

POWYS TEACHING HEALTH BOARD SUMMARY OF THE PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE MEETING HELD ON THURSDAY 7 OCTOBER 2021 VIA MICROSOFT TEAMS

Present:

Melanie Davies Vice-Chair (Committee Chair)

Trish Buchan Independent Member (Committee Vice-Chair)

Frances Gerrard Independent Member Ian Phillips Independent member Mark Taylor Independent member

In Attendance:

Alison Davies Director of Nursing and Midwifery

Claire Madsen Director of Therapies and Health Sciences

Jamie Marchant Director of Primary, Community Care and Mental

Health

Kate Wright Medical Director

Stuart Bourne Director of Public Health
Marie Davies Deputy Director of Nursing

Wendy Morgan Assistant Director of Quality and Safety Julie Richards Women and Children's Service Manager

Rani Mallison Board Secretary

Apologies for absence:

Rebecca Collier Welsh Government

Committee Support:

Holly McLellan Senior Administrator/Personal Assistant to Board

Secretary

COMMITTEE ACTION LOG

The Committee received the action log and no updates were provided.

INTEGRATED QUALITY REPORT: DIRECTORATE OF PRIMARY, COMMUNITY CARE AND MENTAL HEALTH

The report summarised patient quality and safety metrics across three service groups within the DPCCMH Directorate for April to June 2021. The report followed on from reports from each Group which outlined the mechanisms within the groups to monitor and manage the area of work.

Further work would continue to develop the scope of the reports with work undertaken closely with colleagues across PTHB including the Quality and Safety team and the new Assistant Director of Performance. A focus would be on consistency of format and presentation, where applicable, but also detailed trend analysis and any potential for benchmarking. The report was process heavy whereas moving forward it would become outcome focussed.

PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT

The paper provided an overview of how the Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 April 2021 to 31 July 2021. The paper included the systems and processes in place to support discharge of the function, along with any outputs and outcomes. Reference was made to patient experience and concerns, which included complaints, patient safety incidents, and compensation claims and trends.

REGULATORY INSPECTIONS REPORT

The report 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. Recent activity related to Healthcare Inspectorate Wales (HIW) inspections provided assurance on progress with Tier 1 and unannounced inspections. Quality check summary reports for dental practices were highlighted within the report.

An update on the National Maternity improvement plan priorities 2021, was seeking agreement to extend the timeframe for 5 actions. HIW confirmed their decision not to progress with phase 2 of the review. A dashboard overview of the current position was provided, related to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

INFECTION PREVENTION AND CONTROL REPORT

The Infection Prevention and Control Annual Report made three formal recommendations as outlined below with their current status:

 The Operational Decontamination Lead or Infection Prevention Control nomination should represent Powys Teaching Health Board on the All Wales Decontamination and Sterilization Group. Such representation was historically in place.

Status: Completed

 Decontamination centres that undertook the reprocessing of flexible endoscopes should strive to achieve accreditation, and operation of a quality management system, in compliance with the medical devices directive/ISO 13485 standard. This represented best practice and a policy should be in place for the Health Board to work towards this standard.

Status: Work was ongoing towards completion.

The management structure was in place across the organisations.
However, interviews indicated concerns with resource time allocation
needed to undertake the management of decontamination across the
organisation. It was recommended the structure be reviewed and
appropriate resource allocated.

Status: Estates were to assess the role and if there was a case to increase capacity.

MATERNITY ASSURANCE REPORT

The report summarised the position in terms of the maternity pathway for the women of Powys, with a focus on:

- 1. Maternity Commissioning Assurance Framework.
- 2. Commissioned maternity services subject to special measures.
- 3. South Powys Programme Maternity and Neonatal Workstream.
- 4. Powys Maternity Improvement Plan, main focus.
- 5. External scrutiny.

Moving forward the next steps would be:

- Continued implementation of the Powys Maternity Improvement Plan.
- Maintain oversight and escalation of commissioned services through the Commissioning Assurance Framework (CAF), to include increased scrutiny of neonatal services.
- Continue to develop and embed governance and maintain reporting arrangements.

COMMISSIONING ESCALATION REPORT

The report highlighted providers in Special Measures or scored as Level 4 and above following the 18 August 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

- 2 providers with services in Special Measures;
- 1 provider at Level 4.

The report also provided:

A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB).

CLINICAL QUALITY FRAMEWORK: GOAL 5, INTELLIGENCE

The report provided a summary of progress in the implementation of the actions set out under Goal 5 of the Health Board's *Improving Clinical Quality Framework*. There were four actions under Goal 5, two of which had had work taken forward, and two of which required further work to define and describe their scope. The paper also noted two more recent developments; a draft report from Audit Wales and a Welsh Government quality framework, which recognised that there was a need to align elements of these two documents under Goal 5 to recognise their contribution to the aim of this goal.

COMMITTEE WORKPLAN 2021/22

The greater proportion of agenda items were rolling standard items. The work plan was dynamic and would be picked up through agenda setting meetings.

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 Overview
- Update on Procedural Response for Unexplained Death in Childhood (PRUDIC) Case
- Infection Prevention and Control Nosocomial Report

There was no other urgent business.

DATE OF THE NEXT MEETING

2 December 2021 at 14:00, Microsoft Teams.