

## Swansea Bay University Health Board

### Unconfirmed

### Minutes of the Meeting of the Quality and Safety Committee 23<sup>rd</sup> November 2021 at 1.30pm via Microsoft Teams

#### **Present**

Steve Spill, Vice Chair (in the chair)  
Maggie Berry, Independent Member  
Martyn Waygood, Independent Member  
Reena Owen, Independent Member (to minute to 277/21)

#### **In Attendance**

Gareth Howells, Interim Director of Nursing and Patient Experience  
Nigel Downes, Head of Quality and Safety  
Keith Reid, Director of Public Health  
Liz Stauber, Head of Corporate Governance  
Darren Griffiths, Director of Finance (minute 265/21)  
Siân Harrop-Griffiths, Director of Strategy  
Christine Morrell, Director of Therapies and Health Science (to minute 276/21)  
Delyth Davies, Head of Nursing – Infection, Prevention and Control (from minute 269/21 to 276/21)  
Hazel Lloyd, Head of Patient Experience (from minute 275/21 to 279/21)  
Martin Bevan, Medical Director for Neath Port Talbot Hospital  
Doug Russell, Medical Director for Morriston Hospital (to minute 269/21)  
Lesley Jenkins, Nurse Director for Neath Port Talbot Hospital and Singleton Hospital Service Group (to minute 269/21)  
Fiona Hughes, Associate Service Group Director, Neath Port Talbot Hospital and Singleton Hospital Service Group (to minute 269/21)  
Luke Jones, Designated Education Clinical Lead Officer  
Scott Howe, Healthcare Inspectorate Wales;  
Kate Hannam, Service Director for Morriston Hospital (minute 276/21 to 278/21)  
Suzanne Holloway, Head of Quality and Safety for Morriston Hospital (minute 276/21 to 278/21)  
Craig Wilson, Deputy Chief Operating Officer (from minute 275/21 to 278/21)  
Rhys Howell, Advanced Pharmacist, Governance, Improvement and Transformation (from minute to 276/21 to 279/21)  
Jayne Hopkins, Head of Quality and Safety for Singleton Hospital (to minute 269/21)  
Vicki Burrbridge, Interim Deputy of Nursing – Children Services (to minute 269/21)  
Susan Jose, Head of Midwifery for Maternity (to minute 269/21)  
Susan Ford, Patient Experience Manager (from minute 275/21 to 277/21)  
Isabelle Rosenberg, Personal Assistant (to minute 269/21)  
Leah Joseph, Corporate Governance Officer

Minute No.		Action
265/21	<b>CHANGE IN ORDER OF AGENDA</b>	
<b>Resolved:</b>	Item 4.1 to be taken with items 1.1 and 1.2 following.	
266/21	<b>QUALITY AND SAFETY PERFORMANCE REPORT</b>	
	<p>The Quality and Safety 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>- In October 2021, there were an additional 10,918 positive cases recorded bringing the cumulative total to 65,131 in the Swansea Bay University Health Board (SBUHB) area since March 2020. To date there were 41 COVID-19 positive patients and 60 recovering patients occupying beds across sites;</li> <li>- The percentage of staff sickness absence due to COVID-19 decreased from 3.2% in September 2021 to 2.3% in October 2021;</li> <li>- Ambulance response times for October decreased to 43.6% dropping further below the 65% target, which is indicative of the pressures within the Emergency Department (ED), unscheduled care and primary care;</li> <li>- In October 2021, there were 648 ambulance to hospital handovers taking over one hour. This was a significant deterioration from 355 in September 2020 and was an in-month increase from September 2021. In October 2021, 633 handovers over one hour were attributed to Morriston Hospital and 15 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes significantly increased from 916 in October 2020 to 3,093 in October 2021;</li> <li>- The ED four hour performance figures for October 2021 was 72% and currently are sitting at 71.1% to date, which is currently tracking above the outlined trajectory;</li> <li>- In October 2021, performance against the 12-hour measure deteriorated compared with September 2021, increasing from 1,250 to 1,276. 1,275 patients waiting over 12 hours in October 2021 were in Morriston Hospital, with 1 patient waiting over 12 hours in Neath Port Talbot Hospital. There was an increase of 782 compared to October 2020;</li> <li>- In October 2021, the 4 hour ED performance level was 72%, which is in line with the outlined trajectory. The 12-hour performance trajectory shows a consistent reduction in patients in</li> </ul>	

	<p>the coming months, however 12-hour performance continues to decline and has been significantly above projected levels.</p> <ul style="list-style-type: none"> <li>- In October 2021, there were on average 238 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's hospitals;</li> <li>- In October 2021, SBUHB reported three Serious Incident's (SI) and no new Never Events were reported;</li> <li>- Falls reported via Datix for SBUHB was 207 in September 2021. This is 5.8% less than September 2020 where 219 falls were recorded. The number of falls are not as high when compared to the same period last year, however there has been an increase between August and October 2021;</li> <li>- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge, and October 2021 saw an in-month increase in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased from 23,997 in September 2021 to 24,483 in October 2021;</li> <li>- There was a reduction of 1200 patients on the total waiting list which is positive;</li> <li>- In October 2021, there was an increase in the number of patients waiting over 8 weeks for specified diagnostics. It increased from 5,732 in September 2021 to 5,939 in October 2021;</li> <li>- In October 2021, there were 414 patients waiting over 14 weeks for specified therapies, and 229 patients remain on the speech and language waiting list;</li> <li>- The number of urgent suspected cancer referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020;</li> <li>- To date, early November 2021 figures show total wait volumes have decreased by 16%, which can be attributed to a change in the data recording following the introduction of a new category of patients who are first reviewed in a 'diagnostic one stop' outpatient appointment;</li> <li>- In October 2021, the overall size of the follow-up waiting list increased by 591 patients compared with September 2021 (from 130,963 to 131,554). There was a total of 60,447 patients waiting for a follow-up past their target date. This is an in-month increase of 0.2% (from 60,340 in September 2021 to 60,447). Of the 60,447 delayed follow-ups in October 2021, 12,538 had appointment dates and 47,909 were still waiting for an appointment;</li> <li>- 'Friends and family' patient satisfaction level in October 2021 was 92% and 2,733 surveys were completed</li> </ul>	
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	<ul style="list-style-type: none"> <li>- A detailed report surrounding neurodevelopment performance was taken through today's Performance and Finance Committee, with a follow up report due in four months;</li> <li>- 34% of neurodevelopment disorder patients received a diagnostic assessment within 26 weeks in September 2021 against a target of 80%.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood found the report comprehensive, but queried when the 55 beds in care homes were expected to be utilised. Darren Griffiths advised that five patients were transferred into a care home last week, with an additional 10 to 15 patients scheduled for transfer this week. He stated that the Health Board is due to go out to market for an additional 50 beds to gain traction to further improve the system of handling clinically optimised patients.</p> <p>Maggie Berry queried if the Health Board was in partnership with the Local Authority to manage the process. Darren Griffiths confirmed that the Health Board was in working in partnership with the Local Authority to ensure movement flows in the right direction. Gareth Howells advised that nursing are overseeing the project and linking with colleagues in primary care, and updates would be reported via the monthly performance report.</p> <p>Maggie Berry queried whether theatres could still be used if an operation was cancelled on the day. Darren Griffiths advised that theatre utilisation is multifactorial, and reasons for cancellations could relate to positive COVID-19 results or patients not being processed in a timely manner on wards.</p> <p>Reena Owen highlighted that red ambulance calls was highlighted as a concern at the Performance and Finance Committee earlier in the day, and endorsed the Health Board's zero tolerance for four-hour emergency department waits.</p> <p>Steve Spill queried whether the 0% figure of SI closures against the target of 80% was accurate. Darren Griffiths advised that the figure was possible and could be linked to a change in reporting for Mental Health and Learning Disabilities. He stated that workforce issues could have affected the group being unable to close SIs in under 60 days. Gareth Howells commented that the figure was unacceptable as there could be ongoing harm being caused due to delays. He noted that a specific piece of work was underway to manager the issue and expected to see improvements soon.</p>	
<b>Resolved:</b>	The current Health Board performance against key measures and targets was <b>noted</b> .	
<b>267/21</b>	<b>PATIENT STORY: JORDAN'S STORY</b>	

	<p>Steve Spill welcomed Lesley Jenkins, Martin Bevan, Dougie Russell, Susan Jose, Vicki Burrridge and Jayne Hopkins to the meeting.</p> <p>A story was <b>received</b> which set out Jordan's experience following his admission to Morriston Hospital for a suspected appendicitis. His overall length of stay was two weeks and in this time he found the food 'disgusting' and requested that the menu be reviewed. He provided positive feedback on the care he received from the team on the children's ward, and was grateful that staff did not inform him that he had sepsis as it would have frightened him.</p> <p>Vicki Burrridge highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The play facilities were impacted throughout the COVID-19 pandemic in the children's area and boredom was a challenge for the young patients;</li> <li>- The youth Board have been involved to assist with revising questionnaires for patients along with the menus;</li> <li>- The catering department has been invited to a meeting in January 2022 to discuss options to reinvigorate menus for nutritious options for all young age groups;</li> <li>- A company has been invited to provide XBOX consoles to ensure that children have screen time to help minimise boredom.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried what the current menu looked like. Vicki Burrridge advised that the menu is quite repetitive, as it was catered towards children's tastes, such as sausages and chips, but younger people were moving towards more nutritious options.</p> <p>Steve Spill queried whether Jordan's sepsis had been investigated. Gareth Howells advised that harm caused by the condition would not necessarily flag as an incident. Dougie Russell advised that Jordan suffered a simple wound infection, which was unfortunate but not uncommon with the type of surgery he had.</p> <p>Maggie Berry highlighted that iPads could be helpful to help minimise boredom. Vicki Burrridge advised that iPads are available on the ward, however they are often used for patient experience feedback. Martyn Waygood informed committee members that staff are welcome to make an application to the charitable funds bids panel for iPads.</p> <p>Maggie Berry queried the difference in the children's menus. Vicki Burrridge advised that the children's menu is often decided by the ward hostess, and if there has been a turnover of ward hostess the meals can be repetitive.</p>	
<b>Resolved:</b>	The patient story was <b>noted</b> .	

268/21	<b>UNIT HIGHLIGHT REPORT – NEATH PORT TALBOT HOSPITAL AND SINGLETON HOSPITAL SERVICE GROUP</b>
	<p>The Neath Port Talbot Hospital and Singleton Hospital Service Group (NPTSSG) highlight report was <b>received</b>.</p> <p>In introducing the report, Lesley Jenkins highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A significant amount of work has been undertaken to revise the quality governance framework and reporting arrangements for seven new service divisions;</li> <li>- The risks are reflective of the pressures, including workforce challenges due to unplanned staff absence resulting from COVID-19 related sickness, shielding and self-isolation;</li> <li>- There were 26 confirmed SIs currently under investigation. This was an improved position since April 2021 when the Service Group reported 47 SI's under investigation. There were no Never Events reported by the Service Group in the reporting period and the last date the former Delivery Units reported a Never Event was 8<sup>th</sup> March 2018;</li> <li>- Following the joint inspection of child protection arrangements in June 2021, feedback from the audit identified robust safeguarding processes observed in the Minor Injuries Unit, with innovative practice developments and a strong learning culture. There was positive use of the Child Sexual Exploitation (CSE) risk questionnaire screening tool to support early identification of CSE, and appropriate referrals were made where required;</li> <li>- The Service Group was proud that a number of teams and staff have been successful in national awards.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen highlighted key risks in maternity and haematology and queried what actions were being taken to mitigate those risks. Lesley Jenkins advised that the current maternity staffing position remained critical at 34%. She stated that the 2020 graduates have recently joined the Health Board and 11 new Band 6 midwives have been employed. Sue Jose advised that an additional 8 midwives are available on bank and mitigation action was in place to manage expectations with home births and the birth centre still suspended. She noted that there are challenges in the community which has maintain the centralised services, and admin support had been implemented to support the registration of pregnancies via home booking appointments.</p> <p>Dougie Russell advised that the deficit of qualified haematology and blood transfusion staff remained a concern. The scheme that managed the previous biomedical scientists (BMS) was successful, however there was high turnover of staff and retention has been difficult. Human resources are involved to help make the roles more attractive.</p>



	<p>Reena Owen queried the yellow band initiative surrounding falls. Lesley Jenkins advised that the yellow bands are visual indicators for staff to inform them that the patient has memory impairment and high risk. The service group has been reviewing the option of yellow blankets to highlight these type of patients to clinical staff even further. She informed committee members that she chairs the falls collaborative group and would be accelerating the learning and quality improvement schemes.</p> <p>Reena Owen was concerned surrounding the upsurge of child and adolescent mental health service (CAMHS) patients, and queried how inpatients were being managed. Vicki Burrige advised that many of the patients that are admitted often have eating disorders and are unstable for transfer due to their medical needs. The team and patients are supported by the Mental Health and Learning Disabilities team along with the CAMHS team. Dougie Russell informed committee members that the service was managed by Cwm Taf University Health Board and patients attend the hospital for medical attention e.g. feeding. Historically there are not enough beds at Ty Llidiard and children can often be transferred to an estate in England for medical treatment.</p> <p>Steve Spill queried if the paediatric ward was a secure unit. Vicki Burrige confirmed that the ward was not a secure unit.</p> <p>Maggie Berry had concerns surrounding infection, prevention and control (IPC) levels. Lesley Jenkins stated that the IPC governance framework was being redesigned following peer challenges. The ethos was to take a divisional responsibility for IPC, with groups overseeing statutory and mandatory training and quality improvement initiatives. Significant challenges remain around the tier one infections, however divisions are involved in monthly red, amber and green compliance reviews. Martin Bevan highlighted that the increase of C.difficile cases could relate to increased use of intravenous cannulas for antibiotics due to the pandemic. He advised that environmental factors could also affect the increase, and regular audits of antibiotic usage were taking place.</p> <p>Maggie Berry queried the number of ambulance to minor injuries handovers and whether the patients should be taken to ED instead. Lesley Jenkins advised that Welsh Ambulance Service Trust have protocols in place for escalation out to ED, and there has been issues at Morriston Hospital as handovers can put constraints on flow. She added that there are standard operating procedures on site whilst patients wait for a transfer across sites when services are closed throughout the night.</p> <p>Martyn Waygood queried if exit surveys were completed to see why BMS's were moving on. Dougie Russell advised that BMS's are one pay grade higher in other hospitals under the agenda for change policy. Christine Morrell stated that there is a national shortage of BMS's and work had previously been undertaken to strengthen the position. The Health Board relies on locums to support the 24 hour service and the</p>	
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	<p>market is highly competitive, with higher salaries and stronger training schemes.</p> <p>Martyn Waygood queried compliance against the sonographer scanning for gap and grow, and whether any adverse issues have been raised. Sue Jose advised that two sonographers are due to complete their training in January 2022, and the Health Board has employed a lead sonographer trainer. She has spoken with Health Education and Improvement Wales (HEIW) and a training place has been funded. There were two incidents last year where stillbirths had taken place that linked with scans not being in line with gap and grow, and both were managed through the SI process. Sue Jose informed committee members that a bid for an additional scan machine was being processed.</p> <p>Steve Spill queried how confident the service group was that all issues were reported into the Quality and Safety Governance Group. Lesley Jenkins advised that following the revision of divisional quality and safety governance, the chair would rotate to help develop skills. The key issues highlight governance report had been developed and a weekly triage in adult and maternity services was in place to give oversight on incidents. The peer review response following the self-assessment review of governance arrangements was due shortly. She reflected that there was a need to increase capacity around quality priorities and quality improvement, and stated that there were good levels of assurance surrounding governance issues.</p>	
<b>Resolved:</b>	The NPTSSG highlight report and appendices were <b>noted</b> .	
<b>269/21</b>	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting. The following apologies were noted: Jan Worthing, Service Director for Neath Port Talbot Hospital and Singleton Hospital Service Group; Richard Evans, Medical Director.	
<b>270/21</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>271/21</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
<b>Resolved:</b>	The minutes of the main meeting held on 26 <sup>th</sup> October 2021 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>272/21</b>	<b>MATTERS ARISING</b>	



	There were no items raised.	
<b>273/21</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b>.</p> <p>i. <u>245/21 Older People's Charter</u></p> <p>Maggie Berry confirmed that a meeting with Gareth Howells was scheduled for 2<sup>nd</sup> December 2021 to discuss the older people's charter.</p> <p>ii. <u>252/21 Welsh Health Circular quality and safety framework</u></p> <p>Nigel Downes advised that an update would be received in December as per work programme, however a more detailed update is expected to follow in January 2022.</p>	
<b>Resolved:</b>	The action log was <b>noted</b> .	
<b>274/21</b>	<b>WORK PROGRAMME 2021/22</b>	
<b>Resolved:</b>	The work programme was <b>received</b> and <b>noted</b> .	
<b>275/21</b>	<b>INFECTION PREVENTION AND CONTROL AND ALL WALES POSITION</b>	
	<p>A report providing an update in relation to infection, prevention and control (IPC) and IPC all Wales position was <b>received</b>.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> <li>- SBUHB continued to have the highest incidence of infection for the majority of the tier 1 key infections. Further analysis was undertaken to show comparisons with other Welsh acute Health Boards;</li> <li>- In October, there had been continuing and new localised outbreaks of COVID-19 in Morriston Hospital, Dan-y-Deri and Ward F at Neath Port Talbot Hospital;</li> <li>- Progress continues to strengthen the governance of decontamination processes across SBUHB. A framework for decontamination training has been approved through the Decontamination Quality Priority Group;</li> <li>- SBUHB has appointed into the Band 6 decontamination co-ordinator post, funded through quality priorities. This appointee will commence in post from 14<sup>th</sup> November 2021;</li> <li>- The business case to expand the immunisation team is under consideration currently;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The IPC team has been affected, and would continue to be affected further by vacancies within the team. There's a current 75-hour vacancy, a further 37.5-hour vacancy in November 2021, and 12-month maternity leave, which would come into effect in December 2021. At the end of January 2022, there will be an additional 37.5-hour vacancy.</li> <li>- The Assistant Director of Nursing for Quality and Safety, is pursuing funding to cover maternity leave, with some additional short-term support for the team. However, these changes will result in a reduction in cover for the current 7-day service, whilst new and inexperienced staff gain experience, skills and competence. There would be a significant loss of senior, experienced IPC nurses and there's not a large pool of qualified and experienced IPC nurses nationally;</li> <li>- Dashboard and validation work was commencing.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood voiced concerns surrounding the IPC workforce challenges and queried why SBUHB was not recruiting. Delyth Davies advised that SBUHB was recruiting, however application uptake was low. The issue is nationwide and currently the specialty may not be attractive to people. HEIW staff are reviewing and planning, however currently there is no bank or agency staff for IPC. She highlighted that the Health Board had not been in this position before and she was concerned. Gareth Howells reflected that SBHUB had reached cross-roads and recommended a report was taken through Management Board in December to gain traction. Steve Spill agreed with the approach and requested that an update is brought to December and January's Quality and Safety Committees.</p> <p>Reena Owen noted that a radical shift in the approach was needed, and responsibility for IPC needs to be taken into consideration by each individual of the Health Board.</p> <p>Maggie Berry remained concerned surrounding the lack of decanting facilities available to be able to deep clean areas.</p> <p>Maggie Berry highlighted that HEIW had concerns surrounding 'bare below the elbow' compliance. She noted that health and safety and IPC are everyone's responsibility. Delyth Davies advised that concerns around 'bare below the elbow' adds frustration for the wider nursing team, and audits can show that other professionals are not bare below the elbows in clinical areas and wards. She highlighted that workforce levels are low, patients are becoming sicker in the community and pressures can impact staff and their mindfulness which can be challenging. She noted that IPC champions are needed across all areas for collective improvements to be made.</p>	<p><b>GH/DD</b></p>
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<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Update on IPC recruitment and retention be taken through Management Board in December, with an update to follow at December and January's Quality and Safety Committees.</li> <li>- The progress against healthcare associated infection priorities up to 31<sup>st</sup> October 2021 was <b>noted</b>.</li> </ul>	<b>GH/DD</b>
<b>276/21</b>	<b>PATIENT EXPERIENCE REPORT</b>	
	<p>The patient experience report was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>– 120 members of staff are trained to use the new Civica feedback system and to date 440 staff users are set up on the new system, with 338 areas collecting feedback. Additional training dates are being run until December, and automatic reports and alerts are sent to managers/service leads on a daily basis;</li> <li>– For the month of October there were 2,734 friends and family survey returns which resulted in 92% of people stating they would highly recommend SBUHB to friends and family;</li> <li>– There were 55 compliments recorded and 174 complaints recorded;</li> <li>– The Health Board recorded 83% performance against the 30 working day target in June 2021. The Welsh Government Target is 75%;</li> <li>– A review by Healthcare Inspectorate Wales (HIW) of HMP Swansea is currently underway;</li> <li>– The HIW report has been received following a review of the radiotherapy centre at Singleton Hospital. There were no immediate concerns;</li> <li>– A never event was reported to Welsh Government on 5<sup>th</sup> November 2021 which related to the wrong implant/ prosthesis.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood was pleased to see the positive feedback rates, but queried what actions were being taken surrounding issues with the vaccine booking line. Hazel Lloyd confirmed she would review and report back in the next iteration of the report.</p> <p>Reena Owen suggested that a breakdown of what elements of communication are causing patients issues. Hazel Lloyd advised that a breakdown of communication issues was being worked through and would be included in the next iteration of the report.</p> <p>Reena Owen requested that the details of the SIs, including themes and actions be included in the next iteration of the report.</p>	<p><b>HL</b></p> <p><b>HL</b></p> <p><b>HL</b></p>

	<p>Maggie Berry queried if the HIW inspection on the children's ED unit was brought to a previous committee. Hazel Lloyd advised that any immediate improvement plans would be included in the patient experience cover report. She wrote in the Microsoft Team discussion bar that the immediate notice related to compliance with mandatory training records and workforce, and an improvement plan was submitted in October 2021 and accepted by HIW.</p> <p>Committee members agreed that the patient's initials would be removed from future reports. Keith Reid provided background information relating to a historical investigation instigated by HM Prisons and probation service under Article 2 of the European Convention on Human Rights. An independent investigator has been appointed and is undertaking the work.</p> <p>Maggie Berry queried whether prison deaths are reported into Quality and Safety Governance Group. Hazel Lloyd confirmed that future reports surrounding prison deaths could be taken through the in-committee session. Steve Spill confirmed receipt of previous reports on prison deaths. Gareth Howells reflected that prison deaths should be reported through the Quality and Safety in-committee session. Steve Spill suggested that the work programme be updated.</p> <p>Reena Owen queried if the Health Board sought views from prisoners on their health care the reporting mechanism around it. Gareth Howells stated that the views from prisoners are collected by the prison, but not the Health Board and noted that lessons could be learned. He highlighted that HMP Swansea is a specialised environment and welcomes the outcome of the review.</p>	SS
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Actions surrounding the vaccine booking line issues to be reported in the next iteration of the patient experience report.</li> <li>- A breakdown of what elements of communication are causing patient issues to be included in next iteration of the patient experience report.</li> <li>- Details of the SIs, including where, what, themes and actions be included in the next iteration of the report.</li> <li>- Prison deaths be added to the in-committee work programme.</li> <li>- The report was <b>noted</b>.</li> </ul>	HL  HL HL  SS
<b>277/21</b>	<b>OPHTHALMOLOGY</b>	
	<p>An update report surrounding Ophthalmology 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 paediatrics backlog is reducing and will be reliant on resuming normal clinic activity numbers or additional clinics;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The glaucoma backlog has plateaued, however initiative work was due to begin in November 2022;</li> <li>- Consultant Connect established to assist referrals queries from optometric practices to rapid access eye clinic and Diabetic retina services;</li> <li>- Over the last 12 months, three SIs have been reported in Ophthalmology, resulting in a loss of lines of sight. All incidents have been investigated and corrective action plans put in place to prevent further occurrence.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen found the incidents resulting in eye loss bleak, and queried whether there was a way to accelerate the highest risk patients for assessment for priority. Craige Wilson advised that the high risk patients are age related macular degeneration, and these patients remain a priority. The diabetic and glaucoma patients are next and arrangements are being put in place for the next 12 months. He advised that SBUHB would be the first organisation to deliver non-medical injectors.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– The content of the report was <b>noted</b>.</li> <li>– The actions being taken to improve performance recognising that there a significant challenges because of a reduction in overall capacity due to social distancing were <b>noted</b>.</li> </ul>	
<b>278/21</b>	<p><b>HEALTH BOARD RESPONSE TO COMMUNITY HEALTH COUNCIL REPORT SURROUNDING ELECTIVE ORTHOPAEDIC SURGERY</b></p>	
	<p>The Health Board response to the Community Health Council (CHC) surrounding elective orthopaedic surgery was <b>received</b>.</p> <p>In introducing the report, Kate Hannam highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report is a difficult read from a patient experience perspective;</li> <li>- The majority of Morriston Hospital's complaints relate to orthopaedics;</li> <li>- This is an issue for all Health Boards, and SBUHB is not an outlier;</li> <li>- The waiting list has grown exponentially, and the list size over 52 weeks is significant.</li> </ul> <p>Suzanne Holloway highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The time patients are spending on waiting lists is impacting their mental health;</li> <li>- Access has been a real issue for individuals;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The service group has considered how communication is delivered, ensuring robust validation is taking place and engaging co-productively with patients to manage expectations;</li> <li>- Patients are now being asked whether they wish to remain on the waiting list, and whether their circumstances have changes;</li> <li>- The CHC report has been taken seriously by the service group and a report is being presented to the Quality and Safety Governance Group surrounding correspondence to patients.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood agreed that the report was a difficult read, however it encapsulated what delays mean for patients and the effect it has on their lives. He noted that therapies could be an option for patients instead of surgery when the evaluation of patients takes place. Suzanne Holloway agreed and noted that some people do not require surgery as their joints have healed and rested over time.</p> <p>Craige Wilson highlighted that funding from Welsh Government had been received for rehabilitation to optimise those patients on the waiting lists. Suzanne Holloway advised that the service group are building access to an exercise programme and dietary advice to support the initiative, and Welsh Government have agreed to fund pastoral support offered by the Red Cross.</p> <p>Maggie Berry queried the maximum waiting time for orthopaedics. Kate Hannam confirmed the longest wait is 255 weeks.</p> <p>Maggie Berry queried the validation pre-assessment output of correspondence and influx of responses. Suzanne Holloway advised that when forms are received they are stored on the clinical portal and can be considered in rounds with a legacy life attached to it. The service group would like to trial it with anyone who is on the waiting list for a long period of time in other specialities.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The actions being undertaken in response to the report recommendations were <b>noted</b>.</li> <li>- The improvement work in progress to address the long term delivery of orthopaedic services within the Health Board was <b>noted</b>.</li> <li>- The report was <b>noted</b>.</li> </ul>	
<b>279/21</b>	<b>CONTROLLED DRUGS GOVERNANCE AND ASSURANCE PROGRESS REPORT</b>	
	<p>The controlled drug governance and assurance progress report was <b>received</b>.</p> <p>In introducing the report, Rhys Howell highlighted the following:</p>	



	<ul style="list-style-type: none"> <li>- Service Groups have undertaken significant work to strengthen controlled drugs governance through an agreed three-phased approach. When viewed within the context of the continuing COVID-19 pandemic and associated service pressures, progress made to date is encouraging;</li> <li>- The document was a live document and would be updated as plans evolve.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried the financial implications and the effect on the existing team. Rhys Howell advised that financial constraints are one of many competing priorities. A flexible phased approach has been created to strengthen the process without the additional funding. The increased work load has been supported by the current establishment. Steve Spill undertook to discuss funding options with the Director of Finance outside of the meeting.</p>	<b>SS</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Steve Spill and Darren Griffiths to discuss financial options to strengthen management and use of controlled drugs.</li> <li>- The progress report detailing the actions taken to strengthen controlled drug governance across the Health Board was <b>noted</b>.</li> </ul>	<b>SS</b>
<b>280/21</b>	<b>WARD TO BOARD DASHBOARD</b>	
	<p>A report on the ward to board dashboard was <b>received</b>.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A task and finish group to commence in January 2022, with new Terms of Reference, which would include monthly progress reports into Quality and Safety Governance Group and quarterly to the Quality &amp; Safety Committee;</li> <li>- Quality Assurance Framework reviews to take place on the dashboard so that assurance can be gained from the dashboard;</li> <li>- More trends are needed on the dashboard and colleagues from digital services are involved to develop the dashboard further.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells advised that service groups should be identifying wards with the highest falls, pressure ulcers and longest stays to manage services and increase flow. He suggested that the dashboard is relaunched via Management Board to ensure the dashboard is fit for purpose and utilised appropriately.</p> <p>Maggie Berry noted that the 15-step challenge had been used in specific areas and needs to be refreshed and incorporated for governance assurance visits. Nigel Downes advised that the 15-step challenge was not used across all service groups, however it has been used in</p>	

	<p>Children's Service and Mental Health and Learning Disabilities. He advised that Independent Member involvement has been welcomed and the month-to-month diary slots would be arranged for red flag areas.</p> <p>Steve Spill highlighted the need to circulate the dashboard to staff can utilise it, and queried if the task and finish group would be useful. Gareth Howells suggested that the task and finish group commences its meeting in January, along with the dashboard being taken through Management Board</p>	GH
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The ward to board dashboard be taken through a future Management Board meeting.</li> <li>- The report was <b>noted</b>.</li> </ul>	GH
<b>281/21</b>	<b>QUALITY AND SAFETY GOVERNANCE GROUP</b>	
	<p>A key issues report from the Quality and Safety Governance Group (QSGG) was <b>received</b>.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The last QSGG meeting took place on 2<sup>nd</sup> November 2021;</li> <li>- At Morriston Hospital, avoidable harm to patients as a consequence of excessive access waiting times across all categories of patient had a current local risk score 25. Mitigating actions have been taken which included increased clinical engagement across all areas, to ensure patients are being managed across the appropriate pathway;</li> <li>- Actions have been taken to manage the nursing deficit at Morriston Hospital which includes daily nurse staffing meetings to review staffing across all areas of Morriston Service Group;</li> <li>- The new Head of Quality and Safety in Primary Care commenced post on 15<sup>th</sup> November 2021;</li> <li>- There has been a reduction in the closure of SIs in Mental Health and Learning Disabilities with an improvement of 43 closures since July to October 2021;</li> <li>- The quality priorities workshop took place on 20<sup>th</sup> October 2021 which was well attended;</li> <li>- A scrutiny panel has been scheduled for 24<sup>th</sup> November 2021 and Reena Owen will be in attendance.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood acknowledged that the report had evolved into a much improved document and thanked Nigel Downes for his efforts. He queried the recruitment position and timescales regarding the Doctor for Safeguarding. Nigel Downes advised that he would provide additional</p>	

	<p>feedback in December's QSGG report, but advised that the role was with a recruitment agency due to the headhunting specialty.</p> <p>Maggie Berry was disheartened to see surge beds being used in November and noted the worry for Independent Members, Executives and service groups. She queried whether the SI learning from Mental Health and Learning Disabilities team could be shared with other service groups. Nigel Downes advised that he would share the learning with other service groups and include details in the next iteration of the QSGG report.</p> <p>Steve Spill stated that it was good that QSGG were able to visit any areas of concern for scrutiny and assurance.</p>	<p><b>ND</b></p> <p><b>ND</b></p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Update in the position of the recruitment process surrounding the Doctor for Safeguarding be detailed in December's QSGG report.</li> <li>- SI learning to be shared with other service groups and details to be included in the next iteration of the QSGG report.</li> <li>- The key issues highlight report was <b>noted</b>.</li> </ul>	<p><b>ND</b></p> <p><b>ND</b></p>
<b>282/21</b>	<b>CLINICAL ETHICS GROUP</b>	
<b>Resolved:</b>	A key issues report from the Clinical Ethics Group (QSGG) was <b>received and noted</b> .	
<b>283/21</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items to refer to other committees.	
<b>284/21</b>	<b>ANY OTHER BUSINESS</b>	
	There were no items raised.	
<b>285/21</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 21 <sup>st</sup> December 2021.	