



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 16 APRIL 2020
VIA SKYPE 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

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

Apologies for absence:

Susan Newport	Independent member
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Committee Support:

Stella Parry	Committee Secretary
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EQS/20/01	WELCOME AND APOLOGIES FOR ABSENCE 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/20/02	DECLARATIONS OF INTERESTS No interests were declared.

EQS/20/03	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 4 FEBRUARY 2020</p> <p>The minutes of the previous meeting held on 4 February 2020 were AGREED as being a true and accurate record pending the following amendments:</p> <ul style="list-style-type: none"> • Typographical errors to be corrected.
EQS/20/04	<p>MATTERS ARISING</p> <p>EQS/19/88: Owen James queried whether the amendment to the Committee Action Log to include an additional column stating the due date had been progressed. The Board Secretary agreed to progress this work but noted that Committee Chairs would have to be clear on timeframes at the time of raising actions. This would be discussed further with Independent Members outside of the meeting.</p> <p>EQS/19/90: The Chief Executive reported to the Committee that the CQC report regarding Shrewsbury and Telford Hospitals NHS Trust (SaTH) had been published. A summary of the findings would be provided to the Committee under Any Other Business.</p>
EQS/20/05	<p>COMMITTEE ACTION LOG</p> <p>In light of the COVID-19 pandemic it was agreed that action would be reviewed and prioritised for the duration of the period. Work had been undertaken with the Board on how it would demonstrate its priorities during this time. It was noted that Priority 1 would be progressed during the COVID-19 period, Priority 2 would be progressed at the soonest available opportunity and Priority 3 would progress once business as usual was resumed.</p> <p>The Chief Executive provided the following update on prioritisation in line with COVID-19, the Committee noted that the update was an initial judgement and would require further discussion and ratification from other Executives.</p> <p>EQS/19/89: It was confirmed that assurance had been received via revalidation and CPD. Priority 3 was suggested.</p> <p>EQS/19/76: Work had been undertaken regarding possible learning from COVID-19 and how PTHB could work differently. Priority 2 was suggested.</p> <p>EQS/19/75: It was noted that some Clinical Audit's such as Critical Care areas would be suggested as Priority 1 whilst others would be Priority 3.</p> <p>EQS/19/75: The group was assured that Ophthalmology would be reviewed as some eye services would continue as</p>

	<p>Priority 1. This will be discussed further under agenda item 3.1b.</p> <p>EQS/19/74: Information Governance response remains a Priority 1 provision. An update report would be provided at the next meeting.</p> <p>EQS/19/73: Some areas would be considered Priority 1, update reports would continue to be received.</p> <p>EQS/19/72: It was noted that Mortality Reviews will need to be undertaken for both COVID-19 and Non-COVID-19 patients. However, a robust mechanism would need to be established to enable this during a period on intense pressure for frontline staff. It was agreed that the Chief Executive would discuss this with the Clinical Executives to establish as Priority 1 or 2.</p> <p>EQS/19/71: The Director of Nursing noted that HIW had stood down the regulatory inspection of Maternity Services in Powys, however, PTHB were in regular contact with commissioned services providers and were monitoring provided services.</p> <p>EQS/19/68: It was noted that this item was not yet due and would be assessed as an important piece of work. The Committee was informed that the Annual Quality Statement submission had been deferred until September 2020.</p> <p>EQS/19/22: It was confirmed that due to pressure on the Estates department this item would likely be a Priority 3. A further assessment would be made by the Board when reviewing the Capital Programme for 2020/21.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
There are no items for inclusion in this section.	
ITEMS FOR DISCUSSION	
EQS/20/06	<p>CORONAVIRUS (COVID-19):</p> <p><i>A) OVERVIEW</i></p> <p>The Chief Executive provided an overview of the development regarding COVID-19 to the Committee. It was reported that there had been a need to reprioritise, plan, prepare and implement. A 5 point plan had been approved by the Board on 25 March 2020. The health board would be addressing key outstanding areas and the risks held. Some of the key areas of risks were highlighted to the Committee and would be discussed in more detail under agenda items 3.1b-g. It was noted that a COVID-19 risk register had been developed and was due to be updated in the style of the Corporate Risk Register.</p>

B) NON-COVID-19 ACITIVITY

The Chief Executive reported that the initial duration of the COVID-19 period had been estimated at 6 weeks, this had been adjusted to a longer period likely to last several months. Due to this development Dr Catherine Woodward has been commissioned to develop a document regarding mechanisms for planned and non-urgent care. An assessment would be made of areas in which short term actions are required to avoid possible harm and recommendations for action would be developed including management arrangements.

The Assistant Director of Commissioning was working with secondary care providers such as WHSSC and a Clinical Leadership Group has been developed. The work to be undertaken regarding the mechanisms for planned and non-urgent care would be available in the coming weeks and would be shared with the Committee.

C) STAFFING OF THE CLINICAL RESPONSE MODEL

The Director of Nursing presented a paper and requested that the Committee:

- Ratify the approach being taken to staff the clinical response model
- Note Welsh Government's position in relation to the Nurse Staffing Levels (Wales) Act 2016
- Ratify the recommendation that the Annual Report due in May 2020 as a requirement of the Nurse Staffing Levels (Wales) Act 2016, is indefinitely postponed.

Owen James queried the provision of ITT Nurses to Aneurin Bevan University Health Board (ABUHB). The Director of Nursing highlighted the principle of mutual aid and noted that potential risks had been considered by the Executive Team with the focus of balancing risk throughout Wales.

The PTHB Chair raised concerns regarding newly qualified staff being utilised and the possible mental health implications of the pandemic on staff mental health. The Director of Nursing assured the Committee that the impact on newly qualified staff was to be mitigated through training, orientation and ongoing support. The Director of Workforce and OD confirmed that mitigations in place for managing staff wellbeing would be discussed under agenda item 3.1e. Frances Gerrard queried whether progress had been made regarding Student Volunteers. The Director of Workforce and OD confirmed that progress had been made both locally and with the national HIEW programme.

The Committee RATIFIED the approach being taken to staff the clinical response model and the recommendation that

the annual report due in May 2020 as a requirement of the Nurse Staffing Levels (Wales) Act 2016, is indefinitely postponed.
The Chief Executive noted that both areas would be kept under review.

D) PPE ARRANGEMENTS

The Director of Public Health reported that work had been undertaken regarding stock, supply chain management, distribution and strategic and governance arrangements for PPE. A Centralised Hub had been implemented in Bronllys for PTHB.

An overview of the PPE stock held by PTHB as of 5th April 2020 was provided:

- 99,000 Fluid Resistant Surgical Masks
- 7,000 Visors and goggles
- 1,200 Gowns
- 6,200 FFP3 face masks

Demand modelling for PPE has been undertaken by PTHB and modelling had been received from Welsh Government. The Welsh Government model suggests that over the course of the COVID-19 pandemic 500,000 FFP3 face masks would be required.

Supplies are being provided on a continuous basis to the 6 main sites in Powys (including 10 wards) as well as MIU's, midwives, mental health, district nurses and X-Ray radiography departments. A generic PTHB COVID-19 email account has been established and any requests for PPE outside of the aforementioned areas are handled by this account accordingly.

The Strategy for PPE includes the following 3 areas:

- Reduction in demand (sessional use, bundling of care)
- Rational and appropriate use in line with national IPC guidance
- Co-ordination of supply chain

It was reported that the Military had been supporting PTHB on logistics and a weekly PPE co-ordination group had been developed with a provider focus. A virtual PPE team had also been developed.

The Director of Public Health advised that Public Health bodies in the UK had confirmed sustained community transmission in the previous week which had implications for the use of PPE. The Committee was assured that PPE continues to be a focused area of work.

Owen James queried whether a mutual aid agreement had been agreed for PPE across Wales. The Chief Executive noted that mechanisms are to be discussed and established by Welsh Government.

E) STAFF WELLBEING & SUPPORT ARRANGEMENTS

The Director of Workforce and OD provided a presentation regarding Staff Wellbeing and noted that the current period is a testing and uncertain period for staff.

The presentation provided a summary of:

- Support arrangements in place:
 - Daily bulletin
 - Silvercloud available without referral
 - Regular meetings with Trade Unions
 - Occupational Health Wellbeing Hub
- Support arrangements under development:
 - Links with the Citizens Advice Bureau
 - Expanding counselling provision
 - Short surveys
 - Charitable Funds support

The Vice Chair noted the activities of the work stream and expressed that thanks be passed to all staff on behalf of the Committee. Owen James raised that the Charitable Fund had identified potential to add value through support. The Committee welcomed the confirmation that the Charitable Funds Manager had commenced in post.

F) ETHICAL FRAMEWORK

The Medical Director reported to the Committee that the Ethical Framework had been published and had been adopted by all Ethical Committees in Wales. It was agreed that the Medical Director would circulate the framework post-Committee to Independent Members for information. The PTHB Chair advised that she had drafted a paper which provided a resource document regarding ethics and would share this with members post-Committee.

G) CLINICAL DECISION MAKING

The Medical Director provided an update and noted that the 3 core principles of the framework would be underlined by what care would be provided in Powys, how it would be provided and how it would be provided safely. It was noted that this would be challenging for Powys as there are little secondary care resources or staff available.

It was suggested that the role of Powys would be to support and provide step-down care to COVID-19 and non-COVID-19 patients. The challenge would be defining those patients who are to receive care within the PTHB Community Hospitals.

	<p>All principles in the framework had been based on the Ethical Framework and the Medical Director expressed that equity of care must be carefully considered. It was noted that supporting the rehabilitation of patients is a strength in Powys and the health board should remain fluid on the type of patients that are cared for within its community hospitals.</p> <p>The Medical Director confirmed that when a definition of what care is provided in Powys and which patients are to be treated in the Community Hospitals was received the framework would near completion.</p> <p>The Chief Executive raised that work was ongoing into the Clinical Decision Making to ensure risks are mitigated without compromising the level of care provided. It was noted as essential that the pathway, risks and monitoring had been appropriately assessed.</p> <p>It was AGREED that when the Clinical Decision Making had been approved by the Gold Group an update would be provided to the next available Board Briefing.</p>
ITEMS FOR INFORMATION	
<i>There were no items for inclusion in this section</i>	
OTHER MATTERS	
EQS/20/07	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items to be reported.</p>
EQS/20/08	<p>ANY OTHER URGENT BUSINESS</p> <p>The Chief Executive provided the following update regarding the CQC review into SaTH:</p> <ul style="list-style-type: none"> • The report has suggested an overall rating of inadequate • Inadequacies have been identified in a range of areas including caring and safety • SaTH continues to be in special measures • Executive to Executive meetings would continue during the COVID-19 period. <p>It was AGREED that a more in-depth discussion would be held by the Committee on 4th June 2020.</p> <p>The Vice Chair expressed her thanks to Executives for the levels of work that had been undertaken so far during the COVID-19 period.</p>
EQS/20/09	DATE OF THE NEXT MEETING

	4 th June 2020, 10:00am – 01:00pm, Board Room, Glasbury House, Bronllys Hospital
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