

Swansea Bay University Health Board
Quality and Safety Committee
Unconfirmed minutes of the meeting held on 23rd June 2020
at 2.00pm in the Millennium Room, Second Floor, HQ

Present

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

In Attendance

Gareth Howells, Director of Nursing and Patient Experience
 Chris White, Chief Operating Officer/ Director of Therapies and Health Science
 Nigel Downes, Head of Quality and Safety
 Sian Harrop-Griffiths, Director of Strategy (via Skype)
 Darren Griffiths, Interim Director of Finance
 Richard Evans, Medical Director (via Skype from minute 135/20)
 Leah Joseph, Corporate Governance Officer
 Hazel Lloyd, Head of Patient Experience (via Skype)
 Pam Wenger, Director of Corporate Governance (via Skype)
 Hannah Evans, Director of Transformation (via Skype)
 Carol Moseley, Wales Audit Office (via Skype)
 Keith Reid, Director of Public Health (via Skype)

<u>Minute</u>		<u>Action</u>
129/20	WELCOME AND APOLOGIES FOR ABSENCE	
	Martyn Waygood welcomed everyone to the meeting. The following apologies were noted: Nuria Zolle, Independent Member; Keith Lloyd, Independent Member; Neil Thomas, Deputy Head of Internal Audit; Chris Morrell, Deputy Head of Therapies and Health Science.	
130/20	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
131/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the main and in-committee meetings held on 26 th May 2020 were received and confirmed as a true and accurate record.	
132/20	MATTERS ARISING NOT ON THE AGENDA	
	There were no matters arising raised.	
133/20	ACTION LOG	
	i. <u>Action 9 – 42/20 Health and Social Care Quality and Engagement Bill</u>	

	<p>Martyn Waygood informed committee members that the bill has received Royal Assent and is now the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <p>i. <u>Action 10 – 47/20 Recruitment processes in other organisations</u> Chris White suggested that this action is referred to Workforce and OD Committee.</p> <p>ii. <u>Action 13 – 107/20 Screenshots of dashboard</u> Martyn Waygood noted that many independent members do not have access to the dashboard and advised that he would discuss this with the Associate Director of Digital Services.</p> <p>iii. <u>Primary Care Metrics – Quality and Safety Workshop Action Log</u> Martyn Waygood commented that the meeting with the Clinical Director of Quality and Safety for Primary Care had not yet taken place, however he is keen to receive the Primary Care metrics and queried whether this data was now available. Chris White noted that that interim Head of Primary Care had recently attended a meeting to discuss the metrics, however the unit would benefit in knowing of patient experiences. Darren Griffiths advised that the performance portfolio remains with him and his team, and he will assist to obtain the Primary Care Metrics. Gareth Howells informed committee members that the metrics are contractual, however dates need refining. Sian Harrop-Griffiths stated that she is having discussions with the Community Health Council (CHC) having received good feedback from them, and following this she will be linking with Darren Griffiths on this piece of work.</p> <p>iv. <u>Patient Referrals</u> Reena Owen queried whether many people are coming forward for referrals, and asked whether the Health Board is having discussions with the CHC and other patient representatives. Chris White advised that communication is being circulated via the health board's Twitter and Facebook pages, and work is being taken with the Primary Care clusters on patient referrals. Sian Harrop-Griffiths recounted a meeting with the CHC's Chief Officer and a framework is being developed for changes that are needed. The initial discussion is taking place next week, with the expectation that the framework will be presented at July's Health Board meeting. Gareth Howells highlighted the importance of getting to a point where people are comfortable to use the services available, and a wider piece of work on communications across NHS Wales is needed to spread the message. Martyn Waygood responded by stating that Welsh Government (WG) are trying to get this message across and he will raise this with the Health Minister.</p> <p>Martyn Waygood queried if there was a local basis for encouraging people to receive treatment. Gareth Howells advised that a key piece of work has been completed with general practitioners, and the ongoing communication message is '<i>we are open</i>'. Gareth Howells added that visits to the Accident and Emergency Department (A&E) have increased</p>	<p>CW</p> <p>MW</p> <p>DG</p> <p>MW</p>
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	and local focus work would be supported by national communications. Hannah Evans advised that there is an All Wales Communications Plan, and a cancer campaign is being led by WG as the Welsh Cancer Network is concerned by the drop in referrals. Chris White advised that the Macmillan general practitioner for the Health Board has attended the Primary Care cluster meetings, and also Consultant Connect is now live which may highlight a new type of demand as it is connecting first and secondary care.	
134/20	WORK PROGRAMME 2019/20	
	The work programme was noted .	
135/20	RESPONSE AND RECOVERY COORDINATION OF ESSENTIAL SERVICES	
	<p>A report providing an update in relation to Response and Recovery Coordination of Essential Services was received.</p> <p>In introducing the report, Hannah Evans highlighted the following points:</p> <ul style="list-style-type: none"> - The report is high level and provides performance context in respect of patient population and essential services; - The report provides an update on the national and local frameworks and their approach; - The report also highlights the priorities for surgery, diagnostics and non-surgical cancer; - The report details the next steps for the Quarter 2 plan. <p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths provided the committee with performance context and noted that although A&E department attendance rates had significantly dropped at the beginning of the COVID-19 (COVID) pandemic, rates are beginning to return to previous levels. He added that there had been a reduction in the A&E 4 hour waits. The referrals number had reduced, and activity had reduced by a similar level. Due to the reduction in referrals the volume of patients within the list had not changed, however the length of time to treatment is increasing. Darren Griffiths informed the committee that planned care referrals have dropped significantly, however the size of the waiting list remained the same, the length of waiting time is increasing, and the cancer referrals into the system are less.</p> <p>Hannah Evans advised that section 3 of the report details the Quarter 2 framework following guidance from Welsh Government. She highlighted that the Health Board's response to the essential services agenda had been absorbed into the Reset and Recovery Programme, and work cells have been set up across different organisations to strengthen the response. Hannah Evans stated that infection prevention control (IPC) is a significant component of the next phase and to support this, at an all Wales level, a Nosocomial Transmissions Group has been established</p>	

<p>which is attended by the Health Board's Director of Nursing. She highlighted that it is harder to build services back up than to take them down, however the Quality Impact Assessment (QIA) process will support the reinstatement of activity to ensure it is controlled and structured based on risk. She drew the committee's attention to the details on complaints, incidents and patient experience. There will be challenges in terms of workforce, IPC, PPE (personal protective equipment) and social distancing, and working through demand and capacity is challenging.</p> <p>Jackie Davies queried the status of theatre utilisation considering where this stood pre-COVID, and needed an understanding as to why additional staff are needed within a theatre setting than pre-COVID. Chris White highlighted the difficulties faced by theatre staff which included PPE, red and green zones, reduced lists, outpatient department, how patients are managed and how all areas have to be cleaned once a patient has been transferred from the recovery room. He advised that even though there are difficulties, there is movement on each site which is allowing theatres to be reopened and staffed safely. Theatre staff that had been redeployed are now moving out of the Intensive Treatment Unit due to the reduction of patients.</p> <p>Hannah Evans noted that the same methodology is being used within Ophthalmology to take the learning forward. She added that the biggest challenge is demand and capacity. Surgery has been categorised into 5 areas and this process is clinically led. She confirmed that the models have changed due to numbers in theatres being calibrated. Chris White added that he attends weekly meetings with Darren Griffiths and Hannah Evans to review what cases are going through theatres, and is assured with regard to patients within the category areas which need to be seen more quickly, however there are some issues around those for whom the timescales are longer as patients are not going into a theatre environment quickly due to safety measures. He advised that theatre teams are looking at options, however the late starts pre-COVID are different to post-COVID, and comparisons are difficult. Through necessity there has been innovation and there have been gains in respect of nerve block anaesthesia for cancer patients, avoiding the use of general anaesthetic. Gareth Howells reminded committee members that the health board is presuming all patients are positive for COVID, and as such PPE and social distancing are hindering the staff. Hannah Evans advised that there is also innovation within the Ear, Nose and Throat department using different models to reduce the need for anaesthesia.</p> <p>Reena Owen queried if decanting areas to enable cleaning is taking place. Gareth Howells advised that IPC processes to provide safe care is a high focus and targets previously set are going well, apart from Clostridium difficile (C.diff) rates. He added that there are fortnightly C.diff meetings and prescribing levels are currently high due to the pandemic. Gareth Howells stated that the focus on targeted intervention</p>

	<p>has not gone away, and there have been opportunities to deep clean empty areas at Neath Port Talbot, Singleton and Morriston Hospitals. No pre-emptive beds have been used for the past 4 months, and recruitment into all domestic roles had taken place. He advised that one of the key focus areas of Quarter 2 guidance is specifically around cleaning and IPC.</p> <p>Reena Owen queried how the health board can risk assess the people and the harm caused whilst remaining on the waiting lists. Chris White advised that the risk is the same as compared to pre-COVID. He added that although the health board may be able carry out diagnostics, the availability to report on them and ultimately sign post the patient to the correct clinician is paramount. Chris White noted that Consultants are encouraging patients to come in for surgery at the pre-assessment appointment, and the teams are ensuring that the areas are as COVID clean as possible. He advised that the health board needs to allow for quality conversations with patients to enable them to make clear and measured decisions.</p> <p>Jackie Davies queried where reset and recovery would stand if a second wave of COVID hit. Chris White advised that the health board is trying to map the second wave using information from Public Health Wales, and the Office for National Statistics, Chris White noted that the health board is re-modeling whilst lockdown is easing and Test, Trace and Protect is in place, which in turn could affect workforce's isolation across the health board. Keith Reid added that the modeling is not a prediction, more an assumption; however it provides a framework to enable planning. Keith Reid added that if and when the next surge occurs, the health board will have a better understanding of COVID and isolated clusters may arise in Autumn. Hannah Evans advised that essential services work is needed to be maintained in the event of future peaks.</p> <p>Martyn Waygood queried whether the health board can maintain rapid discharges. Chris White noted that the rapid discharge project is working well, it is supported by Hospital to Home, and relationships with the Local Authority are going to the next level. Sian Harrop-Griffiths noted that the number of discharges in March were significant; however work is needed with the Local Authority to reflect the number of discharges. She added that the Choice Policy has been supported by Social Service Directors, and patients may have to go to a second home of choice to assist with the discharge process. Chris White added that the health board needs to work with care homes to ensure they stay open.</p> <p>Martyn Waygood queried the meaning of '<i>working regionally</i>'. Hannah Evans advised that demand and capacity is mismatched and so partnerships have been formed with Hywel Dda, Cwm Taf Morgannwg and Cardiff and Vale Health Boards to provide support to each other.</p> <p>Chris White advised that the health board is meeting with Welsh Ambulance Service Trust to strengthen the advice provided at home and</p>
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	<p>to review the enhancement of pathways to try to sustain the ambulance handovers and 4 hour waits. He added that the winter plan will involve the discharge methodology to get patients home via rapid discharge and Hospital to Home processes.</p> <p>Martyn Waygood advised that assurance is needed with regard to a robust clinical prioritisation of surgery and diagnostics; he added that the mobile MRI unit is an excellent innovation. Chris White advised that this unit will be based on one of the sites due to the amount of voltage energy required to power it. Chris White added that the team are balancing operations and finance to get the best value and as many patients treated as possible.</p>	
Resolved:	The report was noted .	
136/20	ITEMS TO REFER TO OTHER COMMITTEES	
	133/20 - The item had been discussed earlier in the meeting.	
137/20	ANY OTHER BUSINESS	
	Martyn Waygood noted that this would be Gareth Howells' final Quality and Safety Committee prior to his retirement, and thanked Gareth for his considerable dedication and hard work in supporting this committee. Committee members wished Gareth well for the future	
	NEXT MEETING	
138/20	The next meeting is scheduled for 28 th July 2020.	
	MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.	