2.7 Report of the Quality, Safety & Experience Assurance Committee/ Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad

Presenter: Anna Lewis

- QSEAC Update Report from meeting on 7 April 2020
- QSEAC Terms of Reference v.09 for Board approval 28.05.20
- QSEAC Board Report from meeting on 7 May 2020
### Revised QSEAC Terms of Reference (ToRs)

The Committee received the revised QSEAC Terms of Reference (ToRs) for ratification following approval at Board on 26th March 2020. Members suggested a number of amendments in particular, additional narrative in regard to the Research & Development Sub-Committee and amended narrative to reflect the requirements by QSEAC of the Listening & Learning Sub-Committee (L&LSC). Following inclusion of the suggested amendments, the QSEAC ToRs to be approved via Chair’s Action, and subsequently ratified by the Board.

### Approval of the QSEAC Self-Assessment of Performance Process 2019/20

Members were advised that following discussions with the QSEAC Chair, 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.

### Draft Annual Quality Statement 2019/20

The Committee received the draft Annual Quality Statement 2019/20, with some further year-end data still required. Given that the Siarad Iechyd / Talking Health Readers’ Panel and the Stakeholder Reference Group have been stood down due to the COVID-19 pandemic, discussions would be held with the Board Secretary on how best to progress a review of the draft AQS from a governance perspective. The Committee agreed to a number of amendments, and whilst supporting the proposed priorities for 2020/21, acknowledged that these may be delayed due to COVID-19.

### Corporate Risks Assigned to QSEAC

Given the new set of risks that have been identified due to the COVID-19 pandemic, with the acknowledgement that a further review of the current risks will be required, a report to include the new COVID-19 identified risks would be presented to QSEAC.

### Quality and Safety Assurance Report

The Committee received the Quality and Safety Assurance Report, noting a number of changes to the content of future reports due to COVID-19. Members recognised that 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 further recognised that given the current pace of change, any data provided in the report is quickly out of date. With regard to external inspections, whilst the Community Health Council (CHC) and Healthcare Inspectorate Wales (HIW) inspections have ceased, Members received an assurance that any identified actions from previous inspections would still be
progressed. The Chair 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; it was agreed that a meeting would be arranged to agree these quality metrics as soon as possible.

- **Patient Outcomes Associated With The Implementation Of The Single Cancer Pathway:** the Committee received a verbal update in relation to patient outcomes associated with the implementation of the single cancer pathway, advising that currently there is no formal mechanism across Wales to evaluate outcomes for long cancer waits. Members were informed that the cancer team in Hywel Dda has engaged with the Wales Cancer Network in regard to developing a suitable model. A draft proposal is currently in development, which is broadly reflective of the model in England with a focus on cancer waits in excess of 104 days, to be presented for consideration once normal business resumes. Given the recognition that any delay in cancer treatment could be significant for patients, 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. Members queried the continuation of cancer treatments as the pandemic develops, and were advised that a detailed assessment would be required to determine the impact on patients. However, for Members assurance, the Health Board would be following guidance issued by the Wales Cancer Network. Members received an assurance from the actions taken by the cancer team, and recognised that given the pace of change during COVID-19, good governance would be paramount to support the rapidly changing situation.

- **Hospital Acquired Thrombosis (HAT) Action Plan:** the Committee received the Hospital Acquired Thrombosis (HAT) Action Plan, developed following concerns previously raised by QSEAC regarding the lack of progress made. Members were advised that a Task & Finish Group had been established, with its inaugural 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. Members were further 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. Members welcomed the action plan and accepted that the impact of COVID-19 may affect some of the actions. Given, however, that HAT has been a longstanding concern of QSEAC, the Committee requested that all steps are taken to progress the actions in a timely manner.

- **Nurse Staffing Levels Annual Assurance Report 2019/20:** the Committee received the draft Nurse Staffing Levels Annual Assurance Report 2019/20, providing an assurance to QSEAC that during 2019/20, the Health Board has complied with the Nurse Staffing Levels (Wales) Act (NSLWA) 2016. During discussions, it was proposed that in order to ensure Members have a better understanding in regard to the instances where professional judgements are required going forward, additional narrative would be included within further reports to QSEAC and the Board. In relation to staffing levels with COVID-19, Members were appraised of the 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.

- **Public Health Update:** the Committee received a verbal Public Health update outlining the significant amount of progress achieved by the Health Board and stakeholders on COVID-19 preparedness since the Board meeting on 26th March 2020. Members received an assurance that Personal Protective Equipment (PPE) and oxygen supply discussions are taking place at Command structure meetings. Members were informed 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. The Director of Nursing, Quality and Patient Experience advised that following a visit to the field hospitals, assurance could be provided that this ratio is safe and appropriate. Members welcomed the detailed update regarding COVID-19 planning, and on behalf of QSEAC, expressed thanks to all the staff involved.

With regard to the Llwynhendy Tuberculosis (TB) Outbreak, Members were advised that following further screening sessions in December 2019 and February 2020, any patients identified as having latent TB are currently being managed. Further sessions have now been paused due to the current government lockdown in place, however for Members assurance, further screening sessions will be arranged once the current pandemic has ceased.

With regard to Flu Vaccinations during 2019/20, Members welcomed the fact that performance indicators for all groups had improved during the period despite the vaccine delays experienced at the beginning of the season and the fact that vaccinations had necessarily been ceased due to the government lockdown in place.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- QSEAC revised Terms of Reference (attached)

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **Quality and Safety Assurance Report:** given the omission of quality metrics from the Delivery Unit to assist Members to interpret the narrative meaning only limited assurance could be gained from the report, it was agreed that a meeting would be arranged to agree these quality metrics as soon as possible.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee’s work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

7th May 2020.
QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

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1. Constitution

1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009. On 1st June 2015, the Committee took on an enhanced role and was re-named the Quality, Safety & Experience Assurance Committee.

2. Membership

2.1 Formal membership of the Committee shall comprise of the following:

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<tr>
<td>Independent Member (Chair)</td>
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<td>5 x Independent Members (including Audit &amp; Risk Assurance Committee Chair and People, Planning &amp; Performance Assurance Committee Chair)</td>
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2.2 The following should attend Committee meetings:

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<tr>
<td>Executive Director of Nursing, Quality &amp; Patient Experience (Lead Executive)</td>
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<td>Executive Medical Director &amp; Deputy CEO</td>
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<td>Executive Director of Operations</td>
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<td>Executive Director of Therapies &amp; Health Science (Chair of Operational Quality, Safety &amp; Experience Sub-Committee)</td>
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<td>Executive Director of Public Health</td>
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<td>Director of Primary, Community &amp; Long Term Care</td>
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<tr>
<td>Associate Medical Director Quality &amp; Safety</td>
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<tr>
<td>Assistant Director of Nursing, Assurance and Safeguarding</td>
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<tr>
<td>Assistant Director, Legal Services/Patient Experience</td>
</tr>
<tr>
<td>Hywel Dda Community Health Council (CHC) Representative (not counted for quoracy purposes)</td>
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2.3 It is expected that Sub-Committee Chairs will attend QSEAC for the purpose of presenting their update reports.

2.4 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise
necessary to deliver the Committee’s remit, and subject to any specific requirements or directions made by the Welsh Government.

3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

3.4 The Committee may also co-opt additional independent ‘external’ experts from outside the organisation to provide specialist skills.

3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

3.6 The Chairman of the UHB reserves the right to attend any of the Committee’s meetings as an ex officio member.

3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Assurance Committee.

3.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

3.9 The Chair of the Quality Safety & Experience Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. **Purpose**

The purpose of the Quality, Safety & Experience Assurance Committee is to:

4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

4.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.

4.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.

4.4 Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium Term Plan for sign off by the Board.

4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation’s functions, is based on sound evidence, clinically effective and meeting agreed standards.
4.6 Provide assurance that the organisation is discharging its functions and meeting its responsibilities with regards to the quality and safety of research activity carried out within the Health Board.

5. **Key Responsibilities**

The Quality, Safety & Experience Assurance Committee shall:

5.1 **Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board’s performance will be regularly assessed and reported on.**

5.2 **Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.**

5.3 **Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.**

5.4 **Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate).**

5.5 **Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.**

5.6 **Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.**

5.7 **Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.**

5.8 **Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.**

5.9 **Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.**

5.10 **Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board’s strategies.**

5.11 **Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations.**

5.12 **Approve the required action plans in respect of any concerns investigated by the Ombudsman.**

5.13 **Agree actions, as required, to improve performance against compliance with incident reporting.**
5.14 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.

5.15 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.

5.15 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.

5.16 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.

5.17 Consider advice on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.

5.18 Provide assurance in relation to the organisation’s arrangements for safeguarding vulnerable people, children and young people.

5.19 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales (to ensure the UHB increases its R&D capacity, research output and research income).

5.20 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.

5.21 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.

5.22 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.

5.23 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.

5.24 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board’s services and their quality.

5.25 Refer quality & safety matters which impact on people, planning and performance to the People, Planning & Performance Assurance Committee (PPPAC), and vice versa.

5.26 Agree issues to be escalated to the Board with recommendations for action.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Nursing, Quality & Patient Experience) at least six weeks before the meeting date.
6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director, ensuring these are submitted in accordance with the Standard Operating Procedure for the Management of Board and Committees.

6.4 The agenda and papers will be distributed seven days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within ten days to check the accuracy.

6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the UHB’s vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the UHB’s Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board’s other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
   10.1.1 joint planning and co-ordination of Board and Committee business;
   10.1.2 sharing of information.
10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board’s overall risk and assurance framework.

10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:

10.3.1 Operational Quality, Safety & Experience Sub-Committee
10.3.2 Listening & Learning Sub-Committee
10.3.2 Research & Development Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee’s activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
10.4.2 Bring to the Board’s specific attention any significant matters under consideration by the Committee.
10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee’s performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Enw’r Pwyllgor / Name of Committee: Quality, Safety And Experience Assurance Committee

Cadeirydd y Pwyllgor/ Chair of Committee: Ms Anna Lewis

Cyfnod Adrodd/ Reporting Period: Meeting held on 7th May 2020

Y Penderfyniadau a’r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance:** the Committee received the Policy/Guidance Updates - COVID-19 National and Local Approved and Published Guidance report, outlining the approach taken by HDdUHB given the recognition that all COVID-19 guidance would require a robust process for approval and dissemination within the Health Board. Members were advised that the new procedures are now embedded and approved and published on the Health Board’s COVID-19 Patient Management webpages, and that learning from COVID-19 would be taken forward for future engagement with clinical teams. The Committee received an assurance that for any variations in guidance, the Health Board would 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.

- **New Corporate Risks Assigned to QSEAC in Light of COVID-19:** whilst acknowledging the need to defer this item due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register, concerns were expressed 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. Members were reminded that 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. The Committee received an assurance 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 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.

- **Incident Reporting During COVID-19:** the Committee received a verbal update in relation to incident reporting during COVID-19, and advised that to date, the total reported incidents on Datix is comparable to the previous year, which now has additional fields for COVID-19 related incidents. 9 reported incidents related to communication issues, which are currently being reviewed, and 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 in regard to PPE have been reported since. In relation to the potential for a possible reduction in Hospital Acquired Infections (HAIs) due to COVID-19, Members were 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 during the COVID-19 period, a reduction in community infections may result.

- **Patient Feedback during COVID-19:** The Committee received 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, which have reduced by 50% from April 2020 with the numbers continuing to fall on a weekly basis by approximately 5% per week. Whilst the complaints received generally relate to patient appointments, the most significant area of concern related to communication from wards to patient’s families. In response to this concern, Members were provided with 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. Recognising the Committee’s role in advocating the patient’s voice, it was proposed that a review of this long standing theme should be taken forward by QSEAC. Members welcomed the work of the Patient Advisory Liaison Service (PALS) team who have been supporting the operational site teams with a range of duties. In response to a query regarding end of life visits during COVID-19, the Committee received an assurance 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. The Committee was also presented with the draft Ombudsman year end position, demonstrating the significant improvements made by the Health Board at the initial stage of investigations, resulting in no public interest reports being issued during the year. Members welcomed the improvement, noting the positive foundation this would provide to take forward future work.

- **Nurse Staffing Principles for COVID-19:** The Committee received the Nurse Staffing Principles for COVID-19 report, highlighting the significant amount of work that has been undertaken by the team involved to reach this point, and providing an assurance that a robust process has been undertaken to determine the revised calculations in regard to the professional to patient ratio models outlined within the report. Members 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 have been based on the principle of utilising other registrants. The Committee was informed that prior to calculating the professional to patient ratio requirements for field hospitals, discussions with other Health Boards have taken place and that on analysis, Hywel Dda’s modelling is on par with these. The Committee received assurance on the detailed modelling work that had been undertaken to assist with the workforce calculations underpinning the professional to patient ratios.
• **Personal Protective Equipment Update:** the Committee received the Personal Protective Equipment update report to provide assurance on the work undertaken following the regular reports presented to Gold Command. Members were advised that a healthcare model has been operating in parallel with a Local Authority (LA) model, and that following discussions with the Executive Director of Finance, to improve PPE ordering going forward, the procurement team has been embedding new systems in order to manage concerns regarding availability and distribution. Members expressed their thanks to the team involved in progressing adequate PPE supplies, recognising the importance of providing a level of assurance to staff following the concerns raised.

• **Critical Care Medicines:** the Committee received 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. Members were informed of the process which has been established to ensure all Health Boards have adequate supplies, including a centralised dashboard of critical medicines which is updated daily, with medicines moved in a timely manner to where they are required. Members were informed that the current risk score of 20 has been calculated on a worst case scenario, which may now be lower than previously predicted given the lower peak in demand anticipated. Members recognised that in light of the recently amended modelling scenarios issued, a re-calculation of the risk score would now be required and captured on the COVID-19 Risk Register.

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**Materion y mae angen Ystyriaeth neu Gymeradwyeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

• None

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

• **New Corporate Risks Assigned to QSEAC in Light of COVID-19:** concerns regarding Independent Members inability to scrutinise new and emerging risks due to the requirement to follow the identified process regarding the inclusion of new risks onto the Corporate Risk Register, to be mitigated through the management of these by the Executive Team until this deferred item could be placed on QSEAC’s agenda.

• **Patient Feedback during COVID-19:** concerns relating to the long standing theme of communication within complaints reporting to be mitigated by a review of this issue by QSEAC.

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**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee’s work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

9th June 2020.