherapy at the moment to protect waiting times performance and has been agreed and commenced.

In discussing the report, the following points were raised:

Reena Owen asked how the health board takes into account the patient's expectations and their mental wellbeing, specifically operations cancelled at the last minute. Richard Evans responded advising that clinicians are clear in regards to expected waiting times, and Orthopaedic Consultants often provide a timescale which is longer than the average timescale to reduce patient's anxiety. He added that recently the patients that are currently on the 52 week waiting list received a letter informing them that they had not been forgotten and if they had concerns they could contact their general practitioner.

Craige Wilson reassured the committee that staff do try to give 24 hours' notice of cancelled operations if this can be envisioned due to unscheduled care pressures. However, a cancellation is avoided at all costs if it relates to a cancer patient. If a cancer patient's operation is cancelled, then they are rolled over to the next day.

Resolved: The report was **noted**.

14/20 MORTALITY REVIEW

A report providing an update in relation to mortality reviews was **received**.

In introducing the report, Richard Evans highlighted the following points:

- Current stage 1 completion is around 100%, stage 2 completion is around 35% after 1 month, but this increased to 90% after 3 months. This appears mainly due to the unavailability of notes;
- Currently there is a Medical Examiner post advertised which will change the mechanism of the process. The post will be recruited centrally and is likely to be based at Morriston Hospital. The timescale is April 2020 for the post to be filled.

Resolved: The report be **noted**.

15/20 INTERNAL AUDIT

A report providing an update in relation to internal audit was **received**.

In introducing the report, Neil Thomas highlighted the following points:

- The key audit report for consideration was 'Annual Plan: Quality Impact Assessment'. This is the first year that a structured process has been undertaken, which promotes consistency across the units.

- A key issue raised was that the Singleton unit did not provide robust records of QIA documentation sign-off.

In discussing the report, the following points were raised:

Gareth Howells highlighted that a panel was developed in January and the audit committee will monitor the ongoing actions.

Resolved: The report was **noted**.

16/20 COMMUNITY HEALTH COUNCIL MONITORING RETURNS

A report providing an update in relation to Community Health Council (CHC) monitoring returns was **received**.

In introducing the report, Sian Harrop-Griffiths highlighted the following points:

- There have been a total of 12 reports received since September 2019, 11 monitoring reports and 1 thematic report, and 2 of these remain outstanding. This is being followed up with the units.

In discussing the report, the following points were raised:

Reena Owen found it useful to read the perspective of the CHC.

Martyn Waygood noted the number of hygiene issues and problems raised in Primary Care in relation to the triage process and whether this can be improved. Sian Harrop-Griffiths confirmed she would relay this back to the units.

SHG

Resolved:

- Hygiene issues and problems raised in Primary Care in relation to the triage process and whether this can be improved to be fed back to the units.
- The report be **noted**.

SHG

17/20 KEY ISSUES: QUALITY AND SAFETY GOVERNANCE GROUP

A report providing an update in relation to the quality and safety governance group was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- Attendance at the recent quality and safety governance group was good;
- Two main issues have been escalated to this committee. The first being the use of fire doors being blocked with escalation beds during times of high demand. The second being the Never Event position and the requirement to review and manage the overarching improvement plan at corporate level.
- Gareth Howells suggested a deep dive on these two main issues

GH/HL

to come to February's committee.

- Resolved:**
- Deep Dive: Use of fire doors during times of high demand to be brought to February's committee. **GH**
 - Deep Dive: Never Event position and the requirement to review and manage the overarching improvement plan at corporate level to be brought to February's committee. **HL**
 - The report was **noted**.

18/20 HEALTH CARE STANDARDS UPDATE

A report providing an update in relation to Health Care Standards was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The overall self-assessment is due in March 2020, with the final self-assessment being presented to this committee in April 2020.

Resolved: The report be **noted**.

19/20 ITEMS FOR INFORMATION

A report providing items for information was **received and noted**.

20/20 ITEMS TO REFER TO OTHER COMMITTEES

These were discussed throughout the meeting.

21/20 ANY OTHER BUSINESS

Martyn Waygood informed the committee that he would bring WHSSC's Quality and Safety Report to committee, when available, going forward as he has joined their committee. The three areas of concern in relation to the health board were cardiac, Caswell Clinic and Women and Children's transportation of unwell children throughout a 24 hour period.

22/20 NEXT MEETING

This was scheduled for 25th February 2020.

23/20 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.