



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 30 July 2020
VIA MICROSOFT TEAMS**

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:

Alison Davies	Director of Nursing and Midwifery
Andrea Blayney	Community Health Council
Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Clare Lines	Assistant Director Commissioning Development
Elaine Matthews	Audit Wales
Helen Higgs	Head Internal Audit
Jamie Marchant	Executive Director of Primary, Community & Mental Health
Julie Rowles	Director of Workforce, OD and Support Services
Rani Mallison	Board Secretary
Rebecca Collier	Healthcare Inspectorate Wales
Stuart Bourne	Director of Public Health
Wendy Morgan	Assistant Director of Quality and Safety
Wyn Parry	Medical Director

Apologies for absence:

Geoffrey Davies	Community Health Council Representative
Katrina Rowlands	Assistant Director of Nursing
Mark McIntyre	Deputy Director Workforce and OD

Committee Support:

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary
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EQS/20/39	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
EQS/20/40	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
EQS/20/41	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 2 July 2020</p> <p>The minutes of the previous meeting held on 2 July 2020 were AGREED as being a true and accurate record given the changes stated below.</p> <p>EQS/20/27 Elaine Matthews identified the incorrect spelling of her name, to be corrected.</p>
EQS/20/42	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The Committee Vice-Chair confirmed that mortality reporting was scheduled for the agenda of Experience, Quality & Safety Committee on 1 October 2020.</p>
EQS/20/43	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided.</p> <p>ARA/20/28 Work in respect of the Stress Management Policy Toolkit to start in quarter 2. Update included in the H&S Group Update, included on the agenda. This action was therefore marked as closed.</p> <p>EQS/19/74 Future Information Governance Quality reports would include further analysis and benchmarking. Item scheduled through Committee Workplan, included on the agenda. This action was therefore marked as closed.</p> <p>EQS/19/73 Health and Safety Report Update. H&S Group update included on the agenda and future reports scheduled through committee workplan. This action was therefore marked as closed.</p> <p>EQS/19/73 The 'Heat Maps' reported to the LPF would be provided to this Committee at the next Health & safety Update report. H&S Group update included on the agenda</p>

	<p>and future reports scheduled through committee workplan. This action was therefore marked as closed.</p> <p>EQS/19/71 Monitoring of the Maternity Assurance Framework. Scheduled through committee workplan, included on the agenda. This action was therefore marked as closed.</p> <p>EQS/19/68 An Annual "Putting Things Right" Report would be brought forward to this Committee in June 2020. PTR Annual Report included on the agenda. This action was therefore marked as closed.</p> <p>The Board Secretary noted the following items as deferred:</p> <p>EQS/19/89 Information regarding how PTHB receive assurance that visiting clinicians are compliant with training would be circulated with Committee Members. Deferred to Q4, 2020/21 (priority 3).</p> <p>EQS/19/76 The Research and Development and Innovation Update report was requested to be strengthened and taken forward in conjunction with the Clinical Quality Framework. Deferred to Q3, 2020/21 (priority 2).</p> <p>EQS/19/22 HIW/CIW Joint Inspection. Deferred to Q3, 2020/21 (Priority 3).</p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

EQS/20/44	<i>There are no items for inclusion in this section.</i>
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ITEMS FOR DISCUSSION

EQS/20/45	<p>COMMISSIONING ASSURANCE REPORT</p> <p>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.</p> <p>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.</p>
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This paper explains 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 provides 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 8th April 2020. Following unannounced inspections on the 9th and 10th 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 Assistant Director of Commissioning noted difficulty in the timing of the paper due to the first of the restored meetings being held on 23 July 2020 making the time frame tight for write up for ESQ on 30 July 2020. Following reports brought to EQS would be more standardised.

Ongoing changes were noted to be as a result of Welsh Government requesting the suspension of routine work. Contributing factors were lack of capacity, PPE provisions and social distancing.

NHS England was noted to have moved into command and control structures when assessing the availability of space and PPE. The Assistant Director of Commissioning confirmed Shropshire Telford and Wrekin are going through a restoration process.

The questions relating to this item which were received in advance of the meeting were recapped and are available online (<https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/experience-quality-and-safety-committee/meetings-of-the-experience-quality-and-safety-committee/experience-quality-and-safety-committee-meeting-on-30-jul/>).

	<p>The Committee Chair commended the Assistant Director of Commissioning for the clarity of the paper and ENDORSED the comments.</p> <p>The Committee agreed the report as sufficiently DISCUSSED.</p>
EQS/20/46	<p>CONCERNS & SERIOUS INCIDENTS REPORT</p> <p>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.</p> <p>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.</p> <p>The questions relating to this item which were received in advance of the meeting were recapped and are available online (https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/experience-quality-and-safety-committee/meetings-of-the-experience-quality-and-safety-committee/experience-quality-and-safety-committee-meeting-on-30-jul/).</p> <p>The Committee Chair requested that once the new Once for Wales Content Management System had been implemented and the safety culture further developed, the report would return to the committee for discussion.</p> <p>Owen James queried, the number of concerns were related to access to appointments, was that true of all of them. The Director of Nursing and Midwifery stated that the number of concerns related to a theme as outlined in the paper.</p> <p>Owen James queried, did the increase relate to how formal concerns were managed. The Director of Nursing and Midwifery responded that in previous reports Welsh</p>

Government had changed their parameters, time to respond to informal concerns was shortened. Due to the policy change there was significant change between formal and informal issues. The Director of Nursing and Midwifery offered to share more information outside of the committee.

Owen James stated that the report was target driven rather than focused on the quality of outcomes. More patient feedback would assist in understanding the quality of the assurance. The Committee Chair suggested the committee request more patient stories to be included in the committee's workplan in the future.

The Chief Executive noted that the Experience, Quality and Safety Committee had agreed the 'Putting Things Right' policy. As part of that individuals are tested on if the process was satisfactory. Learning from complaints could and would be shared across the organisation. The standard of data and surveillance are both undergoing improvement. The Assistant Director of Quality and Safety noted that other organisations across wales have been liaised with.

The Director of Nursing and Midwifery brought to the attention of the committee that the Public Services Ombudsman for Wales (PSOW) is available in instances where people are dissatisfied with the process. Annual reports are received from the PSOW.

The Committee Chair raised that patient feedback had to be taken into context of the clinical quality framework. Patient feedback needs a systematic approach to gathering data. The Committee Chair queried the level of assurance that could be taken from this report as it stands. The Director of Nursing and Midwifery stated a reasonable amount of assurance could be taken that the investigation and learning are robust enough to prevent recurrence.

The Director of Nursing and Midwifery and the Assistant Director of Quality and Safety would review the inaccuracy. A paper with the correct numbers would be circulated outside the meeting.

Action: Director of Nursing and Midwifery and Assistant Director of Quality and Safety.

The Committee Chair thanked those involved in the development of the paper. The Committee Chair noted it would be important to consider the paper in the round. The Chief Executive added that the charts need to be understood and the denominator needs to be known for future versions.

	<p>The Committee DISCUSSED the report and NOTED the actions underway to address areas of non-compliance and where further improvement was needed.</p>
EQS/20/47	<p>USE OF PERSONAL PROTECTIVE EQUIPMENT FOR CARDIOPULMONARY RESUSCITATION AND NASOGASTRIC INTUBATION PROCEDURES</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • CPR • NE intubation <p>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.</p> <p>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.</p> <p>The Committee Vice Chair and Medical Director confirmed the PTHB’s approach was to minimise risk to staff.</p> <p>The committee ENDORSED the proposal:</p> <ul style="list-style-type: none"> • That full PPE was to be used for all elements of CPR procedures. • That full PPE was to be used for all NG tube insertions on PTHB patients in all clinical settings where these interventions are indicated and during the Covid-19 pandemic.

EQS/20/48

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 below 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 Vice Chair queried if the implementation of audit recommendations was being tracked. The Director of Workforce, OD and Support Services confirmed, initial feedback and recommendations had been received.

The Committee Chair thanked the Director of Workforce, OD and Support Service and noted, on attendance of the Audit Committee positive progress had been made.

	<p>The Director of Workforce, OD and Support Service noted further work was required on the policy framework, the key would be to ensure it was operationalised.</p> <p>The Committee Chair acknowledged that work around Covid-19 had been significant. The Chief Executive stated regular reports had been received from health and safety.</p> <p>The Committee DISCUSSED and NOTED the content of the update report for the work programme period October 2019 to June 2020.</p>
EQS/20/49	<p>INSPECTIONS AND EXTERNAL BODIES REPORT</p> <p>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.</p> <p>It was important to note the Health Inspectorate Wales reports included in the report had been published and were therefore within the public domain.</p> <p>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.</p> <p>The questions relating to this item which were received in advance of the meeting were recapped and are available online (https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/experience-quality-and-safety-committee/meetings-of-the-experience-quality-and-safety-</p>

	<p>committee/experience-quality-and-safety-committee-meeting-on-30-jul/).</p> <p>The Executive Director Nursing & Midwifery noted the pain management findings gave assurance that appropriate pain management would be introduced.</p> <p>Frances Gerrard commented that the HIW report was very positive and congratulated those involved.</p> <p>The Board Secretary raised that the committee should receive a report from the identified responsible individual for Cottage View. The Committee endorsed this.</p> <p>The Committee DISCUSSED this report and NOTED the outcomes of Regulatory Inspections across the health board.</p>
EQS/20/50	<p>ANNUAL QUALITY STATEMENT</p> <p>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.</p> <p>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.</p> <p>The Committee Vice-Chair raised the importance of the Annual Quality Statement being a living document to allow progress to be tracked.</p> <p>The Chief Executive noted that it would be important to ensure the focus was to provide an accurate view of positives, challenges and issues. Ensuring the right balance for the population. The Annual Quality Statement should be linked in with the Performance and Quality Report.</p> <p>The Committee Chair confirmed an overarching review would be beneficial.</p> <p>The Committee NOTED and DISCUSSED the Annual Quality Statement, prior to reporting assurance to the Committee the Annual Quality Statement 2019/20 was being</p>

	<p>progressed and was on schedule for approval and publication no later than the 30 September 2019.</p>
<p>ITEMS FOR INFORMATION</p>	
<p>EQS/20/51</p>	<p>QUALITY & ENGAGEMENT (WALES) ACT</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>In his Statement of 3 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.</p> <p>Citizen Voice Body, Community Health Councils and CHCs, are scheduled to meet with Welsh Government on the week of 3 August 2020 to go thorough arrangements.</p> <p>The Committee Chair raised that significant work would be created from the impact and compliance. The Board Secretary stated the PTHB would actively engage in</p>

	<p>matters developed. As steps are taken towards implementation it would be necessary to align with the Quality Framework Plan.</p> <p>The Committee NOTED the update for information.</p>
EQS/20/52	<p>PUTTING THINGS RIGHT ANNUAL REPORT</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Executive Director of Nursing & Midwifery handed over to the Assistant Director of Quality and Safety.</p> <p>The Assistant Director of Quality and Safety noted there had been positive feedback from Welsh Government regarding the report's accessibility.</p> <p>Owen James raised the importance of quality being a key focus of putting things right. The Committee Chair queried if check points were needed to ensure a suitable level of assurance. The Assistant Director of Quality and Safety stated, going forward PTHB would improve the way concerns are managed, taking account of outcomes and what it means for Powys residents. The Executive Director of Nursing & Midwifery noted that analysing what informs the public Ombudsman's investigation would help inform PTHB.</p>

	<p>The Committee Vice-Chair noted that there should be synergy across reports, the Annual Quality Statement was also moving forward with concerns. Picking up on recurring issues would also be a feature of the Annual Quality Statement. It would be important to ensure PTHB acted on the most important issues and closed the loop.</p> <p>The Chief Executive raised the importance of the effective use of data and intelligence to identify key issues. When responding to requests from reports the Clinical Quality Framework would help guide and stimulate discussion on sources and use of data.</p> <p>Susan Newport queried, under the Concerns Statistics – Commissioned Services section, one of the 62 concerns was the closure of the Pain Management Clinic. The Chief Executive responded, the closure of the Pain Management Clinic refers back to 2019. The NHS trust changed the service around pain management, PTHB therefore was required to respond with a detailed pathway on pain management. This was led by the Assistant Director of Quality and Safety.</p> <p>The Committee NOTED and DISCUSSED the Putting Things Right, Claims and Compensation Annual Report 2019/20 prior to onward approval by the Board.</p>
EQS/20/53	<p>PSOW ANNUAL REPORT</p> <p>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.</p> <p>The Assistant Director of Quality and Safety advised the Public Services Ombudsman (Wales) Executive Summary, Annual Report and Accounts 2019/2020 had been published.</p> <p>The Committee Chair noted the report provided a good overview. There were no questions.</p> <p>The Committee NOTED the annual Public Service Ombudsman for Wales Report and the Executive Summary.</p>
EQS/20/54	<p>COMMITTEE ANNUAL WORKPLAN 2020/21</p>

	<p>The Board Secretary presented the previously circulated paper which provided the Experience, Quality & Safety Committee with the 2020/21 workplan, as at July 2020.</p> <p>The Board Secretary advised the workplan outlined planned pieces of work for meetings scheduled during 2020/21.</p> <p>The Board Secretary note the Committee Workplan 2020-21 was APPROVED by Board on 29 July 2020.</p> <p>The Committee NOTED the 2020/21 Committee workplan.</p>
OTHER MATTERS	
EQS/20/55	<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/20/56	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p> <p>The Committee Chair thanked all members.</p>
EQS/20/57	<p>DATE OF THE NEXT MEETING</p> <p>1 October 2020, Board Room, Glasbury House, Bronllys Hospital.</p>