



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 6 NOVEMBER 2020
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:

Alison Davies

Carol Shillabeer

Clare Lines

Hayley Thomas

Rani Mallison

Director of Nursing and Midwifery

Chief Executive

Assistant Director Commissioning Development

Director of Planning and Performance

Board Secretary

Apologies for absence:

None

Committee Support:

Holly McLellan

Senior Administrator/Personal Assistant to Board
Secretary

EQS/20/79	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present.</p>
EQS/20/80	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
<p>ITEMS FOR APPROVAL/RATIFICATION/DECISION</p>	
EQS/20/81	<p>South Powys Pathways Programme</p> <p>The Chief Executive and Assistant Director Commissioning Development presented the previously circulated paper which provided and update on the South Powys Pathways Programme, following the announcement of the accelerated opening of The Grange University Hospital in Aneurin Bevan University Health Board.</p> <p>The Chief Executive advised that the paper provided updated information in relation to risk management and readiness. It also confirms the PTHB assumptions about expected Powys patient flows (in Phase 1) following the accelerated opening of The Grange University Hospital (GUH).</p> <p>The Chief Executive handed over to the Assistant Director Commissioning Development who advised that before the COVID-19 pandemic Powys Teaching Health Board (PTHB) had established a South Powys Pathways Programme Board. Chaired by the CEO, involving the Welsh Ambulance Service NHS Trust (WAST), Cwm Taf Morgannwg University Health Board (CTMUHB) and Aneurin Bevan University Health Board (ABUHB). The Programme Board had been convened to prepare for changes: anticipated under the South Wales Programme; in response to the opening of GUH in Spring 2021; and under the Powys Health and Care Strategy.</p> <p>The winter of 2020/21 will be extremely difficult due to the COVID 19 pandemic. This year has been one of unprecedented challenge for all and civil contingency arrangements remain in place. GUH is key to ABUHB's COVID winter response and approval was given on the 27th August 2020 to bring forward the GUH opening to the 17th November, 2020.</p> <p>Responding to the early opening of the Grange was identified as a key strategic priority for the whole board of PTHB. Following the announcement PTHB amended the scope and phasing of its Programme Board to focus, in Phase 1, on the changes needed in a compressed timescale to emergency and urgent care flows.</p>

Following public consultation five health boards and WAST had approved, in 2014, recommendations in relation to the future configuration of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E) for South Wales and South Powys. Under this Prince Charles Hospital (PCH) in Merthyr Tydfil was recognised as being of strategic importance for South Powys offering the nearest District General Hospital (DGH) for the majority of the South Powys population.

The opening of GUH results in changes to Nevill Hall Hospital (NHH) DGH in Abergavenny which becomes a "Local General Hospital". Whilst it will continue to provide a range of outpatient, diagnostic, admission and day case surgical services for South Powys patients it will no longer be the closest DGH with a Consultant led Emergency Department and for emergency admission (including paediatrics).

In summary, the assumptions and expected patient flows for PTHB are:

- There should be alignment with the outcomes of the South Wales Programme
- "Time critical" journeys by WAST (usually "Reds" and "Amber 1s") will be to the closest District General Hospital (DGH) with an Emergency Department (ED). For most of South Powys this will be Prince Charles Hospital (PCH).
- PCH is also the closest DGH for most South Powys WAST calls classified as "Amber 2s, 3s and Greens" (helping to ensure ambulances are away from Powys for the least time possible).
- Once the changes at NHH in Abergavenny take place, the closest DGH ED for the majority of patients who are "walk-ins" from South Powys will be PCH.
- PCH will be the main DGH ED and hospital for paediatric emergency flows for most of South Powys.
- Powys GPs may refer adults, fitting the clinical criteria, in hours, to the NHH MAU.
- Powys patients will use the PTHB Minor Injury Units (MIUs) where appropriate

PTHB will work closely with CTMUHB to accelerate movement of patients back to Powys from the PCH ED and wards.

The Assistant Director Commissioning Development noted that a risk-based approach had been utilised working on a compressed time scale. To mitigate risk, detailed work had

been done around patient flows. A key aim was to reduce the need for emergency department admissions. In a meeting on the morning of 6 November 2020 the Executive Director of CTMUHB agreed that this aim was reflected in the CTMUHB quarter 3 and 4 plans.

The Chief Executive thanked the Assistant Director of Commissioning Development and raised that PTHB needed a clear position on readiness. PTHB must be confident that its preparation is of the highest standard prior to the opening of the Grange University Hospital.

Hayley Thomas raised that ABUHB were undertaking daily meetings of preparation work. No issues were escalated from the meeting on the morning of 6 November 2020. The final meeting would take place on 12 November 2020.

The Chief Executive raised that one risk had not been managed, the outcome of the fire break would factor into the level of risk and other current factors were predicted to also have a positive effect. The risk would be left at its current level and not pre-emptively reduced. The Committee Chair agreed on the current approach to the risk. The risk would be escalated to Board and the committee should be sighted on it.

Susan Newport acknowledged the work that has been undertaken and queried the availability of air ambulances considering winter weather conditions. The Chief Executive responded that there was a heightened awareness of issues with the Heads of the Valleys and Brecon Beacons roads. Comments have been made in stakeholder management. There have been few issues, the Welsh Ambulance Service had given clear and positive responses on how they would work through any problems. Powys County Council would aim to keep main routes and those of known at risk patients open. Welsh Ambulance had a good level of awareness from travel agencies on weather conditions and open routes.

The Committee Vice-Chair commended work undertaken and queried if the investment in Prince Charles Hospital was sufficient and timely to assist with the current influx. The Chief Executive responded that there had been a capital investment from the South Wales Programme which was progressing. The accelerated opening of the Grange University Hospital has been the biggest challenge and is receiving further investment now. CTMUHB has faced changes that didn't come to fruition such as an expectation of a different bed base. Additional investment to Prince

Charles Hospital has been undertaken if we translate investment to bed capacity expansion.

The Committee Vice-Chair queried how risk would be mitigated in terms of repatriation of patients from high Covid-19 areas. The Chief Executive responded that people are already being tested and needs met appropriately. PTHB intends to introduce Near Patient Testing which would be swifter as soon as is possible.

The Committee Vice-Chair queried whether communications should be extended and enhanced for vulnerable people. Were there any plans to strengthen patient feedback? Do PTHB partners have an appropriate understanding of the level of change for patients? The Chief Executive responded that PTHB was mindful of individuals who do not use digital media which lead to actioning information being distributed via mail drop as well as social media. The Chief Executive commended Adrian Osbourne, Assistant Director of Communication and Engagement, for his work in supporting this. PTHB were envisaging that voluntary organisations would help to discharge messages and pick up concerns moving forward. Patient experience would be discussed weekly.

The Assistant Director of Commissioning Development added that easy read versions of information were produced and sent to all supported living providers. Individuals with a written care plan would be assessed to ensure their plan was adjusted accordingly.

The Chief Executive raised that the Clinical Summit PTHB had hosted and developed had been valuable and it was agreed no matter where a patient came from they would receive treatment. It was important to ensure any administrative issues were dealt with behind the scenes. CTMUHB had taken this on and had been supportive and keen to develop working relationships.

The Director of Planning and Performance raised that the Community Health Council through check and challenge had also helped to get information into the community. Frequent users had received a targeted approach to assess which individuals would be impacted upon by the change, front line staff in particular were reinforcing at every opportunity. The Assistant Director of Commissioning Development noted that in every case where an individual was an emergency admission PTHB would ensure care plans were in place and reviews were done to ensure patients did not require emergency admissions.

	<p>The Committee Chair queried the clinical impact of the South Powys Pathways Programme on maternity and time scales. In what ways would the Crickhowell pathway be affected. The Director of Nursing and Midwifery responded that as part of the work stream there was a Senior Representative from Cwm Taf and Aneurin Bevan, this provided scope for a more informed plan. A date is to be identified for continuity of care. Work would be undertaken alongside the Director of Midwifery from Cwm Taf and with engagement from Ian Sop to form a constructive agenda.</p> <p>The Chief Executive raised that it would be necessary to be clear on where Crickhowell would flow to. The Assistant Director of Commissioning Development responded that approximately 20% of the activity that previously went through Nevill Hall MIU will still flow through where the patient is an adult and fits the appropriate predetermined parameters. In terms of clinical impact there would be a meeting with appropriate counterparts from other Health Boards as well as weekly meetings in the immediate period after the opening of the Grange University Hospital to touch base. In the South Cluster, once the immediate safety aspect was dealt with both sides felt positive regarding the new relations with Cwm Taf.</p> <p>The Chief Executive thanked the Committee Chair and queried whether the Committee felt assured that the focus and conclusion could be endorsed. The Committee Chair responded that key matters had been addressed and the pathway work provided good assurance. The Committee Chair noted that the known risk was around capacity and Covid-19.</p> <p>The Chief Executive thanked the planning team and raised that additional actions would be added going forward.</p> <p>The Chief Executive noted an update was scheduled to be presented to Board on 25 November 2020.</p> <p>The Committee NOTED the report and ENDORSED the progression of the South Powys Pathways Programme.</p>
ITEMS FOR DISCUSSION	
EQS/20/82	There are no items for inclusion in this section.
ITEMS FOR INFORMATION	
EQS/20/83	There are no items for inclusion in this section.
OTHER MATTERS	

EQS/20/84	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There are no items for inclusion in this section.</p>
EQS/20/85	<p>ANY OTHER URGENT BUSINESS</p> <p>No urgent business.</p> <p>The Committee Chair thanked all members.</p>
EQS/20/86	<p>DATE OF THE NEXT MEETING</p> <p>3 December 2020, 13:30 – 16:30 via Microsoft Teams.</p>