

**Swansea Bay University Health Board**  
**Quality and Safety Committee**  
**Unconfirmed minutes of the meeting held on 26<sup>th</sup> May 2020**  
**at 1.00pm in the Millennium Room, Second Floor, HQ**

**Present**

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

**In Attendance**

Gareth Howells, Director of Nursing and Patient Experience  
 Chris White, Chief Operating Officer/ Director of Therapies and Health Science  
 Nigel Downes, Head of Quality and Safety  
 Sian Harrop-Griffiths, Director of Strategy (via Skype)  
 Darren Griffiths, Interim Director of Finance (via Skype from minute 110/20)  
 Richard Evans, Medical Director (via Skype)  
 Leah Joseph, Corporate Governance Officer  
 Claire Mulcahy, Corporate Governance Manager (via Skype)  
 Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control (via Skype minute 106/20)  
 Hazel Lloyd, Head of Patient Experience (via Skype)  
 Pam Wenger, Director of Corporate Governance (via Skype)  
 Chris Morrell, Deputy Director of Therapies and Health Science (via Skype from minute 106/20)  
 Karl Bishop, Dental Director (via Skype minute 114/20)  
 Cathy Dowling, Deputy Director of Nursing and Patient Experience (minute 107/20 to 112/20)  
 Lee Joseph, Deputy Head of Quality and Safety (minute to 107/20 to 112/20)  
 Matt John, Associate Director of Digital Services (minute 106/20 to 107/20)  
 Lee Morgan, Head of Information Services (minute 106/20 to 107/20)  
 Carole Mosley, Wales Audit Office (via Skype)

**Minute****Action**

<b><u>Minute</u></b>		<b><u>Action</u></b>
<b>101/20</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	Martyn Waygood welcomed everyone to the meeting, in particular Keith Lloyd and Nuria Zolle who were attending their first quality and safety committee. The following apologies were noted: Hilary Dover, Primary Care Service Director, Neil Thomas, Deputy Head of Internal Audit.	
<b>101/20</b>	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
<b>102/20</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	

	The minutes of the meeting held on 24th March 2020 were received and confirmed as a true and accurate record except to note the apologies of Sian Harrop-Griffiths, Director of Strategy.	
<b>103/20</b>	<b>MATTERS ARISING NOT ON THE AGENDA</b>	
	<p>(i) <u>Transcatheter Aortic Valve Insertion (TAVI)</u></p> <p>Martyn Waygood requested a verbal update in respect of TAVI. Richard Evans advised that a report had been to the health board meeting. The Health Board has now confirmed the details of a second cohort of patients' casenotes to be reviewed by the Royal College of Physicians (RCP). Vascular complications were of previous concern for the RCP, however the health board is awaiting a response in this regard. Following the impact of COVID-19, operating lists are due to restart this week, with an aim to introducing two lists a week to get below the 26 week waiting list. Richard Evans also advised that emergency TAVI procedures have continued throughout the pandemic. Patients are being treated in the safe area (green zone) and are receiving the same screening process as other patients.</p>	
<b>104/20</b>	<b>ACTION LOG</b>	
	<p>i. <u>Action 3 - Ward to Board Dashboard</u> Gareth Howells advised that this remains on hold whilst the COVID-19 position is being worked through. There is work ongoing to collect the information to facilitate the dashboard.</p> <p>ii. <u>Action 8 – Accident and Emergency Facilities at Morriston Hospital</u> Maggie Berry noted that the enhancements to the Paediatric Accident and Emergency department at Morriston Hospital have made a huge difference for the children being treated by this service. Martyn Waygood advised the committee that there is possible funding via the health board's charitable funds to address some of the issues raised by Reena Owen.</p> <p>iii. <u>Action 12 – Internal inspections within performance figures</u> Gareth Howells advised that this remains on hold whilst the COVID-19 position is being worked through.</p>	
<b>105/20</b>	<b>WORK PROGRAMME 2019/20</b>	
	Pam Wenger provided an overview and confirmed that following the guidance note issued to all organisations, the work programme was reflective of the practice in place. Welsh Government have focused on the statutory committees, and elements of the version can be brought to other committees. The relevant components have been reviewed to determine the discharge of assurance. Pam Wenger added that there	

	will be a review of reinstating committees that were previously stood down following the pandemic.	
<b>106/20</b>	<b>INFECTION PREVENTION CONTROL</b>	
	<p>A report providing an update in relation to infection prevention and control 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 Clostridium difficile (C.diff) and pseudomonas year-end targets are over trajectory, and the health board is in a challenged position for staph aureus and C.diff.</li> <li>- C.diff strategy group meets monthly;</li> <li>- There has been additional capacity and no pre-emptive beds have been used during the COVID-19 pandemic;</li> <li>- There has been a reduction of COVID-19 cases, with an occasional spike. There is work ongoing to determine whether there is a link between COVID-19 and C.diff;</li> <li>- Sufficient domestic support was in place, with no historical vacancies left to recruit into Morriston and Singleton Hospitals;</li> <li>- The Infection Prevention &amp; Control Nursing Team (IPCNT) has undertaken Personal Protective Equipment (PPE) Train the Trainer sessions across sites, and this training continues;</li> <li>- An infection prevention control 7 day service has commenced, and this has been welcomed on sites. Recruitment into the IPCNT has commenced to support the 7 day service and to extend the service into Primary Care during this financial year.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried if the position of increased infections is being communicated to staff. Lisa Hinton confirmed that there have been improvements with hand hygiene and appropriate use of PPE. Lisa Hinton stated that the data on infections is published, and added that healthy challenge/debate is needed to ensure that learning is shared across the health board.</p> <p>Reena Owen advised that she was pleased with the spare capacity, however she asked if the field hospitals can be utilised to enable decanting for cleaning. Lisa Hinton confirmed that planning is in place with the Service Directors and procurement to enable decontamination of areas, however maintenance could be a challenge. Chris White added that the health board has the opportunity to deep clean, and needs to be sharper in timeliness with the risk.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>107/20</b>	<b>COVID-19 METRICS</b>	
	<p>A verbal update in relation to COVID-19 metrics was <b>received</b>.</p> <p>In introducing the report, Matt John highlighted the following points:</p>	

	<ul style="list-style-type: none"> <li>- A dashboard was presented which has been developed with teams across the health board;</li> <li>- Originally presented at a Gold meeting in April 2020, it provided a clear idea of metrics which included PPE and emergency department admissions;</li> <li>- The data informed the organisation throughout the COVID-19 period;</li> <li>- The model work was completed nationally, however this was encouraged by Public Health Wales and the health board was able to interpret what it needed from the dashboard.</li> </ul> <p>Lee Morgan highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The dashboard is able to predict what is likely to happen based on the past two weeks;</li> <li>- The health board is able to monitor the national model against its systems;</li> <li>- Unit leads and the Assistant Director of Health and Safety worked with the information services team to build the PPE modelling to ascertain the PPE demand;</li> <li>- The variables can be changed to reflect what is needed on the sites.</li> </ul> <p>In discussing the dashboard, the following points were raised:</p> <p>Reena Owen queried the start date for the models. Lee Morgan advised the start date was 1<sup>st</sup> March 2020.</p> <p>Martyn Waygood highlighted that he has been present for many of the Gold meetings, and advised that the information received had been accurate and assurance had been provided.</p> <p>Nuria Zolle requested a version for independent members. Pam Wenger advised that she has been trying to get access for the independent members, however there had been technical issues. Matt John advised that he would provide screen shots to the independent members. Gareth Howells informed the committee that the PPE stock which is evidenced on the dashboard is managed centrally.</p> <p>Chris White thanked the information services team for the timelines of the draft, which has enabled the health board to have real-time data to make intelligent decisions.</p>	<b><u>MJ</u></b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Screen shots of the dashboard to be provided to independent members.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b><u>MJ</u></b>
<b>108/20</b>	<b>CLINICAL ETHICS COMMITTEE</b>	
	A verbal update in relation to the clinical ethics committee was <b>received</b> . In introducing the report, Richard Evans highlighted the following points:	

	<ul style="list-style-type: none"> <li>- The health board has not been in a position since the COVID-19 outbreak to have to make clinical ethical decisions, however the health board was prepared if the situation arose;</li> <li>- There is an opportunity to incorporate the ethics committee into the reporting structure, and to adopt and adapt the ethics learning.</li> </ul> <p>In discussing the update the following points were raised:</p> <p>Reena Owen queried the effects on patients who are on waiting lists and are concerned about coming into hospital for elective treatment. Richard Evans advised that the patients would be paused on the waiting lists and would not be removed. Chris White confirmed that patients who elected to delay their treatment will not be unfairly disadvantaged if they choose not to come into hospital for treatment.</p>	
<b>Resolved:</b>	The verbal update was <b>noted</b> .	
<b>109/20</b>	<b>QUALITY AND SAFETY RISK REGISTER</b>	
	<p>A report providing an update in relation to the quality and safety risk register was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The executive team have reviewed and updated the risks within the risk register, and there is a separate COVID-19 risk register;</li> <li>- It is important to take into consideration the risks within the register for the work programme going forward.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Chris White stated that the NHS is open for business, it has never shut. Messages have been sent into the community confirming the same. GPs are aware that referrals need to carry on. Chris White indicated that people are not going to a primary care setting due to COVID-19 concerns, however numbers are difficult to determine if patients are not informing GPs of this concern.</p> <p>Reena Owen queried how the health board is mitigating the adverse impact of delays within planned care. Hazel Lloyd advised that the team is linking with the Executives for a current position.</p> <p>Chris White added that access to planned care has decreased and many factors have contributed, including PPE requirements. Theatre staff are only able to complete two lists a day due to the PPE requirements within theatres. Chris White stated that the executives are continually reviewing and discussing the guidance.</p> <p>Maggie Berry queried whether there has been any progress on closing the gap for risk assessments for Black, Asian and Minority Ethnic staff. Gareth Howells advised that a risk assessment tool is being developed and the process is ongoing.</p>	

<b>Resolved:</b>	- The report was <b>noted</b> .	
<b>110/20</b>	<b>CONCERNS AND INCIDENTS RELATING TO COVID-19</b>	
	<p>A report providing an update in relation to the concerns and incidents relating to COVID-19 was <b>received</b>.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The concerns team have changed their working pattern to 7 days a week, 9am until 5pm;</li> <li>- The highest incidents reported were hospital acquired COVID-19, communication, aggressive/inappropriate behaviour and PPE not available;</li> <li>- Following hospital visits being cancelled, the team were instrumental in assisting patients with laundry and toiletry requirements, arranging the Amazon Wishlist and supporting patients to stay in touch with their families via the donated electronic tablets.</li> </ul> <p>In discussing the report, Pam Wenger thanked the whole team as the response has been phenomenal, and advised that Hazel Lloyd led this piece of work.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>111/20</b>	<b>FINAL HEALTH AND CARE STANDARDS SELF-ASSESSMENT REPORT 2019-20</b>	
	<p>A report providing an update in relation to the final health and care standards self-assessment report 2019-20 was <b>received</b>.</p> <p>In introducing the report, Lee Joseph highlighted the following points:</p> <ul style="list-style-type: none"> <li>- This year's self-assessment has seen a reduction from level 4 to level 3 in 3 of the standards – healthy living, safe care and individual care;</li> <li>- This year's self-assessment has seen an unchanged score for 4 of the standards;</li> <li>- Internal Audit have reviewed the self-assessment and provided guidance;</li> <li>- Clear parameters need to be set for consistent scoring across the health board.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry noted her disappointment to see standards drop, however the synopsis from Gareth Howells and the Director of Public Health were good. Pam Wenger advised the report was going to the health board meeting on 28<sup>th</sup> May 2020.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>112/20</b>	<b>QUALITY AND SAFETY GOVERNANCE GROUP</b>	

<b>Resolved:</b>	A report providing an update in relation to the Quality and Safety Governance Group was <b>received</b> and <b>noted</b> .	
<b>113/20</b>	<b>MENTAL HEALTH AND LEARNING DISABILITIES IN PREPAREDNESS TO COVID-19</b>	
	<p>A report providing an update in relation to the Mental Health and Learning Disabilities preparedness to COVID-19 was <b>received</b>.</p> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells advised that the unit had managed the COVID-19 situation well.</p> <p>Jackie Davies queried whether the Mental Health Delivery Unit had put in place temporary policies to support the measures they have had to put in place because of Covid-19, specifically thinking of those measures that breach some current policies, such as security policy in forensic services technology. Chris White suggested that this question is posed to the Unit Service Director outside of this committee.</p>	<b><u>CW</u></b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Mental Health Service Director to respond to temporary policy queries.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b><u>CW</u></b>
<b>114/20</b>	<b>PRIMARY AND COMMUNITY CARE</b>	
	<p>A report providing an update in relation to Primary &amp; Community Care including Field Hospitals and Community Capacity in preparedness to COVID-19 was <b>received</b>.</p> <p>In introducing the report, Karl Bishop highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Modifications of services had taken place, and new services have been added;</li> <li>- Primary Care had taken an operational lead for testing in Margam and at the Liberty Stadium in Swansea;</li> <li>- The Unit also took an operational lead with the field hospitals project.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Chris White thanked Karl, the Primary and Community Care Service Director and the team for the work involved with setting up the test centres and field hospitals.</p>	
<b>Resolved:</b>	The report was <b>noted</b> .	
<b>115/20</b>	<b>CORONAVIRUS ACT: EXCESS DEATH PROVISIONS</b>	
	<p>A report providing an update in relation to Coronavirus Act: Excess Death Provisions was <b>received</b>.</p> <p>In introducing the report, Chris Morrell highlighted that work was ongoing to strengthen the bereavement service.</p>	

<b>Resolved:</b>	The report was <b>noted</b> .	
<b>116/20</b>	<b>STATEMENT BY CARE INSPECTORATE WALES AND HEALTHCARE INSPECTORATE WALES</b>	
<b>Resolved:</b>	A joint Statement by Care Inspectorate Wales and Healthcare Inspectorate Wales was <b>received</b> and <b>noted</b> .	
<b>117/20</b>	<b>WHSSC (Welsh Health Specialised Services Committee) QUALITY AND PATIENT SAFETY COMMITTEE CHAIR'S REPORT</b>	
<b>Resolved:</b>	The WHSSC Quality and Patient Safety Committee chair's report was <b>received</b> and <b>noted</b> .	
<b>118/20</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
	There were no items to refer to other committees.	
<b>119/20</b>	<b>ANY OTHER BUSINESS</b>	
	Gareth Howells welcomed Nigel Downes, Head of Quality and Safety to the committee.  Pam Wenger noted that this was Gareth Howells' final Quality and Safety Committee. Martyn Waygood thanked Gareth Howells for his guidance and valued support.	
<b>120/20</b>	<b>DATE OF NEXT MEETING</b>	
	The next meeting is scheduled for 23 <sup>rd</sup> June 2020.	
	<b>MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.</b>	