

POWYS TEACHING HEALTH BOARD

SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE MEETING HELD ON THURSDAY 03 December 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:

Rebecca Collier	Relationship Manager, Health Inspectorate Wales
Alison Davies	Director of Nursing and Midwifery
Geoffrey Davies	Community Health Council
Pete Hopgood	Director of Finance and IT
Clare Lines	Assistant Director of Commissions
Claire Madsen	Director of Therapies and Health Sciences
Rani Mallison	Board Secretary
Elaine Matthews	Audit Wales
Jamie Marchant	Director of Primary & Community Care and Mental Health Services
Wendy Morgan	Assistant Director of Quality and Safety
Julie Richards	Women and Children's Services Manager
Carol Shillabeer	Chief Executive
Jeremy Tuck	Assistant Medical Director
Elaine Matthews	Audit Wales

Apologies for absence:

Frances Gerrard	Independent Member
Mark McIntyre	Deputy Director Workforce and OD
Stuart Bourne	Director of Public Health

Committee Support:

Shania Jones
Holly McLellan

Committee Secretary
Senior Administrator/Personal Assistant to Board
Secretary

COMMITTEE ACTION LOG

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

EQS/19/76 - It was proposed that an update on Research and Development be built into the Committee's workplan for 2020/21.

EQS/19/22 - An update on this item would be provided to the Committee in February 2021.

CLINICAL QUALITY FRAMEWORK IMPLEMENTATION PLAN UPDATE

The Director of Nursing and Midwifery presented the previously circulated paper, which provided the Experience Quality and Safety Committee with progress made on implementing the PTHB Clinical Quality Framework Implementation Plan, 2020-23, and identified the need for revised timescales for some elements of the framework where progress has been adversely affected as a consequence of the COVID19 pandemic, which resulted in activities scheduled for completion in year 1 deferred into year 2, along with the potential for a small number of year 2 priorities deferred into year 3.

The Director of Nursing and Midwifery advised that the PTHB Integrated Medium Term Plan 2020-2023 identified quality as a core component of the health boards strategic direction. The Clinical Quality Framework consists of 5 goals and the progress related to each is led and coordinated by a Director.

Whilst implementation has been adversely affected as a result of the demands of the COVID19 pandemic, gains have been made in implementing actions in each of the goals. The revised national patient experience strategy, currently delayed but expected in 2021, will assist in shaping the agenda locally, along with the continued focus within service groups on strengthened quality governance arrangements, including a focus on patient experience.

The implementation of the Clinical Quality Framework remained a priority for Board and at every level within the health board. Should the mass vaccination result in a more favourable environment in 2021, it is envisaged that progress in implementing the Clinical Quality Framework will be expedited.

The Committee DISCUSSED the report and noted the requirement for revised timescales for some elements of the implementing the Clinical Quality Framework.

SERIOUS INCIDENTS AND CONCERNS REPORT

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

The Health Board has achieved over 85% compliance in acknowledging formal concerns within two working days. The 30-day response rate is 51.5% which is an improvement however, still lower than the target. Incident reporting, referenced the reduction to numbers of incidents reported over the last year.

The Committee DISCUSSED the report and actions being taken to improve performance.

SPECIAL REPORT ISSUED BY THE PUBLIC SERVICES OMBUDSMAN FOR WALES

The Director of Nursing and Midwifery presented the previously circulated paper which provided the Experience Quality and Safety Committee which was received by the Health Board under s28 of the Public Services Ombudsman (Wales) Act 2019 following a complaint made by Mrs A against Powys Teaching Health Board.

Mrs A originally complained to the Health Board in July 2019, and in January 2020 filed a complaint with the Ombudsman after Health Board showed no progress. The special report issued by the Ombudsman outlined two recommendations, which included the provision of a further apology to Mrs A and within two months of the final report the Health Board's CEO personally respond to the Ombudsman, having undertaken a review of its complaints handling team and its ability and capacity to deal with complaints under the PTR regime in an effective and timely way. This review should consider not only capacity but whether additional training on the PTR requirements should be undertaken.

The Public Services Ombudsman for Wales will be informed of the outcome of the independent review. The recommendations of both reviews will inform the programme of improvement required, which will be supported by the Innovation and Improvement Team. A written apology to Mrs A has been issued.

The Committee DISCUSSED and NOTED the report.

INSPECTIONS AND EXTERNAL BODIES REPORT, INCLUDING ACTION TRACKING

The Assistant Director of Quality and Safety presented the previously circulated paper to the Experience, Quality and Safety Committee which articulated the receipt and outcomes of regulatory inspections that had occurred during the

reporting period and shared the HIW tracker and noted the change to completion dates for a small proportion of the actions.

The Health Board received 3, Tier 1 inspections which consist of completion of self-assessment followed by a discussion between HIW and Ward Manager on the inspection date. Each of the reports has been positive, with a low number of improvements required.

An overview of the current position relating to the implementation of recommendations following HIW inspections was provided, whilst there had been some delays in updating progress against recommendations, the tracker is contemporaneous.

The quality check focussed on four key areas: Covid-19 arrangements, environment, infection prevention and control, and governance.

Two visits reported no improvements and two have reported some improvements, in the areas of environment and governance.

The Committee DISCUSSED the contents of the report and NOTED the revised deadlines for recommendations.

INFECTION PREVENTION AND CONTROL REPORT

The Director of Nursing and Midwifery presented the previously circulated paper to the Experience, Quality and Safety Committee which provided a summary of the work undertaken by the Infection, Prevention and Control (IP&C) team, within an existing action plan programme and in response to Covid 19. The approach going forward was outlined which included a refreshed approach to the delivery work programme, meeting structures and expansion of the IP&C team.

Throughout November and December, the newly appointed Senior Nurses for IP&C for PTHB would review the audits already in place across the Health Board and the findings used to develop an IP&C assurance framework.

The focus of the team had been on the current pandemic and the required new ways of working. There were a range of actions identified and the IP&C group lead the governance arrangements and the re-establishment of sub-groups that directly feed into the IP&C group.

There had been an up-take in training that was provided as a result of the pandemic including Aseptic non-touch technique competencies.

The Committee DISSCUSSED and NOTED the paper.

MATERNITY SERVICES ASSURANCE FRAMEWORK

The Director of Nursing and Midwifery presented the previously circulated paper to the Experience, Quality and Safety Committee which provided an updated position in relation to the Maternity Assurance Framework on the ongoing emerging areas in relation to maternity services.

There continued to be a number of emerging reports and unfolding positions in relation to maternity services provided by commissioned services.

They broadly related to:

- Assurance work (maternity services within the overall assurance framework)
- The implementation of the South Wales Programme and Aneurin Bevan University Health Board's (ABUHB) Clinical Futures Programme
- Cwm Taf Morgannwg University Health Board position
- Shrewsbury and Telford NHS Trust (SaTH)
- Secretary of State investigation (SaTH)
- Wye Valley NHS Trust (WVT)
- National Healthcare Inspectorate Wales (HIW) report for Maternity services due to be published on 19th November 2020
- Phase 2 Healthcare Inspectorate Wales (HIW) report for Maternity services
- 2020 Welsh Government Maternity performance board scheduled for Spring 2021

This framework is used to gain better understanding of the performance surrounding the quality of the maternity services. To gain a full picture of the status of the services provided it aims to collect qualitative data and intelligence.

The HIW review of services reports that within Wales maternity services are delivered in a safe and effective way, with key areas for developments. The previous reports of phase one review for Powys, highlighted small immediate issues that were rectified immediately.

The Committee NOTED the paper.

COMMISSIONING ARRANGEMENTS UPDATE

The Assistant Director Commissioning Development presented the previously circulated paper to the Experience, Quality and Safety Committee which highlighted 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.

There were 3 providers with services in Special Measures and 1 provider at Level 4. Shrewsbury and Telford in the further section 31, explained that the work with key stakeholders in England was to find a way forward. This is due to the understanding that the SaTH would not be able to make the changes alone.

The Committee DISSCUSSED the paper.

CLINICAL AUDIT PROGRAMME:

The Assistant Medical Director presented the Clinical Audit Programme.

A) UPDATE AGAINST THE 2020/21 CLINICAL AUDIT PLAN

The report provided a current position in relation to the 2020/21 Clinical Audit plan. One audit cycle was finished providing the learning to inform the next audit cycle. This would allow for an evaluation of the performance and ways for improvements.

The Committee RECEIVED and APPROVED the report.

B) PROGRESS AGAINST THE CLINICAL AUDIT IMPROVEMENT PLAN

Many actions had been closed, only one action remained open (Appendix No. 17), which is taking terms of reporting forward. This has been constrained due to COVID-19. As the process grows, the current reporting system will become easier and will allow for greater assurance of the activity and quality.

The Committee NOTED and APPROVED the paper.

C) PROPOSED CLINICAL AUDIT PLAN 2021/22

The paper presented the PTHB clinical audit programme for 2021-2022. It proposed that there should be three tiers of locally undertaken clinical audits, plus a fourth tier to look at the results achieved by out of county healthcare providers in National Clinical Audits.

Tier 1 would be the National Clinical Audits and Outcome Reviews as mandated by Welsh Government, Tier 2 will be Organisational Audits selected by senior clinical staff within the Health Board and designed to support the organisational ambitions of the Health Board to provide safe, effective and timely care. Tier 3 would be Individual Audits performed by members of staff wishing to undertake a local quality improvement project using clinical audit methodology.

In addition to the three tiers of audit on Powys-based activity, Tier 4 would look at audits undertaken by external Health Boards and Trusts whose services were commissioned by Powys THB. This work on commissioned services would be taken forward as a separate workstream. The Committee NOTED and APPROVED the paper.

ANNUAL DATA QUALITY REPORT

The Director of Finance and IT Services presented the previously circulated paper to the Experience, Quality and Safety Committee which presented the findings from the Annual Data Quality Report 2019/20.

The Annual Data Quality report described the achievements made during 2019/2020 by the Information Department against the national targets for data quality and submission to NHS Wales Informatics Service (NWIS) for statutory reporting of mandated datasets. The report looked at compliance and accuracy of clinical coding, along with additional work that had taken place during the financial year, to improve data quality in other areas within the remit of the Information Department. The specification of the report had been agreed nationally by the Information Quality Improvement Initiative (IQII). Clinical Coding had exceeded national target and maintained 100% compliance against a 95% target.

The Committee NOTED the report.

ONCE FOR WALES COMPLAINTS MANAGEMENT SYSTEM, PROGRAMME UPDATE

The Director of Finance and IT Services presented to the committee a status update for the implementation of the Once for Wales Concerns Management System (OFWCMS).

To support the implementation of the Once for Wales Concerns Management electronic tool, work had commenced to move the 3 workstreams, previously suggested as Systems, Processes and Safety into two areas for consistency with the national programme;

1. Technical Workstream
2. Functional Workstream

The above will support the 20+ workstreams and contribute to the overall delivery plan.

With the workstreams spread over 2 phases, establishing processes, governance, ICT technology and developing effective functionality within the RLDatix system and adopting a cultural change would be crucial to the effectiveness of the Programme.

Phase 1 would see many modules integrated into the new system with a go live date of 1 April 2021. Local leads would be integral in ensure representation at network meetings and reporting back to the project board to ensure the new functionalities were adapted and developed to meet the needs of PTHB.

The Committee NOTED and APPROVED the current position and risks and REVIEWED the 4 action areas.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

The Board Secretary presented the previously circulated paper to the Experience, Quality and Safety Committee which defined the scope of the Experience, Quality & Safety Committee.

The Annual Programme of Business had 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 paper.

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

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

DATE OF THE NEXT MEETING

4 February 2021, Microsoft Teams.