

POWYS TEACHING HEALTH BOARD

SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE MEETING HELD ON THURSDAY 2 JULY 2020

Committee Meetings of Powys Teaching Health Board are meetings held in public under the Public Bodies (Admission to Meetings) Act 1960. However, the COVID-19 Public Health emergency and the associated instruction to Stay at Home has meant that Board resolved to hold the Experience Quality and Safety Committee on 2 July 2020 virtually and in private with a summary of the proceedings made available within a week of the meeting.

Present:

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:

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Elaine Mathews	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:

Alison Davies	Director of Nursing and Midwifery
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Committee Support:

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

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 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.

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 that this would help shape the focus of the Committee's priorities during this time.

The Committee **ENDORSED** the Clinical Quality Framework Implementation Plan for the next 3 years

MORTALITY REPORTING

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.

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.

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.

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.

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.

CLINICAL AUDIT PROGRAMME

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.

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.

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.

ONCE FOR WALES COMPLAINTS MANAGEMENT SYSTEM (DATIX) IMPLEMENTATION UPDATE

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.

It was noted that a newly established Project Board was scheduled to meet for the first time in April (this has been 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.

ANY OTHER URGENT BUSINESS

There was no other urgent business declared.

DATE OF THE NEXT MEETING

30 July 2020.