

Swansea Bay University Health Board

Unconfirmed
Minutes of the Meeting of the Quality and Safety Committee
27th October 2020
at 1.00pm via Microsoft Teams

Present

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

In Attendance

Christine Williams, Interim Director of Nursing and Patient Experience (from minute 222/20 to 229/20)
Nigel Downes, Head of Quality and Safety
Chris White, Chief Operating Officer/ Director of Therapies and Health Science (to minute 229/20)
Keith Reid, Director of Public Health (to minute 223/20)
Richard Evans, Medical Director
Leah Joseph, Corporate Governance Officer
Hazel Lloyd, Head of Patient Experience
Pam Wenger, Director of Corporate Governance (to minute 225/20)
Scott Howe, Healthcare Inspectorate Wales
Wendy Lloyd Davies, Community Health Council
Natalie Vanderlinden, Assistant Director of Therapies and Health Science – Hywel Dda University Health Board (from minute 225/20 to 227/20)
Deb Lewis, Service Director Morriston Hospital (to minute 227/20)
Joanne Jones, Head of Support Services, (from minute 225/20 to 229/20)
Hannah Murtagh, Additional Learning Needs Clinical Transformation Lead (to minute 227/20)
Delyth Davies, Head of Nursing Infection Prevention Control (from minute 222/20 to 223/20)
Craig Wilson, Deputy Chief Operating Officer (from minute 225/20 to 227/20)

Minute No.		Action
215/20	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. The following apologies were noted: Darren Griffiths, Interim Director of Finance; Chris Morrell, Deputy Director of Therapies and Health Science; Lisa Hinton, Assistant Director of Nursing, Infection Prevention and Control; Carol Moseley,	

	Wales Audit Office; Keith Lloyd, Independent Member; Sian Harrop-Griffiths, Director of Strategy.	
216/20	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
217/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the main and in-committee meetings held on 22 nd September 2020 were received and confirmed as a true and accurate record.	
218/20	MATTERS ARISING	
	There were no matters arising not otherwise on the agenda.	
219/20	ACTION LOG	
	<p>The action log was received and the following updates provided:</p> <p>(i) <u>12/20 Morryston Hospital's Accident and Emergency Department Environment</u></p> <p>Nigel Downes is meeting with Morryston Hospital's Service Director's early November and will include the Emergency Department environment in the discussion and report back to the committee.</p> <p>(ii) <u>87/20 and 143/20 Internal inspections</u></p> <p>Nigel Downes advised that he is reviewing different ways to report internal inspections and this is a work in progress with Christine Williams and the Interim Director of Finance.</p>	
220/20	WORK PROGRAMME 2019-20	
	The work programme was received and noted .	
221/20	CHANGE IN AGENDA ORDER	
	The agenda order be changed and items 2.2 be taken next, with 2.1 following.	
222/20	SUBSTANCE MISUSE REPORT	
	A report providing an update in relation to substance misuse was received .	

In introducing the report, Keith Reid highlighted the following points:

- There is agreement within the Area Planning Board (APB) on moving to a public health approach to tackling substance misuse as part of a national pathfinder;
- This approach will have significant implications on the commissioning and delivery of services in Swansea Bay University Health Board;
- The integrated model for substance misuse proposed is to change the relationship between the APB and both service providers and service users to deliver a more effective wrap around approach to tackling substance misuse;
- A new mechanism for the commissioning of services is proposed that also requires new ways of working by providers;
- Part of the approach involves framing substance misuse as a health and social issue as a way of enabling community responses and lowering barriers to help;
- There is support from Public Health Wales, the Police and Crime Commissioner and Welsh Government for the intended approach;
- The main cause of male deaths is opioid overdose, female deaths have remained stable in the last three years and there has been an increased prominence in cocaine use.

In discussing the report, the following points were raised:

Reena Owen found the holistic approach encouraging, however noted there is no specific allocation of finance into the service, and needed assurance that drug agencies are involved with strategy planning. Keith Reid advised that a financial package has been implemented and the pathfinder has brought in separate external funding which is encouraging. He stated that the Police and Crime Commissioner is involved and the project should reflect the underlying need more clearly. Keith Reid highlighted that there is a possibility that not all the needs will be covered by the allocated funding. In respect of engagement, he confirmed that there is a conflict of interest between providing and commissioning of services, however the need for the lived experience of service users is important for engagement.

Nuria Zolle was pleased with the report, but queried what the changes in staff roles would be to deliver this service. Keith Reid advised that clinicians working differently would depend on the speciality and this would differ between inpatient treatment and community treatment of complex needs. He confirmed that there will need to be a development of staff and their roles for responsibilities to be understood.

Jackie Davies queried the risks to staff and whether employment and roles would be protected under Organisational Change Policy (OCP). Keith Reid advised that staff would follow a formal process.

	Engagement management with clinical staff would take place and the OCP would be included.	
Resolved:	The report was noted .	
223/20	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"> – There has been year-on-year improvement in pseudomonas, staph aureus, E. coli and klebsiella infections; – There has been a 75% year-on-year increase in Clostridium difficile (C.diff). Meetings on an all Wales basis are taking place to understand the increase of C.diff on sites; – There is a lack of decant facilities when occupancy is at acceptable levels on acute sites which compromises effectiveness of the hydrogen peroxide vapour (HPV) disinfection cleaning/decontamination programme; – COVID-19 may have had an impact on C.diff infections, which may relate to antimicrobial treatment for respiratory tract infections. There are also increasing single room pressures following the pandemic; – The number of COVID-19 tests taken has increased in the past few weeks and there has been a sharp increase in the number of positive cases in September and October 2020. Incidents are closely monitored, with Delivery Group Incident/Outbreak Control Groups reporting to a daily Health Board Outbreak Control Group; – Genetic sequencing is taking place in a laboratory in Cardiff which has highlighted that there are different strains of C.diff; – Recruitment into domestic roles is still ongoing. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if the C.diff position is similar across Wales. Delyth Davies advised that the position is similar as the increase of C.diff and the difference in strains may be due to antimicrobial prescribing and the food chain such as salad foods. There is a focus to maintain the gut flora balance, however studies remain ongoing. She added that it is pleasing to have had the use of enhanced cleaning technology and increased recruitment.</p> <p>Richard Evans advised that he Chairs the health board’s antimicrobial prescribing group and the increase in C.diff across the United Kingdom is in line with COVID-19. He added that antimicrobial prescribing has</p>	

	<p>decreased within the health board, and there is a possibility that C.diff is being brought into hospitals via the community. He stated that the Proton pump inhibitors (PPI) medication facilitates C.diff and there is additional work ongoing on an all Wales basis.</p> <p>Nuria Zolle queried the outcome of the trial of screens around beds. Delyth Davies advised that the screens will be rolled out across Morrison, Singleton and Neath Port Talbot Hospitals and feedback from patients included that they found the screens reassuring. Chris White advised that there are discussions ongoing on an all Wales basis in regards to point of care testing which should segment the front door and other access points.</p> <p>Maggie Berry queried if more can be achieved in respect of social distancing and use of face coverings on hospital sites to minimise hospital acquired COVID-19 infections. Christine Williams highlighted that staff behaviour is a concern and the statement released in October by the Chief Executive Officer shows just how serious the issue is. She added that clinical areas are compliant, however the communal areas remain a challenge. The message is being continually reinforced due to an increase in staff to staff transmissions.</p> <p>Maggie Berry noted that the HPV trial had ended and queried how this becomes a permanent enhancement. Christine Williams advised that in light of the increased number of COVID-19 patients, there has been a lack of decanting areas to enable HPV decontamination. The development of an HPV programme will be reviewed in the new year.</p> <p>Deb Lewis advised that there is a struggle regarding distancing within social areas at break times, and she is working with the estates and capital planning departments to develop areas for staff to take breaks in while maintaining social distancing requirements.</p>	
Resolved:	The report was noted .	
224/20	PERFORMANCE REPORT	
	<p>The performance report was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if the increase of complaints at Morrison Hospital were COVID-19 related. Deb Lewis advised that the expectation on the NHS is back to pre-COVID19 levels and as such the majority of complaints are around waiting list delays. She highlighted that Morrison Hospital has a good complaints team and they are maintaining standards and keeping in contact with patients. Hazel Lloyd advised that there was a change in how complaints were classified as formal or informal, and confirmed that the complaints at Morrison Hospital were around communication, lack of treatment and delayed treatment. She</p>	

stated that the complaints team are supported by the Patient Advice and Liaison Service (PALS) team and they are doing great work.

Nuria Zolle highlighted that falls have reduced and queried if there was specific work that helped the reduction. Christine Williams advised that improved methodology has been implemented around falls which is having an impact, and this will be rolled out across Primary and Community Care Services (PCCS) following their reconvening of the falls group. She also highlighted that a tool kit and an education programme have been developed and delivered to staff.

Nuria Zolle found the increase of mortality rates concerning. Richard Evans advised that there is a challenge ongoing with COVID-19 and there may be an increase of inpatient COVID-19 numbers in the Intensive Therapy Unit. He added that throughout the first wave of COVID-19, the health board may have over treated patients and as such going into the second wave there could be a need to put patients onto a palliative pathway sooner. He highlighted that managed pathways within PCCS could help.

Reena Owen noted that the Performance and Finance Committee are having a deep dive report on Planned Care in light of the numbers on the waiting lists increasing.

Maggie Berry highlighted that the stage 2 mortality review figures are poor. Richard Evans advised that the stage 2 mortality reviews were paused from March to July 2020 following the pandemic. He stated that the reviews came back online in August 2020 and indicated that he will provide the Interim Director of Finance with additional detail for next month's performance report. He mentioned that the Medical Examiners are advising on Stage 1 and 2 reviews.

Maggie Berry noted that there were concerns closing serious incidents within the Mental Health service. Chris White advised that he has met with the Mental Health Service Director and the Interim Director of Finance to agree funding for additional staff resources to support the closure of serious incidents.

Martyn Waygood queried what the health board is doing to minimise harm. Chris White advised that prioritisation on waiting lists is taking place and clinical groups are reviewing each individual case. Cancer and theatres are behind the curve, however he and Richard Evans are in discussions with Welsh Government on referral to treatment (RTT) and the clarity of 'harm' in each speciality.

Richard Evans advised that the Royal College of Surgeons uses a categorisation system from 1 to 4 and the health board is using this to prioritise cases to avoid harm, however there is a need to flex the boundaries to ensure the categories are attainable. He highlighted that paediatric prioritisation is a concern and discussions are ongoing in terms of risk.

Resolved:	The report was noted .	
225/20	OVERVIEW OF UNSCHEDULED CARE	
	<p>A report providing an overview in relation to unscheduled care was received.</p> <p>In introducing the report, Craige Wilson highlighted the following points:</p> <ul style="list-style-type: none"> – There has been a continued improved performance in the Tier 1 unscheduled care measures; – De-escalation is manageable and emergency department admissions have decreased which is reflective of the ambulatory care work undertaken; – Morriston Hospital is due to take delivery of a patient offload pod to assist with releasing ambulances, however staffing plans for the pod is ongoing. <p>In discussing the report, the following points were raised:</p> <p>Chris White advised that patients treated in the pod will have the same access to treatment as the patient’s within the hospital walls.</p> <p>Reena Owen voiced concerns that ‘phone first’ and ambulatory care are waiting on funding and queried if the funding has not been planned. Craige Wilson advised that there was a national roll out for ‘phone first’ and Welsh Government have committed to cover up to £500k for the unscheduled care requirements. He stated that table top reviews of ‘phone first’, flow and recruitment are ongoing. He informed committee members that ambulatory Care has always been a part of the medicine service model plan and a bid for additional funding has been submitted.</p> <p>Chris White assured committee members that the health board is not delaying its plans and is benefiting from national funding. Craige Wilson advised that in terms of delivering national evaluation criteria, a realistic approach needs to be taken and the health board is handling a different model in terms of achievement.</p> <p>Chris White advised that there is a 12 week programme ongoing which is half way through. This programme is reviewing the soft and hard metrics in the emergency department. Once completed, a paper will be brought to the committee for assurance.</p> <p>Martyn Waygood noted that the medically fit for discharge levels are around 150. Craige Wilson advised that although the health board is not at pre-COVID19 levels, there are still too many patients across the sites medically fit for discharge. He added that there are challenges accessing care homes and the provision for domiciliary care.</p>	
Resolved:	The report was noted .	

226/20	CANCER CARE REPORT	
	<p>A report providing an overview in relation to cancer care was received.</p> <p>In introducing the report, Chris White highlighted that the demand is now overtaking the reduced COVID-19 capacity levels in prioritisation, diagnostics, theatres and oncology treatment options.</p> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle queried whether more patients are dying and if the private sector is being explored. Chris White advised that the health board is not given sole flexibility to utilise local private clinics and there are not enough gastroenterologists or specialist nurses in endoscopy, therefore staffing is an issue. There is a national programme being undertaken to view endoscopy differently and its outcomes.</p> <p>Reena Owen queried if there was a possibility of improving patient experiences whilst they are on the waiting lists. Chris White advised that consultants are carrying out clinical and administrative validation and contact areas have been opened to facilitate discussions with patients. Clinicians are encouraging patients to visit their General Practitioner (GP) if their symptoms worsen or they deteriorate. Richard Evans advised that if a patient deteriorates then communication is needed, and added that screening via home tests is helping to prioritise patients.</p> <p>Wendy Lloyd Davies advised that the Community Health Council (CHC) are involved with the public and wanted clarity on how the health board communicates with patients. Chris White advised that the onus is on both the patient and the health board, however there is administration support on site and within specialty levels. Craige Wilson advised that an outpatient dashboard is in development which will be inward and outward facing, and will assist GP's to be fully informed on waiting list timescales.</p>	
Resolved	The report was noted .	
227/20	ADDITIONAL LEARNING NEEDS	
	<p>A report providing an update in relation to additional learning needs (ALN) was received.</p> <p>In introducing the report, Natalie Vanderlinden highlighted the following points:</p> <ul style="list-style-type: none"> – There is a need to prioritise children's services including the re-establishment of school-based services where appropriate. Failing to do so may result in complaints, education tribunals and compromise the health board's relationship with the Education Services of the Local Authorities; 	

	<ul style="list-style-type: none"> – Despite the pandemic, the implementation date of the conversion from the Special Educational Needs (SEN) system to the ALN system remains set as 1st September 2021. Ensuring the health board’s readiness impacts both clinical and corporate services/departments and the pursuit of the identified actions as set out in the Regional Health ALN Implementation Plan needs to be prioritised. – The Health Board has a statutory duty to have a Designated Education Clinical Lead Officer (DECLO) in place by the 1st January 2021. The immediate priorities for the DECLO is to provide the leadership to ensure the readiness of the health board by the 1st September 2021 and ensure a successful conversion process between 1st September 2021 and 31st August 2024. <p>In discussing the report, the following points were raised: Chris White thanked Natalie Vanderlinden for her work across the boundaries.</p>	
Resolved:	The report was noted .	
228/20	QUALITY AND SAFETY RISK REGISTER	
	<p>The Quality and Safety Risk Register was received.</p> <p>In discussing the report, the following items were raised:</p> <p>Wendy Lloyd Davies was pleased to see that the Parkway Clinic was categorised as red on the risk register and advised that the CHC has written to the health board and awaits a response regarding the paediatric dental pathway. Richard Evans advised that there is a plan to withdraw from Parkway, however this has been delayed due to COVID-19. He advised that Welsh Government are involved, however as a temporary measure, paediatric dental treatment will remain at Parkway with the plan to withdraw in the future. Richard Evans advised that a paediatric anaesthetist to intubate and anaesthetise children will be utilised.</p> <p>Reena Owen highlighted there are a number of risks on the register with the maximum score of 25, and had concerns that many of the risks have had no movement within the last year. Chris White advised that there may be different reasons why the risks remain on the register. Maggie Berry advised that risks sometimes do not move from their position on the register as the risk is out of the health board’s control, however explanations need to be clearer within the dialogue.</p> <p>Martyn Waygood and Hazel Lloyd agreed to discuss the risk register outside of the committee.</p>	HL

Resolved:	<ul style="list-style-type: none"> - Martyn Waygood and Hazel Lloyd to discuss the risk register outside of the committee. - The report was noted. 	HL
229/20	DOMESTIC RECRUITMENT REPORT	
	<p>A domestic recruitment report was received.</p> <p>In introducing the report, Joanne Jones highlighted the following points:</p> <ul style="list-style-type: none"> - 938 domestic hours have been implemented following the proposal to increase the domestic hours being accepted by the Senior Leadership Team (SLT). An action plan was tabled which described how the recruitment would be completed. Funding was not allocated to the domestic budget to cover these additional hours. However as a consequence of the pandemic, the original plan could not be delivered. Instead, as part of the COVID-19 response, over 160 additional temporary staff were recruited; - Temporary staff were relocated from the Field Hospitals into the main hospital sites; - Most temporary staff have returned to their substantive jobs; - 35 whole time equivalent (WTE) substantive domestic staff vacancies are being advertised; - In addition to the recruitment campaign, 20 WTE or 750 domestic and Support Service Assistant's hours per week will be recruited to for the field hospital. As the opening of the field hospital is not confirmed, the posts are unfunded (not part of the establishment) and potentially short term. The staff will be recruited to the bank rather than allocated permanent posts; - Domestic bank hours will be recruited as part of the campaign for the acute sites to enable the department to create a support service bank of domestic staff. This will ensure that there is a pool of fully trained staff available when future vacancies arise or additional staff are required at short notice on the acute sites. <p>In discussing the report, the following items were raised:</p> <p>Reena Owen voiced concerns that she did not have assurance that funding had been allocated and also that the health board had recruited staff, however they have subsequently left the temporary posts.</p> <p>Joanne Jones advised that the team have been authorised to proceed with recruitment for the full amount of staff that was initially requested at SLT. She advised that the temporary staff either returned to their substantive original jobs or obtained permanent jobs within the NHS. 48.11 WTE remain employed by the Health Board but only 17.6 WTE are relevant to domestic recruitment. Domestic bank hours are being</p>	

	<p>recruited into, and noted that the health board has not been in this position before regarding domestic bank.</p> <p>Reena Owen advised that she will discuss the funding allocation with the Interim Director of Finance outside of the meeting.</p> <p>Maggie Berry queried whether the health board was using zero hour contracts. Joanne Jones advised that this was used at the beginning of the pandemic, however it is very rare. It was an immediate way to get people into active roles within the health board, but added that currently there are no zero hour contracts, but fixed term. Maggie Berry requested that the use of zero hour contracts is referred to the Workforce and Organisational Development Committee.</p> <p>Martyn Waygood highlighted the need to meet the national standards of cleanliness. Joanne Jones advised that the focus is to make temporary staff permanent to maintain national standards of cleanliness. She advised that Singleton Hospital is 11 WTE under and December 2020 is the expected timescale to reach the standards, with bank planned to be over established. She stated that when the health board gets to the national standards of cleanliness, perhaps it will be in a position to go above the level. She highlighted that new guidance has been received that suggests the standards required may be increased, however formal guidance has not yet been issued.</p>	MW
Resolved:	<ul style="list-style-type: none"> – The use of zero hour contracts be referred to the Workforce and Organisational Development Committee. – The report was noted. 	MW
230/20	QUALITY AND SAFETY GOVERNANCE GROUP	
	<p>A report providing an update in relation to 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"> – Outstanding Serious Incident position and suicide risk for Mental Health and Learning Disabilities; – Increased activity following COVID-19 which requires staffing and preparation which is beginning to impact on ‘normal business’; – There was an Information Governance breach at Singleton Hospital which is being managed by Gold Command; – There have been structural changes following the outcome of ‘Strengthening our Structures’. Short term impact on data and information, people and systems whilst changes take place and realignment of Governance processes are worked through; – Healthcare Inspectorate Wales activity has increased; 	

	<ul style="list-style-type: none"> – Progress against the Emergency Department action plan is taking place; – A safety issue was received in relation to 21 ventilators at Singleton Hospital’s neonatal department. There has been no direct harm, and the risk has been temporarily reduced by loaning ventilators from Cardiff and Vale University Health Board. <p>In discussing the report, the following points were raised:</p> <p>Reena Owen queried if there was a trend in relation to the ten Serious Incidents. Hazel Lloyd advised that they predominately relate to the ten unexpected deaths in mental health, and compared to the same period in 2019, 8 unexpected deaths were recorded in mental health.</p> <p>Reena Owen highlighted that Morriston Hospital was not represented at the last QSGG meeting. Nigel Downes advised that Morriston Hospital is generally represented at the meetings, however they did submit a paper. There have been escalation issues in light of increased COVID-19 activity.</p> <p>Reena Owen queried the progress against the Emergency Department action plan. Nigel Downes advised that he was due to visit Morriston Hospital on 6th October 2020, however this was cancelled due to the COVID-19 activity on the site. A virtual inspection was undertaken and this reviewed patient experience, complaints, safeguarding and infection prevention and control data. The final report will go through the QSGG, which will in turn report to Quality and Safety Committee.</p> <p>Wendy Lloyd Davies noted that there has been an increase in stillbirths and queried the efforts to inform the public. Hazel Lloyd advised that the Head of Midwifery posted on social media the effects of smoking whilst pregnant and also Body Mass Index issues surrounding stillbirths. Martyn Waygood requested that the communication details and improvements are included in next month’s QSGG report that QSSG highlight issues but also indicate what is being done to address those issues.</p>	ND
Resolved:	<ul style="list-style-type: none"> – Communication details and improvements be included in next month’s QSGG report following the increase of stillbirths. – The report was noted. 	ND
231/20	WHSSC CHAIR’S REPORT	
Resolved:	The WHSSC Chair’s Report was received and noted .	
232/20	EMRTS CLINICAL GOVERNANCE	
Resolved:	The EMRTS Clinical Governance Report was received and noted .	

233/20	WELSH RISK POOL ANNUAL REPORT	
	<p>The Welsh Risk Pool Annual Report was received.</p> <p>In discussing the report, Martyn Waygood highlighted that the level of clinical negligence claims were the highest in Wales and he voiced concerns from reputational and patient safety perspectives. Richard Evans advised that clinicians are asked to reflect on claims and redress in their appraisals, and they are provided with the full details of each claim they are involved in.</p>	
Resolved:	The Welsh Risk Pool Annual Report was noted .	
234/20	ANNUAL QUALITY STATEMENT	
Resolved:	The Annual Quality Statement (AQS) was received and noted .	
235/20	ITEMS TO REFER TO OTHER COMMITTEES	
	<u>229/20 Zero Hour Contracts</u> to be referred to Workforce and Organisational Development Committee.	MW
236/20	ANY OTHER BUSINESS	
	Jackie Davies informed committee members of her recent experience at the Bay Field Hospital where she was a volunteer mock patient. She highlighted the professionalism of the staff and the preparations they have gone through were outstanding.	
237/20	DATE OF NEXT MEETING	
	The date of the next meeting was confirmed as 24 th November 2020.	