POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY COMMITTEE

CONFIRMED

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

Present:

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

In Attendance:

Carol Shillabeer	Chief Executive Director
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
Jamie Marchant	Director of Primary, Community Care and Mental Health.
Rani Mallison	Board Secretary
Joy Garfitt	Assistant Director for Mental Health Services (Item 3.1 only)
Jayne Lawrence	Assistant Director of Primary Care Services (Item 3.2 only)
Marie Davies	Deputy Director of Nursing

Observers:

Sara Utley	Audit Wales
Rebecca Collier	Healthcare Inspectorate Wales (HIW)
Ian Virgil	NWSSP – Head of Internal Audit

Apologies for absence:

Julie Rowles	Director of Workforce, OD and Support Services
Stuart Bourne	Director of Public Health
Ruth Derrick	Head of Nursing, Quality & Safety, Mental Health
Vicky Malcomson	Improvement & Efficiencies

EQS/21/43	**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/21/44	**DECLARATIONS OF INTERESTS** No interests were declared.
EQS/21/45	**MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 3 JUNE 2021** The minutes of the previous meeting held on 3 June 2021 were AGREED as being a true and accurate record.
EQS/21/46	**MATTERS ARISING FROM PREVIOUS MEETINGS** One query was raised relating to the answer contained in the minutes to the following question where the second part of the question did not receive an answer. The answer to the second part of the question was provided as follows. *EQS/21/33 Serious Incidents and Concerns Report – Do the complaints team investigate complaints regarding long waits? And if so, do patients know that this was the method that could be used?* The Director of Nursing and Midwifery explained that there were a number of elements that inform residents and patients on how to make a complaint, including information on the website. Community Health Council (CHC) and Health Inspectorate Wales (HIW) inspect premises to see if information was available for people on premises advising of how to make a complaint. Publicity on how to make complaints can be undertaken and the Health Board could look to strengthen that element. *Could more clarification be given to the public on where they can go to make a complaint.* The Chief Executive further explained that individuals do write to the Health Board about the access issues. However, it was be difficult to understand if people were aware and able to use

	this form of communication. A solution to this would be to highlight this method through the networks and particular the CHC. As part of the Health Boards renewal portfolio there was a programme called Advice, Support and Rehabilitation. That would move the Health Board into a position where the organisation was more proactive in contacting people who were delayed on the waiting lists.
EQS/21/47	**COMMITTEE ACTION LOG** The Committee received the action log and there were no updates provided.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
EQS/21/48	*There were no items for inclusion in this section*
ITEMS FOR DISCUSSION	
EQS/21/49	**SERVICE GROUP, QUALITY GOVERNANCE REPORTING: MENTAL HEALTH** The Director of Primary Care, Community and Mental Health Services introduced the previously circulated report. The Assistant Director for Mental Health Services presented the paper which highlighted a number of the quality and governance mechanisms which had deployed within the mental health and learning disabilities (MHLD) service group. The use of the Commissioning Assurance Framework (CAF) was the foundation for MHLD Service Group, a quality assurance and performance process within the Health Board reflecting the progress the Mental Health (Wales) Measure 2010. The CAF includes details of Powys Teaching Health Board (PTHB) as a provider of 90% of mental health services with 10% provided via commissioned services through other NHS bodies or through the private sector. The priority during COVID-19 pandemic was continuity of care to ensure that the Health Board were picking up individuals with escalating presentations concerning any risks. The service culture was highlighted as transparent and accessible leadership. The size of the Mental Health team was noted with currently 400 members of staff and approximately 4,000 patients.

	The outcome measures had presented a difficulty in getting to a core data set across Wales. Welsh Government had undertaken some work regarding this, to bring together approximately 10-12 quality and outcome measures, which would be used. The new outcomes would be centred around improving wellbeing from a patient perspective, ability to get own goals and recovery aspirations, experience and satisfaction. This demonstrated a move from a quantitive to a qualitive process. The management of Concerns and Serious Incidents was a robust management system within the group and there was a small team focused around this area. There was an aim to improve and prioritise work surrounding mandatory training and appraisal rates. The Once for Wales system had been introduced and there was continued engagement with national working groups from Welsh Government, particularly around outcome performance measures. *The quality governance framework cannot be populated due to identifiable information and issues. Could this information be given to the In-Committee in order for members to be fully sighted on information presented.* The Director of Primary, Community Care and Mental Health explained that the information provided to committee was to inform members of the process. The paper outlined the learning and how the assurance was based upon the process itself, how information was pulled together, analysed and supported by the local service areas. Therefore, it was to understand what was discussed rather than the detail under discussion. *How were the mental health staff?* The Assistant Director for Mental Health Services explained a recent visit to staff within North Powys highlighted they had become fatigued. Staff members were taking annual leave which was important and this was supported. There was an increase in number of patients referring to the mental health service. There had been a 25% increase in primary mental health services referrals and there was a greater number of patients in secondary care and living with a complex trauma. It was not only staff who were fatigued but patients also. *The framework presented to the Committee highlighted that the Health Board had a responsibility for all patients in learning disability and mental health. Was this inclusive of those learning disability patients and people who were based*

	out of county? Was it comprehensive? Did it include children and adolescents as well as older people within all these settings? The Assistant Director for Mental Health Services confirmed that the Mental Health Service was looking at all of these groups identified. It was explained that the figure provided to committee of 4,000 patients fluctuates regarding patients who were eligible for assessment, treatment, ongoing support or post diagnostic support. As an example, if the service was treating an individual with a learning disability, there would be an investment in providing support for families and carers who deliver care in an informal care perspective. Out of county placements have a number of patients who were in specialist provision and during COVID-19 those visits have been kept up via calls or in-person. *The physical health of individuals with a learning disability and with mental health issues is an area of concern. There was no information provided on the current reporting system regarding the physical health of these patients and if that was being looked after. Could this information be provided in future reports?* The Assistant Director for Mental Health Services explained that GP annual checks have suffered during COVID-19 as less patients have been attending clinics. This was the only formal measure relating to the physical health of these patient. The community learning and disability team have gone out, for example to ensure that their patients have been double vaccinated and have also undertaken basic observations and health screening when completing medication reviews. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report. *The Assistant Director for Mental Health Services left meeting.*
EQS/21/50	**GP ACCESS STANDARDS TO INCLUDE:** **a) PERFORMANCE REPORT** The Director of Primary Care, Community and Mental Health Services introduced the previously circulated report to the committee. The Assistant Director of Primary Care Services presented the report which focused on General Medical Services (GMS) access which included opening hours, appointment availability and Access Standards achievement for 2020/2021. It included the findings of a Powys Community Health Council (CHC) access report following an access survey in autumn 2020.

	The GMS regulations allowed practices to self-regulate their provision of services, to meet the 'reasonable' needs of patients. It was noted that theses reasonable needs were required to be met between the hours of 8am to 6:30pm, Monday to Friday. However, it did not mean that the doors require to be open throughout this period, telephone access could be classed as reasonable needs. This presented challenges in defining 'reasonable' and collecting data to assess this. However, there was a variety of information captured to gain assurance around the various access components in general practice. 100% of the 16 Powys Practices were accessible during core hours, Monday to Friday excluding bank holidays. 100% of practices did not undertake half day closures or lunchbreaks. At some multi-site practices, access to either the main or branch site would be available to patients. During the COVID-19 pandemic all practices maintained core opening hours, although there were some closures due to outbreaks or self-isolating staff. The model of delivery for access to general practice had to adapt quickly due to COVID-19. Some were not fully incorporated within the triage model however, overnight practices moved to telephone triage and telephone contact. All practices have an open list, this means that as long as a patient resides within a practice area, they were entitled to register with the practice. PTHB had an Access Forum which was conducted quarterly and the representation within that group included the Local Medical Committee (LMC), Community Health Council (CHC) and assistant directors from across the Health Board. Access standards and general access to general medical services were discussed within this forum and were reported through the General Medical Services Commissioning Assurance Framework (CAF) reporting. The CAF would be reported through PTHB groups and committees once year end data was available. The access standards had been in place for the last two years and although it was not a mandatory contractual requirement, 100% of Powys practices were committed to aspire to achieved the standards. There was one GP practice that chose not to implement one of the standards however, overall the compliance and achievement of standards was above the national average of 76%. PTHB provided a supportive role in assisting practices with achievement of the standards and improve accessibility.

	During 2020/21, NHS Wales Shared Services Partnership Audit and Assurance Services Internal Audit undertook a review of the Access Standards with the conclusion 'substantial' assurance was in place regarding the Health Board's method and approach to monitoring standards. Powys Community Health Council (CHC) undertook an access survey during September 2020. The sample was small with 116 participants. The survey was set against the context of the COVID pandemic and individual experiences of accessing general practice services. The report recommendations offered practices further considerations when planning future access models. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report. *The Assistant Director of Primary Care Services left the meeting.*
EQS/21/51	**MORTALITY REPORT** The Medical Director presented the previously circulated report which provided an update on the mortality data for the period 1 January 2021 to 30 April 2021 and developments in the mortality review process. The mortality report was reviewed every six months and was aligned to the medical examiners service and the methodology that will be used when this service commences. The latest mortality review took place in April and May 2021 and 86 cases from across the community hospitals within Powys was reviewed. This paper provided a summary on deaths of Powys residents occurring both in Powys community hospitals and in the services commissioned in out of county District General Hospitals during the period 1st January 2021 to 30th April 2021. The findings of the second round of independent reviews of deaths occurring in Powys Community Hospitals were detailed. The paper also provided an update on the Datix Mortality Module and the roll out of the Medical Examiner project. The previous mortality reviews highlighted an issue regarding the recording of cause of death within case notes and it was noted that this had improved. The medical examiner service was due to commence by April 2022. It was planned to look at cases from community hospitals during late summer/early autumn. Therefore, it was important to ensure that the mechanisms were in place to provide documentation in a timely manner.

	The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.
EQS/21/52	**RESUSCITATION GROUP REPORT** The Medical Director presented the previously circulated report which informed the Committee of the three main areas that were discussed namely equipment, training and policy and governance. There was a Service Level Agreement (SLA) in place with Cwm Taf Morgannwg regarding equipment and training. Cwm Taff was to review the defibrillators and equipment ten times throughout the year, and there would be an annual inspection from the Electro-Biomedical Engineering (EBME) team, and daily checks done by the ward staff. There were three levels of resuscitation training, basic life support, intermediate life support and advanced life support. Basic and intermediate training was appropriate for the majority of the Powys Teaching Health Board staff. This was delivered within Powys and staff were up to date with this training. The Advanced Life Support was harder to provide as it required face to face training. In respect of policy and governance, it was noted that Powys did not have a Resuscitation Officer. There was an understanding that Cwm Taf Morgannwg would provide that role, which may no longer be the case. There was a discussion around appointing someone to this role within Powys Teaching Health Board. The following roles of the Resuscitation Sub-Group were noted: • Act as a liaison forum for the parties with an interest in supporting good clinical practice to meet and discuss quality and improvement. • Act as an advisory body to assist the Medical Director in determining policy and practice for the organisation with respect to resuscitation. Historically the Sub-group had met twice per year, under the Chairmanship of the Medical Director, but could be called on to provide advice outside of a meeting if required. *Support was shown for an appointment of a resuscitation officer within Powys Teaching Health Board. It was noted that it was a very important missing link within Powys Teaching Health Board.* The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.

EQS/21/53	**COMMISSIONING ESCALATION REPORT** The Director of Nursing and Midwifery presented the previously circulated report which highlighted providers in Special Measures or scored as Level 4 and above following the 27 May 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). There were two providers, Cwm Taf Morgannwg and Shrewsbury and Telford Hospital NHS Trust (SaTH) in Special Measures. There was one provider at Level 4, Wye Valley. The report provided a high-level summary of key issues in relation to the two providers with services in special measures. It was noted that the commissioning assurance framework established within PTHB looked at a number of elements including patient experience, quality and safety, access, activity, finance, governance and strategic change. This considered the intelligence, which was key for triangulation and a more formalised reports provided by regulators and independent organisations. The key elements that were highlighted to the Committee includedthe issues and assurances escalated to SaTH's own Trust Board in June 2021. SaTH's focus had been on restoring services, consideration of the mortality rate. Alerts made to SaTH's own Board include delays in implementation of IT system, reliance on funding surround COVID related initiatives. The report identified the work been done to re-introduce the commissioning assurance framework and escalation reports which identified issues that exist with the commissioned services in Special Measures. *A delay in implementation of IT was mentioned, was this regarding IC net? Or wider?* The Director of Nursing and Midwifery confirmed that the IT delay was wider. *The Health Board was hopeful that when the University Hospitals Birmingham NHS Trust took over, it would strengthen the governance aspects and would have a significant impact. Had that been noted?*

	The Chief Executive explained there were key conversations that needed to take place with system leaders and experts that were supporting the Trust, in particular the University Hospitals Birmingham NHS Trust. The University Hospitals Birmingham NHS Trust were in a formal alliance with SaTH therefore, the Chief Executive had requested a meeting with the UHB Chief Executive or suitable member of his team to understand where there had been progress and in what areas progress was lacking. The Chief Executive had also approached the Medical Director for the NHS England and NHS Improvement, to ask similar questions. There had been contact made with the Care Quality Commission (CQC) regarding this matter and it had been agreed to keep open communication regarding this. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.
EQS/21/54	**PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT** The Director of Nursing and Midwifery presented the previously circulated report which set out an overview of the way in which Putting Things Right (PTR) was discharged within the Health Board and compensation claims activity for the period 1 April 2021 to 31 May 2021. The report provided opportunity to share the internal review undertaken following the publication of a Special Report by the Public Service Ombudsman for Wales in October 2020, and the accompanying improvement plan. The assessment element of the paper was divided into two elements, system and processes that support the PTR function. Some of the improvements gained were a result of a deep dive. The Audit Wales quality governance report was expected in the coming weeks, which would give more context to areas which need further improvement and development. The PTR policy had been revised and approved by Board and an increase training was noted. The Health Board was aware there needed to be a structured approached to training, education and learning around the level of investigative analysis, and the ability to translate those findings into meaningful improvements. The audit and assurance plan had been previously presented to this Committee and assurance provided that the first quarter actions had commenced. The findings and lessons learned were due to be reported at the following EQS Committee. The Once for Wales management system had been introduced on the 7 May 2021, with staged introductions following. PTHB

	was waiting for the mortality and safeguarding modules to be established. The application and implementation to date had been successful due to a number of key individuals. During implementation and the change from the old to the new system, risks were identified therefore weekly monitoring of incident reporting patterns and trends had been implemented. This ensured that any areas that demonstrate lower than expecting reporting or an unplanned change reporting patterns would receive an additional level of support when needed. Reporting across Wales had identified that the new system, despite the concerns, was more user friendly. The new patient safety incident policy that had been provided in May 2021 had received a significant amount of work at All Wales level, as well as locally in order to be in a position to implement the changing policy by the end of the financial year. It was noted that the informal concerns target was 100% and within the last reporting period that was achieved. Formal concerns narrowly missed that target. The key area for formal concerns was surrounding access to primary and dental services. *How was the new IT system functioning?* The Director of Nursing and Midwifery explained that there was some anxiety around bringing in this system during the pandemic. There had been a large amount of work locally and at an All Wales level to try and incorporate this system in a safe and effective way. Any new system will have issues, but the work conducted by the Director of Finance and IT, and his team helped to address and find solutions efficiently. The system was intuitive therefore, was likely to be better at providing for PTHB needs. *Regarding the inquests, could an explanation be given to how the Health Board analyses anything that had less than five particular individuals. Therefore, individuals reading the paper would understand that it was not a lack of information but the requirement not to report actual figures where less than five.* The Director of Nursing and Midwifery agreed it was frustrating, and although well recognised in healthcare, the use of the phrase less than 5 is required when numbers are so small there is a risk of sharing person identifiable information in the public domain. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.

EQS/21/55	**REGULATORY INSPECTIONS REPORT** The Director of Nursing & Midwifery presented the previously circulated report which articulated the receipt and outcomes of regulatory inspections that had occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard. Healthcare Inspectorate Wales (HIW) had stated that they would be recommencing a face-to-face visit programme. Recent activity which related to HIW inspections included the submission of an updated improvement plan relating to a Tier 1 Quality Check report. An unannounced inspection of a mental health ward was carried out on 15 June 2021, with no immediate improvements identified. A dashboard overview of the current position was provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators. The report highlighted any inspections that can been closed since the previous report. No inspections have been closed but there have been inspections added. *Could more information be provided regarding the Deprivation of Liberty Safeguards (DoLS) report.* The Director of Nursing and Midwifery explained that previously there was a limited assurance audit in relation to deprivation of liberty saf, approach and opportunity to take that forward. Work had been undertaken to strengthen PTHB's position in relation to *DoLS.* There were pending Liberty Protection Safeguards which were potentially coming in at the end of this financial year. PTHB had undertaken a significant amount of internal strengthening focused on re-training and learning. There had been a steady increase in requests for *DoLS'* best interest assessment and the Executive Committee were looking at ways to best steady the increase in demand along with what will be required in relation to the new LPS. Currently it was awaiting clarity from a UK wide level of what will be required for LPS. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.
EQS/21/56	**CLINICAL QUALITY FRAMEWORK, PATIENT EXPERIENCE: REVISED PRIORITIES** The Director of Therapies & Health Sciences presented the previously circulated report which articulated service user/ patient experience activity over the past year and current work in progress, and reflected Goal 1 of the Clinical Quality Framework.

	It was noted that there was not a dedicated team that collects patient experience. It required staff that were engaging with patients and users. The paper shared new ways of working that had contributed to positive experiences through the recent pandemic. A focus was on the improvements identified through the Health Board's Clinical Quality Framework. The paper set out the main priorities for the first quarter of 2021/22. The Experience, Quality & Safety Committee NOTED the report.
EQS/21/57	**MEDICAL DEVICES AND POINT OF CARE TESTING REPORT** The Director of Therapies and Health Science presented the previously circulated report which provided an update on the current position in terms of Medical Devices and Point of Care Testing. It included background information in relation to recent organisational changes, the current structure which supported this area of work and briefly outlined the functions of the team. Information on key activities, progress and risks associated with Medical Devices and Point of Care Testing (PoCT) was included. Capacity to progress with the PoCT Work Plan and Medical Devices Improvement Plan was challenged by additional unplanned workload. Urgent equipment requirements could be avoided through better management of local equipment replacement programmes. There were some grey areas in terms of responsibility and leadership which created confusion and delays. These areas should be managed in collaboration as opposed to responsibility sitting within one area. *Financially how were the contracts managed and arranged by the Medical Devices and Point of Care testing manager. There was no designated medical device or equipment budget. Was that the easiest way to finance this?* The Director of Therapies and Health Science confimred that this presented a challenge in relation to the requirement to charge back to each area. The Experience, Quality & Safety Committee DISCUSSED and NOTED the report.

EQS/21/58	**REPORT OF THE LEARNING FROM EXPERIENCE GROUP** The Medical Director presented the previously circulated report which informed the Experience, Quality and Safety Committee of the work of the Learning from Experience Group. The Group comprised of the Executive Clinical Directors for Medicine, Nursing and Therapies & Health Sciences together with the Chief Pharmacist. The Group meet quarterly under the Chairmanship of the Director of Clinical Strategy and Medical Director. The Learning from Experience Group was a new forum established in March 2021. Its purpose was to support the safe and effective delivery of the care given to Powys residents both within the county and at commissioned services. The Experience, Quality & Safety Committee NOTED the report.
ITEMS FOR INFORMATION	
EQS/21/59	There were no items for inclusion in this section.
OTHER MATTERS	
EQS/21/60	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There were no items for inclusion in this section.
EQS/21/61	**ANY OTHER URGENT BUSINESS** No urgent business. The Committee Chair thanked all members.
EQS/21/62	**DATE OF THE NEXT MEETING** 7 October 2021, at 10:00, via Microsoft Teams.