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Health Board

**POWYS TEACHING HEALTH BOARD
SUMMARY OF THE EXPERIENCE, QUALITY & SAFETY COMMITTEE
MEETING HELD ON THURSDAY 03 JUNE 2021
VIA MICROSOFT TEAMS**

Present:

Trish Buchan	Independent Member (Chair)
Frances Gerrard	Independent Member
Susan Newport	Independent Member

In Attendance:

Alison Davies	Director of Nursing and Midwifery
Kate Wright	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Wendy Morgan	Assistant Director of Quality and Safety
Julie Richards	Head of Midwifery and Sexual Health (Joined for Item 3.2 and 3.3 only)
Louise Turner	Assistant Director of Women and Children's (Joined for Item 3.2 and 3.3 only)

Observers:

Sara Utley	Audit Wales
Rhobert Lewis	Independent Member
Ronnie Alexander	

Apologies for absence:

Melanie Davies	Vice-Chair (Committee Chair)
Jamie Marchant	Director of Primary, Community Care and Mental Health.
Julie Rowles	Director of Workforce, OD and Support Services
Rani Mallison	Board Secretary

Committee Support:

Elizabeth Patterson	Corporate Governance Manager
Shania Jones	Charity Administration Support Officer

COMMITTEE ACTION LOG

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

CLINICAL QUALITY FRAMEWORK, IMPLEMENTATION PLAN UPDATE

The Committee received a report which outlined the implementation plan noting that revised priorities would be presented to the Quality Governance Group in July 2021.

SERVICE GROUP, QUALITY GOVERNANCE REPORTING: MENTAL HEALTH AND WOMEN AND CHILDREN'S

The Mental Health Quality Governance Report had been deferred.

The Womens and Children's Governance Report was presented which outlined the revised governance arrangements which had been put in place and explained the reporting mechanisms which operated in this area. The intention was to produce an aggregated report covering all services groups which would highlight importance elements of quality governance from the various groups.

MATERNITY SERVICES ASSURANCE FRAMEWORK & IMPROVEMENT PLAN

The Committee received a report which highlighted updates in regard to the Maternity Service Improvement plan, the scheduling of a Powys Maternity and Neonatal Performance Board by Welsh Government, the development of an assurance committee in SaTH and the work underway within the maternity and neonatal workstream in South Powys.

APPROACH TO ASSESSING HARM FROM COVID-19

The Medical Director gave an oral report regarding assessing harm from Covid-19 outlining this was a rapidly evolving field with a considerable amount of work being undertaken locally and nationally. Nationally work is being undertaken on nosocomial harm and harm from delays to treatment. A mini pilot has taken place in PTHB in respect of the orthopaedic waiting list. A more detailed report would be brought to Committee later in the year.

APPROACH TO LEARNING UPDATE

The Medical Director presented the report outlining the work that had been undertaken regarding learning and how the characteristics of Powys (small teams spread over a large area) presented challenges and opportunities. The principles, culture, mechanisms, and opportunities for developing shared learning were outlined.

SERIOUS INCIDENTS AND CONCERNS REPORT

It was noted that with the change in reporting systems from Datix to Once for Wales which had recently been introduced there would be potentially be a change to the way the data was presented to Committee. It was confirmed that the Putting Things Right Policy had been sent to the Public Services Ombudsman for Wales (PSOW) after approval at Board in May 2021. The performance on responding to complaints within 30 days is improving. Training had been arranged on complaints handling by the PSOW and it was intended to provide this training to a wider group of staff.

INSPECTIONS AND REGULATION REPORT

The Committee received a report outlining that Tier 1 Quality Checks had taken place at Clywedog Ward, Llandrindod Hospital where two improvements were required. For one improvement a response would be submitted to Healthcare Inspectorate Wales (HIW) and the other improvement had already been completed. A Quality Check at Felindre Ward, Bronllys had been postponed by HIW and a new date was awaited.

INFECTION PREVENTION AND CONTROL REPORT

It was noted that Infection Prevention and Control was the shared responsibility across the organisation. A plan had been developed pre-covid and many of the actions had been delivered. The team had been strengthened during the pandemic. The IPC Group receive an Environmental Cleanliness dashboard and revised guidance was expected from Welsh Government on cleanliness standards. The Infection Prevention and Control Annual Report was being drafted and would be presented to Committee in due course.

MEDICAL REVALIDATION PROGRESS REPORT 2019/2020

The Medical Director presented the report outlining that PTHB was performing similarly or slightly above the rest of Wales although it was expected that the number of referrals would increase in line with national trends. It had been necessary to defer revalidation as it had not been possible to undertake 360-degree feedback although that was a temporary position. It was necessary to appoint a Lay person to the group and whilst the quality of appraisals was good there was a need to undertake Whole Practice Appraisals.

CLINICAL AUDIT PROGRAMME REPORT

The Medical Director presented the report outlining that a number of audits had not taken place due to the pandemic but they had been reviewed and risk assessed. Some had been canceled whilst others had rolled over to 2021/22. The majority of audits that had taken place had good results. Members queried the position with regard to the Falls Audit where it was expected that work would progress over the next few months and requested further detail to be included in the next report of the Director of Primary, Community Care and Mental Health.

SAFEGUARDING DURING COVID

The Director of Nursing and Midwifery presented the report which had been requested by Board. It had been recognised by all agencies and services that wider societal harm had taken place during covid and the paper set out the Health Boards approach to joint working to tackle this. The next steps to take in response to findings of an Internal Audit were set out.

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

There was no other urgent business.

DATE OF THE NEXT MEETING

15 July 2021 at 10:00AM, Microsoft Teams.