

**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, 7 th July 2020
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	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) Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC)
In Attendance:	Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Executive Medical Director & Deputy CEO (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) (part) Mrs Ros Jervis, Executive Director of Public Health (VC) (part) Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (VC) Ms Jill Paterson Director of Primary Care, Community and Long Term Care Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) (part) Mrs Joanne Wilson, Board Secretary (part) Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) Mrs Sharon Daniel Assistant Director of Nursing (Nursing Workforce, Education and Professional Standards) (VC) (part) Ms Karen Richardson, Committee Services Officer (Minutes)

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(20)91	The Chair, Ms Anna Lewis, welcomed all to the QSEAC meeting, reminding Members of the purpose of QSEAC to scrutinise the quality and safety impact emanating from reports, which should enable focused discussions on key concerns.	
	Apologies for absence were received from: <ul style="list-style-type: none"> Miss Maria Battle, HDdUHB Chair 	

QSEAC	DECLARATIONS OF INTERESTS	
(20)92	No declarations of interests were made.	

QSEAC	NURSE STAFFING LEVELS	
(20)93	Mrs Mandy Rayani presented the Nurse Staffing Levels report, highlighting HDdUHB's approach to establishing revised processes to ensure that nurse staffing levels are systematically calculated and agreed in line with the requirements of the Act during COVID-19. Members noted the weekly meetings that take place with all Heads of Nursing (HoNs) to agree ward configurations, which due to changes in patient modelling data require continual review, and that further ward configurations will be required as the Health Board restarts its routine procedures. Mrs Rayani drew Members	

attention to the additional narrative included in the report following previous concerns raised in regard to instances where professional judgements are required. To ensure that wards are compliant with the Act during COVID-19, staff have been transferred where feasible, and beds have been temporarily closed, when required, however it should be recognised that the Health Board has received fewer patients during the pandemic than initially anticipated.

In response to a query from Mr Paul Newman on the achievability of 100% compliance with the Nurse Staffing Levels (Wales) Act, Mrs Rayani clarified that the Act requires that calculations have been established, therefore the Health Board has been compliant. On occasions where gaps have been identified, professional judgement has been exercised, with appropriate mitigations established in order to comply with the Act.

In response to a further query from Mr Newman relating to the temporary bed closures, Mrs Rayani confirmed that this is a recognised mitigation when the number/skill mix of nursing staff on duty is not as per the planned roster.

In summary, Members received an assurance regarding HDdUHB's approach in establishing revised processes during COVID-19.

Mr Andrew Carruthers joined the Committee meeting

The Committee **DISCUSSED** the content of the report and **RECEIVED ASSURANCE** from the actions taken to maintain nurse staffing levels.

**QSEAC
(20)94**

CORPORATE RISK REPORT

The Committee received the Corporate Risk Report (CRR), recognising the synergy between the Corporate Risk Register and the Operational Risks incorporating COVID-19 report.

Members queried the rationale behind the inclusion of a number of risks on the CRR, in particular *Risk 733 - Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal (ALNET) Act (Wales) 2018 by September 2020*, with the following points noted during discussion:

- this risk has been added to the CRR at the request of the Executive Team, given that it affects multiple directorates.
- a recognition that the Health Board may not meet the requirements of the ALNET Act due to staff being redeployed during COVID-19.

Members discussed the appropriateness of including a single risk on the CRR where the Health Board may not comply with legislation, rather than implying that *Risk 733* is unique. Mrs Rayani responded however that similar risks may be included within other Committees portfolio, for example, Health and Safety compliances which would be aligned to the Health and Safety Assurance Committee (HSAC). Mrs Joanne Wilson proposed that those responsible may require a reminder of the process in regard to the inclusion of risks on the CRR, which will be imperative following COVID-19. Whilst concurring with Mrs Wilson, Mr Newman commented that a fundamental review is required given the change in circumstances due to COVID-19, and that a number of new risks may require consideration. Mrs Rayani commented that the challenge will be in determining what constitutes a risk; whilst there may be a number of

	<p>issues due to an increase in activity, when mitigations are established there may not be a requirement to include these within the risk register.</p> <p>Members suggested that risks should acknowledge the impact due to COVID-19 and that this should be reflected within the risk register.</p> <p>Mr Andrew Carruthers advised that one element of the Welsh Government (WG) Coronavirus (COVID-19) NHS Wales Operating Framework (2020/21) Draft Quarter 2 Response required the identification of risks since COVID-19, and that the submission highlighted the need to review the Health Board's corporate risks.</p> <p>Referring to the reduction in score to <i>Risk 635: No deal Brexit affecting continuity of patient care</i>, Mrs Ros Jervis commented that both COVID-19 and a no deal Brexit are related to business continuity, and that the Health Board's response to COVID-19 means that the plans in place to mitigate these business continuity risks have been tested.</p> <p>Following further discussion, Members acknowledged that additional work is required to ensure that Corporate risks are aligned appropriately on the risk register, with Mrs Wilson offering her support to Executive Directors (EDs) to progress.</p> <p>Following a number of queries raised on the clarity of the risks contained within the CRR, and concerns regarding the priority afforded to this work, Members enquired whether the Committee can be assured that the process outlined within the report been applied; this is particularly important given that the Committee is required to provide an assurance to Board in July 2020.</p> <p>Mr Newman proposed that the QSEAC Update Board report should state that following a review of the risks on the CRR, the Committee is seeking further information and assurance regarding the timescales of a review of any new risks which should be added to the register.</p> <p>In summary Ms Lewis suggested that as only limited assurance has been received from the report, in order for the Committee to provide an assurance to the Board, additional narrative should be provided which confirms that the process outlined within the report has been applied.</p>	MR
	<p>The Committee RECEIVED LIMITED 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. 	

QSEAC (20)95	<p>OPERATIONAL RISKS INCORPORATING COVID-19</p> <p>The Committee received the Operational Risks Incorporating COVID-19 report. Noting that the score for Risk 848 relating to critical care medicines, has remained static, Professor John Gammon enquired whether the all Wales agreement to support access to medicines during COVID-19 has been effective. Mr Carruthers responded that the risk score reflects both the potential risk due to a possible increase in activity and also concerns regarding the identified shortage of UK medicines. For the Committee's assurance the Health Board maintains 4 days of stock at any one time, to</p>	
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	<p>ensure that adequate supplies are available to cover a weekend period. On a positive note, Mr Carruthers commented that the all Wales model has worked well under significant challenges.</p> <p>In response to a number of queries regarding new risks themed as COVID-19 within the report, Mrs Wilson confirmed that when these risks have been added to DATIX, the risk owner has identified a link to COVID-19.</p> <p>On the basis of the discussions held, Ms Lewis supported the report's recommendation, noting that whilst risks are being reviewed and that work is continuing, additional work is required.</p>	
	<p>The Committee RECEIVED ASSURANCE that operational risks are being reviewed and updated to reflect the impact of COVID-19, noting that work is continuing whilst acknowledging that additional work will be required.</p>	

<p>QSEAC (20)96</p>	<p>RISK DEEP DIVE</p> <p>The Committee noted the deferral of the Risk Deep Dive report until the next QSEAC meeting on 13th August 2020. Members accepted this would be an appropriate timescale in which to receive this report given the anticipation of receipt of feedback from WG following the submission of the Quarter 2 framework document.</p> <p>Ms Lewis welcomed the clarification, and confirmed that a Risk Deep Dive would be presented to the next QSEAC meeting in August 2020.</p>	
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<p>QSEAC (20)97</p>	<p>FIELD HOSPITAL UPDATE</p> <p>Mr Carruthers introduced the Field Hospital Update, advising that at the time of the report's preparation, no patients had used the field hospital sites, therefore, quality, safety and experience data is not yet available. Subsequently however, the temporary field hospital in Carmarthen, known as Ysbyty Enfys Caerfyrddin, has now opened for a small cohort of patients, with further patients due to be transferred on 07.07.2020. Members noted that feedback from the first cohort of patients has been positive whilst recognising that the experience received will require further analysis once capacity within the field hospital is increased.</p> <p>In terms of communication regarding access to field hospitals for relevant patients, their families and members of the public, Mr Carruthers confirmed that the Health Board has been proactive in issuing press releases ahead of the opening of the Carmarthen field hospital facility, in addition to providing leaflets for patients and families utilising the service. The Health Board has also been transparent with the public that the Carmarthen field hospital facility is being opened to test the system, with all other field hospitals currently on standby. Members expressed their thanks to all involved for the significant work undertaken in establishing Hywel Dda's field hospitals.</p> <p><i>Mrs Sharon Daniel joined the Committee meeting</i></p> <p><i>Mrs Ros Jervis left the Committee meeting</i></p> <p>In response to a query from Mr Newman regarding the recent concerns raised in relation to the water quality at Bluestone field hospital in Pembrokeshire, Mrs Rayani understood that this is now resolved. Mr Carruthers emphasised</p>	
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that the water quality requirements for hospital facilities is stricter than for public premises and there is still a risk for the site to be operational due to the size of the site and the lack of use during the COVID-19 pandemic, which is anticipated to improve once the tourists start using the facilities. Mr Newman expressed concern that this had not been raised at the Finance Committee when the discussion regarding the extension to the contract had been discussed. For assurance, Mrs Rayani advised that regular monitoring of the water quality on all Health Board sites including field hospitals is undertaken by the Infection, Prevention and Control Team (IP&C) in order to ensure that these meet the minimum standards required.

The Committee **NOTED** the Field Hospital Update.

**QSEAC
(20)98**

HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019

Mrs Sharon Daniel presented the Health & Care Standards Fundamentals of Care Audit 2019 report and presentation, highlighting the following key points:

- overall patient satisfaction = 93%, noting that triangulation against other results, for example Friends and Family surveys, will be progressed.
- sleep and rest is the lowest scoring aspect of care from a patient’s perspective, with the national average at 40%; this is an area noted for improvement with focused work to commence with the Quality Improvement Team.
- given that only 71% of surveys were completed by the patient themselves, targeted work is required to support vulnerable groups.
- currently the survey is completed in paper form, which is time consuming to complete and evaluate.
- due to a reduction in satisfaction below 90% relating to preventing pressure & tissue damage and record keeping, these aspects will also require further focused work to improve.
- whilst patient satisfaction with medicines management has remained static at 95%, focused workshops and quality improvement work around this aspect of care will commence.
- for 2020, whilst the operational element of the audit will be suspended, it has been agreed to continue to undertake the patient experience survey and the staff survey.
- the Senior Nurse Management Team (SNMT) regularly discuss patient surveys in order to agree on improvement work required.

Mrs Hardisty expressed disquiet that targeted work to improve a patients rest and sleep is not already being progressed. Mrs Daniel advised that part of the targeted work will be to ensure that previous actions have been implemented across the Health Board. For assurance, Mrs Rayani confirmed that staff have consistently been working to improve sleep and rest for patients in their care.

In response to a query regarding the reduction in blood management satisfaction score, Mrs Daniel advised that this is related to staff who are compliant with training on administration, therefore low compliance reduces the overall score.

Whilst the Health & Care Standards Fundamental of Care (HCSFOC) Annual Audit focuses on nursing care, Mrs Rayani advised that in order to ensure

	<p>improvements take place across all healthcare services, a whole system approach will be required.</p> <p>In summary, Ms Lewis noted the on-going discussions that take place to progress actions at SNMT and welcomed broadening these discussions in order to triangulate results. Ms Lewis suggested that the Committee should receive a follow up report to provide an assurance that the identified actions are being progressed, and Mrs Rayani proposed December 2020 as a realistic timescale.</p> <p><i>Mrs Sharon Daniel left the Committee meeting</i></p>	MR
	<p>The Committee:</p> <ul style="list-style-type: none"> • ACCEPTED the Health & Care Standards/Fundamentals of Care (2019) audit findings presented in the report. • NOTED the proposal for the 2020 annual audit. 	

QSEAC (20)99	<p>PERSONAL PROTECTIVE EQUIPMENT (PPE) UPDATE</p> <p>Mrs Rayani provided a verbal update to Members in regard to Personal Protective Equipment (PPE), advising of a delay with supplies due from China and Turkey. To mitigate this, mask fit testing is being undertaken on alternative products, which will be improved following the purchase of a new fit testing machine, with additional hoods also being sourced. Mrs Rayani further advised that to ensure adequate supplies are available, PPE is transferred to where it is required across the organisation, where necessary. In addition to the Hywel Dda PPE Cell which meets fortnightly to discuss Health Board supplies, Mrs Rayani confirmed that she attends the National PPE Cell to support the supply of PPE on an all Wales basis.</p> <p>The Committee NOTED the Personal Protective Equipment (PPE) Update.</p>	
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QSEAC (20)100	<p>INCIDENT REPORTING DURING COVID-19</p> <p>Mrs Sian Passey introduced the Incident Reporting During COVID-19 report, advising that whilst the number of reported safety incidents has reduced, there has been a rise in the number of incidents per 1,000 patients during this period. Whilst it is challenging to identify why this has occurred, it could be linked to the acuity of patients seen during the COVID-19 period, however the assurance team will continue to monitor this in order to identify any themes involved.</p> <p>Following discussions with the Health and Safety and IP&C teams, it has become apparent that staff who have reported positive with COVID-19 are captured on a separate system to DATIX, therefore it has been difficult to establish how many staff have been affected. However, new cases are now being added to DATIX, and a review will be undertaken using the all Wales toolkit, with feedback presented to the Health and Safety Assurance Committee (HSAC). An all Wales Framework for Investigations – Patient COVID-19 cases is also being developed which should be available by August 2020.</p> <p>Further to a query raised at a previous QSEAC meeting, Mrs Passey confirmed that following a review undertaken, no significant increase in hip</p>	SP/KR
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	<p>fractures has been noted during the COVID-19 pandemic. However, changes to data collection made in April 2020 now include fractures to the shaft of the femur, therefore it is difficult to determine whether COVID-19 has had an impact to date. On a positive note, Members were informed that the Delivery Unit had attended a site meeting in May 2020 and complemented the Health Board's processes.</p>		
	<p>In response to a query from Mrs Hardisty regarding hip fractures in the community, Mrs Passey confirmed that community data is discussed at the Falls Group and that this includes external representation such as the Welsh Ambulance Service NHS Trust (WAST).</p>		
	<p>Prof. Gammon enquired whether any data has been received in relation to the impact on staff wellbeing during the pandemic. Mrs Passey confirmed that the Occupational Health Team is progressing this, and agreed to request this information on behalf of the Committee.</p>		SP
	<p><i>Mrs Joanne Wilson and Dr Subhamay Ghosh left the Committee meeting</i></p> <p>In summary, Ms Lewis suggested that the Committee could take an assurance from the report, noting that QSEAC would continue to receive regular updates.</p>		SP/KR
	<p>The Committee RECEIVED ASSURANCE that there are processes in place to monitor incident reporting during the COVID-19 pandemic and that appropriate action is taken.</p>		

QSEAC (20)101	ANY OTHER BUSINESS	
	No other business was discussed.	

QSEAC (20)102	REFLECTIVE SUMMARY	
	<p>Mrs Rayani reflected the following key points from the meeting:</p> <ul style="list-style-type: none"> • Nurse Staffing Levels: Members recognised the challenges in maintaining nurse staffing levels and supported the established mitigations. • Corporate Risk Report: with only limited assurance received from the report, Members agreed that additional narrative should be included within the QSEAC Update Report to the July 2020 Board. • Field Hospital Update: Members received an assurance from the processes undertaken. • Health & Care Standards Fundamentals of Care Audit 2019: Members noted the Quality Improvement and triangulation work being progressed and agreed for an update on the planned actions to QSEAC in December 2020. 	

QSEAC (20)103	DATE & TIME OF NEXT MEETING	
	9.30am Tuesday 13th August 2020	