

## Operational Quality, Safety & Experience Sub-Committee

<b>Enw'r Cyfarwyddiaeth: Name of Directorate:</b>	Exception Report from Operational Quality, Safety and Experience Sub-Committee (OQSESC)
<b>Swyddog Adrodd: Reporting Officer:</b>	Alison Shakeshaft, Executive Director of Therapies and Health Science (Chair Sub-Committee)
<b>Cyfnod Adrodd: Reporting Period:</b>	11 <sup>th</sup> May 2021

### **Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:**

- **Medical Devices Group Annual Report 2020/21 and Revised Terms of Reference:** The Sub-Committee received the Medical Devices Group Annual Report 2020/21, noting that the Group had ratified the updated Medical Devices Management policy to reflect changes to procedures, and had implemented the Safety Alert tracking system, providing assurance that alerts and field safety notices are being received and acted upon, where applicable. The Sub-Committee was advised of the impact of purchasing a large number of medical devices, as a result of dealing with the COVID-19 pandemic, on the Pre-Planned Preventative Maintenance (PPM) programme. The Sub-Committee was also advised that implementation of the new Medical Devices Regulations had initially been delayed until May 2021, and that this has been further delayed with no indication of when these will be consulted upon and come into force. The Sub-Committee endorsed the Medical Devices Group Annual Report 2020/21 and the revised Terms of Reference.
- **Mental Capacity Act and Consent Group Annual Report 2020/21 and Revised Terms of Reference:** The Sub-Committee was presented with the Mental Capacity Act and Consent Group Annual Report 2020/21 and revised Terms of Reference. Members were advised of the disappointing response received from Welsh Government to concerns about a legislative gap regarding the ability to lawfully enforce the isolation of patients within hospitals and care homes who are infected with COVID-19 but lack capacity to consent to that isolation. Whilst this represents a national issue, advice had been sought locally from the Health Board's Legal Services, with the risks associated with the legislative gap having been placed on HDdUHB's risk register. The Sub-Committee was also advised of the delay in implementation of the Liberty Protection Safeguards (LPS), which will replace the Deprivation of Liberty Safeguards (DoLS), however received assurance that its implementation would be monitored by the Group and that an operational delivery plan is currently being produced to address issues with a direct operational impact. The Sub-Committee endorsed the Mental Capacity Act and Consent Group Annual Report 2020/21 and approved the Group's revised Terms of Reference.
- **Operational Quality, Safety and Experience Sub-Committee Annual Report 2020/21:** The Sub-Committee endorsed the OQSESC Annual Report 2020/21, which had been submitted to the Quality, Safety and Experience Assurance Committee at its meeting on 13<sup>th</sup> April 2021.

- **Resuscitation/RRAILS Group Annual Report 2020/21:** The Sub-Committee received the Resuscitation/RRAILS Group Annual Report 2020/21, advising of changes to the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form to facilitate the documentation of discussions held with relatives and doctors obtaining second opinions in cases of conflict with family members. The Sub-Committee was advised that the Group had prioritised resuscitation training in 2020/21 to support clinical areas, including mass vaccination centres and field hospitals, and had also facilitated the delivery of bespoke primary care-oriented resuscitation training to over 75% of all GP practices across the Health Board. The Sub-Committee endorsed the Resuscitation/RRAILS Group Annual Report 2020/21.
- **Radiation Protection Group Annual Report 2020/21:** The Sub-Committee noted the absence of a Radiation Protection Group Annual Report 2020/21 due to the Group not having met regularly over the past year due to the impact of the pandemic and requested an update from the Group's meeting on 20<sup>th</sup> April 2021 to the 6<sup>th</sup> July 2021 Sub-Committee meeting.
- **Trauma Quality Improvement Committee:** The Sub-Committee received a report from the Trauma Quality Improvement Committee noting that the South Wales Trauma Network (SWTN), which became operational in September 2020, had been established to enhance patient outcomes and experience across the entire patient pathway from the point of wounding to recovery, with the Health Board required to submit data on patients meeting the eligibility required for the Trauma Audit and Research Network (TARN). The Sub-Committee received assurance on the new structure that is in place to oversee any quality and safety issues and that exception reports would be reported via the Scheduled Care Quality and Experience meetings.
- **Nutrition and Hydration Group Annual Report 2020/21:** The Sub-Committee received the Nutrition and Hydration Group Annual Report 2020/21, together with an assurance that the team involved enabled patients with nasogastric (NG) tubes to be safely managed in the community during the pandemic, avoiding enteral tube related admissions and same day discharge for patients with new gastrostomy tubes. Capacity had also been increased temporarily during the pandemic to enable this responsive support, which included working on an informal out of hours basis. At its meeting in April 2021, the Group supported an options proposal recommending sustaining the enhanced Clinical Nurse Specialist (CNS) Nutrition capacity post COVID-19, with a potential funding source currently being explored. The Sub-Committee was advised of pending changes required to the acute site storage and dispensing of WP10 Nutrition products, which is currently via Pharmacy, with a proposed move to Stores, however it was acknowledged that an alternative system would be needed to replicate the governance and assurance processes provided by the current system. The Sub-Committee was assured that concerns over the proposed changes is being escalated nationally to Dietetics and via the NHS Wales Shared Services Partnership (NWSSP) Board. The Sub-Committee endorsed the Nutrition and Hydration Group Annual Report 2020/21.

**Risgiau:**

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

**Operational Risk Report** – The Operational Risk Report was presented to the Sub-Committee providing limited assurance that all risks had been reviewed and updated, given that 9 red-rated risks on the risk register had not been updated since 2020 despite numerous requests to do so prior to the meeting. The Chair requested that the following risks be updated ahead of the next Sub-Committee meeting:

- Risk 598: To be reviewed and updated.
- Risk 614: To be reviewed and updated.
- Risk 1032: This risk related to the Penally site, which has now closed and will therefore be removed from the risk register.
- Risk 53: To be reviewed and updated.
- Risk 55: To be reviewed and updated.
- Risk 118: In the process of being reviewed and updated.
- Risk 119: In the process of being reviewed and updated.
- Risk 107: In the process of being reviewed and updated.
- Risk 109: In the process of being reviewed and updated.

The Sub-Committee noted that following publication of the report, Risk 658 had since been reviewed and the risk score reduced.

The Sub-Committee agreed that it would be useful for the Assurance and Risk team to attend Directorate and Hospital groups and recognised that a refresh of risk appetite could be useful for operational teams.

### **Directorate Risk Exception Reports**

- **Inability to Maintain Socially Distanced Beds in Prince Philip Hospital (PPH):** The Sub-Committee was advised of a recent risk assessment undertaken in PPH following the use of socially distanced beds as a result of demand within inpatient wards and the mitigating actions implemented where it had not been possible to maintain the social distance requirement of 2 metres. The Sub-Committee was further advised that the alternative would lead to delays in the transfer of sick patients from ambulances and the cancellation of elective surgery. The Sub-Committee received an assurance from the mitigating actions in place to manage any health risks to both staff and patients
- **Mental Health and Learning Disabilities Directorate:** The Sub-Committee was advised of the increased demand and acuity in the Children and Adolescent Mental Health Service (CAMHS), acknowledging that this is a national issue which has been exacerbated by the closure of schools during the pandemic. The Sub-Committee was further advised of the unprecedented demand for Tier 4 eating disorder services, which are inpatient units in North Wales and Bridgend. This demand for Tier 4 services has been escalated to Health Board Chief Executive and Chair level with assurance received that discussions have been held with Local Authority partners regarding supporting people to avoid admittance to Tier 4 services.
- **Women and Children's Directorate:** The Sub-Committee was advised of the shortage of mental health beds across Wales for children and young people requiring eating disorder treatment, particularly those who require sectioning. It was noted that discussions

surrounding the eating disorder intervention framework have been held with the Head of Service for specialist Children and Adolescent Mental Health Services (sCAMHS) and Psychological Therapies. The Sub-Committee was further advised of concerns regarding environmental and accommodation issues on Cilgerran ward, which are being addressed by remedial work undertaken by Estates. Improvements in rota coverage and medical recruitment within the Directorate and the community were noted, with vacancies and challenges in recruitment, particularly in Neonates, Gynaecology and Sexual Health services continuing to be monitored.

**Argymhelliad:  
Recommendation:**

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

- Disappointment with the response received from Welsh Government to concerns about a legislative gap regarding the ability to lawfully enforce the isolation of patients who lack capacity and are infected with COVID-19 within the Health Board's hospitals and care homes. Whilst this represents a national issue, advice had been sought locally from the Health Board's Legal Services, with the risks associated with the legislative gap having been placed on HDdUHB's risk register.
- The Sub-Committee received limited assurance that all risks assigned to the Sub-Committee are being reviewed and updated in a timely manner.
- The demand and acuity pressures on the CAMHS service and the impact on paediatrics, with the Mental Health and Learning Disabilities Directorate being invited to the QSEAC meeting on 6<sup>th</sup> June 2021 to provide a deep dive presentation to include CAMHS and waiting list issues.

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