

**Swansea Bay University LHB**  
**Quality and Safety Committee**  
**Unconfirmed minutes of the meeting held on 24<sup>th</sup> October 2019**  
**at 9.00am in the Large Training Room, Port Talbot Resource Centre**

**Present**

Martyn Waygood, Interim Vice Chair (in the chair)  
Reena Owen, Independent Member  
Jackie Davies, Independent Member (from minute 141/19)

**In Attendance**

Gareth Howells, Director of Nursing and Patient Experience  
Hazel Lloyd, Head of Patient Experience  
Paula O'Connor, Head of Internal Audit  
Pam Wenger, Director of Corporate Governance  
Richard Evans, Medical Director (from minute 139/19)  
Scott Howe, Healthcare Inspectorate Wales (minute 138/19)  
Leah Joseph (LSJ), Corporate Governance Officer  
Delyth Lewis, Wales Audit Office  
Lee Joseph (LJ), Assistant Head of Concerns Assurance  
Alison Clarke, Assistant Director of Therapies and Health Science  
Keith Reid, Interim Director of Public Health (minute 141/19 to 161/19)  
Susan Jose, Interim Head of Midwifery (minute 159/19 to 160/19)  
Claire Dieppe, Paediatrics Consultant (minute 135/19 to 141/19)  
Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control (minute 142/19)  
Marie-Claire Griffiths, Programmes Support Manager (minute 160/19 to 161/19)  
Nicola Edwards, Interim Assistant Director of Strategy (minute 160/19 to 161/19)

**Minute**

**Action**

**135/19      WELCOME AND APOLOGIES FOR ABSENCE**

Martyn Waygood welcomed everyone to the meeting. He noted this would be Paula O'Connor's final Quality and Safety Committee meeting due to retirement, and thanked her for her most valued support, advice and guidance over the years.

The following apologies were noted: Maggie Berry, Independent Member, Sian Harrop-Griffiths, Director of Strategy.

**136/19      DECLARATIONS OF INTEREST**

Reena Owen declared an interest in relation to the Suicide Prevention and Quality and Safety Performance Report items.

Martyn Waygood advised that a family member has taken up a nursing post within the health board and would update his declaration of interest record.

**137/19 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 22<sup>nd</sup> August 2019 were **received** and **confirmed** as a true and accurate record, except to note the following typographical error:

115/19 Quality Impact Assessment

Chris White provided the committee with background regarding the 'Vanguard' demountable unit in Morriston which assists planned care and cancer patient reviews. The Morriston Service Director has ~~has~~sought feedback from patients relating to it. Decisions are yet to be taken regarding the future of the unit. The committee was assured that staff are kept fully up to date on future plans.

**138/19 MATTERS ARISING NOT ON THE AGENDA**

(i) 122/19 Health and Care Standards Self-Assessment

Paula O'Connor informed the committee that the HIW paper is not due until December 2019. Audit Committee have deferred an update until December. The quality and safety work plan has been updated to reflect this.

(i) 127/19 External Inspections

Gareth Howells noted that the Primary Care and Dental reviews have been received. The maternity care review is taking place in Neath Port Talbot Hospital this week.

**139/19 ACTION LOG**

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

**140/19 WORK PROGRAMME 2019/20**

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

**141/19 PAEDIATRIC ACUTE AND EMERGENCY PRESENTATION**

Clare Dieppe was welcomed to the meeting.

A presentation providing an update in relation to the paediatric acute and emergency department was **received**.

In introducing the report, Clare Dieppe highlighted the following points:

- Following the guidelines update of standards for children in emergency care settings, a single point of access pilot is underway with the support of the executive team, as it required senior leadership support. This proposal will enable the workforce

to be shared, standards to be met, as well as help to recruit, retain staff and provide safe care.

- Two paediatric nurses have been employed within the emergency department, taking the total to three. However, the majority of shifts are running with one nurse, and establishment has not increased;
- A 15 step challenge was undertaken in February 2019 which raised concerns, however tireless work from the nurses and nurse practitioners has resulted in an improved report following a revisit of the youth forum in September 2019, however additional work is still needed.
- A bed module has been agreed and the workforce module is expected to be agreed towards the end of October which will then be brought to a Senior Leadership Team meeting.
- Clare Dieppe asked the committee for ongoing support to build a service fit for purpose.

In discussing the report, the following points were raised:

Reena Owen found the report interesting however she is concerned of the risks, and queried if an adult nurse can work in a paediatric setting. Clare Dieppe confirmed that there is no opportunity to dual train in Wales, however she is working with Swansea University to develop a course concentrating on unscheduled care for paediatric nurses. She also added that registration between adult and paediatric nurses differ.

Reena Owen queried if the unscheduled care action plan which was highlighted in October's Performance and Finance Committee should run alongside this proposal. Clare Dieppe commented that the action plan should work parallel and it would have a good impact in adult turnaround times. An update to be brought to December's Committee.

CD

Claire Dieppe confirmed that children aged 16+ go to adult wards, however most self-harm patients are treated in the paediatric emergency department.

Richard Evans queried whether patients were redirected to primary care when not labelled as accident or emergency. Claire Dieppe confirmed that she has met with the Unit Medical Director for Primary Care and Community Services and an element of primary care is being considered in regards to the paediatric review. She highlighted that recruitment remains a challenge and the focus needs to be on both adult and paediatric patient workforce.

Reena Owen queried what the Kendal Bluck audit stated regarding acute and emergency paediatrics at SBUHB. Richard Evans confirmed that he would look into this and update accordingly.

RE

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

- An update be brought back to December's Committee.
- Richard Evans to review what the Kendal Bluck audit stated in regards to acute and emergency paediatrics at SBUHB.

**CD**  
**RE**

## 142/19 INFECTION CONTROL REPORT

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:

- Environmental decontamination is inconsistent across the health board, however the policy is under review.
- A report was taken to the Investment Benefits Group requesting additional posts and a seven day infection control service has been agreed with Human Resources assisting.
- Over occupancy and staffing in clinical areas with a lack of decant facilities remain the biggest challenges to reduce rates of infection.
- The length of time to recruit domestic staff is affecting the ability to secure potential employees.

In discussing the report, the following points were raised:

Pam Wenger confirmed that Hazel Robinson has taken a paper on the length of time it takes to recruit staff to Executives for escalation.

Reena Owen found the report a difficult read, especially appendix 3 which details "*during the recent audits, it was highlighted that there were variable, and in some areas, unacceptable practices relating to PPE usage throughout the Health Board*". Reena Owen queried why a review on PPE (personal protective equipment) is taking place when it was already known usage is unacceptable. She added that the compliance of training remains low, however it is in the health board's gift to ensure this rate is higher.

Lisa Hinton confirmed that approval for domestic recruitment had been received, and a training programme has been developed which has the ability to train a large number of staff, ensuring that domestic and estates members of staff receive face-to-face training.

Gareth Howells highlighted the importance of getting basic cleaning right and he stated that the health board's aspiration remains zero tolerance.

Martyn Waygood mentioned that there have been clear improvements in infection prevention control, however the health board remains outside the Welsh Government reduction expectation. Gareth Howells commented that the health board requires one target, but was currently having to operate with two different targets.

Martyn Waygood requested that future infection prevention control reports have clear target timescales. He also highlighted that many of the action targets remain in red. Lisa Hinton emphasised her confidence that the team is on target to meet these actions. She also detailed that a PPE paper will be brought to December's Health and Safety Committee meeting. The recruitment issues relating to domestic colleagues will be brought through the Workforce and OD Committee.

LH

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

#### **143/19 CHANGE OF AGENDA ORDER**

The agenda order be changed and items 2.4 and 2.5 be taken next, with 2.3 following.

#### **144/19 SUICIDE PREVENTION REPORT**

Martyn Waygood welcomed Keith Reid to the meeting.

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

In introducing the report, Keith highlighted the following points:

- The figures presented are over a five year period;
- An average of 45 suicides per year are recorded;
- A new suicide prevention plan is being implemented with a pilot in Swansea, alongside working with local people to understand how suicide rates can be decreased.
- The collaborative plans require Multi-agency working.

In discussing the report, the following points were raised:

Gareth Howells suggested that Keith Reid contacts the Mental Health team to work together on strategies outside of quality and safety.

KR

Reena Owen queried why the Swansea area has been chosen for the pilot when Neath/Port Talbot have the highest suicide rates in the area. Keith Reid confirmed that he would investigate and report back to this committee. Reena Owen also questioned if the health board are involving all substance misuse agencies in the strategy. Keith Reid confirmed that this is a delicate situation due to many suicides being associated with recreational substance misuse. He advised that cocaine is the main focal substance, however other factors have an effect and further work was ongoing to tackle this underlying culture.

KR

Alison Clarke highlighted the importance of looking at prevention from an early age. Martyn Waygood relayed a recent visit to the Pen Deri Primary Care cluster, whereby he witnessed a presentation from a local Head Teacher of Town Hill Community School. The presentation included a plea to the health board, through clusters, to work in

partnership with the school to raise the profile of substance misuse. Martyn Waygood commented that it could be beneficial for him to come to this committee to discuss substance misuse concerns.

**MW**

- Resolved:**
- Keith Reid to investigate why Swansea was chosen for the pilot when Neath Port Talbot has the highest suicide rates. **KR**
  - The report to be brought to Senior Leadership on 6<sup>th</sup> November 2019. **KR**
  - The report be **noted**.

## **145/19 SUBSTANCE MISUSE**

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

In introducing the report, Keith Reid highlighted the following points:

- An All Wales investigation was undertaken into an increased number of severe infections amongst people who inject drugs resulting in radical surgical intervention and /or ITU admissions during an 18 month period from November 2017 to April 2019.
- A final report described the investigation process and findings together with a series of recommendations.
- Groin injection was more prevalent in the Swansea area, and there are complex issues underpinning this.
- As the health board lead for substance misuse, he is linking with operational services to focus on these complex issues.

In discussing the report, the following points were raised:

Martyn Waygood highlighted that the consequences for substance misuse is disturbing, and as Swansea Bay is a high risk area , the health board needs to be mindful of the district nurses safety, given the suggestion in the report for district nurse involvement with this patient group.

Gareth Howells commented that the health board requires a review of staff safety.

Pam Wenger confirmed that suicide prevention and substance misuse reports are being brought to Senior Leadership Team on 6<sup>th</sup> November 2019.

- Resolved:**
- The report to be brought to Senior Leadership on 6<sup>th</sup> November **KR**

2019.

- An update be brought to December's Quality and Safety Committee.
- The report be **noted**.

**KR**

## **146/19 SAFEGUARDING REPORT**

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

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

- The paper identifies activity during the first six months of the financial year.
- Ongoing discussions around the Deprivation of Liberty Safeguards (DoLS) also influence the Health Board's Safeguarding agenda.
- Internal audit has taken place and work is ongoing.
- Service provision for Paediatric safeguarding, had increased especially in the Mental Health Paediatric unit in Neath Port Talbot Hospital.
- The graphs in appendix 1 do not have a narrative, however he will discuss this with the Safeguarding team and email the updated graphs to Martyn Waygood.

**GH**

In discussing the report, the following points were raised:

Martyn Waygood highlighted that in appendix 1 the total number of pressure ulcer incidents in Primary Care and Community were 10. Gareth Howells confirmed that Primary Care is a hotspot for pressure ulcers as there is less control in the home, than there is in a hospital environment.

Martyn Waygood commented that Female Genital Mutilation (FGM) is a difficult area to monitor however 14 cases were reported in the second quarter. He expressed concern that the figures in relation to children were not accurate. Gareth Howells stated that the urology and children's services know what to look for and staff are confident to ask and have the ability to report up.

Richard Evans queried if the information collected in regards to FGM is addressed in the communities. Gareth Howells commented that the team are working with the communities and the Local Authority.

Martyn Waygood highlighted that in regards to the child sexual exploitation (CSE) referrals, Integrated Sexual Health staff continue to complete the most referrals 306 in this reporting period, which resulted in 9 referrals to Local Authority Children's Services. He queried if the referral total is correct as this seems rather small compared to the 306 reports. Gareth Howells confirmed that he would look into this as an

**GH**

action to obtain the narrative and report back to Martyn Waygood directly.

Martyn Waygood commented that the Best Interest Assessors (BIA) are not being utilised correctly, and are becoming deskilled when external BIAs are being brought in. Gareth Howells commented that work is ongoing to expand the team. Paul O'Connor highlighted that two BIAs are using their time to train as the BIA rota has decreased, however the use of external BIAs has not decreased. Martyn Waygood requested that the BIA report goes through the Mental Health Legislation Committee.

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|------------------|---|-----------|
| <b>Resolved:</b> | - Gareth Howells to forward updated graphs to Martyn Waygood.   | <b>GH</b> |
|                  | - Gareth Howells to obtain the narrative in regards to the CHC referrals and report directly to Martyn Waygood. | <b>GH</b> |
|                  | - A BIA report to go through the Mental Health Legislation Committee.   | <b>GH</b> |
|                  | - The report be <b>noted</b> .  |           |

#### 147/19      **FEEDBACK FOLLOWING QUALITY AND SAFETY SUMMIT**

A verbal update following the quality and safety summit was **received**.

Martyn Waygood highlighted the following points:

- It was a most beneficial session with excellent engagement.
- CHC visits and reports to be included on committee agendas going forward.
- He formally thanked all attendees for their contributions.

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| <b>Resolved:</b> | - The verbal update be <b>noted</b> . |
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#### 148/19      **QUALITY AND SAFETY PERFORMANCE REPORT**

A report providing an update in relation to quality and safety performance was **received**.

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

- The report is developing. Operational pressures are causing issues with regard to meeting targets. There is an increase of pre-emptive transfers;
- A clostridium difficile group is in the process of being set up;
- Falls and pressure ulcers figures are recorded. Gareth Howells requested that the Falls and Pressure Ulcer lead attends December's committee meeting;

**LSJ**

In discussing the report, the following points were raised:

Pam Wenger commented that there are two aspects for unscheduled care when reviewing the performance report. One is performance and finance and the other is quality and safety. Pam Wenger requested that a quality and safety implications report is brought to December's meeting.

**CW**

Martyn Waygood highlighted that the percentage of stage two mortality reviews within 60 days has decreased from 80% to 27%. Richard Evans will investigate why there has been the sudden drop.

**RE**

Hazel Lloyd confirmed that units are being supported in respect of issuing a final complaint reply to patients. Complaints training, including ombudsman response training is being provided.

Martyn Waygood commented that the health board is providing excellent care, however we need to be aware of potential issues.

**Resolved:**

- The falls and pressure ulcer lead to be invited to attend December's committee.
- A report detailing the quality and safety implications is brought to December's meeting.
- Richard Evans to investigate the sudden drop in stage two mortality reviews.
- General update to be provided in January 2020 for mortality reviews.
- The report be **noted**.

**LSJ**

**CW**

**RE**

**RE**

**149/19 CHANGE OF AGENDA ORDER**

**Resolved:** The agenda order be changed and items 3.5, 4.1, 4.2, 4.3 and 5.1 be taken next with 3.3, 3.4 and 4.4 to follow.

**150/19 PROVISION FOR CHILDREN WHO REQUIRE SPECIALIST MENTAL HEALTH AND INPATIENT CARE**

A letter in respect of the Provision for Children who require Specialist Mental Health Inpatient Care was **received**.

In discussing the letter, the following points were raised:

Martyn Waygood commented that it is pleasing that Ty Llidiard are reviewing their admission criteria. He requested that an update is brought to the December committee and also requested that a report providing an update on the CAMHS actions, particularly in relation to the recommendations in the recent Delivery Unit report is brought to December meeting.

**GH**

Martyn Waygood informed colleagues that he would invite the Assistant

**MW**

Director of Strategy to December's committee.

- |                  |  |  |
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| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- An update on CAMHS actions is brought to December's committee.</li> <li>- An update in regards to Ty Llidiard's admission criteria is brought to December's committee.</li> <li>- Assistant Director of Strategy is invited to December's committee.</li> <li>- The letter was <b>noted</b>.</li> </ul> | <p><b>GH</b></p> <p><b>GH</b></p> <p><b>MW</b></p> |
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**151/19      EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE  
CLINICAL GOVERNANCE**

A report providing an update in relation to the EMRTS Clinical Governance was **received**.

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

- In light of funding agreement, the service is now expanding to deliver the service in night hours. Phase one will be delivered from Cardiff Heliport from April 2019 and phase two around 18 months later in North Wales;
- EMRTS has also been asked to work with Welsh Ambulance Service Trust (WAST) and commissioners to develop a plan to deliver a critical care inter-hospital ground-based transfer service for non-time critical level 2 and 3 patients;

In discussing the report, the following points were raised:

Reena Owen was impressed with the night service expansion, however queried if there are any potential cost risks. Richard Evans highlighted that there is no financial implications for the health board as it hosted EMRTS but did not fund them. EMRTS have recently purchased a fourth helicopter via their charitable funds.

Pamela Wenger informed colleagues that hosted bodies provide an annual governance report for assurance.

Richard Evans commented that helicopter medicine sessions attract emergency department consultants. Martyn Waygood mentioned that the health board need to recruit consultants in a positive manner and inform the consultants what it can provide and do for them as well as what is expected of them.

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

**152/19      PRIMARY CARE PEER REVIEW**

A report providing an update in relation to the primary care peer review was **received** and **noted**, with agreement that any comments be emailed to Service Director for Primary Care and Community Services directly.

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

#### **153/19 QUALITY AND SAFETY RISK REGISTER**

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

In introducing the report, Hazel Lloyd highlighted the following points:

- There are currently eleven risks assigned to the Quality and Safety Committee of which five relate to the highest risks facing the health board;
- The five risks are unscheduled care, infection control, Transcatheter aortic valve implantation (TAVI) service, ophthalmology and screening for foetal growth assessment in line with gap and grow;
- Feedback was requested as to whether the risks recorded were correct in terms of Quality and Safety;

In discussing the report, the following points were raised:

Reena Owen commented that in order to get assurance, the health board requires a plan to mitigate and reduce the risks on the register along with the progression of the actions.

Pam Wenger informed the committee that Hazel Lloyd and her team have taken this piece of work on and suggested that the large risks are detailed on agendas to ensure that the right risk is allocated correctly for assurance to be given.

Martyn Waygood commented that walkarounds and patient feedback all need to be taken into account. If the Quality and Safety Assurance Group are flagging the risks, this can point the committee in the right direction for assurance.

Pam Wenger advised the committee that the terms of reference for the Quality and Safety Assurance Group are under review. Martyn Waygood agreed to review the terms of reference prior to them being made final.

**MW**

Pam Wenger suggested that the controlled drugs risk is best monitored at Audit Committee and the nurse staffing risk is best monitored by Workforce and OD Committee.

**Resolved:** - Martyn Waygood to review the Quality and Safety Assurance Group terms of reference.

**MW**

- The report was **noted**.

#### 154/19 INTERNAL AUDIT UPDATE

A report providing an update in relation to the internal audit and outcome review plan was **received** and **noted**.

In introducing the report, Paula O'Connor highlighted the following points:

- Five final reports were reported, all with positive assurance scores.
- Internal Audit noted improvement with DoLs as two Best Interest Assessors had been appointed and there was evidence of improvement in process albeit there was still much to do and ongoing use of External BIAs.
- HSDU operates in accordance with ISO 13485 and is inspected and accredited by external reviewers. It was recommended that the outcome of the external reviews be brought to the Committee in December.
- CHC reports are not presented to Quality & Safety Committee currently but Internal Audit note it is the intention of the Director of Corporate Governance to ensure regular updates are provided to Quality & Safety Committee for all external reviews undertaken on Swansea Bay University Health Board.

**CM**

In discussing the report, the following points were raised:

Martyn Waygood mentioned that there was a gap between Cardiology meetings. Paula O'Connor had escalated this to the Morriston Hospital's Medical Director, and received assurance that compensatory action was taking place as a result.

Pam Wenger informed the committee that she was developing a process to ensure regular updates and action plans from HIW are managed. She confirmed that a Head of Compliance post will be advertised shortly. Gareth Howells confirmed that the recruitment process for a Head of Quality and Safety is underway, with a shortlist of seven candidates.

- Resolved:**
- A report relating to HSDU external inspections and accreditation by SGS.
  - CHC report to be brought to December's meeting.
  - The report be **noted**.

**SHG/JAD**

**SGH/JAD**

#### 155/19 SCREENING FOR FOETAL GROWTH IN LINE WITH GAP GROW

Martyn Waygood welcomed Sue Jose to the meeting. A report providing

an update in relation to the screening for foetal growth in line with gap/grow was **received**.

In introducing the report, Susan Jose highlighted the following points:

- Gap/grow is a national programme which has been introduced, however the health board is not yet in full compliance;
- Local protocol for suspected growth issue screening is 4 weekly, not 3 weekly;
- Obstetric ultrasound scan use within the Health Board has increased significantly following the introduction of the All Wales care pathways in relation to altered foetal movements and implementation of GAP/GROW;
- Clinically, the health board should be providing scanning for all pregnant female smokers, however it is currently unable to;
- There are concerns that the health board is not scanning women who may go on to suffer a stillbirth or adverse perinatal outcome with long term morbidity;
- A PAPP-A risk assessment has been completed which will be submitted to the Risk Register Group.

In discussing the report, the following points were raised:

Reena Owen commented that smoking cessation planning for pregnant women is needed. Susan Jose confirmed that there are links between the antenatal ward and the smoking cessation team. The uptake is low, however the initial home visit is the most informative way to obtain this information.

Alison Clarke highlighted that prevention should be the focus. Two radiography sonographers have been funded this year, and three radiographers are attending training as funding has been provided by HEIW, however it will take a year for them to complete their training. She confirmed that she would forward this paper to the Head of Radiology and would provide an update in December. **AC**

**Resolved:**

- This report to be forwarded to the Head of Radiography and an update be provided in December. **AC**
- The report be **noted**.

## **156/19 NATIONAL MATERNITY AND PERINATAL AUDIT REPORT**

A report providing an update in relation to the national maternity and perinatal audit report was **received**.

In introducing the report, Susan Jose highlighted the following points:

- The data for the National Maternal and Perinatal Report 2019

are based on births recorded between 1 April 2016 and 31 March 2017.

- The three performance indicators selected were:
  - Proportion of women who sustained a 3rd or 4th degree perineal tear;
  - Proportion of women with an obstetric haemorrhage of 1500 ml or more;
  - Proportion of Singleton, term “liveborn” infants with a 5-minute Apgar score of less than 7.
- Singleton Hospital is shown to have outlier status for its elective caesarean section rate, 3rd, and 4<sup>th</sup> degree perineal damage. Singleton Hospital is not an outlier for post-partum haemorrhage greater than 1500mls;
- Outlier status was applied for 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tears and post-partum haemorrhage greater than 1500mls;

In discussing the report, the following points were raised:

Richard Evans commented that instrumental birth rates may be lower because of high planned caesarean section rates.

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

## **157/19 OLDER PEOPLE’S STRATEGY**

A report providing an update in relation to the older people’s strategy was **received**.

In introducing the report, Nicola Johnson and Marie-Claire Griffiths highlighted the following points:

- The team are working in partnership with the Local Authority;
- Three themes have been highlighted from this work – ‘hospital 2 home’, ‘keep me at home’ and ‘good hospital care’;
- ‘Hospital 2 Home’ is going live in December 2019;
- The weekly admissions are generally around 250 per week, 150 to 180 of these are to Morriston Hospital;
- 251 patients that were in a hospital bed didn’t actually require one;
- 9 quality priorities have been approved by IMTP;
- The ongoing commitment is to develop teams to provide a service and support using the resource we already have;

In discussing the report, the following points were raised:

Richard Evans suggested that the team total how many bed days would have been taken up in respect of the 251 patients that did not require a hospital bed. Marie-Claire Griffiths confirmed she would work this out

and update Richard Evans.

Reena Owen queried if the committee is satisfied that there are adequate care home packages in the care home sector. Marie-Claire Griffiths advised that there is a pathway in place to enable the team to provide the care and support that is required. She mentioned that acute clinical teams are working with the care homes.

Richard Evans highlighted that the priority is stepping down, not stepping up. He also queried if the patients in the bed after 14 days needed assistance from hospital, or were they in hospital because of community issues. Also, he asked if those patients are still waiting for health care or social care assistance. The health board need to work with our Local Authority colleagues.

Martyn Waygood requested an update in six months.

**NJ**

**Resolved:**

- An update be provided in April 2020.
- The report be **noted**.

**NJ**

## 158/19 EXTERNAL INSPECTIONS

A report providing an update in relation to the external audit and outcome review plan was **received**.

In introducing the report, Hazel Lloyd highlighted the following points:

- Cwmavon Health Centre was inspected by HIW on 22nd August 2019 and an improvement plan has been returned to and accepted by HIW;
- HIW Annual Report 2018 was appended to the report;
- Welsh Risk Pool Report on Radiology Services has been received and no factual accuracies issues were identified. Reasonable or substantial assurance was reported by WRP against the criteria assessed. The improvement plan will be brought through the Quality and Safety Assurance Group.

In discussing the report, the following points were raised:

Pam Wenger commented that the team had worked hard to develop the newsletter, and requested that the newsletter is shared with committee members.

**LSJ**

Pam Wenger confirmed that Sian Harrop-Griffiths is developing a strategy in respect of the recent unannounced inspection of Cefn Coed Hospital, and an update will be provided at December's committee.

**Resolved:**

- The newsletter to be shared with quality and safety committee members.

**LSJ**

- The report be **noted**.

#### 159/19 KEY ISSUES: QUALITY AND SAFETY ASSURANCE GROUP

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

In discussing the report, the following points were raised:

Paula O'Connor commented that there were no updates from the group meetings in June, July or September 2019. Martyn Waygood requested historical information for any ongoing issues. **LJ**

Gareth Howells informed the committee that a plan is in place in respect of the ambulance handovers serious incidents reported. Two serious incidents have resulted in death over the past few months. He added that assurance can be given that discussions are taking place. An update will feature in the winter plan in December's committee.

Gareth Howells noted that attendance has improved at the Quality and Safety Assurance Group meetings.

Martyn Waygood said he preferred the format of this report, however the section entitled 'effective care' has no items on the agenda. Lee Joseph confirmed that he will map the Board Assurance Framework and the Terms of Reference in the form of an SBAR in preparation for December's Committee.

- Resolved:**
- Update be provided to Martyn Waygood detailing historical information for any ongoing issues. **LJ**
  - Board Assurance Framework and the Terms of Reference to be mapped in the form of an SBAR in preparation for December's Committee. **LJ**
  - The report be **noted**.

#### 160/19 HIW ACTION PLAN AND ANNUAL REPORT 2018-2019

The HIW action plan and annual report was **received**.

In discussing the report, the following points were raised:

Scott Howe confirmed that by December's committee, a more in-depth update will be provided. Gareth Howells advised that the report reads well and there were no surprises within the report.

Martyn Waygood stated that the health board need to ensure that it follows up on the recommendations. He requested assurance in respect of the dental service. The report confirms that out of 13 practices inspected, only 5 practices were recorded as having 'safe use of x-rays'. Scott Howe confirmed that he would investigate to ascertain what **SH**

aspects were inspected and report back in December's committee.

- Resolved:**
- An update be provided to ascertain what aspects were inspected in the 13 dental practices and report back in December's committee.
  - The report be **noted**.
- SH**

**161/19 ITEMS FOR INFORMATION**

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

**162/19 ITEMS TO REFER TO OTHER COMMITTEES**

These were discussed throughout the meeting.

**163/19 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**164/19 NEXT MEETING**

This was scheduled for 12<sup>th</sup> December 2019.

**165/19 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.**