

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

Date and Time of Meeting:	9.30am, 2 nd February 2021
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) 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) Miss Maria Battle, HDdUHB Chair (VC)</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO 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) (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC) Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) (VC) Mrs Joanne Wilson, Board Secretary (VC) Mrs Cathie Steele, Head of Quality & Governance (VC) Mr Keith Jones, Director of Acute Services (VC) Mr Matthew McGivern, Business Manager of General Medical and Provider Services (VC) (part) Mr Mitchell Parker, on behalf of Rebecca Jewell, Healthcare Inspectorate Wales (VC) Mr Darryl Collins, Head of Patient Safety, Concerns and Learning, WAST (VC) (part) Ms Claire Roche, WAST (VC) (part) Mr Owain Ennis, Trauma and Orthopaedics (VC) (part) Ms Claire Hathaway, Service Manager (VC) (part) Ms Lisa Humphrey, Interim General Manager (VC) (part) Ms Christine Hirst, Hywel Dda Community Health Council (VC) Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, CHC (VC) Mr Phil Jones, Audit Wales (VC) Mr Simon Shelton, Senior Contracting Business Partner (VC) (part) Mrs Sarah Bevan, Committee Services Officer (Minutes)</p>

QSEAC (21)10	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting. In acknowledgment of the full agenda for today's meeting, Ms Lewis advised that the Executive Lead for QSEAC and the Board Secretary would meet ahead of the April 2021 Committee meeting to review how best to manage the Committee's time.</p>	

	<p>Ms Lewis informed Members of the following amendments to the agenda:</p> <ul style="list-style-type: none"> - Item 1.6 Primary Care Presentation and item 2.3 Penally Camp Update to be delivered as one item; - Item 3.7 Sustainability Plan for Family Liaison Officers will now be a verbal update - Item 3.8 PREVENT and CONTEST Update will be deferred. <p>Considering that reports have been circulated to Members prior to the meeting, Ms Lewis requested those presenting to focus their time on responding to questions from Members rather than going through the reports in detail.</p> <p>It was also proposed that, if appropriate, the In-Committee agenda item may be covered under Any Other Business.</p> <p>No apologies for absence were received.</p>	
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QSEAC (21)11	DECLARATIONS OF INTERESTS	
	There were no declarations of interests made.	

QSEAC (21)12	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 1ST DECEMBER 2020 AND 14TH JANUARY 2021	
	RESOLVED - that the minutes of the meetings of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 1 st December 2020 and 14 th January 2021 be approved as a correct record.	

QSEAC (21)13	TABLE OF ACTIONS FROM THE MEETING HELD ON 1ST DECEMBER 2020	
	An update was provided on the Table of Actions from the meeting held on 1 st December 2020 with no further updates or actions required.	

QSEAC (21)14	ANNUAL REVIEW OF QSEAC TERMS OF REFERENCE (TOR)	
	The Quality, Safety and Experience Assurance Committee Terms of Reference was presented to Members for review and approval. Ms Alison Shakeshaft enquired whether the membership had historically included the Assistant Director of Therapies and Health Sciences, acknowledging her attendance as Chair of the Operational Quality and Safety Sub-Committee (OQSESC). Mrs Joanne Wilson agreed to review and reinstate this post into the membership if Members were in agreement.	JW
	The Committee APPROVED the Quality, Safety and Experience Assurance Committee Terms of Reference, subject to the amendment proposed to the membership.	

QSEAC (21)15	PRIMARY CARE SERVICES STORY/PENALLY CAMP UPDATE	
	Ms Jill Paterson informed Members that the delivery of safe and appropriate Primary Care services to the asylum seekers at Penally Camp has been complex and exacting and continues to be challenging on many levels. This challenge has been further compounded by the scale of works and measures required to make the facilities and accommodation minimally compliant with Infection Prevention and Control (IP&C) measures, and in particular, for COVID-19.	

Ms Paterson further informed Members that significant concerns regarding safety continue to be expressed by the local community as well as camp residents. Concerns on the accountability and governance of Clearsprings, a private company providing asylum accommodation services to the Home Office (HO), have been raised with the HO at a meeting with the Health Board and stakeholders including the Local Authority and Police, local politicians and Welsh Government (WG). It has been made clear that enforcement of IP&C and COVID-19 measures are the responsibility of the HO and Clearsprings.

Ms Paterson introduced a BBC video clip providing insight into the environment and issues experienced at the Penally camp. Ms Patterson advised that residents have recently been able to spread out to ensure social distancing, however certain residents are refusing to move from a bubble of 6 to a bubble of 4 within their accommodation.

Mr Matt McGivern presented an overview of the services provided at the camp, including core General Medical Services (GMS); emergency dental services; initial assessments, which includes Blood Borne Viruses (BBV) screening; initial mental health assessments carried out by the Local Primary Mental Health Team; and phlebotomy services.

Mr McGivern informed Members that out of the 179 residents, only 5 residents had received initial assessments prior to arrival at the camp. A pathway has been implemented for the Community Mental Health Team (CMHT) and the Local Primary Mental Health Team due to the high volume of referrals into the system.

Mr McGivern highlighted the invaluable support received from Safeguarding, IPC and Emergency Planning teams within the Health Board, and the positive links with clinics such as Cardiff Health Access Practice (CHAP), which has been vital in providing information on ailments not necessarily witnessed before in the Hywel Dda area. Given that certain illnesses are dependent upon the countries through which residents have travelled, CHAP has mapped out the relevant bacteria to test and how to treat such illnesses. Mr McGivern also highlighted the psychological wellbeing sessions that have been provided for the GMS team themselves. However, mental health issues for the residents have been acute due to the challenging journey they have faced, and they have been able to build up trust with the team involved to discuss such issues. It was noted that a trend, recently identified, has been the disclosure of mental health issues as a means of leaving the Penally site and into other, more favourable, accommodation.

Mr McGivern informed Members that the team has developed a close-knit working group with Clearsprings, however one of the main challenges has been managing service user expectations as they are unlikely to have a good understanding of how the NHS works and an understanding of the waiting list process; language barriers and access to interpretation services can also be problematic.

In conclusion, Mr McGivern highlighted the steep learning curve experienced by the team involved, who have worked to ensure the best care is provided for residents, which has been both logistically and emotionally challenging. However, the end result is a service of which the team is proud, and which is

leading the way should the utilisation of sites such as Penally become commonplace in the housing of asylum seekers.

Miss Maria Battle offered her heartfelt thanks to the team involved for their phenomenal caring and compassionate achievement, which was echoed by all Members of the Committee.

Mrs Delyth Raynsford queried how the learning thus far could be disseminated and Mr McGivern responded that it has been a gradual process of approaching the appropriate directorates, for example Mental Health and Learning Disabilities (MHL), to ensure that already stretched services can accommodate the needs of the camp population. Communication with primary care colleagues in the area, as well as the general public, i.e. GP surgery patients, has also been an imperative.

Mr Paul Newman enquired whether the team has been able to maintain contemporaneous records of the issues encountered and communicated the extent of those issues to the HO. Mr McGivern confirmed that operational meetings are held with Clearsprings and organisations on site with a weekly update submitted to the HO. There are also links with WG and local representatives in the HO. Internally, all incidents are recorded on DATIX. Mr McGivern also advised that all residents are registered as permanent patients within the GP surgery to ensure they have an NHS number.

Ms Lisa Humphrey joined the Committee meeting

Miss Battle expressed her disappointment with the HO's treatment of people as human beings and the poor response to repeatedly raised concerns regarding COVID-19 compliance and the availability of initial health assessments on resident's arrival.

Miss Battle enquired whether there are plans to close the Penally camp, recognising that its use is not due to an increase in immigration but a lack of pace in processing asylum claims from the HO. Ms Paterson responded that the HO has confirmed there are no plans to close the site, adding that the number of residents has decreased due to lockdown and dispersal accommodation. Ms Paterson informed Members that, should the site continue to operate after March 2021, planning permission would need to be approved.

In conclusion, Ms Lewis thanked Mr McGivern and Ms Paterson for the presentation and expressed satisfaction that the Committee had received assurance surrounding the provision of services to the camp, noting that concerns regarding the suitability of the camp remain on the Board's agenda in a clear and transparent way.

Mr Matthew McGivern left the Committee meeting

Ms Claire Roche and Mr Darryl Collins joined the Committee meeting

The Committee **NOTED** the Primary Care Services Story and Update on Penally Camp report and the continuing challenges experienced in providing these services and **RECEIVED ASSURANCE** on the services provided to the asylum seekers residing in the camp.

**QSEAC
(21)16**

The Corporate Risks Assigned to QSEAC report was presented to Members, and Ms Lewis invited comments on the new risks detailed within the report.

Ms Shakeshaft highlighted that Risk 1017 should be assigned to the Director of Therapies and Health Science and that Risk 1032 should be assigned to the Director of Operations.

In relation to Risk 1032, Ms Lewis noted the lack of detail regarding the impact on patients from delays to assessment and diagnosis for MHLA and queried how those awaiting assessment are monitored. Mr Andrew Carruthers responded that there are constraints on space and a degree of patient anxiety in using virtual methods of assessment and diagnosis. Members agreed that further assurance on how this risk is mitigated is required.

AC

Mrs Judith Hardisty enquired whether there have been any developments in sourcing alternative locations for the Autism Spectrum Disorder (ASD) memory clinics, as the premises in Aberystwyth are remote from the hospital site, and there are currently a number of sites not being utilised due to an increasing number of employees working from home. Mr Carruthers advised that although discussions had been held with WG, rent rates appear exorbitant, therefore work is ongoing with the accommodation team to increase clinical capacity within these services. Mrs Hardisty informed Members of previous discussions with the Minister for Mental Health, Wellbeing and Welsh Language and agreed to discuss further with Mr Carruthers outside of the Committee meeting. Ms Lewis offered her support as Committee Chair in the discussions.

JH/AC

In relation to Risk 1017, Mr Newman sought further information on the planning of the Test, Trace and Protect (TTP) programme post pandemic. Ms Shakeshaft responded that although there have been major improvements in performance, the risk score remains, as there may be future issues with testing which is being led by the Department of Health and Social Care and therefore not being under the control of the Health Board. Ms Shakeshaft advised Members that, with a reduction in prevalence and strengthening of the TTP system and lateral flow testing, the risk is less of a concern, nevertheless, now is not the appropriate time to reduce the risk. Mrs Ros Jervis provided assurance on the robust nature of the TTP programme advising that a coordinated regional response is monitored daily to keep abreast of pockets of infection. Mrs Jervis added that there are currently no plans to change the support and infrastructure within community-based teams.

Referring to the closed and de-escalated risks, Mrs Wilson highlighted the inappropriate wording attributed to the rationale behind the de-escalation of Risk 733. While the risk is still a priority for the Health Board, it has been moved from the Corporate Risk Register to the Director of Therapies and Health Science register. Ms Shakeshaft assured Members that a joint Designated Education Clinical Lead Officer (DECLO) with Swansea Bay University Health Board (SBUHB) and Powys Teaching Health Board has been appointed.

In relation to Risk 810, Professor John Gammon expressed concern that the risk had been closed as it relates to poor quality of care within the unscheduled care pathway which should continue to be a risk for this Committee and not aligned to the People, Planning and Performance

	<p>Assurance Committee (PPPAC). Whilst understanding Professor Gammon's concern, Mr Carruthers advised that, although there is a quality of care risk, it has been identified as a single risk rather than overlapping alignment to both Committees. Professor Gammon sought clarity on whether PPPAC is expected to consider the risk holistically, over and above what the Committee is expected to review. Mrs Wilson responded that the risk can be re-considered to determine to which Committee it should be aligned, nevertheless, the risk needs to be considered as a whole to avoid it slipping through any gaps. Mrs Mandy Rayani assured Members that where risks overlap Committees which would be more appropriately aligned to QSEAC, these can be referred to QSEAC as appropriate.</p> <p>Referring to the risks where scores had been either increased or decreased, Ms Lewis queried the deterioration of Risk 684 and the barriers that are preventing progress on the replacement programme for radiology equipment. Mr Carruthers responded that the increase in risk score reflects the number of equipment items that have not been replaced. Mr Carruthers informed Members that whilst bids have been submitted to WG, no confirmation of funding has been forthcoming. The implementation of schemes such as the MRI scanner at Withybush General Hospital (WGH) has encountered challenges with contractors as a result of COVID-19 restrictions. Ms Lewis enquired whether WG is aware that this risk is now RAG rated red due to awaiting funding confirmation, and whether there is anything further that could be undertaken to expedite the bid. Mr Carruthers responded that WG is aware that the risk score has increased and assured Members that this would continue to be flagged via the Capital process. Ms Lewis recommended that the risk be escalated to Board via the Committee update report, including a caveat of the measures taken with ongoing discussions with WG.</p>	AL/MR
	<p>The Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. • All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises. <p>The Committee NOTED that further assurance is required for Risk 1032 on how this risk is mitigated.</p> <p>The Committee SUPPORTED the escalation of Risk 684 to Board via the Committee Update Report.</p>	

QSEAC (21)17	<p>RISK 633 CANCER PATHWAY</p> <p>Ms Lewis requested that Ms Lisa Humphrey focus on providing Members with an update on the improvement actions that have been implemented to mitigate the risk of the impact of COVID-19 on meeting the 75% Single Cancer Pathway (SCP) target by March 2022.</p> <p>Ms Humphrey advised Members that increasing surgical capacity during the recovery phase had been successful at the start of the pandemic. This was as a result of capacity secured at Werndale Hospital, implementation of a green pathway at Prince Philip Hospital (PPH), capacity at Bronglais General Hospital (BGH) and WGH, and collaboration with tertiary services.</p> <p>Ms Humphrey informed Members that there had been no surgical backlog up until mid-December 2020. However, on 21st December 2020, a decision had</p>	
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been taken to pause all elective cancer surgery, except for life-saving surgery for 4 weeks due to the impact of COVID-19 on staffing. Ms Humphrey assured Members that operational and clinical teams prioritised patients due for surgery to ensure that the highest priority patients would be treated first when surgery recommenced. Surgery commenced in Werndale Hospital on 18th January 2021. The Head and Neck pathway commenced in Glangwili General Hospital (GGH) and Breast and Gynaecology surgery commenced in BGH. Ms Humphrey informed Members that the green pathway has been re-established in PPH, and Breast and Gynaecology surgery has returned to PPH this week.

Ms Humphrey informed Members of plans to establish a Post Anaesthetic Care Unit (PACU) at PPH by 8th March 2021 to provide intermediate care, with a view to establishing a similar model in WGH and GGH for ENT and Ophthalmic patients.

Mr Ian Bebb and Mr John Evans joined the Committee meeting

In relation to tertiary cancer pathway waits, Ms Humphrey advised Members that the Health Board is liaising with SBUHB on a recovery plan in terms of capacity.

Members noted that capacity in diagnostic pathways has been reduced as a result of the impact of COVID-19 on response times, however, patients on suspected urgent pathways are now being seen within 2 weeks (previously this would have been within 7 days). Ms Humphrey informed Members that the biggest impact of COVID-19 has been on the Endoscopy pathway due to the aerosol generating nature of the treatment. Prior to the second outbreak of COVID-19, capacity had been at 50% overall. In December 2020, this reduced to 26% capacity as a result of one site being closed, other sites having to pick up additional referrals and staff being deployed. Ms Humphrey informed Members that the use of FIT10 (Faecal Immunochemical Test) screening in the management of endoscopy patients, by providing home testing kits to patients, has resulted in 33% of patients being discharged. Ms Humphrey further assured Members that the clinical team has worked hard to validate clinical lists, resulting in HDdUHB being the only Health Board in Wales to demonstrate a reduction in waiting lists. The success of FIT testing is currently being audited nationally. Mrs Hardisty enquired whether FIT testing would continue should the evaluation is positive. Ms Humphrey confirmed that it would continue and is expected to be introduced within primary care.

Ms Humphrey informed Members of proposals for a national framework for cancer harm reviews within NHS Wales, which considers the management of risks arising from, or associated with, long waits on a cancer pathway, with all patients receiving a clinical review.

In conclusion, Ms Lewis noted the impact of COVID-19 on the SCP and took assurance from the mitigating actions. Ms Lewis acknowledged the risk of the reintroduction of routine care on the ability to meet the 75% SCP target by March 2022. Mr Keith Jones highlighted that as we emerge from the pandemic, there will be a need to prioritise diagnostic capacity for those patients in urgent need, whilst considering the extent to which additional

	<p>restrictions may apply longer term. Members agreed that Risk 633 be brought back to the Committee when ready for further discussion</p> <p>Mrs Rayani thanked the team involved for their hard work in recovering the SCP position and implementing mechanisms to improve confidence around the risks.</p>	
	<p>The Committee NOTED the Risk 633 – Cancer Pathway Update report and RECEIVED ASSURANCE that mitigating actions are in place, with a view to revisiting progress at a future Committee meeting.</p>	

<p>QSEAC (21)18</p>	<p>THE IMPACT ON RESEARCH ACTIVITY OF REDIRECTION OF STAFF RESOURCE, ETC TO THE OPERATIONAL PANDEMIC RESPONSE</p> <p>Dr Philip Kloer provided a verbal update on the impact on research activity of the redirection of staff to the operational pandemic response, informing Members of the instruction and expectation from UK and Welsh Government to prioritise COVID-19 research trials, which have been so important in supporting the response to the pandemic</p> <p>Dr Kloer further informed Members that research teams within HDdUHB have been affected by COVID-19 related absences, with a 40-50% reduction in staff capacity, therefore making it difficult to maintain performance levels, which are monitored on a weekly basis.</p> <p>The Committee NOTED the update and conveyed their thanks to research colleagues for their hard work.</p>	
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<p>QSEAC (21)19</p>	<p>WALES AMBULANCE NHS TRUST: INCIDENTS AND IMPACTS</p> <p>Ms Claire Roche and Mr Darryl Collins presented the Wales Ambulance NHS Trust (WAST): Incidents and Impacts slide set, which focused upon patient safety and experience, particularly during the month of December 2020. Referring Members' attention to slide 3, Mr Collins highlighted the collaborative work ongoing on a monthly basis around incident profiles and patterns of harm.</p> <p>Members noted that in December 2020, 2000 patients had been brought into hospital by WAST ambulances with half handed over within 15 minutes; however, 417 patients waited 1-10 hours for handover. Mr Collins advised Members that delays in handover impact upon the ability to respond to patients waiting in the community. Data in the slide set identified that 157 patients awaited a primary response in the community of between 6-20 hours.</p> <p>Mrs Hardisty enquired where the responsibility lies for those patients who are delayed in the hospital. Ms Roche responded that the issue of responsibility is systemic across Wales and that in governance terms, clarity is required.</p> <p>Dr Kloer raised the potential that resources may not be balanced appropriately across Health Boards, citing HDdUHB's road infrastructure and the size of the fleet required compared to other areas such as Swansea. Ms Roche acknowledged this is a complex issue, advising that resources do across boundaries and, at times, a proportion of the fleet may be outside of these borders. Ms Roche assured Members that similar conversations are being held with other Health Boards and reiterated the importance of improving the effectiveness of handovers. Mr Collins acknowledged there is an operational</p>	
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	<p>flow across boundaries, which operates within the constraints of the red/amber/green categories and that flexibility to work in this manner is imperative to respond to those patients in the greatest need.</p> <p>Mrs Raynsford enquired whether a trend of increased delays is more visible in rural and semi-rural areas, and whether suitable vehicles for the associated terrain is available. Recognising that not one size fits all, Ms Roche advised that the Director of Operations, WAST, is commencing work on a rural model of care to consider alternative ways of working to better fit community needs.</p> <p>In conclusion, Ms Lewis thanked Ms Roche and Mr Collins for their presentation and invited them to return later in the year to provide an update on how initiatives are progressing.</p> <p><i>Ms Claire Roche and Mr Darryl Collins left the Committee meeting</i></p>	
	The Committee NOTED the content of the Wales Ambulance NHS Trust presentation.	

QSEAC (21)20	QUALITY AND SAFETY ASSURANCE REPORT	
	<p>Members were invited to pose questions on incidents data contained within the Quality and Safety Assurance Report.</p> <p>Ms Lewis queried the high volume of under 18 admissions to mental health wards and Mrs Rayani informed Members that this had been discussed with mental health colleagues at a formal Quality Panel meeting held the previous week, where confirmation had been received that all cases had been reviewed and that each admission was in the best interest of the individual.</p> <p>In relation to pressure ulcers, Ms Lewis queried the significant number of incident reporting without capturing whether these had been avoidable or unavoidable. Mrs Cathie Steele confirmed that there are plans to standardise the scrutiny process. Mrs Rayani added that, although there has been an increase in the number of incidents reported, there has not been an increase in the level of harm incurred.</p> <p>In relation to access to specialist beds being severely compromised due to COVID-19 restrictions at facilities, and patients occupying beds in areas that they would not usually occupy, Mrs Steele responded that reduced specialist beds and the closure of a unit have all impacted, however, occupants have stayed the minimum amount of time before a community package of care or more appropriate bed has become available. Mrs Hardisty highlighted the importance of consideration of any escalation.</p> <p>Mr Newman enquired whether the proportion of Putting Things Right cases is the same as previously or increasing. Mrs Louise O'Connor confirmed that numbers are currently the same, however would be closely monitored over the next few months given the several COVID-19 related complaints for investigation recently. Mrs Rayani agreed to liaise with Mrs Wilson regarding an all Wales response to the likelihood of litigation as a consequence of COVID-19, informing Members that 3 complaints had been received the previous week relating to COVID-19 transmission. Mrs O'Connor assured Members that this would be closely monitored. Mrs Steele advised that the team is using the all Wales toolkit in the review of complaints and adopting the issuance of a single response.</p>	

	Ms Lewis acknowledged Mrs Wilson's assurance that this would be further discussed at the Board Seminar in April 2021.	
	The Committee NOTED the content of the Quality and Safety Assurance Report and RECEIVED ASSURANCE that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms.	

QSEAC (21)21	<p>ACCESSING EMERGENCY SPECIALIST SPINAL SERVICES</p> <p>Ms Claire Hathaway provided an overview of the Accessing Emergency Specialist Spinal Services slide set, highlighting the improvement in access to spinal services since the implementation of pathways in September 2020.</p> <p>Members noted that risks of delay in receiving timely treatment and management advice on spinal patients from tertiary centres had resulted in the establishment of a network of working groups by SBUHB and CVUHB to develop a number of pathways to improve access. Ms Hathaway assured Members that HDdUHB is well represented on these groups, with the general consensus being that the situation has improved greatly.</p> <p>Mrs Hardisty sought clarity on the position for children and young people where the provider is CVUHB. Ms Hathaway confirmed that whilst the current focus is on adult pathways, paediatric pathways would be reviewed at a later date.</p> <p>Mr Newman queried to what extent patient outcomes are being reviewed and how those outcomes may have changed. Ms Hathaway responded that the new pathways are not yet implemented, nevertheless, patient feedback would be reviewed in September 2021. Mr Newman suggested it would be helpful to capture feedback once pathways are implemented locally. Mrs Rayani informed Members that a new patient experience survey, with improved survey and recording functionality, is due to be implemented from 1st April 2021 and Mrs O'Connor assured Members that the survey would be modified accordingly and distributed appropriately to capture outcomes.</p> <p>Ms Hathaway provided assurance that a 120 day follow up via phone call for feedback would be implemented to review how well the pathway and system is working.</p> <p>In conclusion, Ms Lewis noted that assurance has been received from the developments and that an update would be provided at a future Committee meeting, once available.</p>	CH
	The Committee NOTED the content of the Accessing Emergency Specialist Spinal Services report and RECEIVED ASSURANCE from the developments to improve patient access to emergency spinal services.	

QSEAC (21)22	<p>HEALTH AND CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019</p> <p>Mrs Rayani provided an update on the progress of the implementation of improvements identified from the Health and Care Standards Fundamental of Care (FoC) annual audit findings from May 2020. Mrs Rayani informed Members that progress against these work streams had been delayed due to the diversion of resources to the COVID-19 response.</p>	
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Mrs Rayani informed Members that the Rest and Sleep workstream had been prioritised in the first cohort of the Enabling Quality Improvement in Practice (EQuIP) programme. Ironically, improvements relating to this workstream have been implemented to some extent with the use of sleep masks within field hospitals. Despite the pandemic, Medicines Management improvement workshops had been held during October and November 2020, resulting in an increased awareness around medicines management activity. Mrs Rayani informed Members that work on the second cohort of the EQuIP programme via mini collaboratives would take place during March/April 2021.

In relation to capturing staff feedback, Mrs Rayani advised that the Senior Nursing Management Team in March 2021 would be discussing the most effective and least disruptive methodology to ensure that staff continue to be at the forefront of all the Health Board does.

Whilst acknowledging the positive compliance by staff and patients, Professor Gammon noted that similar themes arise each year. In terms of Medicines Management workstreams, Professor Gammon enquired whether challenges, such as the quality of documentation and storage, could be managed differently. Mrs Rayani responded that the purpose of the workshops is to address these issues and consider how they can be improved upon differently, adding she was cautiously optimistic that this would result in improvements. Mrs Rayani informed Members on the development of mini collaboratives, forming part of the Quality Improvement approach, as an alternative to a top down approach, to facilitate those directly delivering services to determine how best to tackle such issues.

Mrs Rayani concluded that an update would be available in August 2021 regarding the change in approach via mini collaboratives to resolve persistent challenges.

The Committee **NOTED** the update on the Health and Care Standards Fundamentals of Care Audit 2019 and **RECOGNISED** the delays in some of the work streams due to the diversion of essential resource to the COVID-19 effort.

QSEAC (21)23 CLINICAL AUDIT OUTCOMES UPDATE

Mr Ian Bebb presented the Clinical Audit Outcomes Update report, providing a current sample of the outcomes from participation with the National Clinical Audit and Outcome Review Programme (NCAORP), including the National Diabetes Foot Care Audit, National Audit of Care at the End of Life (NACEL), National Paediatric Diabetes Audit (NPDA), National Asthma & Chronic Obstructive Pulmonary Disease Audit Programme (NACAP), and the National Hip Fracture Database (NHFD).

Mr Bebb suggested to Members that the summary of audits demonstrates the positive amount of audit activity, despite the mandatory audit programme being suspended by WG to allow Health Boards to allocate resources to the pandemic response. In relation to the NHFD, Mr Bebb highlighted that HDdUHB hospital sites have achieved 100% in a number of standards, with BGH achieving 5th best in the UK in several categories for patients admitted to hospital with hip and femoral fractures. Mr Bebb assured Members that areas

with low compliance with NHFD key performance indicators continue to be monitored.

Mrs Rayani commended the work being undertaken by the Health Board's audit team, despite current pressures and staff deployment. Ms Lewis added that the narrative around current audit activity is much stronger than previously and recognised, on behalf of the Committee, the excellent NHFD outcomes at BGH.

In relation to issues identified, Mr Newman queried how improvement is monitored. Mr Bebb responded that an assurance report is submitted to WG and national clinical policy leads. Mr Bebb assured Members that, internally, audit trackers are used to monitor improvement. Mrs Rayani assured Members that audit is a standard item on the new directorate level quality agenda template to support monitoring and improvement in progress achieved.

In relation to NACAP, Mrs Hardisty enquired whether the outcome of the audit had been incorporated into the change in the pathway as a primary care cluster project. Ms Paterson responded that this will be considered as cluster plans are progressed and assured Members that feedback from national audits are discussed with cluster leads.

The Committee **NOTED** the content of the report and **RECEIVED ASSURANCE** from the benchmarking of current practice with best practice across Wales and the ongoing improvement work undertaken. The Committee **RECOGNISED** the excellent work attributing to Bronglais General Hospital achieving 5th best in the UK for its National Hip Fracture Database audit outcomes.

**QSEAC
(21)24**

MORTALITY REVIEW OF THE IMPACT ON PATIENTS WAITING FOR A PROCEDURE DURING THE COVID-19 PANDEMIC

Dr Kloer provided an overview of the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic report, to provide assurance to Members that mortality is subject to robust review and that all mortality data continues to be benchmarked on an all Wales basis.

Dr Kloer advised Members that the findings in the report provides a mortality-based review of the impact of COVID-19 on patients waiting at home for treatment. It does not provide any wider findings on the outcomes or experience of patients during the period of the COVID-19 pandemic, as it may be too early to draw any conclusions. Dr Kloer informed Members that the findings within the report need to form part of a triangulated assessment of the impact upon patients during the COVID-19 period and a review of all COVID-19 deaths, adding that there are currently 197 patients to be reviewed.

Ms Paterson enquired whether the review of all deaths would include care homes. Dr Kloer responded that care homes are currently not included, with the review covering inpatients only. Ms Paterson emphasised the importance of including care home deaths and Dr Kloer agreed to consider the review of care home deaths in the analysis for future reporting.

In relation to the breakdown of Referral to Treatment (RTT) waiting times, Miss Battle enquired whether data for the number of patients waiting over 36

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	<p>weeks could be sub-divided by specialities. Mr John Evans confirmed this is possible and could be grouped by RTT category for future reporting.</p> <p>Mrs Rayani recognised the importance of managing people’s expectations surrounding mortality, acknowledging that it may be too early for conclusions to be drawn.</p> <p>On behalf of the Committee, Ms Lewis received assurance from the report of the diligent work ongoing and that mortality rates will continue to be scrutinised and analysed.</p>	PK/JE
	<p>The Committee NOTED the content of the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic report and RECEIVED ASSURANCE that mortality is subject to robust review and that all mortality data continues to be benchmarked on an all Wales basis.</p>	
QSEAC (21)25	<p>SUSTAINABILITY PLAN FOR FAMILY LIAISON OFFICERS (FLO)</p> <p>Ms Lewis informed Members that the Sustainability Plan for Family Liaison Officers slide set is to be removed from today’s agenda. Mrs Rayani assured Members that benchmarking has been completed, however further discussion with Executive Team is required on how to develop the role of FLOs and support patients in a post COVID-19 world.</p> <p><i>Professor John Gammon left the Committee meeting</i></p> <p>Miss Battle enquired whether the role of FLOs in the discharge process had been considered, as they could potentially be a mechanism to expedite arrangements. Mrs Rayani advised that discussions have taken place with Delta and third sector organisations to review the various workstreams.</p> <p>Ms Lewis concluded that this is still work in progress and remains very much within the focus of the Committee.</p>	
	<p>The Committee NOTED that further discussions on the sustainability plan for Family Liaison Officers are ongoing and RECEIVED ASSURANCE that an update would be brought to the Committee later in the year.</p>	
QSEAC (21)26	<p>PREVENT AND CONTEST UPDATE</p> <p>Ms Lewis advised that, due to time constraints, the PREVENT and CONTEST Update report had been deferred from today’s agenda. Mrs Rayani commented that she would review the governance oversight for Emergency Planning and PREVENT with Mrs Wilson, to determine which Committee would be most appropriate to receive a report.</p>	MR/JW
QSEAC (21)27	<p>TRANSCUTANEOUS AORTIC VALVE INSERTION (TAVI) – PROGRESS REPORT UPDATE TO SWANSEA BAY UNIVERSITY HEALTH BOARD</p> <p>Dr Kloer provided an overview of the SBUHB update paper on progress on transcatheter aortic valve insertion (TAVI), focusing on the progress made in treating patients on the waiting list, together with an update on the external review of the service by the Royal College of Physicians (RCP). Performance data provided further detail on complication rates and the impact of COVID-19.</p>	

	<p>Dr Kloer informed Members that an action plan has been developed by SBUHB in response to the 21 recommendations made in the initial review, and nearly all actions have been completed. Dr Kloer also informed Members that publication of a further review of case notes undertaken by the RCP is awaited.</p> <p>Mrs Hardisty enquired whether there is any feedback from service users on progress. Mrs O'Connor confirmed that no update has been received to date and agreed to liaise with SBUHB in this regard.</p> <p>Ms Lewis enquired what the Committee could expect from a future update. Dr Kloer advised that SBUHB's report on the final RCP review should be presented to the Committee for completeness. Members agreed that routine reporting to the Committee would be useful to consider a review of the quality and safety of patient care from within services provided by other Health Boards.</p>	LOC
	The Committee NOTED the content of the Transcatheter Aortic Valve Insertion (TAVI) Progress Report Update to Swansea Bay University Health Board and RECEIVED ASSURANCE that the quality and safety of patient care from within services provided by other Health Boards would be routinely reported to the Committee.	
QSEAC (21)28	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE EXCEPTION REPORT	
	No report presented as the January 2021 meeting had been cancelled.	
QSEAC (21)29	LISTENING & LEARNING SUB-COMMITTEE EXCEPTION REPORT	
	The Exception Report from the Listening & Learning Sub-Committee (L&LSC) was presented, with no comments received from Members.	
	The Committee NOTED the content of the Exception Report from the Listening & Learning Sub-Committee.	
QSEAC (21)30	RESEARCH & DEVELOPMENT (R&D) SUB-COMMITTEE EXCEPTION REPORT	
	No report presented as the January 2021 meeting had been cancelled.	
QSEAC (21)31	INFECTION, PREVENTION AND CONTROL UPDATE	
	Mrs Rayani summarised the content of the Infection, Prevention and Control slide set, advising that all infections continue to be monitored despite the impact of COVID-19. Mrs Rayani further advised that steady improvement has been made against the Infection Reduction expectations set out within the NHS Delivery Framework. Mrs Rayani assured Members that learning from other Health Boards is being adopted at pace, providing the example of staff wearing long sleeved gowns impacting on hand hygiene efficacy. Mitigation has been introduced to prevent this occurring with staff in Critical Care areas trialling the rolling up of sleeves to ensure Bare Below the Elbow where, due to COVID-19, gowns have been introduced.	

	The Committee NOTED the content of the slide set and RECEIVED ASSURANCE that all infections continue to be monitored during the pandemic.	
QSEAC (21)32	SAFEGUARDING UPDATE No report presented as the December 2020 meeting had been cancelled.	
QSEAC (21)33	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21 The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2020/21. The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
QSEAC (21)34	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY No report presented as all actions have been completed.	
QSEAC (21)35	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY No report presented as all actions have been completed.	
QSEAC (21)36	ANY OTHER BUSINESS - COMMISSIONED SERVICES: LONG TERM AGREEMENTS AND QUALITY ASSURANCE UPDATE Ms Lewis confirmed that the agenda item due to be presented at the In-Committee meeting could be presented to the main Committee meeting. <i>Mr Simon Shelton joined the Committee meeting</i> Mrs Sian Passey provided an overview of the Commissioned Services: Long Term Agreement and Quality Assurance Update slide set, highlighting the concern and associated risk regarding how quality is addressed within the Health Board's Long Term Agreement (LTA) contracts. Mrs Passey advised Members of the requirement to ensure that the quality agenda is addressed through LTA contracts and the contract management process. Mrs Passey informed Members that SBUHB remains the main commissioning area for the Health Board with commissioning arrangements primarily performance driven with little prominence given to the quality agenda. Mrs Passey assured Members that quality is now embedded within all LTAs and that SBUHB and Powys Teaching Health Board have agreed to align quality metrics into 2021/22 contracts. Mrs Passey assured Members that quality is now a standing agenda item at contract management meetings with Quality and Service Leads in attendance, providing examples of the latest meeting held with SBUHB and a Spinal Services meeting to develop a commissioning strategy for the spinal pathway. Mrs Passey highlighted that although patient experience had not previously been discussed in detail, it will be incorporated into contracts as a key metric going forward.	

Mrs Passey recommended that any quality issues raised through the contract management process and meetings would be reported by exception to QSEAC to improve transparency of the process. Mrs Hardisty noted that non-compliance with performance indicators are escalated to Welsh Health Specialised Services Committee (WHSSC) and queried the escalation process for non-compliance with quality metrics and, in instances of non-compliance, whether an alternative provider to SBUHB as contractor is a possibility. Dr Kloer confirmed that this could be considered where unsatisfactory quality governance arrangements are in place.

Mr Simon Shelton assured Members that an escalation process is built into contracts, with any concerns reported to the Health Board's Finance Committee. Mr Shelton advised that penalties, whilst being built into contracts within England, are not expected to be built into contracts within Wales.

Miss Battle suggested ad hoc communication with Quality and Safety Chairs as a more informal arrangement, outside of the contract requirements, to agree escalation of any concerns. Dr Kloer suggested consideration of an escalation and dispute resolution built into contracts is required, rather than exclusively sitting with the Finance domain, and could include roles for Directors of Nursing, Medical Directors, etc.

In conclusion, Ms Lewis thanked Mr Shelton for his leadership and progress made to date, whilst recognising the importance of clarity around the escalation process and improved resilience for patients to be confident that the escalation process is effective. Ms Lewis requested that further clarification is required regarding the escalation of quality concerns.

SP

The Committee **NOTED** the progress made to date in the strengthening of quality discussions to ensure that the quality agenda is addressed through LTA contracts and the contract management process.

QSEAC (21)37	DATE & TIME OF NEXT MEETING	
	16 th March 2021, 12-1pm	