

**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, 13 <sup>th</sup> August 2020
<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) Professor John Gammon, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) (part)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Steve Moore, Chief Executive (part) Dr Philip Kloer, Medical Director & Deputy CEO Mr Andrew Carruthers, Director of Operations Mrs Ros Jervis, Director of Public Health (VC) (part) Mrs Natalie Vanderlinden, Assistant Director of Therapies and Health Science, deputising for Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (VC) Mrs Charlotte Beare, Head of Risk & Assurance, deputising for Mrs Joanne Wilson, Board Secretary (VC) Mrs Cathie Steele, Head of Quality & Governance (VC) Mrs Jenny Pugh Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part) Mrs Sara Rees, Head of Head of Nursing MH&LD (VC) (part) Mrs Ann Hopkins-Lake, Clinical Lead Physiotherapist (VC) (part) Mr Mitchell Parker, Healthcare Inspectorate Wales (VC) Mrs Donna Coleman, Chief Officer, Community Health Council (VC) Dr Barbara Wilson Vice Chair, Community Health Council (VC) Ms Karen Richardson, Committee Services Officer (Minutes)

<b>QSEAC</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>(20)104</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>• Mrs Judith Hardisty, HDdUHB Vice Chair</li> <li>• Miss Maria Battle, HDdUHB Chair</li> <li>• Mr Paul Newman, Independent Member</li> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Ms Alison Shakeshaft, Director of Therapies and Health Science</li> <li>• Ms Jill Paterson Director of Primary Care, Community and Long Term Care</li> <li>• Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance)</li> </ul>	

<b>QSEAC (20)105</b>	<b>DECLARATIONS OF INTERESTS</b> There were no declarations of interests made.	
<b>QSEAC (20)106</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 9TH JUNE AND 7TH JULY 2020</b> <b>RESOLVED</b> - that the minutes of the meetings of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 9th June and 7th July 2020 be approved as a correct record.	
<b>QSEAC (20)107</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 9TH JUNE AND 7TH JULY 2020</b> An update was provided on the Table of Actions from the meeting held on 9th June and 7th July 2020, with the following noted:  <b>QSEAC (20)70 Research &amp; Development (R&amp;D) Activity Report /Annual Reports 2018/19 and 2019/20</b> –further to the update regarding the outcome of discussions with Dr Subhamay Ghosh in relation to R&D accommodation, Professor John Gammon emphasised that restarting R&D activity would be predicated on the team accessing appropriate accommodation to undertake R&D projects. Members agreed to discuss this further under agenda item <b>QSEAC (20)118 Research &amp; Development Restart Activity Report.</b>  <i>Mrs Ann Murphy joined the Committee meeting.</i>	
<b>QSEAC (20)108</b>	<b>COVID-19 LEARNING DISABILITY PATIENT STORY</b> Mrs Sara Rees introduced Mrs Ann Hopkins-Lake, Clinical Lead Physiotherapist, who provided an account from a patient’s perspective of the care received by the Community Team Learning Disabilities during COVID-19. The patient has a condition known as Spastic Cerebral Palsy, which has a number of clinical features, including: <ul style="list-style-type: none"> <li>• Stiff and jerky movements</li> <li>• Difficulty in performing movements</li> <li>• Difficulty in swallowing</li> </ul> The patient has been diagnosed with having dysphagia, which results in difficulties in swallowing, this is attributed to how the patient holds their head. Mrs Hopkin-Lake advised that the patient would routinely attend a spasticity management clinic to receive botulinum toxin injections which relax the neck muscles to improve head posture, however during COVID-19, these have not taken place. Therefore, following increased difficulty with head movement and further difficulty breathing, the patient was referred to Mrs Hopkins-Lake for physiotherapy intervention. Initially contact was made with the manager of the supported living placement to discuss the challenges faced by the patient and photographs were received in order for Mrs Hopkins-Lake to assess the position of the patient’s head.  <i>Mr Andrew Carruthers joined the Committee meeting.</i>  Mrs Hopkins-Lake outlined the guidelines introduced to support a COVID-19 pathway for safe intervention on a face to face basis, including a questionnaire	

which is completed by the team prior to visits. In addition, documentation including consent forms are issued to the client, family and staff, prior to confirming that a visit will take place. Further to this, the patient was informed that full personal protective equipment would be worn during the visit and to mitigate the risks involved, only the patient's room would be accessed. Following the visit, a referral was sent to the Consultant in Rehabilitation Medicine to discuss the patient's current situation, including a request for a medication review. The patient has confirmed that following the visit, her non-verbal communication has improved, she is less fatigued, she is also smiling more and enjoying a joke with everyone.

In response to a query from Mrs Mandy Rayani, Mrs Hopkins-Lake commented that virtual meetings provided patients who have been isolating a reassurance that the team understand their concerns. However, given that the learning disabilities team have always worked in a person centred manner, it was acknowledged that a visit to the home would also be required.

*Mrs Ros Jervis joined the Committee meeting.*

Mrs Delyth Raynsford enquired whether the patient's family had been supportive of this approach and Mrs Hopkins-Lake confirmed that the patient's mother had been appraised of any risks involved and conveyed that she had confidence with the team.

Prof. Gammon suggested that the patient story provides Members with an excellent example of the positive impact of person centred care. Mrs Lewis concurred, commented that if you can get this right for learning disability clients, then you can get this right for all patients.

Members welcomed the presentation, noting the life changing work of the team which has continued during COVID-19, and expressed thanks to both Mrs Rees and Mrs Hopkins-Lake.

*Mrs Sara Rees and Mrs Ann Hopkins-Lake left the Committee meeting.*

*Mr Steve Moore joined the Committee meeting.*

**QSEAC NOTED** the COVID-19 Learning Disability Patient Story.

**QSEAC  
(20)109**

**CRITICAL CARE MEDICINES - UPDATE POSITION (RISK 848)**

Mrs Jenny Pugh-Jones presented the Critical Care Medicines - Update Position (Risk 848) report, advising that given that the expected COVID-19 demand did not materialise, supplies of critical medicines are now in a more robust position. For assurance purposes, the HDdUHB Acute Bronze Group are informed if supply of a critical medicines drops below 4 days supplies. However, it is recognised that the restarting of more routine care will have a further impact on medicines, therefore, a system has been established which provides an alert when stock is low; this can then be brought to the attention of the service in order to mitigate this. This is in addition to a national system that has also been established where stock levels for all Health Boards across Wales are visible, including a process to ensure that medicines are transferred rapidly to wherever they are required. However, concerns still remain regarding the supply of medicines due to Brexit, given the challenges involved in switching a patient to an alternative medication should their

current one becomes unavailable. It was noted that the Renal Network has recently provided guidance on how this may be resolved for some renal specific medicines, which is now being discussed with clinicians. Whilst the all Wales process established to ensure timely access to end of life (EOL) medicines has not been required in significant numbers, it has provided a level of assurance to clinicians, patients and their families. In summary, Mrs Pugh-Jones confirmed that the risk score for Risk 848 has been reduced from 16 to 8, as a result of the established safeguards.

Dr Barbara Wilson enquired whether access in rural areas has been considered in relation to receiving EOL medicines within the agreed 2 hour timeframe. Mrs Pugh-Jones confirmed that the service is being managed through 6 hubs across Wales and that prior to agreeing these locations, drive time analysis had been undertaken, which provided confidence that all areas should be reached within this timeframe. During the pandemic, clinicians have recognised the concerns of patients and their families should EOL medicines not be available, therefore moving forward, the Health Board intends to continue to provide access to these medicines in one form or another, to ensure an equity of service across HDdUHB.

In response to a query from Mrs Rayani regarding whether the risk score of 8 is at tolerance, Mrs Pugh-Jones believed it be borderline, however as a consequence of Brexit, it is not possible to reduce the score at this time. For clarity, Mrs Charlotte Beare confirmed that as the risk is in the safety domain, the score is slightly higher than the tolerance score of 6.

For assurance, Mrs Rayani confirmed that regular discussions take place regarding the supply and distribution of medicines in light of COVID-19 and Brexit.

*Mrs Jenny Pugh-Jones left the Committee meeting.*

**QSEAC NOTED** the updated position for HDdUHB and **SUPPORTED** the actions taken to mitigate the shortages of critical care medicines.

**QSEAC  
(20)110**

**RISK 855 - RISK THAT UHB'S NORMAL BUSINESS WILL NOT BE GIVEN SUFFICIENT FOCUS**

Mr Steve Moore introduced an update on Risk 855 - Risk that UHB's normal business will not be given sufficient focus, and acknowledged the complexities involved to restart services whilst ensuring that patient safety and experience are taken into consideration.

Mr Andrew Carruthers accepted that the report may not constitute a deep dive as per Members expectations, and welcomed a steer on the areas to include going forward. However, the report attempts to outline the steps taken to mitigate harm during COVID-19 and recognising an inherent risk to service delivery for a number of pathways, additional risks have been identified during the pandemic.

Mr Carruthers highlighted the following key points:

- to allow Health Boards to prepare for COVID-19, early in the pandemic the Cabinet Secretary suspended elective surgery.
- at the point of suspension, the Health Board was on-course to deliver zero patients waiting over 36 weeks at the end of March 2020.

However, circa 300 patients were unable to receive their planned treatment, therefore it was recognised that this suspension would invariably increase the waiting lists going forward.

- that the current risk score of 12 for Risk 855 may not be accurate.
- in order to monitor the wider population level impact, a review of international best practice has been undertaken with the support of the Advisory Board, with a framework currently in development.
- whilst positive feedback has been received on the NHS Wales COVID-19 Operating Framework for Quarter 1 and 2 returns to Welsh Government (WG), it is acknowledged that more can and needs to be done.
- Although non-essential services have experienced delays due to access to Scheduled Care, the Health Board recognises that from the patient's perspective, all services are essential. Whilst the graphs on page 4 do not indicate an increase in patient numbers on the waiting lists, this is a disproportionate shift compared to pre COVID-19.
- in relation to Routine Cardiac and Respiratory Outpatient Diagnostic Activity, whilst recognising the wider risk of these patients attending acute sites, this cohort of patients are now being contacted to attend appointments on the basis of their risk of COVID-19 transmission.
- new ways of working have increased at pace; for example digital assessments which is being delivered by DrDoctor which went live on 12<sup>th</sup> August 2020.
- next steps will included establishing plans with the Scheduled Care teams to ensure services are sustainable in order to reduce delays and return to pre COVID-19 waiting lists.
- feedback from the Quarter 2 submission has confirmed that the all Wales position in relation to performance, is inferior to HDdUHB, therefore, WG have indicated that clinical indicators may be altered to reflect this.
- following the pilot of the Ysbyty Enfys Caerfyrddin Field Hospital, positive feedback has been received from both staff and patients, and it has been agreed to commence a full evaluation of the site at the end of August 2020.
- in relation to communication with the public, this is twofold;
  - the communication strategy and targeted campaigns emphasising that services are open, with support from the PALS team;
  - real time contact with patients who are on waiting lists including support for specific pathways.

Mrs Lewis suggested that during discussions, Members should focus on the fact that there will be additionality of risks in relation to COVID-19, and that from a patient's perspective, regardless of the nuances of the risk, patients will remain on waiting lists. Taking this into consideration, it is difficult to quantify the quality aspect of this impact to patients, due to delays in treatment.

In response to a concern expressed by Mrs Donna Coleman relating to a death in the Field Hospital, Mr Carruthers confirmed that two patients have died whilst in the Field Hospital, however for assurance purposes, these patients were on a palliative care pathway and that following discussions with their families on the options available, chose to go to the Field Hospital. For clarity, Mrs Ros Jervis confirmed that when establishing Field Hospitals,

interim arrangements were developed in order to align these with hospital mortuary facilities.

Mr Carruthers confirmed that discussions have taken place with Mrs Rayani and Mrs Louise O'Connor regarding capturing patient feedback and have acknowledged that appropriate signposting is key.

In response to a comment from Dr Wilson regarding feedback from patients on waiting lists, Mr Carruthers requested that patients advise the Health Board of the following in order to improve communication and patient experience:

- do patients believe they are receiving support whilst on the waiting list;
- have they been advised that clinical settings have changed;
- do they have any concerns regarding attending a clinical setting;
- have they received adequate communication whilst on the waiting list.

Mrs Donna Coleman commented that an All Wales Community Health Council (CHC) survey has identified patients who are unsure whether to chase appointments and or surgery dates with Health Boards.

Mrs O'Connor advised that mechanisms are available to contact specific patient groups to measure their experience, and agreed to progress this with the support of Mr Carruthers and the CHC. In addition, Mrs O'Connor advised that a similar approach to that of Aneurin Bevan University Health Board's digital updates is being considered.

Mrs Rayani emphasised that technology will be integral when conducting business going forward, in particular assisting patients to monitor their conditions, which should improve patient experience.

Professor John Gammon requested simpler metrics which the Health Board and QSEAC are able to review in order to understand patient harm, including both the physical and psychological, and whether these are then being used to review and prioritise patients on the lists. In support, Mrs Lewis stated that without this specific data, it is difficult for the Committee to, understand the true extent of the impact of waiting on patients. She asked that there is clarity as to which part of the system is responsible for maintaining oversight of the patient's condition while waiting - the referrer or the service referred to. She also asked that the Health Board should be proactive in this oversight, rather than relying of deteriorating patients to self-report.

Mr Moore proposed that a plan should be formulated with Mrs Rayani, which Gold Command should consider, and that once agreed would be included within the COVID-19 update to Board and presented to a future QSEAC meeting.

*Mr Steve Moore left the Committee meeting.*

**QSEAC RECEIVED ASSURANCE** that controls are in place and working effectively in which to ensure normal business is given sufficient focus, and **NOTED** the areas that the operational team have identified as requiring strengthened plans.

LOC

SM/MR/  
KR

<b>QSEAC (20)111</b>	<b>RISK 129 ABILITY TO DELIVER A GP OUT OF HOURS (OOH) SERVICE FOR HYWEL DDA PATIENTS</b>	
	<p>Mrs Rayani advised that whilst Risk 129 Ability to Deliver a GP OOH Service for Hywel Dda Patients has reduced, it was agreed to defer the report and present a combined report with Risk 810 Poor Quality of Care Within the Unscheduled Care Pathway to QSEAC in October 2020.</p>	
<b>QSEAC (20)112</b>	<b>QUALITY AND SAFETY ASSURANCE REPORT</b>	
	<p>Mrs Cathie Steele presented the Quality and Safety Assurance Report advising that the top three reported incidents are consistent with those previously reported to QSEAC. Work is ongoing from all Wales perspective in relation to patient and staff incidents, which should enable HDdUHB to compare data against other Health Boards. Mrs Steele advised that the Health Board wide Falls Improvement Group and the Pressure Damage Working Group (who have not met during COVID-19), will be refreshed with new Terms of Reference to ensure that system wide learning and improvement is progressed. In relation to never events, Mrs Steele confirmed that a report has been presented to the Listening &amp; Learning Sub-Committee (L&amp;L SC) where the improvement and learning plans to address the issues identified have been discussed.</p> <p>Mrs O'Connor advised that the majority of complaints received have been in relation to general practice including access to services and appointments, although during COVID-19, there has been a reduction in formal complaints to the Health Board.</p> <p>In summary, Mrs Steele informed Members that the Quality Assurance and Safety Team have introduced observations of patient care as a tool to assure the quality of patient care. This involves a small team attending a clinical area to observe patient care, which is then reported back to the teams involved. This new approach has the support of the Heads of Nursing (HONs), with areas requesting to be included.</p> <p>Whilst expressing some disquiet at the number of patients who lost weight once admitted to hospital, Mrs Lewis welcomed the fortified milkshake rounds citing this as a positive quality improvement initiative which clearly outlines the improvement of patients whilst in hospital. Mrs Rayani commented that some patients are malnourished on admission to hospital and that it is not uncommon for a patient to lose weight during the first few days due to being unwell. Given that this is now being robustly monitored, there should be a reduction in harm; furthermore, the Nutrition team also focus on educating patients on nutrition as a whole.</p> <p>Whilst recognising that the report focuses on the previous two months data, for comparison Mrs Lewis requested that trend data over an extended period is also included within the reports to enable Members to understand the long term trajectory of incidents. Mrs Steele agreed to take this action forward for inclusion in the next report to QSEAC in October 2020.</p>	<b>CS</b>
	<p>QSEAC <b>DISCUSSED</b> and <b>RECEIVED ASSURANCE</b> from the Quality and Safety Assurance Report.</p>	

<b>QSEAC (20)113</b>	<b>MORTALITY UPDATE</b>	
	<p>Dr Philip Kloer presented the Mortality update including a position statement in relation to reported mortality indicators, and expressed thanks to the team involved for maintaining Stage 1 performance reviews during COVID-19. Dr Kloer advised that once the Medical Examiner Service is fully implemented across the Health Board, it is anticipated that this should improve the quality of Stage 2 mortality reviews and facilitate learning going forward. Whilst noting the slight increase regarding the crude mortality rates outlined within the report, Dr Kloer advised that this data will be benchmarked and broken down by diagnosis, in order to provide an assurance that HDdUHB is on par with other Health Boards.</p> <p>Members welcomed the benchmarking, however acknowledged that a number of mortalities would have occurred regardless of COVID-19.</p> <p>Mrs O'Connor suggested that mortality outcomes should be presented to the L&amp;LSC to ensure learning is shared across the organisation. Dr Kloer, agreed with this approach, advising that discussions have already taken place within the Medical Directorate and suggested that Mrs O'Connor contact Mr John Evans, Assistant Director (Medical Directorate) to progress this.</p> <p>Prof. Gammon commented that previous mortality updates to QSEAC have included targeted work by the team on one acute site which resulted in improved Stage 1 mortality reviews thereby contributing to the Health Board achieving the 95% target; Prof. Gammon therefore enquired as to the rationale for the recent decline in compliance. Dr Kloer advised that following the targeted work undertaken, another acute site reduced compliance and whilst improvement work was planned for this site, preparations for COVID-19 redirected the team. In accepting that this reduction is disappointing, given the challenges during COVID-19, Dr Kloer expressed contentment with the current performance, emphasising that as has been shown, targeted work presents improvements, and that the planned improvement work will commence as soon as possible.</p> <p>Mrs Steele confirmed that in relation to COVID-19 deaths, an all Wales toolkit is currently under development, however to date, of the recorded hospital deaths reported with COVID-19, 19 have involved very frail patients and that for assurance purposes, this data will continue to be reviewed.</p>	<b>LOC</b>
	<p>QSEAC <b>NOTED</b> the holding of performance of Stage 1 reviews and <b>NOTED</b> the update on the implementation of the Medical Examiner service.</p>	
<b>QSEAC (20)114</b>	<b>CLAIMS MANAGEMENT REPORT – HIGH VALUE/NOVEL CLAIMS</b>	
	<p>Mrs O'Connor presented the Claims Management Report – High Value/Novel Claims, advising that one case has been settled by the Health Board since the previous report to QSEAC. Mrs O'Connor confirmed that any themes and learning following this case will be presented to the L&amp;LSC.</p> <p>In the absence of Mrs Judith Hardisty, Mrs Lewis enquired whether the case involved delays with Swansea Bay University Health Board (SBUHB). In response, Mrs O'Connor confirmed that the delays only related to HDdUHB.</p>	



	QSEAC <b>NOTED</b> the Claims Management Report – High Value/Novel Claims.	
<b>QSEAC (20)115</b>	<p><b>NURSE STAFFING LEVELS (WALES) ACT - UPDATE</b></p> <p>Mrs Rayani presented the Nurse Staffing Levels (Wales) Act update in order to provide further assurance regarding compliance with the Act and the processes undertaken in order to maintain day to day staffing levels on wards, including exercising professional judgement, in line with principles of the Act. In addition, the Heads of Nursing (HONs) hold weekly meetings to discuss nurse staffing in light of the increased demand due to the restart of services.</p> <p>Members were assured that during COVID-19, the Act has not been stood down, and that as a consequence of this, an update is due for submission to WG in September 2020. Mrs Rayani advised that further guidance regarding critical care staffing levels post COVID-19 is awaited. Furthermore, capacity in Field Hospitals may be a concern if all the additional 501 beds are required. For assurance purposes, Mrs Rayani confirmed that meetings are taking place to identify options to ensure an appropriate nursing team will be available (if required) and confirmed that the next Nurse Staffing Levels (Wales) Act report will include the agreed options.</p> <p>QSEAC <b>NOTED</b> the content of the Nurse Staffing Levels (Wales) Act update and <b>RECEIVED ASSURANCE</b> that the requirements of the Nurse Staffing Levels (Wales) Act have been embedded within revised operational processes through which to calculate the nurse staffing levels; and are being fully considered during the Quarter 2 - Quarter 4 workforce/nurse staffing level planning taking place within the Health Board as well as during the day to day operational work to maintain nurse staffing as per agreed levels.</p> <p>QSEAC also <b>NOTED</b> that a further report will be presented for assurance to the Committee when the revised Nurse Staffing Levels Escalation Framework, for use during the remainder of 2020/21, is finalised.</p>	
<b>QSEAC (20)116</b>	<p><b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE</b></p> <p>On behalf of Ms Alison Shakeshaft, Mrs Rayani presented the Operational Quality, Safety and Experience Sub-Committee (OQSESC) exception report advising that in relation to Hospital Acquired Thrombosis (HAT), an organisational wide approach has been agreed which is being supported by the Quality Improvement Team. Furthermore, a similar approach is being considered for Falls &amp; Pressure Damage.</p> <p>QSEAC <b>NOTED</b> the content of the OQSESC exception report <b>RECEIVED</b> clarity on any areas of concern.</p>	
<b>QSEAC (20)117</b>	<p><b>LISTENING &amp; LEARNING SUB-COMMITTEE</b></p> <p>Mrs O'Connor presented the Listening and Learning Sub-Committee update reports from the meetings held on 2<sup>nd</sup> July and 5<sup>th</sup> August 2020, advising that the Sub-Committee is currently meeting on a monthly basis to improve the timeliness of action plans, given that the Health Board only has 60 days to respond to learning plans prior to submission to the Welsh Risk Pool (WRP). This is particularly important given that in order to receive reimbursement of losses arising out of negligence, positive feedback is required from the WRP. Mrs O'Connor further advised that the Sub-Committee is making good progress to date, and that concerns regarding an increase in falls, noted in the</p>	

	<p>Quality and Safety Assurance Report have been escalated to OQSESC. Given that Falls concerns are being received from a number of different sources, Mrs Rayani proposed that a deep dive report on Falls Management should be presented to a future QSEAC meeting.</p> <p>Whilst welcoming the progress to date, Mrs Lewis enquired whether the individual cases being presented will be triangulated across the organisation. Mrs O'Connor advised that this could be considered, however the focus of the Sub-Committee is to undertake deep dives into individual cases and any concerns identified.</p>	<b>MR/KR</b>
	<p><b>QSEAC DISCUSSED</b> and <b>RECEIVED ASSURANCE</b> from the actions taken by the Listening and Learning Sub-Committee to mitigate the risks involved.</p>	

<b>QSEAC (20)118</b>	<p><b>RESEARCH &amp; DEVELOPMENT RESTART ACTIVITY REPORT</b></p> <p>Dr Kloer presented the Research &amp; Development (R&amp;D) Restart Activity Report, outlining the approach taken to restarting R&amp;D activity across the Health Board. In response to Prof. Gammon's earlier comment, Dr Kloer confirmed that a meeting to identify space in Glangwili General Hospital (GGH) would be taking place on 13.08.2020, with a further meeting planned two weeks' later. However, further challenges require consideration in relation to social distancing and storage for Personal Protective Equipment (PPE). It was recognised that if the lack of R&amp;D space across the Health Board is not resolved. HDdUHB will not be able to aspire to increase R&amp;D activity, with a consequent reduction in income compared to other Health Boards. In addition, the Health Board's University status is due for review with Welsh Government (WG), which will require support from all Executive Directors.</p> <p>Prof. Gammon emphasised that without appropriate R&amp;D accommodation, the ability to increase research activity on behalf of the Health Board will be compromised, furthermore suggesting that the Board should be providing a greater focus in order to resolve this issue; without robust R&amp;D, the consequences include both reputational damage and the omission of evidence based care for the Health Board. Notwithstanding these challenges, credit should be given to the R&amp;D team for the excellent research work undertaken during COVID-19.</p> <p>Mrs Rayani accepted Prof. Gammon's comments, advising that the social distancing cell has discussed the issues experienced by clinical services and R&amp;D staff going forward. However, taking into consideration the current infrastructure of the Health Board sites, it will be difficult to provide an early resolution, emphasising that the priority for the Health Board should be on delivering care. Dr Kloer commented that due to the way in which R&amp;D is funded, there may be an option to fund alternative premises and agreed to hold discussions with Mrs Rayani and Mr Carruthers in order to progress this.</p> <p>Dr Ghosh commented that the Clinical Characterisation Protocol (CCP-UK) study, resulted in the Health Board achieving the highest recruitment to a study in Wales, however, R&amp;D staff remain frustrated by the lack of dedicated research space on Health Board sites.</p> <p>In summary, Ms Lewis welcomed the robust plans to restart R&amp;D activity, however acknowledged the discussions replicating previous concerns regarding the lack of dedicated space for R&amp;D on Health Board sites. Whilst</p>	<b>PK/MR /AC</b>
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	<p>accepting that QSEAC are not in a position to resolve this, proposed that the concern is escalated to the Executive Team (ET) to agree priorities, with an update on progress to be included within the R&amp;D Sub-Committee report to QSEAC in October 2020.</p>	<p><b>PK</b></p> <p><b>PK</b></p>
	<p><b>QSEAC RECEIVED ASSURANCE</b> from the Research &amp; Development Restart Activity Report.</p>	
<b>QSEAC (20)119</b>	<p><b>EFFECTIVE CLINICAL PRACTICE GROUP</b></p> <p>Dr Kloer presented the Effective Clinical Practice Group report advising that proposals for the future functioning of the Effective Clinical Practice agenda, will be discussed at the Group's next meeting on 21<sup>st</sup> August 2020. Dr Kloer further advised that following correspondence received from the Deputy Chief Medical Officer (DCMO), the Health Board will be participating in a national COVID-19 audit, and that clinical leads have been advised that clinical audits are due to restart.</p>	
	<p><b>QSEAC NOTED</b> the Effective Clinical Practice Group report.</p>	
<b>QSEAC (20)120</b>	<p><b>MANAGEMENT AND DISTRIBUTION OF SAFETY ALERTS AND NOTICES POLICY</b></p> <p>Mrs Cathie Steele presented the Management and Distribution of Safety Alerts and Notices Policy for approval, confirming that in collaboration with the Assistant Director of Therapies and Health Science, comments made at QSEAC on 9<sup>th</sup> June 2020, have been addressed.</p> <p>Following assurance received that the Written Control Documentation Policy (Policy number 190) has been adhered to in the development of the policy, and with no further comments from Members, the Management and Distribution of Safety Alerts and Notices Policy was approved.</p>	
	<p><b>QSEAC APPROVED</b> the Management and Distribution of Safety Alerts and Notices Policy for publication and implementation.</p>	
<b>QSEAC (20)121</b>	<p><b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21 (INCLUDING FORWARD PLANNED RISK REPORTING)</b></p> <p>The Committee received the Quality, Safety &amp; Experience Assurance Committee Work Plan 2020/21.</p> <p>Mrs Rayani advised that as per today's agenda, QSEAC will receive reports aligned to specific risks on the Corporate Risk Register, with a deep dive of up to three risks per meeting. However, this will not preclude reports on other issues or areas of concerns that are escalated to QSEAC being presented. Furthermore, since QSEAC on 7<sup>th</sup> July 2020, ET have held meetings with the Head of Assurance and Risk to refresh and renew the Operational Risks. Mr Carruthers believed the discussions to have been beneficial recognising that during COVID-19, operational risks have not necessarily been given the required focus. Dr Kloer concurred, citing that discussions on each risk have been robust and focused on delivery.</p> <p>Mrs Rayani further advised Members of proposed amendments to the QSEAC workplan 2020/21:</p> <ul style="list-style-type: none"> <li>• <b>New Liberty Protection Safeguard Implications for Hywel Dda</b> – given that full implementation of the Liberty Protection Safeguards (the</li> </ul>	

	<p>LPS) has been delayed until April 2022, this will be removed and included for consideration on the QSEAC workplan for 2021/22.</p> <ul style="list-style-type: none"> <li>• <b>Being Open Process / Duty of Candour in the NHS</b> – implementation has now been delayed by two years and whilst the All Wales Group are establishing a working group, feedback is not expected until after March 2021; therefore this will be removed and forward planned on the QSEAC workplan for June 2021.</li> <li>• <b>Hospital Acquired Thrombosis (HAT) Action Plan</b> – as agreed earlier in the meeting, this will be deferred until QSEAC in February 2021.</li> </ul>	KR
	The Committee <b>NOTED</b> the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.	
<b>QSEAC (20)122</b>	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY</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)123</b>	<b>QUALITY, SAFETY &amp; EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21</b>	
	No report as all actions have been completed.	
<b>QSEAC (20)124</b>	<b>ANY OTHER BUSINESS</b>	
	Prof. Gammon advised that in collaboration with Mrs Rayani, a joint post has been established between HDdUHB and Swansea University which will focus on quality improvement and patient experience to support the work of QSEAC. It was confirmed that the successful applicant would commence in post on 17 <sup>th</sup> August 2020.	
<b>QSEAC (20)125</b>	<b>REFLECTIVE SUMMARY</b>	
	<p>Mrs Rayani reflected the following key points from the meeting:</p> <ul style="list-style-type: none"> <li>• Members received adequate assurance from the reports presented to today's meeting.</li> <li>• Members welcomed the focused discussions relating to patient outcomes and experience.</li> <li>• The importance of real time patient contact was recognised, however Members requested simpler metrics in order to understand patient harm and monitor the patient impact.</li> <li>• Members noted that further work will be undertaken to benchmark mortality against other Health Boards and that this will be aligned to any learning from COVID-19 related deaths.</li> <li>• Members welcomed the restart of R&amp;D activity, however in recognition of the lack of dedicated R&amp;D space on Health Board sites, agreed to escalate the concern to ET.</li> </ul>	
<b>QSEAC (20)126</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9.30am Tuesday 6th October 2020	