

## Swansea Bay University Health Board

### Unconfirmed

## Minutes of the Meeting of the Quality and Safety Committee 25<sup>th</sup> August 2020 at 1.00pm in the Millennium Room, Second Floor, HQ

### Present

Martyn Waygood, Interim Vice Chair (in the chair and via Microsoft Teams)  
Reena Owen, Independent Member (via Microsoft Teams)  
Maggie Berry, Independent Member (via Microsoft Teams)  
Nuria Zolle, Independent Member (via Microsoft Teams)  
Jackie Davies independent member (via Microsoft Teams)  
Keith Lloyd, Independent Member (via Microsoft Teams)

### In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience (via Microsoft Teams)  
Nigel Downes, Head of Quality and Safety (via Microsoft Teams)  
Chris White, Chief Operating Officer/ Director of Therapies and Health Science (via Microsoft Teams)  
Keith Reid, Director of Public Health (via Microsoft Teams to minute 183/20)  
Darren Griffiths, Interim Director of Finance (via Microsoft Teams, minute 177/20)  
Richard Evans, Medical Director (via Microsoft Teams)  
Sian Harrop-Griffiths, Director of Strategy (via Microsoft Teams)  
Leah Joseph, Corporate Governance Officer (via Microsoft Teams)  
Delyth Davies, Head of Nursing Infection Prevention & Control (via Microsoft Teams, from minute 169/20 to 177/20)  
Craig Wilson, Deputy Chief Operating Officer (via Microsoft Teams, from minute 177/20)  
Hazel Lloyd, Head of Patient Experience (via Microsoft Teams)  
Pam Wenger, Director of Corporate Governance (via Microsoft Teams)  
Roger Williams, Head of Pharmacy Acute Services (via Microsoft Teams, from minute 182/20)  
Hugh Patrick, Community Health Council  
Stephen Spill, Special Advisor to the Board – Performance and Finance  
Liz Stauber, Head of Corporate Governance ((via Microsoft Teams, minute 169/20)

Minute No.		Action
169/20	<b>PATIENT STORY: GWEN'S ISOLATION STORY</b>	
	A patient story was received from a lady called Gwen which detailed her isolation and positive and negative experiences during the Coronavirus pandemic lockdown. The story was <b>received</b> and <b>noted</b> and the chair asked that the thanks of the committee be passed on to Gwen for sharing her account.	

<b>170/20</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting. The following apologies were noted: Carole Mosley, Wales Audit Office; Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control; Judith Vincent, Clinical Director – Pharmacy.	
<b>171/20</b>	<b>DECLARATION OF INTERESTS</b>	
	Reena Owen declared an interest in the suicide prevention report (181/20).	
<b>172/20</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	<p>The minutes of the meeting held on 28<sup>th</sup> July 2020 were <b>received</b> and <b>confirmed</b> as a true and accurate record, except to note the following:</p> <p><u>144/20 Work Programme 2019/20</u>          Martyn Waygood suggested the following changes:</p> <p>Martyn Waygood requested that a clinical ethics committee update be added to the work programme as it is <b>particularly pertinent</b> in the current circumstances.</p> <p><u>146/20 Quality and Safety Governance Group</u>          Richard Evans assured that in this case a guide wire was used in an arterial catheterisation, and as a foreign body was retained it was recorded as <b>a</b> never event.</p>	
<b>173/20</b>	<b>MATTERS ARISING</b>	
	There were no matters arising not otherwise on the agenda.	
<b>174/20</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b> and the following updates provided:</p> <p>(i) <u>Quality and Safety Workshop Action Log</u></p> <p>Martyn Waygood suggested that the workshop action log is out of date and therefore is to be reset. The workshop action log will be removed from the action log document.</p>	<b>PW</b>

<b>Resolved:</b>	The action log be <b>noted</b> and the workshop action log to be removed.	<b>PW</b>
<b>175/20</b>	<b>WORK PROGRAMME 2019/20</b>	
	<p>The work programme was <b>received</b> and <b>noted</b>.</p> <p>Martyn Waygood requested that the Healthcare Inspectorate Wales inspections are added to the work programme.</p>	<b>PW</b>
<b>176/20</b>	<b>INFECTION PREVENTION CONTROL</b>	
	<p>A report providing an update in relation to infection prevention and control (IPC) was <b>received</b>.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Clostridium difficile (C.diff), pseudomonas and staph aureus year-end targets are over trajectory, however there has been a reduction in staph aureus and klebsiella infections;</li> <li>- Delivery Units have been asked to develop and submit C.diff plans to the C.diff group which will monitor their progress;</li> <li>- The IPC team have taken the opportunity following the COVID-19 pandemic to plan and evaluate personal protective equipment usage.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if the health board has reached the national minimum standards of cleanliness. Delyth Davies advised that there had been significant recruitment into the domestic department, and although there are a small number of vacancies, the position is far more favourable than it has been. She added that there is a continuing recruitment programme and this has not paused throughout the pandemic. Chris White suggested that the Head of Support Services provides an in-depth update on domestic recruitment, to include the field hospitals from a human resources perspective.</p> <p>Nuria Zolle queried what the health board is doing around behavioural science. Delyth Davies confirmed that a collaboration with Swansea University had taken place which gave opportunities to include medical and nursing students in audits which influenced behaviours. This had been put on hold in light of COVID-19 activity.</p> <p>Chris White advised that there was an active recruitment programme focusing on cleaning hours, however the numbers that turned into substantive posts were lower than expected. Delyth Davies highlighted</p>	<b>CW/</b>

	<p>that the IPC team is now fully established and has been allocated to two specific service groups to challenge behaviours of non-compliance, and stated that it is important that all health board staff members appreciate their role within IPC.</p> <p>Chris White advised committee members that processes are being reviewed going into seasonal pressures, and so are the issues that go alongside increased infection rates.</p> <p>Martyn Waygood noted the importance of maintaining decanting facilities and the outcomes need to be reflected in the improvement rates. Delyth Davies hoped to maintain the decanting facilities, however social distancing requirements may affect capacity.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– An in-depth update on domestic recruitment, including the field hospitals from a human resources perspective be brought to October's committee.</li> <li>– The report was <b>noted</b>.</li> </ul>	<b>CW/</b>
<b>177/20</b>	<b>PERFORMANCE REPORT</b>	
	<p>The performance report was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The number of emergency department (ED) attendances, ED 4 hour breaches and ED 12 hour waits have all increased;</li> <li>- The referral to treatment (RTT) waiting lists over 36 weeks have increased to 18,000 patients, however in 8 weeks' time this figure is expected to reduce due to the amount of referrals received;</li> <li>- Patients waiting for their first outpatient appointment over 26 weeks has increased to 15,000;</li> <li>- Cancer referrals backlog has decreased;</li> <li>- Patients on the follow up waiting list are currently waiting longer than expected;</li> <li>- The main report included the four quadrants of harm and the report is structured around that;</li> <li>- The red, amber and green status around the performance trajectories will be assessed at the next committee to ascertain improvements.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether patients who have been diagnosed with COVID-19 remain under treatment following the effects of the infection.</p>	

	<p>Richard Evans advised that there is no follow up with patients who have been diagnosed with COVID-19 as it is not common practice to follow up community acquired viral infections. He added that effects from the infection will emerge via Primary Care and GPs.</p> <p>Reena Owen highlighted concerns that the unscheduled care figures are increasing to pre-COVID levels. Chris White advised that there is a focus on preventing avoidable attendances at ED by developing 'phone first' (111) and confirmed that funding is being explored for pathways such as respiratory and diabetes. He advised that front door innovation was taking place with 92,000 virtual appointments having been completed, and 68 quality impact assessments having been approved which has allowed face-to-face appointments in a socially distant environment. There are new guidelines in relation to lower gastrointestinal issues which should assist processes in diagnostic endoscopy.</p> <p>Nuria Zolle queried whether the figure of 23% of health board staff members contracting COVID-19 was correct. Darren Griffiths confirmed that the percentage point is of all the members of staff tested for COVID-19, 23% were positive, and not 23% of all members of staff. He added that there is a live dashboard which provides real time workforce COVID-19 intelligence</p> <p>Nuria Zolle queried if there were gaps in the workforce, how the first outpatient appointment waiting list could be sped up, and why there is a disparity in the cancer positions between Morriston and Singleton Hospitals. Darren Griffiths advised that in respect of cancer, the disparity is down to volume and where patients are referred into the pathway. Currently the health board is in the middle of the national position regarding planned care.</p> <p>Maggie Berry queried whether 'Hospital 2 Home' had been effective with discharging medically fit patients. Chris White advised that 'Hospital 2 Home' had been rebranded under 'rapid diagnostics discharge' which ascertains if the patient meets the rapid discharge criteria and if not, what the health board can do to prepare the patients for discharge.</p> <p>Richard Evans reminded committee members of the concerns previously felt when patients were not coming to hospital for treatment, and that the health board needs to capitalise on building the 'phone first' system. He added that harm to patients is discussed at a national level in light of the new future, but it is important to think about how we use the information differently when received and how it is prioritised.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>178/20</b>	<b>UNSCHEDULED CARE OVERVIEW</b>	

	<p>A report providing an update in relation to unscheduled care was <b>received</b>.</p> <p>In introducing the report, Craige Wilson highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The current focus is on winter planning, and as such Welsh Government have provided six goals for urgent and emergency care which requires investment;</li> <li>- The report sets out 17 key deliverables aimed at enhanced models of care in the community for vulnerable patient groups and admission avoidance;</li> <li>- Rebranding and communications are important to enable the avoidance of ED attendances, and local media will need to be utilised to inform the general public what options are available to them.</li> </ul>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>179/20</b>	<b>MORTALITY REVIEW</b>	
	<p>A report providing an update in relation to mortality review was <b>received</b>.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report gives assurance that the work that had been undertaken over the past 18 months has been effective;</li> <li>- Disruption due to COVID-19 had resulted in delays to stage 2 reviews in the last 3 months, however stage 1 reviews have proceeded and the backlog of stage 2's is manageable;</li> <li>- Changes to processes last year have almost removed the problem of historical uncompleted cases and improved completion rates to &gt;95%;</li> <li>- Upcoming implementation of the new Medical Examiner role will introduce a new process;</li> <li>- Implementation of an equivalent process in primary care is planned, but has no timescale yet.</li> </ul>	
<b>Resolved</b>	The report was <b>noted</b> .	
<b>180/20</b>	<b>CLINICAL AUDIT AND EFFECTIVENESS UPDATE</b>	

	<p>A report providing an update in relation to clinical audit and effectiveness was <b>received</b>.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Following the start of the COVID-19 pandemic, the national and local clinical audits were suspended in March 2020;</li> <li>– The local programme was restarted in July 2020;</li> <li>– A new clinical efficiency group has been set up and the chair of the group is the Health Board's Interim Deputy Medical Director. The group feeds into the Quality and Safety Governance Group, which in turn reports to the Quality and Safety Committee.</li> </ul>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>181/20</b>	<b>SUICIDE PREVENTION</b>	
	<p>A report providing an update in relation to suicide prevention was <b>received</b>.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Suicide rates are high within this area, however they are decreasing modestly;</li> <li>- The Multi-Agency Action Group (MAG) remains committed to co-ordinated action to prevent suicides &amp; self-harm across the health board;</li> <li>- Informal intelligence is received via South Wales Police, and there are concerns that suicide rates could increase following the effects of COVID-19.</li> </ul> <p>In discussing the report, the following items were raised:</p> <p>Reena Owen queried whether comparisons of funding in other health boards had taken place. Keith Reid confirmed that no data had been received to date, however as a nation there is still a struggle to enact the policy to improve wellbeing due to low funding with substance misuse, unemployment and education also being factors.</p> <p>Keith Lloyd queried if there is a timescale for the appointment of the regional coordinator. Keith Reid confirmed that the individual will take up post this week.</p> <p>Sian Harrop-Griffiths advised that a presentation was received at a Senior Leadership Team meeting on emerging Mental Health evidence</p>	



	<p>following COVID-19, and work has been agreed to look at the impact and the potential impact over next 3 to 4 years.</p> <p>Martyn Waygood requested a further update at December's committee.</p>	<b>KR</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- A suicide prevention update report be received at December's committee.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b>KR</b>
<b>182/20</b>	<b>FACE MASKS UPDATE</b>	
	<p>A report providing an update in relation to face masks was <b>received</b>.</p> <p>In introducing the report, Keith Reid highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Technical Advisory Group (TAG) have recently published further evidence regarding face masks;</li> <li>- The Minister for Health and Social Services is reviewing the recent Scottish government mandating of mask use for children over 11 years old in schools where social distancing is not possible;</li> <li>- There is currently no policy which mandates mask coverings for hospital visitors and hospital staff;</li> <li>- Currently the impact of mandating face masks is not clear, and the handling and disposal of masks are added risks in spreading the virus;</li> <li>- There is a shift in opinion regarding the wearing of face masks, however in absence of a Welsh Government mandate, enforcing face masks is not currently supported.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether the health board should be raising concerns to the Welsh Government over the enforcement of face masks. Keith Reid advised that the Scottish policy has cited World Health Organisation guidance regarding children over 12 in an adult setting. Currently there are low levels of positive cases and low levels of transmission.</p> <p>Nuria Zolle queried if discussions should be taking place within clinical groups, and stated that there needs to be a balance when protecting staff and patients.</p> <p>Richard Evans advised that following the science, the health board has held its stance on face masks, and advised that it is important to maintain a formal position. Currently, it is assumed that masks are being worn and</p>	



	<p>disposed of correctly, and changing position would be indefensible until official guidance is received. He added that it would be prudent to keep face coverings under review, however there is no requirement to bring it back to the committee for debate.</p> <p>Committee members agreed that the situation is to remain under review and if and when Welsh Government change the face mask guidance, then the health board will implement the advised changes.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>183/20</b>	<b>CONTROLLED DRUGS POLICY</b>	
	<p>A report providing an update in relation to controlled drugs policy was <b>received</b>.</p> <p>In introducing the report, Roger Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The policy had been developed over the past 6 months, with email correspondence between the Home Office and the health board being continuous;</li> <li>- Scenarios have been set up to test the policy;</li> <li>- The policy will help to significantly mitigate the risk of having to purchase excessive numbers of controlled drugs licenses;</li> <li>- The policy will be rolled out across Wales once finalised.</li> </ul>	
<b>Resolved:</b>	The policy was <b>noted</b> .	
<b>184/20</b>	<b>QUALITY AND SAFETY RISK REGISTER</b>	
	<p>A report providing an update in relation to the quality and safety risk register was <b>received</b>.</p> <p>In discussing the report, the following issues were raised:</p> <p>Reena Owen queried if there was scope for completing deep dives into some of the areas which are high on the risk register. Pam Wenger confirmed that this would be acceptable but requested specific areas. Reena Owen highlighted Deprivation of Liberty Safeguards (DoLS) and screening for foetal growth in line with gap and grow. Pam Wenger suggested that this is factored into the agenda planning session.</p> <p>Nuria Zolle queried the status of the risk relating to identifying alternative arrangements for the delivery of dental Paediatrics. Pam Wenger</p>	<b>PW</b>

	<p>advised that Chris White is working with the Chief Dental Officer to extend the programme of work to reduce the risk.</p> <p>Nuria Zolle queried the risk relating to adolescent patients being admitted to Adult Mental Health inpatient wards. Sian Harrop-Griffiths highlighted that the risk had been there for some time, and internal work was commissioned pre-COVID. There is potential for this work to be revisited with two delivery units, with a need to review and confirm whether Ward F is an appropriate environment. Richard Evans advised that he received correspondence from the Deputy Chief Medical Officer which highlighted concerns regarding adolescents being treated in adult wards and also older adolescents being treated in Paediatric wards.</p> <p>Martyn Waygood highlighted the need for this risk to be looked at in greater detail via a deep dive. Hazel Lloyd confirmed that she would take these points forward.</p>	<b>HL</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Deep Dive to be completed focusing on the risk relating to adolescent patients being admitted to Adult Mental Health inpatient wards;</li> <li>- Deep dives to be raised at the Quality and Safety agenda planning session on 27<sup>th</sup> August 2020.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b>HL</b>  <b>PW</b>
<b>185/20</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items to refer to other committees.	
<b>186/20</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>187/20</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 22 <sup>nd</sup> September 2020.	