

## Swansea Bay University Health Board

### Unconfirmed

### Minutes of the Meeting of the Quality and Safety Committee 15<sup>th</sup> December 2020 at 1.00pm via Microsoft Teams

#### Present

Martyn Waygood, Interim Vice Chair (in the chair)  
 Maggie Berry, Independent Member  
 Nuria Zolle, Independent Member  
 Reena Owen, Independent Member  
 Jackie Davies, Independent Member

#### In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience  
 Nigel Downes, Head of Quality and Safety  
 Lisa Hinton, Assistant Director of Nursing, Infection Prevention and Control (minute 275)  
 Chris White, Chief Operating Officer/ Director of Therapies and Health Science (to minute 274/20)  
 Helen Higgs, Head of Internal Audit  
 Richard Evans, Medical Director  
 Leah Joseph, Corporate Governance Officer  
 Pam Wenger, Director of Corporate Governance (to minute 274/20)  
 Kirsty Lagdon, Healthcare Inspectorate Wales  
 Wendy Lloyd Davies, Community Health Council  
 Jacqui Evans, Interim Assistant Head Risk & Assurance (to minute 270/20)  
 Hilary Dover, Director of Primary and Community Care Services (to minute 271/20)  
 Karen Gronert, Head of Nursing, Primary and Community Care Services (to minute 271/20)

Minute No.		Action
264/20	<b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>	
	The chair welcomed everyone to the meeting. The following apologies were noted: Siân Harrop-Griffiths, Director of Strategy; Hazel Lloyd, Head of Patient Experience; Darren Griffiths, Interim Director of Finance; Carol Mosley, Audit Wales; Scott Howe, Healthcare Inspectorate Wales; Keith Lloyd, Independent Member; Keith Reid, Director of Public Health;	
265/20	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	

<b>266/20</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the main and in-committee meetings held on 24 <sup>th</sup> November 2020 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>267/20</b>	<b>MATTERS ARISING</b>	
Resolved:	There were no items identified.	
<b>268/20</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b> and the following updates provided:</p> <p>(i) <u>12/20 and 242/20 Morriston Hospital's Accident and Emergency Department Environment</u></p> <p>Nigel Downes advised that the Emergency Department Assistant (EDA) would support patients and families who have been waiting for long periods in ambulances outside the Emergency Department (ED).</p> <p>(ii) <u>248/20 Patient Experience Report</u></p> <p>Pam Wenger advised that the appendices within the action log provided a slight update in respect of patient feedback. A substantial update will be brought to January's committee. Martyn Waygood noted that the breast centre issues were separate to the nutrition and pain management issues.</p> <p>(iii) <u>248/20 Communication Framework</u></p> <p>Reena Owen highlighted that the main cause for complaint is communication and queried if there was a document that sets out a standard of communication that is expected of all staff members and not exclusively nursing staff. Christine Williams advised that patients are assessed on admission and if the need for extra support was identified then this would be communicated via the patient's nursing care plan, and as such, there is a framework in place. Pam Wenger advised that the Head of Patient Experience returned from leave today. She said she would have a discussion on this item as per the action log. Wendy Lloyd Davies highlighted that communication is a part of the Nursing and Midwifery Council code of conduct. Richard Evans stated that there are expectations regarding communication under the General Medical Council Regulations, and often complaints arise in light of communication between teams. Chris White highlighted that the same expectations are required under the Allied Health Professions.</p>	
<b>269/20</b>	<b>WORK PROGRAMME 2019-20</b>	

	The work programme was <b>received</b> and <b>noted</b> .	
<b>270/20</b>	<b>QUALITY AND SAFETY RISK REGISTER</b>	
	<p>The Quality and Safety Risk Register was <b>received</b>.</p> <p>In introducing the report, Jacqui Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The Executive Team reviewed and approved the updated Health Board Risk Register (HBRR) on 11<sup>th</sup> November 2020;</li> <li>– The HBRR contains 12 risks assigned to the Quality &amp; Safety Committee, and a further four risks have been requested to be reported to the Committee by other Committees of the Board in relation to the potential impact on the quality and safety of the services the Health Board provides. These risks are access to unscheduled care services, access to planned care, access to cancer services and Child and Adolescent Mental Health Services;</li> <li>– Six of the risks have a score of 20 and three risks have a score of 25;</li> <li>– The COVID-19 risk register is overseen by the Covid-19 Gold Command meetings. There are three COVID-19 risks assigned to the Committee for oversight.</li> <li>– Two new risks were added to the COVID-19 risk register in November 2020, which were nosocomial transmission and sustainable services.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried how often the document was being updated and whether the actions are mitigating the risks. Jacqui Evans advised that gold command meetings are taking place and monthly updates are received. The information is often out of date by the time it is received by the team and these comments will be noted. Pam Wenger highlighted that the risk may not change even though a lot of action had been taken to mitigate the risks but there is more work to be done. Pam Wenger informed committee members that the risk register is also taken through Health Board meetings and Audit Committee for scrutiny and assurance. She added that the health board continues to do all it can to mitigate the risks within these unprecedented times, and the Executive team review the risk register on a regular basis to recognise the position.</p> <p>Chris White suggested that when the Quality and Safety Workshop takes place, risk should be a part of the debate. He added that planned care will remain on the risk register for the next three years and it will take time to mitigate the risks.</p> <p>Martyn Waygood suggested that a discussion takes place outside of the committee with Independent Members, Pam Wenger and the Head of</p>	

	Patient Experience. Pam Wenger agreed and noted that there is a distinction between validity concerns and the concerns of the risk register.	
<b>Resolved:</b>	The updates to the HBRR relating to the risks assigned to the Quality and Safety committee were <b>noted</b> .	
<b>271/20</b>	<b>CARE HOME ACTION PLAN</b>	
	<p>The Care Home action plan and John Bolton report was <b>received</b>.</p> <p>In introducing the report, Hilary Dover and Karen Gronert highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Following the recommendations from the John Bolton report, Welsh Government (WG) published a national action plan and expected local partnerships to develop their own local plans;</li> <li>– A workshop was held and a high level action plan was submitted to WG on 3<sup>rd</sup> September 2020, with more detailed action plans being submitted on 23<sup>rd</sup> October 2020 and 11<sup>th</sup> December 2020;</li> <li>– Externally Commissioned Care Home Group (ECC) includes all key stakeholders including Public Health Wales, Care Inspectorate Wales, Environmental Health Officers as well as commissioners. The ECC meets three times per week and actions are escalated on an exception basis to the Community Silver Group if there are challenges that cannot be resolved at that level;</li> <li>– The John Bolton report detailed themes in personal protective equipment (PPE), access to testing within care homes and infection, prevention and control;</li> <li>– The action plan is out of date and there are sections that reflect a 0% compliance. The action plan that was submitted to WG on 11<sup>th</sup> December 2020 included meetings that have taken place recently.</li> <li>– A local website had been developed for care homes with information that is updated frequently. The feedback has been positive.</li> <li>– Workforce remains an issue and one of the aims is to manage people within their own homes and own beds to ensure secondary care is not an option for residents, when not appropriate;</li> <li>– Access to remote training for care plans to support choice is in effect;</li> </ul>	

	<ul style="list-style-type: none"> <li>– Death verification training has been facilitated which has increased the number of people with this skill set.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies queried whether the health board has a plan if staff in care homes are not able to undertake their duties. Karen Gronert advised that there is a plan however it is difficult to activate. The health board has supported a number of care homes in the past 6-8 weeks. Chris White advised that the number of staff off work due to self-isolation or a positive COVID-19 result is high, and around 13 care homes have had to be supported. He stated that there would be operational issues if the care homes are unable to care for their residents due to workforce issues, and the underpinning of workforce cannot be underestimated.</p> <p>Reena Owen queried the involvement of care home providers, residents and their families at meetings. Karen Gronert advised that there are a number of opportunities to engage with care home providers, residents and their families via formal forums. The team have regular meetings with Environmental Health Officers, with question and answer sessions being held for feedback purposes.</p> <p>Reena Owen asked how much control the health board has in respect of visiting policies. Karen Gronert confirmed that the health board does not have control of the visiting policy following a regional decision in light of the increased rate of COVID-19 transmissions. Visits are not to take place indoors unless there is an exceptional reason. Money is in place for the purchase of gazebos and heaters for outdoor visits, and technology had been purchased for residents to keep in touch with their families.</p> <p>Wendy Lloyd Davies queried whether engagement with care home providers and the Local Authority included private care homes. Karen Gronert advised that the private sector is included.</p>	
<b>Resolved:</b>	The progress and approach of the action plan was <b>noted</b> .	
<b>272/20</b>	<b>QUALITY AND SAFETY GOVERNANCE GROUP</b>	
	<p>A report providing an update in relation to 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 19<sup>th</sup> November 2020;</li> <li>– The Arts in Health Co-ordinator is currently training staff across England and Wales on the Swansea Bay University Health Board (SBUHB) methodology on digital story telling.</li> </ul> <p>In discussing the report, the following points were raised:</p>	

	<p>Reena Owen queried what work was still required within the ED. Christine Williams advised that a multi-disciplinary review took place eight weeks ago using the quality assurance toolkit. There have been significant improvements following the visit however; improvement is needed in sepsis early intervention.</p> <p>Nuria Zolle queried if a rise in harassment and violence at Neath Port Talbot Hospital was mirrored on other sites. Nigel Downes advised that he would confirm at January's committee.</p> <p>Nuria Zolle queried if the nursing and midwifery concerns were linked to an independent review. Nigel Downes to update committee members in January 2021.</p> <p>Jackie Davies queried where the monitoring of the children's information governance breach would be reported. Christine Williams advised that an independent review is taking place following concerns from families. This is expected to conclude in the new year, and the final report will be brought to the Quality and Safety Committee.</p> <p>Maggie Berry commented that the Arts in Health Coordinator is a positive move forward, but requested that the detail of online risk assessments for vulnerable patients is reported through QSGG. Pam Wenger highlighted that this linked with the Charitable Fund Committee that took place on 14<sup>th</sup> December 2020.</p>	<p>ND</p> <p>ND</p>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– Update be provided as to whether a rise in harassment and violence at Neath Port Talbot Hospital was mirrored on other sites.</li> <li>– Provide more information regarding the nursing and midwifery concerns mentioned in the report at January's committee.</li> <li>– The report was <b>noted</b>.</li> </ul>	<p>ND</p> <p>ND</p>
<b>273/20</b>	<b>MATERNITY REVIEW REPORT</b>	
	<p>A report providing an update in relation to the Maternity Review was <b>received</b>.</p> <p>In introducing the report, Christine Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>– Phase one of the report is now complete and was published on 19<sup>th</sup> November 2020;</li> <li>– The report highlights the key themes and findings from phase one of the Healthcare Inspectorate Wales (HIW) national review, with phase two due to commence in late 2020;</li> <li>– Phase two will focus on the experiences of mothers and their families.</li> </ul>	

	<ul style="list-style-type: none"> <li>Findings to date show the quality of care that is being provided across Wales is generally good, and that the majority of women and families who use maternity services report positive experiences, with SBUHB feedback being generally positive.</li> </ul> <p>In discussing the report, the following items were raised:</p> <p>Reena Owen expected the response rates on wellbeing and health to be higher than 64%. Christine Williams advised that she also expected a higher response rate.</p> <p>Reena Owen queried if SBUHB has its own smoking cessation lead. Christine Williams advised that one of the Senior Midwives is taking the lead on smoking cessation. She stated that a thematic review is ongoing following the increase of stillbirths, which will include mothers' behaviors towards smoking and obesity. Martyn Waygood noted that there is an opportunity to learn from other health boards in this service.</p> <p>Christine Williams informed committee members that the governance arrangements for serious incidents is ongoing.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>274/20</b>	<b>NOSOCOMIAL TRANSMISSION REPORT</b>	
	<p>A report providing an update in relation to nosocomial transmission was <b>received</b>.</p> <p>In introducing the report, Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> <li>Nosocomial transmission had occurred within SBUHB and there have been numerous outbreaks during the last few months;</li> <li>A Nosocomial Silver Group had been established to ensure there are processes in place to prevent nosocomial spread, and to ensure there are effective processes to respond to prevent further transmission. The group meet three times weekly Richard Evans, Christine Williams and Chris White attend the meetings;</li> <li>A new policy of testing asymptomatic front-line health workers will be rolled out in mid-December that will include rapid diagnostic testing within 15 minutes.</li> <li>A safety audit tool for use by site teams has been developed to enable a consistent approach to review compliance with prevention measures. This will be in use twice weekly from early December and reviewed at Service Group level on a weekly basis;</li> <li>The green pathway at all hospital sites has been maintained despite outbreaks in other areas of hospitals. A robust protocol for managing elective patients via a 'green' pathway has been in</li> </ul>	



	<p>place which includes testing on admission as well as a range of other areas;</p> <ul style="list-style-type: none"> <li>– A process is being developed to review patient deaths in which nosocomial transmission may have been a factor. A flowchart has been developed and a standard operating procedure is being finalised. A dashboard has materialised to ensure effective tracking and case management.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen had assurance following the level of work undertaken detailed within the report.</p> <p>Nuria Zolle highlighted that it could be challenging to take action when there are ongoing staff behavioral issues. Richard Evans detailed that changing behavior is one of the most challenging obstacles. The health boards messaging remains clear in respect of social distancing and PPE. The challenge seems to arise from non-elective/ unscheduled patients, as the 'green' pathway had not suffered outbreaks.</p>	
<b>Resolved:</b>	The current position on Nosocomial transmission was <b>noted</b> .	
<b>275/20</b>	<b>INFECTION PREVENTION AND CONTROL</b>	
	<p>A report providing an update in relation to infection prevention and control (IPC) was <b>received</b>.</p> <p>In introducing the report, Lisa Hinton highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The vaccination programme is underway;</li> <li>– Health Board performance against all Tier 1 infection reduction goals for 2020/21 remains a challenge, although there has been improvement in relation to year-on-year comparisons;</li> <li>– There continues to be increases in rates of C.Diff and whole genome sequencing is being undertaken in relation to C.Diff infections;</li> <li>– Overcrowding across the sites has not been a problem, however there are no decant facilities available;</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried the possibility of utilising the field hospital to decant. Lisa Hinton advised that due to the nature of the patients that require care, the field hospital would not be appropriate. She highlighted that there could be a risk of transmission when moving patients.</p> <p>Jackie Davies queried if there was a field hospital risk assessment plan in place regarding workforce resource issues. Christine Williams advised that phase one incorporates primary care staff, however the health</p>	



	<p>board is not in a position to utilise primary care staff for field hospitals as they are supporting care homes.</p> <p>Maggie Berry queried whether the air exchange rates have been received. Lisa Hinton advised that she is still awaiting figures from the Estates department. Maggie Berry suggested that the air exchange rates issue is referred to the Health and Safety Committee. Lisa Hinton requested that theatre air exchange rates are also included in the request. Lisa Hinton informed committee members that patients are being screened for influenza.</p>	<b>MB</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>– Air flow exchange rates to be referred to Health and Safety Committee.</li> <li>– The progress against healthcare associated infections was <b>noted</b>.</li> </ul>	<b>MB</b>
<b>276/20</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	<u>275/20 Air exchange rates</u> to be referred to Health and Safety Committee.	
<b>277/20</b>	<b>ANY OTHER BUSINESS</b>	
	<p>i. <u>Field Hospital Checklist</u></p> <p>The checklist was received for information and was <b>noted</b>.</p> <p>ii. <u>Performance Report</u></p> <p>The Chair reminded committee members that the performance report was available in the resource folder on admin control and had been considered by the Performance and Finance Committee.</p>	
<b>278/20</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as 26 <sup>th</sup> January 2021.	