

**Swansea Bay University Health Board
Quality and Safety Committee
Unconfirmed minutes of the meeting held on 25th February 2020
at 1.00pm in the Millennium Room, Second Floor, HQ**

Present

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

In Attendance

Gareth Howells, Director of Nursing and Patient Experience
Sian Harrop-Griffiths, Director of Strategy (from minute 36/20 to 53/20)
Chris White, Chief Operating Officer/Director of Therapies and Health Science
Darren Griffiths, Associate Director of Performance and Finance (from minute 46/20 to 49/20)
Richard Evans, Medical Director (from minute 43/20)
Leah Joseph, Corporate Governance Officer
Keith Reid, Director of Public Health
Lisa Hinton, Assistant Director of Nursing Infection Prevention & Control (from minute 44/20 to 47/20)
Delyth Lewis, Wales Audit Office
Wendy Lloyd-Davies, Community Health Council
Rhonwen Parry, Head of Psychology and Therapies Mental Health
Emma Woollett, Interim Chair of Swansea Bay University Health Board
Sue Ford, Patient Feedback Manager (from minute 52/30)

Minute

Action

36/20 WELCOME AND APOLOGIES FOR ABSENCE

Martyn Waygood welcomed everyone to the meeting. The following apologies were noted: Maggie Berry, Independent Member, Hazel Lloyd, Head of Patient Experience, Chris Morrell, Deputy Director of Therapies and Health Science, Pam Wenger, Director of Corporate Governance, Neil Thomas, Deputy Head of Internal Audit, Craige Wilson, Deputy Chief Operating Officer and Scott Howe, Healthcare Inspectorate Wales.

37/20 DECLARATIONS OF INTEREST

Reena Owen declared an interest in item 2.1 Patient Story: Jamie's Story and item 3.3 Health Board Plan for Suicide Prevention

38/20 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 28th January 2020 were **received** and **confirmed** as a true and accurate record.

39/20 MATTERS ARISING NOT ON THE AGENDA

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(i) 12/20 Enhancing Morriston Hospital's Accident and Emergency Environment

Martyn Waygood will follow up on the possibility of utilising the health board's charitable fund to enhance the Accident and Emergency Department environment.

MW

(ii) Human Tissue Authority - Internal Audit Update

Martyn Waygood queried if the actions have been completed following the Human Tissue Authority inspection. Gareth Howells advised that the actions have been completed, but formal confirmation needs to be received from the Deputy Director of Therapies and Health Science.

CM

(iii) Infection Prevention Control

Gareth Howells confirmed that the Ultraviolet C (UV-C) environmental decontamination equipment belongs to the health board.

40/20 ACTION LOG

(i) 12/20 Unscheduled Care

Chris White informed the committee that when pre-emptive beds are used, the patients are risk assessed with the expectation of them being discharged shortly. Chris White also added that if a fire door is being blocked by a pre-emptive bed, there will be another fire exit door available within the area for evacuation purposes. Gareth Howells highlighted two factors concerning the beds. The first is the escalation plan and the second is the concern of utilising the pre-emptive beds in front of fire exits, this would be included in the fire safety management plan.

Resolved: The action log was **received** and **noted**.

41/20 WORK PROGRAMME 2019/20

The committee's work programme was **received** and **noted**.

42/20 WORKSHOP ACTION LOG

Martyn Waygood advised that a meeting has been arranged with the Clinical Director for Quality & Safety for Primary Care & Community Services on 2 April 2020. Chris White stated that the primary care dashboard is good, but the Primary Care Metrics should be used.

Martyn Waygood highlighted the importance of having another Quality and Safety Workshop in the future. Gareth Howells suggested that the Quality and Safety Bill and duty of candour is incorporated into the workshop.

GH

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43/20

PATIENT STORY: JAMIE'S STORY

Rhonwen Parry was welcomed to the meeting and introduced Jamie's Story. This patient story was an account of a gentleman who had a history of self-harm from a young age and drug misuse later in life. When Jamie was in prison, he self-harmed and developed septicaemia and pneumonia. Following a hospital admission, Jamie was admitted to Caswell Clinic and received Cognitive Analytic Therapy. He was assisted with medication and had discussions with a psychologist. Jamie has self-harmed at Caswell Clinic, however he describes those incidents as minor compared to his previous self-harm. Jamie detailed how a negative atmosphere on the ward can trigger negative thoughts, however the majority of the time he wakes up with a positive outlook on life. Jamie has not self-harmed for a few months.

In discussing the story, the following points were raised:

Rhonwen Parry stated that therapy can be difficult to access, however Jamie has regular psychological support due to his past history of self-harm, and is able to take action when thinking about relapsing.

Richard Evans noted that self-harm is common in adolescents, however teenagers are self-harming without any previous self-harm history. Rhonwen Parry confirmed that Welsh Government are involved and schools are publicising social media effects and discussing peer and social factors with children, however services are not complete and early prevention and support is needed. Rhonwen Parry also said that whilst teenagers who have a history with self-harm are high risk, the adolescents that do not have a history are also being assisted.

Chris White queried if there is a preventative plan in place. Rhonwen Parry confirmed that more preventive work is needed in early years and an integrated approach to prevent self-harm and suicide is required. Rhonwen Parry added that employers need to be supported so that they can support their staff.

Keith Reid highlighted that early preventative work starts in pregnancy, followed by the health visitor's visits and added that basic public health work has been affected due to austerity. Gareth Howells detailed that every child within the health board has been visited by a Health Visitor, and school nursing and paediatric services are available. Sian Harrop-Griffiths advised that work has been ongoing with multi-agency involvement to assist with early prevention identification.

Wendy Lloyd-Davies asked if there is any psychological support in Swansea Prison. Gareth Howells noted that this query is being picked up as part of a recommendation following a Community Health Council (CHC) report, and a response is due to be returned from the CHC.

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Resolved The patient story was **noted**.

44/20 CHANGE IN AGENDA ORDER

The agenda order be changed and item 3.3 be taken next, with 2.1 and 2.3 to follow.

45/20 HEALTH BOARD PLAN FOR SUICIDE PREVENTION

A report providing an update in relation to a Health Board Plan for Suicide Prevention was **received**.

In introducing the report, Rhonwen Parry highlighted the following points:

- A National Confidential Inquiry into Suicide and Homicide by people with mental illness (NCISH) inquiry report refers to patient suicides as those that occur within 12 months of mental health service contact.
- 10 key ways to improve safety were recommended within the NCISH report;
- Funding is now in place for regional co-ordinators;
- Ospreys RFC have been successfully involved with awareness days.

In discussing the report, the following points were raised:

Chris White noted the recent quarterly review which highlighted suicides within the organisation and added that the health board target should be zero tolerance. He queried how the 12 safety statements will take the health board to zero tolerance.

Keith Reid noted that a report went to December's Quality and Safety Committee with a multi-agency aspect detailed and the previous work that has been undertaken should not be forgotten.

Emma Woollett advised of a discussion at February's Performance and Finance Committee around partnerships and added that the committees need to be aware of what the outcome is with the partnerships involved.

Resolved: The report be **noted**.

46/20 INFECTION PREVENTION CONTROL

Martyn Waygood welcomed Lisa Hinton to the meeting.

A report providing an update in relation to infection control was **received**.

In introducing the report, Lisa Hinton highlighted the following points:

- Agreement for maintenance and servicing contracts for UV-C for

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a two year period;

- Outbreak of extensively antibiotic resistant bacteria related to Ward G continues, involving 2 outbreaks of different multi-drug resistant organisms;
- Morriston Hospital’s Outbreak Control Group meets regularly to monitor ongoing outbreak of extensively resistant bacteria on Ward G;
- The infection prevention control service is now available 7 days a week;

In discussing the report, the following points were raised:

Sian Harrop-Griffiths noted that Ward G is not included in the draft capital programme, however she is hopeful that Welsh Government will support refurbishment works. She added that cleaning has been included in the draft final plan for next year and this will be discussed at the next formal executive board meeting.

Gareth Howells highlighted the importance of full establishment in cleaning as approximately 300 hours have yet to be filled and added that the target remains zero tolerance.

Reena Owen was pleased that the need for cleaning has been recognised, however the pace needs to be increased. Reena Owen queried what the policy is on staff wearing uniform outside of work. Gareth Howells commented that many sites do not have shower facilities for staff to be able to change into uniform appropriately, and as such staff are allowed to wear their uniform directly from home to work as well as from work to home once their shift has ended. Gareth Howells added that the policy is straight forward, but there are challenges.

Emma Woollett requested that the cleanliness levels and audits are broken down and brought back to this committee. Lisa Hinton confirmed that she would append the detail to the March infection control report, however the audits are not all being completed due to staffing levels. Emma Woollett emphasised the importance of this information to enable the department to change.

LH

Gareth Howells informed members that there are two targets that the health board is working towards; the Welsh Government Targeted Intervention target and the All Wales target. Sian Harrop-Griffiths advised that Andrew Goodall gave positive feedback at the recent targeted intervention meeting about the levels currently being achieved.

- Resolved:**
- Cleanliness levels and audits are to be broken down and brought back to March’s committee.
 - The report was **noted**.

LH

47/20 CLEANING UPDATE

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A report providing an update in relation to cleaning was **received**.

In introducing the report, Chris White highlighted the following points:

- Current vacancies are being advertised, 200 hours at Singleton Hospital and 270 hours at Morriston Hospital;
- Senior Leadership Team supported a spend of £893,000 to prioritise hours, which is in addition to the 470 hours at Singleton and Morriston Hospitals;
- A task and finish group to be established to organise an Open Day for recruitment involving representatives from domestics, recruitment, human resources and occupational health departments.

In discussing the report, the following points were raised:

Reena Owen detailed that the recruitment process needs to be streamlined. Jackie Davies informed the committee that some private organisations undertake the Disclosure and Barring Service (DBS) check at interview stage to minimise delays. Emma Woollett queried how quickly other organisations' recruitment processes are. Chris White confirmed that he would look into this.

CW

- Resolved:**
- Chris White to look into how quickly other organisation's recruitment processes are against the health board's recruitment process.
 - The report be noted.

CW

48/20 PERFORMANCE REPORT

The performance report was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- A new Never Event was reported in January 2020 relating to wrong site surgery;
- Over the last 12 months there has been an increasing trend in crude mortality rate for under 75's whereas the target is a 12 month reduction trend;
- Fractured Neck of Femur (FNOF) performance rates indicate an improving picture in 6 out of the 7 metrics when compared to the same period 12 months ago;
- Ambulance handover delays and red call response times have been challenging over the winter. By January 2020, red call response times had improved to 66.6% and some recovery is noted in the 1 hour ambulance handover delays. This reflects the implementation of the unscheduled care action plan, in line with

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plan in place over the winter period.

- In relation to Stroke, the percentage of Assessments by a stroke specialist within 24 hours of admission was 100% in December 2019.
- Out Patient waits over 26 weeks reached 1,500 in January. Over 800 of those patients are in gastroenterology and the health board now has a solution in place to address the gastroenterology pressures;
- Services within Ophthalmology are being outsourced;
- Cancer access for patients referred with an urgent suspicion of cancer was 92% in December and expected to be 85% to 87% in February, against target.

In discussing the report, the following points were raised:

Darren Griffiths stated that a discussion took place around Serious Incidents at February's Performance and Finance Committee, where there were concerns around the percentage of recovery plans in Mental Health. Gareth Howells responded advising the committee that Welsh Government are involved, and will maintain a focus internally.

Reena Owen noted that a trend in inpatient falls is increasing every quarter across all sites. Gareth Howells reminded the committee that the falls data does not differentiate between slips, trips and falls with harm, and the same programme was to be implemented with falls that was implemented for pressure ulcers.

Reena Owen queried the method in respect of the FNOF target of 75%. Richard Evans noted that markers such as hydration and medication are taken into account and that the metric is completed on a rolling 12 month basis, which averages the last 12 months. Richard Evans added that the metric completed on a month by month basis is better as it makes it less open to interpretation.

Martyn Waygood commented that it may be useful for committee members going forward if there is a page within the performance report that encapsulates the red areas with a short graphic with reference to other areas that are doing well.

Resolved: The report was **noted**.

49/20 CHANGE IN AGENDA ORDER

The agenda order be changed and item 4.1 be taken next, with 3.4 and 3.2 to follow.

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50/20 WORLD HEALTH ORGANISATION SURGICAL SAFETY CHECKLISTS

A report providing an update in relation to World Health Organisation Surgical Safety (WHOSS) Checklists was **received**.

In introducing the report, Richard Evans highlighted the following points:

- An Internal Audit review of compliance of the WHO Patient Safety Checklist in 2019 reported 'limited assurance'. However, the Internal Audit review did acknowledge that there was a high level of completion of the checklist within the theatres system (TOMS). Delivery Units have provided assurance regarding the processes in place.
- The Executive Medical Director is establishing a Clinical Outcomes and Effectiveness Group, which will be a sub-group of the Quality, Safety and Assurance Group;
- Areas not in compliance are to be highlighted quickly to the Unit Medical Director;
- Units audit the checklists via governance and audit groups. The information is input into TOMS, however users need to ensure they are inputting the correct data;
- There are occasions when the team is short of anaesthetists, but the need for adequate completion of checks remains and this is under review.

Resolved: The report be **noted**.

51/20 KEY ISSUES: QUALITY AND SAFETY GOVERNANCE GROUP

A report providing an update in relation to the quality and safety governance group was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The most recent quality and safety governance group meeting took place on 14th February 2020;
- The Infected Blood Inquiry is ongoing;
- Revised Quality and Safety Governance Framework and group Terms of Reference will be presented to Executive Board for final ratification;
- The group discussed the Health Inspectorate Wales (HIW) visit to Morrision Emergency Department and the immediate action plan;
- The committee has assurance that the units are managing the points detailed within the report.

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In discussing the report, the following points were raised:

Reena Owen stated that the opportunity to have attendance from the CHC assists with understanding their perspective following their visits, but queried how the quality and safety governance group is notified of the reports. Gareth Howells noted that CHC representation at the quality, safety and governance group would be beneficial and this can be highlighted to the group. Martyn Waygood advised members that the CHC report comes to the Quality and Safety committee quarterly. Emma Woollett added that lessons learnt from complaints could be in the patient experience reports and the CHC reports.

Reena Owen commented that an electronic version is better as patients and relatives may want to remain anonymous, and an electrical embedded version could assist with this. Chris White noted the importance of the electronic version, however added that one form should cover all areas of feedback, from catering to patient experience.

Gareth Howells highlighted that the health board does not have a patient experience forum.

Resolved: The report was **noted**.

52/20 QUALITY AND SAFETY GOVERNANCE ACTION PLAN AND CWM TAF MORGANWWG UNIVERSITY HEALTH BOARD GOVERNANCE REVIEW

A report providing an update in relation to Quality and Safety Governance Action Plan and Cwm Taf Morgannwg University Health Board Governance review was **received**.

In introducing the report, Gareth Howells and Sue Ford highlighted the following points:

- The Board Assurance Framework is developing and there is a plan in place moving forward;
- The action plan will be populated in time for the next committee.

In discussing the report, the following points were raised:

Emma Woollett advised that she has seen a different version, and committee members will be relying on these comments to review and scrutinise the actions. She suggested that this item remains a standing item on the agenda until July 2020.

Reena Owen commented that it is in the health board's interest to ensure that the document is positive, and the health board's relationship with the CHC should be detailed in it. Gareth Howells agreed and advised that this could be added into the document.

PW

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- Resolved:**
- Updated version to be brought to March's committee, to include relationship with CHC.
 - The report be **noted**.

PW

53/20 ITEMS TO REFER TO OTHER COMMITTEES

These were discussed throughout the meeting.

54/20 ANY OTHER BUSINESS

There were no items to discuss.

55/20 NEXT MEETING

This was scheduled for 24th March 2020

56/20 MOTION TO EXCLUDE THE PRESS AND PUBLIC IN ACCORDANCE WITH SECTION 1(2) PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960.

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