POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY COMMITTEE

CONFIRMED

MINUTES OF THE 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:

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

Apologies for absence:

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

Committee Support:

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary
Shania Jones	Committee Secretary

EQS/20/79	**WELCOME AND APOLOGIES FOR ABSENCE** 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.
EQS/20/80	**DECLARATIONS OF INTERESTS** No interests were declared.
EQS/20/81	**MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON:** **a) 01 October 2020** **b) 06 November 2020** The minutes of the previous meeting held on 01 October 2020 and 06 November 2020 were AGREED as being a true and accurate record subject to the following amendments to page 14 of those held on 01 October 2020: *Paragraph 3 of Mortality reporting to be replaced as follows:* *'The Committee Vice Chair queried if mortality reviews were being undertaken across the whole of the county or just in Brecon. In addition, the Committee Vice Chair asked would it be possible for the committee to have sight of the Extended Perinatal Mortality Data in addition to the Perinatal Mortality Data in future. The Medical director responded that the process was being taken one step at a time.'*
EQS/20/82	**MATTERS ARISING FROM PREVIOUS MEETINGS** No matters arising were declared.
EQS/20/83	**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.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	

EQS/20/84	There were no items for inclusion in this section
ITEMS FOR DISCUSSION	
EQS/20/85	**Clinical Quality Framework Implementation Plan Update** The Director of Nursing and Midwifery presented the paper, outlining progress made on implementing the PTHB Clinical Quality Framework Implementation Plan, 2020-23. This was adversely affected due to the COVID-19 Pandemic resulting in activities scheduled for completion in year 1 deferred into year 2, along with the potential for a small number of year 2 priorities being 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 consisted of 5 goals and the progress related to each was led and coordinated by the corresponding Director. Attention was drawn to the table on page 4 outlining the elements of the Framework which had been progress, most of which were marked Amber; to Goal 1c (Patient Experience) marked as Red due to the delayed revision of the National Patient Experience Strategy (currently expected in 2021) and Goal 5 (Performance monitoring arrangements for clinical services) which had been delayed due the pandemic but would be expedited once conditions improved. *Mass vaccination had now commenced, at what point could business as usual be expected to return?* The Director of Nursing and Midwifery responded this was currently not known. However, once a critical mass of individuals in Powys and in Wales had been vaccinated, this would provide an understanding of the efficacy of the vaccine which would provide greater clarity for recommencing business as usual. It would then be necessary to consider what were the priorities for the local population. *A decision was made to step down the Patient Experience section of the framework. due to the current pressure the team was under with COVID-19 reporting. It was understood there was a possibility of an All Wales Protocol, which would be due to be published next year.* The Director of Nursing and Midwifery confirmed Chair had asked to be notified when the All Wales Protocol was

	published, or, if during the interim, Powys Teaching Health Board was in the position to pick the work back up. The Committee DISCUSSED the report and noted the requirement for revised timescales for some elements of the implementation of the Clinical Quality Framework.
EQS/20/86	**Serious Incidents and Concerns Report** The Director of Nursing and Midwifery presented the paper 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 outlined serious incidents reported to Welsh Government and enquiries that have been received by the Health Board from Her Majesty's Coroner. The Health Board had achieved over 85% compliance in acknowledging formal concerns within two working days. The 30-day response rate was 51.5% which was an improvement however, still lower than the target. Incident reporting, referenced the reduction to numbers of incidents reported over the last year. The Ombudsman Report (Agenda item 3.3) was an internal review and was due mid-December. The Ombudsman's report and the internal review would inform recommendations for improvements for the complaints team. Learning and Improving from Concerns, Patient Experience and Incidents referenced the intention to develop a learning committee. Terms of reference were in preparation and an initial meeting planned for the new year. Incident reporting, referenced the reduction to numbers of incidents reported over the last year. The element to consider for serious incidents was the themes, trends, severity and early lessons to be learnt. Progress had been made to look at ways to manage serious incidents in a timely way. *Do the patients that are making a concern known to PTHB receive information about the impact that their raising of a concern had had?* If there had been an informal complaint or an open dialog then, the person identifying a concern would be aware fo the outcome. In addition, there was also a 'You Said, We Did' approach where it was published in clinical areas. Finally, when providing a formal response, it was acknowledged where there was learning needed, which was documented and confirmed.

	From August to October there were 19 serious incidents, was that unusually high? The Director of Nursing and Midwifery advised that this was not unusually high. This was partly down to COVID-19 related reports. Reporting of Serious Incidents was welcomed as it allowed for close monitoring for any themes, trends or concerns. *Of formal complaints only 50% get answered in the time frame. W what factors were causing the delays?* There were multiple factors to consider including process issues, system issues and service issues. It was important to consider capability and capacity, and was there a potential to stream line with the current processes in place? In terms of putting things right, sometimes there was opportunity to have a face to face conversation rather than go through the process e.g. written response, was important to provide a full service. *Is communication of learning across the Health Boards routinely checked? Or was that anticipated by the medical director's initiative?* Learning was shared across areas and other settings such as, local forums, sister forums and when senior staff came together to share information. Another example, would be the lesson learned meeting, which would be taken back to be shared within the hospital as well as the community. The Committee DISCUSSED the report and actions being taken to improve performance.
EQS/20/87	**Special Report issued by the Public Services Ombudsman for Wales** The Director of Nursing and Midwifery presented the report 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. The report provided details on the experience Mrs A had received. Mrs A originally complained to the Health Board in July 2019 about the care and treatment provided to her mother. Following that, Mrs A filed a complaint with the ombudsman in January 2020 due to the Health Board not progressing. After the initial interaction with the

	ombudsman two actions were put into place to resolve the complaint, which had not been completed. The Public Service Ombudsman made two recommendations, which included the provision of a further apology to Mrs A within two months of the final report. The Health Board's CEO personally responded to the Ombudsman. There was a review underway to investigate the complaints handling team which would focus on the ability and capacity to deal with complaints in an effective and timely manner. This review would consider whether additional training on the Putting Things Right (PTR) requirements should be undertaken. The Public Services Ombudsman for Wales would be informed of the outcome of the independent review. The recommendations of both reviews would inform the programme of improvement required, which would be supported by the Innovation and Improvement Team. *The Health Board was at fault and there were lessons that needed to be learnt. The response was acknowledged to be poor, and that learning would need to take place from the way this complaint had been handled. The Committee should be kept appraised of progress against the action plan.* The Director of Nursing and Midwifery explained that the Public Service Ombudsman had recognised that the complaints response can be complex, especially when the concern involved a number of providers and services. However, it was acknowledged that Powys Teaching Health Board did not do well and it was important to learn from it to make improvements going forward. IT was confirmed that this was an opportunity to learn and to change where possible. The reviews would be a defining factor that would help to focus on and improve services. *It was crucial that another complaint did not slip through.* The Director of Nursing and Midwifery confirmed that the aim was to not be in the position of letting anyone down and that Powys Teaching Health Board does its very best for people needing treatment. The Committee DISCUSSED and NOTED the report.
EQS/20/88	**Inspections and External Bodies Report, including Action Tracking**

	The Assistant Director of Quality and Safety presented paper which outlined 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 had received 3, Tier 1 inspections which consisted of completion of self-assessment followed by a discussion between HIW and Ward Manager on the inspection date. Each of the reports have 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 and whilst there had been some delays in updating progress against recommendations, the tracker was 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. *In regards to the Tawe Ward report and the ligature risks, what direction would this take moving forward?* The next step was to await the outcome of that report but there currently was work surrounding this in regards to action plans. The Chief Executive explained that with regard to the ligature work, work had been undertaken and the proposal to the government had been approved. This was a substantial capital investment and works had been scheduled for implementation. There was over £1 Million of funding available. In terms of audit of CAMHS, multiple peer reviews had brought some good learning. It was a good way of working as there was no need to always rely on inspectorates, there was ability to gain fresh perspective on peer colleagues. *In respect of the Dashboard for implementation, items 17 and 18, both focus on Mental Health and Ward Services. Considering the up and coming inspection of Clywedog*

	Ward in Llandrindod, would it be appropriate to move forward the implementation of these items? The Assistant Director of Quality and Safety advised the action surrounding these in the report can be amended to add some context for future meetings. The Committee DISCUSSED the contents of the report and NOTED the revised deadlines for recommendations.
EQS/20/89	**Infection Prevention and Control Report** The Director of Nursing and Midwifery presented the paper 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 focus of the team had been heavily on the current pandemic and the required new ways of working, s well as building on established ways of working to help support services. The approach going forward was outlined within the report, which included a refreshed approach to the delivery work programme, meeting structures and expansion of the IP&C team. Training and the up-take of training that was provided as a result as of the pandemic was outlined together with aseptic non-touch technique competencies and the progress made on bringing in training. Commissioning services were continually working with the providers to gain an oversight of the IP&C issues. Recent outbreaks had been managed and over seen by the Incident Management Team. *Was information offered on non-sarcoma infections? Was this information given to care homes in advance so they were sighted on this going forward? The incidents of infection numbers were remaining low, was that percentage based or on population numbers?* The Director of Nursing and Midwifery explained that the IPC incidents were recorded by per 100,000 population with Powys generally having a lower incident rate than the rest of Wales. This was reflected in the type of services provided. Current figures at the moment were a result of the preventative measures that were in place and it was expected that the measures taken in relation to COVID-19 would also have a positive effect on other diseases and infections.

	In relation to the offer to care homes, there was a focused approach on providing support. The work had developed over the last nine months and was outlined in the Winter Plan. There remains a challenge around COVID-19 outbreaks in Care Homes. In this case an Environmental Health Officer and a member of the Infection, Prevention and Control Team would visit that site to offer advice and guidance. *At the start of the pandemic assurance was given that agency nurses were not employed, in order to lessen the spread of COVID-19 between sites. Was that still the case? If agency nurses were coming from higher tier areas how would that affect Powys?* The Director of Nursing and Midwifery explained that PTHB were using agency nurses where they were needed but movement was minimised. Agency nursing had access to testing and all other measures to prevent the spread of COVID-19 in clinical settings and without the use of agency nurses it would not be possible to meet clinical needs. The Committee DISCUSSED and NOTED the paper.
	Maternity Services Assurance Framework The Director of Nursing and Midwifery presented the paper which provided an updated position in relation to the Maternity Assurance Framework. There continued to be a number of emerging reports and unfolding positions in relation to maternity services provided by commissioned services. Areas covered included: • 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 (at SaTH). • Wye Valley NHS Trust (WVT).

	• National Healthcare Inspectorate Wales (HIW) report for Maternity services due to be published on 19 November 2020. • Phase 2 Healthcare Inspectorate Wales (HIW) report for Maternity services. • 2020 Welsh Government Maternity Performance Board scheduled for Spring 2021. The Maternity Services Assurance Framework was used to help gain a better overall understanding of The Commissioning Services' performance in relation to the quality around maternity services. It aimed to accommodate qualitive data and intelligence to help make a full picture of the status of the services provided and commissioned. The HIW review of services reported that within Wales maternity services were 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 straight away. Key areas to consider were availability of data sets and intelligence to inform the performance. Welsh Government Maternity Performance Board 2020 looked at the key enablers that allow data sets to reference the whole patient pathway for women and especially for women delivering outside Wales. A number of forums over the last six months have strengthened the quality governance framework within Women and Children's services. The Committee NOTED the paper.
EQS/20/91	**Commissioning Arrangements Update** The Assistant Director of Commissioning Development presented the paper 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. Betsi Cadwaladr had been taken out Special Measures on 24 November 2020. They had received £82 million for the next three and half years to help take forward Working Relations, Scheduled Care, Planned Care and Mental Health Services.

	SaTH had been placed under a Section 31 Notice, imposing further conditions on its regulated activity and an Improvement Alliance had been established with University Hospitals Birmingham NHS Foundations Trust (UHB). A new Chair and Director of Nursing had been appointed, both of whom had previously worked for UHB. An assessment framework had been put into place to meet the risks appropriately and the Quality improvement plan had been overhauled to allow for the development of a much more integrated system. *Is there weekly contact with them?* The Chief Executive explained that after speaking with the Medical Director of NHS England there was an optimistic outlook moving forward. The Chief Executive had an informal meeting scheduled in January with the Chief Executive of the UHB. There was a focus on key and critical issues although there were potential issues in delivering them. The estimated time frame was at least 18 months to 2 years before a stable improvement would be seen. In regards to Special Measures it was important that there was clarity on how an organisation could be removed from Special Measures. *Was feedback on patient experience from patients in SaTH being received?* The Assistant Director of Commissioning Development explained that patient experience was monitored, however, COVID-19 had made it difficult to access good quality patient experience information across a number of providers. In the last internal commissioning and assurance meeting this was the area where further work had been agreed. The SaTH patient experience questionnaire was on-going and waiting for the results to be analysed. Patient experience had been picked up in the commissioning framework. Activity across patient experience, particularly during COVID-19, was being shared at all Wales levels. The new system through the Once for Wales service would provide feedback from colleagues as well. The Committee DISCUSSED the paper.
EQS/20/92	**Clinical Audit Programme:** The Assistant Medical Director presented the Clinical Audit Programme.

	a) Update against the 2020/21 Clinical Audit Plan The key points presented to the committee were that one Audit cycle was finished with the learning to inform the next Audit cycle. This would allow for an evaluation of the performance and ways for improvements. The Paediatric Physiotherapy record keeping Audit, compared 2019 to 2020, which was seen as very positive. Attention was also drawn to additional areas which needed to be addressed. The learning component, allowed for the opportunity to make the appropriate plan to track progress and gave the ability to focus on such a plan during the subsequent Audits. *With respect to the audit of children on vacant caseloads, was this applicable across the wider settings?* The Chief Executive explained that one of the four drivers of learning was organisational and shared. The lessons that were applicable to everyone were shared. to allow for colleagues to see and understand how those lessons could affect practices in their own specialist areas. The Committee RECEIVED and APPROVED the report. **b) Progress against the Clinical Audit Improvement Plan** Only one action remains open (Appendix No. 17), which was to take the terms of reporting forward. This had been constrained due to COVID-19. As the process grows, the current reporting system would become easier and would allow for greater assurance of the activity and quality. *If there was an investigation of electronic monitoring for clinical auditing, would that system work for non-clinical Audit? It was important PTHB were not just introducing another system without ensuring its compatibility with current systems.* The Chief Executive confirmed the importance of using existing systems to their fullest extent before considering standalone systems. At present there was no plan to buy another system. *When strengthening the clinical approach to auditing and commission services, to what extent was it reasonable to think, that there would be an ability to respond to Audits?*

	The Chief Executive explained that national audits are published and helpful as a benchmark. The Committee NOTED and APPROVED the paper. **c) Proposed Clinical Audit Plan 2021/22** Tier 1 included National Clinical Audits and Outcome Reviews, Tier 2 would be set within departments and passed on to leadership and management. There were other Audits underway with GPs, which would be part of their appraisals. The information from these Audits was not being fully captured and it was intended to progress this in order to increase the learning that was available within Powys. Tier 4, would help reflect on the current commissioning services and out of county providers. A slightly amended programme for the 2021/22 period was proposed. The Committee NOTED and APPROVED the paper.
EQS/20/93	**Annual Data Quality Report** The Director of Finance and IT Services presented the paper outlining the findings from the Annual Data Quality Report 2019/20. This described the achievements made 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 the national target and maintained 100% compliance against a 95% target. WCCIS captures the target improvement areas and PTHB had played a national role by driving change for Maternity services. There have been additional outcomes introduced, the majority relate to digital and virtual consultations, which had been increased due to COVID-19. *Are the issues identified the same issues that were not rectified last year? If was not in Powys Teaching Health Board's what opportunities would there be to influence matters?*

	The Director of Finance and IT confirmed that this would require checking and this point would be addressed after the meeting. The Committee NOTED the report.
EQS/20/94	**Once for Wales Complaints Management System, Programme Update** The Director of Finance and IT presented the report which focused on providing a status update for the implementation of the Once for Wales Concerns Management System (OFWCMS). To support the implementation of the OFWCMS 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 Within which there were 20 work streams. Work had progressed in areas of the incident module and the mortality module. Key pieces that have been completed recently were; establishing a clear governance structure for the group, a full review of representation and attendance at the national groups. There had also been a review of the current policies to ensure that they were fit for purpose and identified if there were any gaps. *There were three overarching issues - this was a national piece of work but did the Health Board have a responsibility to ensure that the programme had been taken forward? What safeguards were in place relating to patient information?* The Director of Finance and IT responded that the OFWCMS was a system that would be used across Wales, would aim to assist in reporting and consistency. It would be considered as shared learning across the organisations and would bring a standardised approach. This was a system which was available and it was for the Health Board to decide how to use it including the policies surrounding it and how to safeguard patients. All of those concerns would be within the Health Board's control. *Is the overall system secure?* The Director of Finance and IT explained that this was a longstanding debate across organisations. All the DPIA's and Information Governance issues have been signed off at

	a national level. There were mechanisms in place to protect data sharing. *Will there be staff training in using the system and in terms of behaviour, values and duty of candour?* The Director of Finance and IT explained that staff training was a key component of the work stream. Including ensuring that the right people were identified that needed access to the system for data input and reporting and how people needed to act in terms of candour. The Committee NOTED and APPROVED the current position and risks and REVIEWED the 4 action areas.
ITEMS FOR INFORMATION	
EQS/20/95	**Review of Committee Programme of Business** The Chairs stated that the Committee Programme of Business stands as is.
OTHER MATTERS	
EQS/20/96	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There were no items for inclusion in this section
EQS/20/97	**ANY OTHER URGENT BUSINESS** No urgent business. The Committee Chair thanked all members.
EQS/20/98	**DATE OF THE NEXT MEETING** 4 February 2021, Microsoft Teams.