

Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Operational Quality, Safety and Experience Sub-Committee
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Ms Alison Shakeshaft, Director of Therapies and Health Science
Cyfnod Adrodd: Reporting Period:	28 th January 2021
Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:	
<p>An extraordinary Operational Quality, Safety and Experience Sub-Committee was held on 28th January 2021 to consider whether Members were assured on the risk assessment that had been carried out into the options proposed to resolve changes to the on call system for staffing Bronglais General Hospital (BGH) out of hours (OOH) in theatres.</p>	
Risgiau: Risks (include Reference to Risk Register reference):	
<p>A Risk Assessment Options report was presented to the Sub-Committee regarding Risk 634 – Overnight Theatre Provision, which identified that there is a risk of avoidable harm of maternity patients who require an emergency c-section (category 1) at BGH outside of normal working hours. This is caused by not being able to meet the required standard of 'call to knife' within 30 minutes as there is no overnight theatre provision located on site. This will lead to an impact/effect on complications for mother and baby resulting in long term, irreversible health effects.</p> <p>The Sub-Committee discussed options for control measures to mitigate the identified risk. The Sub-Committee noted that, whilst Option 4 would reduce the risk score to zero, full application of Option 3 still significantly reduces the risk score from 15 to 5. It was also noted that this approach mirrors the current Operating Theatre provision for the Obstetric OOH support at Glangwili General Hospital (GGH), where no concerns had been raised by Healthcare Inspectorate Wales (HIW) at its recent inspection of the Health Board.</p>	
Gwella Ansawdd: Quality Improvement:	
<p>Option 3 consisted of the implementation of Operating Department Practitioner (ODP) overnight cover, a resident overnight Healthcare Support Worker (HCSW), and one on-call scrub overnight shift cover.</p>	
Argymhelliad: Recommendation:	
<p>The Sub-Committee acknowledged the extensive work carried out to risk assess all options and received assurance that Option 3's reduced risk score of 5 is within the Health Board's tolerance for safety.</p> <p>The Committee is asked to note the content of this exception report.</p>	
Dyddiad y Cyfarfod Pwyllgor Nesaf: Date of Next Sub- Committee Meeting:	
4 th March 2021	

Operational Quality Safety & Experience Sub-Committee

Enw'r Cyfarwyddiaeth: Name of Directorate:	Exception Report from Operational Quality, Safety and Experience Sub-Committee (OQSESC)
Swyddog Adrodd: Reporting Officer:	Sian Passey, Interim Assistant Director of Nursing, Quality & Safety Professional Regulation and Acute Operations (Vice Chair Sub-Committee)
Cyfnod Adrodd: Reporting Period:	4 th March 2021
Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:	
<p>The Sub- Committee noted that, due to the second peak of COVID-19, a number of reporting groups had not met; therefore, no reports were available for submission to the Sub-Committee. Assurance was given that these meetings were in the process of being re-instated and updates would be presented to the May 2021 Sub-Committee meeting.</p> <p>Extraordinary OQSEAC meeting held on 28th January 2021 relating to Bronglais General Hospital Theatres</p> <ul style="list-style-type: none"> The Sub-Committee noted and approved the minutes of the extraordinary meeting, which considered the risk assessment and options identified for the changes to the on-call system for staffing the Bronglais General Hospital (BGH) out of hours (OOH) service. Assurance was received that the appropriate process had been followed and actions had been identified to mitigate the risks. <p>Mental Capacity Act and Consent Group Update Report</p> <ul style="list-style-type: none"> Concerns were raised as to whether there is a legislative gap in relation to enforcing isolation of patients who lack capacity and who are infected with COVID-19 within hospitals and care homes. The Consent Group was meeting on 19th March 2021 and an update in relation to the actions would be fed back to the Chair of OQSESC. All Wales Coalition of Advocacy Services published a report, which noted 80% of advocates advised that people's human rights had not always been upheld during the height of the COVID-19 pandemic. Mental Health Matters, who provide the Independent Mental Capacity Advocate (IMCA) Service, have provided assurances that they are confident that this is not an issue within Hywel Dda University Health Board (HDdUHB) However, to support assurance we will be working with Mental Health Matters to review the situation locally and the three counties in partnership with local authority colleagues will be undertaking further joint assessments. Mental Capacity (Amendment) Act 2019 – It was noted that there is still no Code of Practice published to support the Act, although a provisional timeframe for the draft Code and Regulations publications has been identified as Spring 2021. HDdUHB Draft Liberty Protection Safeguards (LPS) Implementation Plan is being finalised and would be presented at the MCA and Consent Group on 19th March 2021 for sign off. Welsh Risk Management Alert 2020-21: Consent to Treatment – advice received that EIDO leaflets are required to be used at all times from January 2021. If evidence that these information leaflets were being used was not available, a claim would not be upheld and 	

there would be no reimbursement. Following a number of concerns from professional bodies, there has been a revision to this Welsh Risk Pool (WRP) correspondence, which advises that the Royal Colleges, Professional Associations, NICE, Cancer Research UK and Macmillan leaflets can be used. The Head of Mental Capacity and Consent for HDdUHB is developing an implementation plan to support this correspondence.

Nutrition and Hydration Group (NHG) Update Report

- The improvement work around implementing Nutrition Champions has been re-instated following a pause due to COVID-19.
- Written control documents are being developed to advise on the care of patients who are being considered for nasogastric feeding under restraint.
- There are concerns regarding the pending All Wales change to the storage and dispensing of oral nutritional supplements, which has traditionally been through pharmacy. A scoping exercise is underway to understand the requirements of this work, which will require compliance from all sites.

Trauma Quality and Improvement Committee

- It was agreed that the reporting mechanism for this newly established Committee would be via OQSESC.

Strategic Approach to Falls

- A strategic approach to falls is being finalised. The strategy would focus on a whole system approach to managing falls with a specific focus on prevention.
- An initial meeting has been held with Lightfoot and there was an agreement that they would support analysis of falls data. The work will also consider the learning identified from the Canterbury work.

Risgiau:

Risks (include Reference to Risk Register reference):

Operational Risk Report - the Sub-Committee received the Operational Risk Report, noting the addition of 4 risks and the removal of 6 risks from the OQSESC Risk Register since the previous meeting, with 8 increasing and 2 decreasing their risk scores. There were 21 red risks, with the majority of these relating to staffing. There was one new red risk which related to the risk of COVID-19 infections and isolation on the Penally site.

Therapies staffing issues relating to stroke were noted. The Sub-Committee was reminded that the Health Board's Stroke Re-design Programme had been paused due to COVID-19. A plan is in place to prepare a business case for increasing therapies stroke staffing in the coming months.

The Sub-Committee noted that some risks appeared to not have been reviewed for a period of approximately 7 months; assurance was provided that guidance had been received, which considered the importance of reviewing risks in a timely manner, and this was re-iterated to the Sub-Committee. Assurance was sought that risks will be reviewed more frequently, with the Chair requesting that all risks be reviewed prior to the next OQSESC meeting.

Directorate/Site Exception Reports on Risks/Concerns for Escalation – There were no formal written site/Directorate Exception Reports presented to the Sub-Committee, however, themes reported verbally included the impact of COVID-19 on services, specifically during December

2020 and January 2021, with staff availability and facilities/environments being of particular concern.

The Sub-Committee received assurance that directorate teams were managing risks appropriately through appropriate mitigations. However, the unprecedented demands of the impact of COVID-19 over the past few months has been evident and the Sub-Committee noted the severe impact that COVID-19 has had on planned activity and waiting times. Assurance was provided that recovery plans are being developed and would be presented to the Executive Team with support from other teams including the Transformation Team.

**Argymhelliad:
Recommendation:**

The Quality, Safety and Experience Assurance Committee is asked to note the following areas of concern:

- Specific impact that COVID-19 has had on Planned Care services and waiting times
- The impact of COVID-19 on staffing across all areas.

The Quality, Safety and Experience Assurance Committee is asked to note the content of this report.