

**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, 6 th October 2020
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) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) (part)</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) (part) Mrs Ros Jervis, Director of Public Health (VC) (part) Mr Huw Thomas, Director of Finance (part) Ms Jill Paterson Director of Primary Care, Community and Long Term Care (part) Mr William Oliver, Assistant Director of Therapies and Health Science, deputising for Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Mr John Evans, Assistant Director, Medical Directorate (VC) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC) Mrs Joanne Wilson, Board Secretary Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) Mrs Cathie Steele, Head of Quality & Governance (VC) (part) Mr Keith Jones, Director of Acute Services (VC) (part) Mr Lance Reed, Clinical Director of Therapies (VC) (part) Mr Nick Davies, Service Delivery Manager Out of Hours and 111(VC) (part) Mrs Amanda Evans, Head of Radiology (VC) Mr Jeff Bowen, Patient Experience Manager (VC) (part) Mrs Helen Williams, Deputy Chief Officer (Carmarthenshire), Hywel Dda Community Health Council (VC) (part) Dr Barbara Wilson Vice Chair, Hywel Dda Community Health Council (VC) Mrs Rebecca Jewell, Healthcare Inspectorate Wales (VC) (part) Ms Karen Richardson, Corporate and Partnership Governance Officer (Minutes)</p>

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(20)127	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Miss Maria Battle, HDdUHB Chair • Professor John Gammon, Independent Member • Ms Alison Shakeshaft, Director of Therapies and Health Science 	

QSEAC (20)128	DECLARATIONS OF INTERESTS	
	There were no declarations of interests made.	

QSEAC (20)129	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 13TH AUGUST 2020	
	RESOLVED - that the minutes of the meeting of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 13 th August 2020 be approved as a correct record.	

QSEAC (20)130	TABLE OF ACTIONS FROM THE MEETING HELD ON 13TH AUGUST 2020	
	<p>An update was provided on the Table of Actions from the meeting held on 13th August 2020, with the following noted:</p> <ul style="list-style-type: none"> QSEAC (20)118 Research & Development (R&D) Restart Activity Report – whilst the action to discuss concerns regarding a lack of dedicated accommodation for R&D staff is complete, Dr Philip Kloer emphasised that the longstanding issue is not resolved. Dr Kloer confirmed that whilst space has been identified in Glangwili General Hospital (GGH), a number of logistical issues require resolution in relation to accessing this space, with discussions on-going. For QSEAC’s assurance, routine reporting on this would be included within the R&D Sub-Committee update report to QSEAC. Mr Paul Newman enquired as to the progress made regarding R&D accommodation at other acute sites. Mrs Mandy Rayani confirmed that the concerns raised regarding R&D accommodation will form part of the wider discussions on additional space required for storage due to COVID-19 and also social distancing regulations. It was noted that Mr Andrew Carruthers would oversee a task and finish group to progress this work. 	

QSEAC (20)131	RUBY’S AND STAFF STORY	
	<p>Members received two videos relating to patient experience during the pandemic, focusing on communication to families of patients both before i.e. Ruby’s Story, and after the implementation of the Family Liaison Officers (FLOs) i.e. Staff Story. Mrs Louise O’Connor informed Members that the FLO role had been developed, in response to the feedback received from a number of families during COVID-19.</p> <p><i>Ms Jill Paterson joined the Committee meeting</i></p> <p>Mrs O’Connor advised that the Patient Experience Team have received positive feedback from patients and families following the implementation of the FLOs. In addition, ward staff have welcomed the initiative, with Mrs O’Connor expressing thanks to the Directors of Nursing, Quality & Patient Experience and Workforce & Organisational Development for their support in progressing the initiative. In total, 60 FLOs have been employed across a number of Health Board acute sites, all of whom have been managed by the Patient Experience Team.</p> <p>Following discussion on the content of both videos, the following comments were raised:</p>	

- that the patient had been grateful for the care received, with Members commenting that providing good patient care should be implicit within ward areas.
- ward staff should not be reliant on one member of staff to provide updates to relatives.
- whilst welcoming the positive feedback from the A&E staff to the patients family, it was noted that this did not continue when the patient was admitted to the ward.
- the importance of helping patients with simple tasks in hospital, which the FLOs were able to provide, which improved patient experience in hospital.
- since the implementation of the FLOs, therapy staff have provided positive feedback, noting improved patient outcomes.
- that patient experience has improved in areas where FLOs have been employed.
- confirmation that the communication provided by FLOs to relatives, are generic daily updates as opposed to clinical updates.
- that discussions are taking place for an addition to nurses training, which will include them undertaking the role of FLOs on wards. This follows an initiative in Cardiff & Vale University Health Board (C&VUHB), which has been very positively received.
- confirmation that the majority of complaints received are in relation to communication.
- that systems were not prepared to manage the significant increase in calls received in wards due to the restrictive visiting introduced at short notice during COVID-19.

For assurance, Mrs O'Connor confirmed that the relatives of the patient in the first video have held meetings with the clinicians involved in their relatives care and that actions have been agreed to improve communication. In relation to next steps, funding has been requested through the Charitable Funds Committee to increase the Patient Experience Team in Bronglais General Hospital (BGH) on a temporary basis whilst an alternative funding stream can be identified. Furthermore, a pilot is planned which should provide quantitative data to determine the best approach to expand the service, including discussing options with the stakeholders involved and the third sector. This will be particularly important when patient visiting is reintroduced.

Recognising that the introduction of the FLOs has been positive, Mrs Hardisty expressed concern that a further pilot is required, and suggested that the role should be part of a ward's establishment or supported by volunteers. Whilst recognising the concern, Mrs Rayani advised that a sustainability plan to commence in April 2021, would need to be agreed given that FLOs have only been employed on a temporary basis, and at an additional cost to the Health Board. Furthermore, the priority would be to increase substantive ward staff in order to reduce agency spend. In response to the suggestion of utilising volunteers for these roles, whilst welcoming the contribution of volunteers, Mrs Rayani emphasised that given volunteers are not mandated to attend and therefore consistent cover may then not be provided. Whilst a number of services have supported the FLOs, for example therapy services, this has not been universal. It is therefore considered appropriate to conduct a pilot to test and confirm the effectiveness of the initiative, prior to changing the establishment on wards.

Mrs Ros Jervis and Mr Keith Jones left the Committee meeting

Mrs Rebecca Jewell raised a number of observations from the first video - firstly that poor communication has been highlighted due to COVID-19; secondly that whilst the family received an update on their relative's condition from one member of staff, this was only possible after they had completed their shift. Ms Jewell also expressed concern that FLOs have not been employed in BGH. In response, Mrs Rayani commented that the Health Board was already aware of gaps in communication with relatives, which has been a commonly raised theme following Healthcare Inspectorate Wales inspections, with actions to improve communication having been progressed at pace due to the COVID-19 pandemic. For clarity, Mrs O'Connor confirmed that whilst FLOs have been employed in BGH, the Health Board does not have a substantive member of the Patient, Advice and Liaison Service (PALS) team in post in BGH.

In summary, Ms Lewis acknowledged that Members are keen to support any initiatives which improve communication with relatives, and recognised that the introduction of FLOs on wards has progressed this aspiration. However, whilst commending the Health Board for this innovative response, it is recognised that improving communication is much wider than this initiative. It was therefore proposed that a report be presented to QSEAC in February 2021 to update Members on progress relating to a sustainability plan for FLOs, and further options identified.

Finally, Ms Lewis expressed thanks on behalf of QSEAC to Ruby's family for their honest account of their experience and also to the Patient Experience Team for the work undertaken in order to initiate the FLOs role at pace.

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The Committee **NOTED** both Ruby's Story and the Staff Story.

QSEAC (20)132 CORPORATE RISKS ASSIGNED TO QSEAC

Mr Huw Thomas joined the Committee meeting

Members received the Corporate Risks assigned to QSEAC report and Mrs Rayani advised that future Corporate Risk Reports to the Committee would be aligned to the Board's planning objectives.

In response to a query from Mrs Helen Williams relating to *Risk 750, Lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital (WGH)*, Dr Philip Kloer advised that due to a lack of substantive middle grade doctors nationally, this has been a long standing challenge for the Health Board to resolve. Whilst WGH has more registrars in A&E than previously, the risk has been mitigated with support from consultants; however as they are required to supervise, flow in A&E can be delayed. Furthermore, as part of the Health Board's strategy, a business case to support alternative staffing models will be progressed.

Following the update from Dr Kloer, Mrs Hardisty enquired whether the risk ultimately relates to a lack of middle grade doctors or patient waiting times in A&E. Dr Kloer explained that whilst the allocation of doctors has improved to 4, the optimum allocation is 8, therefore waiting times and flow through A&E are interlinked, which increases the risk to patients. Furthermore, business

	<p>continuity also needs to be considered, given that a non-substantive doctor may leave the Health Board at short notice. However, Dr Kloer undertook to take Mrs Hardisty's comments into consideration when reviewing the risk.</p> <p>Mr Paul Newman commented that <i>Risk 91 – Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway and Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery</i> have been on the risk register since 2011, and enquired whether these are still risks and whether they can be resolved. Mrs Rayani advised that the interconnection between the Corporate Risk Register (CRR) and the Board's planning objectives has been recognised, and that following Board approval, the focus of the Executive Team would be on taking this forward.</p> <p><i>Mr Huw Thomas left the Committee meeting</i></p>	
	<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>QSEAC (20)133</p>	<p>RISK 628 FRAGILITY OF THERAPY PROVISION ACROSS ACUTE, COMMUNITY AND PRIMARY CARE SERVICES</p> <p>Mr Lance Reed presented the Risk 628 Fragility of Therapy Provision across Acute, Community and Primary Care Services report, advising that historically there has been a lack of therapy staff to deliver the intensity of care patients require. Mr Reed outlined the actions taken to manage the risk involved, including the three year plan to address workforce shortages. In addition, further funding has been secured for a number of therapy roles, with graduate level recruitment progressed to address the shortfall at Band 5. Further options have included reviewing service provision for specific roles, for example, stroke and COVID-19 patients and on-call rotas, with support from Health Education and Improvement Wales (HEIW) to improve workforce plans and systems with our Local Authority (LA) partners.</p> <p><i>Ms Jill Paterson left the Committee meeting</i></p> <p>In response to a query from Mrs Williams, Mr William Oliver advised that following discussions at the recent Operational Quality, Safety and Experience Sub-Committee (OQSESC) meeting, it has been proposed, given that a number of therapy risks relate to staffing, these would be incorporated into a wider risk on staffing.</p> <p>Dr Barbara Wilson enquired whether risk-weighting is taken into consideration on an individual basis or across multiple therapies. In response, Mr Reed confirmed that this is undertaken on an individual basis by each service when reviewing their risks.</p> <p>In response to a query from Mrs Hardisty relating to the use of the Delivery Unit to provide Demand & Capacity (D&C) training for Therapy Services, Mr Reed confirmed that this should ensure that the agreed measures are universal across all areas. Following NHS benchmarking, it is anticipated that community services and modelling for populations affected by COVID-19 will</p>	
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	<p>be progressed first. Whilst the report does not provide any timescales, Mr Oliver advised that further details are included within the CRR report.</p> <p>Mr Newman requested information relating to supply and demand, and whether the team are aware of specific hotspots that require addressing. Mr Reed advised that part of the D&C work with the Delivery Unit will be to understand the staffing profile of sites, given that it is acknowledged that historically therapy provision has been under established.</p> <p><i>Mrs Cathie Steele joined the Committee meeting</i></p> <p>Referring to the issue of rurality now becoming a positive recruitment benefit, Mrs Delyth Raynsford enquired whether the Health Board has any evidence to support this statement. Mr Reed advised that previously there has been a challenge with recruiting to rural areas, however since COVID-19, there has been an increase in enquiries from individuals expressing an interest to relocate from larger cities to Hywel Dda University Health Board (HDdUHB). Mr Reed further advised that this is evidenced by the successful recruitment for a number of posts which have been vacant for a significant period of time.</p> <p>Whilst welcoming the steps taken to manage Risk 628, Ms Lewis commented that it is too early to determine the impact of these actions. In respect of next steps, given that the Committee requires timescales for the agreed actions, it was proposed that this risk should be monitored by OQSESC, with an update provided to a future QSEAC meeting.</p>	AS
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that risks relating to fragility of therapy staffing levels are being discussed, managed and reviewed through meetings with the Director of Therapies & Health Science and Heads of Therapy Service meetings in order to provide the necessary assurances to QSEAC that operational risks are being managed effectively. • AGREED that further monitoring should be undertaken by OQSESC, with an update provided to a future QSEAC meeting. 	
QSEAC (20)134	<p>RISK 684 LACK OF AGREED REPLACEMENT PROGRAMME FOR RADIOLOGY EQUIPMENT ACROSS UHB</p> <p>Mrs Amanda Evans presented the background to <i>Risk 684 - Lack of agreed replacement programme for radiology equipment across UHB</i>, advising that radiology equipment has a limited lifespan and should be replaced in line with Royal College of Radiologist guidelines. Given the significant costs associated with replacing radiology equipment, previously these have been replaced from the All Wales Capital Programme. In March 2019, due to the number of radiology equipment coming to end of life, Welsh Government agreed to fund four pieces of equipment that had the highest priority, with three out of the four now complete. The MRI scanner in WGH has been delayed due to COVID-19, with completion now anticipated by the end of 2020. Whilst the intention has been to request funding from WG to replace CT scanners, this has not yet been progressed due to COVID-19. For QSEAC's assurance, service contracts are completed annually, with no concerns raised to date.</p> <p>In response to a query raised by Mrs Hardisty in relation to community hospital equipment, Mrs Evans confirmed that whilst these are included within</p>	

	<p>the plan, other equipment has been considered a higher priority to replace. It should be recognised that equipment in community hospitals have lower demands placed on them, resulting in longer lifespans, provided the Health Board can source replacement parts.</p> <p>Mrs Rayani noted that patients also have access to the Integrated Care Centres (ICCs), in Cardigan and Tregaron which have new radiology equipment. This enables patients to access tests closer to home, which is in line with the Health Board's strategic plan. Mrs Evans added that patients can be transferred to the ICC when equipment in BGH is unavailable.</p> <p>Referring to the transfer of patients from BGH, Mrs Raynsford enquired as to the appropriateness of such transfers. In response, Mrs Evans advised that the option to transfer a patient is taken on a case by case basis with the full involvement of the clinician involved in the patient's care.</p>	
	<p>The Committee RECEIVED ASSURANCE that controls are in place to mitigate against Risk 684, and where gaps have been identified these are being managed appropriately.</p>	

QSEAC	QUALITY AND SAFETY ASSURANCE REPORT	
(20)135	<p>Mrs Sian Passey presented the Quality and Safety Assurance Report, confirming that the top three incidents are as previously reported to QSEAC. Mrs Sian Passey advised that Medication Medicine management workshops had taken place across the acute sites with the purpose of identifying what could be done differently Mrs Rayani, further advised that the intention of the workshops were to help understand why errors are occurring and whether the Management of Nursing and Midwifery Medication Errors/Near Misses Policy is fit for purpose.</p> <p>Referring to never events, Mrs Passey advised that it was disappointing that there had been a number within a short period of time and advised on the processes that are in place when a Never Event occurs, which included the instigation of a Quality Panel, which is Chaired, by Mrs Rayani. The purpose of the panel was to consider, whether there was any early learning, provide assurance that the investigations are progressing in a timely manner and also assurances on communication with family and wider stakeholders. Mrs Sian Passey advised on the changes relating to the Healthcare Inspectorate Wales (HIW) working practices with the approach on the use of a three-tiered model of assurance and inspection that reduces the reliance on on-site inspection activity as their primary method of gaining assurance. It is anticipated that Board to Floor Visits will resume at the end of 2020. The Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety Committee held a workshop in September 2020, which focused on patient outcomes for commissioning services.</p> <p>Mrs Passey commented that some of the graphs are now using control limits, which is positive to see, however it has been recognised that further work is required in relation to the interpretation of these. An example can be seen in the falls data that identifies that there is a reduction in falls. However, due to the reduced level of activity due to the pandemic within the in-patient areas there was in fact a proportionately higher rate of falls per in-patient numbers. Furthermore using the graphs it can be difficult to show individual improvement areas as this is diluted in the HB data.</p>	SP/CS

In relation to future reporting, Mrs Passey enquired whether the Committee would prefer to receive a report indicating specific improvements, or an overarching report. In response, Mrs Cathie Steele commented that future reports could include both the Health Board wide graph, and also to provide Members with a better understanding, details of where targeted work may be required. Ms Lewis agreed to discuss options further with Mrs Passey outside of the Committee meeting.

SP/CS

Ms Jill Paterson re-joined the Committee meeting

Noting the high number of never events and serious incidents, Mrs Hardisty enquired whether any learning should be presented to QQSESC. Mrs Steele acknowledged that this follows a period where no never events were reported, stating that the team agreed to establish quality panels to progress learning. In relation to serious incidents, this represents an increase in the number of deaths reported involving Mental Health patients. Ms Lewis agreed to discuss the issues raised with Mrs Passey and Mrs Steele, outside of the Committee meeting with an update provided via the Table of Actions on the agreed approach.

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As a point of clarity, Mrs Hardisty commented that the orthopaedic improvement and learning action plan, had been presented to QQSESC in September 2020 not July 2020.

Mr Newman requested the inclusion of further granularity in future reports. Whilst areas of good practice are cited, the Committee should be advised of challenging areas, which should be supported by triangulation of metrics in order to identify these areas. In response, Mrs Passey advised that it was the intention that reports such as these would be reported to QQSESC through the revised governance structure, following which there would be escalation of the challenging areas to be reported through the reporting structure to QSEAC.

Mr Andrew Carruthers joined the Committee meeting

Mr Keith Jones re-joined the Committee meeting

Mr Lance Reed left the Committee meeting

QSEAC RECEIVED ASSURANCE from the Quality and Safety Assurance Report.

**QSEAC
(20)136**

ASSURANCE REPORTS WINTER PLANNING ON RISKS 129 & 810

Mr Andrew Carruthers informed Members that, given the number of overlapping risks which relate to winter preparedness, it has been proposed that these risks be reviewed in light of the Quarter 3 and 4 returns to Welsh Government (WG), with a suggestion that the risks are merged into one overarching risk.

Mr Nick Davies presented the Risk 129 - Ability to Deliver an Urgent Primary Care Out of Hours (OOH) Service for Hywel Dda Patients report, advising that due to COVID-19, performance indicators relating to service performance

were suspended by WG in March 2020; these have now re-convened. Whilst escalation levels have been agreed, management of the service is contained within the Health Board, with risks mitigated by moving demand to available capacity. However, to ensure performance monitoring is maximised, the Standards and Quality Indicators - 111 and OOH in Wales (2018 V5) are currently being reviewed nationally. Mr Davies advised that given the current shortfalls in capacity and an increase in demand, the risk score cannot currently be reduced. In addition, whilst the Advanced Paramedic Practitioner (APP) model has benefited the service, additional GPs were available at the beginning of the pandemic, however this has now reduced to pre COVID-19 capacity and therefore additional GPs are now required.

Mr Lance Reed left the Committee meeting

Ms Jill Paterson advised that the report illustrates a requirement to agree thresholds and tolerance levels within the service due to the length of time this risk has been on the CRR. Following evidence indicating a reduction in patient impact, it was agreed to reduce the risk score. However, Ms Paterson suggested that QSEAC should agree this tolerance level, accepting the mitigations in place.

Ms Ann Murphy left the Committee meeting

Mrs Hardisty acknowledged the comments by Ms Paterson. However, given that this approach is aligned to the success of the new strategy, enquired as to the next steps in order to progress this.

Mrs Williams commented that the service appears to be operating separately and enquired whether it has been included within the Health Board's 3 year plan. Ms Paterson confirmed that one of the planning objectives for the Health Board includes a 24 hour care model, which will incorporate this service. Mr Carruthers advised that a first point of contact service has been piloted in C&VUHB with early indications that this may be expanded to support part of the response to winter pressures.

In response to the suggestion by Ms Paterson regarding the tolerance of this risk, Mrs Joanne Wilson advised that given that this risk is aligned to quality and safety, the tolerance level has been agreed by the Board. Therefore, where the risk is consistently above this level, it is proposed that the Committee accepts this level and agrees to review later in the year. In response, Members agreed to support this approach, and forward plan a review in 6 months-time, it was further agreed to include the agreed approach within the QSEAC update report to Board.

Mr Keith Jones provided a verbal update relating to *Risk 810 Poor quality of care within the unscheduled care pathway*, advising that this risk will be included within the review of the Quarter 3 and 4 returns to WG. There is evidence that demand within the unscheduled care pathway is increasing, presenting additional pressures on the system. Therefore a winter plan report would be presented to QSEAC in December 2020, which will include details on the identified actions and whether these are mitigating the risks involved relating to the quality and safety of services. For clarity, Mrs Rayani advised that the focus of the report should indicate the impact for the patient and any identified harm associated with reduced performance. Ms Paterson suggested

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	<p>that following discussions at Board, the report should be expanded to include the impact on patients due to delayed transfers of care (DTOC), given that discharge and flow are interlinked. Mr Jones confirmed that a whole system approach would be included within the report to QSEAC in December 2020.</p> <p>In summary, on behalf of QSEAC, Ms Lewis recognised the significant work undertaken by Mr Davies and the team involved to improve the OOH service.</p>	AC/KJ
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Assurance Report Winter Planning on Risk 129. • NOTED the current fragile state of OOHs services at the Health Board in addition to the actions taken in an effort to mitigate the situation. • NOTED the verbal update on Risk 810 and that a report on winter planning would be presented to QSEAC in December 2020. 	
QSEAC (20)137	TRANS-CATHETER AORTIC VALVE INSERTION (TAVI) PROGRESS REPORT	
	<p>The Trans-Catheter Aortic Valve Insertion (TAVI) Progress Report from Swansea Bay University Health Board (SBUHB) was presented to Members.</p> <p>In response to a query from Mrs Hardisty, Dr Kloer advised that whilst the service for HDdUHB patients has improved significantly, SBUHB were only monitoring elective patient referrals to the service and not urgent cases; this has now been resolved. However, it should be recognised that with the combination of the winter period and the expected increase in COVID-19 patients, TAVI patients may experience delays, therefore the outcome of the review into the second cohort of patients will determine whether any concerns have been raised.</p>	
	<p>The Committee RECEIVED ASSURANCE from the progress made in treating those patients on the Trans-Catheter Aortic Valve Insertion (TAVI) waiting list.</p>	
QSEAC (20)138	MORTALITY REVIEW OF THE IMPACT ON PATIENTS WAITING FOR A PROCEDURE DURING THE COVID-19 PANDEMIC	
	<p>Dr Kloer presented the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic report, advising that this is a preliminary report to determine whether mortality data has been comparable to non-COVID-19 activity within HDdUHB and also across Wales. On initial analysis, whilst the mortality rate in March 2020, was significantly higher, over an extended period until July 2020, the average percentage mortality rate has remained significantly lower for Hywel Dda compared to the All Wales average. However, triangulated data is required to determine the full impact upon those waiting for treatment from a mortality perspective. Whilst accepting that further work is required, Dr Kloer expressed thanks to the team involved in preparing the report.</p> <p>Mr Newman requested clarity on the plans relating to the triangulation of data and also the expected timescales for the Committee. In response, Mrs Rayani advised that the teams would need to review data relating to mortality and patient experience in order to reach a decision on whether delays in treatment may have been a factor. However, with COVID-19 demand increasing this may take longer than anticipated, and therefore suggested that a realistic timescale to receive a further update should be no earlier than February 2021.</p>	

	<p>Mr Carruthers commented that given the continuing nature of the pandemic, there may be a challenge in receiving adequate data to analyse. Of further consideration will be the variability of a second wave of the pandemic, given that the Health Board will be directed by national policy. Whilst wider patient harm is recognised, an increase in patient numbers may change WG policy and as a consequence of this, change the patient acuities.</p> <p>Recognising that the current analysis does not highlight any immediate concerns, that triangulated data (not yet available) is required to determine the full impact upon those waiting for treatment, and that a formal review requires comprehensive analysis, it was agreed that a further update would be presented to QSEAC in February 2021. However, the Medical Director's team will retain an oversight of data as it becomes available and any concerns will be flagged for immediate attention prior to February 2021 if necessary.</p>	PK/AC
	The Committee NOTED and DISCUSSED the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic and AGREED that a further report be presented to QSEAC in February 2021.	
QSEAC (20)139	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE	
	<p>Mr Oliver presented the Operational Quality, Safety and Experience Sub-Committee (OQSESC) exception report and revised OQSESC Terms of Reference for ratification.</p> <p>Mrs Hardisty commented that following the meeting, all directorates have been issued with guidance for risk reporting to OQSESC.</p> <p>With no further comments from Members, the revised OQSESC Terms of Reference were approved.</p>	
	QSEAC NOTED the content of the OQSESC exception report and RATIFIED the revised OQSESC Terms of Reference.	
QSEAC (20)140	LISTENING & LEARNING SUB-COMMITTEE	
	No update as previous Listening & Learning Sub-Committee meeting cancelled.	
QSEAC (20)141	RESEARCH & DEVELOPMENT SUB-COMMITTEE & THE REVISED R&DSC TERMS OF REFERENCE	
	<p>Dr Kloer presented the Research & Development (R&D) Sub-Committee exception report and revised R&DSC Terms of Reference for ratification, advising that the meeting had been well attended, with discussion progressing in the right direction.</p> <p>With no further comments from Members, the revised R&DSC Terms of Reference were approved.</p> <p><i>Mrs Rebecca Jewell and Mrs Helen Williams left the Committee meeting</i></p>	
	QSEAC NOTED the Research & Development (R&D) Sub-Committee exception report and RATIFIED the revised R&DSC Terms of Reference.	

QSEAC (20)142	EXCEPTION REPORT FROM INFECTION PREVENTION STRATEGIC STEERING GROUP	
	The Infection Prevention Strategic Steering Group exception report was presented, with no comments received from Members.	
	QSEAC NOTED the Infection Prevention Strategic Steering Group exception report.	
QSEAC (20)143	EXCEPTION REPORT FROM STRATEGIC SAFEGUARDING WORKING GROUP	
	Mrs Passey presented the Strategic Safeguarding Working Group exception report advising that the Group received a presentation outlining learning for the service following the publication of the Adult Practice Review (APR) CWMPAS 012019 on 21st August 2020. For assurance, Mrs Passey confirmed that the Regional Safeguarding Board will develop a regional action plan for the Health Board to progress.	
	In response to a query from Mrs Raynsford, Mrs Passey advised that children's homes visits are being supported weekly with virtual clinics following Public Health Guidance. For clarity however, Looked after Children's (LACs) health assessments are still being undertaken, along with attendance at LAC reviews and strategies, although the Health Assessments are undertaken by virtual means or telephone.	
	QSEAC NOTED the Strategic Safeguarding Working Group exception report.	
QSEAC (20)144	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 (20)145	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY	
	No report as all actions have been completed.	
QSEAC (20)146	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY	
	No report as all actions have been completed.	
QSEAC (20)147	ANY OTHER BUSINESS	
	No other business was discussed.	
QSEAC (20)148	REFLECTIVE SUMMARY	
	Mrs Rayani reflected the following key points from the meeting: <ul style="list-style-type: none"> An acknowledgment that the risks contained within the Corporate Risk Report would be aligned to the Health Board's planning objectives. 	

	<ul style="list-style-type: none"> Whilst Members received assurance from the reports presented, an increased focus relating to patient experience is required for future reports to the Committee. 	
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QSEAC (20)149	DATE & TIME OF NEXT MEETING	
	9.30am Tuesday 1 st December 2020	