

**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>	3.30pm, 14 <sup>th</sup> January 2021
<b>Venue:</b>	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) Mrs Judith Hardisty, HDdUHB Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Professor John Gammon, Independent Member (VC) (part)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) Mr Andrew Carruthers, Director of Operations (VC) Mrs Ros Jervis, Director of Public Health (VC) Mrs Joanne McCarthy, Public Health Wales (VC) (part) Mrs Bethan Lewis, Nursing, Quality and Patient Experience Lead Transformation (VC) (part) Ms Meleri Jenkins, Senior Nurse Infection Prevention (VC) Mrs Joanne Wilson, Board Secretary (VC) Mrs Cathie Steele, Head of Quality & Governance (VC) Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) (VC) Mr Keith Jones, Director of Acute Services (VC) (part) Mrs Helen Williams, Hywel Dda Community Health Council (VC) Mr Phil Jones, Audit Wales (VC) Ms Karen Richardson, Corporate and Partnership Governance Officer Mrs Sarah Bevan, Committee Services Officer (Minutes)

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(21)01</b>	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting, advising that due to the nature of the pandemic, a slide-set format for QSEAC papers has been agreed to ensure that the information presented is as contemporaneous as possible to update Members on the latest position. Ms Lewis added that fine tuning of this approach is anticipated going forward to provide assurance to the Committee. Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</li> <li>• Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience)</li> <li>• Dr Barbara Wilson Vice Chair, Hywel Dda Community Health Council</li> <li>• Ms Alison Shakeshaft, Director of Therapies and Health Science</li> </ul>	

<b>QSEAC</b>	<b>DECLARATIONS OF INTERESTS</b>	
<b>(21)02</b>	There were no declarations of interests made.	

<p><b>QSEAC (21)03</b></p>	<p><b>COVID-19 IMPACT ON ESSENTIAL SERVICES</b></p> <p>The COVID-19 Impact on Essential Services slide-set, providing a system-wide overview of the impact of COVID-19, was presented to Members to offer a level of assurance on the governance and decision-making processes at an operational and organisational level.</p> <p>Mr Keith Jones provided an overview of the true impact of COVID-19 on a range of services and the associated system response to any resulting potential harm. Mr Jones drew Members' attention to the second slide, which detailed increasing pressures across all parts of the healthcare system during the pandemic from March 2020 to the present day. Mr Jones stressed that the pressures are not purely demand driven, by volume and acuity. The pandemic is impacting upon available capacity in terms of physical guidelines relating to social distancing and outbreaks, and on the availability of staff to respond to pressures. Mr Jones reiterated that this cannot be overestimated and had been particularly significant in December 2020 and continuing through January 2021. The response has been to limit access to only those very sick patients in the system and for staff working above their contracted levels and in unfamiliar areas, which combines to place additional pressures on both patients and staff.</p> <p>Mr Jones provided an overview of the extent to which this has impacted on each part of the system, including access to planned care and diagnostics, and also primary care, community services and Mental Health and Learning Disabilities (MHL) services.</p> <p>Mr Jones summarised the clear framework on how decisions are made and monitored in line with national guidance, i.e. the Essential Services Framework, and how service level is steered by Welsh Government (WG) guidance, introduced in the second wave of the pandemic, which includes a Local Options Framework for COVID-19 and emergency response, urgent cancer patients, vaccination programme and staff well-being.</p> <p>Mr Jones reminded Members that all organisational decisions must be made through a clear Command and Control governance framework, consisting of Bronze, Silver and Gold meetings, with decisions subsequently ratified at Board as appropriate.</p> <p>Mr Jones assured Members that, at a clinical interface, all operational decisions are made utilising a national risk stratification framework, which sets out level of immediacy to assess and review patients and to determine their prioritisation. The range of measures have been introduced to mitigate risks in areas where they are less able to provide the full range of services, thereby protecting the extent to which services have been expanded to maximise the number of patients being seen.</p> <p>In terms of communication with patients, Mr Jones referred to the range of actions utilised by the Health Board to date, including the prioritisation of certain clinical cohorts to maintain regular communication, particularly with those on orthopaedic and surgical waiting lists. This has been challenging in terms of the resources involved, however Mr Jones assured Members that clinical teams have constantly reviewed and revalidated waiting lists, at outpatient and further treatment stages.</p>	
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Work is planned with the Command Centre to develop a more structured point of contact system, and good progress has been made using digital resources to keep in touch with patients. The Cancer Helpline in particular has had a positive benefit in keeping track of cancer patients and providing them with up to date advice.

In relation to the sources of harm, as advised by WG guidance, Mr Jones emphasised the importance of recognising that harm is not exclusive to patients but also to staff, with the slide set including a list of the range of issues of which to be mindful. Mr Jones also referred to the concerns and incidents data within the slide set, drawing Members' attention to the fact that although there have been 968 COVID-19 related contacts since March 2020, the data identifies only a limited impact of major harm. In relation to incidents, Mr Jones advised that it may be too early to determine the extent of harm caused by COVID-19 as the data is retrospective in nature as opposed to a snapshot of the current situation.

In relation to mortality and detrimental impact of COVID-19 on mortality rates, Mr Jones informed Members that a detailed analysis of this is scheduled to be presented at the February 2021 QSEAC meeting.

Ms Lewis requested that any questions for Mr Jones be asked within the context of receiving assurance around organisational and operational decision-making and governance.

Ms Helen Williams enquired whether a helpline for ENT patients has been established. Mr Jones responded that it is anticipated this will be established in the coming weeks, with the launch of the helpline publicised once confirmed.

Ms Williams enquired whether risks are measured per speciality and Mr Jones confirmed that, across all specialities, each clinical team has reviewed patients on existing waiting lists and applies the same approach to new patients on the waiting lists.

Ms Maria Battle reminded Members of the Health Board's promise at the beginning of the pandemic to communicate with every single patient and that, having been involved in the sign off process for orthopaedic patient letters, this is a much more complex task than anticipated. If this promise cannot be delivered the Health Board needs to be clear both from a governance perspective and more importantly to the public, on how they can expect to receive communication on progress relating to their care. This was acknowledged by Mr Jones recognising that the Health Board's original stance had been compromised due to the volume of patients impacted. Mr Andrew Carruthers queried whether the original language used had been an ambition to contact every patient, rather than a promise. Ms Battle clarified that a promise was published within a newspaper. Regardless, Ms Lewis noted that effective communication cannot be over-emphasised and that the maximum possible needs to be achieved.

In relation to prioritisation and risk stratification, Professor John Gammon sought assurance on how changes or deterioration in the condition of patients is being monitored and how this is communicated. Mr Jones

assured Members that the assessment of individual patient status is a dynamic process and repeated continuously on at least a 3 month basis, with patients being able to escalate both up and down the priority and risk stratification scale.

Ms Lewis drew Members' attention to additional questions raised within the chat function of Microsoft Teams. Mr Paul Newman enquired whether there are any visible concerns trends in the COVID-19 related contacts and whether the number of contacts or the severity of concerns are increasing in volume month on month. Mrs Rayani confirmed that an assurance report detailing any emerging trends would be presented at the February 2021 QSEAC meeting. Early indications show that there has been an increase in contacts in relation to vaccinations and the Command Centre will be addressing these issues specifically. Mrs Rayani advised that there does not appear to be an increase in the severity of issues within the contacts made. Mrs Rayani informed Members that orthopaedic colleagues are piloting the single point of access regarding advice to patients, which will subsequently be rolled out to other clinical services.

Mrs Delyth Raynsford queried how Children and Young Peoples services are being supported, particularly in light of school nurses being deployed to assist with the vaccination programme and the high sickness issues amongst Health Visitors. Mr Jones assured Members that, whilst not at normal levels of service provision, provision has been maintained as required by the Essential Services Framework. The Children and Young Peoples service is also utilising innovative technological methods where possible. Mr Jones assured Members that any instances or areas of concern are also channelled through community and acute paediatric services.

In response to a query from Mrs Judith Hardisty, Mrs Rayani accepted there have been challenges in keeping the Health Board's website updated in relation to waiting list information, however advised that scheduled care is maintaining their information as effectively as possible.

*Mr Keith Jones left the Committee meeting*

The Committee:

- **NOTED** the findings summarised within the COVID-19 Impact on Essential Services presentation.
- **RECEIVED ASSURANCE** that organisational and operational governance and decision-making processes are in place to consider the impact of the COVID-19 pandemic on essential services.

**QSEAC  
(21)04**

#### **HOSPITAL COVID-19 OUTBREAK UPDATE**

Ms Meleri Jenkins presented the Hospital COVID-19 Outbreak Update slide set, detailing the number of outbreaks and their location across the Health Board and the duration of ward closures. Ms Jenkins advised that although the first outbreak experienced within a Mental Health ward had not been identified separately within the slide information, much learning had been taken from this. The management of this outbreak used Public Health Wales expertise in care homes outbreaks and had therefore been managed as a closed setting with a 28 day caveat for reopening. Ms Jenkins confirmed that, on review, this approach is not applicable to an acute setting and therefore, following a risk assessment, a 14 day caveat for reopening was applied.

Ms Jenkins reminded Members of the definition of outbreak used by the Health Board which is the same definition used across Wales.

Members were informed that an Outbreak Control Team has been established to manage outbreaks. This represents a multidisciplinary team, including input from clinical teams, Public Health Wales, and the Test, Trace and Protect teams. A review of Personal Protective Equipment (PPE) resulted in the use of visors on outbreak wards becoming mandatory for staff. Hotel Services have also provided enhanced cleaning on outbreak wards, and in terms of staff wellbeing, psychological support has been provided. Communication with patients has been acknowledged as important and families have been supported by Family Liaison Officers. Ms Jenkins assured Members that, since the second wave of COVID-19, changes to the screening of admissions has been introduced with all admissions into hospital being screened. Point of Care testing has also been introduced in Accident & Emergency departments, which has been rolled out effectively across the Health Board.

Ms Jenkins provided an overview of risks with patient flow presenting the highest risk with the closure of wards. Ms Jenkins advised that discharge planning is an area that was not given sufficient early consideration during the first wave of COVID-19 and, as a result, a risk assessment has been developed with field and community hospitals with a 10 day caveat. Admission to field hospitals has been managed effectively in terms of post-COVID-19 and non-COVID-19 patients.

In relation to staff testing with the increase in community cases, there has been a move away from mass testing all staff to symptomatic staff testing. Ms Jenkins assured Members that staffing levels are being managed, with the Health Board working with WG in reviewing contact tracing, with lateral flow testing being considered.

Ms Jenkins also assured Members that risk assessments have been put in place to manage patients safely and that all decision-making is presented to appropriate Bronze, Silver and Gold groups. Ms Jenkins further assured Members that learning is taken from each outbreak meeting to the next.

Mr Carruthers commended the excellent support and expert advice received from Ms Jenkins and the wider IPC team, which has been highly valued by all the operational teams.

In response to a query from Mrs Hardisty, Mrs Rayani assured Members that all outbreaks, including MHL, are collated into a daily summary sheet and shared with the Director of Operations.

Mrs Hardisty highlighted the reopening of Llandovery Hospital being testament to the hard work being undertaken in providing assurance to the public that it would be re-opened when safe to do so.

Miss Battle raised the issue of patient discharge to partner organisations, and care packages and domiciliary support, recognising the risk that patients may contract COVID-19 in hospital whilst being classed as medically optimised rather than being cared for elsewhere. Miss Battle enquired whether the Health Board can influence the decisions of Local Authority partners to overcome this situation. Mrs Rayani informed Members that this issue is being

strategically influenced through the national Nosocomial Transmission Group and other fora that she attends, acknowledging that when communications bypass Health Boards and go directly to partners, particularly care homes, this can affect the ability to move patients out of the hospital setting.

*Professor John Gammon left the Committee meeting*  
*Mrs Joanne McCarthy joined the Committee meeting*

Mr Carruthers also assured Members that weekly discussions are held with Local Authority colleagues and the Directors of Social Care. However, similar challenges resurface each winter and these have been exacerbated by COVID-19. Mr Carruthers highlighted the need to recognise that Social Care and Community services are experiencing the same impact on their resources and staff as the Health Board.

Mrs Rayani advised that feedback received on a global perspective of care homes at the latest Nosocomial Transmission Group meeting highlighted the deteriorating position in terms of the number of services reporting outbreaks and their ability to take patients. This is being monitored on a daily and weekly basis. Miss Battle commented that the fact that this is a long-standing challenge which has been exacerbated by COVID-19 makes it even more important to remedy the obstacles to discharge.

Ms Lewis assured Members that this would be reviewed at the March 2021 QSEAC meeting.

In response to a query raised by Mr Newman, Mrs Hardisty confirmed that this issue is raised at Regional Partnership Board, albeit in the context of Winter Planning, and anticipated this issue to feature on the RPB agenda on 11<sup>th</sup> February 2021.

With reference to several queries raised within the MS Teams chat, Ms Jenkins offered the following responses:

- Regarding MHLD figures, these are included within site figures rather than separately.
- In relation to Llandoverly hospital, criteria have been developed to avoid further outbreaks in community hospitals across the Health Board. Additionally, Infection Prevention nurses are working across the Health Board and with Carmarthenshire County Council supporting needs in the community, especially care homes.

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

*Mrs Bethan Lewis joined the Committee meeting*  
*Ms Meleri Jenkins left the Committee meeting*

The Committee:

- **NOTED** the findings summarised within the Hospital COVID-19 Outbreaks Update.
- **RECEIVED ASSURANCE** that outbreaks are effectively managed, learning is actively taken forward and risk assessments are in place for changes in practice and patient management.

<p><b>QSEAC (21)05</b></p>	<p><b>COVID-19 CORPORATE RISKS ALIGNED TO QSEAC</b></p> <p>Due to time constraints, Ms Lewis advised that the major risks from the report aligned to QSEAC feature as standing agenda items and assured Members that they would be discussed in further detail at the February 2021 QSEAC meeting.</p> <p>Mr Carruthers advised that risks 1032 and 129 had been covered within agenda item <b>QSEAC (21)03 COVID-19 Impact on Essential Services</b>.</p> <p>In relation to risk 1016 regarding social distancing, Mrs Rayani assured Members that this will be reviewed as part of the Health and Safety Executive (HSE) visit on 20<sup>th</sup> January 2021, with the risk updated accordingly.</p> <p>Mrs Rayani advised that further measures will be discussed regarding Oncology day care facilities to provide assurance to patients receiving day care treatment.</p> <p>The Committee <b>NOTED</b> that actions relating to corporate risks aligned to QSEAC will be actioned within the next few weeks <b>and RECEIVED ASSURANCE</b> that these risks will be covered in detail at the February 2021 QSEAC meeting.</p>	
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<p><b>QSEAC (21)06</b></p>	<p><b>VACCINATION PROGRAMME AND PRIORITISATION FRAMEWORK</b></p> <p>Mrs Ros Jervis presented the Hywel Dda UHB COVID-19 Vaccination Prioritisation Framework, advising of the daily changes to the challenges associated with the rollout of the vaccine.</p> <p>Mrs Jervis wished to provide assurance to the Committee on how frontline health and care staff are prioritised utilising the guidance issued by the Joint Committee of Vaccination and Immunisation (JCVI). Mrs Jervis advised that vaccination for staff in priority groups 1 and 2 has now been rolled out. Priority group 1 consists of care home residents and staff; priority group 2 consists of frontline health and social care staff. Mrs Jervis advised that the latter group is enormous and includes independent and third sector staff. It is anticipated that vaccination of the 2 groups will be complete by the end of January 2021.</p> <p>Vaccination commenced with care home staff and those individuals identified at risk of greater exposure due to daily work, i.e. staff working in COVID-19 red areas as identified by Bronze groups. Mrs Jervis advised of good allocation across care home staff. However, there have been issues due to a number of care homes entering into red status meaning, as determined by Public Health Wales guidance, these staff are unable to attend for vaccination. Mrs Jervis confirmed that this guidance has since been revised.</p> <p>Members noted that a Task &amp; Finish Group has been established to look at sub-prioritisation within the JCVI priority groups. As a result, their work will provide further assurance that the Health Board is in line with the all Wales position regarding the development of the 10 sub-groups for prioritisation.</p> <p>Ms Lewis acknowledged the balance between national decisions and local discretion and recognised that the organisation is primarily bound by national rulings.</p>	
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In response to a query from Mrs Hardisty, Mrs Jervis confirmed that demand had been phenomenal with only a few instances of non-attenders, generally due to care home staff being unable to attend for vaccination due to their care home moving from green to red status. However, some individuals had managed to book multiple appointments in order to choose the most convenient location, thereby taking up other appointment slots. Mrs Jervis assured Members that clarification has been received recently regarding the management of the vaccination programme for care home residents and staff, making it easier to access and vaccinate individuals despite COVID-19 outbreaks.

Ms Ann Murphy highlighted an issue in Cardigan resulting in 40 Did Not Attends (DNA) due to staff not receiving confirmation of their appointment and therefore not attending. Ms Murphy confirmed that the Communications team is aware of this and the situation has since improved. Ms Murphy also confirmed that patients are now able to cancel bookings, via a contact number, which had not previously been possible. Mrs Jo McCarthy advised via the chat function that a reserve list is held to ensure DNA slots are covered, and that there had been instances of emails going into junk folders.

Ms Murphy highlighted concerns expressed regarding the environment of the vaccination centre in Cardigan, such as the cold temperatures and lack of hot water, which have been raised with the Health and Safety Group. Mrs Jervis confirmed that this is due to the nature of a Field Hospital environment and the requirement to have centres large enough to provide the Pfizer vaccination. Mrs Jervis assured Members that these logistical challenges are being addressed. Despite the estates issues, Miss Battle commended the organisation of the site and the collaborative approach undertaken with the RAF and volunteers.

Mrs Jervis advised of technical issues associated with the interim booking system used whilst awaiting the national online booking system, assuring that Members that learning has been taken from these logistical challenges. The anticipation is to transfer to call and recall via the Wales Informatic Service (WIS) eventually.

In relation to communication, Mrs Williams commended the Health Board in getting information up so quickly onto the website and for the letters going via County Councils to residents. Miss Battle also highlighted the excellent work being undertaken in producing a weekly vaccine bulletin for the public.

In summary and on behalf of QSEAC, Ms Lewis expressed thanks to all staff involved for the incredible work undertaken.

The Committee **NOTED** the Hywel Dda UHB COVID-19 Vaccination Prioritisation Framework.  
The Committee **RECEIVED ASSURANCE** from the progress to date and that plans, and mitigation measures are in place for dealing with risks around delivery of the COVID-19 vaccine across Hywel Dda UHB.

<b>QSEAC (21)07</b>	<b>FOR INFORMATION: HIW FIELD HOSPITAL REPORT</b> The Healthcare Inspectorate Wales (HIW) Field Hospital Report was presented to the Committee for information, following HIW's visit to Ysbyty	
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	<p>Enfys Carreg Las at Pembrokeshire's Bluestone site and Ysbyty Enfys Selwyn Samuel in Llanelli on 8th November 2020.</p> <p>Ms Lewis commended the report as testament to the excellent work undertaken. Mrs Rayani informed Members that this represents the first HIW report received by the Health Board with no requirement to submit an improvement plan. QSEAC welcomed the fact that the Health Board's governance structure and underpinning processes have been noted as an exemplar and as such will be shared with other Health Boards in Wales. Mrs Rayani added that Hywel Dda has been assisting other Health Boards in setting up their field hospitals.</p> <p>Mr Carruthers confirmed that the 3 recommendations made by HIW have been completed.</p>	
	<p>The Committee <b>NOTED</b> the HIW Field Hospital Report.</p>	

<p><b>QSEAC (21)08</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>Ms Lewis took the opportunity to thank Ms Karen Richardson, on behalf of the Committee, for her secretarial support and wished her well in her future role.</p>	
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<p><b>QSEAC (21)09</b></p>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>2<sup>nd</sup> February 2021, 9.30am, Meeting Room 1, Ystwyth Building, St David's Park, Carmarthen.</p>	
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