

**COFNODION CYMERADWYO O GYFARFOD Y PWYLLGOR SICRWYDD ANSAWDD,  
DIOGELWCH A PROFIAD  
APPROVED MINUTES OF THE  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	12.30pm, 13 <sup>th</sup> November 2020
<b>Venue:</b>	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<p>Ms Anna Lewis, Independent Member (Committee Chair)  Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC)  Miss Maria Battle, HDdUHB Chair (part)  Mrs Judith Hardisty, HDdUHB Vice Chair (VC)  Professor John Gammon, Independent Member (VC) (part)  Mr Paul Newman, Independent Member (VC)  Ms Ann Murphy, Independent Member (VC)</p>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience  Mr Steve Moore, Chief Executive (VC) (part)  Dr Philip Kloer, Medical Director &amp; Deputy CEO (part)  Mr Andrew Carruthers, Director of Operations (VC)  Ms Jill Paterson Director of Primary Care, Community and Long Term Care (VC)  Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) (part)  Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC)  Mrs Joanne Wilson, Board Secretary  Mrs Sian Passey, Assistant Director of Nursing Quality, Safeguarding and Professional Regulation  Mrs Cathie Steele, Head of Quality &amp; Governance (VC)  Mr Keith Jones, Director of Acute Services (VC) (part)  Mrs Sharon Daniel, Assistant Director of Nursing, Workforce and Professional Standards (VC)  Ms Meleri Jenkins, Senior Nurse Infection Prevention (VC)  Ms Anna Llewellyn, Interim Head of Nursing COVID-19 Operations (VC) (part)  Dr Meinir Jones, Field Hospital Clinical Lead (VC) (part)  Ms Sandra Brinson, Senior Nurse Manager (VC) (part)  Ms Stephanie Hire, General Manager Scheduled Care (VC) (part)  Ms Diane Knight, Service Delivery Manager for Theatres/DSU/PAC (VC) (part)  Mrs Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC)  Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC) (part)  Mr Phil Jones, Audit Wales (VC)  Ms Karen Richardson, Corporate and Partnership Governance Officer (Minutes)  Mrs Sian-Marie James, Head of Corporate Office (VC) (part)  Rev Aled Edwards, Chief Executive, Churches in Wales Together (VC) (Observing) (part)  Rev Rob James, Church Moderator, Deer Park Baptist Church, Tenby (VC) (Observing) (part)</p>

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(20)150</b>	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting, advising that due to the second	

	<p>wave of the pandemic, it had been agreed to reinstate the monthly COVID-19 QSEAC meetings.</p> <p>From a governance perspective Mrs Joanne Wilson reminded Members of the requirements of the Standing Orders in relation to Committees of the Board and informed Members that Reverend Aled Edwards, Chief Executive, Churches in Wales Together, and Reverend Rob James, Church Moderator, Deer Park Baptist Church, Tenby, would be joining the meeting, in order to observe the discussion relating to the Health Response to the Use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Ros Jervis, Director of Public Health</li> </ul>	

<b>QSEAC (20)151</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interests made.	

<b>QSEAC (20)152</b>	<p><b>RISK ASSESSMENTS FOR THE RECOMMENCEMENT OF ORTHOPAEDIC ACTIVITY</b></p> <p>The Risk Assessments for the Recommencement of Orthopaedic Activity report was presented to Members. Mr Andrew Carruthers advised that following discussions at Board Seminar on 15<sup>th</sup> October 2020, where the Board had approved in principle the recommencement of Orthopaedic activity, it had been agreed that for assurance purposes, the risk assessments relating to the recommencement of Orthopaedic Activity should be presented to QSEAC. This followed concerns raised by clinical teams at Prince Philip Hospital (PPH) that the plans being proposed would only meet the Bronze standards set by the British Orthopaedic Association, rather than Silver or Gold. It was acknowledged that due to the complexities of the four acute hospital sites across the Health Board, the Orthopaedic Clinical Team would be unable to fully satisfy the principles reflected in guidance issued by the British Orthopaedic Association for the recommencement of urgent elective surgery.</p> <p>Mr Keith Jones advised that in order for the Health Board to apply the operating framework of mixed COVID-19 and non-COVID-19 pathways for Quarter 3 and 4, Orthopaedic activity needs to restart on acute sites. For assurance purposes, an overarching risk assessment has been undertaken, in addition to site specific risk assessments, taking into account the COVID-19 environment and the challenges with other specialities on each acute site. As a point of clarity, Mr Jones advised that the risk score for Worthybush General Hospital (WGH) should be 10, in line with the other acute sites.</p> <p>In response to a query from Mrs Judith Hardisty, Mr Jones advised that each patient is reviewed by the clinical team on a clinical risk basis, and where changes to their treatment is required, this is relayed to the patient.</p> <p>Whilst acknowledging the requirement to restart Orthopaedic Services, and the identified increased risk in PPH, Professor John Gammon expressed concern regarding the proposed location of these services, given that it will affect both COVID-19 and non-COVID-19 patients. Mr Jones assured Members that Orthopaedic patients would be separated from COVID-19</p>	<b>KJ</b>
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patients, however given the logistics at the PPH site, and the physical location of Ward 7, the only route available would require travelling within the proximity of other clinical areas.

Dr Barbara Wilson enquired whether during the COVID-19 pandemic, pre-operative consent for patients with capacity is being undertaken, and whether patient experience is still being reviewed. Mr Carruthers advised that the Mental Capacity Act and Consent Group has undertaken a recent audit to establish whether clinicians have been discussing specific COVID-19 risks with patients. The outcome has confirmed that whilst this has been the case, a number of patient notes had not recorded the discussion. For assurance, this risk has been highlighted and will be monitored to ensure clinicians are adhering to the guidance produced by the Consent and Mental Capacity Team. Mrs Donna Coleman enquired whether the consent forms could be shared with the Community Health Council (CHC), given that during the COVID-19 pandemic, patients may be attending hospital on their own. Mr Jones agreed to this request, advising that whenever possible, the team contact the patient and family ahead of admission, in order to share documentation with them.

KJ

In relation to patient experience, Mr Jones confirmed that routine arrangements for collecting patient experience is still being undertaken, with particular emphasis on patient experiences during the pandemic.

In response to a query from Ms Alison Shakeshaft regarding access to physiotherapy services for patients following operations, Mr Jones confirmed that discussions have taken place with the Therapy teams on each site to ensure that these services can be delivered.

Mr Paul Newman enquired whether any risks have been identified for when staff are not in work and outside of their clinical environments in order to minimise cross infection. Mr Jones confirmed that these have been articulated within the site specific risk assessments. Following recent COVID-19 site outbreaks, staff have received increased communication, reminding them of the requirement to socially distance, particularly when travelling to and from work.

Mrs Coleman enquired whether information on urgent paediatric services are available for patients to access online. Mr Jones confirmed that this is the case, and for assurance purposes, agreed to share the documentation with the CHC. It was emphasised however, given that the dedicated pathway for this service is in Glangwili General Hospital (GGH), there are no changes to the service following the recommencement of Orthopaedic Services.

KJ

In summary, Ms Lewis welcomed the scrutiny from the clinical teams. Members noted the risks associated with recommencing Orthopaedic Services, however recognised that on balance, the clinical risk to these patients is greater if they do not receive the procedures than if they do, providing the Committee with assurance on the actions taken.

The Committee **RECEIVED ASSURANCE** from the actions outlined within the Risk Assessments for the Recommencement of Orthopaedic Activity Report.

**QSEAC  
(20)153**

**COVID-19 UPDATE AND LEARNING FROM COVID-19 OUTBREAKS**

Mrs Mandy Rayani provided a verbal COVID-19 Update and also the Learning from COVID-19 Outbreaks Report, following the three COVID-19 outbreaks experienced by the Health Board. Members noted that this is an extremely challenging time for both the Infection, Prevention and Control Team (IP&C) and the Operational Teams in terms of managing these outbreaks. For clarity, Mrs Rayani advised that once more than 2 patients test positive, an outbreak is declared.

Mrs Rayani provided a timeline in respect of the outbreaks advising that the outbreak in Bronglais General Hospital (BGH) has now been closed and whilst there are still COVID-19 positive patients on site, these are now being managed. In relation to PPH, the ward involved had been closed to new admissions, with services reconfigured. To date there have been 13 patients and 17 staff who have tested positive, with 3 patients in the ward identified as having antibodies. However, three weeks into the outbreak, the ward has now reopened to new admissions. Members were advised that any new patients presenting as COVID-19 positive would be transferred to the Medical Receiving Unit (MRU); it is therefore anticipated that this outbreak can now be closed. In relation to GGH, Members were informed that the patient initially arrived on Dewi Ward following a negative COVID-19 result, however the result of a second test presented a positive result. To date, 17 patients and 27 staff have also tested positive.

Mrs Rayani advised that following each Outbreak Control Team (OCT) meeting, findings are quickly shared with all teams in order to facilitate rapid learning across the Health Board. Daily sit-rep reports are undertaken by Mrs Rayani and the IP&C team, with a new streamlined process currently being developed. Further to this, Welsh Government (WG) has issued a 16 point plan for transmissions, which is being supported by Executive Directors to ensure oversight of infections. It is anticipated that intra-hospital transfers and transfers between other Health Boards will now be more robust.

Whilst acknowledging the challenges experienced by staff during these outbreaks, Prof. Gammon understood that prior to COVID-19, it had been routine to screen a patient more than once before, confirming that they were negative and enquired whether this methodology is continuing during the pandemic. Mrs Rayani advised that discussions have taken place in a number of fora regarding the appropriateness of the testing regime. However, the challenge exists that the test is only correct at a point in time, and whilst agreeing that regular testing of staff and patients remains the only option, current guidance from Public Health Wales (PHW) suggests not to retest due to an identified risk of false negatives. Ms Alison Shakeshaft confirmed that with the current testing numbers and prevalence rates, staff are regularly receiving reminders to this effect. In line with WG guidance, all patients are tested on hospital admission, with staff being advised that on the balance of probability, they should assume that low level swab results are positive. Ms Shakeshaft added that a pilot point of care test is due to commence which should identify whether a patient is infectious with further discussions required as to whether this could be used in an acute setting.

In response to a query from Mrs Delyth Raynsford, Mrs Rayani confirmed that regular conversations are taking place to thank staff for all their hard work during these challenging times.

In response to a further query from Mrs Raynsford, Mr Carruthers advised that whilst the Health Board has established red and green settings at the entrance to all acute sites, in reality, these should be treated as amber. It is anticipated that during the winter period, further challenges will be experienced with the combination of increased capacity and the expected increase in COVID-19 patients, which could delay ambulance offloads. However, mitigations are in place; firstly the Health Board is encouraging patients to make contact before attending an acute site; and secondly, the Health Board is holding regular discussions with the Welsh Ambulance Services NHS Trust (WAST) in order to reduce pressures across the system.

In summary and on behalf of QSEAC, Ms Lewis expressed thanks to all staff for their hard work in managing the current outbreaks.

The Committee:

- **NOTED** the verbal COVID-19 update.
- **NOTED** the findings related to learning from these outbreaks as summarised within the Learning from COVID-19 Outbreaks Report.
- **RECEIVED ASSURANCE** that incidents of COVID-19 infection are being effectively managed, with learning from all cases being rapidly disseminated.

**QSEAC (20)154 UPDATE REGARDING FIELD HOSPITAL UTILISATION AND OUTCOMES FROM THE HEALTHCARE INSPECTORATE WALES (HIW) INSPECTIONS**

*Ms Anna Llewellyn and Dr Meinir Jones joined the Committee meeting.*

Ms Anna Llewellyn presented a verbal update regarding Field Hospital Utilisation and Outcomes from the Healthcare Inspectorate Wales (HIW) Inspections. Members noted that HIW visited both Ysbyty Enfys Carreg Las at Pembrokeshire’s Bluestone site, and Ysbyty Enfys Selwyn Samuel in Llanelli, on 8<sup>th</sup> November 2020. Whilst the formal report is awaited, Ms Llewellyn advised that HIW had commended the clinical environment and robust governance structure in place, and welcomed the consideration offered in respect of patients’ dignity. During the inspections, HIW noted that staff were enthusiastic and engaged. However, concern was expressed regarding access and security at the Bluestone site, given the multiple access points in place. It has now been agreed that any areas not being used would be locked to increase security. A further concern related to trip hazards in the toilet areas, with plans ongoing to reduce these. In terms of Ysbyty Enfys Selwyn Samuel, HIW provided positive feedback relating to site access, signage and security. Dr Meinir Jones informed Members that the clinical model is due to be discussed next week with HIW and that the full HIW report should be received by 21<sup>st</sup> November 2020.

Mr Carruthers advised that the Health Boards governance structure and underpinning processes have been seen as an exemplar and as such will be shared with other Health Boards in Wales.

Mr Carruthers further advised that Ysbyty Enfys Selwyn Samuel should become operational from Monday 16.11.2020, with patients transferring from GGH & PPH to the field hospital. Clinical teams have discussed the associated risks of moving vulnerable patients, as opposed to the risk of not moving them, and for assurance purposes advised that this is now resolved.

	<p>Members welcomed the verbal update, acknowledging the work undertaken to operationalise the two field hospitals and expressed thanks to the teams involved for the comprehensive and professional manner of the Health Board during the pandemic.</p>	
	<p>The Committee <b>NOTED</b> the verbal update regarding Field Hospital Utilisation and Outcomes from HIW Inspections</p>	

<b>QSEAC (20)155</b>	<p><b>HEALTH RESPONSE TO THE USE OF THE MOD TRAINING CAMP AT PENALLY FOR MEN SEEKING ASYLUM IN THE UK</b></p> <p><i>Mr Steve Moore joined the Committee meeting. Rev. Aled James and Rev. Rob Jones joined the Committee meeting in an observer capacity.</i></p> <p>Mr Steve Moore presented the Health Response to the Use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK report, expressing his gratitude to the Health Board and stakeholders for the work undertaken in order to provide their support, given the immense challenges due to the COVID-19 pandemic. As a result, 156 residents can be offered a core service for Primary Care needs out of South Pembrokeshire Hospital, in addition to an enhanced service, which is more than the Home Office requested. Mr Moore advised that the identified quality and safety concerns relating to the Penally site, have been expressed in correspondence to the Home Office, emphasising to them that the Health Board is not in a position to be the regulators of the site. Further to this, Withybush General Hospital (WGH), does not have the capacity to provide care for this significant number of patients who may require care above what can be delivered. The Health Board has accepted that even with the work undertaken, significant risks still remain, which again have been referenced within the latest correspondence to the Home Office on 4<sup>th</sup> November 2020. In addition, the Health Board has provided clarity on the assurance required from the Home Office in order to continue to provide the care and support to this cohort of patients, with a response still awaited. Finally, Mr Moore acknowledged the work of the Health Response Group chaired by the Director of Public Health, the community teams and the Director of Primary Care, Community and Long Term Care, and also the continued support of the local community.</p> <p>On a point of clarity, Ms Shakeshaft highlighted that the title of the risk register relating to Penally states Therapy Directorate Risks, and as such requires amendment.</p> <p>Mrs Hardisty welcomed the comprehensive report and echoed the thanks to those involved for their support to date.</p> <p>Dr Philip Kloer, as Medical Director emphasised that the Health Board has been transparent with the Home Office, stating that the Penally site is unsuitable and is not conducive to the wellbeing of the residents who are from upward of 20 different countries and cultures. Furthermore, stakeholders have expressed concerns that they do not have the infrastructure to provide appropriate services for this cohort of patients. Despite the work undertaken to date, concerns remain that the asylum seekers have needs that are outside our level of experience, and as such, this will limit the support we can offer.</p>	
		<b>CB</b>

Further to this, risk assessments of the site have identified a number of challenges that require resolution.

Ms Jill Paterson advised that initially on-site support had been provided, however this has now transferred to South Pembrokeshire Hospital. It was noted that the first patients to attend South Pembrokeshire Hospital all travelled from the site in one minibus and had not been chaperoned. For assurance purposes, this has now improved and following the support of the Site Manager of the housing association who are supporting the residents, the clinical team is now being provided with details for each patient.

In response to a query from Mrs Raynsford regarding the support to staff treating these patients, Mr Moore advised that concerns had been expressed in the early stages from both our own staff and stakeholders. In response to these concerns, it had been agreed to provide support off-site instead. For assurance purposes, Members noted that the Health Response Team is supporting our staff.

In light of the discussion, Mr Paul Newman suggested a number of additions to the report's recommendations:

- The second recommendation should include “*on-going*” challenging circumstances.
- The fourth recommendation should include “and that the response from the Home Office is still awaited”

Members supported Mr Newman's comments, and given the significant concerns cited within the correspondence to the Home Office expressing the view that the accommodation on the Penally site is not appropriate for asylum seekers, it was agreed to escalate this concern via the QSEAC update report to Board.

In summary, Ms Lewis recognised that the challenges for the Health Board and stakeholders are multi-faceted. On behalf of QSEAC, thanks were expressed to all involved for the professional and compassionate manner in which the work undertaken has been progressed, in order to support this cohort of patients.

*Mr Steve Moore, Rev. Aled James and Rev. Rob Jones left the Committee meeting.*

AL/KR

The Committee:

- **RECEIVED ASSURANCE** that the Health Board and its partners have provided a sufficient response, to date, to the Home Office's decision to use the MOD Training Camp at Penally, near Tenby in Pembrokeshire, as accommodation for asylum seekers.
- **NOTED** the on-going challenging circumstances and risks faced by the Health Board in relation to the change of use of the Penally site.
- **RECEIVED ASSURANCE** that core and enhanced medical services are being provided to residents of the site.
- **NOTED** the guidance provided to the Home Office in relation to COVID-19 security and emergency response arrangements and that the response from the Home Office is still awaited.

**QSEAC  
(20)156**

**THEMATIC REVIEW OF NEVER EVENTS DURING COVID-19**

*Ms Sandra Brinson, Ms Stephanie Hire and Ms Diane Knight joined the Committee meeting.*

Mrs Sian Passey presented the Thematic Review of Never Events During COVID-19 report which provides an overview of the incidents, and the learning identified through Root Cause Analysis (RCA) review. Members noted that following each never event, a Control Group is established, which works with operational teams to identify any themes arising from the incidents. In order to establish whether these are comparable with the rest of Wales, Mrs Passey advised that discussions have taken place with the Delivery Unit (DU). Mrs Passey further advised that following each review, the Directorate involved develops and implements an improvement and learning action plan to address the findings and recommendations, with confirmation received when all actions have been completed. For assurance purposes, and to ensure wider Health Board learning is possible, all never events are presented to the Listening and Learning Sub-Committee (L&LSC). It was noted that due to changes with processes in theatres as a result of COVID-19, signage had not been positioned in the new locations. In regards to PPE, it was noted that staff experienced difficulties relating to communication when wearing full PPE.

*Prof. John Gammon and Dr Barbara Wilson left the Committee meeting.*

Referring to COVID-19 related actions, Ms Sandra Brinson provided the following update:

- Laminated World Health Organisation (WHO) Surgical Safety checklists are now provided in operating theatres.
- Audits of the Stop Before You Block (SBYB) process, are now undertaken each month, with no new concerns raised.
- A buddy system has now been established to support the Operating Department Practitioner (ODP).
- Learning from improvement plans is shared at quality and safety meetings and displayed on all sites.
- Information on wellbeing support for staff is now displayed on notice boards, with staff advised that occupational health is available, when required.

Referring to the themes identified, Mrs Hardisty expressed concern that staff required reminders in pre-operative processes for example SBYB, and enquired whether shift patterns had contributed to staff fatigue and, in turn, the Never Events. Ms Stephanie Hire responded that across the system, staff have cited increased fatigue when wearing PPE, therefore staff are being supported by ensuring that they take regular food and fluid breaks. In relation to SBYB, Dr Kloer advised that clinicians have a number of processes and steps to undertake before an operation commences, therefore reminders are provided in order to create an environment which reduces human errors.

Ms Brinson emphasised that the review identified that a number of these Never Events took place during the evening and weekends, and to mitigate this, shift patterns have been changed, with additional capacity available since the beginning of the pandemic.



Whilst welcoming the introduction of the buddy system, Mrs Raynsford enquired whether transparent facemasks could be supplied to improve communication. In response, Mrs Rayani advised that the transparent face masks currently available do not comply with the specifications required for use in a hospital environment. Given that FFP3 surgical masks are used in a theatre environment, if transparent face masks are approved, they may not be appropriate for use in theatres.

*Dr Philip Kloer and Mrs Maria Battle left the Committee meeting.*

Mrs Raynsford enquired whether the time for each procedure could be extended to factor in post COVID-19 changes in processes. In response, Mrs Brinson advised that due to the donning and doffing of PPE, the percentage of operations in theatres has already been reduced, which is anticipated to continue for a significant period of time.

Ms Lewis welcomed the report, commenting that the review has not found evidence that suggests an escalating trend of never events, but rather a spike that is associated with changes in the working environment due to COVID-19, alongside a greater risk of staff fatigue. This situation requires ongoing vigilance and QSEAC will maintain close oversight of the position. The importance of maintaining an open approach to reporting of serious incidents was emphasised.

The Committee **NOTED** the Thematic Review Of Never Events During COVID-19 report and **RECEIVED ASSURANCE** that action has been taken to address the issues identified during the RCA reviews of the never events.

<b>QSEAC (20)157</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	

<b>QSEAC (20)158</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9.30am Tuesday 1 <sup>st</sup> December 2020	