

**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, 9 th June 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) Miss Maria Battle, HDdUHB 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)</p>
In Attendance:	<p>Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Dr Subhamay Ghosh, Associate Medical Director, Quality & Safety, deputising for Dr Philip Kloer, Executive Medical Director & Deputy CEO (VC) Mr Andrew Carruthers, Executive Director of Operations (VC) 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) (VC) Mr John Evans, Assistant Director, (Medical Directorate) (VC) Mr Keith Jones, Director of Acute Services (VC) (part) Ms Debra Bennett, Cancer Services Delivery Manager (VC) (part) Mr Ian Bebb, Clinical Audit Manager (VC) (part) Mrs Meleri Jenkins, Senior Nurse Infection Prevention (VC) (part) Mrs Anne Beegan, Audit Wales (VC) Mr Gerallt Jones, Healthcare Inspectorate Wales (VC) Mrs Donna Coleman, Community Health Council (VC) Mr Mansell Bennett, Community Health Council (VC) Ms Karen Richardson, Committee Services Officer (Minutes)</p>

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(20)65	The Chair, Ms Anna Lewis, welcomed all to the QSEAC meeting.	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Dr Philip Kloer, Executive Medical Director & Deputy CEO • Ms Alison Shakeshaft, Executive Director of Therapies and Health Science • Ms Jill Paterson Director of Primary Care, Community and Long Term Care • Mrs Cathie Steele, Head of Quality & Governance 	

QSEAC	DECLARATIONS OF INTERESTS	
(20)66	No declarations of interests were made.	

QSEAC (20)67	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 7TH APRIL AND 7TH MAY 2020	
	<p>RESOLVED - that the minutes of the meetings of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 7th April and 7th May 2020 be approved as a correct record, subject to the following amendment from the minutes held on 7th May 2020:</p> <ul style="list-style-type: none"> • QSEAC(20)56 Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance: to amend Mrs Christine Davies to Mrs Christine James. 	KR

QSEAC (20)68	TABLE OF ACTIONS FROM THE MEETINGS HELD ON 7TH APRIL AND 7TH MAY 2020	
	<p>An update was provided on the Table of Actions from the meeting held on 7th April and 7th May 2020, with the following noted:</p> <ul style="list-style-type: none"> • QSEAC(20)39 Quality and Safety Assurance Report –Miss Maria Battle suggested that given that the Transformation Steering Group held its first meeting on Monday 8th June 2020, the action to review the response to the All Wales Review: Time To Go Home report by the CHC, in order to support learning during the pandemic should be amended from Amber to Green. • QSEAC(20)41 Hospital Acquired Thrombosis (HAT) Action Plan – Mrs Mandy Rayani advised that despite the challenges during COVID-19, discussions have taken place with the Heads of Nursing in relation to changes to nursing roles and that the team are working at pace to progress the action plan. In response to a query from Professor John Gammon, Mrs Rayani suggested that an updated action plan could be presented to QSEAC in October 2020. Mrs Judith Hardisty welcomed the proactive approach taken by Mrs Rayani to ensure that the actions within the action plan are being progressed. 	SG

QSEAC (20)69	LISTENING & LEARNING SUB-COMMITTEE VERBAL UPDATE AND LISTENING & LEARNING SUB-COMMITTEE TERMS OF REFERENCE	
	<p>Mrs Louise O'Connor presented a verbal update from the inaugural meeting of the Listening & Learning Sub-Committee following the meeting held on 3rd June 2020, advising that it had been a productive meeting with 12 individual cases presented for discussion. In relation to the action plans, Members proposed that SMART objectives should be included. In order to ensure that learning from all events is captured in one forum, external regulator reports will be included within future agendas. Members noted the common themes, including wrist injuries and concerns regarding vascular pathways, and suggested that a root cause analysis should be undertaken. Miss Battle added that Sub-Committee Members had welcomed the opportunity to review case studies and actions plans to ensure these are appropriate to support improvements across the Health Board.</p> <p>In relation to the Listening & Learning Sub-Committee Terms of Reference (ToRs), Mrs Natalie Vanderlinden requested her inclusion within the Sub-Committee membership given the introduction of the Additional Learning</p>	

	<p>Needs and Education Tribunal (Wales) Act 2018 with the new system due to go live in 2021, to ensure this element is included in the work schedule. Mrs Battle supported this approach.</p> <p>Ms Lewis enquired whether the Sub-Committee has considered direct representation from service users or patient groups to ensure the patients voice is at the forefront of discussions. Whilst confirming that patient stories and qualitative feedback are currently being utilised to support the patient voice, Mrs O'Connor agreed that the Sub-Committee would welcome carer involvement going forward.</p> <p>With the inclusion of the suggested amendments, Members approved the Listening and Learning Sub-Committee ToRs.</p>	<p>LOC</p>
	<p>The Committee NOTED the verbal update from the inaugural Listening and Learning Sub-Committee meeting and APPROVED the Listening and Learning Sub-Committee Terms of Reference, subject to inclusion of the suggested amendments.</p>	

<p>QSEAC (20)70</p>	<p>RESEARCH & DEVELOPMENT (R&D) ACTIVITY REPORT /ANNUAL REPORTS 2018/19 AND 2019/20</p>	
	<p>Dr Subhamay Ghosh presented the Research & Development (R&D) Activity Report /Annual Reports 2018/19 and 2019/20, drawing Members attention to the lack of dedicated space for R&D on Health Board sites, which had previously been raised at the University Partnership Board and included on the HDdUHB risk register for a number of years without resolution.</p> <p>Despite these challenges, the team have primarily focused on COVID-19 projects, in particular, the Clinical Characterisation Protocol (CCP-UK) study, which has resulted in Health Board achieving the highest recruitment to a study in Wales. Members welcomed the anticipation that the team should soon be in a position to resume certain routine R&D activity, now that the first peak of COVID-19 has occurred.</p> <p>In relation to R&D activity, Dr Ghosh advised that discussions have taken place with Swansea University to improve connectivity and ensure that the Health Board does not lose its University status. Prof. Gammon welcomed this approach, emphasising the need to utilise the expertise of partners in order to take full advantage of all grant income available.</p> <p>Prof. Gammon advised of a typographical error on page 2 of the report and requested "Principle Investigators" be amended to read "Principal Investigators"</p> <p>Whilst acknowledging the lack of dedicated space for R&D, Ms Lewis advised that QSEAC would not be in a position to progress this concern. Mrs Rayani proposed that this matter should be linked to the social distancing and capital discussions involving the planning team. Prof. Gammon agreed to hold discussions with Dr Ghosh, proposing that the R&D team could make use of accommodation at Swansea University.</p> <p>Members proposed that additional narrative should be included within the Research & Development Sub-Committee Annual Report 2019/20, clarifying</p>	<p>KR</p> <p>KM</p> <p>SG</p>

	<p>that during 2019/20 the Research and Development Sub-Committee had been accountable to the University Partnership Board for its performance.</p> <p>With the inclusion of the suggested amendment, Members approved the R&D Sub-Committee Annual Reports for 2018/19 and 2019/20.</p> <p>In summary, Ms Lewis expressed thanks on behalf of QSEAC for the proactive work undertaken during COVID-19 by the R&D team.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the current research activity being advanced by Hywel Dda University Health Board (HDdUHB) to support the national and international drive towards tackling the COVID-19 disease. • ENDORSED, retrospectively, the R&D Sub-Committee Annual Report 2018/19. • ENDORSED the R&D Sub-Committee Annual Report 2019/20. 	
<p>QSEAC (20)71</p>	<p>OUTCOME OF QSEAC SELF-ASSESSMENT PROCESS 2019/20</p> <p>Mrs Rayani presented the Outcome of QSEAC Self-Assessment 2020, reminding Members that following discussions with the QSEAC Chair, in order to elicit broader feedback to influence the agenda of QSEAC going forward, a different approach had been undertaken this year.</p> <p>In relation to a query on deep dives, Mrs Rayani responded that whilst these have been presented previously, further areas could also be considered. In addition, Mrs Rayani welcomed the comments from Members, which will influence the QSEAC workplan and advised that discussions have taken place with Mrs Sian Passey regarding how to align the risk register with the agenda.</p> <p>From a personal perspective Mrs Hardisty welcomed the new approach, noting the enriched narrative to the Committee Self-Assessment in comparison to the previous methodology, and suggested that a similar approach be considered for other Board Level Committees.</p> <p>Mr Paul Newman enquired whether the Committee would be appraised of the agreed themes going forward. In response, Ms Lewis commented that the actions link to the QSEAC cycle post COVID-19 and proposed that a report be presented to QSEAC in August 2020, ahead of QSEAC reverting back to bi-monthly meetings in October 2020.</p> <p>In summary, Ms Lewis expressed thanks to Members for their contribution to the Self-Assessment exercise, which should assist the Committee to have richer discussions during the forthcoming year.</p> <p>The Quality, Safety & Experience Assurance Committee:</p> <ul style="list-style-type: none"> • DISCUSSED the responses from the QSEAC self-assessment exercise 2019/20. • CONSIDERED any further improvements that could be made to improve the Committee's effectiveness. 	<p>MR/KR</p>

<p>QSEAC (20)72</p>	<p>CORPORATE RISKS REPORT</p> <p>Mrs Rayani presented the Corporate Risk Register advising that the report had been reviewed to ensure that risks now take into account the impact of COVID-19 on patient safety. Whilst a number of new risks have been added, Mrs Rayani drew Members attention to <i>Risk 855: Risk that UHB's normal business will not be given sufficient focus</i>, recognising that this risk will be significant for all organisations.</p> <p>Mr Andrew Carruthers advised that the Coronavirus (COVID-19) NHS Wales Operating Framework for Quarter 1 (2020/21) outlines the impact of business as usual. In relation to <i>Risk 853 - risk that Hywel Dda's Response to COVID-19 will be Insufficient to Manage Demand</i>, whilst this has been reduced to 5, this reflects the lower activity within the acute sites, than other areas of Wales, however this is not replicated in the care home sector, where activity has increased. Whilst the current demand is lower than anticipated, it is important to note that changes to lockdown restrictions could have an impact over a period of time, which could present a different position for the Health Board.</p> <p>Whilst the Health Board has followed Welsh Government (WG) modelling, given that this is predictive, in house modelling cells are now establishing a suitable model for Hywel Dda. Mr Carruthers emphasised that given this is a novel disease, the long term trajectory is difficult to predict; it is therefore anticipated that this risk will fluctuate during the year.</p> <p>Mr Carruthers highlighted <i>Risk 810: poor quality of care within the unscheduled care pathway</i>, acknowledging that due to COVID-19, demand for unscheduled care has been lower, and that as a result of the reconfiguration of our acute sites, the knock on effect has been a reduction in performance.</p> <p>In response to a query from Mr Newman in relation to <i>Risk 750: lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital WGH</i>, Mr Carruthers confirmed that the risk has been reduced due to locum staff being secured in A&E, however agreed to provide an update in relation to other ED departments.</p> <p><i>Mr Keith Jones joined the Committee meeting</i></p> <p>Following a query from Ms Lewis on the global risk level, Mr Carruthers advised that whilst green and red pathways have been devised for each acute site, the concept of a green pathway is a misnomer, given that outbreaks can also occur in green areas, and suggested instead that they should be identified as red and amber pathways. Mr Carruthers stressed that this can provide a false sense of security for patients, and given the speed at which the virus can move, there is no guarantee that pathways will stay green, which presents a challenge in transferring staff to where new cases are presented.</p> <p>Whilst in England, green areas have been established for surgery, fortunately BMI Werndale Private Hospital, which has been commissioned to undertake operations for Hywel Dda patients, has remained green throughout the pandemic.</p> <p>Mr Carruthers informed Members that given the continued social distancing requirements in hospitals, it is anticipated that there could be a 20% reduction</p>	<p>AC</p>
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in bed capacity across the acute sites of the Health Board, which may result in the requirement to utilise field hospitals.

Ms Lewis suggested that dual capacity should be included within the risk register. In response, Mr Carruthers advised that this is implicit following discussions on managing capacity during the next 12 months, however agreed to this being included as a standalone risk. Mrs Joanne Wilson supported this approach and agreed to add as a new risk to the Corporate Risk Register.

JW/AC

Mrs Delyth Raynsford enquired whether plans have been progressed in the event of Werndale not being in a position to undertake operations. Mr Carruthers advised that this has been considered within the Coronavirus (COVID-19) NHS Wales Operating Framework for Quarter 1 (2020/21) response, with further detail due to be included within Quarter 2. Mr Carruthers also advised that whilst a national contract with the Welsh Health Specialised Services Committee (WHSSC) and Werndale has been in place, this will cease at the end of June 2020. The Health Board is currently discussing options with Werndale to continue to provide these services locally. This will be pivotal, given that further to the previously noted reduction in bed capacity, following the guidance received, it is expected that there may be a reduction in diagnostic capacity by 50% because of the Infection, Prevention and Control (IP&C) process. For clarity purposes, having reviewed a number of different cases, procedures which previously took 30 minutes to complete may now take over 5 hours. Taking this into account, patients will have to wait longer than normal to access services, which is frustrating given the positive work undertaken by the Health Board in the previous year to reduce waiting lists. Mr Keith Jones commented that the Health Board expects to retain Werndale, either to support cancer and/or more routine cases in the medium term.

Ms Debra Bennett joined the Committee meeting

Miss Battle informed Members that the Chair and Chief Executive of Swansea Bay University Health Board (SBUHB) are due to meet with Hywel Dda shortly to discuss regional arrangements, including field hospitals.

In summary, Ms Lewis noted the controls in place which provided an assurance to the Committee.

The Committee **RECEIVED ASSURANCE** that:

- Identified controls are in place and that some are working effectively.
- 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)73**

COVID-19 RISK REPORT

Mrs Rayani presented the new COVID-19 identified operational risks assigned to QSEAC, drawing attention to Risk 720 and Risk 574, which are linked to concerns regarding staffing levels in Tregaron Hospital and Ceredigion.

Members were reminded that both QSEAC and the Board have previously been alerted to the impact of the Nurse Staffing Levels (Wales) Act 2016 across the Health Board, and this is expected to increase due to the demand

	<p>of COVID-19. A further consideration due to social distancing requirements of COVID-19 will be space utilisation, given that resources will be further extended as a consequence.</p> <p>Mr Carruthers drew Members attention to the newly identified workforce risk in relation to the Black, Asian and Minority Ethnicity (BAME) risk assessment. Whilst acknowledging that workforce is now monitored by the People, Performance and Planning Assurance Committee (PPPAC), any reduction in the level and quality of care for patients, will need to be considered by QSEAC.</p> <p>Mr Newman noted that a number of these risks have been on the risk register for a significant period of time, in particular <i>Risk 71: Lack of effective communication between daytime practices and Out of Hours (OOH)</i>. Mrs Wilson confirmed that 26 operational risks have been identified which have direct links to COVID-19 and acknowledged that for some of these, more work is required, however emphasised that risk owners should be monitoring their particular risks and undertaking regular reviews.</p> <p>In summary, Ms Lewis agreed that once normal business resumes, updating risks should be prioritised by risk owners. However Mr Carruthers suggested that discussions should take place with operational teams in order to agree how each risk will be managed appropriately going forward. Members agreed to this approach, and noted that the outcome will be reported to a future QSEAC meeting.</p>	AC/KR
	<p>The Committee RECEIVED ASSURANCE that operational risks are being reviewed and updated to reflect the impact of COVID-19, and NOTED that this will continue.</p>	

QSEAC (20)74	<p>COVID-19 RESPONSE UPDATE</p> <p>Mr Carruthers presented the COVID-19 Response Update, which had previously been presented to Board.</p> <p>Prof. Gammon commented that it would have been beneficial to receive a report which focused on quality and safety, as opposed to a performance based report, suggesting that this information is critical in order that QSEAC can provide an assurance to Board.</p> <p>Ms Lewis expressed caution that field hospitals do not become the default route when acute hospitals lack capacity. In response, Mr Carruthers recognised that a balanced approach will be required and acknowledged that should they become operational for a significant period, then they could become the norm. Whilst accepting this will be a challenge, plans are being established into the escalation process to mitigate against this, which will be regularly monitored. At present, it has been proposed that only those patients who have been released from acute care will be transferred to field hospitals, prior to discharge.</p> <p>Mr Newman enquired whether any emerging quality and safety concerns have arisen from non-face to face outpatient clinics. Mr Carruthers advised that he was not aware of any, however the expectation is that this will not be the default position going forward. At present, a process is in place, whereby approval is sought on a case by case basis, initially from Scheduled Care, and</p>	
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	<p>subsequently through Acute Bronze Group to restart face to face outpatient clinics. In response, Mrs Rayani advised that following the May 2020 Board meeting, it has been agreed to undertake a patient experience review, and that we were looking at doing this in collaboration with the Community Health Council (CHC), to establish any themes identified.</p> <p>Mr Jones commented that an evaluation framework is in place to assess the various digital platforms which have been launched since COVID-19, which are being co-ordinated by the Bronze Digital Group. In addition, WG is also planning a national evaluation to inform the most appropriate platforms for future patient contact.</p>	
	<p>The Committee CONSIDERED and RECEIVED ASSRUANCE regarding the UHB's response document to the Coronavirus (COVID-19): NHS Wales Operating Framework.</p>	

<p>QSEAC (20)75</p>	<p>QUALITY AND SAFETY ASSURANCE REPORT INCLUDING EXTERNAL MONITORING FINAL REPORTS</p> <p>Mrs Passey presented the Quality and Safety Assurance Report, advising that due to the COVID-19 pandemic, the staff resource for quality improvement has been redirected and therefore no quality improvement data is available for this report.</p> <p>However, during the previous month, meetings have been held between senior members of the Quality, Assurance and Safety Team and the Quality Improvement Team to discuss how quality assurance and safety data can play a greater part in the future planning for quality improvement. Monthly meetings have been established to ensure this link is strengthened.</p> <p>Mrs Passey drew Members attention to a rise in the number of incidents per 1,000 patients in March and April 2020 compared to the same months in 2018 and 2019. However, this rise is potentially due to the acuity of the patients treated during the Covid-19 period, and is primarily linked to pressure damage. Mrs Rayani commented that the incidents of pressure damage relate to the use of Continuous Positive Airway Pressure (CPAP) machines and extended mask wearing by patients, with a trial of the use of gels to reduce pressure damage.</p> <p>Mrs Passey confirmed that during the reporting period, three never events have been identified which are under review by the control groups, and on conclusion of the Root Cause Analysis, a report on each never event will be provided to the Listening and Learning Sub-Committee. In relation to the WG 60 day target for the closure of serious incidents, the team has worked to improve these, which should reach 70% compliance by July 2020.</p> <p>Mrs Passey advised that a Healthcare Inspectorate Wales (HIW) thematic review has been undertaken which has concluded that Hywel Dda is on a par with other areas of Wales.</p> <p><i>Mr Ian Bebb joined the Committee meeting</i></p> <p>In response to a query from Mrs Hardisty in relation to complaints received, Mrs O'Connor confirmed that whilst no specific themes have emerged, formal complaints have reduced during COVID-19.</p>	
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	<p>Miss Battle enquired whether hip fractures have increased due to patients self-isolating. For assurance purposes, Mrs Rayani agreed to confirm and provide Members with an update via the table of actions.</p> <p>Mrs Raynsford enquired whether it is normal to experience delays in closing serious incidents for the Mental Health & Learning Disability (MHL) Directorate and the Procedural Response to Unexpected Deaths in Childhood (PRUDIC). Mrs Passy advised that due to the complexity of these incidents, where a number of stakeholders are involved including police investigations, WG will not close these until all investigations are complete. For QSEACs assurance, Mrs Rayani advised that the MHL Directorate is working diligently to ensure that any outstanding reports are progressed in a timely manner.</p> <p>In response to a query from Miss Battle regarding CHC reports, Mrs Passey confirmed that once new reports are received, a thematic review will be undertaken.</p>	MR
	<p>The Committee DISCUSSED and RECEIVED ASSURANCE from the Quality and Safety Assurance Report.</p>	

QSEAC (20)76	<p>CLINICAL AUDIT POSITION STATEMENT</p> <p>Mr Ian Bebb presented the Clinical Audit Position Statement to Members, advising that the majority of Clinical Audit activity has been suspended by WG. However, since writing the report, there will be a national COVID-19 Audit introduced, alongside a number of national audits which the Health Board has maintained during COVID-19. The Clinical Audit Scrutiny Panel has continued to hold meetings in an attempt to continue some of the core work around assurance for the national programme. For the remainder of 2020/21, the clinical audit programme will consist of a smaller number of projects.</p> <p><i>Mrs Ros Jervis left the Committee meeting</i></p> <p>In response to a query from Prof. Gammon, Mr Bebb advised that in the absence of audit activity, the Scrutiny Panel discusses any concerns regarding quality and safety. Mrs Rayani commented that the Fundamentals of Care Audit 2019 recognised an over reliance on audits to identify quality and safety concerns. However, it should be acknowledged that an audit is only one mechanism of review and that the Health Board will need to agree the priorities for Clinical Audit following COVID-19.</p> <p>Ms Lewis expressed thanks to the clinical audit team for their flexibility given they have been deployed to other critical areas during COVID-19.</p> <p><i>Ms Debra Bennett joined the Committee meeting</i></p>	
	<p>The Quality, Safety and Experience Assurance Committee:</p> <ul style="list-style-type: none"> • DISCUSSED the reduction in clinical audit activity during the COVID-19 outbreak and the impacts highlighted; • NOTED the decision from Welsh Government to suspend all audit data collection and the continuing suspension; • NOTED the decision from certain clinical teams to maintain data collection; 	

	<ul style="list-style-type: none"> • NOTED the discussions around future work for the clinical audit function. 	
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QSEAC (20)77	CANCER TREATMENTS DURING COVID-19	
	<p>Mr Jones presented the Cancer Treatments During COVID-19 report to provide an assurance on the extent of cancer services being undertaken in Hywel Dda, following guidance from WG. In response to correspondence from WG, the NHS Wales Health Collaborative issued a framework on the minimal level of service provision which must be maintained during the three phases of the COVID-19 pandemic. Mr Jones confirmed that urgent cancer treatments have continued on all sites, in addition to endoscopy pathways on two sites. Further discussions are due week commencing 15th June 2020 to consider increasing services, although this will be challenging given the complexity of the required changes to pathways. For QSEAC's assurance, Hywel Dda compares favourably against other Health Boards in relation to the delivery of cancer treatments, including chemotherapy.</p> <p>Whilst accepting that support systems have been established to deal with concerns from cancer patients shielding during COVID-19, Mrs Hardisty enquired whether there is any evidence of harm due to delays in cancer treatments. Mr Jones advised that all patients are being monitored with cases discussed at multi-disciplinary team meetings, and where concerns are raised, treatment is expedited. In terms of third sector support, despite the limited capacity available, services have continued to provide support. Mr Jones confirmed that whilst the Health Board has received a number of enquiries from patients regarding their treatment during COVID-19, complaints to date have been low which could be as a result of the widely circulated information issued to patients, reminding them to access services if required.</p> <p>Referring to the reduction in Unscheduled Care (USC) referrals received weekly during March and April 2019 and March and April 2020, Prof. Gammon enquired whether proactive work is being undertaken to improve this position. Mr Jones advised that following concerns expressed nationally in regard to patients electing not to access services during COVID-19, a campaign has been launched to encourage patients to access care if required. Data for May and the early part of June 2020 indicate that referral rates have improved, however this will be monitored to ensure this trajectory continues.</p> <p><i>Mr Keith Jones and Ms Debra Bennett left the Committee meeting</i></p>	
	<p>The Committee DISCUSSED the Cancer Treatments During COVID-19 report.</p>	

QSEAC (20)78	NEW LIBERTY PROTECTION SAFEGUARD IMPLICATIONS FOR HYWEL DDA	
	<p>Deferred to next meeting scheduled for 13th August 2020.</p>	

QSEAC (20)79	BEING OPEN PROCESS / DUTY OF CANDOUR IN THE NHS	
	<p>Deferred to next meeting scheduled for 13th August 2020.</p>	

QSEAC (20)80	TRANS-CATHETER AORTIC VALVE INSERTION (TAVI) PROGRESS	
	<p>Mr John Evans provided a verbal Trans-Catheter Aortic Valve Insertion (TAVI) Progress update advising that due to the impact of COVID-19, SBUHB has only been undertaking emergency procedures, resulting in a number of Hywel Dda patients currently on the waiting list, with one patient waiting over 36 weeks. Further to this, routine Computed Tomography (CT) scans have been delayed, however it is understood that SBUHB is in the process of re-commencing these services.</p> <p>The Royal College of Physicians (RCP) are due to commence a further review of 51 TAVI patients, 22 of whom are from Hywel Dda, with the final report expected within 3-6 months. For assurance, the next of kin of these patients have been contacted and provided with details of the patient experience team. Once this final report has been issued, a further update will be presented to QSEAC.</p> <p>Mrs Donna Coleman expressed concern that the CHC had not been appraised of the irregularities in relation to the TAVI service and requested that in future the Health Board advises them earlier in the process. Mrs Wilson confirmed that a report had been presented to the Public Board in March 2020 and agreed to discuss this matter further with Mrs Coleman.</p> <p><i>Mrs Meleri Jones joined the Committee meeting.</i></p>	<p>PK/KR</p> <p>JW</p>
	<p>The Committee NOTED the verbal Trans-Catheter Aortic Valve Insertion (TAVI) Progress update.</p>	

QSEAC (20)81	SAFEGUARDING REPORT	
	<p>Mrs Passey presented the Safeguarding Report advising that given that the Strategic Safeguarding Operational Group meetings had been stood down, the report provides a focus on the HDdUHB safeguarding response during the COVID-19 pandemic. Mrs Passey confirmed that whilst the number of referrals are lower than pre-COVID-19, Hywel Dda activity has remained consistent. This could, in part, be due to the work of the team in raising awareness amongst staff that every contact counts, thus ensuring that all concerns are raised appropriately. However, Mrs Passey advised that there has been an increase in the number of domestic abuse related reports involving employees, and for assurance confirmed that support has been provided to these individuals. In relation to Looked After Children (LAC), during the previous 2 months the team has made changes to their normal practice in line with national advice, and within the previous 5 weeks, has received an increase in LACs. A review on themes from a regional perspective is currently being undertaken, with the outcome to be reported to a future QSEAC meeting. Whilst face to face safeguarding training has been cancelled, the corporate safeguarding team is reviewing alternative means of delivering training.</p> <p>In response to a query from Mrs Hardisty in relation to adequate background checks for newly recruited staff, Mrs Passey confirmed that the Health Board became aware of three employees who had not received a Disclosure and Barring Service (DBS) check prior to being offered a post. The absence of the DBS was noted by internal processes and has been resolved. For the Committee's assurance, Mrs Rayani confirmed that only two of the three</p>	

	individuals commenced work with the Health Board and that the concern had been raised prior to their commencing work in a clinical area.	
	The Committee DISCUSSED and RECEIVED ASSURANCE that the corporate safeguarding team are continuing to monitor and scrutinise safeguarding activity during the COVID-19 period.	

QSEAC (20)82	INFECTION, PROTECTION AND CONTROL (IP&C) UPDATE	
	<p>Members received the Exception Report from the Infection Prevention Operational Group, following the meeting held on 12th May 2020.</p> <p>In response to a query from Prof. Gammon on the impact of COVID-19 on Isolation Room requirements within the Health Board, Mrs Mel Jenkins advised that there may be challenges once wards are re-opened. The team is looking at options to increase side room availability, which may require re-configuration of wards to accommodate this. Prof. Gammon suggested that, given the significant impact post COVID-19, it would be beneficial for QSEAC to receive an update at a future meeting. Mrs Rayani proposed that this should be included within the capital and accommodation work discussed earlier in the meeting and that this could be monitored by the Infection Prevention Operational Group. Mr Carruthers confirmed that these requirements would be included with the Quarter 2 and Quarter 3 framework returns to Welsh Government and will assist the Health Board in planning to manage the forthcoming winter period.</p> <p>In summary, Ms Lewis expressed thanks on behalf of the Committee to the Infection Prevention team for their work during COVID-19.</p>	
	QSEAC NOTED the content of the Exception Report from the Infection Prevention Operational Group.	

QSEAC (20)83	PUTTING THINGS RIGHT (PTR) POLICY	
	<p>Mrs Passey presented the Putting Things Right: Management and Resolution of Concerns Policy to Members, advising of the importance of this policy for the Health Board. Whilst the principles of the policy are not new and reiterate the process already in place, this is the first time these have been included within a policy. Mrs Passey confirmed that this policy will be aligned with the duty of candour and that a seven minute briefing would be developed to support the publication of the policy to all staff.</p> <p>In response to a query from Mr Newman regarding the definition of a 'Serious Incident', Mrs O'Connor confirmed that this would occur where harm has been identified as stage three or above. For clarity, Mrs Passey advised that to support the publication, a toolkit will be prepared for staff.</p> <p>Mrs Coleman suggested that a streamless Health Board process is required given it can be overwhelming for a complainant where they are referred to a number of individuals following concerns raised. Mrs O'Connor advised that prior to finalising the policy, discussions had been held with advocates from the CHC and that the toolkit will include processes to ensure improvement in handovers between teams going forward. In addition, Mrs O'Connor agreed to arrange a meeting with the CHC to discuss any further concerns.</p>	LOC

	The Committee approved the policy following assurance that due process has been followed.	
	<p>QSEAC:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that the Written Control Documentation Policy (policy number 190) has been adhered to in the development of the Putting Things Right: Management and Resolution of Concerns Policy, and that the document is therefore in line with legislation/regulations, available evidence base and can be implemented within the Health Board. • RATIFIED the policy for publication and implementation. 	

QSEAC (20)84	MANAGEMENT AND DISTRIBUTION OF SAFETY ALERTS AND NOTICES POLICY	
	<p>Mrs Passey presented the Management and Distribution of Safety Alerts and Notices Policy, advising that this is an updated policy which reiterates the process already in place.</p> <p>Referring to Section 5, Mr Newman enquired whether the list should include all types of alerts which could be relevant to the Health Board. In response, Mrs Rayani agreed to review the list and ensure that all alerts are included.</p> <p>Mrs Vanderlinden suggested that the document should be referred to as a 'Procedure' rather than a 'Policy' and that in addition, it should include additional narrative in relation to Welsh Government guidance. Mrs Passey agreed to review this amendment and proposed that further discussions take place between Mrs Vanderlinden and the Head of Quality & Governance to amend the document.</p> <p>Members proposed that once the suggested amendments have been included, the policy should be presented for approval to a future QSEAC meeting.</p>	MR
	<p>QSEAC:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that the Written Control Documentation Policy (policy number 190) has been adhered to in the development of the Management and Distribution of Safety Alerts and Notices Procedure and that the document is therefore in line with legislation/regulations, available evidence base and can be implemented within the Health Board. • AGREED that amendments are required to the policy and that it should be presented to a future QSEAC meeting for approval, prior to publication and implementation. 	MR/KR

QSEAC (20)85	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21	
	The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2020/21 for information.	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	

QSEAC (20)86	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER	
	The Committee received the Quality, Safety & Experience Assurance Committee Decision Tracker containing amber actions for information.	

	The Committee NOTED the Quality, Safety & Experience Assurance Committee Decision Tracker.	
QSEAC (20)87	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES' DECISION TRACKER	
	The Committee received the Quality, Safety & Experience Assurance Committee Sub-Committee Decision Tracker containing amber actions for information	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Sub-Committee Decision Tracker.	
QSEAC (20)88	REFLECTIVE SUMMARY	
	<p>Mrs Rayani outlined the following key points from the meeting:</p> <ul style="list-style-type: none"> • Whilst accepting that it is a fine balance, reports to future QSEAC meetings require a greater focus on quality, safety and patient experience, rather than performance. • Members welcomed the new approach to the Self-Assessment process and the enriched narrative to support the Committee's work programme going forward. 	
QSEAC (20)89	ANY OTHER BUSINESS	
	There was no other business discussed.	
QSEAC (20)90	DATE & TIME OF NEXT MEETING	
	9.30am Tuesday 13th August 2020	