

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

<b>Date and Time of Meeting:</b>	9.30am, 6 <sup>th</sup> October 2020
<b>Venue:</b>	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<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>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience          Dr Philip Kloer, Medical Director &amp; Deputy CEO          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 &amp; 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>

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

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

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

<b>QSEAC (20)130</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 13TH AUGUST 2020</b>	
	<p>An update was provided on the Table of Actions from the meeting held on 13<sup>th</sup> August 2020, with the following noted:</p> <ul style="list-style-type: none"> <li>• <b>QSEAC (20)118 Research &amp; Development (R&amp;D) Restart Activity Report</b> – whilst the action to discuss concerns regarding a lack of dedicated accommodation for R&amp;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&amp;D Sub-Committee update report to QSEAC. Mr Paul Newman enquired as to the progress made regarding R&amp;D accommodation at other acute sites. Mrs Mandy Rayani confirmed that the concerns raised regarding R&amp;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.</li> </ul>	

<b>QSEAC (20)131</b>	<b>RUBY’S AND STAFF STORY</b>	
	<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 &amp; Patient Experience and Workforce &amp; 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.

	<p><i>Mrs Ros Jervis and Mr Keith Jones left the Committee meeting</i></p> <p>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.</p> <p>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.</p> <p>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.</p>	<b>LOC</b>
	<p>The Committee <b>NOTED</b> both Ruby's Story and the Staff Story.</p>	

<b>QSEAC (20)132</b>	<p><b>CORPORATE RISKS ASSIGNED TO QSEAC</b></p> <p><i>Mr Huw Thomas joined the Committee meeting</i></p> <p>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.</p> <p>In response to a query from Mrs Helen Williams relating to <i>Risk 750, Lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital (WGH)</i>, 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&amp;E than previously, the risk has been mitigated with support from consultants; however as they are required to supervise, flow in A&amp;E can be delayed. Furthermore, as part of the Health Board's strategy, a business case to support alternative staffing models will be progressed.</p> <p>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&amp;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&amp;E are interlinked, which increases the risk to patients. Furthermore, business continuity also needs to be considered, given that a non-substantive doctor</p>	
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may leave the Health Board at short notice. However, Dr Kloer undertook to take Mrs Hardisty's comments into consideration when reviewing the risk.

Mr Paul Newman commented that *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* 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.

*Mr Huw Thomas left the Committee meeting*

The Committee **RECEIVED ASSURANCE** that:

- 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)133**

**RISK 628 FRAGILITY OF THERAPY PROVISION ACROSS ACUTE, COMMUNITY AND PRIMARY CARE SERVICES**

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.

*Ms Jill Paterson left the Committee meeting*

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.

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.

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>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&amp;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 QQSESC, with an update provided to a future QSEAC meeting.</p>	<b>AS</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> that risks relating to fragility of therapy staffing levels are being discussed, managed and reviewed through meetings with the Director of Therapies &amp; Health Science and Heads of Therapy Service meetings in order to provide the necessary assurances to QSEAC that operational risks are being managed effectively.</li> <li>• <b>AGREED</b> that further monitoring should be undertaken by QQSESC, with an update provided to a future QSEAC meeting.</li> </ul>	

<b>QSEAC (20)134</b>	<b>RISK 684 LACK OF AGREED REPLACEMENT PROGRAMME FOR RADIOLOGY EQUIPMENT ACROSS UHB</b>	
	<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 <b>RECEIVED ASSURANCE</b> that controls are in place to mitigate against Risk 684, and where gaps have been identified these are being managed appropriately.</p>	

<p><b>QSEAC (20)135</b></p>	<p><b>QUALITY AND SAFETY ASSURANCE REPORT</b></p>	
	<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>	<p><b>SP/CS</b></p>

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>	<b>AC/KJ</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the Assurance Report Winter Planning on Risk 129.</li> <li>• <b>NOTED</b> the current fragile state of OOHs services at the Health Board in addition to the actions taken in an effort to mitigate the situation.</li> <li>• <b>NOTED</b> the verbal update on Risk 810 and that a report on winter planning would be presented to QSEAC in December 2020.</li> </ul>	
<b>QSEAC (20)137</b>	<b>TRANS-CATHETER AORTIC VALVE INSERTION (TAVI) PROGRESS REPORT</b>	
	<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 <b>RECEIVED ASSURANCE</b> from the progress made in treating those patients on the Trans-Catheter Aortic Valve Insertion (TAVI) waiting list.</p>	
<b>QSEAC (20)138</b>	<b>MORTALITY REVIEW OF THE IMPACT ON PATIENTS WAITING FOR A PROCEDURE DURING THE COVID-19 PANDEMIC</b>	
	<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>	<b>PK/AC</b>
	<p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic and <b>AGREED</b> that a further report be presented to QSEAC in February 2021.</p>	

<b>QSEAC (20)139</b>	<p><b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE</b></p> <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> <p>QSEAC <b>NOTED</b> the content of the OQSESC exception report and <b>RATIFIED</b> the revised OQSESC Terms of Reference.</p>	
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<b>QSEAC (20)140</b>	<p><b>LISTENING &amp; LEARNING SUB-COMMITTEE</b></p> <p>No update as previous Listening &amp; Learning Sub-Committee meeting cancelled.</p>	
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<b>QSEAC (20)141</b>	<p><b>RESEARCH &amp; DEVELOPMENT SUB-COMMITTEE &amp; THE REVISED R&amp;DSC TERMS OF REFERENCE</b></p> <p>Dr Kloer presented the Research &amp; Development (R&amp;D) Sub-Committee exception report and revised R&amp;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&amp;DSC Terms of Reference were approved.</p> <p><i>Mrs Rebecca Jewell and Mrs Helen Williams left the Committee meeting</i></p> <p>QSEAC <b>NOTED</b> the Research &amp; Development (R&amp;D) Sub-Committee exception report and <b>RATIFIED</b> the revised R&amp;DSC Terms of Reference.</p>	
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QSEAC (20)142	<b>EXCEPTION REPORT FROM INFECTION PREVENTION STRATEGIC STEERING GROUP</b>	
	The Infection Prevention Strategic Steering Group exception report was presented, with no comments received from Members.	
	QSEAC <b>NOTED</b> the Infection Prevention Strategic Steering Group exception report.	
QSEAC (20)143	<b>EXCEPTION REPORT FROM STRATEGIC SAFEGUARDING WORKING GROUP</b>	
	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 <b>NOTED</b> the Strategic Safeguarding Working Group exception report.	
QSEAC (20)144	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21</b>	
	The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
	The Committee <b>NOTED</b> the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
QSEAC (20)145	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY</b>	
	No report as all actions have been completed.	
QSEAC (20)146	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY</b>	
	No report as all actions have been completed.	
QSEAC (20)147	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	
QSEAC (20)148	<b>REFLECTIVE SUMMARY</b>	
	Mrs Rayani reflected the following key points from the meeting: <ul style="list-style-type: none"> <li>An acknowledgment that the risks contained within the Corporate Risk Report would be aligned to the Health Board's planning objectives.</li> </ul>	

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



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

<b>Date and Time of Meeting:</b>	12.30pm, 13 <sup>th</sup> November 2020
<b>Venue:</b>	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<p>Ms Anna Lewis, Independent Member (Committee Chair)  Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC)  Miss Maria Battle, HDdUHB Chair (part)  Mrs Judith Hardisty, HDdUHB Vice Chair (VC)  Professor John Gammon, Independent Member (VC) (part)  Mr Paul Newman, Independent Member (VC)  Ms Ann Murphy, Independent Member (VC)</p>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience  Mr Steve Moore, Chief Executive (VC) (part)  Dr Philip Kloer, Medical Director &amp; Deputy CEO (part)  Mr Andrew Carruthers, Director of Operations (VC)  Ms Jill Paterson Director of Primary Care, Community and Long Term Care (VC)  Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) (part)  Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC)  Mrs Joanne Wilson, Board Secretary  Mrs Sian Passey, Assistant Director of Nursing Quality, Safeguarding and Professional Regulation  Mrs Cathie Steele, Head of Quality &amp; Governance (VC)  Mr Keith Jones, Director of Acute Services (VC) (part)  Mrs Sharon Daniel, Assistant Director of Nursing, Workforce and Professional Standards (VC)  Ms Meleri Jenkins, Senior Nurse Infection Prevention (VC)  Ms Anna Llewellyn, Interim Head of Nursing COVID-19 Operations (VC) (part)  Dr Meinir Jones, Field Hospital Clinical Lead (VC) (part)  Ms Sandra Brinson, Senior Nurse Manager (VC) (part)  Ms Stephanie Hire, General Manager Scheduled Care (VC) (part)  Ms Diane Knight, Service Delivery Manager for Theatres/DSU/PAC (VC) (part)  Mrs Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC)  Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC) (part)  Mr Phil Jones, Audit Wales (VC)  Ms Karen Richardson, Corporate and Partnership Governance Officer (Minutes)  Mrs Sian-Marie James, Head of Corporate Office (VC) (part)  Rev Aled Edwards, Chief Executive, Churches in Wales Together (VC) (Observing) (part)  Rev Rob James, Church Moderator, Deer Park Baptist Church, Tenby (VC) (Observing) (part)</p>

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(20)150</b>	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting, advising that due to the second	

	<p>wave of the pandemic, it had been agreed to reinstate the monthly COVID-19 QSEAC meetings.</p> <p>From a governance perspective Mrs Joanne Wilson reminded Members of the requirements of the Standing Orders in relation to Committees of the Board and informed Members that Reverend Aled Edwards, Chief Executive, Churches in Wales Together, and Reverend Rob James, Church Moderator, Deer Park Baptist Church, Tenby, would be joining the meeting, in order to observe the discussion relating to the Health Response to the Use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Ros Jervis, Director of Public Health</li> </ul>	

<b>QSEAC (20)151</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interests made.	

<b>QSEAC (20)152</b>	<b>RISK ASSESSMENTS FOR THE RECOMMENCEMENT OF ORTHOPAEDIC ACTIVITY</b>	
	<p>The Risk Assessments for the Recommencement of Orthopaedic Activity report was presented to Members. Mr Andrew Carruthers advised that following discussions at Board Seminar on 15<sup>th</sup> October 2020, where the Board had approved in principle the recommencement of Orthopaedic activity, it had been agreed that for assurance purposes, the risk assessments relating to the recommencement of Orthopaedic Activity should be presented to QSEAC. This followed concerns raised by clinical teams at Prince Philip Hospital (PPH) that the plans being proposed would only meet the Bronze standards set by the British Orthopaedic Association, rather than Silver or Gold. It was acknowledged that due to the complexities of the four acute hospital sites across the Health Board, the Orthopaedic Clinical Team would be unable to fully satisfy the principles reflected in guidance issued by the British Orthopaedic Association for the recommencement of urgent elective surgery.</p> <p>Mr Keith Jones advised that in order for the Health Board to apply the operating framework of mixed COVID-19 and non-COVID-19 pathways for Quarter 3 and 4, Orthopaedic activity needs to restart on acute sites. For assurance purposes, an overarching risk assessment has been undertaken, in addition to site specific risk assessments, taking into account the COVID-19 environment and the challenges with other specialities on each acute site. As a point of clarity, Mr Jones advised that the risk score for Worthybush General Hospital (WGH) should be 10, in line with the other acute sites.</p> <p>In response to a query from Mrs Judith Hardisty, Mr Jones advised that each patient is reviewed by the clinical team on a clinical risk basis, and where changes to their treatment is required, this is relayed to the patient.</p> <p>Whilst acknowledging the requirement to restart Orthopaedic Services, and the identified increased risk in PPH, Professor John Gammon expressed concern regarding the proposed location of these services, given that it will affect both COVID-19 and non-COVID-19 patients. Mr Jones assured Members that Orthopaedic patients would be separated from COVID-19</p>	<b>KJ</b>

patients, however given the logistics at the PPH site, and the physical location of Ward 7, the only route available would require travelling within the proximity of other clinical areas.

Dr Barbara Wilson enquired whether during the COVID-19 pandemic, pre-operative consent for patients with capacity is being undertaken, and whether patient experience is still being reviewed. Mr Carruthers advised that the Mental Capacity Act and Consent Group has undertaken a recent audit to establish whether clinicians have been discussing specific COVID-19 risks with patients. The outcome has confirmed that whilst this has been the case, a number of patient notes had not recorded the discussion. For assurance, this risk has been highlighted and will be monitored to ensure clinicians are adhering to the guidance produced by the Consent and Mental Capacity Team. Mrs Donna Coleman enquired whether the consent forms could be shared with the Community Health Council (CHC), given that during the COVID-19 pandemic, patients may be attending hospital on their own. Mr Jones agreed to this request, advising that whenever possible, the team contact the patient and family ahead of admission, in order to share documentation with them.

KJ

In relation to patient experience, Mr Jones confirmed that routine arrangements for collecting patient experience is still being undertaken, with particular emphasis on patient experiences during the pandemic.

In response to a query from Ms Alison Shakeshaft regarding access to physiotherapy services for patients following operations, Mr Jones confirmed that discussions have taken place with the Therapy teams on each site to ensure that these services can be delivered.

Mr Paul Newman enquired whether any risks have been identified for when staff are not in work and outside of their clinical environments in order to minimise cross infection. Mr Jones confirmed that these have been articulated within the site specific risk assessments. Following recent COVID-19 site outbreaks, staff have received increased communication, reminding them of the requirement to socially distance, particularly when travelling to and from work.

Mrs Coleman enquired whether information on urgent paediatric services are available for patients to access online. Mr Jones confirmed that this is the case, and for assurance purposes, agreed to share the documentation with the CHC. It was emphasised however, given that the dedicated pathway for this service is in Glangwili General Hospital (GGH), there are no changes to the service following the recommencement of Orthopaedic Services.

KJ

In summary, Ms Lewis welcomed the scrutiny from the clinical teams. Members noted the risks associated with recommencing Orthopaedic Services, however recognised that on balance, the clinical risk to these patients is greater if they do not receive the procedures than if they do, providing the Committee with assurance on the actions taken.

The Committee **RECEIVED ASSURANCE** from the actions outlined within the Risk Assessments for the Recommencement of Orthopaedic Activity Report.

**QSEAC  
(20)153**

**COVID-19 UPDATE AND LEARNING FROM COVID-19 OUTBREAKS**

Mrs Mandy Rayani provided a verbal COVID-19 Update and also the Learning from COVID-19 Outbreaks Report, following the three COVID-19 outbreaks experienced by the Health Board. Members noted that this is an extremely challenging time for both the Infection, Prevention and Control Team (IP&C) and the Operational Teams in terms of managing these outbreaks. For clarity, Mrs Rayani advised that once more than 2 patients test positive, an outbreak is declared.

Mrs Rayani provided a timeline in respect of the outbreaks advising that the outbreak in Bronglais General Hospital (BGH) has now been closed and whilst there are still COVID-19 positive patients on site, these are now being managed. In relation to PPH, the ward involved had been closed to new admissions, with services reconfigured. To date there have been 13 patients and 17 staff who have tested positive, with 3 patients in the ward identified as having antibodies. However, three weeks into the outbreak, the ward has now reopened to new admissions. Members were advised that any new patients presenting as COVID-19 positive would be transferred to the Medical Receiving Unit (MRU); it is therefore anticipated that this outbreak can now be closed. In relation to GGH, Members were informed that the patient initially arrived on Dewi Ward following a negative COVID-19 result, however the result of a second test presented a positive result. To date, 17 patients and 27 staff have also tested positive.

Mrs Rayani advised that following each Outbreak Control Team (OCT) meeting, findings are quickly shared with all teams in order to facilitate rapid learning across the Health Board. Daily sit-rep reports are undertaken by Mrs Rayani and the IP&C team, with a new streamlined process currently being developed. Further to this, Welsh Government (WG) has issued a 16 point plan for transmissions, which is being supported by Executive Directors to ensure oversight of infections. It is anticipated that intra-hospital transfers and transfers between other Health Boards will now be more robust.

Whilst acknowledging the challenges experienced by staff during these outbreaks, Prof. Gammon understood that prior to COVID-19, it had been routine to screen a patient more than once before, confirming that they were negative and enquired whether this methodology is continuing during the pandemic. Mrs Rayani advised that discussions have taken place in a number of fora regarding the appropriateness of the testing regime. However, the challenge exists that the test is only correct at a point in time, and whilst agreeing that regular testing of staff and patients remains the only option, current guidance from Public Health Wales (PHW) suggests not to retest due to an identified risk of false negatives. Ms Alison Shakeshaft confirmed that with the current testing numbers and prevalence rates, staff are regularly receiving reminders to this effect. In line with WG guidance, all patients are tested on hospital admission, with staff being advised that on the balance of probability, they should assume that low level swab results are positive. Ms Shakeshaft added that a pilot point of care test is due to commence which should identify whether a patient is infectious with further discussions required as to whether this could be used in an acute setting.

In response to a query from Mrs Delyth Raynsford, Mrs Rayani confirmed that regular conversations are taking place to thank staff for all their hard work during these challenging times.

In response to a further query from Mrs Raynsford, Mr Carruthers advised that whilst the Health Board has established red and green settings at the entrance to all acute sites, in reality, these should be treated as amber. It is anticipated that during the winter period, further challenges will be experienced with the combination of increased capacity and the expected increase in COVID-19 patients, which could delay ambulance offloads. However, mitigations are in place; firstly the Health Board is encouraging patients to make contact before attending an acute site; and secondly, the Health Board is holding regular discussions with the Welsh Ambulance Services NHS Trust (WAST) in order to reduce pressures across the system.

In summary and on behalf of QSEAC, Ms Lewis expressed thanks to all staff for their hard work in managing the current outbreaks.

The Committee:

- **NOTED** the verbal COVID-19 update.
- **NOTED** the findings related to learning from these outbreaks as summarised within the Learning from COVID-19 Outbreaks Report.
- **RECEIVED ASSURANCE** that incidents of COVID-19 infection are being effectively managed, with learning from all cases being rapidly disseminated.

**QSEAC  
(20)154**

**UPDATE REGARDING FIELD HOSPITAL UTILISATION AND OUTCOMES FROM THE HEALTHCARE INSPECTORATE WALES (HIW) INSPECTIONS**

*Ms Anna Llewellyn and Dr Meinir Jones joined the Committee meeting.*

Ms Anna Llewellyn presented a verbal update regarding Field Hospital Utilisation and Outcomes from the Healthcare Inspectorate Wales (HIW) Inspections. Members noted that HIW visited both Ysbyty Enfys Carreg Las at Pembrokeshire's Bluestone site, and Ysbyty Enfys Selwyn Samuel in Llanelli, on 8<sup>th</sup> November 2020. Whilst the formal report is awaited, Ms Llewellyn advised that HIW had commended the clinical environment and robust governance structure in place, and welcomed the consideration offered in respect of patients' dignity. During the inspections, HIW noted that staff were enthusiastic and engaged. However, concern was expressed regarding access and security at the Bluestone site, given the multiple access points in place. It has now been agreed that any areas not being used would be locked to increase security. A further concern related to trip hazards in the toilet areas, with plans ongoing to reduce these. In terms of Ysbyty Enfys Selwyn Samuel, HIW provided positive feedback relating to site access, signage and security. Dr Meinir Jones informed Members that the clinical model is due to be discussed next week with HIW and that the full HIW report should be received by 21<sup>st</sup> November 2020.

Mr Carruthers advised that the Health Boards governance structure and underpinning processes have been seen as an exemplar and as such will be shared with other Health Boards in Wales.

Mr Carruthers further advised that Ysbyty Enfys Selwyn Samuel should become operational from Monday 16.11.2020, with patients transferring from GGH & PPH to the field hospital. Clinical teams have discussed the associated risks of moving vulnerable patients, as opposed to the risk of not moving them, and for assurance purposes advised that this is now resolved.



	<p>Members welcomed the verbal update, acknowledging the work undertaken to operationalise the two field hospitals and expressed thanks to the teams involved for the comprehensive and professional manner of the Health Board during the pandemic.</p>	
	<p>The Committee <b>NOTED</b> the verbal update regarding Field Hospital Utilisation and Outcomes from HIW Inspections</p>	

<b>QSEAC (20)155</b>	<p><b>HEALTH RESPONSE TO THE USE OF THE MOD TRAINING CAMP AT PENALLY FOR MEN SEEKING ASYLUM IN THE UK</b></p> <p><i>Mr Steve Moore joined the Committee meeting. Rev. Aled James and Rev. Rob Jones joined the Committee meeting in an observer capacity.</i></p> <p>Mr Steve Moore presented the Health Response to the Use of the MOD Training Camp at Penally for Men Seeking Asylum in the UK report, expressing his gratitude to the Health Board and stakeholders for the work undertaken in order to provide their support, given the immense challenges due to the COVID-19 pandemic. As a result, 156 residents can be offered a core service for Primary Care needs out of South Pembrokeshire Hospital, in addition to an enhanced service, which is more than the Home Office requested. Mr Moore advised that the identified quality and safety concerns relating to the Penally site, have been expressed in correspondence to the Home Office, emphasising to them that the Health Board is not in a position to be the regulators of the site. Further to this, Withybush General Hospital (WGH), does not have the capacity to provide care for this significant number of patients who may require care above what can be delivered. The Health Board has accepted that even with the work undertaken, significant risks still remain, which again have been referenced within the latest correspondence to the Home Office on 4<sup>th</sup> November 2020. In addition, the Health Board has provided clarity on the assurance required from the Home Office in order to continue to provide the care and support to this cohort of patients, with a response still awaited. Finally, Mr Moore acknowledged the work of the Health Response Group chaired by the Director of Public Health, the community teams and the Director of Primary Care, Community and Long Term Care, and also the continued support of the local community.</p> <p>On a point of clarity, Ms Shakeshaft highlighted that the title of the risk register relating to Penally states Therapy Directorate Risks, and as such requires amendment.</p> <p>Mrs Hardisty welcomed the comprehensive report and echoed the thanks to those involved for their support to date.</p> <p>Dr Philip Kloer, as Medical Director emphasised that the Health Board has been transparent with the Home Office, stating that the Penally site is unsuitable and is not conducive to the wellbeing of the residents who are from upward of 20 different countries and cultures. Furthermore, stakeholders have expressed concerns that they do not have the infrastructure to provide appropriate services for this cohort of patients. Despite the work undertaken to date, concerns remain that the asylum seekers have needs that are outside our level of experience, and as such, this will limit the support we can offer.</p>	
		<b>CB</b>

Further to this, risk assessments of the site have identified a number of challenges that require resolution.

Ms Jill Paterson advised that initially on-site support had been provided, however this has now transferred to South Pembrokeshire Hospital. It was noted that the first patients to attend South Pembrokeshire Hospital all travelled from the site in one minibus and had not been chaperoned. For assurance purposes, this has now improved and following the support of the Site Manager of the housing association who are supporting the residents, the clinical team is now being provided with details for each patient.

In response to a query from Mrs Raynsford regarding the support to staff treating these patients, Mr Moore advised that concerns had been expressed in the early stages from both our own staff and stakeholders. In response to these concerns, it had been agreed to provide support off-site instead. For assurance purposes, Members noted that the Health Response Team is supporting our staff.

In light of the discussion, Mr Paul Newman suggested a number of additions to the report's recommendations:

- The second recommendation should include “on-going” challenging circumstances.
- The fourth recommendation should include “and that the response from the Home Office is still awaited”

Members supported Mr Newman's comments, and given the significant concerns cited within the correspondence to the Home Office expressing the view that the accommodation on the Penally site is not appropriate for asylum seekers, it was agreed to escalate this concern via the QSEAC update report to Board.

In summary, Ms Lewis recognised that the challenges for the Health Board and stakeholders are multi-faceted. On behalf of QSEAC, thanks were expressed to all involved for the professional and compassionate manner in which the work undertaken has been progressed, in order to support this cohort of patients.

*Mr Steve Moore, Rev. Aled James and Rev. Rob Jones left the Committee meeting.*

The Committee:

- **RECEIVED ASSURANCE** that the Health Board and its partners have provided a sufficient response, to date, to the Home Office's decision to use the MOD Training Camp at Penally, near Tenby in Pembrokeshire, as accommodation for asylum seekers.
- **NOTED** the on-going challenging circumstances and risks faced by the Health Board in relation to the change of use of the Penally site.
- **RECEIVED ASSURANCE** that core and enhanced medical services are being provided to residents of the site.
- **NOTED** the guidance provided to the Home Office in relation to COVID-19 security and emergency response arrangements and that the response from the Home Office is still awaited.

AL/KR

**QSEAC  
(20)156**

**THEMATIC REVIEW OF NEVER EVENTS DURING COVID-19**

*Ms Sandra Brinson, Ms Stephanie Hire and Ms Diane Knight joined the Committee meeting.*

Mrs Sian Passey presented the Thematic Review of Never Events During COVID-19 report which provides an overview of the incidents, and the learning identified through Root Cause Analysis (RCA) review. Members noted that following each never event, a Control Group is established, which works with operational teams to identify any themes arising from the incidents. In order to establish whether these are comparable with the rest of Wales, Mrs Passey advised that discussions have taken place with the Delivery Unit (DU). Mrs Passey further advised that following each review, the Directorate involved develops and implements an improvement and learning action plan to address the findings and recommendations, with confirmation received when all actions have been completed. For assurance purposes, and to ensure wider Health Board learning is possible, all never events are presented to the Listening and Learning Sub-Committee (L&LSC). It was noted that due to changes with processes in theatres as a result of COVID-19, signage had not been positioned in the new locations. In regards to PPE, it was noted that staff experienced difficulties relating to communication when wearing full PPE.

*Prof. John Gammon and Dr Barbara Wilson left the Committee meeting.*

Referring to COVID-19 related actions, Ms Sandra Brinson provided the following update:

- Laminated World Health Organisation (WHO) Surgical Safety checklists are now provided in operating theatres.
- Audits of the Stop Before You Block (SBYB) process, are now undertaken each month, with no new concerns raised.
- A buddy system has now been established to support the Operating Department Practitioner (ODP).
- Learning from improvement plans is shared at quality and safety meetings and displayed on all sites.
- Information on wellbeing support for staff is now displayed on notice boards, with staff advised that occupational health is available, when required.

Referring to the themes identified, Mrs Hardisty expressed concern that staff required reminders in pre-operative processes for example SBYB, and enquired whether shift patterns had contributed to staff fatigue and, in turn, the Never Events. Ms Stephanie Hire responded that across the system, staff have cited increased fatigue when wearing PPE, therefore staff are being supported by ensuring that they take regular food and fluid breaks. In relation to SBYB, Dr Kloer advised that clinicians have a number of processes and steps to undertake before an operation commences, therefore reminders are provided in order to create an environment which reduces human errors.

Ms Brinson emphasised that the review identified that a number of these Never Events took place during the evening and weekends, and to mitigate this, shift patterns have been changed, with additional capacity available since the beginning of the pandemic.

Whilst welcoming the introduction of the buddy system, Mrs Raynsford enquired whether transparent facemasks could be supplied to improve communication. In response, Mrs Rayani advised that the transparent face masks currently available do not comply with the specifications required for use in a hospital environment. Given that FFP3 surgical masks are used in a theatre environment, if transparent face masks are approved, they may not be appropriate for use in theatres.

*Dr Philip Kloer and Mrs Maria Battle left the Committee meeting.*

Mrs Raynsford enquired whether the time for each procedure could be extended to factor in post COVID-19 changes in processes. In response, Mrs Brinson advised that due to the donning and doffing of PPE, the percentage of operations in theatres has already been reduced, which is anticipated to continue for a significant period of time.

Ms Lewis welcomed the report, commenting that the review has not found evidence that suggests an escalating trend of never events, but rather a spike that is associated with changes in the working environment due to COVID-19, alongside a greater risk of staff fatigue. This situation requires ongoing vigilance and QSEAC will maintain close oversight of the position. The importance of maintaining an open approach to reporting of serious incidents was emphasised.

The Committee **NOTED** the Thematic Review Of Never Events During COVID-19 report and **RECEIVED ASSURANCE** that action has been taken to address the issues identified during the RCA reviews of the never events.

<b>QSEAC (20)157</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	

<b>QSEAC (20)158</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9.30am Tuesday 1 <sup>st</sup> December 2020	