**POWYS TEACHING HEALTH BOARD**
**EXPERIENCE, QUALITY & SAFETY COMMITTEE**

**CONFIRMED**

**MINUTES OF THE MEETING HELD ON THURSDAY 2 July 2020**
**VIA SKYPE MEETING**

**Present:**

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| Melanie Davies | Vice-Chair (Committee Chair) |
| Trish Buchan | Independent Member (Committee Vice-Chair) |
| Owen James | Independent Member (Community) |
| Frances Gerrard | Independent Member (University) |
| Susan Newport | Independent Member (Trade Union) |

**In Attendance:**

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| Carol Shillabeer | Chief Executive |
| Claire Madsen | Director of Therapies and Health Sciences |
| Elaine Matthews | Audit Lead / Inspection Wales Programme Manager |
| Ian Phillips | Independent Member (ICT) |
| Jamie Marchant | Director of Primary, Community Care and Mental Health |
| Julie Rowles | Director of Workforce, OD and Support Services |
| Osian Lloyd | Deputy Head of Internal Audit |
| Pete Hopgood | Executive Director of Finance and IT Services |
| Rani Mallison | Board Secretary |
| Rebecca Collier | Relationship Manager, Health Inspectorate Wales |
| Vivienne Harpwood | PTHB Chair |
| Wendy Morgan | Assistant Director of Quality and Safety |
| Wyn Parry | Medical Director |

**Apologies for absence:**

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| Alison Davies | Director of Nursing and Midwifery |

**Committee Support:**

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| Stella Parry | Committee Secretary |
| Holly McLellan | Senior Administrator / Personal Assistant to Board Secretary |

EQ&S Minutes Meeting Held
2 July 2020
*Status: Confirmed*

Page 1 of 7

EQ&S Committee
2 July 2020
Agenda Item 1.3

| EQS/20/27 | **WELCOME AND APOLOGIES FOR ABSENCE** |
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| | The Vice-Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above. |
| EQS/20/28 | **DECLARATIONS OF INTERESTS** |
| | No interests were declared. |
| EQS/20/29 | **UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 4 June 2020** |
| | The minutes of the previous meeting held on 4 June 2020 were AGREED as being a true and accurate record given the changes stated below. |
| | EQS/20/10 Jamie Marchant submitted his apologies which were not recorded. |
| EQS/20/30 | **MATTERS ARISING FROM PREVIOUS MEETINGS** |
| | No matters arising were declared. |
| EQS/20/31 | **COMMITTEE ACTION LOG** |
| | The Committee received the action log and the following updates were provided. The Board Secretary reported no significant movement on actions due to the meeting held on 2 July 2020 being a supplementary meeting. |
| | EQS/19/75 The National Ophthalmology Audit would be addressed later on 2 July 2020 as part of the Clinical Audit Update Paper. This action was therefore marked as closed. |
| | The following actions were agreed as complete as they were included as substantive items on the agenda. Any actions arising from the discussion would be recorded as new action: |
| | EQS/19/75 The Item Clinical Audit Plan & Update. |
| | EQS/19/72 The In-Patient Mortality Reviews. |
| **ITEMS FOR APPROVAL/RATIFICATION/DECISION** | |
| EQS/20/32 | **CLINICAL QUALITY FRAMEWORK: IMPLEMENTATION PLAN** |
| | The Chief Executive presented the Clinical Quality Framework Implementation Plan for endorsement. The Chief Executive reminded the Committee that in the last 2 quarters of 2019 a review was undertaken to explore a |

EQ&S Minutes Meeting Held
2 July 2020
*Status: Confirmed*

Page 2 of 7

EQ&S Committee
2 July 2020
Agenda Item 1.3

refreshed approach to clinical quality and subsequently the Board approved its Clinical Quality Framework on 29 January 2020. The specific purpose of the framework is to realise a vision of systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by PTHB.

The framework encompasses pre-determinates of the delivery of high quality clinical care including:

- Organisational Culture – encompassing honesty and opening
- Clinical Leadership
- The improvement methodology in place in the organisation
- Clinical quality intelligence and performance reporting

The framework is structured around 5 organisational goals and linked improvement activities to determine good quality care in PTHB clinical services during the period 2020-2023. Further work will be completed during 2020/21 to ensure that the existing Commissioning Assurance Framework is fully aligned to the Clinical Quality Framework.

The Chief Executive advised that the implementation plan had been developed to set out the priorities for delivery in the next 3 years, recognising the impact that COVID-19 had made in 2020/21. It was noted that each goal within the plan had been allocated to a Clinical Director who would be responsible for co-ordinating the delivery of the actions set out within.

Owen James queried how periodic Deep Dive reviews would be determined, as set out in goal 3 of the plan. The Chief Executive confirmed that these would mainly be derived from a risk-based approach, or where there was a change in evidence base.
The Chief Executive confirmed that, upon the Committee's support, the Framework and implementation plan would be shared with clinical leads and senior managers.

The Committee Chair thanked the Chief Executive for the plan which set out realistic timeframes for implementation. The Committee noted that during the COVID-19 pandemic, an element of flexibility would need to remain. It was noted

EQ&S Minutes Meeting Held
2 July 2020
*Status: Confirmed*

Page 3 of 7

EQ&S Committee
2 July 2020
Agenda Item 1.3

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| | that this would help shape the focus of the Committee's priorities during this time.<br><br>The Committee ENDORSED the Clinical Quality Framework Implementation Plan for the next 3 years. |

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| **ITEMS FOR DISCUSSION** | |
| EQS/20/33 | **MORTALITY REPORTING**<br><br>The Medical Director presented the previously circulated paper providing an update on the mortality review process implemented across the Health Board together with an update on a number of actions we are taking to improve our learning from deaths processes.<br><br>The Medical Director confirmed that during October 2019 to May 2020 there had been 540 deaths of Powys residents in hospitals. These deaths occurred in Powys community hospitals and in acute units in neighbouring Health Boards and NHS Trusts. It was noted that the majority of these deaths in hospital are in people over the age of 60 with a significant number of those being aged between 80 and 89 years of age.<br><br>The Medical Director noted that there remained a number of actions to be undertaken to ensure PTHB is able to provide a transparent and consistent approach to mortality reviews within the Health Board, driven by the introduction of the Medical Examiners across Wales who will refine and develop this process. It was noted that a Task & Finish Group would be established to take this work forward.<br><br>The Medical Director confirmed that PTHB would take a consistent and evidence-based approach to reviewing case records of patients who have died in our community hospitals but also in acute hospital settings where secondary and tertiary care is provided through commissioning arrangements with Health Boards and Trusts across Wales and England.<br><br>The Vice-Chair queried the nature of the Mortality Review Panel which had recently met, as outlined in the paper. The Medical Director confirmed that due to the number of cases, monthly meetings have been identified as necessary, although it has only recently been possible for the panel to initiate meetings due to COVID-19 pressures.<br><br>The Director of Workforce, OD and Support Services questioned the standard of case reviews due to the quantity processed within the time constraints. The Medical Director confirmed that the cases were not reviewed to the |

EQ&S Minutes Meeting Held
2 July 2020
*Status: Confirmed*

Page 4 of 7

EQ&S Committee
2 July 2020
Agenda Item 1.3

| | |
|---|---|
| | standard of Universal Mortality Review, however circumstance of death and Serious Untoward Incident status were identified by the Medical Director, Director of Primary, Community Care and Mental Health and the Assistant Director.<br><br>Frances Gerrard queried benchmarking information. It was noted that these would differ to other Health Boards in measuring mortalities as there is no standard approach.<br><br>The Committee Chair raised that a development session would be beneficial to understand mortality reporting more widely. This was supported by the Committee.<br>**Action: Board Secretary**<br><br>The Chair thanked the Medical Director for the paper and acknowledged that there was further work to be done in respect of review, analysis and learning. |
| EQS/20/34 | **CLINICAL AUDIT PROGRAMME**<br><br>The Medical Director provided an update to the Experience, Quality & Safety Committee regarding progress of the Clinical Audit Programme and to confirm the timeframes for delivery, as requested by the Committee on 02 July 2020.<br><br>The Medical Director confirmed that the clinical audit programme was already underway with plans for and evidence of improvement as well as learning that will be shared across the organisation.<br><br>The Committee Chair raised that a development session would be beneficial to understand the clinical audit cycle more widely. This was supported by the Committee.<br>**Action: Board Secretary**<br>The Committee NOTED the Clinical Audit Plan 2020/21 and timescales for delivery. It was further noted that quarterly reporting on audit outcomes would be presented to the Committee. |
| EQS/20/35 | **ONCE FOR WALES COMPLAINTS MANAGEMENT SYSTEM (DATIX) IMPLEMENTATION UPDATE**<br><br>The Executive Director of Finance and IT Services presented the Committee with an update on the implementation of the Once for Wales Complaints Management System.<br><br>It was noted that a newly established Project Board was scheduled to meet for the first time in April (this has been |

EQ&S Minutes Meeting Held      Page 5 of 7      EQ&S Committee
2 July 2020      2 July 2020
*Status: Confirmed*      Agenda Item 1.3

rearranged due to Covid-19), and would be responsible for the oversight and management of the transition and implementation to the new complaints system. The key task will be to modernise and improve the current database that is used to record complaints data, this is crucial to ensure accurate on going reporting and successful migration to the new system. Relevant stakeholders have been identified (including the Data Warehouse Team) and they have been invited to the Project Board to help ensure that the database development follows best practice.

The Director of Finance & IT noted that the PTHB project group is working closely with the National Programme Board to ensure that appropriate actions and deadlines are met in relation to the National Roll Out programme.

The Assistant Director of Quality and Safety team advised that PTHB had been using DatixWeb (for recording Complaints data) since 2019, this system is based on the Health Boards historic database but requires different methods of recording information. The current system continues to have issues in relation to data quality (at a local and national level), this is mainly due to issues in relation to legacy data (e.g. when old cases are reopened) and a requirement to input data in a different way. Processes are in place to ensure that Data is validated for accuracy of reporting. The Committee was assured that adopting the use of the DatixWeb dashboard will improve the accuracy of data and transparency in the reporting process (as the reports only use the data that is displayed in the web interface).

The Committee noted the work underway and that training to support roll-out would be key. The Committee NOTED the update provided.

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| **ITEMS FOR INFORMATION** | |
| *There were no items for inclusion in this section.* | |
| **OTHER MATTERS** | |
| EQS/20/36 | **ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES**<br><br>There were no items to be reported. |
| EQS/20/37 | **ANY OTHER URGENT BUSINESS**<br><br>No other urgent business.<br><br>The Chair thanked all members. |
| EQS/20/38 | **DATE OF THE NEXT MEETING** |

| | 30 July 2020, 10:00am, Board Room, Glasbury House, Bronllys Hospital. |
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