

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

Present:	Ms Anna Lewis, Independent Member (Committee Chair) 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) (part)
In Attendance:	Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Executive Medical Director & Deputy CEO Mrs Ros Jervis, Executive Director of Public Health (VC) (part) Mrs Natalie Vanderlinden, Assistant Director of Therapies and Health Science, deputising for Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (VC) Mrs Joanne Wilson, Board Secretary Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (part) Mrs Lisa Davies, Clinical Effectiveness Co-ordinator (VC) (part) Mrs Jenny Pugh-Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part) Mrs Anne Beegan, Audit Wales (VC) Ms Karen Richardson, Committee Services Officer (Minutes)

QSEAC (20)54	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Extraordinary QSEAC meeting advising that the focus for discussion should be in regard to COVID-19 business only.	
	Apologies for absence were received from: <ul style="list-style-type: none"> Ms Alison Shakeshaft, Executive Director of Therapies and Health Science Dr Subhamay Ghosh, Associate Medical Director, Quality & Safety Mr Andrew Carruthers, Executive Director of Operations Ms Jill Paterson Director of Primary Care, Community and Long Term Care Mrs Cathie Steele, Head of Quality & Governance Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) 	
QSEAC (20)55	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

<p>QSEAC (20)56</p>	<p>POLICY/GUIDANCE UPDATES - COVID-19 NATIONAL AND LOCAL APPROVED AND PUBLISHED GUIDANCE</p> <p>Dr Philip Kloer presented the Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance report, outlining the approach taken given recognition that all COVID-19 guidance would require a robust process for approval and dissemination within the Health Board. Once it became apparent that this would require regular monitoring, Mrs Lisa Davies, Clinical Effectiveness Co-ordinator and Mrs Christine James, Policy Co-ordinator had been tasked with overseeing the process, with support from the Command Centre. Dr Kloer expressed thanks to both Mrs Lisa Davies and Mrs Christine Davies for the work undertaken to date.</p> <p>Mrs Lisa Davies advised that the new procedures are now embedded and working well within clinical teams, and that learning from COVID-19 would be taken forward for future engagement with clinical teams. In addition, given the number of conflicting national guidance issued, the recommended Health Board approach is presented to Gold Command for approval in each case.</p> <p>In response to a query regarding any gaps in guidance, Mrs Davies confirmed that a centralised process has been agreed which is co-ordinated by the Command Centre in order that all guidance is disseminated to clinical teams in a timely manner. Dr Kloer added that with both his and the Executive Director of Nursing, Quality & Patient Experience's support, all clinical and nursing leads are engaged in supporting the communication of new guidance to staff.</p> <p>Whilst acknowledging the significant amount of information received by staff, Mr Paul Newman enquired as Chair of the Audit & Risk Assurance Committee, whether compliance is being monitored. Mrs Mandy Rayani responded that discussions have taken place with Mrs Mandy Davies, Assistant Director of Nursing & Quality Improvement, to consider the resuming of certain services, in particular, Board to Floor walkabouts and local audits, recognising that where essential activity has continued to support national audits. Further discussions regarding standards of practices have taken place with the Heads of Nursing on each site in addition to Health & Care Standards monitoring; these will all be linked to the current guidance. Mr Newman recognised that the Health Board is at an early stage of implementing new guidelines, however emphasised the importance of recording compliance. Mrs Ros Jervis suggested that compliance is a contextual issue given that the Health Board is not currently operating within normal practice, with guidance constantly being reviewed and amended following the regular receipt of additional and new guidance issued.</p> <p>Prof. Gammon enquired as to the process undertaken by the Health Board in interpreting and agreeing on conflicting evidence and guidance received by the various governing bodies. Dr Kloer relayed an example in relation to conflicting Personal Protective Equipment (PPE) guidance from both the Resuscitation Council and NHS England on cardiopulmonary resuscitation (CPR), and that whilst it is unusual for there to be discrepancies, where these occur these are escalated to Mrs Rayani, Mrs Alison Shakeshaft, Executive Director of Therapies and Health Science and himself. In this particular example, following discussion and taking into consideration the view of other Health Boards, Gold Command were requested to agree to support the guidance issued by the Resuscitation Council. Mrs Joanne Wilson advised</p>	
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	<p>that a report for presentation to the next Board meeting on 28th May 2020 would provide the validation and justification on the agreed approach, particularly given that Welsh Government has followed the NHS England guidance. For the Committee's assurance, Mrs Rayani confirmed that for any variations in guidance, the Health Board will engage with key individuals who may be impacted by the guidance, and for any cases where significant discrepancies occur, a report would be presented to Gold Command for approval.</p> <p><i>Mrs Lisa Davies left the Committee meeting.</i></p>	
	<p>QSEAC NOTED the local and national COVID-19 guidance, which has been approved and published on the Health Board's COVID-19 Patient Management webpages.</p>	

QSEAC (20)57	<p>NEW CORPORATE RISKS ASSIGNED TO QSEAC IN LIGHT OF COVID-19</p> <p>Mrs Rayani advised that it had been agreed to defer this item due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register which is currently being undertaken; it was therefore too early in the process to present a report to the Committee. The Executive Team is currently in discussion with the Head of Risk and Assurance regarding inclusion of the new risks in addition to amendments to current risks in light of COVID-19, with the intention to present a report to the Public Board in June 2020.</p> <p>Whilst acknowledging the new risk process, Prof. Gammon emphasised that for the Committee's assurance, continued monitoring of current risks is required in order to remain diligent. Mrs Wilson reminded Members that during the period where certain Committees and Sub-Committees of the Board are not holding meetings, it had been agreed at the Board meeting in March 2020 that for assurance purposes, non-COVID-19 risks should be managed through the Executive Team.</p> <p>Whilst accepting the required process for including new risks onto the Corporate Risk Register, Mrs Lewis expressed concern from an Independent Member perspective at not being in a position to scrutinise new and emerging risks, and enquired whether an approach could be agreed in the interim. Mrs Wilson responded that Datix reporting now includes reference to COVID-19. While the number of new risks related to COVID is still being assessed by the services, a significant number of existing risks are impacted by COVID-19 and its consequences, and these are being reviewed currently in order to provide an accurate reflection in the Risk Register for scrutiny by the Board at June 2020 meeting.</p>	
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QSEAC (20)58	<p>INCIDENT REPORTING DURING COVID-19</p> <p>Mrs Sian Passey presented a verbal update in relation to incident reporting during COVID-19, advising that to date, the total reported incidents on Datix is comparable to the previous year. As alluded to earlier, Datix now has additional fields for COVID-19 related incidents including PPE. Mrs Passey advised that 9 reported incidents relate to communication issues, which are currently being reviewed. At the end of March 2020, 5 incidents in relation to PPE had been reported, in the main regarding fit testing, however no further issues have been reported since. The Assurance and Safety Team has now</p>	
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	<p>introduced a 72 hour scrutiny process, which will support operational teams in sharing learning from events.</p> <p>In addition, during the current COVID-19 pandemic, 3 never events have been reported where minimal harm has been confirmed, which have not been linked to COVID-19. For comparison during the same period the previous year, only one had been reported. Mrs Passey advised that an incident report would be presented to the July 2020 Extraordinary QSEAC meeting.</p> <p>Following a query from Prof. Gammon regarding never events, Mrs Rayani provided an assurance that all the patients involved have been spoken with at the time and that further reviews are currently being undertaken.</p> <p>In response to a query raised by Mrs Lewis, Mrs Passey confirmed that certain patients have experienced increased tissue damage due to wearing facial masks for a prolonged period.</p> <p>In relation to the potential for a possible reduction in Hospital Acquired Infections (HAIs), Mrs Rayani advised that Infection Prevention meetings are being reinstated and would review the available data to establish any emerging themes, in particular whether following improved hand hygiene due to COVID-19, a reduction in community infections may result.</p> <p>QSEAC NOTED the verbal update on Incident Reporting During COVID-19.</p>	<p>SP/KR</p>
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<p>QSEAC (20)59</p>	<p>PATIENT FEEDBACK DURING COVID 19</p> <p>Mrs Louise O'Connor presented a verbal update in relation to Patient Feedback during COVID-19, advising that between January and March 2020, the Health Board received 55 formal complaints. In April 2020, the complaints received reduced by 50%, with the numbers continuing to fall on a weekly basis by around 5% per week. The complaints received generally relate to patient appointments, delays in receiving surgery, outpatient clinics, and specific concerns relating to pain clinics and diagnostics and medical decisions regarding discharge and discharge arrangements. Mrs O'Connor further advised that the most significant area of concern related to communication, for example, families not receiving regular communication from wards, a lack of information regarding arrangements for visiting very ill relatives, difficulties in contacting staff for updates which in some cases has been over a period of 4 to 5 days. Whilst the rate of closure for complaints has remained at the same rate as previously, there is expected to be a reduction in the number completed within 30 working days. For the Committee's assurance, it was confirmed that families receive regular updates by the team involved and this is being monitored.</p> <p>In relation to patient experience data, Mrs O'Connor advised that the Health Board has continued to collect patient and service user feedback through the friends and family test voice and text system, compliments, and informal concerns via the Patient Advisory Liaison Service (PALS) team and on line surveys. The volume of feedback received is in line with the volume of patient activity, and as the volume of patient activity has reduced, this has been mirrored in the volume of feedback received. Given the reduction in patient activity, the team is contacting fewer patients during the current period. Under normal circumstances, the higher the volume of feedback, routinely the higher</p>	
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the satisfaction score. However, despite the reduction of patient activity, Members were pleased to note a rise in the overall satisfaction score to 92%. Members further noted that whilst ward based survey work has been postponed, this will resume in the next few weeks, in addition to liaison with services to undertake patient experience surveys for certain specialties.

Mrs O'Connor advised that patients have welcomed the new phone and video consultation arrangements which are currently operational in A&E departments, Minor Injuries Units (MIU's), outpatient and inpatient areas in Glangwili and Worthybush General Hospitals, and Prince Philip Hospital for a number of specialties, with further roll out planned.

Mrs O'Connor outlined the work of the PALS team who have been supporting the operational site teams with a range of duties including:

- distribution of the Amazon wish list scheme set up by the Charities team.
- new initiatives being promoted on social media, including a 'thinking of you' scheme which allows relatives and friends to send in messages letters and photographs which are then placed in a folder and taken to patients on the wards, and where possible facilitate a response back from the patient.
- facilitating the use of the iPads on wards to conduct virtual visiting which will also be promoted with the other services during the coming weeks.
- operating the patient and public COVID-19 helpline 7 days per week.

In response to the concerns regarding communication issues, Mrs O'Connor relayed details of the newly established family liaison role which it is anticipated would be ward based for 2 shifts per day, 7 days per week, to facilitate communication and patient experience. Newly appointed Healthcare Support Workers (HCSW) will undertake this role, with their time protected to focus on patient experience and communication. The role will involve phoning families with regular updates, facilitating virtual visiting, undertaking surveys using iPads, assisting with any specific communication needs, and working with the PALS teams, which should lead to a significant positive impact on patient and family experience. Future plans include providing a family liaison role to support families following bereavement during the COVID-19 pandemic, and setting up a property hub on each site to arrange the safe return of deceased's belongings to the family, either by collection or delivery into the community.

Mrs O'Connor confirmed that the inaugural meeting of the Listening and Learning Sub-Committee would take place on 3rd June 2020, with a verbal update provided to QSEAC's next meeting.

In response to a query from Mrs Hardisty regarding complaints received from patients accessing primary care services, Mrs O'Connor confirmed that whilst numbers have been lower during the COVID-19 pandemic, these related specially to concerns regarding access to treatment and delays with planned appointments.

Mr Newman enquired whether the Health Board would be contacting COVID-19 patients for feedback regarding their care in order to inform learning. Mrs O'Connor responded that this has not as yet been agreed, however confirmed that this cohort of patients could be considered for contact.

LOC
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Mrs Rayani informed Members that following discussions with the Carmarthenshire County Head of Midwifery, staff have captured a number of positive stories from mothers giving birth during COVID-19 and suggested these could be shared at either Board or QSEAC.

MR/JW

Mrs Rayani further informed Members that in order to support those patients with a learning disability in understanding and accessing services during COVID-19, an easy read document had been produced.

Welcoming the increased use of phone and video consultations, Prof. Gammon enquired whether use of these would change practice going forward. Mrs Rayani advised that discussions are taking place to establish which services would be appropriate post COVID-19. Whilst primary care services have embraced this approach, Dr Kloer commented that it can take longer to undertake a phone consultation with a patient as opposed to face to face, although this could be due in part to clinicians and patients adapting to a new process. In relation to outpatient appointments, a number of options are being considered, including a pilot with Microsoft Teams; once reviewed, a suitable approach for different specialties would need to be agreed. Dr Kloer emphasised that post COVID-19, services should guard against reverting to previous arrangements, without considering the benefits that the new processes introduced could bring.

In relation to a query from Mrs Lewis regarding end of life visits during COVID-19, Mrs Rayani confirmed that wards have received guidance that risk assessments should be undertaken on a ward by ward basis, and that where appropriate, visits by a relative should take place. On occasions where this has not been possible, wards have used skype facilities.

In regard to a query from the Community Health Council in relation to mixed messages from the media regarding Do Not Attempt Resuscitation (DNACPR), it was noted that wards endeavour to accommodate patient's wishes and ensure that advanced plans are in place for end of life care. Mrs Hardisty advised that the Learning Disability team shared an article highlighting evidence of an increase in DNACPRs orders for Learning Disability patients and that discussions have now taken place with GP Leads to ensure they are aware of the guidance.

Recognising the long standing concerns regarding a lack of communication with patients, and recognising that QSEAC should advocate the patient voice, Mrs Lewis proposed that a review of this long standing theme should be taken forward by QSEAC.

**MR
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Mrs Rayani presented the draft Ombudsman year end position to Members, advising that across Wales, complaints have increased by 1.6%, however for Hywel Dda, complaints have reduced by 16%. In regard to Hywel Dda complaints handling by the Ombudsman, there has been a reduction of 42% with the Ombudsmen upholding 43% of closed complaints. This serves to demonstrate that the Health Board has made significant improvements at the initial stage of investigations, resulting in no public interest reports being issued during the year. Mrs Lewis welcomed the improvements, noting the improvement as a foundation to take forward future work.

	The Committee NOTED the verbal update in relation to Patient Feedback during COVID-19.	
QSEAC (20)60	<p>NURSE STAFFING PRINCIPLES FOR COVID-19</p> <p>Mrs Rayani presented the Nurse Staffing Principles for COVID-19 report, apologising for its late issue. Members were informed that a significant amount of work has been undertaken by the team involved to reach this point, and for the Committee's assurance, a robust process has been undertaken to determine the revised calculations in regard to the professional to patient ratio models outlined within the report.</p> <p>It was noted that the Health Board has considered alternative professional to patient ratio models for areas outside of 25B (wards that can be defined as medical or surgical wards), given that quality indicators are currently not available for COVID-19 wards, with the calculations based on a worst case scenario following national guidance. In relation to field hospitals, the calculations are based on the principle of utilising other registrants, for example, physiotherapists and a further option of band 4 support roles. Other roles are also being considered including respiratory support workers. Prior to any new roles being taken forward, these will be reviewed to ensure that delegation is effective and in line with the All-Wales Delegation Framework. Mrs Passey confirmed that a Task & Finish Group has been established to review new roles to ensure competency across the team. Allied Health Professionals are also being considered to provide support.</p> <p>In response to a query from Mrs Hardisty regarding the professional judgement involved to determine the planned roster required, Mrs Rayani confirmed that the Act requires a triangulated methodology when reviewing patient acuity data, quality indicator data and aspects of professional judgement. Once the clinical need of the patient is understood, appropriately trained staff can be rostered to support, which could include the re-introduction of ward administrative support to ensure that nurses can perform at the top of their licence and may prove a useful approach to adopt..</p> <p>Mrs Lewis enquired whether benchmarking with other Health Boards has been undertaken prior to calculating the professional to patient ratio requirements for field hospitals. Mrs Rayani confirmed that discussions have taken place and that on analysis, Hywel Dda's modelling is on par with other Health Boards. Dr Kloer confirmed that the staffing ratio within field hospitals would be triumvirate led and based in part on the staffing models put in place by Cardiff & Vale University Health Board, whilst taking into consideration the requirement for clinicians to be available to work across all acute sites.</p> <p><i>Mrs Ann Murphy left the Committee meeting</i></p> <p><i>Mrs Jenny Pugh-Jones joined the Committee meeting</i></p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that detailed modelling work has been undertaken to assist with the workforce calculations which underpin the RN: patient ratios. • RECEIVED ASSURANCE that the nurse staffing principles and the triangulated methodology will continue to be used to calculate nurse-staffing levels on wards that are deemed 25B wards; these are wards that can be defined as medical or surgical wards. 	

	<ul style="list-style-type: none"> • NOTED that RN: patient ratios will change aligned to critical points of escalation in the pandemic as outlined above. The ratios set out within this paper establish the minimum ratios deemed acceptable based upon system risks. • NOTED the proposed RN ratio for the field hospital based on patient profiles, is likely to change following further discussion relating to re-modelling. 	
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QSEAC (20)61	<p>PERSONAL PROTECTIVE EQUIPMENT UPDATE</p> <p>Mrs Rayani presented the Personal Protective Equipment update report to provide assurance to Members on the work undertaken following the regular reports presented to Gold Command. Mrs Rayani advised that a healthcare model has been operating in parallel with a Local Authority (LA) model.</p> <p>Following discussions with the Executive Director of Finance, in order to improve PPE ordering going forward, the procurement team is embedding new systems in order to reduce concerns regarding availability and distribution. Currently, the Health Board has four weeks supply of masks, however, within primary care, the suitability of eye protection has been raised as a matter of concern; the Health Board is therefore reviewing options to procure appropriate supplies on their behalf.</p> <p>Mrs Hardisty expressed thanks to Mrs Rayani and the team involved to progress adequate PPE supplies, recognising the importance to provide a level of assurance to staff following the concerns raised. Mrs Hardisty welcomed the Health Board's positive relationship with LAs in supporting PPE supplies particularly in regard to GPs. However, Members expressed caution that the cost of these items is being monitored and recorded appropriately in order to differentiate between Health Board and LA supplies. Mrs Rayani confirmed that any stock issued to other providers is being captured and that the Finance department would be able to issue an invoice for reimbursement, however, discussions are currently on-going with Welsh Government to provide financial support for any additional expense due to COVID-19.</p> <p>Prof. Gammon enquired whether training has been provided to colleagues in relation to the appropriate use of PPE, in order to reduce the possibility of over reliance on PPE by staff. Mrs Rayani acknowledged that whilst regular and updated guidance is shared with staff, a small number of staff groups and sites are either not following it or choosing to ignore it. The triumvirate leads are now supporting the monitoring of PPE guidance, and where inappropriate use remains, as a last resort disciplinary action would be considered. Mrs Rayani advised that peaks in usage enable the Infection Prevention and Control Team (IP&C) team to understand where additional support may be required, including support for care homes. It has become evident however that additional LA training may be required, given that there has been some variance in the interpretation of the guidance.</p> <p>In response to a query from Mr Newman relating to PPE for carers providing personal care in the community, Mrs Rayani shared her understanding that this is jointly provided by the LA and the Health Board, acknowledging that training for carers may be required in addition to supplies of appropriate PPE to complete their tasks.</p> <p><i>Mrs Ros Jervis left the Committee meeting.</i></p>	
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	The Committee RECEIVED the status report on Personal Protective Equipment Update for assurance.	
QSEAC (20)62	<p>CRITICAL CARE MEDICINES</p> <p>Mrs Jenny Pugh-Jones presented the Critical Care Medicines report, advising that during normal business, medicines shortages are routinely managed effectively within pharmacy procurement teams. However, for the treatment of COVID-19, there are limited medicines available to treat the virus. In relation to critical care medicines, whilst the Health Board currently has 11 days stock of blocking agents, limited supplies are available, and if demand surged for example, this stock would significantly reduce. Current mitigations include sourcing stock from other Health Boards; this is supported by a centralised dashboard of critical medicines which is updated daily, with medicines moved in a timely manner to where they are required. In regard to end of life medication, in collaboration with the military, a system has been implemented to ensure community patients in Wales have access to these medicines within 2 hours of a clinician approving the medication.</p> <p>For clarity, Dr Kloer advised that the current risk score of 20, has been calculated on a worst case scenario which may now be lower than previously predicted, given that a lower peak in demand is now anticipated. It should be recognised that modelling scenarios are changing weekly making it difficult to determine an appropriate risk score. Mrs Wilson stated that this risk should be captured on the COVID-19 Risk Register.</p> <p>In relation to the risk score, Prof. Gammon enquired whether this included mitigations from HDdUHB or from an all Wales perspective. Mrs Rayani confirmed that the risk score is reflective of the Hywel Dda position at the time of review, and calculated on previous projections. However, in recognition of the amended modelling scenarios issued during the previous week, the risk would now require a re-calculation, recognising the challenge involved in predicting an appropriate risk score due to the ever changing situation.</p> <p>In response to a query from Mr Newman in relation to an improvement within the supply chain going forward, Mrs Pugh-Jones advised that one option being considered on an all Wales basis, is a temporary aseptic production unit, which HDdUHB could access.</p> <p>QSEAC NOTED the updated position for HDdUHB and SUPPORTED the actions taken to mitigate the shortages of critical care medicines.</p>	JPJ /ChB
QSEAC (20)63	<p>ANY OTHER BUSINESS</p> <p>There was no other business discussed.</p>	
QSEAC (20)64	<p>DATE & TIME OF NEXT MEETING</p> <p>9.30am Tuesday 9th June 2020</p>	