

Bundle Quality, Safety & Experience Assurance Committee 9 June 2020

1.3 Minutes and Matters Arising From the Meeting Held on 7th April and 7th May 2020

Presenter: Chair

Item 1.3 Unapproved QSEAC Minutes 07.04.20

Item 1.3 Unapproved QSEAC Minutes 07.05.20

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

Date and Time of Meeting:	9.30am, 7 th April 2020
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	Ms Anna Lewis, Independent Member (Committee Chair) Miss Maria Battle, HDdUHB Chair Mrs Judith Hardisty, HDdUHB Vice Chair (VC) Professor John Gammon, Independent Member (VC) Mr Paul Newman, Independent Member (VC)
In Attendance:	Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience (part) Dr Philip Kloer, Executive Medical Director & Deputy CEO Dr Subhamay Ghosh, Associate Medical Director, Quality & Safety Mrs Ros Jervis, Executive Director of Public Health (part) Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (VC) Mrs Joanne Wilson, Board Secretary (part) Mrs Mandy Davies, Assistant Director of Nursing & Quality Improvement (part) (VC) Mr Keith Jones, Assistant Director of Acute Services (part) (VC) Mrs Cathie Steele, Head of Quality & Governance (part) (VC) Ms Karen Richardson, Committee Services Officer (Minutes)

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(20)29	<p>The Chair, Ms Anna Lewis, welcomed all to the meeting, advising that a reduced membership at the meeting had been agreed to allow staff to focus on operational responsibilities.</p> <p>In order to comply with current social distancing regulations, the following Members were released from their obligation to attend:</p> <ul style="list-style-type: none"> • Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) • Ms Ann Murphy, Independent Member • Ms Jill Paterson Director of Primary Care, Community and Long Term Care • Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) • Mr Andrew Carruthers, Executive Director of Operations <p>Ms Lewis expressed her gratitude to Prof. John Gammon, out-going QSEAC Chair for all his previous guidance and support, which will be invaluable going forward.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mrs Sian Passey, Assistant Director of Nursing, Safeguarding and Assurance 	

QSEAC	DECLARATIONS OF INTERESTS	
(20)30	No declarations of interests were made.	

QSEAC (20)31	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 4TH FEBRUARY 2020 RESOLVED - that the minutes of the meeting of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 4 th February 2020 be approved as a correct record.	
QSEAC (20)32	TABLE OF ACTIONS FROM MEETING HELD ON 4TH FEBRUARY 2020 An update was provided on the Table of Actions from the meeting held on 4 th February 2020, with the following noted: <ul style="list-style-type: none"> • QSEAC(20)12 Quality And Safety Assurance Report: in response to the action regarding the inclusion of Statistical Process Charts (SPC) in the Quality And Safety Assurance Report, Mrs Mandy Rayani advised that work is progressing to ensure all staff understand how to interpret these. Mrs Cathie Steele commented that further training is also required by staff on the business intelligence model, IRIS, to produce SPC charts, and that this training would continue once usual business resumes, following the COVID-19 pandemic. • QSEAC(20)05 Exception Report from Infection Prevention Sub-Committee: in response to a query from Mrs Judith Hardisty regarding deliveries to the hotel services laundry department in Bronglais General Hospital (BGH), Mrs Rayani advised that given anticipated increases in requirements due to the COVID-19 pandemic, discussions have taken place with the Executive Director of Operations. Further discussions are now planned with the Director of Estates, Facilities and Capital Management, and Mrs Rayani undertook to provide an update to the Committee via the Table of Actions. <p><i>Mrs Joanne Wilson, joined the Committee meeting</i></p>	MR
QSEAC (20)33	PATIENT/STAFF STORY Deferred.	
QSEAC (20)34	REVISED QSEAC TERMS OF REFERENCE (TORS) Members received the revised QSEAC Terms of Reference (ToRs) for ratification following approval at Board on 26 th March 2020. <p>Prof. Gammon proposed that although the Research & Development Sub-Committee is referenced within the ToRs, additional narrative be included within the Purpose section highlighting the work of this Sub-Committee to QSEAC, and subsequently to the Board.</p> <p>In response to a query from Mr Paul Newman regarding the removal of sections 5.11 – 5.13 from the ToRs, Mrs Wilson confirmed that these have been transferred and would now be monitored by the newly established Listening & Learning Sub-Committee (L&LSC). Mrs Rayani advised that whilst the intention had been to hold the first L&LSC meeting during May 2020, given the impact of COVID 19 on key Members of this Sub-Committee,</p>	JW

	<p>this is likely to be delayed. In the interim, Mr Newman proposed that the L&LSC's responsibilities should remain within QSEAC's ToRs until usual business resumes. Members agreed that the narrative within the QSEAC ToRs should be amended to reflect the requirements by QSEAC and the L&LSC.</p>	JW
	<p>Ms Lewis proposed that following inclusion of the suggested amendments, the QSEAC ToRs would be approved via Chair's Action.</p>	AL/KR
	<p>The Committee AGREED that the revised QSEAC Terms Of Reference (ToRs) would be APPROVED via Chair's Action.</p>	

QSEAC (20)35	LISTENING & LEARNING AND R&D SUB-COMMITTEE TERMS OF REFERENCE	
	Deferred.	

QSEAC (20)36	APPROVAL OF THE QSEAC SELF ASSESSMENT OF PERFORMANCE PROCESS 2019/20	
	<p>Mrs Rayani confirmed that following discussions with the Chair, it has been proposed that 5 key questions would be posed to self-assess the Committee's effectiveness during 2019/20 as a more appropriate methodology than the previous questionnaire.</p> <p>Once agreed, these questions will be circulated to Members for comments via survey monkey, in order to generate more insightful responses and actions to progress.</p>	MR/AL /KR

QSEAC (20)37	DRAFT ANNUAL QUALITY STATEMENT 2019/20	
	<p>Mrs Cathie Steele presented the draft Annual Quality Statement (AQS) 2019/20 advising that whilst the document includes a number of stories from services and directorates across the organisation, some further year-end data is still required. The draft AQS is currently being translated into Welsh, however given that Siarad Iechyd / Talking Health Readers' Panel and the Stakeholder Reference Group have been stood down due to the COVID-19 pandemic, discussions will be held with the Board Secretary on how best to progress from a governance perspective. Mrs Steele informed Members that a proposed refinement for 2020/21 is a dedicated webpage to highlight the work undertaken during the year, with QSEAC receiving quarterly update reports.</p> <p>During discussions the following points were raised by Members:</p> <ul style="list-style-type: none"> • an acknowledgment that narrative within the AQS in regard to the Annual Plan 2020/21 had been prepared prior to the COVID 19 pandemic, and that some of the priorities may be delayed, which should be referenced in the document. • a suggestion that the introduction should include narrative from the QSEAC Chair. • to ensure accountability, the AQS would be presented to the Audit, Risk and Assurance Committee in May 2020. 	CS
		CS

	<p>Ms Lewis expressed her thanks to Mrs Steele for the work undertaken in preparation of the AQS and agreed with the suggested amendments by Members.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • PROVIDED comment on the draft AQS for 2019/20 • CONSIDERED the proposed priorities for 2020/21 and ACKNOWLEDGED that these may be delayed due to COVID 19. • NOTED and SUPPORTED the proposed next steps. 	

<p>QSEAC (20)38</p>	<p>CORPORATE RISKS ASSIGNED TO QSEAC</p> <p>Mrs Rayani informed Members that a new set of risks have been identified due to the COVID-19 pandemic, particularly in regard to the field hospitals that are being established, with the acknowledgement that a further review of the current risks will be required. Whilst it should be accepted that new and emerging risks will need to be presented to QSEAC, they may also require discussion at Board. Mrs Rayani informed Members that the Executive Team is currently considering the best approach going forward.</p> <p>Mrs Wilson confirmed that two reports on both audit and risk from a governance perspective will be presented to the Public Board meeting on 16th April 2020 for approval.</p> <p>Mrs Rayani advised that given the current situation, it has been agreed to hold monthly QSEAC meetings and proposed that a report to include the new COVID-19 identified risks be presented to QSEAC.</p>	<p>JW/KR</p>
----------------------------	--	---------------------

<p>QSEAC (20)39</p>	<p>QUALITY AND SAFETY ASSURANCE REPORT</p> <p>Mrs Steele presented the Quality and Safety Assurance Report drawing Members attention to the following changes to the content of future reports, due to COVID-19:</p> <ul style="list-style-type: none"> • the Assurance, Safety and Improvement Team have suspended Board to Floor walkarounds. • Community Health Council (CHC) and Healthcare Inspectorate Wales (HIW) inspections have ceased, however for QSEAC's assurance, any identified actions from previous inspections will still be progressed. • recognising the paramount importance of staff safety and patient experience, it has been agreed that this will be the focus of the next report to QSEAC. <p>During discussions, the following points were noted:</p> <ul style="list-style-type: none"> • an assurance that the slower engagement to reduce inpatient falls on Dyfri Ward, BGH has been in part due to the identified Falls Champion being absent from work due to ill health and new ward manager arrangements and their prioritisation which is now being resolved. • a recognition that due to COVID-19, routine quality improvement work has been paused. • confirmation of a change in the functionality of all wards on hospital sites in light of COVID-19. 	
----------------------------	---	--

	<ul style="list-style-type: none"> • that the 60 day target from Welsh Government to close serious incidents will be relaxed, however Health Boards have been directed to continue to report these incidents and work to complete them in a timely manner. For assurance, initial scrutiny will continue as previously, followed by an investigation only where the team has capacity. • whilst it had been planned to include quality metrics from the Delivery Unit to enable the Committee to determine Hywel Dda's relative position compared to the rest of Wales, this has not been possible due to COVID 19 preparations. • that the noticeable increase in pressure damage within the report could be a result of delays in reporting. • a concern that there could be an increase to a number of quality metrics for falls and pressure damage, given that the only beds that could be sourced for field hospitals are non-standard hospital beds. • a recognition that whilst the Health Board has doubled bed capacity across the organisation due to COVID-19, there are no additional healthcare professionals, therefore reducing risks to patients will be a significant challenge at the peak of the pandemic. • that the Medication Event Review Group (MERG) will now review any medicine related themes arising from HIW reports. • given the requirement to develop revised quality metrics in light of COVID-19, it may not be feasible to present the same Quality and Safety Assurance Reports to subsequent QSEAC meetings. Members were advised that discussions will be required with the performance team to agree an interim approach. From a governance perspective, given that the Board will need to be aware of any changes, Mrs Wilson agreed to discuss this with Mrs Rayani and Dr Kloer. • a recognition that given the current pace of change, any data provided in the report is quickly out of date. <p>In regard to the All Wales Review: Time To Go Home report by the CHC, Miss Battle proposed that the Recovery, Learning & Innovation Group review the response in order to support learning during the pandemic.</p> <p>Following on from earlier comments raised by Members, Miss Battle proposed that a date for the Listening and Learning Sub-Committee be agreed as soon as possible, given the need to focus on patient experience during the pandemic in order to share learning as early as possible.</p> <p>Ms Lewis suggested that given the omission of quality metrics from the Delivery Unit which assists Members to interpret the narrative, only limited assurance could be gained from the report. Mrs Steele agreed to re-arrange the meeting with Ms Anna Lewis to agree quality metrics as soon as possible.</p> <p><i>Mr Keith Jones joined the Committee meeting</i></p> <p>The Committee RECEIVED LIMITED ASSURANCE from the Quality and Safety Assurance Report.</p>	<p>JW</p> <p>SM</p> <p>MR</p>
--	---	-------------------------------

<p>QSEAC (20)40</p>	<p>PATIENT OUTCOMES ASSOCIATED WITH THE IMPLEMENTATION OF THE SINGLE CANCER PATHWAY</p>	
----------------------------	--	--

Mrs Rayani informed Members that due to the ongoing preparedness for COVID-19, the service is only able to provide a verbal update to the Committee at this time.

Mr Keith Jones reminded Members that concerns originated from a report undertaken to determine patient outcomes on the cancer and tertiary pathways. Currently, there is no formal mechanism across Wales to evaluate outcomes for long cancer waits, however Betsi Cadwaladr University Health Board (BCUHB) has in part adopted a model from England. The cancer team in Hywel Dda has engaged with the Wales Cancer Network in regard to developing a suitable model. Whilst the Health Board participates in a number of national audit studies, these are focused in particular on the clinical outcome rather than long waits for cancer pathways. A draft proposal is in development by the cancer team which is broadly reflective of the model in England with a focus on cancer waits in excess of 104 days. A standard operating procedure (SOP) has also been agreed which focuses on any identified patient harm and the learning taken from 3 categories; low, moderate or severe harm. Following a trigger on the single cancer pathway, a case note review has been undertaken to determine the rationale for any delay, which will be presented to QQSESC and by exception to QSEAC, once normal business resumes.

During discussion, the following points and concerns were raised by Members:

- a request that all tertiary waits for cancer pathways will be included within the report to QQSESC.
- confirmation that previous concerns raised by QSEAC have been escalated to the Wales Cancer Network, in addition to operational discussions with other Health Boards, in particular Swansea Bay University Health Board (SBUHB).
- in relation to cancer waits in excess of 104 days, Members received assurance that the Health Board has the ability to set a local trigger to ensure this cohort of patients can be identified.
- the cancer team recognise that any delay in cancer treatment could be significant to patients, therefore an evaluation of cancer waits in excess of 104 days is currently being undertaken, which may result in each cancer pathway adopting different target waits.

Following a number of queries in relation to the continuation of cancer treatments as the pandemic develops, Mr Jones advised that a detailed assessment would be required to determine the impact to each patient, which may result in a de-scaling of diagnostics. However, for assurance, the Health Board would follow guidance issued by the Wales Cancer Network and that a report could be presented to QSEAC, taking into account the clinical and Psychological impact of delaying treatment. Whilst Dr Kloer supported this approach, he suggested the report should include all treatments and services that may be affected due to COVID 19. Mr Jones proposed that further discussions should take place to determine the most appropriate approach which would need to ensure that the balance of risk has been taken into consideration. Mrs Rayani proposed that for assurance purposes during COVID-19, a report should be presented to Board, and then to QSEAC.

KJ

JW/KJ

	<p><i>Mrs Mandy Davies joined the Committee meeting</i></p> <p>Members received assurance from the actions taken by the cancer team, and recognised given the pace of change during COVID-19, that good governance would be paramount to support the rapidly changing situation.</p> <p><i>Mr Keith Jones left the Committee meeting</i></p>	
	<p>QSEAC NOTED the verbal update on Patient Outcomes Associated with the Implementation of the Single Cancer Pathway.</p>	

<p>QSEAC (20)41</p>	<p>HOSPITAL ACQUIRED THROMBOSIS ACTION PLAN</p> <p>Dr Subhamay Ghosh presented the Hospital Acquired Thrombosis (HAT) Action Plan, developed following concerns previously raised by QSEAC regarding the lack of progress. Dr Ghosh expressed his thanks to both the Assistant Director of Nursing & Quality Improvement and Saran Nicholas, Consultant Haematologist, for their support in the development of the action plan. Dr Ghosh confirmed that a Task & Finish Group has been established, with its first meeting to be held in April 2020, to progress the actions required, including consideration of the recommendations on the adoption of the All Wales Thromboprophylaxis Policy. Dr Ghosh advised that awareness raising mechanisms for all clinical staff would be included within weekly walk rounds, however given COVID-19, progress may be slower than anticipated.</p> <p>Dr Kloer emphasised that in light of COVID-19, some of the actions may need to be delayed, for example, the appointment of a quality improvement lead on each site given the requirement to focus on emergency clinical care. Whilst acknowledging that this is a key action, and that any delay would affect delivery of the action plan, it would not be possible to progress this action at this time.</p> <p>Whilst the action plan provides a level of assurance, Prof. Gammon enquired whether the 5 recommendations from the Welsh Government Health and Social Care Committee one day enquiry into Venous Thrombo-embolism Prevention in Welsh hospitals, are included. Mrs Rayani confirmed that all recommendations have been included, however accepted that these may not be explicit in the plan. Mrs Rayani agreed that further work is required with the Deputy Medical Director, particularly in terms of appointing a Thrombosis Nurse role on each site, which enabled BCUHB to reduce HAT to zero albeit on one site.</p> <p>In response to a query from Mrs Hardisty, Dr Kloer confirmed that QI leads would need to be medical, given that the role is part of the medical leadership structure, and would therefore not only be supporting the actions in relation to HAT.</p> <p>Members welcomed the action plan and accepted that the impact of COVID-19 may affect some of the actions, however given HAT has been a longstanding concern, QSEAC requested that all steps are taken to progress the actions in a timely manner. For clarity, Members proposed that the 5 recommendations from Welsh Government should be explicit within the action plan.</p> <p><i>Mrs Mandy Davies left the Committee meeting</i></p>	<p>SG/MD</p>
----------------------------	---	---------------------

The Committee **NOTED** the Hospital Acquired Thrombosis Action Plan

QSEAC (20)42 NURSE STAFFING LEVELS (WALES) ACT – ASSURANCE REPORT 2019/20

Mrs Rayani presented the draft Nurse Staffing Levels Annual Assurance Report 2019/20 to provide assurance to QSEAC that during 2019/20, the Health Board has complied with the Nurse Staffing Levels (Wales) Act (NSLWA) 2016. Members noted that any changes to wards during the reporting period have been articulated to QSEAC and the Board, highlighting the systems in place regarding reviews to maintain planned rotas. Mrs Rayani drew Members attention to the Internal Audit Report presented to the Audit Risk and Assurance Committee (ARAC) which detailed the improved process to inform the public of the current staffing levels on each ward. Mrs Rayani advised that incidents which need to be reported under the Act are the number of serious incidents/complaints where failure to maintain the nurse staffing level were considered to have been a factor for incidents where patient harm has been identified. It should be noted however, that it is not yet possible to draw any cause/effect conclusions about any trends from the small number of serious incidents detailed within the report; this will require several further data sets to be made available.

In relation to staffing levels with COVID-19, Mrs Rayani outlined proposals following discussions with the Chief Nursing Officer, which will be presented to Board in order that Members can understand the expectations and support the approach taken, as follows:

- whilst the NSLWA is not being stood down, it has been suggested that across Wales, each Health Board will adopt COVID-19 and non COVID-19 wards.
- following discussion with the Executive Team, the intention will be to have multi-disciplinary teams (MDT) in all areas including field hospitals, led by a registered nurse or Advanced Health Practitioner (AHP) with the support of other specialities and healthcare professionals.
- that a pilot project with the Head of Pharmacy is to be expedited to support COVID-19.

Ms Alison Shakeshaft confirmed that therapy staff have been undertaking upskilling in order to provide support where required, for example, receiving additional training on respiratory equipment.

Mrs Hardisty requested clarification that the Health Board would not be subject to redress by not adhering to the NSLWA following ward changes. Mrs Rayani confirmed that this is being taken into consideration and that evidence to support any proposed changes would be included within the report to Board. Following discussions with Welsh Government, provided the Health Board can evidence it has taken reasonable steps to maintain nurse staffing levels, it should not be subject to redress.

Referring to the Internal Audit Report to ARAC where it had been reported that a number of wards were not compliant with the Act, Mr Paul Newman enquired whether the Health Board monitors compliance with the Act. From

MR

her recollection, Mrs Rayani advised that the report did not take into account the risk assessments undertaken shift by shift. These assessments enable a professional judgement to be made to ensure that the needs of the patients are delivered in an appropriate way. When instances occur where a ward cannot comply with the Act, appropriate mitigations are established, including the use of ancillary staff to maximise the totality of the workforce. For clarity, Mrs Rayani advised that the report noted that some shifts did not comply with the specific method to calculate the nurse staffing level in all adult acute medical and surgical wards, not the NSLWA. Mr Newman suggested that Members required a better understanding in regard to the instances where professional judgements are required going forward. For assurance, Mrs Rayani confirmed that future reports to QSEAC and the Board, would include additionally, thus providing the level of detail required.

Mrs Ros Jervis joined the Committee meeting

In summary, Ms Lewis concurred with the report's recommendations and noted the additionally that would be included within further reports to QSEAC and the Board.

The Committee **NOTED**:

- The content of the attached draft 2019/20 Nurse Staffing levels (Wales) Annual Assurance Report for 2019/20.
- The plan that QSEAC receives regular updates / assurance reports during 2020/21 which will contain more detailed data analysis which aims to understand the impact on care quality as a result of changes made to / maintaining (or otherwise) the planned nurse staffing levels.

QSEAC (20)43	OUTCOME REPORT FROM THE FIRST COHORT OF ENABLING QUALITY IMPROVEMENT IN PRACTICE (EQIIP) PROJECTS	
	Deferred.	

QSEAC (20)44	PUBLIC HEALTH UPDATE	
	<p>Mrs Ros Jervis provided a verbal overview in relation to current Public Health issues:</p> <p>COVID-19</p> <p>Mrs Jervis advised that since the Board meeting on 26th March 2020, a significant amount of progress has been achieved by the Health Board and stakeholders, which is testament to staff who are working hard to progress identified actions. The response to COVID-19 to date has been based on a reasonable worst case scenario for our population of 80% of the population becoming infected, mitigated by 66% due to the expected impact on social distancing and other measures. For clarity, there is now a full command structure in place to support the COVID-19 response:</p> <ul style="list-style-type: none"> • the Silver Group are the co-ordinators, who support the new workstreams which have been developed to plan the COVID-19 response. 	

- the Bronze Groups implement the plans and take learning from the Health Board and other organisations, to adapt processes, where required.
- the Health Board receives regular amended guidance from WG, which is then disseminated to each group.
- whilst the Health Board is concentrating on COVID-19, it has been acknowledged that non COVID-19 pathways will need to be maintained.
- that plans being developed for the expected peak of COVID-19 to include primary and community care.
- to ensure that more acute patients receive the appropriate care, ventilators and Continuous Positive Airway Pressure (CPAP) machines are being sourced.
- an acknowledgement that most COVID-19 in-patients will require oxygen at some level.
- in order to manage the demand, the Board recognised early the need to increase the bed base across the organisation; this has been achieved by the development of field hospitals
- in order to support patients being treated within community and primary care settings, it should be recognised that Pharmacies and Optometry practices have adapted their services in order to support this approach.
- given that additional capacity will be required, it was quickly acknowledged that the Health Board would need to increase the workforce to ensure there are adequate staff to care for the additional demand.
- additional medicines and consumable requirements are emerging which are continually being updated.
- the importance of effective communication both to staff and partners to ensure that everyone has the appropriate guidance.
- for assurance, an assessment has been made against the modelling, which is adapted following new intelligence received.
- the support received from stakeholders has been pivotal in terms of the Health Board's planning.
- based on the planning assumptions, the Health Board is in a strong position to manage COVID-19 patients as they present, whilst acknowledging the rapidly changing picture and associated risks.

Mrs Rayani informed Members that she chairs the Health Board's Personal Protective Equipment (PPE) cell, which will oversee equipment for both the Health Board and social care across the region. Whilst guidance has been received from Public Health Wales (PHW), there remain discrepancies together with conflicting guidance from the Resuscitation Council. Given that this will have a direct impact on staff, bespoke guidance is being developed for each area, including social care. For assurance, it has been agreed that there will be a joint equipment store for health and social care. At its meeting on 6th April 2020, Gold Command received a risk assessment report in order to support the procurement of PPE equipment including visors, gowns, sanitisers and respiratory connectors. For any equipment which has not been through a recognised CE marking process, Mrs Rayani advised that an approach has been agreed, where once delivered and logged, all equipment would be assured via a centralised system, and once approved, transferred to the Infection Prevention and Control (IP&C) team for further testing prior to being issued to staff.

In response to questions from Members on PPE, the following points and concerns were noted:

- recognising concerns raised by staff in regards to PPE, Members requested an assurance that adequate supplies are available for all. Mrs Rayani confirmed that visors for staff are due to arrive from the Royal Mint week beginning 06.04.20, whilst the availability of hoods remains an area of concern, however this is being mitigated with additional fit testing. Gowns have also been a concern, although 10,000 have now been sourced. It was noted that the amount requested by the Local Authorities has been more than anticipated.
- In relation to PPE in primary care, in particular for palliative care, guidance has been interpreted differently by social care partners.
- a concern that going forward, the Health Board may experience difficulty in receiving adequate supplies, given that the pandemic curve could present later in Wales than in other areas of the UK. For assurance, Members were advised that this concern has been escalated nationally by both the Chief Executive and the Medical Director.
- an additional factor which may affect supplies could be how other Health Boards interpret the guidance.
- Members accepted that the guidance from PHW on the use of PPE could be different if there was a limitless supply and no resource issues.
- concern expressed that some GPs are purchasing their own kit due to receiving mixed advice, with the suggestion that further guidance may be required from the IP&C team in order that they receive and use the appropriate PPE.
- the Procurement Department has sourced a cleanable fluid repellent gown from a local company which can be reused, with the Laundry Department confirming that they have the capacity to support their laundering.
- confirmation that MH&LD representation is included in the PPE cell and that the Directorate is being supplied with appropriate PPE and training.
- that the Health Board has mapped supply modelling taking into account the peaks and troughs, in order to understand the requirements; this is continually being refreshed as new intelligence emerges.

In response to questions from Members on oxygen supplies, the following points were noted:

- following an incident at Watford General Hospital where the oxygen supply failed across the hospital site, it has been proposed to have an oxygen guardian on each ward in order that when the low oxygen alarm sounds, where appropriate, the oxygen flow could be reduced.
- given the importance of an adequate supply of oxygen across Hywel Dda, and following learning taken from other hospitals experience, the Health Board is sourcing additional cylinders and supplies. The Health Minister has received assurance from oxygen supplier BOC that Wales will receive the same service as the other home nations.
- a further factor could be the age of the Health Board's hospitals and whether their systems are fit for purpose. To mitigate against this a number of improvements have been made; in Glangwili General Hospital (GGH), the oxygen tank has been upgraded, and in Wthybush General Hospital (WGH), pipework issues are being resolved.
- whilst the Health Board is confident that the oxygen cylinders that have been ordered will arrive, there is always the possibility that these could be diverted at short notice.

- discussions have taken place at an early stage in COVID-19 planning with clinical leads to establish the requirement on a worst case scenario for oxygen and CPAP machine for Hywel Dda's population, which could be as many as 90 patients requiring ventilation, at the same time. This knowledge has been shared with other Health Boards in order to support their planning scenarios.

In response to questions from Members on other matters, the following points were noted:

- that the Health Board is establishing revised staff modelling in order that wards can be staffed differently. For example, given the ward configuration in field hospitals, this could equate to 1 registrant to 26 patient ratio. Mrs Rayani advised that following a visit to the field hospitals, assurance could be provided that this ratio is safe and appropriate.
- the LMC and other professional bodies will progress temporary registration of staff in supporting Health Boards to appoint additional clinical staff to include medical students in their final 6 months of their training. For assurance, even with COVID-19, new and existing staff and students will continue to receive mentoring and support. In addition, the Director of Workforce and OD, is holding regular meetings with Trade Unions, the British Medical Association (BMA) and the Association of Professional Compliance Consultants (APCC), to ensure they are appraised of our plans.
- Members welcomed the assurance provided in regard to the availability of Psychological support for staff, given the impact on staff caring for an increased number of patients. The Director of Workforce and OD has held discussions with the clinical lead of the psychological service to ensure that support will be available to staff when required. The intention will be for psychological services to be available in a number of sites across the Health Board.
- that staff received a letter from the HDdUHB Chair the previous week, not only to thank them for their continued support, but in addition to inform them of additional services that are available.

Ms Lewis welcomed the update to QSEAC regarding COVID-19 planning and on behalf of QSEAC, expressed thanks to all the staff involved.

Miss Battle commented that the Health Minister has recognised that Hywel Dda has led the way in Wales.

Llwynhendy Tuberculosis (TB) Outbreak update

Mrs Jervis advised that following further screening sessions in December 2019 and February 2020, any patients identified as having latent TB are currently being managed. Further screening sessions have now been paused due to the government lockdown in place, however for assurance, once the current pandemic has ceased, the teams involved will regroup and arrange further screening sessions. It was noted that for any patients who initially tested negative for TB and did not receive their BCG vaccination at the dedicated clinics prior to the lockdown, these patients will require re-testing.

Mrs Mandy Rayani left the Committee meeting

	<p>Flu Vaccination Update 2019/20 Mrs Jervis advised that performance indicators for all groups have improved during 2019/20, despite the vaccine delays experienced at the beginning of the season and the fact that vaccinations had been stopped before the end of the season due to the government lockdown in place.</p> <p>QSEAC NOTED the verbal Public Health Update.</p>	
QSEAC (20)45	<p>EXCEPTION REPORT FROM OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE (OQSESC)</p> <p>The Committee received the content of the exception report.</p> <p>No comments or questions were received from Members.</p> <p>The Committee NOTED the content of the exception report and RECEIVED further clarity on any areas of concern.</p>	
QSEAC (20)46	<p>SUB COMMITTEE ANNUAL REPORTS 2019/20</p> <p>The Committee received the QSEAC Sub-Committee Annual Reports 2019/20.</p> <p>No comments or questions were received from Members.</p> <p>The Committee APPROVED the QSEAC Sub Committee Annual Reports 2019/20.</p>	
QSEAC (20)47	<p>CLAIMS MANAGEMENT REPORT – HIGH VALUE/NOVEL CLAIMS</p> <p>The Committee received the summary of significant claims against the Health Board.</p> <p>The Committee NOTED the summary of significant claims against the Health Board.</p>	
QSEAC (20)48	<p>HEALTHCARE INSPECTORATE WALES LETTERS TO CEO'S</p> <p>The Committee received the Healthcare Inspectorate Wales Letters to CEO's.</p> <p>The Committee NOTED the Healthcare Inspectorate Wales Letters to CEO's.</p>	
QSEAC (20)49	<p>QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2020/21</p> <p>The Committee received the QSEAC work plan for 2020/21 and acknowledged that in light of the agreement to hold additional QSEAC meetings, the work plan will require reviewing by Ms Lewis, Mrs Rayani and Ms Karen Richardson.</p> <p>The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2020/21.</p>	AL/MR/ KR
QSEAC (20)50	<p>QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER</p>	

	The Committee received the Quality, Safety & Experience Assurance Committee Decision Tracker containing amber actions for information.	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Decision Tracker.	
QSEAC (20)51	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEE DECISION TRACKER	
	Following agreement at the previous QSEAC meeting to only include actions that are rated Amber, given that all actions have been completed, there is no report for this meeting.	
QSEAC (20)52	ANY OTHER BUSINESS	
	There was no other business discussed.	
QSEAC (20)53	DATE & TIME OF NEXT MEETING	
	To be confirmed.	

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

Date and Time of Meeting:	9.30am, 7 th May 2020
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	Ms Anna Lewis, Independent Member (Committee Chair) 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) (part)
In Attendance:	Mrs Mandy Rayani, Executive Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Executive Medical Director & Deputy CEO Mrs Ros Jervis, Executive Director of Public Health (VC) (part) Mrs Natalie Vanderlinden, Assistant Director of Therapies and Health Science, deputising for Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (VC) Mrs Joanne Wilson, Board Secretary Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) Mrs Louise O'Connor, Assistant Director (Legal Services/Patient Experience) (part) Mrs Lisa Davies, Clinical Effectiveness Co-ordinator (VC) (part) Mrs Jenny Pugh-Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part) Mrs Anne Beegan, Audit Wales (VC) Ms Karen Richardson, Committee Services Officer (Minutes)

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(20)54	<p>The Chair, Ms Anna Lewis, welcomed all to the Extraordinary QSEAC meeting advising that the focus for discussion should be in regard to COVID-19 business only.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Alison Shakeshaft, Executive Director of Therapies and Health Science Dr Subhamay Ghosh, Associate Medical Director, Quality & Safety Mr Andrew Carruthers, Executive Director of Operations Ms Jill Paterson Director of Primary Care, Community and Long Term Care Mrs Cathie Steele, Head of Quality & Governance Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) 	
QSEAC	DECLARATIONS OF INTERESTS	
(20)55	No declarations of interests were made.	

<p>QSEAC (20)56</p>	<p>POLICY/GUIDANCE UPDATES - COVID-19 NATIONAL AND LOCAL APPROVED AND PUBLISHED GUIDANCE</p> <p>Dr Philip Kloer presented the Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance report, outlining the approach taken given recognition that all COVID-19 guidance would require a robust process for approval and dissemination within the Health Board. Once it became apparent that this would require regular monitoring, Mrs Lisa Davies, Clinical Effectiveness Co-ordinator and Mrs Christine Davies, Policy Co-ordinator had been tasked with overseeing the process, with support from the Command Centre. Dr Kloer expressed thanks to both Mrs Lisa Davies and Mrs Christine Davies for the work undertaken to date.</p> <p>Mrs Lisa Davies advised that the new procedures are now embedded and working well within clinical teams, and that learning from COVID-19 would be taken forward for future engagement with clinical teams. In addition, given the number of conflicting national guidance issued, the recommended Health Board approach is presented to Gold Command for approval in each case.</p> <p>In response to a query regarding any gaps in guidance, Mrs Davies confirmed that a centralised process has been agreed which is co-ordinated by the Command Centre in order that all guidance is disseminated to clinical teams in a timely manner. Dr Kloer added that with both his and the Executive Director of Nursing, Quality & Patient Experience's support, all clinical and nursing leads are engaged in supporting the communication of new guidance to staff.</p> <p>Whilst acknowledging the significant amount of information received by staff, Mr Paul Newman enquired as Chair of the Audit & Risk Assurance Committee, whether compliance is being monitored. Mrs Mandy Rayani responded that discussions have taken place with Mrs Mandy Davies, Assistant Director of Nursing & Quality Improvement, to consider the resuming of certain services, in particular, Board to Floor walkabouts and local audits, recognising that where essential activity has continued to support national audits. Further discussions regarding standards of practices have taken place with the Heads of Nursing on each site in addition to Health & Care Standards monitoring; these will all be linked to the current guidance. Mr Newman recognised that the Health Board is at an early stage of implementing new guidelines, however emphasised the importance of recording compliance. Mrs Ros Jervis suggested that compliance is a contextual issue given that the Health Board is not currently operating within normal practice, with guidance constantly being reviewed and amended following the regular receipt of additional and new guidance issued.</p> <p>Prof. Gammon enquired as to the process undertaken by the Health Board in interpreting and agreeing on conflicting evidence and guidance received by the various governing bodies. Dr Kloer relayed an example in relation to conflicting Personal Protective Equipment (PPE) guidance from both the Resuscitation Council and NHS England on cardiopulmonary resuscitation (CPR), and that whilst it is unusual for there to be discrepancies, where these occur these are escalated to Mrs Rayani, Mrs Alison Shakeshaft, Executive Director of Therapies and Health Science and himself. In this particular example, following discussion and taking into consideration the view of other Health Boards, Gold Command were requested to agree to support the guidance issued by the Resuscitation Council. Mrs Joanne Wilson advised</p>	
--------------------------------	--	--

	<p>that a report for presentation to the next Board meeting on 28th May 2020 would provide the validation and justification on the agreed approach, particularly given that Welsh Government has followed the NHS England guidance. For the Committee's assurance, Mrs Rayani confirmed that for any variations in guidance, the Health Board will engage with key individuals who may be impacted by the guidance, and for any cases where significant discrepancies occur, a report would be presented to Gold Command for approval.</p> <p><i>Mrs Lisa Davies left the Committee meeting.</i></p>	
	<p>QSEAC NOTED the local and national COVID-19 guidance, which has been approved and published on the Health Board's COVID-19 Patient Management webpages.</p>	

<p>QSEAC (20)57</p>	<p>NEW CORPORATE RISKS ASSIGNED TO QSEAC IN LIGHT OF COVID-19</p> <p>Mrs Rayani advised that it had been agreed to defer this item due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register which is currently being undertaken; it was therefore too early in the process to present a report to the Committee. The Executive Team is currently in discussion with the Head of Risk and Assurance regarding inclusion of the new risks in addition to amendments to current risks in light of COVID-19, with the intention to present a report to the Public Board in June 2020.</p> <p>Whilst acknowledging the new risk process, Prof. Gammon emphasised that for the Committee's assurance, continued monitoring of current risks is required in order to remain diligent. Mrs Wilson reminded Members that during the period where certain Committees and Sub-Committees of the Board are not holding meetings, it had been agreed at the Board meeting in March 2020 that for assurance purposes, non-COVID-19 risks should be managed through the Executive Team.</p> <p>Whilst accepting the required process for including new risks onto the Corporate Risk Register, Mrs Lewis expressed concern from an Independent Member perspective at not being in a position to scrutinise new and emerging risks, and enquired whether an approach could be agreed in the interim. Mrs Wilson responded that Datix reporting now includes reference to COVID-19. While the number of new risks related to COVID is still being assessed by the services, a significant number of existing risks are impacted by COVID-19 and its consequences, and these are being reviewed currently in order to provide an accurate reflection in the Risk Register for scrutiny by the Board at June 2020 meeting.</p>	
----------------------------	---	--

<p>QSEAC (20)58</p>	<p>INCIDENT REPORTING DURING COVID-19</p> <p>Mrs Sian Passey presented a verbal update in relation to incident reporting during COVID-19, advising that to date, the total reported incidents on Datix is comparable to the previous year. As alluded to earlier, Datix now has additional fields for COVID-19 related incidents including PPE. Mrs Passey advised that 9 reported incidents relate to communication issues, which are currently being reviewed. At the end of March 2020, 5 incidents in relation to PPE had been reported, in the main regarding fit testing, however no further issues have been reported since. The Assurance and Safety Team has now</p>	
----------------------------	--	--

	<p>introduced a 72 hour scrutiny process, which will support operational teams in sharing learning from events.</p> <p>In addition, during the current COVID-19 pandemic, 3 never events have been reported where minimal harm has been confirmed, which have not been linked to COVID-19. For comparison during the same period the previous year, only one had been reported. Mrs Passey advised that an incident report would be presented to the July 2020 Extraordinary QSEAC meeting.</p> <p>Following a query from Prof. Gammon regarding never events, Mrs Rayani provided an assurance that all the patients involved have been spoken with at the time and that further reviews are currently being undertaken.</p> <p>In response to a query raised by Mrs Lewis, Mrs Passey confirmed that certain patients have experienced increased tissue damage due to wearing facial masks for a prolonged period.</p> <p>In relation to the potential for a possible reduction in Hospital Acquired Infections (HAIs), Mrs Rayani advised that Infection Prevention meetings are being reinstated and would review the available data to establish any emerging themes, in particular whether following improved hand hygiene due to COVID-19, a reduction in community infections may result.</p> <p>QSEAC NOTED the verbal update on Incident Reporting During COVID-19.</p>	SP/KR
--	--	--------------

QSEAC (20)59	<p>PATIENT FEEDBACK DURING COVID 19</p> <p>Mrs Louise O'Connor presented a verbal update in relation to Patient Feedback during COVID-19, advising that between January and March 2020, the Health Board received 55 formal complaints. In April 2020, the complaints received reduced by 50%, with the numbers continuing to fall on a weekly basis by around 5% per week. The complaints received generally relate to patient appointments, delays in receiving surgery, outpatient clinics, and specific concerns relating to pain clinics and diagnostics and medical decisions regarding discharge and discharge arrangements. Mrs O'Connor further advised that the most significant area of concern related to communication, for example, families not receiving regular communication from wards, a lack of information regarding arrangements for visiting very ill relatives, difficulties in contacting staff for updates which in some cases has been over a period of 4 to 5 days. Whilst the rate of closure for complaints has remained at the same rate as previously, there is expected to be a reduction in the number completed within 30 working days. For the Committee's assurance, it was confirmed that families receive regular updates by the team involved and this is being monitored.</p> <p>In relation to patient experience data, Mrs O'Connor advised that the Health Board has continued to collect patient and service user feedback through the friends and family test voice and text system, compliments, and informal concerns via the Patient Advisory Liaison Service (PALS) team and on line surveys. The volume of feedback received is in line with the volume of patient activity, and as the volume of patient activity has reduced, this has been mirrored in the volume of feedback received. Given the reduction in patient activity, the team is contacting fewer patients during the current period. Under normal circumstances, the higher the volume of feedback, routinely the higher</p>	
---------------------	---	--

the satisfaction score. However, despite the reduction of patient activity, Members were pleased to note a rise in the overall satisfaction score to 92%. Members further noted that whilst ward based survey work has been postponed, this will resume in the next few weeks, in addition to liaison with services to undertake patient experience surveys for certain specialties.

Mrs O'Connor advised that patients have welcomed the new phone and video consultation arrangements which are currently operational in A&E departments, Minor Injuries Units (MIU's), outpatient and inpatient areas in Glangwili and Withybush General Hospitals, and Prince Philip Hospital for a number of specialties, with further roll out planned.

Mrs O'Connor outlined the work of the PALS team who have been supporting the operational site teams with a range of duties including:

- distribution of the Amazon wish list scheme set up by the Charities team.
- new initiatives being promoted on social media, including a 'thinking of you' scheme which allows relatives and friends to send in messages letters and photographs which are then placed in a folder and taken to patients on the wards, and where possible facilitate a response back from the patient.
- facilitating the use of the iPads on wards to conduct virtual visiting which will also be promoted with the other services during the coming weeks.
- operating the patient and public COVID-19 helpline 7 days per week.

In response to the concerns regarding communication issues, Mrs O'Connor relayed details of the newly established family liaison role which it is anticipated would be ward based for 2 shifts per day, 7 days per week, to facilitate communication and patient experience. Newly appointed Healthcare Support Workers (HCSW) will undertake this role, with their time protected to focus on patient experience and communication. The role will involve phoning families with regular updates, facilitating virtual visiting, undertaking surveys using iPads, assisting with any specific communication needs, and working with the PALS teams, which should lead to a significant positive impact on patient and family experience. Future plans include providing a family liaison role to support families following bereavement during the COVID-19 pandemic, and setting up a property hub on each site to arrange the safe return of deceased's belongings to the family, either by collection or delivery into the community.

Mrs O'Connor confirmed that the inaugural meeting of the Listening and Learning Sub-Committee would take place on 3rd June 2020, with a verbal update provided to QSEAC's next meeting.

In response to a query from Mrs Hardisty regarding complaints received from patients accessing primary care services, Mrs O'Connor confirmed that whilst numbers have been lower during the COVID-19 pandemic, these related specially to concerns regarding access to treatment and delays with planned appointments.

Mr Newman enquired whether the Health Board would be contacting COVID-19 patients for feedback regarding their care in order to inform learning. Mrs O'Connor responded that this has not as yet been agreed, however confirmed that this cohort of patients could be considered for contact.

LOC
/KR

Mrs Rayani informed Members that following discussions with the Carmarthenshire County Head of Midwifery, staff have captured a number of positive stories from mothers giving birth during COVID-19 and suggested these could be shared at either Board or QSEAC.

Mrs Rayani further informed Members that in order to support those patients with a learning disability in understanding and accessing services during COVID-19, an easy read document had been produced.

Welcoming the increased use of phone and video consultations, Prof. Gammon enquired whether use of these would change practice going forward. Mrs Rayani advised that discussions are taking place to establish which services would be appropriate post COVID-19. Whilst primary care services have embraced this approach, Dr Kloer commented that it can take longer to undertake a phone consultation with a patient as opposed to face to face, although this could be due in part to clinicians and patients adapting to a new process. In relation to outpatient appointments, a number of options are being considered, including a pilot with Microsoft Teams; once reviewed, a suitable approach for different specialties would need to be agreed. Dr Kloer emphasised that post COVID-19, services should guard against reverting to previous arrangements, without considering the benefits that the new processes introduced could bring.

In relation to a query from Mrs Lewis regarding end of life visits during COVID-19, Mrs Rayani confirmed that wards have received guidance that risk assessments should be undertaken on a ward by ward basis, and that where appropriate, visits by a relative should take place. On occasions where this has not been possible, wards have used skype facilities.

In regard to a query from the Community Health Council in relation to mixed messages from the media regarding Do Not Attempt Resuscitation (DNACPR), it was noted that wards endeavour to accommodate patient's wishes and ensure that advanced plans are in place for end of life care. Mrs Hardisty advised that the Learning Disability team shared an article highlighting evidence of an increase in DNACPRs orders for Learning Disability patients and that discussions have now taken place with GP Leads to ensure they are aware of the guidance.

Recognising the long standing concerns regarding a lack of communication with patients, and recognising that QSEAC should advocate the patient voice, Mrs Lewis proposed that a review of this long standing theme should be taken forward by QSEAC.

Mrs Rayani presented the draft Ombudsman year end position to Members, advising that across Wales, complaints have increased by 1.6%, however for Hywel Dda, complaints have reduced by 16%. In regard to Hywel Dda complaints handling by the Ombudsman, there has been a reduction of 42% with the Ombudsmen upholding 43% of closed complaints. This serves to demonstrate that the Health Board has made significant improvements at the initial stage of investigations, resulting in no public interest reports being issued during the year. Mrs Lewis welcomed the improvements, noting the improvement as a foundation to take forward future work.

The Committee **NOTED** the verbal update in relation to Patient Feedback during COVID-19.

**QSEAC
(20)60**

NURSE STAFFING PRINCIPLES FOR COVID-19

Mrs Rayani presented the Nurse Staffing Principles for COVID-19 report, apologising for its late issue. Members were informed that a significant amount of work has been undertaken by the team involved to reach this point, and for the Committee's assurance, a robust process has been undertaken to determine the revised calculations in regard to the professional to patient ratio models outlined within the report.

It was noted that the Health Board has considered alternative professional to patient ratio models for areas outside of 25B (wards that can be defined as medical or surgical wards), given that quality indicators are currently not available for COVID-19 wards, with the calculations based on a worst case scenario following national guidance. In relation to field hospitals, the calculations are based on the principle of utilising other registrants, for example, physiotherapists and a further option of band 4 support roles. Other roles are also being considered including respiratory support workers. Prior to any new roles being taken forward, these will be reviewed to ensure that delegation is effective and in line with the All-Wales Delegation Framework. Mrs Passey confirmed that a Task & Finish Group has been established to review new roles to ensure competency across the team. Allied Health Professionals are also being considered to provide support.

In response to a query from Mrs Hardisty regarding the professional judgement involved to determine the planned roster required, Mrs Rayani confirmed that the Act requires a triangulated methodology when reviewing patient acuity data, quality indicator data and aspects of professional judgement. Once the clinical need of the patient is understood, appropriately trained staff can be rostered to support, which could include the re-introduction of ward administrative support to ensure that nurses can perform at the top of their licence and may prove a useful approach to adopt..

Mrs Lewis enquired whether benchmarking with other Health Boards has been undertaken prior to calculating the professional to patient ratio requirements for field hospitals. Mrs Rayani confirmed that discussions have taken place and that on analysis, Hywel Dda's modelling is on par with other Health Boards. Dr Kloer confirmed that the staffing ratio within field hospitals would be triumvirate led and based in part on the staffing models put in place by Cardiff & Vale University Health Board, whilst taking into consideration the requirement for clinicians to be available to work across all acute sites.

Mrs Ann Murphy left the Committee meeting

Mrs Jenny Pugh-Jones joined the Committee meeting

The Committee:

- **RECEIVED ASSURANCE** that detailed modelling work has been undertaken to assist with the workforce calculations which underpin the RN: patient ratios.
- **RECEIVED ASSURANCE** that the nurse staffing principles and the triangulated methodology will continue to be used to calculate nurse-staffing levels on wards that are deemed 25B wards; these are wards that can be defined as medical or surgical wards.

- **NOTED** that RN: patient ratios will change aligned to critical points of escalation in the pandemic as outlined above. The ratios set out within this paper establish the minimum ratios deemed acceptable based upon system risks.
- **NOTED** the proposed RN ratio for the field hospital based on patient profiles, is likely to change following further discussion relating to re-modelling.

**QSEAC
(20)61**

PERSONAL PROTECTIVE EQUIPMENT UPDATE

Mrs Rayani presented the Personal Protective Equipment update report to provide assurance to Members on the work undertaken following the regular reports presented to Gold Command. Mrs Rayani advised that a healthcare model has been operating in parallel with a Local Authority (LA) model.

Following discussions with the Executive Director of Finance, in order to improve PPE ordering going forward, the procurement team is embedding new systems in order to reduce concerns regarding availability and distribution. Currently, the Health Board has four weeks supply of masks, however, within primary care, the suitability of eye protection has been raised as a matter of concern; the Health Board is therefore reviewing options to procure appropriate supplies on their behalf.

Mrs Hardisty expressed thanks to Mrs Rayani and the team involved to progress adequate PPE supplies, recognising the importance to provide a level of assurance to staff following the concerns raised. Mrs Hardisty welcomed the Health Board's positive relationship with LAs in supporting PPE supplies particularly in regard to GPs. However, Members expressed caution that the cost of these items is being monitored and recorded appropriately in order to differentiate between Health Board and LA supplies. Mrs Rayani confirmed that any stock issued to other providers is being captured and that the Finance department would be able to issue an invoice for reimbursement, however, discussions are currently on-going with Welsh Government to provide financial support for any additional expense due to COVID-19.

Prof. Gammon enquired whether training has been provided to colleagues in relation to the appropriate use of PPE, in order to reduce the possibility of over reliance on PPE by staff. Mrs Rayani acknowledged that whilst regular and updated guidance is shared with staff, a small number of staff groups and sites are either not following it or choosing to ignore it. The triumvirate leads are now supporting the monitoring of PPE guidance, and where inappropriate use remains, as a last resort disciplinary action would be considered. Mrs Rayani advised that peaks in usage enable the Infection Prevention and Control Team (IP&C) team to understand where additional support may be required, including support for care homes. It has become evident however that additional LA training may be required, given that there has been some variance in the interpretation of the guidance.

In response to a query from Mr Newman relating to PPE for carers providing personal care in the community, Mrs Rayani shared her understanding that this is jointly provided by the LA and the Health Board, acknowledging that training for carers may be required in addition to supplies of appropriate PPE to complete their tasks.

Mrs Ros Jervis left the Committee meeting.

The Committee **RECEIVED** the status report on Personal Protective Equipment Update for assurance.

QSEAC (20)62 CRITICAL CARE MEDICINES

Mrs Jenny Pugh-Jones presented the Critical Care Medicines report, advising that during normal business, medicines shortages are routinely managed effectively within pharmacy procurement teams. However, for the treatment of COVID-19, there are limited medicines available to treat the virus. In relation to critical care medicines, whilst the Health Board currently has 11 days stock of blocking agents, limited supplies are available, and if demand surged for example, this stock would significantly reduce. Current mitigations include sourcing stock from other Health Boards; this is supported by a centralised dashboard of critical medicines which is updated daily, with medicines moved in a timely manner to where they are required. In regard to end of life medication, in collaboration with the military, a system has been implemented to ensure community patients in Wales have access to these medicines within 2 hours of a clinician approving the medication.

For clarity, Dr Kloer advised that the current risk score of 20, has been calculated on a worst case scenario which may now be lower than previously predicted, given that a lower peak in demand is now anticipated. It should be recognised that modelling scenarios are changing weekly making it difficult to determine an appropriate risk score. Mrs Wilson stated that this risk should be captured on the COVID-19 Risk Register.

In relation to the risk score, Prof. Gammon enquired whether this included mitigations from HDdUHB or from an all Wales perspective. Mrs Rayani confirmed that the risk score is reflective of the Hywel Dda position at the time of review, and calculated on previous projections. However, in recognition of the amended modelling scenarios issued during the previous week, the risk would now require a re-calculation, recognising the challenge involved in predicting an appropriate risk score due to the ever changing situation.

In response to a query from Mr Newman in relation to an improvement within the supply chain going forward, Mrs Pugh-Jones advised that one option being considered on an all Wales basis, is a temporary aseptic production unit, which HDdUHB could access.

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

JPJ
/ChB

QSEAC (20)63 ANY OTHER BUSINESS

There was no other business discussed.

QSEAC (20)64 DATE & TIME OF NEXT MEETING

9.30am Tuesday 9th June 2020