

## Swansea Bay University Health Board

**Confirmed**

### Minutes of the Meeting of the Quality and Safety Committee Tuesday 28<sup>th</sup> March 2023 at 1.30pm via Microsoft Teams

#### **Present**

Steve Spill, Vice-Chair (in the chair)

Reena Owen, Independent Member (until minute 48/23)

#### **In Attendance**

Anne-Louise Ferguson, Board Advisor (Legal)

Gareth Howells, Director of Nursing and Patient Experience

Alison Clarke, Deputy Director of Therapies and Health Science

Delyth Davies, Head of Nursing Infection, Prevention and Control

Stephen Jones, Nurse Director Mental Health and Learning Disabilities (MH&LD)

Marie Williams, Head of Nursing Quality Governance and Improvement MH&LD

Nerissa Vaughan, Senior Project Director CAMHS

Meghann Protheroe, Head of Performance

Hazel Lloyd, Director of Corporate Governance

Richard Evans, Executive Medical Director (except for minutes 49/23 and 50/23)

Scott Howe, Health Inspectorate Wales

Mitchell Parker, Health Inspectorate Wales

Susan Morgan, Corporate Governance Officer

Minute No.		Action
39/23	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	<ul style="list-style-type: none"> <li>- The chair welcomed everyone to the meeting including two external visitors from Health Inspectorate Wales (HIW) - Scott Howe, who is stepping down from his role as HIW Liaison and Mitchell Parker (HIW) who is taking over the role. He thanked Scott Howe for his work over the years and wished him every success in his new post.</li> <li>- Apologies for absence had been received from Mark Hackett, Chief Executive Officer, Christine Morrell, Director of Therapies and Health Science, Maggie Berry, Independent Member, Pat Price, Independent Member, Deb Lewis, Interim Chief Operating Officer, Janet Williams, Service Director Mental Health and Learning Disabilities, Catherine Harris, Interim Head of Midwifery, and Elizabeth Stauber, Head of Corporate Governance.</li> </ul>	
40/23	<b>DECLARATIONS OF INTEREST</b>	

	There were no declarations of interest.	
<b>41/23</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the main meeting held on 23 <sup>rd</sup> February 2023 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>42/23</b>	<b>MATTERS ARISING</b>	
	There were no items raised.	
<b>43/23</b>	<b>ACTION LOG</b>	
	The action log was <b>received</b> and was <b>noted</b> .	
<b>44/23</b>	<b>WORK PROGRAMME 2022-23</b>	
	The work programme was <b>received</b> and <b>noted</b> .	
<b>45/23</b>	<b>PATIENT STORY: MENTAL HEALTH AND LEARNING DISABILITIES</b>	
	<p>A patient story was <b>received</b>.</p> <ul style="list-style-type: none"> <li>- The patient was born and raised in Zimbabwe where he lived until he came to the UK with his family in 2002 to claim asylum as he and his sister were experiencing problems as the result of the violence there.</li> <li>- He stated he was “raised the right way.” Unfortunately, when he was 14 his father died and when he was 15 his brother died. He stated their deaths really affected him and he felt he did not mourn their passing properly.</li> <li>- Soon after arriving in the UK, he went to the shop where he encountered a boy around his own age who asked him if he smoked cigarettes and if he wanted to “hang out”. At that point, he had only smoked one or two cigarettes.</li> <li>- He stated he “hung out” with this group and began smoking cigarettes with them, which later turned into smoking marijuana. He went on to say he had not tried using drugs previously and that at first, he was unaware what he was smoking.</li> <li>- He began to spend more time with this group of young people and began using drugs more and more.</li> </ul>	

- He stated that emotionally he felt alone and realized that what he was doing was “hurting me so much” but he felt there was no way out and that he was on a cycle that was going on and on.
- He described being paranoid, shaking, seeing things, hearing voices, not eating anything, and it all became too much for him. His sisters noticed something was wrong and his mother came to the house and saw that he was not well.
- He recounted that one day a car arrived, his things were packed, and he went to a rehabilitation centre called St Clements in East London. He said he received the support he needed there and gradually began feeling better.
- He moved to Swansea and unfortunately relapsed. He said he felt something in him was not right until he was introduced to the Community Mental Health Team (CMHT) and started doing courses.
- He has been on medication since his first episode and did not accept he had problems which led to another relapse.
- He stated that accepting that he has mental health issues was a turning point for him, and since 2014 to date he has had no further relapses thanks to the support of the CMHT.
- He finished his patient story by saying to anyone who was listening to the video thinking that they will not be able to get out of their situation, that there will come a time in their life when things get better.

In discussing the patient story, the following points were raised:

Steve Jones stated that this patient story is what work is all about for staff in Mental Health and Learning Disabilities (MH&LD). He went on to say that there is a perception that MH&LD, as a service, deals with the lesser echelons of society – the down and outs on the streets. He emphasised that the reality is that mental health impacts every human being. He went on to say that mental health staff recognize that they are not simply dealing with individual patients, but with the entire family and social networks of the patients. He stated that people can survive very well with a mental illness when they are taking medications and recognize the need for intervention, adding that when patients’ lives are normalised, they can do the things that everybody else does.

Gareth Howells wondered if the public understood the impact marijuana can have on mental health as it is perceived as the same as drinking alcohol.

Hazel Powell commented that the link between marijuana and mental health is well known to medical professionals and agreed that there is probably not enough done from a public health perspective to make the risks to mental health known.

	<p>Steve Jones reiterated that generally within health services - but not Mental Health services – the fact that substances can instigate latent illnesses is not recognised, and there is a tendency to say the illness is drug induced. He went on to say that efforts are being made to normalise the use of cannabis, yet it is probably one of the worst illicit substances for precipitating mental illness.</p>	
<p><b>Resolved:</b></p>	<p>The patient story was <b>noted</b>.</p>	
<p><b>46/23</b></p>	<p><b>SERVICE GROUP HIGHLIGHT REPORT: MENTAL HEALTH AND LEARNING DISABILITIES</b></p>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report Steve Jones highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Since April 2022, 101 cases have been proportionally investigated to identify learning for the service group and closed. Five cases are currently being reviewed by the Serious Incident Group (SIG) panel for closure, whilst 35 remain under investigation.</li> <li>- A couple of cases are moving to red due to time markers. However, meetings are being arranged to avoid breaching timescales.</li> <li>- Some of the incidents being investigated are very complex and require detailed work. Timescales are important but very often are used as a marker to measure against, but do not recognise the complex investigations that need to take place.</li> <li>- Older cases from 2021/22 are now coming through to inquest.</li> <li>- An inquest was recently held on a case from 2017. However, a Regulation 28 was avoided due to the level of activity undertaken in recent years to improve the position with MH&amp;LD.</li> <li>- The majority of complaints relate to Adult Mental Health Services and are complex in their nature, so to allow for investigation within the required timescale a 10 hour post for dedicated complaints handing has been recruited into and a staff member in is post.</li> <li>- Part of the Quality Assurance Framework are the Nurse Director’s Unannounced Reviews unannounced visits which are conducted on a monthly basis. Ten reviews have been completed since April 2022 with findings and learning reports provided to all areas reviewed. These reviews have been very well received.</li> <li>- Following the BBC Panorama report into the Edenfield Centre, which raised concerns about the quality of service provided at an NHS medium secure mental health unit, a review was undertaken of MH&amp;LD services in Swansea Bay University Health Board (SBUHB) against the learning from the Edenfield</li> </ul>	

Centre. Whilst the Edenfield Panorama report focused on learning disability patients within a medium secure unit, the whole of the MH&LD service was looked at to get a barometer check against the issues raised. A report has gone through quality and safety structures with a conclusion that from what has been sense checked against the Edenfield issues, these are not issues within SBUHB.

- **Infection prevention and control (IPC):** MH&LD maintains a low number of reportable infection control issues within clinical environments despite dealing with a population with a propensity for higher rates of infection. Learning around that success will be shared with the rest of the Health Board (HB).
- **Falls** are an issue for MH&LD – particularly around the older peoples and learning disabilities services – an active falls group is monitoring the situation on a monthly basis.
- **End of Life Care (EOLC):** the level of data around end of life care available for the MH&LD service group is limited at present. Work is ongoing to adopt Health Board processes for EOLC.
- **Sepsis:** A Service Group Lead and Deputy will be identified for the RADAR meetings. The level of data around sepsis available for the MH&LD service group is limited at present and links are being made with the Health Board Resuscitation Team to identify learning from Serious Incidents.
- **Suicide Prevention:** MH&LD is actively involved in this priority work. Given the nature of work within this Service Group (SG), Trauma Risk Management (TRiM) processes have been instigated as required. It has been recognised there is a need to increase the resource to meet the demand and need for this approach and it has been agreed that a further 3-4 TRiM practitioners be trained.
- **Patient Experience:** a bespoke survey captures feedback from service users and carers within MH&LD. Most of the feedback received is of a high standard in terms of service provision and is captured by the Service User Feedback and Involvement Team at point of contact on monthly unannounced visits within clinical environments from patients, and if present, families, or carers.
- **Digital Stories:** The Service User Feedback and Involvement Team are working with service users and carers to produce digital stories in order to have a bank of stories available to present at Quality and Safety Committee meetings.
- **Governance Structure:** Work has been undertaken to align the governance structure for MH&LD with corporate governance structures. The revised structure was presented to Management Board. The Research, Development, Innovation and Learning Hub met for the first time on 23<sup>rd</sup> February. The Hub is the fulcrum on which all learning is mapped and ensures what is happening around the revised governance

structure has a basis in terms of improvement learning and innovation going forward. Work is ongoing to revisit the Terms of Reference (TOR) and senior representation is being reviewed to bring the divisions into that space.

During discussion, the following points were raised:

Hazel Powell informed the Committee that HIW have requested that Swansea Bay University Health Board (SBUHB) look at the CTM report against our services and develop an action plan regarding mental health discharges. This will be reported at a future Quality and Safety Committee. The HIW report is adult mental health focused.

Steve Spill commented that he had sight of the HIW report, which was sent to all health boards to learn from the CTM experiences.

Anne-Louise Morgan requested further information about what is discussed at strategy meetings called at the outset of a Serious Incident. She informed the Committee that recently a North Wales Coroner had issued a Regulation 28 letter before the inquest started as the incident in question had occurred a long time previously, and although there was talk of the actions that would be put into place, none had been started.

Steve Jones said that he was happy to share the relevant document with the Committee and that from memory, at the initial strategy meeting the incident itself is looked at; the timeframe for the review to be undertaken; the clinical reviewer, lead investigator and medical adviser are selected, the length of time to go back to investigate is decided. In addition safeguarding issues are looked at within the immediate family if there are any vulnerable adults or children. A range of activities are looked at over a 130 day target. He went on to say that a lead investigator is appointed immediately although they may not actively pursue the case straight away due to working on other cases, but the new case is on their radar to look at when there is scope in their timetable.

Anne-Louise Ferguson further queried if there was any follow up after the initial strategy meeting to be able to inform a coroner that the investigation was not forgotten due to other pressing issues.

Steve Jones gave assurance that timescales are monitored by reviewing lists of Serious Incidents to ensure the 130 day target is met. The plan going forward is that the strategy meeting notes will be attached as an addendum to the Serious Incident review so the coroner can see what has been done prior to the investigation taking place. This process was instigated back in 2021/22 but the pandemic impacted on it due to lack of freedom of movement. Meetings are scheduled in advance on a weekly basis to review Serious Incidents. If there is not a case, then the time is not used for that purpose.

Reena Owen sought clarification around what a Regulation 28 letter signifies. She expressed concern about and also queried the implication of having 807 incidents that are overdue or under

investigation. She also expressed concern that the learning that should be achieved from Datix was not happening.

Steve Jones explained that a Regulation 28 letter is a direction from a Coroner that the health board has to immediately change practice within a clinical environment as a result of a serious incident that is being heard in a Coroner's Court. He gave assurance that every Datix incident is reviewed on a daily basis and follow up emails sent out to the most senior person named for each incident for updates. In terms of the investigation, there is a legacy issue from the switch over from the old Datix system to the new Datix system. He went on to say that communications regarding Datix incidents are made via email rather than via the Datix messaging system as there is an issue with accuracy when reporting on Datix.

Marie Williams added that the Datix backlog is an amalgamation of several factors – being a new system that staff are not used to using and teething problems that accompany any new system. She emphasised that this is a health board wide problem, not just MH&LD. The issues with Datix have been raised on an All Wales basis and an All Wales working group has been opened to look at it. One issue is that the correct managers are not being mapped to the incidents. She reiterated that she or one of her colleagues look at Datix incidents daily and send emails out to check on the safety of the patient, the wellbeing of the staff member following the incident and what is being done in terms of actions. She explained the backlog is the catch up from this activity.

Hazel Lloyd further explained that the purpose of a Regulation 28 report is to prevent future deaths. They are issued when a Coroner feels that an organisation has not done all it could do to learn from the incident and to prevent a future death. SBUHB staff provides the Coroner with as much information and evidence as possible to show that an action plan has been developed and learnings gained, and that by the time of the inquest the action plan has been completed. Two assistant Coroners have been brought into the Swansea Bay area to deal with the huge backlog and it is anticipated that there will be a lot of activity on inquests going forward.

Hazel Lloyd then sought confirmation from Steve Jones if the Hub is being used to look at historic cases, because the action plans would have been completed many years ago. She stated there are cases going back to 2016 which have not yet been heard by the Coroner and there is now an opportunity to review the historic cases afresh to ensure the action plans have been completed and if there is anything else we should be doing as an organisation.

Steve Jones stated that historic cases were being looked at. He went on to say that while the Hub has evolved from a previous model, in its current form is in its infancy and only 2 meetings have taken place to date. He confirmed that the Head of Nursing Quality, Governance and Improvement for MH&LD is looking at all the historical information and

	<p>drawing it together and developing an annual report to outline all the learning and what has been achieved.</p> <p>Marie Williams confirmed that she will be looking at the learning and action planning from Serious Incidents which is high on the agenda of the Quality and Safety Summits being planned for each of the service groups.</p> <p>Steve Spill commented on the 3 deaths in prison seemed like a high number. He queried if these had been mentioned in the report because they were mental health related. He further queried if any initial findings had been obtained from the HIW follow up visit earlier this month.</p> <p>Steve Jones explained that not all the Serious Incidents referred to were deaths in custody and could be an incident relating to an individual who has been in custody and is under the care of Mental Health (MH) services. He went on to say that while there will be Serious Incidents in prisons relating to patients involved with mental health services, investigations are delayed because the Prison Ombudsman takes the lead in these cases and MH will have to manage reporting behind that. He went on to say that the reviews are predominantly overseen by Primary Care, Community and Therapies because it sits within their service group in terms of provision of health care within the prison setting. MH is involved because there are prison in-reach services that look after the secondary mental health elements.</p> <p>Marie Williams added that she has received verbal feedback given to the lead nurse and prison in-reach team manager to the effect that HIW was content with the information sent to them prior to and during the visit. HIW noted some of the improvements following recommendations made in the previous visit relating to a death in custody last year. HIW did raise a point around looking further into responsible clinician cover whilst the consultant is off. Otherwise, it was a positive outcome from the review, but the report is awaited.</p> <p>Scott Howe confirmed that he had spoken to the HIW inspector who supported the visit with His Majesty's Inspectorate of Prisons (HMIP) and was told that although some issues were raised, on the whole the visit was positive, and he would chase the report.</p> <p>Steve Jones pointed out that the report would be sent to Primary Care, Community and Therapies and not Mental Health.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>47/23</b>	<b>UPDATE ON THE REPATRIATION OF CAMHS SERVICES</b>	
	A report was <b>received</b> .	

In presenting the report Nerissa Vaughan highlighted the following points:

- The decision was made at Board to repatriate Childrens and Adolescents Mental Health Services (CAMHS) in September 2022.
- CAMHS will be transferred back to SBUHB on 1<sup>st</sup> April 2023, and work is ongoing around the remaining issues and outstanding risks.
- When the Quality and Safety Committee was updated in January 2023 on progress of the repatriation, the main risk areas were around workforce and ICT.
- The Transfer of Undertakings (Protection of Employment) (TUPE) consultation is complete, and letters have gone out to staff. We are in a position to transfer all those staff from 1<sup>st</sup> April.
- Recruitment remains a big issue in this service area. Nursing is very close to establishment but there are continuing problems around medical and therapy support with a reliance around agency in those areas. The transition is managed carefully so that recruitment in these areas is not held up and agency staff continue working.
- Another issue was around patient data migration to ensure patient information is taken off the CTM system and entered on the SBUHB system. It was hoped to do this electronically. However, it had to be done manually. Although time consuming transferring manually enabled the data to be cleaned up as it came across, and a full audit of patient records to be done as they transfer over to Swansea Bay. The data transfer took place on the weekend of 17<sup>th</sup> March.
- The remaining issue regarding the residual Service Level Agreement (SLA) between Swansea Bay and CTM was approved this week and the SLA for on call services has been resolved.

During discussion the following points were raised:

Steve Spill sought clarification about the amber Operational issue and about the statement that CTM have revised certain trajectories.

Nerissa Vaughan explained that CTM agreed trajectories around performance measures in May 2022 – that the 1a and 1b performance would be achieved by the end of March 2023. In February 2023 CTM revised that to say they will not hit the 1b target but will hit the 1a target. This has been for a number of reasons, but a large factor has been the decline in the administrative service which has meant patients were not booked or cancelled which had a corresponding effect on performance. She went on to say that

	<p>discussions are being held with delivery units around revising those trajectories going forward and timescales for achieving the 1b target.</p> <p>Reena Owen queried if, in terms of workforce risks, if any key skills have been lost in the repatriation and if the service is any worse off.</p> <p>Nerissa Vaughan gave assurance that if anything, the service is better off. From summer last year advertisements went out under the Swansea Bay banner which meant some difficult to fill posts were recruited into. She gave the example of the lead psychologist for CAMHS post which has been vacant for a long period of time. It has now been recruited into and the person started in post in February. In addition, a big exercise was undertaken last year with CAMHS staff to check how they were feeling about a potential transfer to SB and the outcome was that staff were pleased to be coming over.</p> <p>Steve Spill congratulated Nerissa Vaughan and the team on all the hard work it has taken to enable the transfer.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report was <b>noted</b>.</li> </ul>	
<b>48/23</b>	<b>QUALITY AND SAFETY PERFORMANCE REPORT</b>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A slight increase in positive COVID-19 cases was reported in February (249 cases) and the percentage of staff sickness absence due to COVID-19 in February has remained at 0.5%.</li> <li>- Unscheduled Care Performance: the percentage of red calls responded to within 8 minutes increased slightly in February and there was a slight increase in handovers over 1 hour.</li> <li>- Actions continue to be implemented to support pathway improvement at the front door.</li> <li>- Work is progressing with the implementation of the Acute Medical Service (AMSR).</li> <li>- Performance against the 4 hour target for February was 76.03% against the target, which is a 2.03% increase on January's performance.</li> <li>- The remaining unscheduled care measures remain above trajectory and have shown a marked improvement compared to recent months.</li> <li>- The 12 hour target shows a slight increase in numbers waiting to 1125 in February.</li> <li>- Clinically Optimised Patient (COP) performance: High numbers continue to be reported across the sites following reductions in recent months. In February there was an average of 304 patients who were deemed clinically optimised but were still occupying a bed in a hospital.</li> </ul>	

- Infection Prevention and Control (IPC) performance: we were above Welsh Government trajectories in some of the areas, but E. coli bacteraemia and Pseudomonas continue to be areas for improvement within the HB and SG recovery plans continue to be implemented and some improvements are being seen.
- 5 Nationally Reportable Incidents (NRIs) were reported for the month of February 2023 to WG. The service group breakdown is Morrision – 1; MH&LD 1; Singleton 1; Primary Care 2.
- There was one new Never Event reported in February 2023 due to a retained swab in Maternity.
- Planned Care Performance: There has been a reduction in patients waiting over 26 weeks and the number of patients waiting over 36 weeks and 52 weeks also continues to decrease.
- There is a consistent reduction of patients waiting over 104 weeks and the recover trajectory is being outperformed.
- The submitted trajectory for patients waiting over 52 weeks at stage 1 continues to be outperformed, and updated trajectories are being worked on to provide the Health Board's position up to end of June 2023 and for the remainder of the next financial year.
- The number of patients waiting over 8 weeks for diagnostics has increased to 6116.
- The number of patients waiting for endoscopies has increased but we are above the submitted WG trajectory and actions have been implemented to improve the 8 week position and improve that performance.
- The number of patients waiting over 14 weeks for specified therapies has decreased to 157, which is an improvement over previous months.
- Slightly larger numbers are being seen in specified areas such as speech and language therapies and dietetics – the situation is being monitored closely by the SG.
- Cancer performance remains under the outlined trajectory for single cancer pathway performance and reported performance has improved slightly to 50% from 48% in December 2022.
- Backlog figures remain above the previously submitted trajectory. However, a consistent reduction has been seen following focused intervention. Currently backlog figures are 367.
- Updated backlog trajectories are currently being approved for the next financial year and will be seen in next month's report.
- The number of patients waiting for follow up appointments has risen slightly.
- Patient experience has been maintained with regards to patient and family satisfaction at 92%. There has been a reduction in the number of surveys completed for February.

- An updated CAMHS performance was not available for the report, but it can be confirmed that key WG target areas for access to emergency services are being met.

During discussion the following points were raised:

Reena Owen expressed concern regarding the never event and the 5 Nationally Reportable Incidents (NRIs) in February. She queried if further information is available. Her second query was about the patient story recounted in February's Quality and Safety Committee about a service user's experience in Morrision's Emergency Department (ED), the care was good, but the environment was particularly criticized. She queried if any improvements in the ED environment had been achieved.

Hazel Lloyd advised the Committee that a paper relating to the Never Event and NRIs would be presented in the In Committee meeting.

Hazel Powell stated that as a result of listening to patient feedback and patient experience, a significant piece of work is starting this weekend in ED at Morrision looking at heating, curtains, air conditioning, furniture, vending machines and providing a water dispenser.

Reena Owen requested that plans and timescales for planned changes to the environment in the ED at Morrision and any other environmental changes in emergency treatment areas be brought back to this Committee.

Steve Spill sought clarification about the figures relating to ED wait times, particularly questioning if the Minor Injury Unit (MIU) figures at Neath Port Talbot (NPT) hospital had been added to the Morrison ED figures in terms of HB wide numbers. He expressed concern that the numbers might appear to be massaged to make the situation appear better than it is.

Meghann Protheroe gave assurance that regarding the figures for ED at Morrision and MIU at NPT, a HB wide view is given but a breakdown of numbers at the different sites is also given, so the two views are available.

Steve Spill commented that although he could see both figures were given, it is possible to be misled if the person reading the report does not read the detail.

Anne-Louise Ferguson queried the 157 patients waiting over 14 weeks for specific therapies, and this figure included 125 patients waiting over 14 weeks for Speech and Language Therapy (SLT). She expressed concern that the measurement of 14 weeks did not consider the number of patients waiting up to 14 weeks – so the actual number of patients waiting for specified therapies could be much higher. Whilst appreciating that there is a nationally reportable level, she expressed particular concern about stroke patients, who if they do not receive SLT quickly, they may not regain their speech.

	<p>Meghann Protheroe confirmed that the total number of patients waiting for therapies could be obtained and that the report reflects the 14 week position that is reported nationally.</p> <p>Alison Clarke explained that the figures presented in the report are outpatients that have been referred in. She went on to say that at a recent presentation the therapy adviser from Welsh Government stated there is going to be a national review of the NHS performance framework, particularly around therapies and diagnostics waiting times. SBUHB has been asked to comment on what is felt to be more appropriate measures and outcome measures – not just wait times. In terms of stroke patients, they will have been seen and if admitted measured against the stroke performance measurement targets. She emphasised that what is being seen in the report are outpatient numbers.</p> <p>Gareth Howells agreed that the environment in ED needs improvement as it is quite a small area that is under a lot of pressure and people do have long waits there. He added that there are now 3 front doors at Morriston Hospital – the surgical decision unit, the Medical Assessment Unit (MAU) and the ED and that the work being done there will help improve patient experience and pathways through these departments. There is a Patient Advisory and Liaison Support (PALS) team based in ED for immediate feedback from patients about their worries and concerns. He added that he and the Executive Medical Director still meet with the team in ED at Morriston on a fortnightly/3 weekly basis to check progress against the HIW review. There has been an internal review where members of the corporate team replicated the HIW review, and another internal review will be undertaken there in the near future. He suggested that as well as bringing patient experience feedback that the result of the walkabout is brought to this Committee as well to give a more rounded view of the service.</p>	
<p><b>Resolved:</b></p>	<p>The report be <b>noted</b>.</p> <ul style="list-style-type: none"> <li>- AGENDA POINT: to bring details of planned changes to ED at Morriston with timescales for the planned changes to ED at Morriston and any other changes to the waiting areas in emergency treatment back to this Committee. HP</li> <li>- AGENDA POINT: to bring the result of the walkabout in ED as well as patient experience feedback back to this Committee. GH</li> </ul>	<p>HP GH</p>
<p><b>49/23</b></p>	<p><b>EXECUTIVE SUMMARY OF THE QUALITY AND SAFETY OF PATIENT SERVICES GROUP</b></p>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report, Angharad Higgins highlighted the following points:</p>	

- The following highlights relate to the Quality and Safety Group meeting held on 21<sup>st</sup> February 2023.
- The Quality Strategy was launched on 2<sup>nd</sup> March 2023 with a successful launch event at Neath Port Talbot (NPT) hospital.
- The implementation plan that supports the strategy was presented and approved at the Quality and Safety Group last week and will come to Quality and Safety Committee in April with updates against implementation actions.
- The Emergency Medical Retrieval and Transport Service (EMRTS): provided an update on the quality and safety issues affecting their service, which has been in place since 2015 and undergone significant growth since this time. EMRTS is currently undergoing a strategic review of the service in conjunction with Wales Air Ambulance. A regular programme of governance days is in place which facilitate shared learning across EMRTS. A patient liaison service is in place within EMRTS which supports patients and their families after critical incidents – if someone is picked up as an emergency patient via EMRTS someone will come and meet them when they are home and recovering to talk through what happened at that incident which is helpful for the patient.
- Updates from sub-groups:
  - **Patient Stakeholder Experience Group:** Updates from the nosocomial team will become a regular report into this group in order for service groups to take learning back into their teams.
  - Arts in Health provided an update on their work outlining the positive impact of their work on staff and patients, also the Lullaby project in Tonna where which works with ladies writing lullabies for their babies.
  - An action for this group is to consider how to link in children's and young people's feedback into the group's workplan.
  - **Patient Safety and Compliance Group:** Work is underway with Western Power to ensure that acute sites have continuity of power in the event of a major power outage. Actions are being developed by the Medical Device Committee to provide advice to ensure patients at home with kit will know what to do in the event of a power outage.
  - **Safeguarding:** The number of Procedure Response to Unexpected Deaths in Childhood (PRUDIC) has increased and co-sleeping has been identified as a theme of concern. There is no criticism relating to the Health Board and All Wales work is planned regarding communication to families on the risk. SBUHB plan work via Maternity Services to raise awareness amongst staff of the risks of co-sleeping.

- Concerns regarding capacity within the team were raised given the increasing workload of the team and activity having trebled in the past 3 years. This is being picked up via the Integrated Medium Term Plan (IMTP) process.
- **Quality Priorities Programme Board** – there are 5 priorities currently in place. When the current quality priorities become business as usual, the areas being looked at to replace them are nutrition and hydration, pressure damage and dementia.
- Issues for escalation from service groups - which have not been raised within the Quality and Safety Group sub-groups include:
- **Mental Health and Learning Disabilities (MH&LD)** – gave an update on the service’s internal review against the findings of the Edenfield report following the Panorama programme and gave assurance that the issues seen in Edenfield are not occurring within SBUHB. An unannounced walkaround at Celyn Ward at Cefn Coed hospital was resoundingly positive with patient centred care observed and the staff were open, welcoming and proud of the unit.
- **Morrison:** concerns were raised through the Guardian Services who undertook an unannounced visit to the Acute Medical Unit (AMU). The pressures in AMU were discussed as well as escalations and actions being taken by the service group. There is a deteriorating position in relation to pressure damage with further discussion to be held between the service group and Corporate Nursing to progress a Tissue Viability Nurse post within Morrison.
- **Neath Port Talbot Singleton Service Group (NPTSSG):** Paediatrics are working through the refurbishment plans in Morrison and a 15 step audit has been undertaken by Bay Youth which supported the planned changes.
- **Primary Care Communities and Therapies (PCCT) Service Group:** His Majesty’s Prisons (HMP) is undertaking an unannounced visit in HMP Swansea. This is likely to be accompanied by HIW. Risks associated with implementation of Duty of Candour are being addressed by the service group triumvirate.
- **Quality Priorities:**
- **Falls:** The Health Board is on target to meet the 10% reduction in inpatient falls. A falls summit was held where all SGs presented work they are doing to reduce falls across inpatient and community settings.
- **End of Life Care (EOLC):** a training programme for Champions in EOLC continues to be rolled out. Work has now

started with digital services to support getting measures for EOLC and how to communicate if a patient is at EOLC.

- **Suicide Prevention** – Work is ongoing with Public Health to develop a suicide prevention strategy for the Health Board.
- **Sharing Hope Arts Project** provides wonderful support to staff in need of wellbeing support.
- **Sepsis** – a deep dive paper is going to Management Board and will come to this Committee in May.

During discussion the following points were raised:

Steve Spill commented that there are 5 Health Board priorities agreed for the year just ending and the paper specified 3 more priorities for next year. He sought clarification on the selection and decision making process for the new quality priorities. He went on to say that he is trying to understand the whole quality and safety environment and can see why EMRTS reports to the Quality and Safety of Patient Services Group as they are hosted services. He went on to list the four sub-groups: The Patient Stakeholder Experience Group; The Patient Safety and Compliance Group; Safeguarding and the Quality Priorities Programme Board and stated it would be useful to see a structure chart of these organisations, their purpose, and members and if the structure enables every corner of the Health Board to be surveilled from a quality and safety point of view.

Hazel Powell explained that in terms of the quality priorities, the decision making process behind the additional quality priorities includes patient experience and incident data, a review of all clinical areas and the question asked what are the top 3 areas that need to be looked at bearing in mind that the focus is patient safety rather than priorities. She went on to say that with some of the current quality priorities the workstreams are moving to business as usual leaving space for new ones to receive more focused support. She pointed out that the next presentation about the Quality Dashboards will demonstrate the ability to surveille most areas of the Health Board.

Gareth Howells stated he felt the revised structures in service groups can now replicate corporate quality and safety structures with ownership of workstreams going down from directorate service groups and up to Health Board oversight are being embedded. He went on to say that a task and finish group, overseen by the Chief Executive, had been set up for this purpose which has now been stood down as it had met its outcomes.

Steve Spill agreed that the revised structures remain a work in progress but are going in the right direction.

Anne-Louise Ferguson queried compliance with EOLC training, commenting that at the last Committee meeting concerns were raised around the tiny numbers attending training. She sought clarification

	<p>of the numbers of staff who had received training stating that at the moment the action plan seems empty of detail.</p> <p>Angharad Higgins explained that last year a target was set that over 95% of all Health Board staff be trained in End of Life Care. It has been recognised this target was laudable but overly ambitious. This year the decision was made to ensure 2 staff members in each of the top 10 priority areas within each service group received targeted EOLC training by the end of this financial year.</p> <p>Anne-Louise Ferguson queried if the EOLC training would be cascaded down in a formal or semi-formal way.</p> <p>Angharad Higgins explained that it is not a train the trainer model and is open to everybody with the objective of having EOLC champions in every clinical area or on each ward who can support colleagues in having those conversations with families.</p> <p>Anne-Louise Ferguson queried what would happen if both EOLC Champions are on holiday at the same time and a patient comes in, there has not been that conversation, and their needs are not met.</p> <p>Angharad Higgins commented that it is early days yet and targeting the top 10 areas is the first step in the process.</p> <p>Gareth Howells added that that staff members should already know how to care for a patient who is at the end of their life and have those conversations. He went on to say that the EOLC training gives extra expertise and focus to areas on top of the foundation of care staff already have and it would be wrong to think if the two Champions of EOLC were off that nobody else would know what to do or say. He reflected that most teams already do this very well.</p> <p>Anne-Louise Ferguson stated it would be nice to see positive family feedback after a death as that would suggest everybody got their job right.</p> <p>Angharad Higgins explained that in terms of end of life care, the Death Centre provides that support and works closely with the EOLC priority.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> <li>- Action: to provide a structure chart of the groups feeding into the Quality and Safety of Patient Services Group with details of each group's purpose and the members of each group.</li> </ul>	<p><b>AH</b></p>
<p><b>50/23</b></p>	<p><b>DEMONSTRATION OF THE QUALITY DASHBOARD</b></p>	
	<p>A verbal report was <b>received</b>.</p> <p>In introducing the report, Mark Madams highlighted the following key points:</p>	

- The Quality Dashboard has been intensively worked on for several months and it will be a game changer in terms of how quality can be looked at across the Health Board to identify good examples of quality and also pick up any red flags.
- The Duty of Quality is coming through in April and it is important to have informatics that measure the right things and data that is recognisable by leadership teams and clinicians that informs as well as assures the quality of care being delivered.
- The objective was to purpose build a quality and safety dashboard and ensure the validity of that data.
- A partnership model has been developed taking the same source data and everyone viewing that data understanding what it means.
- The quality and safety dashboard was initially pitched at a service group management level, but will also be viewable at Board level with a range of indicators having drill down functionality.
- Links to existing dashboards of good quality are used to access those resources.

Dai Williams continued the presentation, highlighting the following points:

- The first step of this project involved reaching out to all service groups to specify measures they wanted to be included in the dashboard. A spreadsheet was sent out to obtain this information followed by meetings to guide people through the process, resulting in over 200 requested measures.
- It was decided to use falls, pressure ulcers, sepsis and End of Life Care as a starting point for Phase One.
- There were challenges around data acquisition, for example with Datix. However, progress has been made with Datix data and it is hoped to have a direct feed from Datix for falls and pressure ulcers into the dashboard, subject to quality checks.
- It is hoped to be able to pull data from the AMaT system directly into the data warehouse to automatically feed the dashboard and avoid human error.
- The data shown in the demonstration version needs to be quality checked. Another version of the dashboard is being developed in the background to be released in Phase One.
- The 4 quadrants shown on the initial dashboard screen are Quality; Patient Safety; Patient Experience; and Assurance and Compliance.
- The dashboard drill down functionality was demonstrated revealing trends and target values.

- The dashboard will link through to other, robust dashboards to give up to date information. The amount of information able to be viewed will depend on permissions given to the viewer.
- A managed release of the dashboard is planned in the next 2-3 weeks to a limited number of key stakeholders. This is necessary to validate data the figures are same throughout all dashboards in all service groups.
- The next step is to reflect on feedback following stakeholder validation checks and amend where appropriate. When all validations are received Phase One will be launched. Phase 2 development will continue, including meeting with other services to decide on exactly what data is needed and how to get it into the dashboard.

During discussion the following points were raised:

Mark Madams reiterated that the real challenge is about providing intelligence and see the measures grouped together in a way that gives a narrative that enables questions to be asked for assurance. An example was given for IPC - when the drill down function was used for a specific infection, the associated measures will also be accessible such as hand hygiene in that area and what other audits showed. It is necessary to bring together those measures together to enable the right questions to be asked, be assured or probe more deeply and know what that data is telling you. The results of actions taken will be able to be viewed as measurables.

Hazel Powell added that the dashboard will help with reporting, which is a requirement under the Duty of Quality. She congratulated Mark Madams, Dai Williams and the team on their hard work to date adding that it is fair to say they are probably leading the way in this respect.

Anne-Louise Ferguson queried if the dashboard will be available to everybody including clinicians, nursing staff and managers. She sought clarification around who will be able to change the data on the dashboard and if there are any restrictions.

Dai Williams explained that permissions can be set on the dashboard, so it is up to the Committee who is given access. He went on to say that the only problem that might arise is Patient Identifiable Information, adding that this risk can be controlled by restricting access so only the right people can see the relevant information.

Mark Madams emphasised that it is important that all staff can see the data that is relevant to the area they are in so red flags can be seen early and changes made.

Steve Spill queried to what extent the data is in real time. He gave the example that data coming to this Committee can be several

	<p>months old, which has some value for a group seeking assurance but would have no value to a manager dealing with a current situation.</p> <p>Dai Williams explained that data will be as up to date as possible but it depends on the source.</p> <p>Steve Spill thanked Mark Madams and Dai Williams and requested that the dashboard be brought back and demonstrated when launched.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The summary be <b>noted</b>.</li> <li>- When demonstrate live dashboard when launched.</li> </ul>	<p><b>DW/MM</b></p>
<p><b>51/23</b></p>	<p><b>INFECTION, PREVENTION AND CONTROL REPORT INCLUDING THE OVERARCHING IMPROVEMENT PLAN</b></p>	
	<p>An update was <b>received</b>.</p> <p>In presenting the report Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> <li>- With the exception of E. coli Bacteraemia, the reduction targets have not been achieved, and in fact, the numbers of infections from this time last year have increased.</li> <li>- To hit the target for E. coli Bacteraemia there would have to be no more than 10 cases in March – and the figure currently stands at 14. However, over the last 2 months, cases have gone down from 22 to 17, and are now down to 14 with a few days left to go, so are close to not only to achieving a good reduction but hitting the WG target for E. coli.</li> <li>- At <b>Morriston</b>, the results of Genome Sequencing indicate there have been 2 probable transmission events involving 3 patients in Pembroke ward in January and 2 cases in Gower ward which have been linked to cases identified in May and October. The delay in receiving the results of Genome Sequencing makes it difficult to pinpoint the patients in the same bay at the same time and sometimes impossible to obtain the full lines of time and events.</li> <li>- During February there was an increase in the number of Staph. aureous cases with 9 cases, one of which was MRSA. Four of these cases were line-associated. Scrutiny meetings continue to be held on a weekly basis to identify themes and areas of learning.</li> <li>- It has been agreed Joanne Walters – Infection Prevention &amp; Control (IPC) Matron - who was due to end her secondment - has a 3 month extension to look at obtaining a funding stream to make the post substantive.</li> <li>- At <b>Neath Port Talbot</b> Hospital in the last few months the number of cases of infections has been increasing and the service group gave an assurance to the Executive Director of</li> </ul>	

Nursing that a deep dive in hot spot wards 12 and 3 will be undertaken to identify improvements.

- NPT has continued to sustain an 87% reduction in E. coli bacteraemia cases over the past 11 months. The Service Group believes this may be due to an increased focus on supporting continence care and patient mobilisation. These areas of good practice will be shared across the Service Group.
- **Primary Care, Community and Therapies Group** has seen a reduction in infections over the last couple of months. At this point in the month there has been a 14% reduction in Staph. aureous Bacteraemia and a 21% reduction in E. coli Bacteraemia. Barring any late results that may come in they will achieve the WG target and will have exceeded their own internal target.
- There have been teething problems with the Significant Event Analysis data collection tool electronic forms with fewer than anticipated responses recorded. Forms go out to GPs who are expected to return them within 14 days. Work is ongoing to improve the system.
- **IPC** training figures will be provided in the next report. Current compliance with IPC training shows that the target for Level 1 training is 85% and on 2<sup>nd</sup> March the Health Board was 85.4% compliant. Level 2 training, which is mandatory for all clinical staff, shows a compliance rate of only 21%. However, this is a denominator for the whole of Health Board Staff, not just clinical staff, which is a challenge within ESR.
- There is much lower compliance for Aseptic Non Touch Technique (ANTT) training of 7.46%. Again, this is a denominator of the entire workforce of the Health Board and not just staff who undertake aseptic technique so there is a caveat regarding the reliability of this information. An ANTT task and finish group is meeting monthly in order to drive improvement in training compliance.
- The digital dashboard was presented and signed off at IPC Committee. The next stage is to demonstrate the use of the dashboard to service groups. Challenges are expected initially as the data shown on the dashboard is only as good as the information gathered. For example, the All Wales system will de-duplicate a patient who has a blood culture done in Princess of Wales Hospital and is then transferred to Morriston and has another blood culture done so it does not show on the system. SBUHB does not have a de-duplication facility so a comment will be made on the dashboard when this is the case.
- Progress is being made but there is still a lot of work to be done. Next year's programme is being worked on to avoid overly ambitious actions and to set more achievable goals.

During discussion the following points were raised:

Reena Owen commented that whilst it is encouraging to see improvements in some areas, that in some ways the Health Board is the worst in Wales in terms of infection levels.

Delyth Davies explained that infection levels had been discussed at the IPC Committee where it was reported that SBUHB is the 2<sup>nd</sup> highest Health Board in terms of overall antibiotic use – although improvements are being made. However, the health board with the highest use is CTM, yet they have the lowest incidence of C. diff across Wales. She went on to say that one of the improvements made is that SBUHB has gone from being one of the highest users of high risk antibiotics for C. diff in Primary Care to being the 3<sup>rd</sup> lowest user of them in England and Wales – which is a huge achievement - yet is not having an impact on levels of C. diff. This has been discussed on an All Wales basis and benchmarking against other health boards shows SBUHB is not doing anything significantly different to other health boards. There are very few transmission events in hospitals in SBUHB whereas All Wales is involved with 2 other health boards who have had large hospital wide outbreaks of C. diff. There is still a lot to learn where patients are at risk in the community. There has to be something about wider public health information about co-morbidities, age of population, chronic diseases, and a need to look at antimicrobial prescribing. A last caveat is that the population that comes into SBUHB hospitals are older and much more acutely unwell with far more comorbidities and the same IPC practices are being used in a very different NHS.

Gareth Howells stated that reporting in SBUHB is transparent, and the rules are adhered to. Yet other health boards are making inroads with the same IPC practices. He went on to say that when reviewed on a multidisciplinary basis, it was found that 60% cases of everything were unavoidable – bearing in mind that every case is reviewed. He felt the situation could be best described as A for effort and C for achievement.

Anne-Louise Ferguson queried if the staff involved, particularly on the wards where there are difficulties, know the thinking is “A for effort” because it must be disappointing to do the work yet not see the desired results.

Gareth Howells stated that staff want to make a difference and do not see feedback as being punitive but rather view it as information.

Delyth Davies stated the scrutiny process is actually helping because cases are being presented and the contributory factors are being seen and not just the numbers. Reassurance is obtained from the fact that staff did everything correctly, but the patient still got an infection that could not have been prevented. Although scrutiny might feel uncomfortable, it is not demoralising because everything possible was done. She gave an example of a ward sister at the scrutiny panel saying the improvement programme is helping them look at cannulas differently, in that instead of looking at the Visual Infusion Phlebitis

	<p>(VIP) score for inflammation around a cannula site and querying if it needs to be taken out, they go a step before that and ask “does the cannula need to be in today?)</p> <p>Anne-Louise Ferguson stated that was reassuring but there is a long road to get to where it is needed to be.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>52/23</b>	<b>BOARD EFFECTIVENESS ACTION PLAN</b>	
	<p>A report on the Board effectiveness action plan was <b>received</b>.</p> <p>In presenting the report Len Cozens raised the following points:</p> <ul style="list-style-type: none"> <li>- On an annual basis the Board self-assesses its effectiveness in terms of governance and internal control and agrees an action plan for improvements.</li> <li>- Progress against the action plan as a whole is monitored via the Audit Committee.</li> <li>- In addition, this year certain actions have been allocated to other committees to provide an additional level of scrutiny and oversight.</li> <li>- A total of 18 actions out of a total of 42 have been assigned to this Committee.</li> <li>- Progress is being regularly reviewed and updated by each executive lead.</li> <li>- Further updates will be circulated again in coming weeks.</li> <li>- Currently 10 of the 18 actions are reported as complete.</li> <li>- 6 actions are currently ongoing and have become overdue.</li> <li>- The remaining 2 actions have failed to reach their target dates.</li> </ul> <p>During discussion the following points were raised:</p> <p>Reena Owen stated she found it a useful and simple format to follow. She expressed concern about the communications strategy and queried if there are any timescales when it is likely to come to fruition bearing in mind the new Director of Insight Communications and Engagement has only just come into post.</p> <p>Len Cozens stated that the updates seen in this report predate his joining the organisation and that he would be requesting further updates next week which will be the first opportunity for the new Director of Insight Communications and Engagement to update the actions assigned to him.</p>	
<b>Resolved:</b>	The update report be <b>noted</b> .	

<b>53/23</b>	<b>10<sup>TH</sup> ANNUAL QUALITY POSITION STATEMENT FROM THE NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY ASSURANCE AND IMPROVEMENT SERVICE</b>	
	<p>A report was <b>received</b>.</p> <p>In presenting the report Hazel Lloyd highlighted the following point:</p> <ul style="list-style-type: none"> <li>- All organisations have been asked to place this item on the Quality and Safety Committee agenda and feed back any questions.</li> </ul> <p>Steve Spill commented that the National Collaborative Commissioning Unit report was interesting and well worth a read</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>54/23</b>	<b>WHSSC QUALITY PATIENT SAFETY HIGHLIGHT REPORT</b>	
	<p>A report was <b>received and noted</b></p> <ul style="list-style-type: none"> <li>-</li> </ul>	
<b>55/23</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	None.	
<b>56/23</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business, and the meeting was closed.	