

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

Date and Time of Meeting:	12.00pm -13.00pm, 16 th March 2021
Venue:	Boardroom, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB

Present:	Ms Anna Lewis, Independent Member (Committee Chair) Ms Ann Murphy, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) (VC) Professor John Gammon, Independent Member (VC) Mrs Judith Hardisty, HDdUHB Vice Chair Mr Paul Newman, Independent Member (VC)
In Attendance:	Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Mr Andrew Carruthers, Director of Operations (VC) Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC), Mrs Cathie Steele, Head of Quality & Governance (VC) Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mrs Joanne Wilson, Board Secretary (VC) Mr Keith Jones, Director of Acute Services (VC) (part) Mr Ken Harries, Clinical Director of Scheduled Care (VC) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Mel Jenkins, Senior Nurse Infection Prevention (VC) Dr Philip Kloer, Medical Director & Deputy CEO Ms Rebecca Jewell, Health Improvement Wales (VC) Mrs Ros Jervis, Director of Public Health (VC) Ms Sharon Daniel, Assistant Director of Nursing Ms Stephanie Hire, General Manager Ms Lisa O'Mahoney, Committee Services Officer (Secretariat)

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(21)38	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting. Considering reports had been circulated to Members prior to the meeting, Ms Lewis requested those presenting to focus their time on responding to questions from Members rather than going through the reports in detail.	
	Apologies for absence were received from: <ul style="list-style-type: none"> • Maria Battle, Hywel Dda University Health Board Chair • Sian Passey, Assistant Director of Nursing. 	

QSEAC	DECLARATIONS OF INTERESTS	
(21)39	There were no declarations of interests made.	

QSEAC	HOSPITAL COVID-19 OUTBREAK UPDATE	
(21)40	Mrs Mandy Rayani informed Members that between 1 st October 2020 and 28 th February 2021, Hywel Dda University Health Board (HDdUHB) has experienced 44 COVID-19 outbreaks of varying lengths with affected staff	

subsequently having to work 7 days per week. However, the Health Board is not experiencing any current outbreaks of COVID-19, with the most recent outbreak closed week ending 18th March 2021. Mrs Rayani advised that during the outbreaks, the Health Board had managed and mitigated a number of risks due to operational pressures, with PPE, patient flow and social distancing examples cited.

Mrs Rayani further informed Members that due to a number of contributing factors such as lateral flow device (LFD) testing, the rollout and uptake of the mass vaccination programme and in-patient testing taking place at day 5, the Health Board is confident that great strides are being made in overcoming outbreak situations. Mrs Rayani confirmed that testing at day 5 had proved invaluable and had such testing taken place earlier in the pandemic, the rate of hospital acquired transmission of COVID-19 would likely have been reduced.

Mrs Rayani advised of her current involvement in an exercise with the Improvement Academy in relation to behavioural science and of her involvement in reviewing the use of long sleeved gowns in Critical Care and the imperative of rolling sleeves up and washing up to the arms. Ventilation is another area of focus which is on the National Healthcare Associated Infection Delivery Board (HCAI) agenda to be discussed week commencing 22nd March 2021.

Mrs Judith Hardisty requested thanks be conveyed to all staff involved for their hard work and queried the extent to which Estates is a mitigating factor in the transmission of COVID-19, reflecting on the current age of the HDdUHB estate, the programme of work and capital expenditure considerations.

Mrs Rayani advised that the Health Board is taking learning opportunities post COVID-19 from a number of organisations, noting that the Grange Hospital, a new hospital in Aneurin Bevan University Health Board had experienced no outbreaks of COVID-19 since its opening, despite experiencing patient flow and delay challenges.

Mrs Rayani further advised that Ms Sharon Daniel, Assistant Director of Nursing is currently engaged in a conversation through the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) regarding isolation and ventilation considerations. Similarly, a task and finish group has been established with the involvement of Mr Paul Williams, Head of Property Performance and the Consultant Practitioner in the Infection Prevention and Control Team. The work will include a hierarchy of controls and environmental standards.

Ms Alison Shakeshaft updated Members that in-patient testing is now confirmed to be completed every 5 days for the duration of an in-patient's stay whereas previously in-patients were to be tested on day 5; this includes all in-patients including Community Hospitals and Mental Health and Learning Disability facilities. Ms Shakeshaft advised that this may move to twice weekly testing with HDdUHB taking learning from ABUHB who are currently undertaking this approach.

In terms of LFD testing, Ms Delyth Raynsford queried the rationale for not including Accident and Emergency Departments within the report. AS responded that this would be rolled out in Accident and Emergency Departments from week commencing 15th March 2021 and agreed to update

	<p>the report to reflect that LFD testing is taking place in Accident and Emergency Departments.</p> <p>Professor John Gammon commended the staff involved for their effective dealing of the outbreaks and queried whether there is any bench mark data available or data that suggests an appropriate number of days that closure should take place while an outbreak is managed.</p> <p>Mrs Mel Jenkins advised that whilst not party to data from other Health Boards, different approaches to managing outbreaks have been adopted by each Health Board, with HDdUHB amalgamating wards to free up 'Green' beds for routine activity and to enable 'Red' beds to manage COVID-19 activity.</p> <p>Mrs Jenkins further advised of changes to the testing process over the pandemic period in that those patients indicating as COVID-19 negative would now be further tested rather than waiting for them to be asymptomatic, and confirmed that continued learning is taking place.</p> <p>The Committee RECEIVED ASSURANCE from the Hospital COVID-19 Update Report provided and requested Ms Daniel and Ms Jenkins to convey the Committee's thanks to their respective teams.</p>	AS
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QSEAC (21)41	<p>COVID-19 RISKS – RISK 1030</p> <p>Mrs Ros Jervis informed Members that Risk 1030 relates to the rollout of the Mass Vaccine Programme, the pace and scale of which represents a large undertaking and one which is continually evolving.</p> <p>Mrs Jervis advised that milestone 1 i.e. vaccination of Priority Groups 1-4 by the middle of February 2021 had been achieved, with the Health Board now undertaking milestone 2 i.e. vaccination of Priority Groups 5-9 to be undertaken by mid April 2021.</p> <p>Mrs Jervis further advised that the Health Board received confirmation week ending 12th March 2021 that sufficient doses of the AstraZeneca Oxford vaccine would be received to achieve the targets set. The Health Board will therefore endeavour to rollout the vaccine to the remaining population as described by the Joint Committee on Vaccination and Immunisation (JCVI) by the end of July 2021.</p> <p>Mrs Jervis highlighted two prominent issues relating to the vaccine:</p> <ul style="list-style-type: none"> • criticism of the Health Board by the BBC around second dose delivery; • potential blood-clotting concerns in relation to the AstraZeneca Oxford vaccine and the decision taken by a number of European countries to pause use of the vaccine (it was noted that the MRHA have advised there is no causal link between the vaccine and blood clotting). <p>Mr Paul Newman enquired as to the certainty around the availability of the AstraZeneca Oxford vaccine to meet milestone 2 given the changing timetable of vaccine delivery. Mrs Jervis confirmed that the Health Board is content there are sufficient doses of vaccine to meet the mid April 2021 deadline with the ability to deliver as planned at Mass Vaccination Centres for Priority Groups 7-9 and for GP Practices to deliver to Priority Groups 5 and 6.</p>	
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Ms Ann Murphy queried whether there are any issues arising from the use of the Pembrokeshire Archive Centre, Haverfordwest for the forthcoming elections in May 2021 which had been agreed with Local Authority partners. It was noted that whilst the Picton Centre is available, it had been agreed at the commencement of the vaccine rollout when the Pfizer BioNTech vaccine was being administered that the size and layout was unsuitable for this vaccine type although is suitable for the administration of the AstraZeneca Oxford vaccine. Ms Murphy further queried whether there are plans to use any other sites for the forthcoming elections and Mrs Jervis confirmed that no other sites are planned for use.

Ms Lewis confirmed that discussion regarding the use of the AstraZeneca Oxford vaccine and concerns regarding its safety would not be an appropriate issue for this Committee as a national line had been taken on the vaccine which the Health Board would be following.

In terms of the criticism received of the Health Board's administration of second doses of Pfizer BioNTech, Mrs Jervis advised that this had been a sensitive issue. In December 2020, the Chief Medical Officer chose to extend the period between administering first and second doses of the vaccine to 11 to 12 weeks other than for Care Home residents, due to the risk of outbreaks in this setting, and the Health Board has followed that instruction.

However, due to a lull in the supply of the AstraZeneca vaccine, a decision has been taken that first doses of Pfizer BioNTech would be paused and second doses would be prioritised. Welsh Government then subsequently relaxed the period between administration of first and second dose from 12 weeks to 10 weeks.

Ms Jervis advised that having been party to national data regarding Health Boards' administration of the second dose of vaccine which indicated a disparity between Health Boards around the second doses administered, HDdUHB is administering second doses at a steady rate.

Whilst it has been recognised that patients receiving the AstraZeneca Oxford vaccine are provided with the greatest protection when they receive their doses at an 11 week interval, second doses can be a delayed up to 15 weeks, although the exception to this would be Care Home residents who are receiving their vaccines at an 8 week interval period. While Ms Jervis acknowledged that other Health Boards are taking a different stance, HDdUHB has adopted an evidence based decision to offer maximum protection to patients. Whilst this information had been fed back to the BBC, they had chosen to adopt a negative spin.

The Committee **NOTED** the COVID-19 Risk 1030 report and took assurance from the presentation provided.

**QSEAC
(21)42**

COVID-19 RISKS – RISK 1017

Ms Shakeshaft advised that Risk 1017 had been added to the Risk Register in November 2020, given concerns within the Health Board of the risk to both the public and Health Board staff due to a lack of access to testing.

Ms Shakeshaft further advised that the Testing Operational Delivery Plan has been updated for the forthcoming twelve months and has been based around a worst case modelling scenario.

Ms Shakeshaft confirmed that testing capacity is sufficient for the coming year however consideration will need to be given should the testing of contacts be introduced; this has been highlighted to Welsh Government as a risk.

Ms Shakeshaft advised of notification received on 16th March 2021 that GP and Medical Professionals are able to advise patients that a test can be booked if atypical symptoms are experienced.

The Committee **SUPPORTED** the adjustments made to the risk assessment and took **ASSURANCE** from the current risk score and mitigating actions undertaken.

**QSEAC
(21)43**

DELAYED TRANSFERS OF CARE

Ms Jill Paterson informed Members that the slide set presented provides information on the impact on delayed transfers of care due to the COVID-19 pandemic. Whilst the formal report that had been required to be submitted to Welsh Government had been stood down, Discharge to Assess reporting standards are included in the report covering both Acute and Community Hospitals. A rapid drop has been noted in the number of individuals 'stranded' over 7 days with the percentage of those stranded and super stranded patients having reduced in comparison to the preceding two years. Whilst there are more individuals being cared for in the Community, those individuals noted as stranded for longer, tend to be patients with complex care needs.

Ms Paterson advised of challenges in securing appropriate packages of care in care homes during the COVID-19 pandemic, with domiciliary care capacity challenges also experienced in Pembrokeshire.

Ms Paterson advised of only one care home currently classified as Red, compared to 6 weeks previously where around 74 care homes had been classified as Red.

Ms Paterson further advised that receipt of void payments by care homes is acting as a resistance factor in returning to normal status despite there being a significant amount of empty beds.

Ms Paterson indicated significant frustration within the system, citing the example of one care home in Ceredigion currently in exclusion due to one member of non-patient facing staff having tested positive for COVID-19, meaning the care home now has to be locked down; working through the guidance is therefore challenging.

It was noted that there is no deterioration with regard to the long term pathway case numbers for 2020/21.

Ms Paterson referred Members to the final slide presented indicating the actions that had been implemented to work towards the Discharge to Recover and Assess pathways, with the Health Board working with both care homes and the domiciliary care sector to maximise capacity should a third wave of the pandemic occur.

Mindful of the rollout of the Mass Vaccination Programme to care homes, Ms Paterson advised that bed capacity at care homes going forward should not be as challenging as experienced earlier in the pandemic.

Recognising that patients are choosing to remain at home due to the pandemic and potentially attending hospital with increased acuity, Mrs Hardisty suggested there may be more the Health Board could be doing to prevent this.

Ms Paterson advised of a divergence of opinion amongst teams around the wording of 'Medically Optimised' and informed Members that 91% of care packages are available within 72 hours. It was noted that Carmarthenshire is able to discharge patients more efficiently than other areas and domiciliary care capacity is more challenging in Pembrokeshire, and that these nuances must be considered.

Ms Paterson also advised of recognition by the Health Board that there are challenges with internal systems around communities and hospitals that will need to be addressed. Ms Paterson assured Members that these challenges are being considered by herself and by the Director of Operations as part of integrated work on operational systems on an ongoing basis.

Mrs Delyth Raynsford raised a query regarding the work being completed for Health Boards within Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) in relation to Bronglais General Hospital. Ms Paterson responded that from a Community Hospital perspective, the Health Board discharges into PTHB and confirmed there are no issues around working relationships which are considered to be positive with both BCUHB and PTHB, with transfers occurring in a timely manner and with all committed to a system that offers the right care at the right time in the right place.

The Committee **NOTED** the Delayed Transfers of Care Powerpoint Slides.

QSEAC (21)44 MASS VACCINATION UPDATE

Noted in minute QSEAC (21)41.

QSEAC (21)45 PERSONAL PROTECTIVE EQUIPMENT UPDATE

Mrs Rayani confirmed there were no locally reported issues around PPE with 3 weeks supply held centrally, although national issues remain.

Mrs Rayani further confirmed that a mass delivery of gloves is anticipated in the coming months into Wales, however supplies of the FFP3 masks are at a lower level, and the Health Board will need to utilise all the masks that have been made available. It was noted that sourcing FFP3 masks has been a challenge since the start of the pandemic.

Mrs Rayani advised there had been no change to guidance around Infection Prevention and Control, with no move away from Table 4, and that any updates would be brought to future Committee meetings.

Mrs Hardisty raised the emerging issue over working conditions in the Far East and whether this is affecting HDdUHB. Mrs Rayani confirmed that where appropriate, the Health Board sources equipment locally. Surgical Materials Testing Laboratory (SMTL) have looked at local mask production and identified

	a potential supplier based in Wales. The Health Board has also invested in reusable PPE where possible, and rigorous testing of PPE takes place.	
	The Committee NOTED the update on PPE.	

QSEAC (21)46	COLORECTAL GREEN PATHWAY	
	<p>Mr Ken Harries, Clinical Director of Care informed Members that the Colorectal Green Pathway had been introduced to provide continuing cancer care and urgent surgery throughout the pandemic, ensuring patients are protected from COVID-19 while receiving the surgery they required, by adapting care pathways.</p> <p>Mr Harries further informed Members that the information provided related to the period July – December 2020, where the operations performed had been centralised at Prince Philip Hospital, with patients subjected to a two week isolation period and swabbed for COVID-19 prior to surgery.</p> <p>Mr Harries advised of a 1.5% mortality rate within this patient group which compared to a 9.3% mortality rate in Wales. There was also a 1.5% readmission rate within this group as opposed to a rate of 11.6% nationally.</p> <p>However, there had been an increase in the length of stay for this group of patients, from 6 days (compared nationally) to 8 days. This increased length of stay had been due to geographical considerations and the fact that Prince Philip Hospital has not undertaken this type of surgery for 10 years.</p> <p>Mr Harries assured Members that the success of this pathway had instilled confidence within Scheduled Care to resume surgery going forward.</p> <p>Prof. Gammon commented on the impressive benchmarked figures in terms of Welsh, English and National Bowel Cancer reporting, adding that this acted as an exemplar and commending the team involved for the work that had been undertaken. Prof. Gammon further commented that there are lessons that could be adopted by other areas within the Health Board in regard to the scaling up of Quality Improvement Strategies. Mrs Rayani and Ms Lewis undertook to write to the team involved to formally express the Health Board’s thanks for their excellent work in maintaining patient care throughout the past year.</p> <p>Dr Philip Kloer echoed Prof. Gammon’s sentiments, assuring Members that the Health Board participates in the National Bower Cancer Audit, with the clinical detail on each service presented to the appropriate fora.</p> <p>Dr Kloer drew Members’ attention to a change required in the slides amending reference from Irritable Bowel to Inflammatory Bowel.</p> <p>Ms Stephanie Hire informed Members that consideration is being given to the next steps and the process being rolled out to other departments to assist informed thinking. Ms Hire advised that the entire team has worked tirelessly for the past year to identify the most urgent patients for treatment. Ms Hire further advised that Ward 7 at Prince Philip Hospital had secured 14 beds for a cancer pathway and 10 beds for orthopaedics. Withybush General Hospital is commencing a Green pathway for colorectal week commencing 15th March 2021, with orthopaedics recommencing in May 2021. Bronglais General Hospital recommenced colorectal week commencing 8th March 2021 and</p>	MR/AL

	<p>orthopaedics will recommence in May 2021. Bronglais General Hospital has also been involved in reducing the backlog of gynaecological cancer procedures. Glangwili General Hospital will service multi specialist cancer cases due to the hospital having a larger critical care facility and is about to secure a Green area as a sustainable option.</p> <p>Ms Hire confirmed that the Risk Strategy has been reviewed to ensure that no Priority 1 or Priority 2 urgent patients have been missed, concentrating on cancer and orthopaedic services.</p>	
	<p>The Committee took ASSURANCE that:</p> <ul style="list-style-type: none"> • Elective colorectal surgery has been successful during these challenging times. • The new Green Pathway has both kept patients safe from COVID-19 and delivered better outcomes. • The application of vaccines and lower COVID-19 prevalence will provide greater confidence to progress the treatment of urgent and subsequently routine patients in the near future. 	

<p>QSEAC (21)47</p>	<p>PROGRAMME FOR ASYMPTOMATIC STAFF TESTING FOR COVID-19 UTILISING LATERAL FLOW DEVICES (LFD)</p> <p>Ms Shakeshaft informed Members that matters had moved on since the Risk Assessment had been completed. As at 16th March 2021, LFD testing has been rolled out to 2,200 staff (25%), and an offer for testing will be made to all staff by May 2021 at the latest.</p> <p>It was noted that although not reflected currently in the report, Accident and Emergency Departments would be included in group 2.</p>	
	<p>The Committee NOTED the Risk Assessment regarding the initial delayed implementation of asymptomatic testing of Health Board patient-facing staff with Lateral Flow Devices (LFDs) and SUPPORTED the Executive Team decision to implement the phased approach to offer routine asymptomatic testing of Health Board patient-facing staff with LFDs by 31st May 2021.</p>	

<p>QSEAC (21)48</p>	<p>PAPER TO EXECUTIVE TEAM: AMBER PATHWAY IN CRITICAL CARE FOR POST-OPERATIVE CANCER PATIENTS</p> <p>Mr Andrew Carruthers advised Members that the paper is for noting and for information, and that a decision had been made at Gold Command Group regarding the sustainability of a Green Critical Care Pathway at Prince Philip Hospital. The Health Board looked to reintroduce surgery in Autumn 2020 with a distinct Green Pathway throughout the patient's journey. In February 2021, it was identified as part of an emergency review that the ability to maintain a Green pathway at Prince Philip Hospital was proving challenging. The Health Board has endeavoured to identify an alternative to enable a sustainable pathway with a view to avoiding cancelling patients' operations. The Risk Assessment attached to the report sets out the decision review and the assessment made.</p> <p>Mr Carruthers confirmed that this represents a departure from the original Risk Assessment and discussion around Green and Red Pathways presented and discussed at Quality, Safety, Experience and Assurance Committee.</p>	
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	Mrs Joanne Wilson confirmed that the Committee could support and endorse the proposal and undertook to check the original decision made and inform QSEAC accordingly.	JW
	The Committee NOTED the Amber Pathway in Critical Care for Post-Operative Cancer Patients.	

QSEAC (21)49	ANY OTHER BUSINESS	
	No further business was raised.	

QSEAC (21)50	DATE & TIME OF NEXT MEETING	
	13 th April 2021 at 9.30am -11.30am	