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Powys Teaching  
Health Board

**POWYS TEACHING HEALTH BOARD  
SUMMARY OF EXPERIENCE, QUALITY & SAFETY COMMITTEE  
MEETING HELD ON THURSDAY 30 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 30 July 2020 virtually and in private with a summary of the proceedings made available within ten days of the meeting.

**Present:**

Melanie Davies	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member (Committee Vice-Chair)
Vivienne Harpwood	PTHB Chair
Owen James	Independent Member
Frances Gerrard	Independent Member
Susan Newport	Independent member

**In Attendance:**

Carol Shillabeer	Chief Executive
Alison Davies	Director of Nursing and Midwifery
Julie Rowles	Director of Workforce, OD and Support Services
Stuart Bourne	Director of Public Health
Wyn Parry	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Rani Mallison	Board Secretary
Wendy Morgan	Assistant Director of Quality and Safety
Elaine Matthews	Audit Wales

Andrea Blayney	Community Health Council
Clare Lines	Assistant Director Commissioning Development
Rebecca Collier	Healthcare Inspectorate Wales
Helen Higgs	Head Internal Audit
Jamie Marchant	Executive Director of Primary, Community & Mental Health

**Apologies for absence:**

**Committee Support:**

Holly McLellan	Senior Administrator/PA to Board Secretary
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## **COMMISSIONING ASSURANCE REPORT**

The Assistant Director of Commissioning presented the previously circulated paper which explained that it had not been possible to apply the PTHB Commissioning Assurance Framework during the COVID 19 pandemic, but that the monitoring of domains was continuing where possible. And highlights key risks in relation to Shrewsbury and Telford Hospitals NHS Trust.

The Assistant Director of Commissioning advised that an unprecedented scale of change had been necessary in the NHS in order to respond to the COVID-19 pandemic. Health Boards and NHS Trusts have had to respond swiftly to the way forward set out by Government in England and Wales.

This paper explained that the usual commissioning arrangements had not been in place and PTHB had been participating in strategic system command arrangements in Shropshire, Telford and Wrekin and for Herefordshire and Worcestershire covering some of the main District General Hospitals for the Powys population.

The paper provided a high-level overview of the major changes needed and the process for service restoration and recovery. Whilst it had not been possible to operate the Commissioning Assurance Framework (CAF) during this period, monitoring of some domains was continuing where possible.

Shrewsbury and Telford Hospitals (SaTH) NHS Trust was in special measures and three inspection reports were issued by the Care Quality Commission (CQC) on the 8<sup>th</sup> April 2020. Following unannounced inspections on the 9<sup>th</sup> and 10<sup>th</sup> June 2020 there had been a further warning of conditions being imposed on the trust, with the publication of the CQC report expected in August.

The Committee agreed the report as sufficiently DISCUSSED.

## **CONCERNS & SERIOUS INCIDENTS REPORT**

The Director of Nursing and Midwifery presented the previously circulated paper which provided the Experience, Quality and Safety Committee with an overview of performance in concerns and update on the reporting and investigation of serious incidents, current assurance position, summarising lessons learnt and good practice. The Director of Nursing and Midwifery requested the committee acknowledge the report was in development.

The Director of Nursing and Midwifery advised that the purpose of this report was to provide the Experience, Quality & Safety Committee with a summary of patient experience and concerns, including complaints, patient safety incidents and claims for 2019/2020 and for Quarter 1 for 2020/2021. The report also outlines serious incidents reported to Welsh Government and a Regulation 28 report received from Her Majesty's Coroner. The Committee DISCUSSED the report and NOTED the actions underway to address areas of non-compliance and where further improvement was needed.

## **USE OF PERSONAL PROTECTIVE EQUIPMENT FOR CARDIOPULMONARY RESUSCITATION AND NASOGASTRIC INTUBATION PROCEDURES**

The Medical Director presented the previously circulated paper which reviewed guidance on the use of PPE during CPR and nasoenteral (principally nasogastric (NG) intubation procedures on patients during the Covid-19 pandemic and to secure the Experience, Quality and Safety Committee's endorsement of the proposed approach to these procedures.

The Medical Director advised there was conflicting guidance on the indication for and use of PPE in settings where the following interventions are indicated and performed:

- CPR
- NE intubation

National guidance from Public Health England (PHE) was at variance with that from a wide variety of specialist, advisory, educational, standard setting and professional groups. PHE's guidance was that full PPE was not required in either intervention, other bodies' advice was that it was.

There was little published evidence on which to base a clear conclusion so the issue involves taking a risk-based approach. The theoretical AGP risk was likely to be small; the potential consequence of a staff member contracting Covid-19 during either intervention was significant however, the latter risk could be mitigated by the use of full PPE during these interventions. Taking that approach, the recommendation was that full PPE was to be used by all PTHB staff carrying out either intervention. This had already been the interim position adopted by the health board following review of the various sources of guidance.

The committee ENDORSED the proposal.

## **HEALTH & SAFETY GROUP UPDATE**

The Director of Workforce, OD and Support Services presented the previously circulated paper which provided the Experience, Quality & Safety Committee with an update on the Annual Work Programme in the following areas:

- The HSE inspections and Improvement Notices relating to Legionella;
- Review of progress against Internal Health & Safety inspections undertaken;
- Plan topic specific inspections and audits;
- Monitor compliance with Health & Safety suite of training;
- Provide risk assessment guidance and support to Service Managers;
- Undertake a desktop review of policies that should sit under Health & Safety;

- Support the co-ordination of the Stress Steering Group;
- Compile the Annual Health & Safety Report;
- Training delivery/coordination

The Health & Safety Forward Work Programme can be found at Appendix 1.

The Director of Workforce, OD and Support Services advised that during Q1 2020/21 the Health and Safety team have had to respond to managing 'business as usual' Health and Safety aspects, alongside supporting PTHB in managing its Health and Safety responsibilities, during the COVID-19 pandemic.

The assessment provides the Experience, Quality & Safety Committee with an overview of the progress made against the Annual Plan for Health and Safety during Q4 of 2019/20 and Q1 of 2020/21.

The Committee DISCUSSED and NOTED the content of the update report for the work programme period October 2019 to June 2020.

## **INSPECTIONS AND EXTERNAL BODIES REPORT**

The Executive Director Nursing & Midwifery presented the previously circulated paper which asked the Committee to DISCUSS the report and NOTE areas of good practice and that appropriate actions are underway to address areas identified as requiring improvement. The Committee was also asked to NOTE the pending Phase 2 of the national maternity services review and the correspondence received from Health Inspectorate Wales (HIW) in relation to their future approach to assurance and inspections.

It was important to note the Health Inspectorate Wales reports included in the report had been published and were therefore within the public domain.

The Executive Director Nursing & Midwifery advised that the paper provides the Committee with an update on the most recent Regulatory Inspections undertaken and also any planned inspections the health board have been notified of. A key theme identified by HIW was the positive and excellent staff engagement with patients thus creating a positive patient experience. In relation to improvements needed, there are no concerns in relation to themes emerging. However, there are several environmental and estates related issues identified as in need of improvements. The health board was constantly striving to make improvements in these areas and would continue to do so in conjunction with the recommendations made by HIW.

The Committee DISCUSSED this report and NOTED the outcomes of Regulatory Inspections across the health board.

## **ANNUAL QUALITY STATEMENT**

The Executive Director of Nursing & Midwifery presented the previously circulated paper which provided the Experience, Quality & Safety Committee

with the draft Annual Quality Statement 2019/20 in readiness for approval and publication no later than the 30 September 2019.

The Executive Director of Nursing & Midwifery advised that the AQS first draft was now in place, a few additions would be required to complete. Engagement and feedback were in progress to inform its development and comments would be considered in early August, the intention to complete by mid-August.

The Committee NOTED and DISCUSSED the Annual Quality Statement.

## **QUALITY & ENGAGEMENT (WALES) ACT**

The Board Secretary presented the previously circulated paper which provide an overview of the elements of the Act which would apply to Powys Teaching Health Board upon implementation. The Health and Social Care (Quality and Engagement) (Wales) Bill was passed by the Senedd – formerly, the National Assembly for Wales – on 17 March 2020 and had now received Royal Assent. Having received Royal Assent on 1 June 2020, the Bill was now The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Board Secretary advised, the overriding aims – to improve the quality of health services and ensure the citizens of Wales are kept at the heart of ever-improving health and social care services – would be realised through its four main objectives:

- Strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- Establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales Citizen Voice Body that would represent the interests of people across health and social care; and
- Enable the appointment of Vice Chairs for NHS Trusts, bringing them into line with health boards.

In his Statement of 3<sup>rd</sup> June 2020, Vaughan Gething MS, Minister for Health and Social Services, outlined that implementation was expected to take place within a two-year period, recognising the current focus and urgent priority in dealing with the Covid-19 pandemic. The Act was therefore “Not yet in force” and a date by which it would be appointed was to be confirmed, although Spring 2022 was anticipated.

The Committee NOTED the update for information.

## **PUTTING THINGS RIGHT ANNUAL REPORT**

The Executive Director of Nursing & Midwifery presented the previously circulated paper which provided the Experience, Quality and Safety Committee with the Putting Things Right, Claims and Compensation Annual Report 2019/2020 prior to onward approval by the Board.

The Executive Director of Nursing & Midwifery advised that it was evident the management and handling of concerns and serious incidents requires further improvement, and actions have been identified to address these areas.

Learning from the citizen experience was evident in the report but a greater focus was needed on the learning and sharing of lessons, and assurance that changes had been put in place and sustained.

Patient feedback supported the provision of services in Powys as generally positive, but it was recognised work was required to gather feedback from patients irrespective of where they access services, care and treatment. Improvement actions had been identified for 2020/21.

The Committee NOTED and DISCUSSED the Putting Things Right, Claims and Compensation Annual Report 2019/20 prior to onward approval by the Board.

## **PSOW ANNUAL REPORT**

The Assistant Director of Quality and Safety presented the previously circulated paper which provides the Committee with an overview of the Public Services Ombudsman (Wales) Act 2019, resulting in changes to the jurisdiction of the Public Services Ombudsman for Wales and how it may affect the health board. In addition to providing a copy of The Public Services Ombudsman for Wales Annual Report and Accounts 2019/2020.

The Assistant Director of Quality and Safety advised the Public Services Ombudsman (Wales) Executive Summary, Annual Report and Accounts 2019/2020 had been published.

The Committee NOTED the annual Public Service Ombudsman for Wales Report and the Executive Summary.

## **COMMITTEE ANNUAL WORKPLAN 2020/21**

The Board Secretary presented the previously circulated paper which provided the Experience, Quality & Safety Committee with the 2020/21 workplan, as at July 2020.

The Board Secretary advised the workplan outlined planned pieces of work for meetings scheduled during 2020/21.

The Board Secretary note the Committee Workplan 2020-21 was APPROVED by Board on 29 July 2020.

The Committee NOTED the 2020/21 Committee workplan.

**ANY OTHER URGENT BUSINESS**

There was no urgent business declared.

**DATE OF THE NEXT MEETING**

1 October 2020.