

Swansea Bay University Health Board

Unconfirmed **Minutes of the Meeting of the Quality and Safety Committee** **27th July 2021** **at 1.30pm via Microsoft Teams**

Present

Steve Spill, Vice Chair (in the chair)
Nuria Zolle, Independent Member
Maggie Berry, Independent Member
Martyn Waygood, Independent Member
Reena Owen, Independent Member

In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Richard Evans, Medical Director
Siân Harrop-Griffiths, Director of Strategy
Keith Reid, Director of Public Health
Christine Morrell, Interim Director of Therapies and Health Science
Liz Stauber, Head of Corporate Governance
Wendy Lloyd-Davies, Community Health Council
Rab McEwan, Interim Chief Operating Officer (to minute 157/21)
Delyth Brushett, Audit Wales
Darren Griffiths, Interim Director of Finance (from minute 154/21 to 156/21)
Scott Howe, Healthcare Inspectorate Wales (from minute 154/21)
Claire Roche, Executive Director of Quality and Nursing – Wales Ambulance Service Trust (minute 147/21)
Delyth Davies, Head of Nursing – Infection, Prevention and Control (to minute 153/21)
Hazel Lloyd, Head of Patient Experience (from minute 154/21 to 155/21)
Susan Ford, Patient Feedback Manager (from minute 154/21 to 155/21)
Deb Lewis, Service Director – Morriston Hospital (from minute to 148/21 to 154/21)
Mark Madams, Unit Nurse Director – Morriston Hospital (from minute 156/21)
Leah Joseph, Corporate Governance Officer

Minute No.		Action
147/21	PATIENT STORY: TONY'S STORY	
	<p>Steve Spill welcomed Claire Roche to the meeting.</p> <p>A story was received which set out Tony's experience of having to wait for an ambulance for four hours after sustaining an injury to his knee. The Welsh Ambulance Service Trust (WAST) was under considerable pressure on the night that Tony suffered the injury and as such he</p>	

waited for four hours with no pain relief. He had been informed by a member of the call handling team that there were 170 people ahead of Tony in the queue for an ambulance and he needed to get himself to hospital.

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

Claire Roche confirmed that Tony had given his consent for the story to be shared at public committees to share lessons learned. She noted that it had been difficult for Tony to relieve the events and to reflect on how his emotional wellbeing was handled by the clinical contact centre.

Lessons have been shared and learned with the call handling team, and although WAST try to ensure patient's expectations are managed, Tony felt that detailing the amount of people ahead of him was cruel. Tony's story had a huge impact on staff at the clinical contact centre and many found it difficult to watch the story. She informed committee members that the effects of Tony's care were due to long waits at the local hospital which impeded on the community response.

Reena Owen queried whether ambulance delays are a reflection of the bed capacity and the number of clinically optimised patients on acute sites. She noted that clinically optimised patients need to be a priority for Swansea Bay University Health Board (SBUHB) to improve the situation and resolve difficulties of ambulances waiting outside Emergency Departments.

Siân Harrop-Griffiths commented that the story was powerful and impacting. She supported Reena Owen's comments, and queried whether the story could be used for public sharing to support messages of utilising '111' and to not use '999' to request an ambulance unless it is an emergency. Claire Roche noted that '111' and '999' services are in use, with demand coming through the '111' service. The phone line abandonment rate is currently at 95% and she noted that collaborative working with WAST and health boards is key. She noted that the story may resonate with the public and will discuss further with WAST's patient experience team. She advised that sharing Tony's story has enabled him to come to terms with the outcome.

Rab McEwan highlighted that it was a powerful way to illustrate the story and the position of systems across health boards and WAST. The clinical triage is critical at '111' and '999' stages, and unfortunately many people are defaulting to face-to-face triage instead of virtual options. Claire Roche informed committee members that the first consultant had recruited into the clinical contact centre and more senior clinical staff are being recruited over the next few months to support triage assessments.

Richard Evans queried if Tony has received support following his experience. Claire Roche advised that support had been given to Tony as WAST had also shared concerns surrounding his wellbeing.

Steve Spill thanked Claire Roche for attending and would discuss offline with her ways to pass on the committee's sincere thanks to Tony for sharing his experience.

148/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Pam Wenger, Director of Corporate Governance.	
149/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
150/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 22 nd June 2021 were received and confirmed as a true and accurate record.	
151/21	MATTERS ARISING	
	<p>(i) <u>Nosocomial transmission risk register rate</u></p> <p>Following a referral from Audit Committee, Richard Evans advised that the rating had increased which related to the risk as a nosocomial outbreak would be disruptive to 'business as usual' and recovery, but would also risk harm to patients and the people who have not transmitted COVID-19. The consequences if an outbreak were to happen would be more significant.</p> <p>(ii) <u>138/21 Older People's Charter</u></p> <p>Maggie Berry noted that the older people's charter is not just focused on people with dementia. She noted that the Assistant Director of Strategy and Partnerships had undertaken work previously as part of the response to Trusted to Care, and requested the Older People's Charter is revised using the principles used by the Children's Charter, and that this is added to the action log for monitoring.</p>	CW
152/21	ACTION LOG	
	<p>The action log was received.</p> <p>Steve Spill requested that specific actions within the reports are detailed in the log going forward to ensure the document is dynamic and to not lose sight of the actions.</p>	LJ
Resolved:	<ul style="list-style-type: none"> - Action Log to be refreshed to include specific actions detailed within reports. - The action log was noted. 	LJ

153/21	INFECTION PREVENTION AND CONTROL
	<p>A report providing an update in relation to infection, prevention and control (IPC) was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> - The COVID-19 outbreak position is improving and currently there are no outbreaks on any of SBUHB's sites; - COVID-19 vaccination programmes are progressing well; - Immunisation coordinator's secondment has been temporarily extended to December 2021 with a review to take place in September 2021; - SBUHB remains in a challenged position surrounding the tier 1 targets. C. difficile (C.diff) has become a national concern and an All Wales C.diff forum has been developed which SBUHB are participating in. Whilst genomics data has highlighted a small number of cases sharing the same code, generally transmission events in secondary care settings does not account for the increases seen; - In SBUHB, 67% of the E. coli bacteraemia cases in April to June 2021 were community-acquired infections; - Engagement from clinicians around IPC have increased which is a positive; - The quality priority programme for healthcare associated infection improvement has been agreed and a 100-day plan has been developed. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood noted that the short extension of the seconded staff to the immunisation service from September to December. Delyth Davies advised that a business case is being developed by the Primary Care Service Group, and the extension of the secondment to December 2021 has provided time to develop it. She informed committee members that shingles had been added to the immunisation programme, however SBUHB must not lose sight of other infections.</p> <p>Martyn Waygood highlighted that SBUHB remained the worst health board in Wales for tier 1 infections and felt that the health board did not have control. Delyth Davies advised that tier 1 infections are challenging and the working groups will be looking at the effects of COVID-19 in respiratory diseases. The working groups will continue to drive forward medical engagement to ensure a good clinical lead. The issue is more on a population basis and not the amount of acute sites the health board has.</p> <p>Nuria Zolle noted that timeframes and actions would be helpful to monitor progress, and collating lessons learned from internal audits</p>

	<p>surrounding hand washing and personal protective equipment could be useful. Delyth Davies advised that one of the advantages of an All Wales group was that a higher population would be reviewed, and one of the disadvantages were that timescales could not be controlled by SBUHB, however she would highlight this to the group.</p> <p>Reena Owen queried what made up the 100-day plan for healthcare associated infection improvement. Richard Evans advised that the 100-day plan was driven by the Chief Executive with the completed plan expecting to be agreed shortly. Christine Williams advised that the second 100-day plan was underway with an overarching plan for quality priorities. A large element of the plan would be surrounding Primary and Community Care and secondary care, and suggested that the relevant 100-day plan and report is brought to August's committee for assurance.</p>	CW
Resolved:	<ul style="list-style-type: none"> - The relevant 100-day plan for healthcare associated infection improvement and report to be taken through August's Quality and Safety Committee. - The progress against healthcare associated infection priorities up to 30th June 2021 was noted. 	CW
154/21	CLEFT, LIP AND PALATE SERVICE	
	<p>A report on the provision of the Cleft, Lip and Palate Service during COVID-19 was received.</p> <p>In introducing the report, Deb Lewis highlighted the following points:</p> <ul style="list-style-type: none"> - Prior to the COVID-19 pandemic, demand and capacity for the Cleft, Lip and Palate service were in balance, with sufficient capacity to deliver treatment within the required timescales; - Since March 2020, there have been significant constraints placed on theatre capacity at Morriston Hospital to allow SBUHB to treat patients with COVID-19; - This limited capacity resulted in a backlog of patients waiting for treatment. The pressure for paediatrics has been mitigated by satellite operating at the University Hospital of Wales and additional lists at Morriston Hospital; - Capacity for adult cleft remains an issue and an expression of interest with the intention of securing a 'facility only' contract to allow the cleft surgeon to treat 28 of the 39 waiting patients outside of SBUHB. The remaining 11 patients will require surgery on a hospital site that has access to high dependency unit level care; - There is an expectation that the position will be in balance by the end of August 2021 to ensure a sustainable service. <p>In discussing the report, the following points were raised:</p>	

	<p>Maggie Berry queried if the surgeon is able to operate on SBUHB's templates in light of more theatres re-opening. Deb Lewis advised that adult patients would not be top of the priority list for Morriston Hospital in comparison to other surgeries which is why alternatives are being reviewed.</p> <p>Reena Owen noted the impacts on people's lives in light of delays and queried if harm is being caused whilst patients remain on the waiting lists. Deb Lewis advised that due to the type of surgery, the mental distress of delays are significant due to facial disfigurement. The 11 remaining patients will go into the capacity at the same ratios as 2019/20. There is currently 60% to 65% in core capacity and these patients will be included in the general capacity at Morriston Hospital. She confirmed that there is no additional waiting times for these patients and there is a hope that they will be operated on within this financial year.</p> <p>Martyn Waygood noted the good recovery in paediatrics, but queried if the health board was aware of the level of harm the children could have in the future. Deb Lewis advised that there is no evidence of any adverse outcomes of harm for children, however families of the children have complained surrounding delays. She detailed that here have been conversations across the network and similar constraints have been seen, however the recovery in paediatrics is commendable. The cleft, lip and palate team are a large multi-disciplinary team and the families are well supported. Steve Spill requested an update report in April 2022.</p>	DL
Resolved:	<ul style="list-style-type: none"> - An update report on the provision of the Cleft, Lip and Palate Service be received in April 2022. - The proposal for outsourcing the adult cleft patients to ensure safe and timely treatment was noted. 	DL
155/21	PATIENT EXPERIENCE REPORT	
	<p>The Patient Experience Report was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - In June there were 3,397 'friends and family' survey returns which resulted in 97% of people stating they would highly recommend SBUHB to friends and family. This is a 4% increase from May 2021 where the recommendation score was 93%; - During June 2021, SBUHB's Patient Advice Liaison Service (PALS) recorded 374 records on the Datix system and this compared to a total of 1559 contacts for June 2020; - A communication group has been set up and triangulation work is underway focusing on positive feedback and comments; - 'Once for Wales' is expected to go live on 1st October 2021; 	

	<ul style="list-style-type: none"> - SBUHB recorded a 78% performance against the 30 working day target in April 2021. The Welsh Government Target is 75%. - Interactive voice recognition is being reviewed to assist with patient contact; - Civica has been received well and there is a possibility that it could be used for staff experiences; - The last Never Event was reported to Welsh Government on the 18th June 2021 which related to a retained guidewire. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle was pleased to see triangulation work around communication but was concerned surrounding the overdue incidents (SI), never event and the recent healthcare inspectorate wales (HIW)'s report. Hazel Lloyd recently attended a national meeting to discuss the increase of SI's across Wales. An additional meeting is due to take place and she awaits the date of the meeting. She assured committee members that HIW reports are taken through the Quality and Safety Governance Group (QSGG) and all service groups are represented at the meetings.</p> <p>Reena Owen was pleased that more feedback was being received and the number of people who would recommend SBUHB. She queried the position of receiving friends and family feedback from the Mental Health and Learning Disabilities (MHL D) service group. She highlighted to committee members that she would be willing to assist the communication group going forward. Hazel Lloyd advised that she would link with the MHL D service group and would include an update in the next iteration of the report. She will also add Reena Owen to the communication group's circulation list.</p> <p>Maggie Berry queried the plans in place to clear the SI's needing closure. Hazel Lloyd advised that work is ongoing to support the service groups and a period of performance management will begin. Maggie Berry suggested that a scale of progression is included as a comparison tool.</p>	HL
Resolved:	<ul style="list-style-type: none"> - Friends and family feedback from the MHL D service group to be included in September's iteration of the report. - The report was noted. 	HL
156/21	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The Quality and Safety Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Both unscheduled care and cancer are under active escalation mechanisms with performance management being utilised; 	

- In June 2021, there were an additional 708 positive cases recorded bringing the cumulative total to 32,251 in Swansea Bay since March 2020;
- The percentage of staff sickness absence due to COVID-19 significantly reduced from 13.2% in April 2020 to 0.9% in June 2021;
- Ambulance response times for June increased to 66.7%, increasing above the 65% target. The current figure for July stands at 63.2%;
- In June 2021, there were 547 ambulance to hospital handovers taking over one hour. This is a significant deterioration from 47 in June 2020 and an in-month increase of 70 from May 2021. In June 2021, 528 handovers over one hour were attributed to Morriston Hospital and 19 were attributed to Singleton Hospital. The number of handover hours lost over 15 minutes significantly increased from 178 in June 2020 to 1,386 in June 2021;
- Emergency Department (ED) and Minor Injury Unit attendances have been steadily increasing month on month until September 2020 when attendances started to reduce. Attendances have been increasing again since March 2021, and in June 2021, there were 11,588 A&E attendances. This is 54% more than April 2020 and 10.7% more than June 2019;
- The Health Board's performance against the 4-hour measure deteriorated from 73.39% in May 2021 to 72.39% in June 2021;
- In June 2021, there were 4,238 emergency admissions across the Health Board, which is 3.8% more admissions than in May 2021 and 26% more than June 2020. Morriston Hospital saw the largest in-month increase with 182 more admissions;
- In June 2021, there were on average 218 patients who were deemed medically/ discharge fit but were still occupying a bed in one of the Health Board's Hospitals. 206 patients are occupying a bed to date. This is a national phenomenon due to workforce issues and care homes not admitting patients.
- There was one new Never Event reported in June 2021 for Morriston Hospital which was the first in seven months;
- Inpatient falls reduced in June.
- The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. However, June 2021 saw a slight in-month decrease in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches decreased from 23,700 in May 2021 to 23,239 in June 2021;

	<ul style="list-style-type: none"> - There were 5,230 patients waiting over 8 weeks for specified diagnostics as at the end of June 2021. There is a focus on endoscopy following financial investment; - Urgent suspected cancer referrals significantly reduced between March and April 2020, however there has been an upward trend since May 2020. The shape of the waiting list shows that there is a significant number of patients that are likely to breach in the near future and there are more patients waiting at the tail end of the waiting list when compared with March 2020. The backlog is currently at 531 to date, and the majority of these patients are urological, upper and lower GI and gynaecological. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether an extra target is being incorporated into the correlation. Darren Griffiths advised that from a performance perspective the backlog is discussed every week and noted that not all patients on the large waiting list will have a cancerous disease. The quicker the diagnosis takes place would enable the ability to treat those who have the disease.</p> <p>Nuria Zolle highlighted concerns relating to the outpatient waiting lists and the routine outpatient appointments lists. Richard Evans advised that clinical conversations surrounding prioritisation takes place each week in Morriston Hospital which takes into account the type and stage of the disease. He stated that the diagnostic pathway was a constraint and work in endoscopy is ongoing to ease the pressures. He noted that blood tests were highly likely to be prioritised over those who are symptomatic, and outpatient appointments remain in a different position with a balance between face-to-face and virtual assessments.</p> <p>Nuria Zolle queried if the workforce data was increasing. Darren Griffiths confirmed the workforce data was increasing.</p> <p>Martyn Waygood highlighted that there had been a significant general practitioner (GP) referral reduction and queried the reasons. Darren Griffiths advised that a few factors could have affected the referrals including half-term, or GP pressures on demand. He agreed that he would look at the clusters to see if it was systematic and if there were any material changes.</p> <p>Martyn Waygood stated that children's vaccinations figures are going in the wrong direction against the national target of 95%, with SBUHB reaching 87.8%. Darren Griffiths confirmed he would discuss with the Director of Public Health.</p>	<p>DG</p> <p>DG/KR</p>
<p>Resolved:</p>	<ul style="list-style-type: none"> - Director of Finance to report back to committee if there has been material changes to affect the GP referral reduction numbers. - Director of Finance to discuss the children's vaccination figures with the Director of Public Health. 	<p>DG</p> <p>DG/KR</p>

	<ul style="list-style-type: none"> - The current Health Board performance against key measures and targets was noted. 	
157/21	QUALITY AND SAFETY GOVERNANCE GROUP	
	<p>A key issues report from the Quality and Safety Governance Group (QSGG) was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> - The last meeting took place on 1st July 2021; - Final Birthrate+ Report was received which highlighted an urgent need to react to midwifery staff unavailability due to COVID-19 shielding and maternity leave and identified a gap in compliance. Service Group Senior Leadership Team supporting plan for short term resolution with a medium to long term workforce paper in preparation; - There is a lack of Learning Disabilities Child and Adolescent Mental Health Services Consultant and Community Paediatric Learning Disabilities Nurse in community nursing team to support Children and Young people's (CYP) Services with specialist support and care coordination. CYP are coordinating care plans and assessments are present and timescales of recruitment for a Band 7 role to assist in this area is imminent to go to advert. - Special Care Dentistry (SCD) service at the Princess of Wales Hospital has reactivated at significantly reduced capacity. SBUHB to continue to work with Cwm Taf Morgannwg University Health Board (CTMUHB) to increase capacity of SCD services on the Princess of Wales Hospital as a priority and to support the potential for SCD adult services to be relocated from Princess of Wales Hospital to either Neath Port Talbot Hospital or Singleton Hospital. - Care After Death Centre Steering Board held a presentation on 13th May 2021 at Morriston Hospital where the Chief Medical Examiner gave a presentation on the medical examiner legislation and the expectations are around the medical examiner service in Wales; - SBUHB and their respective partners were issued with a notice for a Joint Inspectorate Review of Child Protection Arrangements (JICPA). Care Inspectorate Wales, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, Her Majesty's Inspectorate of Probation, HIW and Estyn will be undertaking a JICPA 28th June 2021 to 2nd July 2021. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether joint services with CTMUHB are being moved back to SBUHB on a substantive basis, and queried if there is an understanding of the joint services and service level agreements in</p>	

	<p>place. Siân Harrop-Griffiths advised that a complex internal review surrounding the Bridgend boundary change is ongoing as there are approximately 100 service level agreements in plan that run between the two organisations. The joint executive team will be meeting to discuss further and a report will be taken through the Performance and Finance Committee and possibly through the Health Board meeting.</p> <p>Nuria Zolle welcomed more information surrounding service level agreements and queried the increase of pressure ulcers. Nigel Downes advised that pressure ulcers are up by 28% however the majority are superficial with community pressure ulcers decreasing by 3%. The pandemic would have affected the increase along with the workforce movement across wards, types of patients, hyper coagulation and low oxygen levels. Depleted resource of tissue viability teams at Morriston Hospital and Singleton Hospital would also have affected the increased rates. Christine Williams advised that the increase is predominately related to COVID-19 due to increased acuity. There is improvement work ongoing to look at short term investments to increase resource for issue viability nurses to retrieve the position.</p> <p>Martyn Waygood queried whether the draft pressure ulcer tool kit could highlight lessons learned. Nigel Downes advised that it would be taken through QSGG and would be included its report to the committee.</p> <p>Martyn Waygood was concerned that there is a deficit at Neath Port Talbot Hospital surrounding medics for IPC level two training. Nigel Downes advised that there has been a downward trend of face-to-face training, however these are being instigated again. Richard Evans advised that medics need to complete the training as compliance is paramount, however some of the medics and clinicians will be receiving refresher training.</p>	
Resolved:	The report was noted .	
158/21	CLINICAL ETHICS GROUP KEY ISSUES REPORT	
	<p>A key issues report from the Clinical Ethics Group (CEG) was received. In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - Following the first phase of COVID-19, it was appropriate of involve the CEG more closely to make their work more visible. - The terms of reference has been agreed by the group and has been taken through a previous Quality and Safety Committee. - The CEG will be reporting bi-monthly into the committee for sight for Independent Members and Executives. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried diversity of the membership. Richard Evans agreed to circulate the terms of reference. The membership currently</p>	RE

	includes legal, clinicians (practising and retired), chaplaincy, and the Chair is seeking nominations for a lay person to make a broad representation of the group. Nuria Zolle confirmed she would be happy to assist the Chair of CEG for recruitment of the lay person.	
Resolved:	<ul style="list-style-type: none"> - The CEG's terms of reference to be circulated to the committee's Independent Members. - The report was noted. 	RE
159/21	EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) CLINICAL GOVERNANCE REPORT	
	The Emergency Medical Retrieval and Transfer Service (EMRTS) Clinical Governance Report received and noted .	
160/21	LYMPHOEDEMA NETWORK WALES ANNUAL REPORT	
	<p>The Lymphoedema Network Wales Annual Report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Martyn queried why referrals had decrease by 41% and more complex cases were recorded. Christine Morrell advised that referrals to the national service are more complex and all lymphedema patients are contacted by 'attend anywhere'.</p> <p>Martyn Waygood queried the switch from cancer to non-cancer. Christine Morrell advised that the switch from cancer to non-cancer was due to the broadened expansion of non-cancer and the demand now is higher.</p>	
Resolved:	The report was noted .	
161/21	WELSH HEALTH SPECIALISED SERVICES COMMITTEE	
Resolved:	The Welsh Health Specialised Services Committee (WHSSC) Annual Report 2020-2021 and key issues report were received and noted .	
162/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
163/21	ANY OTHER BUSINESS	

	There were no items raised.	
164/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 24 th August 2021.	