

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Quality and Safety Committee 23rd August 2022 at 1.30pm via Microsoft Teams

Present

Steve Spill, Vice Chair (in the chair)
Reena Owen, Independent Member
Patricia Price, Independent Member
Maggie Berry, Independent Member
Emma Woollett, Chair

In Attendance

Christine Morrell, Director of Therapies and Health Science
Gareth Howells, Director of Nursing and Patient Experience
Hazel Lloyd, Acting Director of Corporate Governance
Hazel Powell, Deputy Director of Nursing
Delyth Davies, Head of Nursing - Infection Prevention and Control (minute 205/22 to 206/22)
Darren Griffiths, Director of Finance and Performance (minute 200/22 to 202/22)
Meghann Protheroe, Head of Performance (minute 200/22 to 202/22)
Richard Evans, Medical Director (minute 208/22)
Lesley Jenkins, Nurse Director for Neath Port Talbot and Singleton Service Group (NPTSSG) (minute)
Catherine Harris, Deputy Head of Midwifery, Neath Port Talbot Hospital (minute 199/22 to 200/22)
Jane Phillips, Head of Quality Improvement (minute)
Anne-Louise Ferguson, Special Board Advisor (Legal)
Delyth Brushett, Audit Wales
Anjula Mehta, Medical Director for Primary Community and Therapies Group (to minute 199/221)
Claire Lewis, Head of Quality and Safety for Primary Community and Therapies Group (to minute 199/22)
Brian Owens, Service Group Director for Primary Community and Therapies Group (to minute 199/22)
Karl Bishop, Dental Director for Primary Community and Therapies Group (minute 198/22 to 199/22)
Cheryl Griffiths, Virtual Ward Manager (to minute 198/22)
Neil Thomas, Deputy Head of Risk (from minute 202/22 to 207/22)
Stephen Jones, Nurse Director for Mental Health and Learning Disabilities Group (from minute 202/22 to 205/22)
Rhian Lewis, NWSSP (observing)
Sue Evans, Community Health Council
Leah Joseph, Corporate Governance Manager

Minute No.		Action
192/22	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. Apologies for absence had been received from Inese Robotham, Chief Operating Officer.	
193/22	DECLARATION OF INTERESTS	
Resolved:	There were no declarations of interest.	
194/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the main meeting held on 26 th July 2022 were received and confirmed as a true and accurate record.	
195/22	MATTERS ARISING	
	There were no items raised.	
196/22	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>178/22 NPTSSG Highlight Report</u></p> <p>Steve Spill highlighted that a response had not been provided to Reena Owen surrounding succession planning in light of no General Paediatrics Consultants supporting cardiology, however the action was to remain open until Reena Owen received an update and confirmed that she was content with the response.</p> <p>ii. <u>182/22 Allocation of funds to support long waiters</u></p> <p>Steve Spill highlighted that a response had not been provided to Reena Owen surrounding statistics of the amount of people on the waiting list with the ability to access prehabilitation assistance, however the action was to remain open until Reena Owen received an update and confirmed that she was content with the response.</p>	
Resolved:	The action log was noted .	
197/22	WORK PROGRAMME 2022/2023	
Resolved:	The work programme was received and noted .	

198/22	PATIENT STORY: VIRTUAL WARDS	
	<p>A presentation was received which set out the experience of a husband and wife who had utilised the virtual ward and its supporting services. The presentation highlighted that virtual wards offer wraparound care closer to home with a holistic and patient centred focus. Virtual wards had helped to reduce avoidable hospital admissions and support earlier safe discharge of patients from hospital. The patient story example presented to committee members included a referral from a GP practice, whereby the patient was reviewed and triaged the same day. The patient was booked within 48-hours to be assessed by a clinical manager. Following a comprehensive assessment and completion of 'my life my wishes' document, support was identified. Over time the team built a relationship with the husband and wife, and a care home placement located close to home was agreed. The patient was transferred to the care home to receive palliative care and ultimately passed away comfortable and supported in a place of their choosing.</p> <p>In discussing the patient story, the following points were raised:</p> <p>Steve Spill reflected that the GP referral to the virtual ward avoided a hospital admission. Gareth Howells commented that the story was good and virtual wards has a focus on what individual care means as the majority of people who are being looked after by the Health Board live within its communities.</p> <p>Reena Owen commented that the virtual wards were a positive tool for Swansea Bay University Health Board (SBUHB) and noted the importance of palliative care as it was one of the Health Board's priorities. She commented that the service avoided hospital admissions helped patients to be discharged from hospital in a supported way. She commended the team for a lovely story which allowed the patient to die in a place of their choosing.</p> <p>Maggie Berry reflected that the story was good and liked the way the individual and family were supported, but queried how the service worked for people who require long-term wraparound care after leaving hospital and whether there was a time limit for support. Cheryl Griffiths advised that there was no time limit in the support offered, however the initial assessment is completed within 48-hours.</p> <p>Maggie Berry queried how social services' 6-week intensive care package affected the process and whether there was good interaction with partnerships. Cheryl Griffiths advised that the social services package was still in place, however the virtual wards offered a more coordinated approach in-house with a process that was managed seamlessly. Anjula Mehta advised that weekly ward round meetings were held to enable wider valuable discussion, opportunities to identify gaps and fill them quickly and less duplication across services.</p> <p>Steve Spill queried whether assessments of individual homes included review of gas bills/ usage as being treated in hospital could be a better</p>	

	<p>option for some patients. Cheryl Griffiths advised that there was no service in place to provide heaters for individuals.</p> <p>Maggie Berry queried whether there were links with the third sector. Cheryl Griffiths advised that the third sector are part of the membership of assessment meetings.</p> <p>Emma Woollett suggested that Independent Members visit a virtual ward. Anjula Mehta undertook to arrange and facilitate a visit as there was a base in each cluster.</p>	AM
Resolved	<ul style="list-style-type: none"> – A visit of virtual ward clusters to be arranged for Independent Members. – The patient story was noted. 	AM
199/22	SERVICE GROUP HIGHLIGHT REPORT – PRIMARY, COMMUNITY THERAPIES GROUP	
	<p>The highlight report from the Primary Community Therapies Group (PCTG) was received.</p> <p>In introducing the report, Brian Owens highlighted the following points:</p> <ul style="list-style-type: none"> – PCTG is a diverse group and currently reviewing all quality and safety structures to align with the revised corporate reporting requirements; – Incidents on Datix Web continue to reduce and the group are focused on closing down incidents that remain open on Datix Web by end of August 2022; – A detailed piece of work remains ongoing following the Healthcare Inspectorate Wales (HIW) external audit, and SBUHB's response was due by 22nd August 2022; – PCTG continues to work with Community Health Council (CHC) around GP access; – There has been a rise in pressure ulcer incidents which correlates to an increased number of COVID-19 cases and an increased number of patients requiring intense support. A hot debrief tool for on the spot investigations is being rolled out across Swansea and Neath Port Talbot District Nursing services, and the pressure ulcer safety card has also piloted successfully and was being rolled out; – PCTG remains focused on infection, prevention and control with the thresholds being reset; – PCTG achieved a standard of 93.5% feedback rating as 'good', with rates and themes being continued to be monitored. <p>In discussing the report, the following points were raised:</p>	

	<p>Reena Owen was pleased to see that work was ongoing with the CHC around access to GPs, however she voiced concerns around the extent of involvement and engagement with HMP Swansea surrounding complaints. Brian Owens advised extensive work was ongoing and the partnership board had been reset with energised engagement included in the plan. He noted that many of the challenges highlighted within the report were not new, however he was confident that the recommendations would be completed subject to approval.</p> <p>Maggie Berry queried what happens when a practice does not follow the Health Board preference surrounding optional contractual standards. Brian Owens advised that a range of optional access standards were in place for practices to opt in and out of, however performance in comparison to last year was better and many practices who had challenges were able to evidence the constraints and this was being worked through.</p> <p>Anjula Mehta advised that the clinical governance framework was being used to complete desktop practice reviews. The 15-step challenge was being used in face-to-face exercises, and there has been a backdrop of suitability of services in light of workforce challenges that was being seen across Wales in PCTG. She noted that 'ask my GP' was in place and activity data would be available soon with a national incentive for practices to provide data digitally. The data would not be subjective and therefore could be used for practices to benchmark themselves on a daily, weekly and monthly basis.</p>	
Resolved:	The highlight report from PCTG be noted .	
200/22	SELF-ASSESSMENT AGAINST THE OCKENDEN MATERNITY RECOMMENDATIONS	
	<p>A report on the position following the self-assessment against the Ockenden maternity recommendations was received.</p> <p>In introducing the report, Catherine Harris highlighted the following points:</p> <ul style="list-style-type: none"> – On 30th March 2022 the Ockenden final report independent review of Shrewsbury and Telford Hospital Trust was published. Maternity and Neonatal Network developed an assurance framework incorporating the three key report recommendations; – A meeting was held with the Chief Midwifery Officer on 17th May 2022 to clarify guidance for completion of the assurance document due to the request for a response by 27th May 2022; – The maternity leadership team met on 23rd May 2022 to complete the red, amber and green (RAG) ratings for each issue; – A national meeting took place on 7th July 2022 for the seven Health Boards' maternity service clinical leaders to discuss the assurance 	

	<p>document. A second national meeting will take place 6th September 2022 led by the Independent Maternity Services Oversight Panel team for the extended learning from Cwm Taf University Health Board.</p> <ul style="list-style-type: none"> – There is currently no action plan, however there were 78 recommendations which were RAG rated as: 56 green; 16 amber and 6 red. Of the red ratings, three required a national response. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried whether the financial implications had been rectified since the report was written. Gareth Howells advised that there was no committee of resource from central resource, however Birthrate+ tool was a national requirement and this service needed to continue. He advised that maternity services was challenged but safe and a workforce review needed to be undertaken first ahead of reopening services.</p> <p>Reena Owen queried what the amber rating means in particular the recommendation relating to ensuring appropriate management of women with high risk of pre-term. Catherine Harris advised that the recommendation would include mode of delivery and counselling parents and a framework was being used to work through the system however a business case needed to be developed for support to be provided earlier and this linked with the workforce review.</p> <p>Emma Woollett observed that a gap analysis needed to be undertaken surrounding staffing and a view of reopening services would be taken once the risk assessment had been completed. She felt reassured that the service was safe. Lesley Jenkins advised that there was a midwifery gap in the community team and an assessment was needed of the new applications, however there was a plan to repopulate the community position and a focus remained to balance risk to enable the reopening of services.</p> <p>Anne-Louise Ferguson queried the impact of stress on staff to reopen the service and queried how the process would be managed to reduce the RAG rating. Lesley Jenkins advised that centralisation of service and agency utilisation had helped to balance staffing and gave midwives opportunities to complete personal appraisal development reviews and increase their statutory and mandatory training compliance. She noted that staff experience feedback had improved and this was a bi-product of increased morale. The new graduates are due to begin their roles in October 2022 and there will be a focus on balancing wellbeing. She noted that the service continues to link with the Royal College of Nursing each week to provide updates.</p> <p>Gareth Howells highlighted that pressure has been felt from central government to reopen the Neath Port Talbot Hospital maternity service, however the service needs to remain safe to enable this. He noted that an external review of maternity services was due to begin this week and suggested an update report in three months.</p>	<p>GH/LJe</p>
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Resolved:	<ul style="list-style-type: none"> – An update report to be received in November 2022, to include the outcome of the external review of maternity services in August 2022. – The report be noted. – The initial assessment against the assurance framework for maternity services, submitted in draft to Welsh Government on 8th June 2022 be noted. 	GH/LJe
201/22	CHILDREN'S COMMUNITY NURSING IMPROVEMENT PLAN	
	<p>The children's community nursing improvement plan was received.</p> <p>In introducing the plan, Jane Phillips highlighted the following points:</p> <ul style="list-style-type: none"> – Due to staffing shortages since March 2022, the Health Care Support Worker's (HCSW) training sessions have been postponed in order to maintain care delivery for children and their families; – The feedback system '<i>What's the Noise</i>' provides an opportunity to gain the views and feedback from the HCSW's as they work with families and this is being promoted; – A task and finish group has been established to plan engagement events and the team were developing a '<i>In your Shoes</i>' plan to understand what works well, what doesn't work well and what can be done differently; – Assurance audits are being undertaken for each child against the Welsh Government framework; – The business case was due to be taken through the business assurance group today for scrutiny and approval. <p>In discussing the improvement plan, the following points were raised:</p> <p>Reena Owen was concerned around the financial ask of the business case, and highlighted that the process has taken from February to August 2022 and an increased budget should be in place in anticipation to expedite accordingly. Gareth Howells advised that the business case has been scrutinised and the plan was to take it through executive board on 7th September 2022 for a risk based approach, however he assured committee members that bank and agency staff were being used whilst the process was being worked through.</p> <p>Darren Griffiths advised that prioritisation of priorities was ongoing and due consideration was being given towards the business case. Emma Woollett advised that lots of different priorities were in SBUHB's structure, however a series of options to enable a compromise solution to develop business case thinking. Gareth Howells advised that a number of different options were being put forward.</p>	

	Steve Spill highlighted that it was essential that HCSW's received training, but queried when the next internal and/or external review was due. Jane Philips advised that the service does not want to overwhelm its staff or families, however the reviews are in discussion.	
Resolved:	The update on the children's community nursing improvement plan be noted .	
202/22	QUALITY AND SAFETY PERFORMANCE REPORT	
	<p>The quality and safety performance report was received.</p> <p>In introducing the report, Meghann Protheroe highlighted the following points:</p> <ul style="list-style-type: none"> - In July 2022, there were an additional 600 positive cases recorded bringing the cumulative total to 188,029 in SBUHB since March 2020; - In July 2022, the number of red calls responded to within 8 minutes saw an in-month reduction to 55.8%. - In July 2022, there were 659 ambulance to hospital handovers taking over 1 hour and this is an increase in figures compared with 578 in June 2022; - The Health Board's performance against the 4-hour measure deteriorated slightly from 71.65% in June 2022 to 69.43% in July 2022; - There were on average 288 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board's hospitals in July; - The Health Board reported one nationally reportable incident for the month of July 2022 to Welsh Government. There was one new never event reported; - The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge and July saw an inmonth reduction of 0.06% in the number of patients waiting over 26 weeks for an outpatient appointment; - There was an increase in the number of patients waiting over 8 weeks for specified diagnostics from 6,012 in June 2022 to 6,032 in July 2022; - The overall size of the follow-up waiting list increased by 547 patients compared with June 2022 (from 136,435 to 136,982); - Neurodevelopmental Disorders access times within 26 weeks continues to be a challenge, the performance increased to 47% in May against a target of 80%. 	

	<p>In discussing the report, the following points were raised:</p> <p>Darren Griffiths highlighted that Neurodevelopmental Disorders business case has improved the service, however performance needs to catch up. There has been an increase in referrals, however there are higher levels of assurance that the service was going in the right direction. National funding of £12m has been granted which SBUHB were expected to have a share of the amount.</p> <p>Steve Spill highlighted that the discharge summaries data showed compliance ranged from 50% in Neath Port Talbot Hospital to 90% in Mental Health and Learning Disabilities, and queried whether GP's were aware that their patients had been discharged. Gareth Howells undertook an action to obtain feedback from the operational groups to provide assurance.</p> <p>Reena Owen highlighted that the planned care system is fragile and there were serious quality and safety issues for patients who remain on waiting lists for long periods of time. Gareth Howells advised that the Planned Care Board are reviewing quality and safety aspects, with honesty and transparency being required to realistically support patient's expectations. Emma Woollett advised that she was aware of the planned care risks and suggested that a general report on prehabilitation be taken through a future Quality and Safety Committee. Steve Spill supported Emma Woollett's request and noted that cancer patients require a different element of support in comparison to trauma and orthopaedic patients. He requested that a report be taken through Quality and Safety Committee in October 2022.</p>	<p>GH</p> <p>IR</p>
Resolved:	<ul style="list-style-type: none"> – Gareth Howells to obtain feedback to Steve Spill around discharge summaries compliance rates to provide assurances that GP's are aware their patients have been discharged accordingly. – A general waiting list management report be taken through October's meeting from a quality and safety perspective, to include how SBUHB was supporting its patients and offering prehabilitation. – The current Health Board performance against key measures and targets be noted. 	<p>GH</p> <p>IR</p>
203/22	EXECUTIVE SUMMARY OF THE PATIENT SERVICES GROUP	
Resolved:	<ul style="list-style-type: none"> – The executive summary of the Patient Services Group was received and noted. – The terms of reference for the Patient Services Group were approved. 	
204/22	EXTERNAL INSPECTIONS REPORT	

	<p>A report on external inspections was received.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> – The external review of Cefn Coed Hospital: Tawe Clinic took place between 14th and 16th March 2022 and no improvement notices were issued; – An unannounced visit of Learning Disability Service Inspection was undertaken on 15th March 2022 where immediate notices were required and the improvement plan was accepted by HIW; – Following a HIW review of the governance arrangements for the provision of healthcare settings at HMP Swansea during 2021/22, a report was published on 30th June 2022. PCTG are coordinating the development of the improvement plan in response to the report. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried the responsibility of the Health Board to ensure the PCTG contract reviews and recommendation are concluded. Neil Thomas advised that the direct responsibility is to the GP practices, however it was part of SBUHB's overview under commissioning requirements.</p> <p>Reena Owen thanked Neil Thomas for a detailed report and complimented the format. She highlighted that a report focussing on stroke was scheduled to be taken through October's Performance and Finance Committee, and noted that she would be keen to see the feedback of the national review of patient flow on the stroke pathway in comparison to other Health Boards. Neil Thomas advised that he was unsure of timings for publication of the national report, however he would include an update in the next iteration as part of the usual process.</p>	
Resolved:	<p>The update in relation to external reviews and the health board responses to issues raised be noted.</p>	
205/22	<p>DEMENTIA AND OLDER PEOPLE'S CHARTER REPORT</p>	
	<p>A report on the dementia and older people's charter was received.</p> <p>In introducing the report, Stephen Jones highlighted the following points:</p> <ul style="list-style-type: none"> – Input has been achieved from all services and there was a commitment from wards to implement the charter; – Positive work remains ongoing and a steering group has been established with good membership and attendance; – Fresh approaches around dementia remains ongoing. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry queried how SBUHB would embed and monitor charters. Stephen Jones advised that the steering group would embed the pilot,</p>	

	<p>monitor the outcome and the governance structure would support both aspects.</p> <p>Reena Owen was pleased to see the charter work to ensure feedback on assessments were known to relatives for transparency. She noted that she was keen to receive feedback from relatives following the rollout of a charter. Sue Evans suggested that charter rollout feedback could be included in CHC surveys to monitor charters on the ward and in their face-to-face visits. Emma Woollett stated that systematic feedback would be good rather than individual anecdotes. Stephen Jones advised that the steering group had agreed a template report mechanism which included patient and carer feedback. There were also opportunities to begin recording patient stories for future learning.</p> <p>Gareth Howells highlighted that visiting would be reintroduced over the next few weeks which would assist with face-to-face feedback opportunities. He noted that '<i>This is me</i>' was to be launched which includes a passport-type document which informs carers how the individual likes to be treated, what name they prefer to be called and any hobbies they may have which should reinvigorate conversations with patients and families. There was a regional focus on dementia and the sub—group links in with the Regional Partnership Board plans. Stephen Jones commented that the work needs to be impactful at every level throughout each Health Board service.</p>	
Resolved:	The report was noted.	
206/22	INFECTION, PREVENTION AND CONTROL REPORT	
	<p>The infection, prevention and control (IPC) report was received.</p> <p>In introducing the report, Delyth Davies highlighted the following points:</p> <ul style="list-style-type: none"> – There have been year-on-year reductions in C. difficile (18%) and E. coli bacteraemia (21%) infections; – There has been a continued increase in Staph. aureus bacteraemia which was concerning, with Morriston Hospital Service Group cases accounting for much of the increase. Targeted intervention work was ongoing which included an 8-week rapid improvement programme. Wards are engaged with the ongoing work; – The IPC team are reviewing community acquired bacteremia to target and understand the source of the infection. <p>In discussing the report, the following points were raised:</p> <p>Steve Spill queried what the 8-week rapid improvement programme looked like. Delyth Davies advised that the programme included increasing staff's statutory and mandatory training compliance levels including hand hygiene rates, completion of personal appraisal</p>	

	<p>development reviews, a 'bug stop' view of invasive devices and universal decolonization across wards.</p> <p>Maggie Berry queries whether Delyth Davies was positive of the future IPC position. Delyth Davies noted that felt positive, however the improvement work ongoing along with performance would take time to establish. The progress has enthused staff and at a recent executive visit staff felt listened to and supported. She highlighted that dips in performance were expected however a sustained improvement was needed.</p>	
Resolved:	<ul style="list-style-type: none"> – Progress against the tier 1 infections be noted; – The collaborative process between the PCTG service group and IPC team to review care homes cases be noted; – The rapid improvement expectations for Morriston Hospital over an eight week period be noted. 	
207/22	QUALITY AND SAFETY RISK REGISTER	
	<p>The quality and safety risk register (risks 20 and above) was received.</p> <p>In introducing the register, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> – The Quality and Safety Committee last received the May 2022 risk register extract at its June 2022 meeting. The report presented the June 2022 risk register extract, and updates that have been received as part of the current July Health Board Risk Register were reflected in the covering report; – The June risk extract contained 40 risks and 15 of these risks are assigned to the Quality and Safety Committee for oversight, 9 of which are at or above the Health Board's current risk appetite score of 20. 5 further risks are included in the register extract for information, but overseen by other committees; – There are no new risks to report; – The following risks have reduced from 20 to 16: <ul style="list-style-type: none"> ○ 58 - Ophthalmology (excellent care outcomes) ○ 63 - Screening for Fetal Growth Assessment in line with Gap-Grow ○ 82 - Risk of Closure of Burns Service – Risk 81 (Critical staffing levels – Midwifery) rating has an increased from 20 to 25. Welsh Government are aware and the service reviews the risk rating regularly. <p>In discussing the register, the following points were raised:</p>	

	<p>Reena Owen was pleased with the rating reduction in ophthalmology, but queried why the cardiotocograph monitoring equipment was not installed following purchase with expected completion in December 2022. Gareth Howells advised that the cardiotocograph monitoring equipment was similar to a central monitoring system to record babies' heartbeats. The piece of equipment was large and fitting it would take approximately four months to set-up the infrastructure in maternity services, however he undertook to query if the process could be expedited.</p>	
Resolved:	<ul style="list-style-type: none"> - Gareth Howells to query whether the installation of the cardiotocograph monitoring equipment could be expedited. - The quality and safety risk register was noted. 	GH
208/22	EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) CLINICAL GOVERNANCE REPORT	
	<p>The emergency medical retrieval and transfer service (EMRTS) clinical governance report was received.</p> <p>In introducing the report, the Richard Evans highlighted the following points:</p> <ul style="list-style-type: none"> - EMRTS is hosted by SBUHB and the report provides an assessment on governance. Evaluation, operational activity and oversight of the service provided; - EMRTS attended 3,544 incidents where 53% of patients were trauma, 47% medical. 412 patients had emergency anaesthesia. 	
Resolved:	The report was noted .	
209/22	WHSSC JOINT COMMITTEE KEY ISSUES REPORT	
	The WHSSC joint committee key issues report was noted .	
210/22	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	There were no items to refer to other committees.	
211/22	ANY OTHER BUSINESS	
Resolved:	There were no items raised.	
212/22	DATE OF NEXT MEETING	

	The date of the next meeting was confirmed as 27 th September 2022.	
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