

1.3 Minutes and Matters Arising From the Meeting Held on 9th June and 7th July 2020

*Presenter: Chair*

Item 1.3 Unapproved QSEAC Minutes 09.06.20

Item 1.3 Unapproved QSEAC Minutes 07.07.20

**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, 9 <sup>th</sup> June 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 (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>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience          Dr Subhamay Ghosh, Associate Medical Director, Quality &amp; Safety, deputising for Dr Philip Kloer, Executive Medical Director &amp; 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>

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(20)65</b>	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"> <li>• Dr Philip Kloer, Executive Medical Director &amp; Deputy CEO</li> <li>• Ms Alison Shakeshaft, Executive Director of Therapies and Health Science</li> <li>• Ms Jill Paterson Director of Primary Care, Community and Long Term Care</li> <li>• Mrs Cathie Steele, Head of Quality &amp; Governance</li> </ul>	

<b>QSEAC</b>	<b>DECLARATIONS OF INTERESTS</b>	
<b>(20)66</b>	No declarations of interests were made.	

<p><b>QSEAC (20)67</b></p>	<p><b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 7TH APRIL AND 7TH MAY 2020</b></p> <p><b>RESOLVED</b> - that the minutes of the meetings of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 7<sup>th</sup> April and 7<sup>th</sup> May 2020 be approved as a correct record, subject to the following amendment from the minutes held on 7<sup>th</sup> May 2020:</p> <ul style="list-style-type: none"> <li>• <b>QSEAC(20)56 Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance:</b> to amend Mrs Christine Davies to Mrs Christine James.</li> </ul>	<p><b>KR</b></p>
<p><b>QSEAC (20)68</b></p>	<p><b>TABLE OF ACTIONS FROM THE MEETINGS HELD ON 7TH APRIL AND 7TH MAY 2020</b></p> <p>An update was provided on the Table of Actions from the meeting held on 7<sup>th</sup> April and 7<sup>th</sup> May 2020, with the following noted:</p> <ul style="list-style-type: none"> <li>• <b>QSEAC(20)39 Quality and Safety Assurance Report</b> –Miss Maria Battle suggested that given that the Transformation Steering Group held its first meeting on Monday 8<sup>th</sup> 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.</li> <li>• <b>QSEAC(20)41 Hospital Acquired Thrombosis (HAT) Action Plan</b> – 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.</li> </ul>	<p><b>SG</b></p>
<p><b>QSEAC (20)69</b></p>	<p><b>LISTENING &amp; LEARNING SUB-COMMITTEE VERBAL UPDATE AND LISTENING &amp; LEARNING SUB-COMMITTEE TERMS OF REFERENCE</b></p> <p>Mrs Louise O'Connor presented a verbal update from the inaugural meeting of the Listening &amp; Learning Sub-Committee following the meeting held on 3<sup>rd</sup> 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 &amp; 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>	<b>LOC</b>
	<p>The Committee <b>NOTED</b> the verbal update from the inaugural Listening and Learning Sub-Committee meeting and <b>APPROVED</b> the Listening and Learning Sub-Committee Terms of Reference, subject to inclusion of the suggested amendments.</p>	

<b>QSEAC (20)70</b>	<p><b>RESEARCH &amp; DEVELOPMENT (R&amp;D) ACTIVITY REPORT /ANNUAL REPORTS 2018/19 AND 2019/20</b></p> <p>Dr Subhamay Ghosh presented the Research &amp; Development (R&amp;D) Activity Report /Annual Reports 2018/19 and 2019/20, drawing Members attention to the lack of dedicated space for R&amp;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&amp;D activity, now that the first peak of COVID-19 has occurred.</p> <p>In relation to R&amp;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 "<b>Principal</b> Investigators"</p> <p>Whilst acknowledging the lack of dedicated space for R&amp;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&amp;D team could make use of accommodation at Swansea University.</p> <p>Members proposed that additional narrative should be included within the Research &amp; Development Sub-Committee Annual Report 2019/20, clarifying</p>	<p><b>KR</b></p> <p><b>KM</b></p> <p><b>SG</b></p>
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	<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&amp;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&amp;D team.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> 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.</li> <li>• <b>ENDORSED</b>, retrospectively, the R&amp;D Sub-Committee Annual Report 2018/19.</li> <li>• <b>ENDORSED</b> the R&amp;D Sub-Committee Annual Report 2019/20.</li> </ul>	
<p><b>QSEAC (20)71</b></p>	<p><b>OUTCOME OF QSEAC SELF-ASSESSMENT PROCESS 2019/20</b></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 &amp; Experience Assurance Committee:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> the responses from the QSEAC self-assessment exercise 2019/20.</li> <li>• <b>CONSIDERED</b> any further improvements that could be made to improve the Committee's effectiveness.</li> </ul>	<p><b>MR/KR</b></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 *Risk 855: Risk that UHB's normal business will not be given sufficient focus*, recognising that this risk will be significant for all organisations.

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 *Risk 853 - risk that Hywel Dda's Response to COVID-19 will be Insufficient to Manage Demand*, 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.

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.

Mr Carruthers highlighted *Risk 810: poor quality of care within the unscheduled care pathway*, 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.

In response to a query from Mr Newman in relation to *Risk 750: lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital WGH*, 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.

**AC**

*Mr Keith Jones joined the Committee meeting*

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.

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.

Mr Carruthers informed Members that given the continued social distancing requirements in hospitals, it is anticipated that there could be a 20% reduction

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>	<b>AC/KR</b>
	<p>The Committee <b>RECEIVED ASSURANCE</b> that operational risks are being reviewed and updated to reflect the impact of COVID-19, and <b>NOTED</b> that this will continue.</p>	

<b>QSEAC (20)74</b>	<p><b>COVID-19 RESPONSE UPDATE</b></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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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.

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.

The Committee **CONSIDERED** and **RECEIVED ASSRUAANCE** regarding the UHB's response document to the Coronavirus (COVID-19): NHS Wales Operating Framework.

**QSEAC  
(20)75**

**QUALITY AND SAFETY ASSURANCE REPORT INCLUDING EXTERNAL MONITORING FINAL REPORTS**

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.

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.

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.

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.

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.

*Mr Ian Bebb joined the Committee meeting*

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>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 &amp; 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>	<b>MR</b>
	<p>The Committee <b>DISCUSSED</b> and <b>RECEIVED ASSURANCE</b> from the Quality and Safety Assurance Report.</p>	

<b>QSEAC (20)76</b>	<b>CLINICAL AUDIT POSITION STATEMENT</b>	
	<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"> <li>• <b>DISCUSSED</b> the reduction in clinical audit activity during the COVID-19 outbreak and the impacts highlighted;</li> <li>• <b>NOTED</b> the decision from Welsh Government to suspend all audit data collection and the continuing suspension;</li> <li>• <b>NOTED</b> the decision from certain clinical teams to maintain data collection;</li> </ul>	

- **NOTED** the discussions around future work for the clinical audit function.

<b>QSEAC (20)77</b>	<b>CANCER TREATMENTS DURING COVID-19</b>	
	<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 15<sup>th</sup> 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>	
	The Committee <b>DISCUSSED</b> the Cancer Treatments During COVID-19 report.	

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

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

<b>QSEAC (20)80</b>	<b>TRANS-CATHETER AORTIC VALVE INSERTION (TAVI) PROGRESS</b>	
	<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><b>PK/KR</b></p> <p><b>JW</b></p>
	The Committee <b>NOTED</b> the verbal Trans-Catheter Aortic Valve Insertion (TAVI) Progress update.	

<b>QSEAC (20)81</b>	<b>SAFEGUARDING REPORT</b>	
	<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 <b>DISCUSSED</b> and <b>RECEIVED ASSURANCE</b> that the corporate safeguarding team are continuing to monitor and scrutinise safeguarding activity during the COVID-19 period.	

<b>QSEAC (20)82</b>	<b>INFECTION, PROTECTION AND CONTROL (IP&amp;C) UPDATE</b>	
	Members received the Exception Report from the Infection Prevention Operational Group, following the meeting held on 12 <sup>th</sup> May 2020.	
	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.	
	In summary, Ms Lewis expressed thanks on behalf of the Committee to the Infection Prevention team for their work during COVID-19.	
	QSEAC <b>NOTED</b> the content of the Exception Report from the Infection Prevention Operational Group.	

<b>QSEAC (20)83</b>	<b>PUTTING THINGS RIGHT (PTR) POLICY</b>	
	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.	
	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.	
	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.	<b>LOC</b>

	The Committee approved the policy following assurance that due process has been followed.	
	<p>QSEAC:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> 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.</li> <li>• <b>RATIFIED</b> the policy for publication and implementation.</li> </ul>	

QSEAC (20)84	<b>MANAGEMENT AND DISTRIBUTION OF SAFETY ALERTS AND NOTICES POLICY</b>	
	<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 &amp; 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"> <li>• <b>RECEIVED ASSURANCE</b> 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.</li> <li>• <b>AGREED</b> 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.</li> </ul>	MR/KR

QSEAC (20)85	<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 for information.	
	The Committee <b>NOTED</b> the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	

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

	The Committee <b>NOTED</b> the Quality, Safety & Experience Assurance Committee Decision Tracker.	
<b>QSEAC (20)87</b>	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES' DECISION TRACKER</b>	
	The Committee received the Quality, Safety & Experience Assurance Committee Sub-Committee Decision Tracker containing amber actions for information	
	The Committee <b>NOTED</b> the Quality, Safety & Experience Assurance Committee Sub-Committee Decision Tracker.	
<b>QSEAC (20)88</b>	<b>REFLECTIVE SUMMARY</b>	
	Mrs Rayani outlined the following key points from the meeting: <ul style="list-style-type: none"> <li>• 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.</li> <li>• Members welcomed the new approach to the Self-Assessment process and the enriched narrative to support the Committee's work programme going forward.</li> </ul>	
<b>QSEAC (20)89</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business discussed.	
<b>QSEAC (20)90</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9.30am Tuesday 13th August 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>	9.30am, 7 <sup>th</sup> July 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)          Professor John Gammon, Independent Member (VC)          Mr Paul Newman, Independent Member (VC)          Ms Ann Murphy, Independent Member (VC)</p>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience          Dr Philip Kloer, Executive Medical Director &amp; Deputy CEO (VC)          Mr Andrew Carruthers, Executive Director of Operations (VC) (part)          Mrs Ros Jervis, Executive Director of Public Health (VC) (part)          Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (VC)          Ms Jill Paterson Director of Primary Care, Community and Long Term Care          Dr Subhamay Ghosh, Associate Medical Director for Quality &amp; Safety (VC) (part)          Mrs Joanne Wilson, Board Secretary (part)          Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance)          Mrs Sharon Daniel Assistant Director of Nursing (Nursing Workforce, Education and Professional Standards) (VC) (part)          Ms Karen Richardson, Committee Services Officer (Minutes)</p>

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

<b>QSEAC</b>	<b>DECLARATIONS OF INTERESTS</b>	
<b>(20)92</b>	No declarations of interests were made.	

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



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

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

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

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

*Mr Andrew Carruthers joined the Committee meeting*

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

**QSEAC  
(20)94**

#### **CORPORATE RISK REPORT**

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

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

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

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

	<p>issues due to an increase in activity, when mitigations are established there may not be a requirement to include these within the risk register.</p> <p>Members suggested that risks should acknowledge the impact due to COVID-19 and that this should be reflected within the risk register.</p> <p>Mr Andrew Carruthers advised that one element of the Welsh Government (WG) Coronavirus (COVID-19) NHS Wales Operating Framework (2020/21) Draft Quarter 2 Response required the identification of risks since COVID-19, and that the submission highlighted the need to review the Health Board's corporate risks.</p> <p>Referring to the reduction in score to <i>Risk 635: No deal Brexit affecting continuity of patient care</i>, Mrs Ros Jervis commented that both COVID-19 and a no deal Brexit are related to business continuity, and that the Health Board's response to COVID-19 means that the plans in place to mitigate these business continuity risks have been tested.</p> <p>Following further discussion, Members acknowledged that additional work is required to ensure that Corporate risks are aligned appropriately on the risk register, with Mrs Wilson offering her support to Executive Directors (EDs) to progress.</p> <p>Following a number of queries raised on the clarity of the risks contained within the CRR, and concerns regarding the priority afforded to this work, Members enquired whether the Committee can be assured that the process outlined within the report been applied; this is particularly important given that the Committee is required to provide an assurance to Board in July 2020.</p> <p>Mr Newman proposed that the QSEAC Update Board report should state that following a review of the risks on the CRR, the Committee is seeking further information and assurance regarding the timescales of a review of any new risks which should be added to the register.</p> <p>In summary Ms Lewis suggested that as only limited assurance has been received from the report, in order for the Committee to provide an assurance to the Board, additional narrative should be provided which confirms that the process outlined within the report has been applied.</p>	<b>MR</b>
	<p>The Committee <b>RECEIVED LIMITED ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> </ul>	

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

<b>QSEAC (20)96</b>	<b>RISK DEEP DIVE</b>	
	<p>The Committee noted the deferral of the Risk Deep Dive report until the next QSEAC meeting on 13<sup>th</sup> August 2020. Members accepted this would be an appropriate timescale in which to receive this report given the anticipation of receipt of feedback from WG following the submission of the Quarter 2 framework document.</p> <p>Ms Lewis welcomed the clarification, and confirmed that a Risk Deep Dive would be presented to the next QSEAC meeting in August 2020.</p>	

<b>QSEAC (20)97</b>	<b>FIELD HOSPITAL UPDATE</b>	
	<p>Mr Carruthers introduced the Field Hospital Update, advising that at the time of the report's preparation, no patients had used the field hospital sites, therefore, quality, safety and experience data is not yet available. Subsequently however, the temporary field hospital in Carmarthen, known as Ysbyty Enfys Caerfyrddin, has now opened for a small cohort of patients, with further patients due to be transferred on 07.07.2020. Members noted that feedback from the first cohort of patients has been positive whilst recognising that the experience received will require further analysis once capacity within the field hospital is increased.</p> <p>In terms of communication regarding access to field hospitals for relevant patients, their families and members of the public, Mr Carruthers confirmed that the Health Board has been proactive in issuing press releases ahead of the opening of the Carmarthen field hospital facility, in addition to providing leaflets for patients and families utilising the service. The Health Board has also been transparent with the public that the Carmarthen field hospital facility is being opened to test the system, with all other field hospitals currently on standby. Members expressed their thanks to all involved for the significant work undertaken in establishing Hywel Dda's field hospitals.</p> <p><i>Mrs Sharon Daniel joined the Committee meeting</i></p> <p><i>Mrs Ros Jervis left the Committee meeting</i></p> <p>In response to a query from Mr Newman regarding the recent concerns raised in relation to the water quality at Bluestone field hospital in Pembrokeshire, Mrs Rayani understood that this is now resolved. Mr Carruthers emphasised</p>	

that the water quality requirements for hospital facilities is stricter than for public premises and there is still a risk for the site to be operational due to the size of the site and the lack of use during the COVID-19 pandemic, which is anticipated to improve once the tourists start using the facilities. Mr Newman expressed concern that this had not been raised at the Finance Committee when the discussion regarding the extension to the contract had been discussed. For assurance, Mrs Rayani advised that regular monitoring of the water quality on all Health Board sites including field hospitals is undertaken by the Infection, Prevention and Control Team (IP&C) in order to ensure that these meet the minimum standards required.

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

**QSEAC  
(20)98**

### **HEALTH & CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019**

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

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

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

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

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

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

<b>QSEAC (20)99</b>	<p><b>PERSONAL PROTECTIVE EQUIPMENT (PPE) UPDATE</b></p> <p>Mrs Rayani provided a verbal update to Members in regard to Personal Protective Equipment (PPE), advising of a delay with supplies due from China and Turkey. To mitigate this, mask fit testing is being undertaken on alternative products, which will be improved following the purchase of a new fit testing machine, with additional hoods also being sourced. Mrs Rayani further advised that to ensure adequate supplies are available, PPE is transferred to where it is required across the organisation, where necessary. In addition to the Hywel Dda PPE Cell which meets fortnightly to discuss Health Board supplies, Mrs Rayani confirmed that she attends the National PPE Cell to support the supply of PPE on an all Wales basis.</p> <p>The Committee <b>NOTED</b> the Personal Protective Equipment (PPE) Update.</p>	
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<b>QSEAC (20)100</b>	<p><b>INCIDENT REPORTING DURING COVID-19</b></p> <p>Mrs Sian Passey introduced the Incident Reporting During COVID-19 report, advising that whilst the number of reported safety incidents has reduced, there has been a rise in the number of incidents per 1,000 patients during this period. Whilst it is challenging to identify why this has occurred, it could be linked to the acuity of patients seen during the COVID-19 period, however the assurance team will continue to monitor this in order to identify any themes involved.</p> <p>Following discussions with the Health and Safety and IP&amp;C teams, it has become apparent that staff who have reported positive with COVID-19 are captured on a separate system to DATIX, therefore it has been difficult to establish how many staff have been affected. However, new cases are now being added to DATIX, and a review will be undertaken using the all Wales toolkit, with feedback presented to the Health and Safety Assurance Committee (HSAC). An all Wales Framework for Investigations – Patient COVID-19 cases is also being developed which should be available by August 2020.</p> <p>Further to a query raised at a previous QSEAC meeting, Mrs Passey confirmed that following a review undertaken, no significant increase in hip</p>	<b>SP/KR</b>
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	<p>fractures has been noted during the COVID-19 pandemic. However, changes to data collection made in April 2020 now include fractures to the shaft of the femur, therefore it is difficult to determine whether COVID-19 has had an impact to date. On a positive note, Members were informed that the Delivery Unit had attended a site meeting in May 2020 and complemented the Health Board's processes.</p> <p>In response to a query from Mrs Hardisty regarding hip fractures in the community, Mrs Passey confirmed that community data is discussed at the Falls Group and that this includes external representation such as the Welsh Ambulance Service NHS Trust (WAST).</p> <p>Prof. Gammon enquired whether any data has been received in relation to the impact on staff wellbeing during the pandemic. Mrs Passey confirmed that the Occupational Health Team is progressing this, and agreed to request this information on behalf of the Committee.</p> <p><i>Mrs Joanne Wilson and Dr Subhamay Ghosh left the Committee meeting</i></p> <p>In summary, Ms Lewis suggested that the Committee could take an assurance from the report, noting that QSEAC would continue to receive regular updates.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> that there are processes in place to monitor incident reporting during the COVID-19 pandemic and that appropriate action is taken.</p>	<p><b>SP</b></p> <p><b>SP/KR</b></p>
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<b>QSEAC (20)101</b>	<b>ANY OTHER BUSINESS</b> No other business was discussed.	
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<b>QSEAC (20)102</b>	<p><b>REFLECTIVE SUMMARY</b></p> <p>Mrs Rayani reflected the following key points from the meeting:</p> <ul style="list-style-type: none"> <li>• <b>Nurse Staffing Levels:</b> Members recognised the challenges in maintaining nurse staffing levels and supported the established mitigations.</li> <li>• <b>Corporate Risk Report:</b> with only limited assurance received from the report, Members agreed that additional narrative should be included within the QSEAC Update Report to the July 2020 Board.</li> <li>• <b>Field Hospital Update:</b> Members received an assurance from the processes undertaken.</li> <li>• <b>Health &amp; Care Standards Fundamentals of Care Audit 2019:</b> Members noted the Quality Improvement and triangulation work being progressed and agreed for an update on the planned actions to QSEAC in December 2020.</li> </ul>	
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<b>QSEAC (20)103</b>	<b>DATE &amp; TIME OF NEXT MEETING</b> 9.30am Tuesday 13th August 2020	
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