SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE MEETING HELD ON THURSDAY 4 JUNE 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 4th June 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)
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:

Katrina Rowlands	Assistant Director of Nursing

Committee Support:

Stella Parry	Committee Secretary

CLINICAL QUALITY FRAMEWORK: IMPLEMENTATION PLAN

The plan was introduced and the Committee was asked to note that the plan provided was in draft format. 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 the week commencing 8th June 2020. The Committee was assured that work identified within the plan was being taken forward and would not be paused whilst approval was pending.

It was AGREED that the item would return to the next meeting of the Committee for approval.

CONCERNS & SERIOUS INCIDENTS REPORT

The Committee received the report which provided an overview of the current position on the management of concerns and serious incidents. The report outlined a quality based robust approach to concerns and serious incidents. It was noted that area of work is tied to the Clinical Quality Framework Implementation Plan. Meetings would be held regularly with teams to undertake 'deep dives' and will be centred on quality and assurance.
The Vice Chair thanked the Director of Nursing for the report and noted that a clear direction for the future had been provided.

SHREWSBURY AND TELFORD HOSPITALS NHS TRUST

The Committee 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) which raised concerns regarding several areas. Weekly meetings with SaTH had been implemented and contingency plans established. The Chief Executive noted that a meeting via phone had been held with the SaTH Chief Executive and PTHB were being represented by the Assistant Director of Commissioning Development at Silver Commands meetings. 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 further meeting is due to be held on 10th June 2020.

ORGANISATIONAL QUALITY GOVERNANCE ACTIONS

The following overview of the Self Assessments undertaken during 2019/20 by PTHB was provided:

- PTHB Self-assessment against recommendations arising from RCOG/RCM Independent Review into Maternity Services at Cwm Taf University Health Board, undertaken in June 2019
  - 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
  - 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

CLINICAL AUDIT PROGRAMME

The item was presented to the Committee and it was 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.

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.

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 the progress of the programme.

SAFEGUARDING UPDATE

The Director of Nursing provided the Committee with an update which presented the achievements made since the last report and the identified next steps.
The Vice Chair thanked the Director of Nursing and expressed ambition to further focus on the area going forward.

INFECTION PREVENTION AND CONTROL UPDATE

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.

RISK ASSESSMENT: TRANSMISSION OF COVID-19 IN THE WORKPLACE

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 had 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 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.

The Vice Chair noted that the approach was comprehensive and 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. It was agreed that the item could return to the Committee for further discussion at a future meeting.

SUPPORT TO CARE HOMES DURING COVID-19

An update was provided in relation to the activities undertaken with Powys County Council to best support Care Homes in Powys during the COVID-19 pandemic. The area had been fast paced 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. It was noted that this work should be considered not just for Care Homes but broader closed setting environments.

The importance of tracking financial contributions was raised. 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.

ANY OTHER URGENT BUSINESS

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 2 year period and would include the implementation of duty of candour and the establishment of an All Wales Citizens Voice Body.

The Committee AGREED that an extraordinary meeting would be scheduled for 2nd July 2020 to review items that arose for consideration during the meeting.

DATE OF THE NEXT MEETING

2nd July 2020