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

**CONFIRMED**

# MINUTES OF THE MEETING HELD ON THURSDAY 15 APRIL 2021 VIA MICROSOFT TEAMS

**Present:**

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

**In Attendance:**

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| 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 |
| Jamie Marchant | Director of Primary, Community Care and Mental Health |
| Kate Wright | Medical Director |
| Rani Mallison | Board Secretary |
| Katie Blackburn | Community Health Council |
| Jason Crowl | Assistant Director of Community Services Group |
| Marie Davies | Deputy Director of Nursing |
| Kate Evans | Women and Children Risk Governance Lead |
| Joy Garfitt | Assistant Director for Mental Health Services |
| Clare Lines | Assistant Director Commissioning Development |
| Rebecca Collier | Relationship Manager, Healthcare Inspectorate Wales |
| Sara Utley | Audit Wales |

**Observers:**

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| Rhobert Lewis | Independent Member |
| Ronnie Alexander | Independent Member - |

**Apologies for absence:**

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| Pete Hopgood | Director of Finance and IT |
| Wayne Tannahill | Head of Estates and Property |
| Kate Evans | Women and Children's Risk Governance Lead |

**Committee Support:**

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| Elizabeth Patterson | Corporate Governance Manager |

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| EQS/21/01 | **WELCOME AND APOLOGIES FOR ABSENCE**<br>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/21/02 | **DECLARATIONS OF INTERESTS**<br>No interests were declared. |
| EQS/21/03 | **UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 15 APRIL 2021**<br>The minutes of the previous meeting held on 4 February 2021 were AGREED as being a true and accurate record. |
| EQS/21/04 | **MATTERS ARISING FROM PREVIOUS MEETINGS**<br>It was confirmed that Board and Committee governance arrangements would be discussed at a Board Development session on 27 April 2021 where the remit of each committee would be considered to ensure best arrangements are in place.<br><br>The Director of Primary, Community Care and Mental Health advised in respect of overdue recommendations in the Health Inspectorate Wales tracker, an update was included within the meeting papers.<br><br>The Director of Nursing and Midwifery confirmed that the improvement plan for the Maternity Assurance Framework would be brought back to Committee at its next meeting.<br>**Action: Director of Nursing and Midwifery** |
| EQS/21/05 | **COMMITTEE ACTION LOG**<br>The Committee received the action log and NOTED the updates as provided within the paper. |
| **ITEMS FOR APPROVAL/RATIFICATION/DECISION** | |
| EQS/21/06 | **MENTAL HEALTH SERVICES: AGE APPROPRIATE BEDS** |

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| | The Director of Primary, Community Care and Mental Health presented the report which had been previously been presented to the Executive Committee in February 2021.<br><br>The paper outlined arrangements for the provision of care for young people aged 16-17 years during a mental health crisis in Powys, in the short term, where all other options are exhausted at Felindre Ward, Bronllys.<br><br>It was noted that the Tier 4 CAMHS inpatient service was commissioned directly by Welsh Government and provided by Cwm Taf UHB and Betsi Cadwalader UHB. The Committee was advised that at present, all inpatient treatment (Tier 4) for children and young people living in Powys was provided either at Ty Lydiard, Princess of Wales Hospital in Bridgend or the North Wales Adolescent Service (NWAS) situated in Abergele. Access to this service was via an assessment undertaken face to face by the Regional Service and there were frequently occasions when a young person requires a Tier 4 in patient service which is not immediately available. This was often due to lack of available beds, or due to delays in the regional service assessing the patient.<br><br>The Director of Primary, Community Care and Mental Health advised that for this client group, there were few other options available to PTHB, other than creating its own short-term admissions facility. Therefore, the paper which had been supported by the Executive Committee, proposed that the opportunity to provide a short-term service at Felindre Ward (Bronllys) for young people aged 16 to 17 years of age, where all other options have been exhausted. The aim being to manage clinical risk, maximising the opportunity to proactively prepare and then accommodate if needed, rather than respond in an emergency and be ill equipped. It was noted that, in terms of children below this age, referrals for inpatient provision were very rare, and the existing pathway into paediatric wards at DGH's would continue.<br><br>It was noted that, following support from the Committee (in addition to the approval of Executive Committee), the service would commence the delivery of the Operational Policy and formally provide short term inpatient admissions to 16-17-year olds who are waiting for assessment or admission into a Tier 4 regional CAMHS bed.<br><br>*Is it clear that the clinical and therapeutic expertise, and capacity to help, can be provided at short notice and 24/7?*<br>The Director of Primary, Community Care and Mental Health explained that the proposals set out arrangements for a short-term emergency situation whilst arrangements |

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| | were put in place to assess and arrange for longer term requirements.<br><br>The Assistant Director for Mental Health Services confirmed all staff on Velindre Ward had undertaken Safeguarding Training and the arrangements were intended to last for less than 72 hours whilst a Tier 4 bed was found by CAHMS.<br><br>*Is this a response to regulatory inspections on children and young people?*<br>The Director of Primary, Community Care and Mental Health confirmed that it was a response to the need and welcomed regulatory inspections. This was a pragmatic outcome and is in the best interests of Powys patients.<br><br>Additionally, the Women and Children Risk Governance Lead explained there was guidance provided regarding the transition of 16-17 year olds who can to elect to be treated in an adult, paediatric ward or young persons environment.<br><br>*This is not just a Powys problem, why is there such a national problem with the CAMHS service?*<br>The Director of Primary, Community Care and Mental Health explained that it is a complex issue, the critical mass for specialist skills to support these children is an issue. It is not just a Wales-wide issue but a UK issue, with an increasing demand for specialist treatment and support for children in crisis. Work was currently being undertaken by WHSSC within Wales to understand what is needed for this service within Wales.<br><br>*Has there been an increased referral rate due to the lockdown?*<br>The Director of Primary, Community Care and Mental Health noted that once children re-engage into society through schools and other contacts an increase in need for mental health support will be identified. The emotional health and wellbeing of all ages who have been through the lockdown will be an ongoing issue. Mental Health services are preparing to understand and assess what can be done.<br><br>It was confirmed that the Mental Health Services Group had met respective performance measures during the pandemic.<br><br>*Is the organisation monitoring the number of children and young people who present with self-harm?*<br>The Director of Nursing and Midwifery confirmed that this was being monitored and that a spike in admissions had not been seen to date. |

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| | The Committee DISCUSSED and APPROVED the approved Age Appropriate Beds, which had been previously supported by the Executive Committee.<br><br>*Frances Gerrard joined the meeting.* |
| EQS/21/07 | **MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE GROUP TERMS OF REFERENCE AND OPERATING ARRANGEMENTS**<br><br>The Board Secretary presented the paper which highlighted the revised terms of reference for the Hospital Managers Power Discharge Group which reports into the Experience, Quality and Safety Committee. The Board had previously agreed this as a sub-committee of the Board.<br><br>The purpose of the group would be to provide assurance on operation of the delegated functions and section 23 of the Mental Health Act.<br><br>The membership of the sub-group was made up of hospital managers and was chaired by an Independent Member of the Board, who sits on the Experience, Quality and Safety Committee.<br><br>*Is the understanding correct that it has a slightly larger remit than the previous group?*<br><br>The Board Secretary advised the remit would remain the same. The Terms of Reference had been expanded in order to provide more clarity on the role of the group rather than the remit.<br><br>The Committee DISCUSSED and APPROVED the Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements.<br><br>*Carol Shillabeer joined the meeting.* |
| **ITEMS FOR DISCUSSION** | |
| EQS/21/08 | **SERIOUS INCIDENTS AND CONCERNS REPORT**<br><br>The Director of Nursing and Midwifery presented the Committee with a paper which provided a summary position on patient experience and concerns, including complaints, patient safety incidents, serious incidents and claims for the period 1 April 2020 to 28 February 2021.<br><br>The Committee received an update Following on from the issue of a Special Report by the Public Service Ombudsman for Wales in October 2020.<br><br>The Committee was advised that an independent review was undertaken regarding the ability and capacity of the health board's complaints handling team to deal with complaints |

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| | under Putting Things Right (PTR) in an effective and timely way, including whether additional training on PTR requirements should be undertaken.<br><br>The findings of the review confirmed that the way in which the health board managed Mrs A's complaint was poorly managed. Although there were resourcing challenges over this period, they were identified and dealt with as they arose and there was no evidence from the fact-finding work that the issues arising in this case were the result of either structural or resourcing issues.<br><br>There was no evidence in the review that the issues that arose were the direct result of lack of training or inappropriate training. Likewise, there was no evidence to suggest that lack of training at manager level outside of the concerns team contributed to any delay or confusion in this case. Generally, there was felt to be a reasonable training offer in respect of Putting Things Right and concerns handling in the health board and across Wales and this is in the process of being updated. To ensure that the Putting Things Right Policy is fully effective there is a need to understand not only the All Wales policy context, but also the local service structures and accountabilities, and in this case, any specific issues that working within the health board's context might pose. This type of training has been provided in the past but a combination of temporary resourcing issues and more recently COVID-19 pandemic, means it is an area that needs to be picked up and refreshed.<br><br>The Committee was informed of work underway to establish an audit system that supports generation of assurance in relation to the implementation of health boards policy on Putting Things Right, which is underpinned by a series of Regulations and Standards as well as additional considerations written in legislation that have been introduced since the publication of the policy in 2019. The implementation of the audit and assurance plan is predicated on the following factors:<br>• Establishment and consolidation of the quality and safety function with service groups, achieving greater clarity and separation between the service response and corporate assurance.<br>• The roles and responsibilities of the central Putting Things Right team clarified and aligned to the core skill set needed to meet the need, with capacity to accommodate the audit and assurance programme<br>• Little or no outstanding concerns, serious incidents and incidents, enabling robust and timely response where issues arise |

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| | • Introduction of the Once for Wales Content Management System (OFWCMS)<br>• A programme of continuous learning to support the development of knowledge, skills and expertise<br><br>It was noted that the recommendations arising from implementation of the audit and assurance plan will be reported to Committee. The Committee welcomed this work.<br><br>The Committee was pleased to note that the first Learning from Experience Group was held within the Health Board in March 2021, chaired by the Director of Clinical Strategy. This had provided the opportunity to triangulate quality related issues and how to maximise learning across the Health Board.<br><br>During January and February 2021 the Health Board had received 22 formal concerns. There was no specific theme to the concerns which largely related to communication, care and treatment across a range of services and access.<br><br>A thematic Public Services Ombudsman for Wales report had been published accompanied with an offer of training which the Health Board have accepted.<br><br>Education and training opportunities had been developed within the last quarter with root cause analysis training been delivered to staff.<br><br>It was a noted that Serious Incidents Performance in Wales was now overseen by the Delivery Unit and work had commenced on revising the Serious Incidents Framework. This would help the organisation learn from colleagues across Wales best practice for Serious Incident investigating and reporting.<br><br>During the period of January 2021 to February 2021, there were eight serious incidents reported, no particular themes or trends within the service groups had been identified. There had been less than five 'No Surprises' notifications made to Welsh Government during the period of February 2021 to March 2021.<br><br>There had been less than five Coroner's inquiries and less than Public Service Ombudsman for Wales inquires. The Health Board are complaint with any of the recommendations made by the Public Service Ombudsman. |

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| | *In respect of the way in which this data triangulates, is it possible to explore how this information can be presented in a simpler format for members of the public?*<br><br>The Director of Nursing and Midwifery confirmed that the recently formed Learning from Experience group were working on improvements to triangulation of data. The organisation was working on improving data presentation and it was hoped that the imminent implementation of Once for Wales would improve the situation. It was hoped that capacity could be built for data analysis.<br><br>*The commissioned service complaints which are made directly to the Health Board, seem very low. Does the Health Board know how many complaints were received by the Provider Health Board themselves?*<br><br>The Director of Nursing and Midwifery noted that in respect of commissioned service complaints, the Health Board was aware of complainants which came forward to the PTHB to act on their behalf. The Health Board regularly met with Commissioned Providers and were always looking to improve the accuracy and integrity of the data which, it is acknowledged, does vary.<br><br>*The Socioeconomic Duty was introduced on 31 March 2021 and the Quality Impact Assessment, is there a way to triangulate the concerns, complaints and the issues raised in context of equality and Socioeconomic Duty?*<br><br>The Director of Nursing and Midwifery agreed that this could be examined but noted that whilst there could be benefits there may be limitations in terms of size and representativeness.<br><br>The Chief Executive observed the progress made over the last eighteen months noting further progress was necessary but that the establishment of the Learning and Experience Group would assist the ongoing process.<br><br>The Committee DISCUSSED and NOTED the Serious Incidents and Concerns Report. |
| EQS/21/09 | **REGULATORY INSPECTIONS REPORT**<br><br>The Director of Nursing and Midwifery presented the report noting that the Health Inspectorate Wales (HIW) had advised of their intention to restart the NHS quality check programme during mid-February 2021. |

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| | An all-Wales report had been received on mass vaccinations which supported the Health Board's own clinical approach to mass vaccination.<br><br>HIW had undertaken a remote Quality Check of Ddyfi Valley Health and the report raised one improvement action. A response would be submitted within the required three months of inspection. HIW had informed the Health Board of its intention of conducting further quality checks of Clywedog Ward, Llandrindod Wells Memorial Hospital and Felindre Ward, Bronllys Hospital. The findings would be reported on publication of the report.<br><br>*The first phase of HIW's Maternity Review examined quality and safety. What would be the focus in Phase 2?*<br>Rebecca Collier, HIW, explained that Phase 2 would concentrate on community services and support.<br><br>The Chief Executive advised that feedback on Phase 1 findings had been requested previously and asked if HIW could follow this up.<br><br>The Committee DISCUSSED and NOTED the Regulatory Inspections Report. |
| EQS/21/10 | **CLINICAL QUALITY FRAMEWORK, IMPLEMENTATION PLAN UPDATE**<br><br>The Director of Nursing and Midwifery presented the report highlighting the progress made in implementing the Health Board's Clinical Quality Framework Implementation Framework. The Implementation plan followed on from an internal review of arrangements in relation to Clinical Quality Governance and was a three-year plan developed during 2020-2023. The implementation plan was presented to, and approved by, the Experience Quality and Safety Committee in June 2020 and a report detailing its status was presented during November 2020.<br><br>Five goals were outlined, each with a lead Director. Progress had been made although the pandemic had meant progress had been variable. The Executive Committee would now review each goal to ensure that they remain appropriate post pandemic. The revised programme would be brought to the next Committee meeting.<br><br>**Action: Director of Nursing and Midwifery**<br><br>*The Independent Member (University) noted the organisation had an excellent workforce that was thinly spread in terms of quality initiatives and offered medical* |

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| | *students to assist with projects for up to six weeks at a time.*<br><br>This offer was welcomed by the Medical Director who noted that over the last year much improvement had taken place and the challenge was to evidence this.<br><br>*In regard to Patient Experience, moving forward what should the Health Board expect over the next year?*<br><br>The Director of Nursing and Midwifery noted there were a range of approaches for patient experience across the organisation. The intention is to take a more strategic approach. There are a number of electronic solutions used in terms of patient experience in other areas which would be considered by the Executive Committee.<br><br>The Committee DISCUSSED and NOTED the Clinical Quality Framework, Implementation Plan Update. |
| EQS/21/11 | **COMMUNITY SERVICES: APPROACH TO CLINICAL QUALITY**<br><br>The Director of Primary, Community Care and Mental Health introduced the paper which highlighted the approach taken in Community Services Group to quality and patient safety. It was noted that in the previous organisational structure was locality based, the re-alignment that took place two years ago moved to service groups. The largest service group is under the Director of Primary, Community Care and Mental Health and is a complex group covering community beds, student nurses, elective care and endoscopy amongst others.<br><br>The Assistant Director of Community Services Group further explained that the service group was new which had required the redesign of reporting frameworks.<br><br>*What difference should be seen in 12 months' time, in terms of the impact of the new structure?*<br><br>The Assistant Director of Community Services Group explained that the old locality structure had not been as integrated as it could have been. The redesign was horizontal and vertical, and was looking to ensure that there was diversity within the approach of therapies, nursing and medicine. The intention was to see an improvement in patient feedback with monitoring undertaken within the Directorate and through the Quality Governance Group.<br><br>The Committee DISUCSSED and NOTED the Community Services: Approach to Clinical Quality. |
| EQS/21/12 | **COMMISSIONING ASSURANCE: SATH** |

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| | The Director of Nursing and Midwifery introduced the report which was presented by the Assistant Director Commissioning Development.<br><br>The report highlighted the organisations that, within the Commissioning Assurance framework, were at level four and above, or are within special measures. This included Shrewsbury and Telford Hospitals NHS Trust, Cwm Taf Morgannwg University Hospital's maternity services and Wye Valley NHS Trust which remain at level 4 however, the issues are wide spread.<br><br>Attention was drawn to a Shrewsbury and Telford Hospitals NHS Trust (SaTH) which had received an unannounced inspection in January 2021 as a result of the Care Quality Commission being alerted to concerns regarding anaesthetic cover. This resulted in a further Section 31 Notice, imposing conditions on SaTH relating to the admission of children and young people who may have learning disabilities or challenging behaviours. The paper outlined the actions taken in response to the Section 31 Notice which included an intention to avoid admissions from this cohort to the Shrewsbury and Telford Hospitals by using the age appropriate bed in Bronllys for patients aged 16-17 or using an arrangement with Wrexham Maelor Hospital for younger patients.<br><br>The Committee was advised that the organisation was monitoring weekly the action SaTH was taking in response to the Section 31 Notice and it was noted that SaTH was in an improvement alliance with University Hospital Birmingham.<br><br>*Is the Health Board taking the opportunity to review what services are available locally to support children with behavioural and mental health problems?*<br><br>The Committee expressed its ongoing concern at the quality of services provided at SaTH and requested that a board-level discussion be arranged to discuss these concerns further with all board members.<br><br>**ACTION: The Board Secretary to arrange for a board-level discussion relating to SaTH**<br><br>The Committee DISCUSSED and NOTED the Commissioning Assurance Report. |
| EQS/21/13 | **APPROACH TO ASSESSING HARM FROM COVID-19**<br><br>The Committee NOTED an update from the Medical Director in respect of the approach to assessing harm From COVID-19. |
| **ITEMS FOR INFORMATION** | |

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| EQS/21/15 | **UPDATE ON IMPLEMENTATION OF ONCE FOR WALES COMPLAINTS MANAGEMENT SYSTEM**<br>The Committee NOTED the paper. |
| EQS/21/16 | **WHSSC QUALITY & PATIENT SAFETY COMMITTEE MINUTES**<br>The Committee NOTED the paper. |
| EQS/21/17 | **AUDIT WALES QUALITY GOVERNANCE REVIEW, TERMS OF REFERENCE**<br>The Committee NOTED the paper. |
| EQS/21/18 | **WELSH GOVERNMENT WRITTEN STATEMENT: THE HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) ACT 2020 – UPDATE ON IMPLEMENTATION**<br>The Committee NOTED the paper. |
| **OTHER MATTERS** | |
| EQS/21/19 | **ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES**<br>There are no items for inclusion in this section |
| EQS/21/20 | **ANY OTHER URGENT BUSINESS**<br>No urgent business.<br>The Committee Chair thanked all members. |
| EQS/21/21 | **DATE OF THE NEXT MEETING**<br>03 June 2021 at 10:00, Microsoft Teams |