

Swansea Bay University Health Board

Unconfirmed

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

Present

Martyn Waygood, Independent Member, (in the chair)
Nuria Zolle, Independent Member
Reena Owen, Independent Member
Stephen Spill Vice-chair

In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience
Nigel Downes, Head of Quality and Safety
Delyth Davies, Head of Nursing - Infection Prevention and Control (to minute 76/21)
Richard Evans, Medical Director
Leah Joseph, Corporate Governance Officer
Pam Wenger, Director of Corporate Governance
Hazel Lloyd, Head of Patient Experience
Darren Griffiths, Interim Director of Finance (from minute 76/21 to 77/21)
Scott Howe, Healthcare Inspectorate Wales
Kirsty Lagdon, Healthcare Inspectorate Wales (to minute 81/21)
Rab McEwan, Interim Chief Operating Officer (to minute 83/21)
Wendy Lloyd-Davies, Community Health Council
Prue Thimbleby, Arts in Health coordinator (to minute 70/21)
Alison Clarke, Assistant Director of Therapies and Health Sciences
Paul Stuart Davies, Interim Assistant Director of Nursing
Judith Vincent, Clinical Director – Pharmacy (minute 77/21 to 79/21)
Rhys Howell, Pharmaceutical Advisor (minute 77/21 to 79/21)

Minute No.		Action
70/21	PATIENT STORY: DANCE TO HEALTH	
	<p>A story was received which set out a service user's experience of 'Dance to Health'. Following a neurological illness, he became involved with the 'Dance to Health' group to which he has found most beneficial both physically and mentally Prior to the pandemic, the average attendance was 45 people each week.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Prue Thimbleby advised that the group is self-constituted and self-sustainable, however throughout lockdown the group were unable to meet. The Charitable Funds Committee funded twelve additional groups</p>	

	<p>within the Swansea Bay area, which will be developed over the next two years with the support of Coastal Housing.</p> <p>Reena Owen queried if there was an opportunity to extend the service to care homes. Prue Thimbleby advised that there is a link to care homes. The dance professionals receive the same falls prevention training as physiotherapists, and work is ongoing to sustain the model in care homes.</p> <p>Alison Clarke commented that 'Dance to Health' was a novel way of reducing over-medicalisation and keeping people out of hospital. Martyn Waygood asked that the thanks of the committee be passed on to all those involved in the production of the patient story.</p>	
71/21	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	<p>The chair welcomed everyone to the meeting. The following apologies were noted: Jackie Davies, Independent Member, Christine Morrell, Interim Director of Therapies and Health Science; Delyth Brushett, Audit Wales; Sian Harrop-Griffiths, Director of Strategy; Maggie Berry, Independent Member; Lisa Hinton, Assistant Director of Nursing, Infection Prevention and Control.</p>	
72/21	DECLARATION OF INTERESTS	
	<p>Martyn Waygood and Stephen Spill declared an interest in item 1.1 Patient Story that referred to Coastal Housing.</p>	
73/21	MINUTES OF THE PREVIOUS MEETING	
Resolved:	<p>The minutes of the main meeting held on 23rd March 2021 were received and confirmed as a true and accurate record.</p>	
74/21	MATTERS ARISING	
	<p>There were no matters arising raised.</p>	
75/21	ACTION LOG	
	<p>(i) <u>42/20 Quality and Safety Workshop</u></p> <p>Pam Wenger suggested that the workshop action remained on hold. She suggested that the Quality and Safety bill and duty of candour action could be separated from the workshop action, as a representative from Welsh Government will be attending a future Quality and Safety Committee meeting and the Quality and Safety Governance Group (QSGG) to outline the bill and duty of candour.</p> <p>(ii) <u>31/21 Additional chemotherapy chairs</u></p>	

	<p>Rab McEwan advised that he would provide a verbal update at May's Quality and Safety Committee. Leah Joseph confirmed that Singleton Hospital's Service Director would be submitting an update report in July 2021.</p> <p>(iii) <u>57/21 Service Groups' attendance at Quality and Safety Committee</u></p> <p>Pam Wenger advised that she had met with Christine Williams regarding exception reports to QSGG and it was decided that it would be helpful for service groups to attend committee meetings on a quarterly basis. Christine Williams supported Pam Wenger's comments and previously found that service groups' attendance provided committee members with assurance. Martyn Waygood and Independent Members supported the proposal. Pam Wenger agreed that governance parameters would be developed for consistency.</p>	
Resolved:	The action log was received and noted .	
76/21	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 high impact of COVID-19 which peaked in December 2020 and January 2021 was felt up to and including March 2021; – 84% of staff have received their first COVID-19 vaccination dose; – Swansea Bay University Health Board (SBUHB) achieved the Welsh Government infection reduction expectation in relation to both E. coli and Pseudomonas aeruginosa bacteraemia cases; – SBUHB did not achieve the Welsh Government infection reduction expectations in relation to Staph.aureus bacteraemia, C. difficile (C.diff), and Klebsiella bacteraemia. – There had been year-on-year increases in the number of cases of C. diff, and Klebsiella bacteraemia; – There is key-targeted work ongoing within the Primary, Community and Therapies Service Group and pharmacies to understand issues and make improvements surrounding antimicrobial prescribing; – E-prescribing had been rolled out across Neath Port Talbot Hospital and Singleton Hospital; – Reducing patient movement on sites remains a challenge and recently a ward was closed due to a patient visiting a relative in the corridor; 	

	<ul style="list-style-type: none"> – Staff are fatigued whilst continuing to work in personal protective equipment; – Decanting issues remains a high priority on the IPC agenda. <p>In discussing the report, the following points were raised:</p> <p>Christine Williams advised that the c.diff position remains a concern and further targeted work is ongoing. The Primary, Community and Therapies Service Group end of year performance review was recently reviewed, and the Service Group Medical Directors and Service Group Nurse Directors are due to discuss thematic reviews around c.diff once the genomic sequencing results have been received.</p> <p>Nuria Zolle queried if there was any specific action being taken to enforce behaviours around COVID-19 in the work place. Delyth Davies advised that IPC are working with staff on behavioural Time outs with staff have proven to be helpful to understand their obstacles and challenges.</p> <p>Nuria Zolle queried if lessons have been learned surrounding the reduced levels of norovirus and influenza, and queried the relatively low levels of uptake of the influenza vaccines in the Swansea area. Delyth Davies advised that there have been far less cases of influenza and norovirus this year. Norovirus can be linked to school children, and as the schools have been closed this may have been a factor in the reduction of levels. She noted that there is a business case being developed to increase the resource within the immunisation team. One of the lessons learned is the utilisation of the 'Immbulance' for influenza immunisations.</p> <p>Reena Owen highlighted the pressure on people wanting to visit their relatives in hospital and queried if there was an update on the policy. Delyth Davies advised that the All Wales group is reviewing visiting arrangements in the context of local COVID-19 activity. Paul Stuart Davies advised that there have been discussions within the silver operational group surrounding visiting. COVID-19 levels are currently low in the communities and there is a proposal around not testing visitors. There is a lack of guidance from Welsh Government and as such, SBUHB is not going to mandate testing but will follow other recommended guidance including face coverings, hand washing and social distancing.</p> <p>Paul Stuart Davies queried whether the business case to begin e-prescribing in Morriston Hospital was completed. Darren Griffiths advised that the business case has been drafted and assurance is needed from the digital team regarding quality and safety and financial benefits.</p> <p>Martyn Waygood advised that it would be helpful to have an update on the progress of antimicrobial prescribing in May's IPC report. He noted that the risk to the lack of decant facilities should either be accepted or</p>	<p>DD</p>
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	<p>improvement actions should be set out. Delyth Davies undertook to provide this.</p> <p>Rab McEwan advised that if an outbreak took place visiting would not be encouraged on the site. He noted that security on sites would be helpful to assist physical reinforcement of the importance of IPC protocols and would ensure the flow of people across SBUHB's sites.</p>	
Resolved:	<ul style="list-style-type: none"> – An update on the progress of antimicrobial prescribing be included in May's IPC report. – The progress against healthcare associated infection priorities up to 31st March 2021 was noted. 	DD
77/21	PERFORMANCE REPORT	
	<p>The Performance Report was received.</p> <p>In introducing the report, Darren Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> – At present there are 17 confirmed COVID-19 cases across SBUHB, with 71 patients recovering from COVID-19; – The percentage of workforce either shielding or on sick leave has decreased to 2.4%; – Ambulance response times in April is currently 72%; – In March 2021, there were 231 ambulance to hospital handovers taking over one hour. This is a significant improvement from 462 in March 2020 but an in-month deterioration from February 2021 (from 219 to 231). On 20th April 2021, 213 ambulance to handovers taking over one hour had been recorded; – Emergency Department (ED) and Acute Medical Unit attendances are near pre-COVID19 levels. To date there have been 7,100 in April, which amounts to 350 per day; – In March 2021, performance against ED waiting times over 12 hours improved compared with February 2021, reducing from 534 to 457. All 457 patients waiting over 12 hours in March 2021 were in Morriston Hospital. The position in March 2021 was 18% better than in March 2020; – In March 2021, there were 3,946 emergency admissions across the Health Board, which is 32% more admissions than in February 2021 and 21% more than March 2020; – There were on average 136 patients who were deemed medically fit for discharge but were still occupying a bed. To date that figure is 155; – There were 13,000 General Practitioner (GP) referrals in March 2021; 	

	<ul style="list-style-type: none"> – The number of elective admissions has surpassed 4,000; – There was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It reduced in February 2021 to 4,554; – Diagnostics and therapies have improving trajectories; – Cancer referrals are beginning to increase. There are currently 320 patients on the single pathway backlog; – A substantive update report was received at April's Performance and Finance Committee on Neurodevelopmental Disorder performance. The service is above target levels, which is pleasing; however, committee members did not accept the position. An update is due to the Performance and Finance Committee in three months. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried if planned care metrics are in line with the estimates. Darren Griffiths advised that the demand in capacity has not yet modelled in anything past COVID-19 levels. He advised that some referrals might not require a written referral or many could be latent referrals.</p> <p>Reena Owen queried if patients on the waiting list are informed of the rationale behind the prioritisation of waiting lists and whether personal circumstances affect prioritisation positions on the lists. Richard Evans advised that SBUHB follows the Royal College of Surgeons' guidelines and these include emergency, urgent, semi-urgent and routine cases. Prioritisation is driven by the length of time a patient has been on the waiting list and there is a need to concentrate on objective and not subjective reviews. Rab McEwan supported Richard Evans' comments and advised that the recovery group is trying to maximise capacity, as currently SBUHB is not maintaining priorities one and two. He added that resource is limited, and a substantial programme surrounding alternative therapies is required to ensure a strong recovery.</p> <p>Stephen Spill commented that it was remarkable that 120,000 patients are on SBUHB's outpatient lists, but understood that some of those patients are on numerous lists awaiting treatment.</p> <p>Alison Clarke highlighted that there has been an impact in early year's speech and language therapy following the COVID-19 pandemic. Many nurseries and schools were closed due to the effect of the pandemic, which has delayed the development of some children's cognitive abilities. The early years' packages are due to restart to support children and parents.</p>	
Resolved:	The current health board performance against key measures and targets was noted .	

78/21	HEALTH BOARD ANNUAL PRESCRIBING REPORT	
	<p>A report providing an update in relation to the health board annual prescribing report was received.</p> <p>In introducing the report, Judith Vincent highlighted the following points:</p> <ul style="list-style-type: none"> – For 2020/21 there were three priority areas in addition to safety and efficiency domains: Analgesics in Primary Care, anticoagulants in atrial fibrillation, and antimicrobial stewardship; – A large number of anticoagulants in atrial fibrillation patients have been reviewed. There has been a large financial impact following the reviews, however patient needs were paramount; – There is a need to focus on decreasing prescribing of long-acting insulin analogues in primary care and secondary care. The reasons for over prescribing needs to be explored to make improvements. <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle highlighted that Cardiff and Value University Health Board were in a stronger position and queried if SBUHB could learn lessons from them. Judith Vincent advised that SBUHB work collaboratively with other health boards, and currently there is work ongoing to understand the Afan clusters' high medicines trend.</p> <p>Nuria Zolle queried if the health board is challenging clinicians surrounding insulin prescribing and whether the health board is not conforming to good practice. Judith Vincent mentioned that the team are working closely with clinicians and work is being taken forward in respect of managing diabetes. Richard Evans advised there is no evidence that the health board is not conforming to good practice. He noted that insulin analogues need to be worked through, and highlighted that Cwm Taf Morgannwg University Health Board have never used insulin analogues.</p> <p>Reena Owen queried if there was any correlation between prescribing and the status of the populations' health. Judith Vincent acknowledged that the indicators are historic and are in the process of being refreshed to be more meaningful. The indicators do not factor in any incidence of disease that would affect the prescribing levels.</p> <p>Wendy Lloyd-Davies queried whether tramadol is readily available as when she assisted as a COVID-19 vaccinator, many young patients queried if they could take tramadol if they had mild side effects following the vaccine. Judith Vincent advised that ED previously prescribed tramadol, but historic work had been completed to decrease prescribing.</p>	
Resolved:	<ul style="list-style-type: none"> – The health board's position against the national prescribing indicators was noted. 	

	<ul style="list-style-type: none"> – The mechanisms and support put in place by Medicines Management Team for the national prescribing indicators were noted. – The greater awareness of the national prescribing indicators required across the whole health board were noted. 	
79/21	CONTROLLED DRUGS FRAMEWORK	
	<p>A report providing an update in relation to the controlled drugs framework was received.</p> <p>In introducing the report, Judith Vincent highlighted the following points:</p> <ul style="list-style-type: none"> – The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 placed a statutory responsibility on the Health Board and its Controlled Drug Accountable Officer to ensure the safe management and use of controlled drugs; – Controlled drug governance requires strengthening across SBUHB in order to provide the necessary assurance regarding compliance with this legislation; – Each Service Group has appointed a senior Controlled Drug lead who the Controlled Drug Accountable Officer will be able to work with over the coming months to progress the strengthening of Controlled Drug governance. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if SBUHB had sufficient resources to ensure the protocol is being adhered to.</p> <p>Martyn Waygood highlighted that there was no additional funding which could have an effect on compliance. Judith Vincent advised that the financial implications response had been embedded into the existing governance frameworks in the service groups. She advised that there is an expectation that the governance process requires six months to settle into a rhythm for implementation. There is an internal audit review due in six months along with the units meeting separately around the same timescale. Martyn Waygood suggested an update in six months.</p> <p>Pam Wenger advised that the framework enables the Controlled Drug Accountable Officer to discharge their responsibility appropriately. She advised that the internal audit planned later in the year should provide the committee with assurance, and an update report is already planned to come to the Quality and Safety Committee twice yearly.</p>	
Resolved:	The progress report detailing the actions taken to strengthen controlled drug governance across SBUHB was noted .	
80/21	QUALITY AND SAFETY RISK REGISTER	

	<p>The Quality and Safety Risk Register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> – The Chief Executive has written to all Executives asking them to review their actions and mitigations on SBUHB's risk register. A follow up report will be taken through May's Audit Committee; – There are twelve risks assigned to the Quality and Safety Committee and a further four are under the oversight of the committee; – There is a piece of work ongoing to review the COVID-19 risk register and transfer them into the Health Board risk register. <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood requested an update in May. Pam Wenger advised that the same version of the Health Board Risk Register report would be used for May's Audit Committee and the Quality and Safety Committee.</p>	HL
Resolved:	<ul style="list-style-type: none"> – An updated version of the Health Board Risk Register to be received at May's Quality and Safety Committee. – The updates to the Health Board Risk Register relating to risks assigned to the Quality & Safety Committee, and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current third wave of COVID-19 were noted. 	HL
81/21	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 30th March 2021; – Revised governance arrangements for Neath Port Talbot Hospital and Singleton Hospital remain under review; – There was an increase in the number of Ombudsman complaints in relation to Oncology services. It was noted that a number of complaints related to Oncology services are also associated with other specialities. A number of themes were identified which included poor communication with both patient and relatives, lack of patient consent and lack of support; – There is an ongoing risk surrounding the lack of a named Doctor for Safeguarding; 	

	<ul style="list-style-type: none"> Concerns were raised by staff on the accuracy of the Electronic Staff Record Mandatory Training figures and the difficulty some staff having accessing to the training. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen found the report more comprehensive than previous reports. She queried what the health board is doing in relation to the poor communication feedback. Nigel Downes advised that he is working with Hazel Lloyd to investigate the trend across the organisation. He informed committee members that he would speak with the Oncology service regarding the theme of communication and report back to the committee. Paul Stuart Davies advised that the theme of communication was widespread over the organisation and originated from different services. Pam Wenger suggested that an update is detailed within the next QSGG report.</p> <p>Reena Owen was concerned that there had been no resolution regarding the named Doctor for safeguarding. Nigel Downes advised that there have been different approaches to recruit into the post. Currently the medical teams are undertaking peer reviews. Paul Stuart Davies noted that the situation is frustrating as the position has been vacant for quite some time. The recruitment process is being reviewed to make the post more attractive. Paul Stuart Davies advised that this post was recently close to being filled, however the candidate withdrew prior to the interview.</p> <p>Alison Clarke highlighted that the Designated Education Clinical Lead Officer was been appointed to cover the Powys Teaching Health Board, SBUHB and Hywel Dda University Health Board regions and not Cwm Taf Morgannwg University Health Board, SBUHB and Hywel Dda University Health Board regions as noted.</p> <p>Nuria Zolle suggested that a mechanism is adopted to be able to track and identify key issues. Nigel Downes advised that he would add a table or template to the document.</p> <p>Pam Wenger advised that there is work ongoing with the board assurance framework, and noted that a table within the report identifying the actions would be useful, as this should help Independent Members to triangulate areas upon which to seek assurance.</p>	ND
Resolved:	<ul style="list-style-type: none"> Provide an update within the QSGG report at May's committee surrounding feedback themes in the Oncology service. The report was noted. 	ND
82/21	DRAFT HEALTH AND CARE STANDARDS ANNUAL SELF-ASSESSMENT REPORT 2020/21	

	<p>The draft Health and Care Standards Annual Self-Assessment Report 2020-2021 was received.</p> <p>In introducing the report, Nigel Downes highlighted the following points:</p> <ul style="list-style-type: none"> – The COVID-19 pandemic affected the self-assessment; – There are seven themes, of which four are awaiting further information from the service groups. Three of the themes have been signed off; – There is an expectation that timely care's rating will be affected. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried whether the committee should have more visibility in this area throughout the year for focus and consistency. Christine Williams advised that this was highlighted in the scrutiny panel. One of the key issues was further evidence due to the inconsistent scoring. She advised that she had discussed with Nigel Downes the planning for next year and in future service groups would provide an update of the health and care standards.</p> <p>Pam Wenger reflected that there was an expected reduction in scores, but this does need to be evidence based. Christine Williams supported Pam Wenger's comments.</p> <p>Nuria Zolle noted that the evidence packs require further information. Nigel Downes advised that objective scoring is needed.</p> <p>Reena Owen queried the implications surrounding low scoring. Pam Wenger advised that annually the Chief Executive as the accountable officer needs to submit assurances in relation to internal control as part of an overall system of assurance or lack of assurance. She noted that the Health and Care standards process is not good, however a new Quality Bill and Duty of Candour are due to be published; therefore the health board awaits new quality arrangements.</p> <p>Paul Stuart Davies advised that Welsh Government are reviewing the matrix, which should provide the opportunity to strengthen the framework. Christine Williams advised that the framework is currently subjective, but this year's submission could be improved.</p>	
Resolved:	The draft Health and Care Standards Annual Self-Assessment Report 2020-2021 was noted .	
83/21	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
84/21	ANY OTHER BUSINESS	

	There were no items raised under any other business.	
85/21	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 25 th May 2021.	