

**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, 1 <sup>st</sup> December 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, Director of Nursing, Quality &amp; Patient Experience          Dr Philip Kloer, Medical Director &amp; Deputy CEO          Dr Subhamay Ghosh, Associate Medical Director for Quality &amp; Safety (VC) (part)          Mr Andrew Carruthers, Director of Operations (VC) (part)          Mrs Ros Jervis, Director of Public Health (VC)          Mr Huw Thomas, Director of Finance (part)          Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part)          Ms Alison Shakeshaft, Director of Therapies and Health Science (VC)          Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC)          Mrs Joanne Wilson, Board Secretary (VC)          Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) (VC) (part)          Mrs Cathie Steele, Head of Quality &amp; Governance (VC) (part)          Mr Keith Jones, Director of Acute Services (VC) (part)          Ms Angela Lodwick, Head of Service SCAMHS &amp; Psychological Therapies (VC) (part)          Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part)          Mr Dafydd Millns, Service User (VC) (part)          Ms Dominique Bird, Head of Capacity and Capability, Improvement Cymru (VC) (part)          Ms Sara Rees, Interim Head of Nursing MH&amp;LD (VC) (part)          Ms Jenny Pugh-Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part)          Mr Sam Dentten, Deputy Chief Officer (Ceredigion), Hywel Dda Community Health Council (VC)          Dr Barbara Wilson Vice Chair, Hywel Dda Community Health Council (VC)          Mrs Anne Beegan, Audit Wales (VC)          Ms Karen Richardson, Corporate and Partnership Governance Officer (Minutes)</p>

<b>QSEAC (20)159</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting.	

	Apologies for absence were received from: <ul style="list-style-type: none"> <li>Miss Maria Battle, HDdUHB Chair</li> </ul>	
<b>QSEAC (20)160</b>	<b>DECLARATIONS OF INTERESTS</b> There were no declarations of interests made.	
<b>QSEAC (20)161</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 6TH OCTOBER 2020 AND 13<sup>TH</sup> NOVEMBER 2020</b> <b>RESOLVED</b> - that the minutes of the meeting of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 6th October 2020 and 13 <sup>th</sup> November 2020 be approved as a correct record, subject to the following amendment to the 6 <sup>th</sup> October 2020 minutes. <ul style="list-style-type: none"> <li>To include Dr Subhamay Ghosh in the list of attendees.</li> </ul>	<b>KR</b>
<b>QSEAC (20)162</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 6TH OCTOBER 2020 AND 13<sup>TH</sup> NOVEMBER 2020</b> An update was provided on the Table of Actions from the meetings held on 6th October 2020 and 13 <sup>th</sup> November 2020, with the following noted: <ul style="list-style-type: none"> <li><b>QSEAC (20)152 Risk Assessments for the Recommencement of Orthopaedic Activity Report:</b> Mr Sam Dentten undertook to establish whether the Community Health Council has received both the pre-operative consent forms and the documentation available for patients to access online in relation to urgent paediatric services.</li> </ul>	<b>SD</b>
<b>QSEAC (20)163</b>	<b>CHILDRENS SERVICES PATIENT STORY</b> <i>Mr Andrew Carruthers joined the Committee meeting.</i>  Ms Liz Carroll introduced Mr Dafydd Millns, a patient who had experienced mental health challenges during his adolescence.  Mr Millns explained that in 2013 he was diagnosed with a mental health condition and referred to the Child and Adolescent Mental Health Services (CAMHS). The turning point came when he was referred for cognitive therapy, known as Tonic Surf Therapy, which he believes changed his outlook and enabled him to see a future for the first time in his life. Following completion of the programme, he restarted education, completed his GCSEs and is now attending college. In addition, following his exposure to mental health services, he is now working with CAMHS in Carmarthenshire to support other young people. Part of this work is the development of Future Minds, an initiative to influence future CAMHS projects which is co-produced by service users and stakeholders. Members received a video 'The Parable of the Blobs and Squares', emphasising the positive effects of co-production, where all contributors are equal partners in the process.  Echoing the comments from Members, Ms Lewis expressed thanks to Mr Millns for his personal and emotive account of the challenges experienced together with the positive support received from CAMHS. Whilst the video	

	<p>challenges the Health Board to improve Mental Health services, acknowledging the Committee’s time constraints, it was suggested that further discussions take place between the QSEAC Chair, Ms Carroll and Mrs Mandy Rayani outside of the meeting, in order to expedite this initiative during the new year.</p> <p>In response to a query from Mrs Judith Hardisty, Mr Millns advised that co-production and integration of future services is key and should be an ambition that the Health Board aspires to.</p> <p>Following the positive experience of CAMHS by Mr Millns, Mrs Delyth Raynsford enquired as to the advice he would give those young people experiencing the same challenges. Mr Millns emphasised the need for service users to be receptive to the approaches suggested by the professionals. Mrs Raynsford suggested that Mr Millns insight would be welcomed at the Health Board’s Voices of Children and Young People Group which Mr Millns accepted, and it was agreed that the QSEAC secretariat share Mr Millns contact details with Mrs Raynsford.</p> <p>In response to a further query from Mrs Raynsford, Mr Millns stated that physical activity and being outdoors had been the catalyst in changing his mind-set.</p> <p>Mr Dentten acknowledged the fragility of therapy services across all sectors, recognising that these services play an important role in assisting patients to recover, with further support provided by the voluntary sector. Mr Millns stressed that the need for flexibility when providing services is paramount, whilst accepting that not all patients are comfortable working with professionals.</p> <p>Mr Andrew Carruthers observed the powerful and inspirational patient story, which aligns with the challenge set by the HDdUHB Vice Chair to develop an overarching improvement plan for Children’s Services, and valued Mr Millns input. Members recognise that patient stories provide the best focus to shape future services and expressed thanks to Mr Millns for taking the time to share his story, recognising this is a service area which requires improvement.</p> <p>In summary, Ms Lewis thanked Mr Millns and the Mental Health Directorate for their presentation to the Committee, which had set a high standard for QSEAC to maintain.</p> <p><i>Mr Dafydd Millns left the Committee meeting</i>  <i>Ms Sara Rees joined the Committee meeting</i></p>	<p>AL/LC /MR</p> <p>KR</p>
	<p>The Committee <b>NOTED</b> the Children’s Services Patient Story.</p>	

<p><b>QSEAC (20)164</b></p>	<p><b>SPECIALIST CHILDREN’S AND ADOLESCENT MENTAL HEALTH SERVICES (S-CAMHS)</b></p> <p>Ms Carroll presented the Specialist Children’s and Adolescent Mental Health Services (S-CAMHS) report highlighting three key challenges for the service:</p> <ul style="list-style-type: none"> <li>• The recognition of the differing skill sets now required since the review of the Directorate structure;</li> </ul>	
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- The new appointments to support referrals to the Autistic Disorder Service (ASD);
- The establishment of a task and finish group in January 2021 which will include service user/carer representation to focus on approaches to be adopted when there are prolonged waits for those accessing S-CAMHS services.

*Mrs Sian Passey, Ms Cathie Steele, Dr Subhamay Ghosh and Mr Huw Thomas joined the Committee meeting*

Whilst welcoming the work undertaken to clear the historic legacy waiting lists, Mrs Hardisty commented that this only refers to an assessment being undertaken and not the recommended treatment plan. Taking this into account, Mrs Hardisty enquired whether the service has the capacity to undertake these and the timescales for their completion. Mr Newman echoed these concerns, stating that some of the initiatives appear to compete with rather than complement each other. In response, Ms Carroll advised that whilst the service had anticipated peaks and troughs in demand, as articulated in the report, this has not occurred, with continued growth in demand for both SCAMHS and CAMHS ASD, therefore additional resources will be required in order to reduce waiting times. Ms Carroll further advised that interventions following assessments may be multi-faceted and will have variabilities due to working with the three Local Authorities, which has been compounded due to the COVID-19 pandemic.

Mrs Hardisty suggested the need for an in-depth review of the funding streams with Local Authority colleagues through the West Wales Children's Group, and how this is spent through co production.

Noting that 19 of the 37 recommendations made following the Children's Commissioner for Wales Report 'No Wrong Door: bringing services together to meet children's needs', related to mental health services, Mrs Hardisty enquired as to which services the other 18 recommendations referred to and whether progressing these actions would improve services to children. In response, Ms Sara Rees responded that these relate to a number of services which support patients from childhood to adulthood. Mrs Hardisty, further enquired, where the responsibility sits for the remaining recommendations. In response, Ms Rees advised that assurance for the additional 18 recommendations does not reside with one directorate and should be provided from the Health Board as a whole.

*Ms Jill Paterson joined the Committee meeting*

Ms Raynsford enquired as to the support available for children and young people who are not under S-CAMHS. Ms Carroll confirmed that due to increased demand, the Mental Health and Learning Disability Service has commissioned additional third sector support for these patients to access. Ms Rees added that this third sector support has been available during the previous 18 months. In addition, a 6 month pilot for counselling services in Wales has been launched as an alternative for patients who require a lower level of support. Further to this, subject to funding, advocacy, be-friending and educational support services will be made available.

	<p>Ms Carroll commented that children have been less willing to engage with digital platforms during the pandemic, and have requested face to face sessions instead, which has placed further challenges on the service.</p> <p>Ms Lewis recognised the concerns raised at Board in relation to patient access to CAMHS and whilst acknowledging the significant work undertaken operationally to improve access, expressed concern that there may be a strategic gap in order to enable further improvements, whilst acknowledging that the development of an overarching improvement plan for Children's Services may provide a resolution. Mr Carruthers concurred, adding that this is part of the planning objectives for 2020, with the anticipation that a 3 year draft plan will be prepared by the end of December 2020, and presented to the Board in 2021.</p> <p>In summary, Ms Lewis welcomed the proposed 3 year plan and given the link to patient experience as a consequence of delays in assessment and treatment, proposed that for assurance purposes, the plan should be presented to QSEAC once agreed.</p> <p><i>Ms Liz Carroll, Ms Sara Rees and Ms Angela Lodwick left the Committee meeting</i></p>	<p>AC</p> <p>AC</p>
	<p>The Committee <b>RECEIVED ASSURANCE</b> from the challenges and identified risks within the S-CAMHS service, and how these are being addressed within the Directorate.</p>	

<p><b>QSEAC (20)165</b></p>	<p><b>QUALITY MANAGEMENT SYSTEM APPROACH</b></p> <p><i>Ms Dominique Bird joined the Committee meeting</i></p> <p>Mrs Rayani informed Members that the Quality Management System Approach will dovetail both the Health Board's planning and performance objectives, with the focus of recent discussions on how this can be embedded within the Health Board.</p> <p>Ms Dominique Bird (Improvement Cymru) advised that this approach considers the organisation's objectives in relation to quality, patient experience, workforce and finance, and aligns them to the strategic objectives in order for the Board to receive assurance from the improvements made. It was noted that this is at the early stages of development, with further meetings planned with the Health Board to progress.</p> <p>Mr Huw Thomas commented that this approach aligns to a number of pieces of work currently being undertaken, for example, value based healthcare, with the aspiration to improve data collection and analysis to ensure consistency across the Health Board.</p> <p>Whilst recognising the improvements needed in quality and safety for patients of Hywel Dda, given the inherent challenges currently being experienced, Mrs Hardisty requested assurance that staff at ward level have the capacity to embed this new approach. Mrs Rayani confirmed that this approach will have the support of the Executive Team and that a detailed discussion would take place at a future Board Seminar session. Mr Thomas emphasised that this approach focuses on a business strategy, which in a</p>	
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broader sense, places quality and safety at the heart of everything we do and as such should result in a coherent framework.

Dr Philip Kloer advised that a further aspiration would be to align strategically with a number of domains, namely clinical and operational, which has not been achieved previously. The Enabling Quality Improvement In Practice (EQIIP) programme, which was supported by the Board, has delivered on a number of improvement initiatives which support change at grass-roots level. Whilst recognising these were small scale initiatives, this new approach will support the expansion of these principles. Mr Carruthers acknowledged the concerns expressed by Mrs Hardisty, and whilst recognising the benefit of these approaches for operational teams, particularly during the pandemic, accepted that there is no capacity to progress them at this time.

Whilst welcoming the support of Improvement Cymru and commending the aspiration of the Health Board, Professor Gammon recalled that QSEAC had previously agreed and supported an in-house Quality Improvement Framework which he understood is being progressed, and therefore enquired as to the rationale for this approach. In response, Ms Lewis advised that Quality Improvement is only one part of the process and that the QMS approach will support system-wide improvement, consisting of four interrelated quality orientated processes, planning improvement, control and assurance, which will focus on and provide clarity to key strategic objectives. Whilst acknowledging that it is early in the process, there will be a need to better articulate the methodology of this initiative in order for the Executive Team to receive the support of staff to progress.

In summary, QSEAC supported the QMS approach in principle, and whilst accepting that the support of Improvement Cymru would be pivotal to its success, expressed caution that QMS does not become another initiative that does not reach a conclusion.

*Ms Dominique Bird left the Committee meeting*

The Quality, Safety & Experience Assurance Committee **SUPPORTED** the work to develop and implement a QMS within the Health Board.

**QSEAC  
(20)166**

**RISK 635 - NO DEAL BREXIT AFFECTING CONTINUITY OF PATIENT CARE**

Mr Thomas provided a verbal update on Risk 635 - No Deal Brexit Affecting Continuity of Patient Care, advising that all Wales Brexit Steering Group meetings are currently taking place on a weekly basis. The Group receives regular updates from the UK Government, with the focus related to supply chains from 31<sup>st</sup> December 2020, with the following noted:

- To provide greater assurance, NHS Wales Shared Services Partnership has increased the amount of stock holding, from 8 to 12 weeks which will take effect as of 31<sup>st</sup> December 2020.
- To date, no significant concerns have been raised in relation to the supply of Drugs and Medicines for both Primary and Secondary Care. For assurance purposes, this is being closely monitored.
- In terms of medical goods, given that these are classified as Category 1 goods, the Government's Freight Capacity Framework is intended to

	<p>support the continued supply in the event of disruption to key freight flows, which provides assurance.</p> <ul style="list-style-type: none"> <li>• With regards to staffing, a long term plan is being progressed by the Director of Workforce and Organisational Development.</li> </ul> <p>Mr Thomas advised that given that the UK is still in the negotiation phase, a further update is planned for Board Seminar on 17<sup>th</sup> December 2020.</p> <p><i>Mr Huw Thomas left the Committee meeting</i></p> <p><i>Mr Keith Jones joined the Committee meeting</i></p>	<b>HT</b>
	<p>The Committee <b>NOTED</b> Risk 635 - No Deal Brexit Affecting Continuity of Patient Care Update.</p>	

<b>QSEAC (20)167</b>	<p><b>HEALTH BOARD WINTER PLAN 2020/21(INCLUDING DTOC) - INCORPORATING RISK 810</b></p> <p>Mr Carruthers apologised for the late issue of the paper, given current pressures experienced by the Health Board. Members noted that there have previously been a number of risks that relate to care within the Unscheduled Care pathway, however, these have been closed and superseded by a new integrated whole system unscheduled care corporate risk.</p> <p>Mr Keith Jones advised that following discussions at QSEAC in October 2020, this report includes detail on the identified actions to address the whole system patient flow and the extent to which these will mitigate the risks involved relating to the quality and safety of services. The preparation of the Winter Plan for 2020/21 is the result of a cross-sector approach for the West Wales region. This has included an integrated approach working in partnership with representatives from the Health Board, Carmarthenshire, Ceredigion and Pembrokeshire County Councils and the third sector and covering all population groups. The plan includes over 60 individual actions and initiatives which are aligned to the Coronavirus (COVID-19) NHS Wales Operating Framework (2020/21) Quarter 3/4 Response. Given the inherent risks within the Health Board due to the pandemic, such as staffing challenges due to outbreaks in acute and community settings which further affects capacity, and the appropriate skill set of our workforce on wards, Mr Jones emphasised that there is no guarantee that all of these actions will be completed. For assurance, the plan will be closely monitored on a fortnightly basis, recognising that the impact on key metrics, including quality and safety risks, will be important factors in establishing whether the plan is successful.</p> <p>Mrs Hardisty expressed concern that the agreed increased investment for CAMHS is not included within the plan presented in Appendix 1 to the report. Mr Jones advised that Appendix 1 only includes an overview of the Winter Plan, confirming that CAMHS has been reflected within the Quarter 3/4 response, however for assurance purposes, agreed to discuss the matter with Mrs Hardisty outside of the Committee meeting.</p> <p>Reflecting on the expectation that this winter will be different to previous winter periods, with the anticipation that the impact of winter flu will be reduced, Prof. Gammon enquired whether scheduled care services could be increased. In response, Mr Jones advised that the plan has taken into consideration winter flu and COVID-19, however since the start of the pandemic, one of the</p>	<b>KJ</b>
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challenges experienced by the Health Board has been the timely discharge of patients from hospital, with current levels increasing. If this trajectory continues during Quarter 3/4, the acute sites will not have the capacity to increase scheduled care services. A further specific challenge is the recognised risk for patient's attending COVID-19 environments; this is a challenge experienced by all Health Boards, and whilst there has been some success relating to urgent and cancer care, there will be a need to factor in the availability of staffing when evaluating overall capacity. For further assurance, Ms Paterson commented that the impact of the Winter Plan 2020/21 had been scrutinised at the Regional Partnership Board on 29th October 2020, and whilst deaths from flu have been lower during the pandemic, 35 care homes have closed as a consequence of COVID-19, which directly impacts upon the ability to discharge patients from hospital.

Mr Carruthers acknowledged that this is not a 'normal' winter, however advised that the Winter Plan 2020/21 has been modelled on a worst case scenario, with increased flu and COVID-19 admissions. Currently, non-COVID-19 demand is at 80%, however due to the impact on staffing capacity, the situation feels more challenging than during the highest peak in January 2020. In terms of the Health Board's escalation framework, flexibility to manage the demand will be paramount, given that teams are having to adapt plans on a daily basis. Mrs Ros Jervis advised that a targeted flu vaccination campaign has attempted to minimise flu transmissions this year, which is a key part of the Health Board's Prevention & Response Plan, Q2 and Q3/4. This has been undertaken in order to avoid the worst case scenario of the Health Board experiencing high cases of flu and COVID-19 simultaneously.

In summary, Ms Lewis welcomed the focus of the report, and whilst acknowledging the current challenges, was assured that the impact of delivery on the quality and safety of care, from a Health Board wide perspective, would be monitored via the Operational Quality, Safety and Experience Sub-Committee, and reported to QSEAC.

The Committee **RECEIVED ASSURANCE** from the extent to which the Winter Plan 2020/21 has been designed to address the underlying factors which influence quality and safety of care within the whole-system unscheduled care pathway and the four harms described in the Welsh Government Operating Framework.

<b>QSEAC (20)168</b>	<b>HEALTH &amp; CARE STANDARDS FUNDAMENTALS OF CARE AUDIT 2019</b> Mrs Rayani advised that due to staffing challenges within the team, it had been agreed to defer the Health & Care Standards Fundamentals of Care Audit 2019 report. For assurance purposes, a report outlining the agreed actions, would be presented to QSEAC in 2021.	<b>MR</b>
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<b>QSEAC (20)169</b>	<b>COVID-19 RISK ASSESSMENTS</b> Mrs Rayani presented the COVID-19 Risk Assessments advising that these had previously been discussed at both Gold Command and Tactical Group meetings. However, it had been agreed that the Risk Assessments be presented to QSEAC for assurance purposes. The Risk Assessments outline	
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the change in process for field hospitals and outbreak management, in order to manage the flow from acute settings following an extremely challenging weekend where pragmatic decisions had needed to be made. Mrs Rayani advised that the issues relate to two groups of patients, Group 1 (post COVID-19 patients) and Group 2 (green COVID-19 patients with negative PCR tests), who will be transferred to the Field Hospitals. Whilst the previous modelling for Field Hospitals has been undertaken on a green environment, given the risks around assumptions relating to false negatives, it has been proposed that the criteria should be revised. For assurance, Mrs Rayani advised that further discussions relating to discharge processes are taking place at a national level where, following recent evidence, this may result in a change in the process of discharging patients to residential and care homes. From a local perspective, Dr Kloer advised that discussions relating to the transfer of patients from acute sites to nursing homes have been discussed at a recent Integrated Executive Group (IEG) meeting, with the Social Services Directors from the three Local Authorities and the Infection Prevention and Control (IP&C) team. The Health Board acknowledges the risks around assumptions relating to false negative results and accepts that there could be an increased risk when transferring a patient who has tested negative, as opposed to transferring a patient who is recovering from COVID-19.

In response to a query from Prof. Gammon requesting clarification on Group 2 patients, Mrs Rayani confirmed that this relates to patients who have tested negative for COVID-19 and therefore meet the eligibility criteria for transferring to a Field Hospital. In relation to post COVID-19 patients - 14 days post symptoms/positive test (if asymptomatic) - it is proposed that these patients can be transferred to a Field Hospital after the 14 days have elapsed.

Given the current fragility of the care home sector, Mrs Hardisty enquired whether a pathway utilising Field Hospitals could be established for any Care Homes that are not in a position to remain open. Ms Paterson confirmed that the Health Board would hold discussions with the Care Home to establish whether Health Board staff could be transferred into these homes. A further option, which has been included within the Quarter 3/4 response, could be that the Health Board purchase the Care Home, although legal advice would need to be obtained prior to this being progressed further.

In response to a query from Mr Dentten, Mr Carruthers confirmed that all Health Boards are experiencing similar challenges and have established similar approaches to mitigate the associated risks.

Mrs Rayani drew Members' attention to a COVID-19 matter due for consideration and approval at Executive Team on 02.12.2020, relating to staffing challenges at both Llandovery Cottage Hospital and Amman Valley Hospital, with the Health Board currently working on the most appropriate resolution. Mrs Rayani confirmed that any actions taken would be clinically-led to ensure the safety of all patients in both facilities, and that the Community Health Council would receive a further briefing once the changes have been agreed, emphasising that these would be on a temporary basis only. For assurance, Ms Paterson advised that the patients, their families and other professionals would be informed of the proposed plans. Dr Kloer emphasised that community hospital beds are an integral part of the Quarter 3/4 plan going forward, reiterating that any decision taken would be on temporary basis taking into account patient safety. Ms Lewis acknowledged that the matter is

	<p>evolving and that QSEAC would be supportive of the actions taken to ensure patient safety.</p>	
	<p>The Committee <b>RECEIVED ASSURANCE</b> from the preparation of the Risk Assessments, which have received the acknowledgement and support of Gold Command Group.</p>	
<b>QSEAC (20)170</b>	<p><b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE EXCEPTION REPORT</b></p>	
	<p>The Exception Report from the Operational Quality, Safety and Experience Sub-Committee (OQSESC) was presented, with no comments received from Members.</p>	
	<p>The Committee <b>NOTED</b> the content of the Exception Report from the Operational Quality, Safety and Experience Sub-Committee.</p>	
<b>QSEAC (20)171</b>	<p><b>LISTENING &amp; LEARNING SUB-COMMITTEE EXCEPTION REPORT</b></p>	
	<p>The Exception Report from the Listening &amp; Learning Sub-Committee (L&amp;LSC) was presented, with no comments received from Members.</p>	
	<p>The Committee <b>NOTED</b> the content of the Exception Report from the Listening &amp; Learning Sub-Committee.</p>	
<b>QSEAC (20)172</b>	<p><b>RESEARCH &amp; DEVELOPMENT (R&amp;D) SUB-COMMITTEE EXCEPTION REPORT</b></p>	
	<p>The Exception Report from the Research &amp; Development Sub-Committee (R&amp;D SC) was presented to Members.</p>	
	<p>Prof. Gammon welcomed the leadership and focus in terms of R&amp;D across the organisation, commenting that R&amp;D should be recognised by the Board as a “jewel in the crown”.</p>	
	<p>Ms Lewis welcomed the progress relating to the allocation of accommodation for a research facility in Glangwili General Hospital (GGH).</p>	
	<p>Dr Kloer welcomed the draft R&amp;D strategy which is a result of strong leadership within the management of R&amp;D.</p>	
	<p>The Committee <b>NOTED</b> the content of the Exception Report from the Research &amp; Development Sub-Committee.</p>	
<b>QSEAC (20)173</b>	<p><b>EFFECTIVE CLINICAL PRACTICE WORKING GROUP</b></p>	
	<p>Dr Kloer presented the Effective Clinical Practice (ECP) Working Group report advising that a review of the groups that report into the ECP Group has been undertaken. Following discussions with the Board Secretary, it has been confirmed that there are no statutory requirements for the Blood Transfusion Group (BTG) to report in to Board. It has therefore been proposed that reporting arrangements for the BTG will transfer from the Effective Clinical Practice Working Group, and will instead report in to Carmarthenshire’s quality and safety structures, as the service currently sits under their leadership.</p>	
	<p>Ms Lewis confirmed that QSEAC supported the transfer of the BTG and welcomed the action to clarify whether the Learning Disabilities service is</p>	

	involved with the mortality review of a patient with learning disabilities in an acute setting.	
	The Committee <b>SUPPORTED</b> the decision to stand down the Blood Transfusion Group as a group under the Effective Clinical Practice Working Group, and the actions recommended within the Effective Clinical Practice Working Group report.	
<b>QSEAC (20)174</b>	<b>MEDICINES MANAGEMENT OPERATIONAL GROUP</b>	
	The Exception Report from the Medicines Management Operational Group was presented, with no comments received from Members.	
	The Committee <b>NOTED</b> the content of the Exception Report from the Medicines Management Operational Group.	
<b>QSEAC (20)175</b>	<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.	
<b>QSEAC (20)176</b>	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY</b>	
	No report presented as all actions have been completed.	
<b>QSEAC (20)177</b>	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY</b>	
	No report presented as all actions have been completed.	
<b>QSEAC (20)178</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	
<b>QSEAC (20)179</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	14 <sup>th</sup> January 2021, 3.30pm, Meeting Room 1, Ystwyth Building, St David's Park, Carmarthen.	

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ANSAWDD, DIOGELWCH A PROFIAD  
UNAPPROVED MINUTES OF THE  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	3.30pm, 14 <sup>th</sup> January 2021
<b>Venue:</b>	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	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) Professor John Gammon, Independent Member (VC) (part)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) Mr Andrew Carruthers, Director of Operations (VC) Mrs Ros Jervis, Director of Public Health (VC) Mrs Joanne McCarthy, Public Health Wales (VC) (part) Mrs Bethan Lewis, Nursing, Quality and Patient Experience Lead Transformation (VC) (part) Ms Meleri Jenkins, Senior Nurse Infection Prevention (VC) Mrs Joanne Wilson, Board Secretary (VC) Mrs Cathie Steele, Head of Quality & Governance (VC) Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) (VC) Mr Keith Jones, Director of Acute Services (VC) (part) Mrs Helen Williams, Hywel Dda Community Health Council (VC) Mr Phil Jones, Audit Wales (VC) Ms Karen Richardson, Corporate and Partnership Governance Officer Mrs Sarah Bevan, Committee Services Officer (Minutes)

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(21)01</b>	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety &amp; Experience Assurance Committee (QSEAC) meeting, advising that due to the nature of the pandemic, a slide-set format for QSEAC papers has been agreed to ensure that the information presented is as contemporaneous as possible to update Members on the latest position. Ms Lewis added that fine tuning of this approach is anticipated going forward to provide assurance to the Committee.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</li> <li>• Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience)</li> <li>• Dr Barbara Wilson Vice Chair, Hywel Dda Community Health Council</li> <li>• Ms Alison Shakeshaft, Director of Therapies and Health Science</li> </ul>	
<b>QSEAC</b>	<b>DECLARATIONS OF INTERESTS</b>	
<b>(21)02</b>	There were no declarations of interests made.	

<p><b>QSEAC (21)03</b></p>	<p><b>COVID-19 IMPACT ON ESSENTIAL SERVICES</b></p> <p>The COVID-19 Impact on Essential Services slide-set, providing a system-wide overview of the impact of COVID-19, was presented to Members to offer a level of assurance on the governance and decision-making processes at an operational and organisational level.</p> <p>Mr Keith Jones provided an overview of the true impact of COVID-19 on a range of services and the associated system response to any resulting potential harm. Mr Jones drew Members' attention to the second slide, which detailed increasing pressures across all parts of the healthcare system during the pandemic from March 2020 to the present day. Mr Jones stressed that the pressures are not purely demand driven, by volume and acuity. The pandemic is impacting upon available capacity in terms of physical guidelines relating to social distancing and outbreaks, and on the availability of staff to respond to pressures. Mr Jones reiterated that this cannot be overestimated and had been particularly significant in December 2020 and continuing through January 2021. The response has been to limit access to only those very sick patients in the system and for staff working above their contracted levels and in unfamiliar areas, which combines to place additional pressures on both patients and staff.</p> <p>Mr Jones provided an overview of the extent to which this has impacted on each part of the system, including access to planned care and diagnostics, and also primary care, community services and Mental Health and Learning Disabilities (MHLD) services.</p> <p>Mr Jones summarised the clear framework on how decisions are made and monitored in line with national guidance, i.e. the Essential Services Framework, and how service level is steered by Welsh Government (WG) guidance, introduced in the second wave of the pandemic, which includes a Local Options Framework for COVID-19 and emergency response, urgent cancer patients, vaccination programme and staff well-being.</p> <p>Mr Jones reminded Members that all organisational decisions must be made through a clear Command and Control governance framework, consisting of Bronze, Silver and Gold meetings, with decisions subsequently ratified at Board as appropriate.</p> <p>Mr Jones assured Members that, at a clinical interface, all operational decisions are made utilising a national risk stratification framework, which sets out level of immediacy to assess and review patients and to determine their prioritisation. The range of measures have been introduced to mitigate risks in areas where they are less able to provide the full range of services, thereby protecting the extent to which services have been expanded to maximise the number of patients being seen.</p> <p>In terms of communication with patients, Mr Jones referred to the range of actions utilised by the Health Board to date, including the prioritisation of certain clinical cohorts to maintain regular communication, particularly with those on orthopaedic and surgical waiting lists. This has been challenging in terms of the resources involved, however Mr Jones assured Members that clinical teams have constantly reviewed and revalidated waiting lists, at outpatient and further treatment stages.</p>	
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Work is planned with the Command Centre to develop a more structured point of contact system, and good progress has been made using digital resources to keep in touch with patients. The Cancer Helpline in particular has had a positive benefit in keeping track of cancer patients and providing them with up to date advice.

In relation to the sources of harm, as advised by WG guidance, Mr Jones emphasised the importance of recognising that harm is not exclusive to patients but also to staff, with the slide set including a list of the range of issues of which to be mindful. Mr Jones also referred to the concerns and incidents data within the slide set, drawing Members' attention to the fact that although there have been 968 COVID-19 related contacts since March 2020, the data identifies only a limited impact of major harm. In relation to incidents, Mr Jones advised that it may be too early to determine the extent of harm caused by COVID-19 as the data is retrospective in nature as opposed to a snapshot of the current situation.

In relation to mortality and detrimental impact of COVID-19 on mortality rates, Mr Jones informed Members that a detailed analysis of this is scheduled to be presented at the February 2021 QSEAC meeting.

Ms Lewis requested that any questions for Mr Jones be asked within the context of receiving assurance around organisational and operational decision-making and governance.

Ms Helen Williams enquired whether a helpline for ENT patients has been established. Mr Jones responded that it is anticipated this will be established in the coming weeks, with the launch of the helpline publicised once confirmed.

Ms Williams enquired whether risks are measured per speciality and Mr Jones confirmed that, across all specialities, each clinical team has reviewed patients on existing waiting lists and applies the same approach to new patients on the waiting lists.

Ms Maria Battle reminded Members of the Health Board's promise at the beginning of the pandemic to communicate with every single patient and that, having been involved in the sign off process for orthopaedic patient letters, this is a much more complex task than anticipated. If this promise cannot be delivered the Health Board needs to be clear both from a governance perspective and more importantly to the public, on how they can expect to receive communication on progress relating to their care. This was acknowledged by Mr Jones recognising that the Health Board's original stance had been compromised due to the volume of patients impacted. Mr Andrew Carruthers queried whether the original language used had been an ambition to contact every patient, rather than a promise. Ms Battle clarified that a promise was published within a newspaper. Regardless, Ms Lewis noted that effective communication cannot be over-emphasised and that the maximum possible needs to be achieved.

In relation to prioritisation and risk stratification, Professor John Gammon sought assurance on how changes or deterioration in the condition of patients is being monitored and how this is communicated. Mr Jones

assured Members that the assessment of individual patient status is a dynamic process and repeated continuously on at least a 3 month basis, with patients being able to escalate both up and down the priority and risk stratification scale.

Ms Lewis drew Members' attention to additional questions raised within the chat function of Microsoft Teams. Mr Paul Newman enquired whether there are any visible concerns trends in the COVID-19 related contacts and whether the number of contacts or the severity of concerns are increasing in volume month on month. Mrs Rayani confirmed that an assurance report detailing any emerging trends would be presented at the February 2021 QSEAC meeting. Early indications show that there has been an increase in contacts in relation to vaccinations and the Command Centre will be addressing these issues specifically. Mrs Rayani advised that there does not appear to be an increase in the severity of issues within the contacts made. Mrs Rayani informed Members that orthopaedic colleagues are piloting the single point of access regarding advice to patients, which will subsequently be rolled out to other clinical services.

Mrs Delyth Raynsford queried how Children and Young Peoples services are being supported, particularly in light of school nurses being deployed to assist with the vaccination programme and the high sickness issues amongst Health Visitors. Mr Jones assured Members that, whilst not at normal levels of service provision, provision has been maintained as required by the Essential Services Framework. The Children and Young Peoples service is also utilising innovative technological methods where possible. Mr Jones assured Members that any instances or areas of concern are also channelled through community and acute paediatric services.

In response to a query from Mrs Judith Hardisty, Mrs Rayani accepted there have been challenges in keeping the Health Board's website updated in relation to waiting list information, however advised that scheduled care is maintaining their information as effectively as possible.

*Mr Keith Jones left the Committee meeting*

The Committee:

- **NOTED** the findings summarised within the COVID-19 Impact on Essential Services presentation.
- **RECEIVED ASSURANCE** that organisational and operational governance and decision-making processes are in place to consider the impact of the COVID-19 pandemic on essential services.

**QSEAC (21)04 HOSPITAL COVID-19 OUTBREAK UPDATE**

Ms Meleri Jenkins presented the Hospital COVID-19 Outbreak Update slide set, detailing the number of outbreaks and their location across the Health Board and the duration of ward closures. Ms Jenkins advised that although the first outbreak experienced within a Mental Health ward had not been identified separately within the slide information, much learning had been taken from this. The management of this outbreak used Public Health Wales expertise in care homes outbreaks and had therefore been managed as a closed setting with a 28 day caveat for reopening. Ms Jenkins confirmed that, on review, this approach is not applicable to an acute setting and therefore, following a risk assessment, a 14 day caveat for reopening was applied.

Ms Jenkins reminded Members of the definition of outbreak used by the Health Board which is the same definition used across Wales.

Members were informed that an Outbreak Control Team has been established to manage outbreaks. This represents a multidisciplinary team, including input from clinical teams, Public Health Wales, and the Test, Trace and Protect teams. A review of Personal Protective Equipment (PPE) resulted in the use of visors on outbreak wards becoming mandatory for staff. Hotel Services have also provided enhanced cleaning on outbreak wards, and in terms of staff wellbeing, psychological support has been provided. Communication with patients has been acknowledged as important and families have been supported by Family Liaison Officers. Ms Jenkins assured Members that, since the second wave of COVID-19, changes to the screening of admissions has been introduced with all admissions into hospital being screened. Point of Care testing has also been introduced in Accident & Emergency departments, which has been rolled out effectively across the Health Board.

Ms Jenkins provided an overview of risks with patient flow presenting the highest risk with the closure of wards. Ms Jenkins advised that discharge planning is an area that was not given sufficient early consideration during the first wave of COVID-19 and, as a result, a risk assessment has been developed with field and community hospitals with a 10 day caveat. Admission to field hospitals has been managed effectively in terms of post-COVID-19 and non-COVID-19 patients.

In relation to staff testing with the increase in community cases, there has been a move away from mass testing all staff to symptomatic staff testing. Ms Jenkins assured Members that staffing levels are being managed, with the Health Board working with WG in reviewing contact tracing, with lateral flow testing being considered.

Ms Jenkins also assured Members that risk assessments have been put in place to manage patients safely and that all decision-making is presented to appropriate Bronze, Silver and Gold groups. Ms Jenkins further assured Members that learning is taken from each outbreak meeting to the next.

Mr Carruthers commended the excellent support and expert advice received from Ms Jenkins and the wider IPC team, which has been highly valued by all the operational teams.

In response to a query from Mrs Hardisty, Mrs Rayani assured Members that all outbreaks, including MHL, are collated into a daily summary sheet and shared with the Director of Operations.

Mrs Hardisty highlighted the reopening of Llandovery Hospital being testament to the hard work being undertaken in providing assurance to the public that it would be re-opened when safe to do so.

Miss Battle raised the issue of patient discharge to partner organisations, and care packages and domiciliary support, recognising the risk that patients may contract COVID-19 in hospital whilst being classed as medically optimised rather than being cared for elsewhere. Miss Battle enquired whether the Health Board can influence the decisions of Local Authority partners to overcome this situation. Mrs Rayani informed Members that this issue is being



strategically influenced through the national Nosocomial Transmission Group and other fora that she attends, acknowledging that when communications bypass Health Boards and go directly to partners, particularly care homes, this can affect the ability to move patients out of the hospital setting.

*Professor John Gammon left the Committee meeting*  
*Mrs Joanne McCarthy joined the Committee meeting*

Mr Carruthers also assured Members that weekly discussions are held with Local Authority colleagues and the Directors of Social Care. However, similar challenges resurface each winter and these have been exacerbated by COVID-19. Mr Carruthers highlighted the need to recognise that Social Care and Community services are experiencing the same impact on their resources and staff as the Health Board.

Mrs Rayani advised that feedback received on a global perspective of care homes at the latest Nosocomial Transmission Group meeting highlighted the deteriorating position in terms of the number of services reporting outbreaks and their ability to take patients. This is being monitored on a daily and weekly basis. Miss Battle commented that the fact that this is a long-standing challenge which has been exacerbated by COVID-19 makes it even more important to remedy the obstacles to discharge.

Ms Lewis assured Members that this would be reviewed at the March 2021 QSEAC meeting.

In response to a query raised by Mr Newman, Mrs Hardisty confirmed that this issue is raised at Regional Partnership Board, albeit in the context of Winter Planning, and anticipated this issue to feature on the RPB agenda on 11<sup>th</sup> February 2021.

With reference to several queries raised within the MS Teams chat, Ms Jenkins offered the following responses:

- Regarding MHLD figures, these are included within site figures rather than separately.
- In relation to Llandovery hospital, criteria have been developed to avoid further outbreaks in community hospitals across the Health Board. Additionally, Infection Prevention nurses are working across the Health Board and with Carmarthenshire County Council supporting needs in the community, especially care homes.

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

*Mrs Bethan Lewis joined the Committee meeting*  
*Ms Meleri Jenkins left the Committee meeting*

The Committee:

- **NOTED** the findings summarised within the Hospital COVID-19 Outbreaks Update.
- **RECEIVED ASSURANCE** that outbreaks are effectively managed, learning is actively taken forward and risk assessments are in place for changes in practice and patient management.

<p><b>QSEAC (21)05</b></p>	<p><b>COVID-19 CORPORATE RISKS ALIGNED TO QSEAC</b></p> <p>Due to time constraints, Ms Lewis advised that the major risks from the report aligned to QSEAC feature as standing agenda items and assured Members that they would be discussed in further detail at the February 2021 QSEAC meeting.</p> <p>Mr Carruthers advised that risks 1032 and 129 had been covered within agenda item <b>QSEAC (21)03 COVID-19 Impact on Essential Services</b>.</p> <p>In relation to risk 1016 regarding social distancing, Mrs Rayani assured Members that this will be reviewed as part of the Health and Safety Executive (HSE) visit on 20<sup>th</sup> January 2021, with the risk updated accordingly.</p> <p>Mrs Rayani advised that further measures will be discussed regarding Oncology day care facilities to provide assurance to patients receiving day care treatment.</p> <p>The Committee <b>NOTED</b> that actions relating to corporate risks aligned to QSEAC will be actioned within the next few weeks <b>and RECEIVED ASSURANCE</b> that these risks will be covered in detail at the February 2021 QSEAC meeting.</p>	
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<p><b>QSEAC (21)06</b></p>	<p><b>VACCINATION PROGRAMME AND PRIORITISATION FRAMEWORK</b></p> <p>Mrs Ros Jervis presented the Hywel Dda UHB COVID-19 Vaccination Prioritisation Framework, advising of the daily changes to the challenges associated with the rollout of the vaccine.</p> <p>Mrs Jervis wished to provide assurance to the Committee on how frontline health and care staff are prioritised utilising the guidance issued by the Joint Committee of Vaccination and Immunisation (JCVI). Mrs Jervis advised that vaccination for staff in priority groups 1 and 2 has now been rolled out. Priority group 1 consists of care home residents and staff; priority group 2 consists of frontline health and social care staff. Mrs Jervis advised that the latter group is enormous and includes independent and third sector staff. It is anticipated that vaccination of the 2 groups will be complete by the end of January 2021.</p> <p>Vaccination commenced with care home staff and those individuals identified at risk of greater exposure due to daily work, i.e. staff working in COVID-19 red areas as identified by Bronze groups. Mrs Jervis advised of good allocation across care home staff. However, there have been issues due to a number of care homes entering into red status meaning, as determined by Public Health Wales guidance, these staff are unable to attend for vaccination. Mrs Jervis confirmed that this guidance has since been revised.</p> <p>Members noted that a Task &amp; Finish Group has been established to look at sub-prioritisation within the JCVI priority groups. As a result, their work will provide further assurance that the Health Board is in line with the all Wales position regarding the development of the 10 sub-groups for prioritisation.</p> <p>Ms Lewis acknowledged the balance between national decisions and local discretion and recognised that the organisation is primarily bound by national rulings.</p>	
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In response to a query from Mrs Hardisty, Mrs Jervis confirmed that demand had been phenomenal with only a few instances of non-attenders, generally due to care home staff being unable to attend for vaccination due to their care home moving from green to red status. However, some individuals had managed to book multiple appointments in order to choose the most convenient location, thereby taking up other appointment slots. Mrs Jervis assured Members that clarification has been received recently regarding the management of the vaccination programme for care home residents and staff, making it easier to access and vaccinate individuals despite COVID-19 outbreaks.

Ms Ann Murphy highlighted an issue in Cardigan resulting in 40 Did Not Attends (DNA) due to staff not receiving confirmation of their appointment and therefore not attending. Ms Murphy confirmed that the Communications team is aware of this and the situation has since improved. Ms Murphy also confirmed that patients are now able to cancel bookings, via a contact number, which had not previously been possible. Mrs Jo McCarthy advised via the chat function that a reserve list is held to ensure DNA slots are covered, and that there had been instances of emails going into junk folders.

Ms Murphy highlighted concerns expressed regarding the environment of the vaccination centre in Cardigan, such as the cold temperatures and lack of hot water, which have been raised with the Health and Safety Group. Mrs Jervis confirmed that this is due to the nature of a Field Hospital environment and the requirement to have centres large enough to provide the Pfizer vaccination. Mrs Jervis assured Members that these logistical challenges are being addressed. Despite the estates issues, Miss Battle commended the organisation of the site and the collaborative approach undertaken with the RAF and volunteers.

Mrs Jervis advised of technical issues associated with the interim booking system used whilst awaiting the national online booking system, assuring that Members that learning has been taken from these logistical challenges. The anticipation is to transfer to call and recall via the Wales Informatic Service (WIS) eventually.

In relation to communication, Mrs Williams commended the Health Board in getting information up so quickly onto the website and for the letters going via County Councils to residents. Miss Battle also highlighted the excellent work being undertaken in producing a weekly vaccine bulletin for the public.

In summary and on behalf of QSEAC, Ms Lewis expressed thanks to all staff involved for the incredible work undertaken.

The Committee **NOTED** the Hywel Dda UHB COVID-19 Vaccination Prioritisation Framework.  
The Committee **RECEIVED ASSURANCE** from the progress to date and that plans, and mitigation measures are in place for dealing with risks around delivery of the COVID-19 vaccine across Hywel Dda UHB.

<b>QSEAC (21)07</b>	<b>FOR INFORMATION: HIW FIELD HOSPITAL REPORT</b> The Healthcare Inspectorate Wales (HIW) Field Hospital Report was presented to the Committee for information, following HIW's visit to Ysbyty	
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	<p>Enfys Carreg Las at Pembrokeshire's Bluestone site and Ysbyty Enfys Selwyn Samuel in Llanelli on 8th November 2020.</p> <p>Ms Lewis commended the report as testament to the excellent work undertaken. Mrs Rayani informed Members that this represents the first HIW report received by the Health Board with no requirement to submit an improvement plan. QSEAC welcomed the fact that the Health Board's governance structure and underpinning processes have been noted as an exemplar and as such will be shared with other Health Boards in Wales. Mrs Rayani added that Hywel Dda has been assisting other Health Boards in setting up their field hospitals.</p> <p>Mr Carruthers confirmed that the 3 recommendations made by HIW have been completed.</p>	
	<p>The Committee <b>NOTED</b> the HIW Field Hospital Report.</p>	

<p><b>QSEAC (21)08</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>Ms Lewis took the opportunity to thank Ms Karen Richardson, on behalf of the Committee, for her secretarial support and wished her well in her future role.</p>	
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<p><b>QSEAC (21)09</b></p>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>2<sup>nd</sup> February 2021, 9.30am, Meeting Room 1, Ystwyth Building, St David's Park, Carmarthen.</p>	
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