



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 4 JUNE 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
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

Apologies for absence:

Jamie Marchant	Director of Primary Community Care and Mental Health
Katrina Rowlands	Assistant Director of Nursing

Committee Support:

Stella Parry	Committee Secretary
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EQS/20/10

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/20/11	DECLARATIONS OF INTERESTS No interests were declared.
EQS/20/12	UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 16 APRIL 2020 The minutes of the previous meeting held on 16 April 2020 were AGREED as being a true and accurate record.
EQS/20/13	MATTERS ARISING No matters arising were declared.
EQS/20/14	COMMITTEE ACTION LOG The Committee received the action log and the following updates were provided. It was noted that those action assigned Priority 2 and 3 would be due for completion in a later quarter. EQS/19/89: It was noted that as this action had been allocated a Priority 3. The Chief Executive assured the Committee that as new ways of working are implemented mechanisms will be put in place to ensure safety. A paper is due to be received by the Board on 27 July 2020 and could be reported to this Committee for further assurance. EQS/19/75: The Committee noted that the National Ophthalmology Audit (Adult Cataract Surgery) was on hold due to COVID-19. EQS/19/74: The Board Secretary reported an increase in the demand on the Information Governance Service, it was agreed that a report on Information Governance would be brought forward to the next meeting of the Committee. EQS/19/73: It was agreed that a report regarding Health and Safety would be brought forward to the next meeting of the Committee. EQS/19/73: This action would be reviewed under the report due to be presented for action EQS/19/73. EQS/19/72: It was confirmed that this action had been allocated Priority 1 status. The first meeting of the Mortality Review Group is due to be held on 18 th June 2020. A report regarding the first 5 months of 2020 and the last quarter of 2019/20 would be presented to the Committee at the next meeting. The Chief Executive recognised that there had been a delay in relation to this action and it was agreed that an additional meeting would be arranged for early July 2020 to review the Mortality Report. EQS/19/71: The Director of Nursing assured the Committee that the Maternity Assurance Framework was being managed through the 2 weekly Maternity Matters group. It

	<p>was noted that Maternity Assurance would be discussed in more detail In-Committee and the Board Secretary expressed that Maternity Assurance would be included on the EQS Committee workplan for 2020/21.</p> <p>EQS/19/68: The Assistant Director of Quality and Safety noted that a report of Putting Things Right would be available shortly. It was agreed that this report would be considered at the meeting to be held in early July.</p> <p>EQS/19/22: The Chief Executive report that the Discretionary Capital Programme was to be assessed in light of COVID-19 by the Board. A revision of the programme would be reported to the Committee in due course.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
EQS/20/15	<p>CLINICAL QUALITY FRAMEWORK: IMPLEMENTATION PLAN</p> <p>The Chief Executive introduced the plan, although the plan had been presented for approval the Committee was asked to note that the plan was a draft. The plan has been discussed at the Quality Governance Group and Executive Committee following the approval of the Clinical Quality Framework by the Board on 25th January 2020. Timeframes within the plan were due to be evaluated and reprioritised in light of COVID-19 by the Executive Team week commencing 8th June 2020.</p> <p>The Director of Nursing reported that the plan proved a comprehensive plan for implementation. Executive resource had been identified as well as timelines and reporting mechanisms.</p> <p>The Chief Executive noted the importance of the document and welcomed and feedback from members post meeting.</p> <p>The Committee was assured that work identified within the plan was being taken forward and would not be paused whilst approval was pending.</p> <p>It was AGREED that the item would return to the meeting of the Committee to be scheduled for early July for approval.</p>
ITEMS FOR DISCUSSION	
EQS/20/16	<p>CONCERNS & SERIOUS INCIDENTS REPORT</p> <p>The Director of Nursing presented the report which provided an overview of the current position in managing concerns and serious incidents. The report outlined a quality based robust approach to concerns and serious incidents. It was</p>

	<p>noted that area of work is tied to the Clinical Quality Framework Implementation Plan.</p> <p>Meetings are to be held regularly with teams to undertake 'deep dives' and will be centred on quality and assurance.</p> <p>Owen James queried who would be responsible for determining the robustness of the approach and how feedback is provided for those who reported the incident. It was noted that Director of Nursing would be the quality assurer and that investigations are clinically led with clear ownership and involvement of key stakeholders. Item could also be escalated to the Chief Executive if required. The Director of Nursing reported that the incident report will receive feedback if not involved with the investigation. The Datix One for Wales system will enable feedback further.</p> <p>Trish Buchan noted that concerns regarding access, attitudes and behaviour had been raised previously and queried how this is monitored in terms of hotspots and the effectiveness of Sage and Thyme. It was agreed that further reports would include themes, trends, lessons learned and impact analysis. The Director of Workforce and OD suggested that complaints should be considered in light of the Just Culture work undertaken.</p> <p>Frances Gerrard questioned how PTHB performance compares with other Health Boards. It was noted that the data can be made available however when Once for Wales is implemented this will provide clearer comparators as currently reporting is subject to individual interpretation.</p> <p>The Vice Chair thanked the Director of Nursing for the report and noted that a clear direction for the future had been provided.</p>
EQS/20/17	<p>SHREWSBURY AND TELFORD HOSPITALS NHS TRUST</p> <p>The Director of Nursing presented the item. It was noted that Shrewsbury and Telford Hospitals NHS Trust (SaTH) is the main provider of services for patients who reside in North Powys. 3 reports had been commissioned in 2019 by the Care Quality Commission (CQC). Weekly meetings with SaTH has been implemented and contingency plans established. The Chief Executive noted that a meeting via phone had been held with the SaTH Chief Executive and that PTHB had been invited to attend their Gold meeting however it was felt that PTHB would be content with a representative attending SaTH Silver Command at present. SaTH have committed to the Commissioning Assurance Framework and a meeting held between the Chief Executive and the CCG's confirmed that any concerns would be escalated directly to the Chief Executive. A</p>

	<p>further meeting with SaTH is due to be held on 10th June 2020.</p> <p>Trish Buchan raised that a number of concerning reports had been received by the Committee regarding SaTH and queried at what point PTHB would consider reviewing other options. The Chief Executive reported that there had been system wide issues at SaTH which the SaTH Chief Executive and CCG are to address, this will assist in improving quality and safety. It was noted that the SaTH pathway is well established and other potential options for North Powys residents also present complex challenges. The Assistant Director of Quality and Safety raised that patient experience surveys have now been established for patients who utilise the pathway.</p> <p>Frances Gerrard queried whether PTHB are receiving updates regarding each area of concern raised within the CQC report. It was reported that regular updates are received and it was expressed that these could be shared with Committee members. The Chief Executive assured members that the CQC and NHS Improvement are actively involved with SaTH and that risk summits are held regularly. At no point have the regulators expressed that SaTH is unsafe for patients.</p> <p>The Vice Chair noted the areas of concern and expressed thanks for update amongst COVID-19 pressures.</p>
EQS/20/18	<p>ORGANISATIONAL QUALITY GOVERNANCE ACTIONS</p> <p>The Board Secretary provided the following overview of the Self Assessments undertaken during 2019/20 by PTHB:</p> <ul style="list-style-type: none"> • PTHB Self-assessment against recommendations arising from RCOG/RCM Independent Review into Maternity Services at Cwm Taf University Health Board, undertaken in June 2019 <ul style="list-style-type: none"> ○ 21 areas assessed – 0 low level assurance, 9 medium level assurance and 12 high level assurance ○ Improvement actions required in respect of the 9 medium level assurance areas relate to: Information analysis and intelligence reporting; Clinical Quality Review Meetings with 15 NHS providers; Concerns management; Risk management; Clinical Audit and Board development • PTHB Self-assessment against WG's Quality Governance Arrangements, undertaken in December 2019

	<ul style="list-style-type: none"> ○ 14 areas assessed – 3 low level assurance, 10 medium level assurance and 1 high level assurance ○ Improvement actions required in respect of the 3 low level assurance areas relate to: Clinical Audit; DATIX; and Concerns management <p>The Board Secretary provided an update regarding the RAG status of each action identified within the assessments.</p> <p>Trish Buchan noted TOR 3 secure medical process and queried whether 2 external obstructions were on the review process for PTHB. The Chief Executive confirmed that there had been in the past however this was not currently in place. The Medical Director assured the Committee that the process was under review and would be continue to be reviewed during the COVID-19 period.</p> <p>Trish Buchan expressed concerns regarding Datix. The Chief Executive noted significant concern regarding the current Datix system, the Head of Information is now the lead for Datix and the Once for Wales system. The Chief Executive confirmed that the Director of Finance and IT could be invited to attend the next meeting of the Committee to provide an update.</p> <p>Owen James queried whether PTHB will be expected to provide Welsh Government with updates regarding the actions. The Board Secretary that they would not at present however Audit Wales were due to undertake work in this area and PTHB will need to be able to demonstrate work undertaken. The actions within the presentation will also inform Committee workplans for 2020/21.</p>
EQS/20/19	<p>CLINICAL AUDIT PROGRAMME</p> <p>The Medical Director presented the item and noted that the PTHB clinical audit programme requires further improvement, as recognised by Welsh Audit Office and through two “limited assurance” internal audits. The updated plan allows for planning, reprioritisation, service improvement and a reduction in the number of audits to achieve focus of shared learning.</p> <p>The strategy had been reviewed and endorsed by the Clinical Leadership group and the Quality Governance Group. An emphasis on Mental Health and Women and Children’s was underway in line with NICE guidelines.</p> <p>The Director of Workforce and OD raised concerns that a number of dates in Appendix 2 were ‘To be confirmed’. The Medical Director reported that the plan is risk based and a number of the TBC’s were due to COVID-19, a number of the audits may now have confirmed dates in the time since the report was written.</p>

	<p>The Vice Chair also expressed concerns regarding the lack of confirmed date and suggested the approval of the plan should be considered only when the dates are completed.</p> <p>It was AGREED that pending the provision of dates for all audits the item would be considered for approval at the next meeting of the Committee. The Committee would receive regular updates on progress thereafter.</p>
EQS/20/20	<p>SAFEGUARDING UPDATE</p> <p>The Director of Nursing provided the Committee with an update which presented the achievements made since the last report and the identified next steps.</p> <p>Trish Buchan expressed her thanks for the strategic approach and queried how progress would be tracked. It was reported that the Strategy and Operational group is due to review it's Terms of Reference and that this item would be tracked via the group. The Director of Nursing suggested that reports could be reported to this Committee or the Quality Governance Group if requested.</p> <p>Frances Gerrard requested an update on the levels of abuse reported due to the redeployment of Health Visitors and School Nurses. The Director of Nursing summarised the Four Harms approach and noted that initially a reduction in referrals was reported, however it is unclear whether this is directly attributable to Health Visitors and School Nurses. It was confirmed that the number of referrals had started to revert.</p> <p>The Vice Chair thanked the Director of Nursing and expressed ambition to further focus on the area going forward.</p>
EQS/20/21	<p>INFECTION PREVENTION AND CONTROL UPDATE</p> <p>The Director of Nursing presented an update regarding Infection Prevention and Control and noted that the area is in a transition period in regards of workforce and therefore there is an opportunity to refocus the area going forward.</p> <p>The Director of Nursing noted that there is an understanding of areas for improvement and a realistic trajectory is to be developed.</p>
EQS/20/22	<p>RISK ASSESSMENT: TRANSMISSION OF COVID-19 IN THE WORKPLACE</p> <p>An overview of the work undertaken to minimise the risk of transmission of COVID-19 within the workplace was provided. It was noted that there has been a multifaceted approach including infection prevention and control and PPE. The COVID-19 Gold Group was due to review the RIDDOR approach on 5th June 2020. A Social Distancing</p>

	<p>Working Group had been established and would be supporting the reintroduction of services under the review of new guidance received. A risk assessment had been produced in March 2020 in relation to Black and Minority Ethnicity (BAME) staff. The same approach would now be undertaken for all staff deemed at risk.</p> <p>The Vice Chair queried the health board would manage staff that had not recorded their ethnicity. It was assured that this is part of an ongoing process of communications to ensure staff ethnicity recording.</p> <p>Owen James noted that anecdotal theme shad been emerging regarding BAME staff in the media and queried whether any BAME staff were working on the front line in PTHB. The Director of workforce and OD confirmed that no at risk staff were working on the front line.</p> <p>The Vice Chair noted that the approach seems comprehensive and that the approach provided assurance. It was reported that staff are allocated placement dependent upon their risk score, this has been done for BAME staff and is to be rolled out for all staff. Owen James requested the outcomes of the risk assessment in terms of the adjustments made. It was agreed that the item could return to the Committee for further discussion at a future meeting.</p>
EQS/20/23	<p>SUPPORT TO CARE HOMES DURING COVID-19</p> <p>The Director of Nursing provided an update in relation to the activities undertaken with Powys County Council to best support Care Homes in Powys during the COVID-19 pandemic. The area has been fast paces with a myriad of changes coming in to place during a short period of time. Section 33 arrangements are to be reviewed and reintroduced in the near future.</p> <p>The Vice Chair recognised the importance for balance and reach as a health board and noted that PTHB must be clear on where it is obliged to step in and retract should a care home crisis occur. The Chief Executive noted that the need for clarification of roles and responsibilities in regards to care homes has received recognition at Welsh Government level. Work is to be undertaken to clarify, what support the health board would provide voluntarily and the financial implications. It was noted that this work should be considered not just for Care Homes but broader closed setting environments.</p> <p>Susan Newport requested assurance that agency nurses are not rotating between establishments. The Director of Workforce and OD reported that PTHB are not supplying agency nurses. Any agency nurses working in care homes</p>

	<p>would do so under the care homes IPC guidance. It was confirmed that further work is to be undertaken regarding IPC standards and training in care homes. The Director of Nursing confirmed that there had been significant work on nursing assessments for homes and that a number of care homes a part of wider IPC networks.</p> <p>The Vice Chair raised the importance of tracking financial contributions. The Chief Executive assured that this would be shared with the Board. It was requested that a verbal update be provided at the next meeting of the Committee.</p>
ITEMS FOR INFORMATION	
<i>There were no items for inclusion in this section</i>	
OTHER MATTERS	
EQS/20/24	<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/20/25	<p>ANY OTHER URGENT BUSINESS</p> <p>The Board Secretary reported that the Quality and Engagement Bill had received Royal Assent and is now the Health and Social Care Quality and Engagement Wales Act 2020. The Act will be implemented over a period of 2 years and includes the implementation of duty of candour and the establishment of an All Wales Citizens Voice Body.</p>
EQS/20/26	<p>DATE OF THE NEXT MEETING</p> <p>2nd July 2020, 10:00am – 12:00pm, Board Room, Glasbury House, Bronllys Hospital</p>