

POWYS TEACHING HEALTH BOARD

SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE MEETING HELD ON THURSDAY 1 OCTOBER 2020 VIA MICROSOFT TEAMS

Present:

Melanie Davies	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member (Committee Vice-Chair)
Frances Gerrard	Independent Member
Susan Newport	Independent member

In Attendance:

Alison Davies	Executive Director of Nursing and Midwifery
Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Clare Lines	Assistant Director Commissioning Development
Elaine Matthews	Audit Wales
Jamie Marchant	Executive Director of Primary, Community & Mental Health
Jayne WheelerSexton	Assistant Director of Nursing Safeguarding
Julie Rowles	Director of Workforce, OD and Support Services
Paul Buss	Medical Director
Rani Mallison	Board Secretary
Rebecca Collier	Relationship Manager, Health Inspectorate Wales
Wendy Morgan	Assistant Director of Quality and Safety

Apologies for absence:

None

Committee Support:

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary
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COMMITTEE ACTION LOG

The Committee received the action log and the following updates were provided.

The Board Secretary noted that all actions positions are as reported, none are due in the immediate future. The Board Secretary raised that all actions had been deferred due to COVID-19 and identified as not for immediate action however issues around estates have been identified.

The Chair raised that moving forward a revision of the action log would be beneficial.

The Committee Vice Chair raised that EQS/19/89 infection control of visiting clinicians was should be prioritized for follow-up. The Assistant Director of Quality and Safety responded EQS/19/89 was being followed up on by the Quality and Safety team. The Medical Director confirmed their support in resolving EQS/19/89.

SAFEGUARDING

a) ANNUAL REPORT 2019-20

The Assistant Director of Nursing Safeguarding presented the previously circulated paper which provided an overview of the PTHB Safeguarding Annual Report 2019/20 to the Experience, Quality and Safety Committee.

The Assistant Director of Nursing Safeguarding advised that the Annual Safeguarding Report outlined the key areas of development and achievement which have supported PTHB to meet its statutory responsibilities in safeguarding the people of Powys during 2019/20. Additionally, areas for improvement and recommendations for further development in the forthcoming year are highlighted.

The Committee NOTED and DISSCUSSED the paper and thanked the Assistant Director of Nursing Safeguarding.

b) EXPERIENCE STORY

The Assistant Director of Nursing Safeguarding presented the previously circulated experience story which captured a conversational interview with a looked after child performed by a Childrens Nurse who wanted to establish the effects of COVID-19 on a looked after children.

The Assistant Director of Nursing Safeguarding advised that there were 246 Powys looked after children spread across 10 Children's Homes. 155 are from

Powys the others are brought into Powys. The Assistant Director of Nursing Safeguarding also noted that the PTHB expressed pride for the contribution made by the Looked After Child and Care Workers.

The Committee thanked the Assistant Director of Nursing Safeguarding and NOTED the Experience Story.

COMMISSIONING ASSURANCE REPORT

The Assistant Director Commissioning Development presented the previously circulated paper which highlighted to the Experience, Quality and Safety Committee any providers in Special Measures or scored as Level 4 under the PTHB Commissioning Assurance Framework. It also provided an update in relation to Shrewsbury and Telford Hospitals NHS Trust and other key issues.

The Assistant Director Commissioning Development advised that the report highlighted providers in Special Measures or scored as Level 4 at the July 2020 PTHB Internal Commissioning Assurance Meeting (ICAM), which was then considered at the Delivery and Performance Meeting on the 20th August and 15th September 2020 at the Quality and Governance Group. There has been an issue with the synchronisation of meetings, so this report also contains information received after those dates. There are:

- 4 providers with services in Special Measures
- 1 provider at Level 4

The report provides an update on a number of serious matters, particularly:

- Shrewsbury and Telford Hospitals NHS Trust (SaTH)
- Accelerated system change affecting South Powys
- and the deteriorating position in relation to referral to treatment times (RTT) times.

The Committee DISSCUSSED the commissioning assurance report.

SERIOUS INCIDENTS AND CONCERNS REPORT

The Executive Director of Nursing and Midwifery presented the previously circulated paper which provided the Experience, Quality and Safety Committee with a summary of patient experience and concerns, including complaints, patient safety incidents and claims for July 2020. The report also outlines serious incidents reported to Welsh Government and Her Majesty's Coroner's enquiries that have been received by the health board.

The Executive Director of Nursing and Midwifery advised that the data depicted within the report is taken from the Datix system, unless otherwise specified, and is correct at the time it was taken from the system. The data quality and

confidence are subject to limitations of the current Datix system, which is subject to change as part of the Once for Wales Concerns Management System initiative, currently due for implementation by April 2021.

The Committee Chair thanked the Executive Director of Nursing and Midwifery for the paper which the Committee NOTED and DISCUSSED.

INSPECTIONS AND EXTERNAL BODIES REPORT

The Assistant Director of Quality and Safety presented the previously circulated paper which provided the Experience, Quality & Safety Committee with an update on the most recent Regulatory Inspections undertaken and any planned inspections the health board has been notified of.

The Assistant Director of Quality and Safety advised that PTHB is constantly striving to continue to make improvements in response to recommendations made following such inspections and ensure any learning is shared widely. The monitoring and management of the Health Inspectorate Wales (HIW) electronic tracking tool, previously implemented by the Clinical Governance Team, has recently been handed over to the Quality and Safety Team, who will maintain the tracker, and develop means to close completed improvement plans with HIW.

The Committee Chair thanked the Assistant Director of Quality and Safety and the Committee NOTED and DISCUSSED the paper.

MENTAL HEALTH ACT COMPLIANCE & POWERS OF DISCHARGE REPORT

The Executive Director of Primary, Community & Mental Health presented the previously circulated paper which provided the committee with assurance that Powys Teaching Health Board is compliant with the legal duties under the Mental Health Act 1983 (MHA). Referencing the most recent quarterly management information and activity data in relation to the Hospital Managers' scheme of delegated duties under the MHA including amendments (section 23), the report demonstrates the activity undertaken regarding admissions and other related arrangements.

This report is not to be considered as a performance report as the data and activity cannot be viewed in that way. This report summarises the activities pertaining to the use of Mental Health Act within Powys Teaching Health Board services in the reporting period and summarises the compliance with the Act accordingly.

The Executive Director of Primary, Community & Mental Health advised that the report provides assurance in respect of the work that has been undertaken during the reporting period that those functions of the Mental Health Act 1983 (the Act), which have been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation are being carried out correctly and that the wider operation of the Act across the Health Board area is operating within the legislative framework.

The Committee Chair thanked the Executive Director of Primary, Community & Mental Health for the paper and the Committee NOTED the contents of the report.

STAFF WELL-BEING AND ENGAGEMENT REPORT

The Director of Workforce, OD and Support Services presented the previously circulated paper which provided the Experience, Quality and Safety Committee an update on staff well-being and engagement.

The Director of Workforce, OD and Support Services advised the wellbeing and engagement of staff is a key strategic priority for PTHB and has been an integral part of the IMTP for a number of years. Immediately prior to COVID-19 emerging as a significant risk, PTHB were externally assessed against the Corporate Health standards and successfully maintained its Gold level status.

The report provides an update on actions taken by the health board in response to the new and emerging issues created by COVID-19 and the support provided to staff during the past 6 months.

The Committee NOTED and DISCUSSED the paper.

INFORMATION GOVERNANCE QUALITY REPORT

The Board Secretary presented the previously circulated paper which provided the Experience, Quality and Safety group with assurance on the quality of key information governance aspects.

The Board Secretary advised that the paper had been developed to provide an assessment against key information governance (IG) quality indicators.

The Committee Chair thanked the Board Secretary for the paper and the Committee NOTED the content.

THE PUBLIC SERVICES OMBUDSMAN FOR WALES ANNUAL REPORT AND ACCOUNTS 2019/2020

The Assistant Director of Quality and Safety presented the previously circulated report which provided the Experience, Quality and Safety Committee with an overview of the Public Services Ombudsman for Wales Annual Letter for 2019/2020.

The Assistant Director of Quality and Safety advised that the Public Services Ombudsman of Wales had requested by the 30 November outcomes on the following actions:

- Presentation of the Annual Letter to the Board to assist Board Members in their scrutiny of the Board's performance.
- Work with the PSOW Improvement Officer and Complaints Standards colleagues to improve complaint handling practices and standardise complaints data recording.
- Inform the PSOW of the outcome of the Health Board's considerations and proposed actions within the Annual Letter.

The Committee Chair thanked the Assistant Director of Quality and Safety and the Committee NOTED the content of the paper.

MORTALITY REPORTING

The Medical Director presented the previously circulated paper which provided an update to Experience, Quality & Safety Committee on the mortality review process implemented across the Health Board together with actions that were being taken to show improvement.

The Medical Director advised that the PTHB approach to case review had been developed with the aim of ensuring a standardised format and process. This would ensure higher quality, more consistent reviews, and a robust process for escalation and dissemination of learning. The learning from mortality case review would be used to drive service improvement and offer assurance to patients, stakeholders and the Board that the causes and contributory factors of all deaths had been considered and appropriately responded to.

The Committee Chair thanked the Medical Director and the Committee NOTED and DISCUSSED the paper.

CLINICAL AUDIT REPORT

The Medical Director presented the previously circulated paper which informed the Experience, Quality and Safety Committee regarding the progress of the

2020/21 Clinical Audit plan and request permission for changes to the annual audit plan.

The Medical Director advised the report provided a current position in relation to the 2020/21 Clinical Audit plan. As the Clinical Audit plan is a Board-owned document, the Directors and Service Leads requested that the Experience, Quality and Safety Committee acknowledge that new arrangements were being developed to link the future audit programme more closely to professional development through medical and nursing revalidation and organisational risk and to give approval for the proposed changes to the plan requested in this report.

The Committee APPROVED the proposed changes to the annual audit plan.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

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

The Board Secretary advised the Annual Programme of Business has been developed with reference to:

- The Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

The Committee NOTED the work plan.

PUTTING THINGS RIGHT CLAIMS AND COMPENSATION ANNUAL REPORT 2019- 2020 (FINAL)

The Executive Director of Nursing and Midwifery presented the previously circulated paper which provided the Experience, Quality and Safety Committee with information on the progress and performance of Powys Teaching Local Health Board in their management of concerns during 2019-2020. This report includes compensation claims management.

The Executive Director of Nursing and Midwifery advised that the report was prepared in line with 'The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011', of which Regulation 51

provided that a responsible body must have prepared an annual report. The report was published in support of PTHB's Annual Quality Statement.

The Committee NOTED the paper for information.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES

The Committee Chair raised the issues of treatment times noting it would be brought to other committees.

DATE OF THE NEXT MEETING

3 December 2020, Microsoft Teams.