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Powys Teaching  
Health Board

**POWYS TEACHING HEALTH BOARD  
SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE  
MEETING HELD ON THURSDAY 15 April 2021  
VIA MICROSOFT TEAMS**

**Present:**

Melanie Davies  
Trish Buchan  
Frances Gerrard  
Susan Newport

Vice-Chair (Committee Chair)  
Independent Member (Committee Vice-Chair)  
Independent Member  
Independent Member

**In Attendance:**

Carol Shillabeer  
Alison Davies  
Julie Rowles  
Stuart Bourne  
Jamie Marchant

Kate Wright  
Rani Mallison  
Katie Blackburn  
Jason Crowl  
Marie Davies  
Kate Evans  
Joy Garfitt  
Clare Lines  
Rebecca Collier

Sara Utlej

Chief Executive  
Director of Nursing and Midwifery  
Director of Workforce, OD and Support Services  
Director of Public Health  
Director of Primary, Community Care and Mental Health  
Medical Director  
Board Secretary  
Community Health Council  
Assistant Director of Community Services Group  
Deputy Director of Nursing  
Women and Children Risk Governance Lead  
Assistant Director for Mental Health Services  
Assistant Director Commissioning Development  
Relationship Manager, Healthcare Inspectorate Wales  
Audit Wales

**Observers:**

Rhobert Lewis  
Ronnie Alexander

Independent Member  
Independent Member

**Apologies for absence:**

Pete Hopgood

Director of Finance and IT

**Committee Support:**

Elizabeth Patterson  
Shania Jones

Corporate Governance Manager  
Committee Secretary

## **COMMITTEE ACTION LOG**

The Committee received the action log and noted the updates were provided within the paper.

## **MENTAL HEALTH SERVICES: AGE APPROPRIATE BEDS**

The Committee received a report which requested support of a decision of the Executive Committee for the provision of an age appropriate bed for young people aged 16-17 years during a mental health crisis in Powys, in the short term, where all other options are exhausted.

Given the lack of alternative short-term provision for young people aged 16-17 who are awaiting a Tier 4 CAMHS bed, the Mental Health service established a working group comprised of Psychiatrists and Mental Health Practitioners from all disciplines to develop a Powys solution for a short-term appropriate bed for our young people.

The Committee received the policy which proposed that an "age appropriate care environment" for 16-17-year olds is provided on Felindre adult mental health ward at Bronllys Hospital. The CAMHS age appropriate care environment will only be used by those who cannot be supported in a less restrictive community setting. The use of the age appropriate care environment is considered the last resort for the treatment of the young person when all other possible alternatives are assessed as presenting a greater risk to the young person, and only for a period of up to seven days prior to transfer to a regional Tier 4 bed.

The Committee SUPPORTED the proposal, as agreed by the Executive Committee.

## **MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE GROUP TERMS OF REFERENCE AND OPERATING ARRANGEMENTS**

In March 2019, the Board approved that a Hospital Managers Powers of Discharge sub-committee, which previously reported to the Mental Health and Learning Disabilities Committee (stood down in March 2019), would remain in operation under existing Terms of Reference and report through to the Experience Quality and Safety Committee. The purpose of this sub-committee was to review and monitor how the operation of the delegated functions under Section 23 of the Mental Health Act 1983 were being exercised. At this time, the Board noted that the Terms of Reference and Operating Arrangements for this sub-committee required review and would be brought forward further consideration.

The Committee received a revised Terms of Reference and Operating Arrangements which had been reviewed by the Board Secretary and Executive Director of Primary, Community Care and Mental Health.

The Committee APPROVED these Terms of Reference for adoption with immediate effect.

It should be noted that a change of name was also proposed in revising the Terms of Reference, naming the Mental Health Act Power of Discharge Group. This was to give clarity on its alignment with the requirements of the Mental Health Act and also to remove committee from its title given that its membership is predominantly made up of Hospital Managers and not Board Members.

### **SERIOUS INCIDENTS AND CONCERNS REPORT**

The Committee received a report which set out a summary of patient experience and concerns, including complaints, patient safety incidents, serious incidents and claims for the period 1 April 2020 to 28 February 2021.

The Committee received an update following on from the issue of a Special Report by the Public Service Ombudsman for Wales in October 2020.

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 under Putting Things Right (PTR) in an effective and timely way, including whether additional training on PTR requirements should be undertaken.

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.

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.

The Committee learnt that work was 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:

- Establishment and consolidation of the quality and safety function with service groups, achieving greater clarity and separation between the service response and corporate assurance.
- 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
- Little or no outstanding concerns, serious incidents and incidents, enabling robust and timely response where issues arise
- Introduction of the Once for Wales Content Management System (OFWCMS)
- A programme of continuous learning to support the development of knowledge, skills and expertise

The recommendations arising from implementation of the audit and assurance plan will be reported to Committee. The Committee welcomed this work.

## **REGULATORY INSPECTIONS REPORT**

The Committee received a report which provided an overview of the receipt and outcomes of regulatory inspections that had occurred during this reporting period, along with the Health and Social Care Regulatory Reports dashboard.

### HIW, Tier 1 Quality Checks

On the 9<sup>th</sup> December 2020, Healthcare Inspectorate Wales (HIW) undertook a remote Quality Check of Ddyfi Valley Health as part of its programme of assurance work, with the report published on the 12<sup>th</sup> January 2021. The focus of the remote check was on three key areas; infection prevention and control, governance (specifically

around staffing) and the environment of care. One improvement was identified: *'The practice should compile a training skills matrix for all staff, to ensure there is sufficient oversight of training in IPC (and other areas) at a practice wide level'*. The findings can be reviewed at the following link <https://hiw.org.uk/dyfi-valley-health>

Compliance with the improvement plan will be monitored by the Primary Care Team as part of the clinical quality governance monitoring and assurance processes of General Medical Practices and progress monitored by the EQS Committee via the Health and Social Care Regulatory Reports dashboard.

## **CLINICAL QUALITY FRAMEWORK, IMPLEMENTATION PLAN UPDATE**

Progress made in implementing the Health Board's Clinical Quality Framework Implementation Framework was outlined. After an internal review of arrangements, a three-year plan was developed during 2020-2021. The implementation plan was approved by the Experience Quality and Safety Committee in June 2020 and again presented in November 2020. The Committee noted that the Executive Committee was intending to review each of the priority actions under the goals, to ensure that they remained fit for purpose.

## **COMMUNITY SERVICES: APPROACH TO CLINICAL QUALITY**

The Director of Primary, Community Care and Mental Health provided the Committee with an update on the refinement of the Community Services Group (CSG) Quality Governance and Patient Safety Structure for 2021/22. The structure describes the arrangements in the CSG, supports the implementation of the Clinical Quality Framework Implementation Plan and supports operationalisation of the Board Assurance Framework. The Committee welcomed the presentation which would inform future assurance reporting into the Committee.

## **COMMISSIONING ASSURANCE: SATH**

The Committee received a report of the Assistant Director of Commissioning which highlighted those providers in Special Measures or scored as Level 4 following the February 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). The report provided a specific update relation to Shrewsbury and Telford NHS Hospitals Trust, including information reported to the SATH Trust's Board in March and April 2021.

It was agreed that a Board-level discussion would be arranged to discuss these concerns in further detail.

### **Items discussed In-Committee**

Due to the sensitivity of the information involved, the following items were discussed by the Committee in a closed meeting:

- Serious Incidents and Complex Concerns
- Independent Review findings (Part B) in response to the Special Report issued by the Public Service Ombudsman for Wales in October 2020

### **DATE OF THE NEXT MEETING**

03 June 2021 at 10:00AM, Microsoft Teams.