

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 16 th March 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Hospital COVID-19 Outbreak Update Report: QSEAC received the Hospital COVID-19 Outbreak Update slide-set, identifying the number of outbreaks and their location across Hywel Dda University Health Board (HDdUHB) and the duration of ward closures. QSEAC was informed that between 1st October 2020 and 28th February 2021, HDdUHB had experienced 44 outbreaks of varying lengths, however, the Health Board is not experiencing any current outbreaks of COVID-19, with the most recent outbreak closed week ending 18th March 2021. QSEAC received assurance that the Health Board had managed and mitigated several risks due to operational pressures, with Personal Protective Equipment (PPE), patient flow and social distancing examples cited. QSEAC received further assurance that HDdUHB is taking learning opportunities post COVID-19 from several organisations, noting that in-patient testing is 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. QSEAC was advised that this may move to twice weekly testing with HDdUHB taking learning from ABUHB, who are currently undertaking this approach.</p> <p>COVID-19 Risk 1030: QSEAC was informed that the first milestone, i.e. vaccination of Priority Groups 1-4 by the middle of February 2021, had been achieved, with HDdUHB now focusing on milestone 2, i.e. vaccination of Priority Groups 5-9 to be undertaken by mid-April 2021. QSEAC received assurance that HDdUHB 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. QSEAC was advised of confirmation received week ending 12th March 2021 that sufficient doses of the AstraZeneca Oxford vaccine would be received to achieve the targets set. HDdUHB would 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. 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. QSEAC acknowledged that although other health boards are taking a different stance, HDdUHB has adopted an evidence-based decision to offer maximum protection to patients.</p> 	

- COVID-19 Risk 1017:** QSEAC was advised that Risk 1017 related to concerns within the Health Board of the risk to both the public and HDdUHB staff due to a lack of access to testing. It was noted that the Testing Operational Delivery Plan had been updated for the forthcoming twelve months and been based around a worst-case modelling scenario. QSEAC received assurance that testing capacity is sufficient for the coming year however, consideration would need to be given should the testing of contacts be introduced, which has been highlighted to WG as a risk. Notification was received on 16th March 2021 that GP and Medical Professionals could advise patients that a test can be booked if atypical symptoms are experienced. QSEAC received assurance from the current risk score and mitigating actions undertaken.
- Delayed Transfers of Care:** QSEAC received a presentation on the impact on delayed transfers of care due to the COVID-19 pandemic, with a rapid drop 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. QSEAC was advised that 91% of care packages are available within 72 hours, acknowledging the challenges in securing appropriate packages of care in care homes during the COVID-19 pandemic, with domiciliary care capacity challenges also experienced in Pembrokeshire. QSEAC was also advised that receipt of void payments by care homes is possibly acting as a resistance factor in returning to normal status despite there being a significant amount of empty beds. QSEAC received assurance that there is no deterioration with regard to the long term pathway case numbers for 2020/21, and advised of the actions that had been implemented to work towards the Discharge to Recover and Assess pathways, with HDdUHB working with both care homes and the domiciliary care sector to maximise capacity should a third wave of the pandemic occur.
- Personal Protective Equipment (PPE) Update:** QSEAC received a verbal update advising that, although national issues remain with supplies of PPE, there are no locally reported issues around PPE with 3 weeks supply held centrally. 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 HDdUHB will need to utilise all the masks that have been made available. It was noted that sourcing specific FFP3 masks has been a challenge since the start of the pandemic. QSEAC was advised that, where appropriate, HDdUHB sources equipment locally with the Surgical Materials Testing Laboratory (SMTL) having considered local mask production and identified a potential supplier based in Wales. HDdUHB has also invested in reusable PPE where possible, with rigorous testing of PPE taking place.
- Colorectal Green Pathway:** QSEAC was advised 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.

HDdUHB has a 1.5% mortality rate within this patient group 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. 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 (PPH) has not undertaken this type of surgery for a number of years. QSEAC was advised that Ward 7 at PPH had secured 14 beds for a cancer pathway and 10 beds for orthopaedics. Withybush General Hospital (WGH) is commencing a Green pathway for colorectal week commencing 15th March 2021, with orthopaedics recommencing in May 2021. Bronglais General Hospital (BGH) recommenced colorectal week commencing 8th March 2021 and orthopaedics will recommence in May 2021. BGH has also been involved in reducing the backlog of gynaecological cancer procedures. Glangwili General Hospital (GGH) 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. QSEAC received assurance 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. QSEAC received further assurance that elective colorectal surgery has been successful during these challenging times and that 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.

- Programme for Asymptomatic Staff Testing for COVID-19 Utilising Lateral Flow Devices:** QSEAC received an update on 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 patient-facing staff with LFDs by 31st May 2021. QSEAC was advised that, as at 16th March 2021, LFD testing had been rolled out to 2,200 staff (25%).
- Amber Pathway in Critical Care for Post-Operative Cancer Patients:** QSEAC received the paper to Executive Team for information, advising that a decision had been made at Gold Command Group regarding the sustainability of a Green Critical Care Pathway at PPH. The Health Board looked to reintroduce surgery in Autumn 2020 with a distinct Green Pathway throughout the patient's journey. However, in February 2021, it had been identified as part of an emergency review that the ability to maintain a Green pathway at PPH was proving challenging. It was acknowledged that the Health Board has endeavoured to identify an alternative to enable a sustainable pathway with a view to avoiding cancelling operations.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /

Matters Requiring Board Level Consideration or Approval:

- No matters requiring Board level consideration or approval.

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

- **Delayed Transfers of Care:** challenges in securing appropriate packages of care in care homes during the COVID-19 pandemic; challenges with domiciliary care capacity in Pembrokeshire; challenges with internal systems in communities and hospitals. These challenges are being considered by the Director of Primary Care, Community and Long Term Care and the Director of Operations as part of integrated work on operational systems on an ongoing basis.

**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. The COVID specific QSEAC meetings will be stood down as of May 2021 and COVID related issues will continue to be reported via the main bi-monthly QSEAC meetings.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

13th April 2021

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 13 th April 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>QSEAC Annual Report 2020/21: QSEAC received the Committee's Annual Report 2020/21 for review and approval prior to onward submission to the June 2021 Public Board. It was agreed that further discussions on a more meaningful format going forward would be held with the Board Secretary to provide an improved overview of key themes and issues that have arisen throughout the year. The Committee approved the QSEAC Annual Report 2020/21.</p> <p>Maternity Services Presentation: QSEAC received a presentation on the Health Board's response to the recommendations from the Healthcare Inspectorate Wales (HIW) National Review of Maternity Services Report in 2019/2020 and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK) Perinatal Mortality Surveillance Report 2021. The Committee was informed that the service had been successful in appointing substantive consultants in Carmarthenshire and Pembrokeshire, a bereavement midwife, with funding secured to appoint a 0.4 WTE research midwife. The Committee was also informed that phase 2 of the new labour ward at Glangwili General Hospital (GGH) is currently on track for completion by the end of June 2021. With regard to the MBRRACE-UK report, it was noted that the service had been proactive in establishing a dedicated multidisciplinary team Twin Clinic across the Health Board even prior to its publication. The Committee received assurance that the actions in response to the HIW and MBRRACE reports are being implemented and addressed.</p> <p>Update on Single Point of Contact: QSEAC received an update on the Single Point of Contact project, offering a personalised contact with patients on waiting lists for elective surgery. The Committee received assurance that validation of the cohort of 363 orthopaedic patients identified for the pilot for the single point of contact model is on track to commence at the end of April 2021, with roll out of the plan to other specialties to be agreed with the Planned Care team. The Committee was further assured that patients who wish to be removed from the waiting list have been verified as clinically appropriate by the relevant service.</p> <p>Update on Risk 129 Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients: QSEAC received an update on Risk 129: Ability to deliver an urgent Primary Care Out of Hours (OOH) service for Hywel Dda patients, which remains at its current level due to the variation in service provision brought about by the instability of shift fill as the majority of clinicians working for the service remain sessional workers. The Committee was assured on the temporary measures that are in place to make the position more resilient, with the Deputy Medical Director of Primary Care & Community Services having</p> 	

enhanced clinical governance for the service with specific workstreams and mechanisms in place to audit current provision. However, the Committee was advised that, despite the actions identified and the solutions implemented, the fragility of the service remains, with it apparent that this risk may need to be retained as an active concern for the foreseeable future. The Committee therefore received limited assurance on the impact on patients from a quality and safety perspective and requested further assurance on the consequences of the service's fragility on patient safety and clinical needs at a future meeting.

- **Quality and Safety Assurance Report:** QSEAC received the Quality and Safety Assurance slide set, providing assurance that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms. The Committee was informed that the Once for Wales Concerns Management System had been launched by the Health Board on 1st April 2021, and that this new system for reporting incidents would provide opportunities for identifying themes and issues via new codes with a greater focus on learning from incidents and concerns. Assurance was provided that quality improvement metrics are being developed to facilitate a thematic review of learning from issues and that themes are reported via the Listening and Learning Sub-Committee and the Health Board's scrutiny and improvement groups. The Committee received assurance that all peer reviews are revisited with progress against recommendations monitored and lessons learned identified.
- **Nurse Staffing Levels (Wales) Act Annual Report 2020/21 and Nurse Staffing Levels (Wales) Act Implementation – Draft 3 Year Report 2018-21:** QSEAC received the Nurse Staffing Levels (Wales) Act Annual Report 2020/21 and the Nurse Staffing Levels (Wales) Act Implementation – Draft 3 Year Report 2018-21 report, with assurance provided that the necessary processes and reviews have been implemented to demonstrate compliance with the duties of the Nurse Staffing Level (Wales) Act.
- **Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards:** QSEAC received the Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards report, with assurance provided that the Health Board is well positioned, and is continuing to take all actions required, to ensure that statutory requirements will be met when the Nurse Staffing Levels (Wales) Act is extended to apply to paediatric inpatient wards on 1st October 2021.
- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Reports:** QSEAC received the Update Report from the OQSESC's meeting on 4th March 2021, with attention drawn to concerns raised by the Mental Capacity Act and Consent Group regarding the legislative gap in relation to enforcing isolation of patients who lack capacity and who are infected with COVID-19 within hospitals and care homes, a concern which has been raised at a national level. The Committee received assurance that the Health Board's legal team is reviewing how best this can be managed from a legal perspective. Further assurance was provided that the usual safeguards regarding the Mental Capacity Act (MCA) are in place and that audit work

continues to be undertaken. The Committee was advised that further assurance would be sought via a deep dive on Mental Health and Learning Disabilities to be presented to a future Committee meeting.

- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Annual Report 2020/21:** QSEAC received the OQSESC Annual Report 2020/21, which was endorsed by the Committee.
- **Listening and Learning Sub-Committee (LLSC) Update Report:** QSEAC received the LLSC Update Report, noting that a meeting would take place between the Board Secretary and the Director of Nursing, Quality and Patient Experience to review how the Sub-Committee links across Quality Governance arrangements to provide assurance that themes and root causes are being addressed. The Committee was pleased to note the input into the various Champion roles and the positive interest received with assurance provided that that a presentation would be made to a future Board meeting regarding the Speaking Up Safely process and the development of outcomes.
- **Listening and Learning Sub-Committee (LLSC) Annual Report 2020/21:** QSEAC received the LLSC Annual Report 2020/21, which was endorsed by the Committee.
- **Research and Development Sub-Committee (RDSC) Update Report and Terms of Reference:** QSEAC received the RDSC Update Report and Terms of Reference and approved the name change of the Sub-Committee to the Research and Innovation Sub-Committee and the revised Terms of Reference. QSEAC also received the Research and Innovation Strategy 2021-2024 which was approved by the Committee, and approved the approach to the preparation of the Health Board's University Status review submission.
- **Research and Development Sub-Committee (RDSC) Annual Report 2020/21:** QSEAC received the RDSC Annual Report 2020/21, which was endorsed by the Committee.
- **Infection, Prevention Strategic Steering Group Update:** QSEAC received the Infection, Prevention Strategic Steering Group Update slide set, with the Committee assured that the Clostridium difficile (C-diff) outbreaks, predominantly in WGH, are being managed under outbreak management arrangements, with Ultraviolet (UV) cleaning in place to ensure no further outbreaks occur. The Committee also received assurance that work is being undertaken to address the 24% increase in antimicrobial prescribing compared to the same period the previous year. The Committee was advised of a delay in allocation of the £2.8m Cleaning Standards funding bid to WG, which would include an uplift to housekeeper capacity, provision for training, and the development of supervisory roles. The Committee noted there had been no Norovirus outbreaks over the recent winter period.
- **Internal Audit Reports:** QSEAC received three Internal Audit reports for information; Quality and Safety Governance, Health and Care Standards, and Closure of Actions.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /

Matters Requiring Board Level Consideration or Approval:

- To approve the QSEAC Annual Report 2020/21.

Risgiau Allweddol a Materion Pryder /

Key Risks and Issues/ Matters of Concern:

- **Update on Risk 129 Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients:** whilst assurance had been provided regarding the operational efforts to address fragile Urgent Primary Care Out of Hours services, from a quality and safety perspective the Committee received limited assurance on the impact on patients; further assurance is therefore requested on the consequences of the service's fragility on patient safety and clinical needs to be presented to the October 2021 Committee meeting.
- **Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Reports:** concerns raised by the Mental Capacity Act and Consent Group on the legislative gap in relation to enforcing isolation of patients who lack capacity and who are infected with COVID-19 within hospitals and care homes, with assurance received that the Health Board's legal team is reviewing how best this can be managed from a legal perspective.

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:

8th June 2021