

<b>Enw'r Pwyllgor:</b> <b>Name of Sub-Committee:</b>	<b>Exception Report from Operational Quality, Safety and Experience Sub-Committee (QQSESC)</b>
<b>Cadeirydd y Pwyllgor:</b> <b>Chair of Sub-Committee:</b>	<b>Alison Shakeshaft, Director of Therapies and Health Science</b>
<b>Cyfnod Adrodd:</b> <b>Reporting Period:</b>	<b>5<sup>th</sup> November 2020</b>
<b>Materion Ansawdd, Diogelwch a Phrofiad:</b> <b>Quality, Safety &amp; Experience Matters:</b>	
<p><b>Mental Capacity Act and Consent Group Update Report</b> – the Sub-Committee received an update report from the Mental Capacity Act and Consent Group. Key points discussed included:</p> <ul style="list-style-type: none"> <li>• A legislative gap regarding the ability to lawfully enforce isolation of patients who are infected with COVID-19. Members were advised that this has been escalated to Welsh Government (WG), however, there has been no response to date. Agreed actions were to re-issue the correspondence to WG, submit a paper on the issue to the Executive Team and for the Vice Chair to discuss with colleagues across the other Health Boards.</li> <li>• As a consequence of COVID-19, the Liberty Protection Safeguards due to be implemented on 1<sup>st</sup> October 2020 have been deferred to April 2022.</li> <li>• The Welsh Risk Pool has issued a risk management alert stating that from 2021, Health Boards are required only to use the EIDO patient information leaflets. It was noted that Medical Directors had raised concerns about this and the Chair agreed to ensure Directors of Nursing and Therapies and Health Science are also aware.</li> <li>• An agreement has been reached for psychiatrists to undertake the mental health assessment part of Deprivation of Liberty Safeguards (DoLS) for patients within Mental Health Services. It was noted, however, that the service is struggling to complete other section 12 responsibilities in relation to the Mental Health Act. The Director of Operations and the Deputy Medical Director for Acute Hospital Services have arranged for further discussion on the possibility of training physicians to be able to contribute to being assessors.</li> </ul> <p>The Sub-Committee was assured by the update from the Mental Capacity Act and Consent Group.</p> <p><b>Nutrition and Hydration Group Update Report</b> – the Sub-Committee received a verbal update from the Nutrition and Hydration Group, highlighting the following key points:</p> <ul style="list-style-type: none"> <li>• An Estates and Facilities alert had been received in relation to allergy management, and an action plan will be developed following the appointment of the new specialist service manager for catering.</li> <li>• An evidence review has been undertaken, regarding the potential impact of hydration status on staff when wearing Personal Protective Equipment (PPE), which will be reviewed by the Group.</li> </ul> <p>The Sub-Committee was assured by the verbal update from the Nutrition and Hydration Group.</p> <p><b>Medical Devices Group</b> – the Sub-Committee received an update report from the Medical Devices Group. Key points discussed included:</p> <ul style="list-style-type: none"> <li>• Discussions regarding the potential re-use of single use medical devices. Health Board policy does not currently allow this, however, there has been guidance from the Medicines and Healthcare products Regulatory Agency (MHRA), that this can be undertaken. The</li> </ul>	

Scheduled Care Team are in support of the principle and further discussion is underway. It was agreed that a paper with the full details, risks and benefits will be provided to the Executive Team for full consideration before requesting approval for any pilot testing to be undertaken.

- Confirmation that 26 occurrences have been recorded of battery failure in T34 palliative care syringe drivers in community settings. MHRA has issued a field safety notice stating that the Health Board should not implement any further version 3 pumps until the company has resolved the issues regarding the batteries. Members were advised that a risk based approach had been undertaken on clinical impact due to the shortage of syringe drivers and that following discussions with County Leads the syringe drivers have been put in use with the batteries replaced by the Health Board. The Medical Devices Group has approved this approach and other Health Boards have adopted the same process.

The Sub-Committee was assured by the update from the Medical Devices Group.

**Closure Report – Withybush Wards 1 and 3 Orthopaedic Serious Incidents** – The Sub-Committee received the Closure Report for the Withybush Wards 1 and 3 Serious Incidents and members were assured that all actions were complete, have been considered at 2 formal quality panels and that this could now be formally closed. It was noted that there had been learning from the length of time taken to reach completion with Health Board processes now in place to monitor action plans at the 6 month interval.

**Feedback on Attendance at Local Governance Meetings** – The Sub-Committee received a verbal update regarding feedback from local governance meetings with the development of a template for Terms of Reference and agendas for the directorate and county quality and safety meetings, which will be taken through the Bronze Groups for wider discussion and consultation.

**Annual Quality Statement (AQS) and Healthcare Standards (HCS)** – The Sub-Committee received the proposal for the development of the AQS for 2020/21, which is based on the methodology used for 2019/20 and is supported by evidence around the HCS. Members received assurance that younger service users would be included in on the review panel, with the Sub-Committee supporting the proposal.

#### **Risgiau:**

#### **Risks (include Reference to Risk Register reference):**

**Operational Risk Report** - The Sub-Committee received a composite report describing the operational risks assigned to OQSESC with current scores exceeding the tolerance level. Members noted that two risks (stroke and frail elderly) did not appear to have been reviewed since 2019, however, assurance was provided that these had been reviewed since the papers were issued.

Members also noted that risk 654 (inpatient malnutrition), which has previously been of concern to the Sub-Committee, has now been de-escalated from a Red 20 to a level 10.

**Directorate Risk Escalation Reports** were received and noted from:

- Mental Health and Learning Disabilities – members raised concern regarding the waiting lists and requested a further report to the next Sub-Committee meeting.
- Scheduled Care.

- Women and Children's.
- 3 County Community Nursing.

The Sub-Committee was assured by the reports and the mitigations in place.

**Argymhelliad:  
Recommendation:**

QSEAC is requested to note the content of the exception report seeking further clarity on any areas of concern.

**Dyddiad y Cyfarfod Pwyllgor Nesaf:  
Date of Next Sub- Committee Meeting:**

4<sup>th</sup> March 2021

Note 7<sup>th</sup> January 2021 meeting has been stood down due to likely operational pressures after the Christmas period and the increase in QSEAC meetings to monthly.