

Patient Experience, Quality and Safety Committee

Thu 23 February 2023, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

 PEQS_Agenda_23Feb2023 Final.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes from the previous meeting held on the 24 November 2022 for approval

 PEQS_Item_1.3_unconfirmed Minutes 2022-11-24.pdf (14 pages)














1.4. Patient Experience, Quality and Safety Committee Action Log

 PEQS_Item_1.5 PEQS_Action Log Feb 23.pdf (3 pages)

10:00 - 10:00
0 min

2. ITEMS FOR ASSURANCE

2.1. Integrated Quality Report including: Maternity Services Update (to include compliance with actions in action plan) & Quality and Engagement Act (wales): Implementation update

-  PEQS_Item_2.1_PEQS_Integrated Quality Paper Feb23.pdf (13 pages)
-  PEQS_Item_2.1ai_App 1_PEQS_Integrated Quality Paper Feb23 DRAFT.pdf (1 pages)
-  PEQS_Item_2.1aii_WHC 2018-042.pdf (18 pages)
-  PEQS_Item_2.1aiii_poster template 3.pdf (1 pages)
-  PEQS_Item_2.1b_App 2_Patient story leaflet15aug.pdf (2 pages)
-  PEQS_Item_2.1c_App 3_Ockenden Assurance Committee Report SaTH.pdf (56 pages)
-  PEQS_Item_2.1di_Quality & Patient Safety Committee Chairs report Oct 22.pdf (14 pages)
-  PEQS_Item_2.1dii_WHSSC Quality Newsletter Autumn 22.pdf (16 pages)
-  PEQS_Item_2.1diii_WHSSC Final Internal Audit Report Oct 22.pdf (11 pages)
-  PEQS_Item_2.1ei_Report Patient Experience of GP Services in Powys Aug22.pdf (30 pages)
-  PEQS_Item_2.1eii_CHC Report on Virtual Visit Project March 2022.pdf (20 pages)
-  PEQS_Item_2.1eiii_CHC Report on Community Pharmacies Survey July2022.pdf (39 pages)
-  PEQS_Item_2.1eiv_Report Access to Dentists July 2022.pdf (27 pages)

2.2. Clinical Audit Programme 2023-24

 PEQS_Item_2.2_Clinical Audit Programme 2023-24.pdf (21 pages)

2.3. Annual Report of the Accountable Officer for Controlled Drugs

 PEQS_Item_2.3_Controlled Drugs Accountable Officer Annual Report Oct 21-Sept 22.pdf (12 pages)

2.4. National Commissioning Functions Review

 PEQS_Item_2.4a_JP letter to CEOs -Review of National Commissioning Functions.pdf (2 pages)

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10:00 - 10:00 **3. ITEMS FOR DISCUSSION**

0 min

3.1. Mental health Services - 111 press 2 project

Presentation

10:00 - 10:00 **4. ESCALATED ITEMS**

0 min

There are no escalated items (Maternity Services has been included in Item 2.1)

10:00 - 10:00 **5. ITEMS FOR INFORMATION**

0 min

Child Practice Review

There are no items for information

10:00 - 10:00 **6. OTHER MATTERS**

0 min

6.1. Committee Risk Register - risks overseen by this Committee

PEQS_Item_6.1_Committee Risk Report_February 2023.pdf (3 pages)

PEQS_Item_6.1a_Appendix A_Committee Risk Register_February 2023.pdf (6 pages)

6.2. Development of Committee Annual Programme Business 23/24

PEQS_Item_6.2_Presentation PEQS Committee workplan.pdf (4 pages)

6.3. Terms of Reference for Power of Discharge Group

PEQS_Item_6.3_Review of Committee Terms of Reference cover paper.pdf (3 pages)

PEQS_Item_6.3a_PoD_Group_TermsofReference_annual review 2022-23.pdf (6 pages)

6.4. Items to be Brought to the Attention of the Board and/or Other Committees

6.5. Any Other Urgent Business

6.6. Date of the Next Meeting: 25 April 2023

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**POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY AND
SAFETY COMMITTEE**



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Addysgu Powys
Powys Teaching
Health Board

THURSDAY 23 FEBRUARY 2023

10:00 – 13:00

VIA MICROSOFT TEAMS

AGENDA

Time	Item	Title	Attached/Oral	Presenter
	1	PRELIMINARY MATTERS		
09:30	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting 24 November 2022 •	Attached	Chair
	1.4	Patient Experience, Quality and Safety Committee Action Log	Attached	Chair
	2	ITEMS FOR ASSURANCE		
	2.1	Integrated Quality Report including: • Maternity Services Update (to include compliance with actions in action plan) • Quality & Engagement Act (Wales) Act: Implementation Update • WHSSC Quality and Safety Chairs Report	Attached	Director of Nursing and Midwifery
	2.2	Clinical Audit Programme 2023-24	Attached	Assistant Director Innovation and Improvement
	2.3	Annual Report of the Accountable Officer for Controlled Drugs	Attached	Chief Pharmacist
	2.4	National Commissioning Functions Review	Attached	Director of Corporate Governance and Board Secretary
	3	ITEMS FOR DISCUSSION		
	3.1	Mental Health Services – 111 press 2 project	Presentation	Director of Primary, Community Care and Mental Health
	4	ESCALATED ITEMS		
		<i>There are no escalated items (Maternity Services has been included in item 2.1)</i>		
	5	ITEMS FOR INFORMATION		
		Child Practice Review		
	6	OTHER MATTERS		

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	6.1	Committee Risk Register – risks overseen by this Committee	Attached	Director of Corporate Governance and Board Secretary/ Director of Nursing & Midwifery
	6.2	Development of Committee Annual Programme Business 23/24	Presentation	Director of Corporate Governance and Board Secretary
	6.3	Terms of Reference for Power of Discharge Group	Attached	Director of Corporate Governance and Board Secretary
	6.4	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.5	Any Other Urgent Business	Oral	Chair
	6.6	Date of the Next Meeting: 25 April 2023		

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is considering plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance and Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Helen Bushell, Director of Corporate Governance and Board Secretary, helen.bushell2@nhs.wales.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

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

**MINUTES OF THE MEETING HELD ON THURSDAY 24 NOVEMBER 2022
VIA MICROSOFT TEAMS**

Present:

Kirsty Williams
Ian Phillips
Mark Taylor
Jennifer Owen Adams
Simon Wright

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

In Attendance:

Hayley Thomas

Director of Primary, Community Care and
MH/Deputy CEO

Claire Roche
Claire Madsen
Kate Wright
Mererid Bowley
James Quance

Director of Nursing and Midwifery
Director of Therapies and Health Sciences
Medical Director
Interim Director of Public Health
Interim Board Secretary

Observing:

Carl Cooper
Amanda Edwards
Mitchell Parker

PTHB Chair
Assistant Director – Innovation and Improvement
Health Inspectorate Wales

Apologies for absence:

Carol Shillabeer
Debra Wood-Lawson
Katie Blackburn
Bethan Hopkins
Zoe Ashman
Marie Davies

Chief Executive
Interim Director of Workforce and OD
CHC
Audit Wales
Assistant Director of Quality and Safety
Deputy Director of Nursing

Committee Support:

Liz Patterson

Interim Head of Corporate Governance

PEQS/22/52	WELCOME AND APOLOGIES FOR ABSENCE The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present.
PEQS/22/53	DECLARATIONS OF INTERESTS No interests were declared.
PEQS/22/54	MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 13 SEPTEMBER 2022 (FOR APPROVAL) The minutes of the previous meeting held on 13 September 2022 were AGREED as a true and accurate record.
PEQS/22/55	MATTERS ARISING FROM MINUTES OF PREVIOUS MEETING There were no matters arising from the minutes of the previous meeting.
PEQS/22/56	PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG The Action Log detailed the following actions that had been completed: PEQS/21/79 – data issues at Shrewsbury and Telford Hospitals. These issues still exist but mitigations have been put in place. This will now be reported within the Integrated Quality Report. Action Closed. PEQS/22/45 – Maternity de-escalation arrangements to be reported to Committee – this is on the agenda for this meeting. Action Closed. PEQS/21/84 – to ascertain how telephone/video phlebotomy appointments work – this relates to follow up advice after an in-person appointment Action Closed.

	<p>PEQS/22/41 – ensure findings from Brecon Minor Injuries Unit (MIU) Inspection are not systemic across other areas within the wider organisation – The health board have looked at the findings in the relation to the Brecon MIU and checked the position across all MIUs within the county.</p> <p>Action Closed.</p>
ITEMS FOR ASSURANCE	
PEQS/22/57	<p>INTEGRATED QUALITY REPORT</p> <p>The Director of Nursing and Midwifery presented the report and drew attention to the following areas:</p> <ul style="list-style-type: none"> • preparation for the implementation of the Health and Social Care (Quality and Engagement) Act (Wales) 2020 in April 2023 continues with an implementation plan appended to the report, • the Quality and Safety team are providing investigation training, all places have been filled and good feedback has been received, • the team are back on track with the review of nosocomial cases, • there has been a decrease in the number of formal concerns received in part due to the move to address concerns at source, • compliance with the 30 working day response time for complaints has improved to 80% in October, • a learning newsletter has been jointly produced with teams (appended to the report), and • concluding key messages were outlined within the report. <p><i>A number of the graphs, diagrams and narrative lack keys or clarity including the following:</i></p> <p>Graph 1 – the key to complaints received:</p> <ul style="list-style-type: none"> • Red = formal complaints • Blue = early resolution • Green = completed complaints <p>Graph 2 – '30wd' relates to the target of 30 working days to acknowledge a complaint</p> <p>The waves referred to in section 2 of the report relate to covid waves.</p> <p>Graph 3 narrative noted a peak in incidents in February/March 2022 which was not shown on the graph.</p> <p>Action: Director of Nursing and Midwifery to:</p>

- **Ensure the Integrated Quality Report was properly referenced, and**
- **to investigate and respond on the Graph 3 query.**

Is the site to site variation in mortality reviews significant?

The Medical Director advised that the team had worked on treatment escalation plans and noted that the Mortality Review Report was late in coming to Committee but there had been considerable improvement. Site variation would be reported to Committee on an exception basis.

Is the organisation on course to implement the requirements of the Quality and Engagement Act?

The Director of Nursing and Midwifery advised that consultation had opened on the duty of quality and duty of candour with both consultations closing near to the implementation of the Act.

The Director of Nursing and Midwifery sat on the duty of quality national group and confirmed that the expectation was that by implementation date organisations were not expected to be fully compliant but were expected to have in place sound plans to demonstrate improvement in relation to both the duty of quality and the duty of candour.

It was expected that organisations will be required to report to Welsh Government to demonstrate this improvement. The health board has a good foundation with Commissioning Assurance Frameworks in place, an integrated performance framework which includes quality, and it will be necessary to produce a register of events where the duty of candour is triggered.

There will be an increased emphasis on the duty of quality, duty of candour and citizens voice across the organisation.

The Implementation Action plan is generic and does not include specific actions to be taken.

The Director of Nursing confirmed a more detailed action plan would be produced and brought back to Committee.

Action: Director of Nursing and Midwifery

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	<p><i>How does the duty of candour link to the Integrated Performance Report and work of the Workforce and Culture Committee?</i></p> <p>The Director of Primary, Community Care and MH advised that work was required regarding policies, procedures, and frameworks to ensure the quality of care wherever it is delivered. It will also be necessary to develop reporting arrangements to ensure there are no gaps in reporting.</p> <p>The Chair noted a need to keep the Committee informed of progress, noting for context the consultations did not close until the end of January 2023. It would be necessary to be clear of which Committee was picking up which area of the Quality and Engagement Act.</p> <p>The Integrated Quality Report was DISCUSSED and NOTED.</p>
PEQS/22/58	<p>MATERNITY ASSURANCE REPORT</p> <p>The Director of Nursing and Midwifery presented the report on provided maternity services noting the service is currently in local escalation and outlining how the service would move to business as usual. The action plan to achieve this had been considered by the Executive Committee who would receive updates in January and March to ascertain when it was appropriate to move to business as usual.</p> <p>Cwm Taf Morgannwg University Health Board (CTMUHB) Maternity Services had this week moved from Special Measures to Targeted Intervention, and the Prompt Wales Quality Assurance Follow-up Report was attached for information.</p> <p><i>What are the CIS cases referred to in section 1.5 of the Maternity Improvement Action Plan?</i></p> <p>The Director of Nursing and Midwifery advised that CIS is a Clinical Information Sharing plan used where women choose to act outside guidance and outlines the situation and mitigations which have been put in place in these circumstances.</p> <p><i>Is the peer to peer review of CIS cases an internal review?</i></p>

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	<p>The Director of Nursing and Midwifery confirmed this was a review between provider services and Consultant Midwives.</p> <p><i>To what extent do the public know the service are in escalation and how is the organisation building back confidence?</i></p> <p>The Director of Nursing and Midwifery advised that there had not been a loss of confidence as it had been a pro-active internal decision to put the service into local escalation rather than waiting for regulators to put the service into escalation.</p> <p>The small number of concerns and complaints relating to the service have been allocated a personal liaison officer, but the large majority of people who use the service are very satisfied.</p> <p>The service has been open regarding the issues, bringing the position to the attention of the Committee and sharing the position with the Delivery Unit. Where serious concerns exist, for example when the Ockenden Report on Maternity Services in Shrewsbury and Telford Hospitals (SaTH) was published, the service offered a specific link officer to those families who were accessing services in SaTH.</p> <p><i>The information in the report appears to give more assurance in relation to SaTH than CTMUHB, it is not clear why CTMUHB has been de-escalated?</i></p> <p>The Director of Nursing and Midwifery concurred that the SaTH approach to reporting progress was good practice, and the health board would learn from this, in particular in regard of evidencing progress.</p> <p>Whilst CTMUHB has been de-escalated, the service was still in Targeted Intervention and the health board would continue to sit on their Assurance Group.</p> <p>A readiness assessment would now be prepared regarding transfer of maternity services from Nevill Hall Hospital to Prince Charles Hospital now the CTMUHB service had been de-escalated.</p> <p><i>What is the position regarding maternity services accessed by Powys families that are not included within the report?</i></p> <p>The Director of Primary, Community Care and MH outlined that the Commissioning Assurance Framework (CAF) is in place and those areas in escalation are reported to</p>
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	<p>Committee because they are areas of concern. The CAF monitors all other areas.</p> <p>The Director of Nursing and Midwifery undertook to add detail in the Integrated Quality Report advising that areas not brought to the attention of the Committee were meeting set performance standards.</p> <p>The Maternity Assurance Report was DISCUSSED and NOTED.</p>
PEQS/22/59	<p>CLINICAL AUDIT PROGRESS AND LEARNING</p> <p>The Medical Director presented the report and drew attention to</p> <ul style="list-style-type: none"> • changes in reporting on national audits which included local monitoring, via the Patient Experience, Quality and Safety Committee on any actions identified as a result of a national audit, • local clinical audits which are progressing on target for the current year although a lot remain to be undertaken, and • how examination of the national and local audits and triangulation with other information in learning groups assists in developing the forward clinical audit plan. <p><i>To what extent is the clinical audit plan informed by the risk register?</i></p> <p>The Medical Director advised that the forward work plan was indirectly informed by the risk register in the same way as the similar areas would be found on the risk register as the clinical audit plan.</p> <p><i>Given the changes in reporting on the national audit, are systems in place to enable the monitoring of actions in response to national audits to be reported to this Committee?</i></p> <p>The Medical Director advised that the Learning Groups monitor national audits, and it will be necessary to change the Terms of Reference for Learning Groups to undertake this role and report to this Committee.</p> <p>Action: Medical Director</p>

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	<p><i>The paper suggests that the changes outlined above could be adopted across the organisation. How will this work?</i></p> <p>The Medical Director advised that the intention was to embed good practice across the organisation rather than quality being the sole responsibility of the corporate team. The arrangements for the Community Services Group were outlined but it will be necessary for each Service Group to put in place appropriate arrangements. This will be considered as part of the readiness for the Quality and Engagement Act.</p> <p>The Clinical Audit Progress and Learning Report was DISCUSSED and NOTED.</p>
PEQS/22/60	<p>INFECTION PREVENTION AND CONTROL ASSURANCE REPORT</p> <p>The Director of Nursing and Midwifery presented the report and explained that the late submission was as a result of staff changes and that it was intended to bring more timely annual reports in future.</p> <p>The report summaries progress on national Infection Prevention and Control targets which have been met and the Director of Nursing and Midwifery extended thanks to the team for the work that had been undertaken during the pandemic (the period covered by the report). Attention was drawn to the joint working that had taken place to achieve the targets for example with Medicines Management and the Estates Team.</p> <p>The team have had challenges in relation to workforce and have recently advertised for a Consultant Infection Prevention and Control specialist. It has been necessary to seek to recruit to this elevated role due to the competition for staff in this area.</p> <p><i>The tables in section 4 of the Annual Report appear to be replicated. Is this correct?</i></p> <p>The Director of Nursing and Midwifery confirmed this data would be checked and amended if required.</p> <p>Action: Director of Nursing and Midwifery</p>

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	<p>The Infection Prevention and Control Assurance Report was DISCUSSED and NOTED.</p>
PEQS/22/61	<p>WHSSC QUALITY AND PATIENT SAFETY</p> <p>The Director of Nursing and Midwifery advised that quarterly meetings took place with the WHSSC Director of Nursing to discuss quality and safety issues and that ways to strengthen links between WHHSC Quality and Patient Safety Committee and this Committee would be explored.</p> <p>The Chair welcomed this strengthening of links considering the high volumes of commissioning undertaken by the health board.</p> <p>Action: Director of Nursing</p>
ITEMS FOR DISCUSSION	
PEQS/22/62	<p>SAFEGUARDING ANNUAL REPORT</p> <p>The Director of Nursing and Midwifery presented the 2021/22 Safeguarding Annual Report and confirmed the intention to bring the next Annual Report in quarter 2 (July – September 2023). The report outlines key areas of development and achievement to support the health board to meet its statutory responsibilities in safeguarding the residents of Powys.</p> <p><i>How is the complexity of multiagency work managed?</i></p> <p>The Director of Nursing and Midwifery explained that the development of multi-agency working over the last decade had been significant. Whilst the health board has its own Safeguarding team, close working takes place across the Mid and West Wales Regional area including with other health boards, local Councils, the Police and national safeguarding networks.</p> <p><i>The paper outlines the progress to date in relation to implementation of Liberty Protection Safeguards, but it does not appear to provide assurance the health board are on track to achieve the timescales required?</i></p> <p>The Director of Nursing and Midwifery noted this referred to progress over the period 2021-22 and since then the health board had received Welsh Government funding to support the introduction of the Liberty Protection Safeguards. Whilst</p>

	<p>there is corporate support for this, it is the responsibility of all staff, and it will be necessary to embed arrangements across the system.</p> <p><i>Could an update be provided to a future meeting of the Committee on the implementation of Liberty Protection Safeguards?</i></p> <p>The Chair advised this would be considered either under the Committee Work Programme or a Committee Development session.</p> <p>Action: Chair</p> <p>The Committee NOTED the contents of the report and the intention to bring the report to Committee earlier next year.</p>
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PEQS/22/63	<p>PATIENT EXPERIENCE APPROACH</p> <p>The Director of Therapies and Health Sciences presented the paper noting the health board does not have a Patient Experience Team and this work is supported by the Quality and Safety team, and the Welsh Language and Equalities team that collect and collate patient stories.</p> <p>The health board have opted in to the Once for Wales contract for the Civica patient experience system. This enables the health board to gather real time service user feedback from both provided and commissioned services. The system will be able to analyse data in respect of Patient Reported Outcome Measures and Patient Reported Experience Measures.</p> <p>Attention was drawn to the key messages which, in respect of capacity, were stark.</p> <p><i>Is the health board satisfied with the amount of feedback that is received? Will the introduction of the Civica system result in more feedback? Can the health board be confident that the results are not skewed in any way? What opportunities are in place to triangulate the information received?</i></p> <p>The Director of Therapies and Health Sciences confirmed the health board were not content with the amount of feedback available hence the commissioning of the Civica system</p>
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which would enable feedback including in relation to commissioned services.

The health board does have a Patient Experience Group, but attendance is poor.

The Director of Planning and Performance is helping to develop a Business Intelligence system and dashboard which will help with triangulation of data.

The Medical Director noted all organisations are struggling with the disconnect between receiving and acting on patient experience which happens but is not recorded.

Should this Committee receive the options available and resource implications of options in relation to patient experience?

The Director of Nursing and Midwifery emphasised the importance of the Committees commitment to the hearing the patient voice. Patient voice needs to be heard both in how the organisation has performed, and what is important to people. There are advantages and disadvantages of having additional resource. One of the disadvantages is that the focus of patient voice is on the function rather than being embedded across the organisation.

What will happen to the data when it is collected? Will it be possible to manage the higher level of data collected?

The Director of Therapies and Health Sciences advised that the citizen voice would be used in relation to incidents, concerns, the learning group, and audit programme. The software will allow for thematic screening and highlighting of individual issues. Civica enables reports to be produced for specific teams which may highlight where compliments are received or where there are issues that need to be escalated.

How will the feedback link into the wider aims of the health board?

The Director of Primary, Community Care and MH outlined that Civica had a role to play in hearing the citizens voice but there were other ways, for example when undertaking engagement prior to service change.

Members expressed concern that there did not appear to be capacity within the health board to capture and use patient

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	<p><i>experience in a way that would be beneficial to the organisation.</i></p> <p>The Director of Primary, Community Care and MH requested an opportunity to reflect on the conversation, to allow the Executive Committee an opportunity to consider this and an update be provided to Committee.</p> <p>Action: Director of Therapies and Health Sciences</p>
ESCALATED ITEMS	
PEQS/22/64	There were no escalated items
ITEMS FOR INFORMATION	
PEQS/22/65	There were no items for information.
OTHER MATTERS	
PEQS/22/66	<p>COMMITTEE RISK REGISTER</p> <p>The Interim Board Secretary presented the Committee Risk Register noting it had been reviewed in September. Additional work would be required to articulate the risk at a lower level. The Risk Register includes matters relating to quality and thus patient experience is included.</p>
PEQS/22/67	<p>COMMITTEE WORK PROGRAMME</p> <p>The updated Committee Work Programme was received. A number of items had been identified during the meeting for consideration.</p> <p>The Work Programme for 2023/24 was in development including in relation to the new arrangements regarding the Integrated Quality Report.</p> <p>The Work Programme would have a structure but be flexible in relation to issues that arose during the year.</p> <p>Annual Reports would be brought to Committee earlier in the year.</p>
PEQS/22/68	<p>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE 2022-23</p> <p>The Interim Board Secretary introduced the paper and invited comments on the Terms of Reference. The following items were put forward for consideration:</p> <ul style="list-style-type: none"> • should the duty of candour and duty of quality be referenced within the terms of reference,

	<ul style="list-style-type: none"> • can the connections between this Committee and other Committees relating to citizen voice be included, and • the frequency of meetings to be amended to 'meet at least quarterly'. 																
PEQS/22/69	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>The Chair noted that the matters discussed would be included in the Chair's Report to Board.</p>																
PEQS/22/70	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>																
PEQS/22/71	<p>DATE OF THE NEXT MEETING</p> <p>16 February 2023, via Microsoft Teams.</p>																
	<p>Under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 the following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>																
	<p>Attendance:</p> <p>Present:</p> <table border="0"> <tr> <td>Kirsty Williams</td><td>Vice-Chair (Committee Chair)</td></tr> <tr> <td>Ian Phillips</td><td>Independent Member</td></tr> <tr> <td>Mark Taylor</td><td>Independent Member</td></tr> <tr> <td>Jennifer Owen Adams</td><td>Independent Member</td></tr> <tr> <td>Simon Wright</td><td>Independent Member</td></tr> </table> <p>In Attendance:</p> <table border="0"> <tr> <td>Hayley Thomas</td><td>Director of Primary, Community Care and MH/Deputy CEO</td></tr> <tr> <td>Claire Roche</td><td>Director of Nursing and Midwifery</td></tr> </table> <p>Committee Support:</p> <table border="0"> <tr> <td>Liz Patterson</td><td>Interim Head of Corporate Governance</td></tr> </table>	Kirsty Williams	Vice-Chair (Committee Chair)	Ian Phillips	Independent Member	Mark Taylor	Independent Member	Jennifer Owen Adams	Independent Member	Simon Wright	Independent Member	Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO	Claire Roche	Director of Nursing and Midwifery	Liz Patterson	Interim Head of Corporate Governance
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PEQS IC/22/73	<p>MENTAL HEALTH ACT COMPLIANCE REPORT</p>																

	<p>The Director of Primary, Community Care and MH presented the annual Mental Health compliance report noting overall that similar levels of activity had occurred during October 2021 to September 2022 as over the previous 12 month period.</p> <p>Committee Members scrutinised the report and requested that future reports present comparative data over a period of five years rather than one year to allow pre-pandemic levels of activity to be compared.</p> <p>It was noted that the report was restricted to Compliance with the Mental Health Act, and it was requested that the broader context of activity in Mental Health Services be provided to a future meeting.</p> <p>Action: Director of Primary, Community Care and MH.</p> <p>The Mental Health Compliance Report was NOTED.</p>
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Key:

Completed
Not yet due
Due
Overdue

PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

ACTION LOG FEBRUARY 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
PEQS/21/29	2 Dec 2021	Next Quality Report to include details of actions taken as a result of staff survey	Director responsible for Community Services Group		
PEQS/21/32	2 Dec 2021	Requests for training to be considered as part of Board Development Programme	Director of Corporate Governance and Board Secretary	The Committee now has a full complement of Independent Members, and a Development Programme is in preparation	
PEQS/22/07	12 May 2022	Response to CHC on Virtual Visit Report shared with Committee	Director of Nursing and Midwifery	A response has been sent to the CHC addressing the learning identified	
PEQS/22/31	7 July 2022	Discussion on development of risk register at future meeting of PEQS	Director of Corporate Governance and Board Secretary	This will be covered within the PEQS Member Development Programme	
PEQS/22/41	13 Sept 2022	Key Performance Indicators to be developed for inclusion in the Integrated Quality Report	Director of Nursing and Midwifery/Director of Therapies and Health Sciences/Medical Director		

PEQS/22/51	13 Sept 2022	A further report on Mental Health Services to be brought to the December 2022 Committee meeting	Director of Primary, Community Care and MH	This update will now come to the February 2023 Committee meeting	
PEQS/22/57	24 Nov 2022	<ul style="list-style-type: none"> Ensure the Integrated Quality Report is properly referenced Investigate and respond to Graph 3 query on IQR November 2022 Provide additional detail in the Quality and Engagement Act Implementation Plan 	Director of Nursing and Midwifery	Completed	
PEQS/22/59	24 Nov 2022	Revise the Terms and Reference of the Learning Group to reflect changes in reporting of National Audits	Medical Director	The TOR will be revised in preparation for the Quality and Engagement Act. Learning from National Audits will be captured and incorporated	
PEQS/22/61	24 Nov 2022	Clarify relationship between WHSSC Quality and Safety Committee and PEQS	Director of Nursing and Midwifery	WHSSC Quality and Safety Committee reports shared between EDoNS. EDoN will present at PEQs going forward.	
PEQS/22/62	24 Nov 2022	Implementation of Liberty Protection Safeguards to be considered for	Chair	This to be considered at the PEQS Work Planning meeting on 31 March 2023	

		Committee or Committee Development work programme			
PEQS/22/63	24 Nov 2022	Patient Experience Approach to be reconsidered at Executive Committee and an update be provided to PEQS	Director of Therapies and Health Sciences	An oral update to be given	
PEQS IC/22/73	24 Nov 2022	Mental Health Services update	Director of Primary, Community and MH	This item will be brought to the Committee in April 2023	

Agenda item: 2.1

Patient Experience and Quality Committee		23 February 2023
Subject:	Integrated Quality Report	
Approved and Presented by:	Claire Roche, Executive Director of Nursing & Midwifery	
Presented by	Claire Roche, Executive Director of Nursing & Midwifery	
Prepared by:	Zoe Ashman, Assistant Director Quality & Safety	
Other Committees and meetings considered at:	Finance and Performance Executive Group - 15 February 2023	

PURPOSE:

The purpose of this report is to provide the Patient Experience and Quality Committee with an overview of the Quality & Safety agenda across the Health Board and provide assurance that Quality and Safety is appropriately monitored and reported.

RECOMMENDATION(S):

The Patient Experience and Quality Committee are asked to take assurance that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting.

Approval/Ratification/Decisionⁱ	Discussion	Information
✓	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	x
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

ACRONYMS

PTUHB	Powys Teaching Health Board
NRI	Nationally Reportable Incidents
PTR	Putting Things Right
PSOW	Public Service Ombudsman Wales
PCC	Powys County Council
HM Coroner	Her Majesty's Coroner
PREM's	Patient Reported Experience measures
PROM's	Patient Reported Outcome Measures
GMPI	General Medicine Practice Indemnity
WRP	Welsh Risk Pool

DETAILED BACKGROUND AND ASSESSMENT:

1 Background

The purpose of this report is to provide the Patient Experience and Quality Committee with an update on the quality and safety agenda for Powys Teaching Health Board (PTUHB).

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2 Specific matters for consideration by this meeting (Assessment)

2.1 Implementation progress Quality & Engagement Act (2023)

The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. The Act aims to:

- support an ongoing, system-wide approach to quality improvement within the NHS in Wales.
- further embed a culture of openness and honesty.
- help drive continual public engagement in the design and delivery of health and social care services.

A consultation period commenced in October 2022 and closed in January 2023, with ratified guidance expected by March 2023.

The Health Board are the pilot site for the implementation of the Duty of Candour enhancement to RLDatix. This is an opportunity that will strengthen the clinical teams response to incidents to ensure appropriate classification of harm along with timely management.

An engagement event was held on 30 January 2023 with attendance from all services and specialities across the Health Board, along with representatives of Welsh Government and Health Collaborative responsible for implementing the Act across Wales. The team also welcomed the Local Medical Committee (LMC) and Health Board Vice Chair Kirsty Williams to participate in the discussions and workshops. The feedback has been overwhelmingly positive with significant progress made to ensure a robust implantation plan is in place with wide support and buy in to ensure success.

Several measures have been agreed which include:

- Drafting a road map for implementation to further strengthen the action plan.
- Agreement of the key priorities for implementation; namely the requirements of the Duty of Candour process which will commence on 1st April 2023.
- Establish a candour toolkit of resources for teams to utilise.
- Revisit the Health & care strategy to ensure alignment with the Quality & Engagement Act
- Development session for the Board
- Develop a robust reporting and monitoring process and structure for services to align with the requirements of Duty of Candour, to include the establishment of a Clinical Advisory Group.
- Drafting of a risk register

2.2 Once for Wales Content Management System (RLDatix)

The implementation of the Once for Wales Content Management System (OFWCMS) is complete. However, this excludes the final risk module as this has been delayed for implementation due to the national work required. This is expected to be deployed in April 2023.

With the support of the central team at Welsh Risk Pool (WRP), updates to the organisational hierarchy within RLDatix for the Health Board has already been taken in August 2022 and this work remains on-going with completion expected by end of March 2023. Therefore, the committee is advised to note that data integrity from RLDatix cannot be guaranteed until this work is complete.

In preparation for the Health and Social Care (Quality and Engagement) (Wales) Act, (1 June 2020), the provision of quality data dashboards to services, areas and teams is essential and has commenced at pace. This will ensure that quality data is used to triangulate themes and trends whilst informing quality improvements and areas of focus. The dashboards will be shared with all services during Q4.

2.3 Supporting learning and improvement

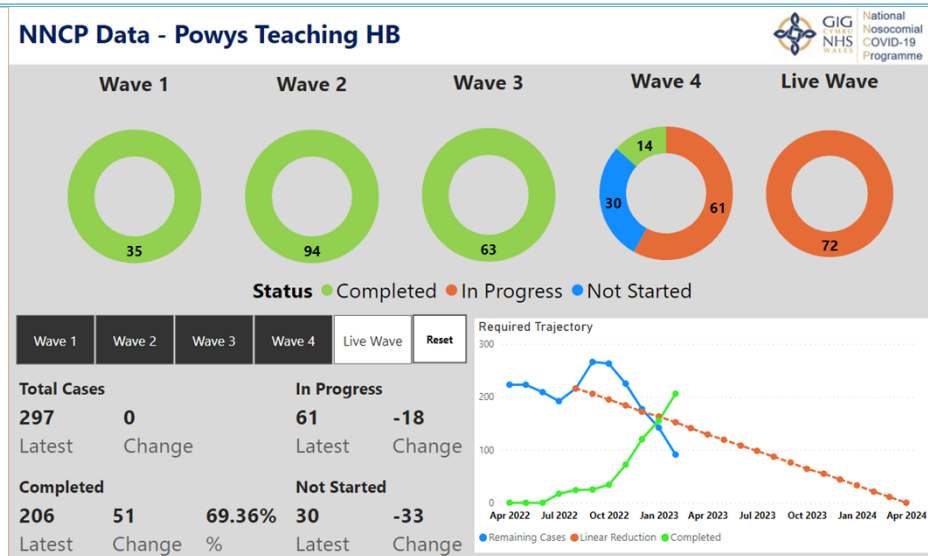
The Learning & Development group is supported by all Clinical Directors and their teams. There is collective agreement within the membership that this structure will be supported by the incident management process, facilitating the implementation of a total quality management system, as described in the Quality and Engagement Act. This forum will be a key enabler to the reporting and monitoring process and structure described above.

2.4 National Nosocomial Framework

In March 2021, the Framework into the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published. Any hospital acquired infection, including COVID-19, is considered a patient safety incident and therefore the provisions of the Putting Things Right Regulations (PTR) apply.

Progress is demonstrated in data capture below as monitored by the programme.

Data updated 07/02/23



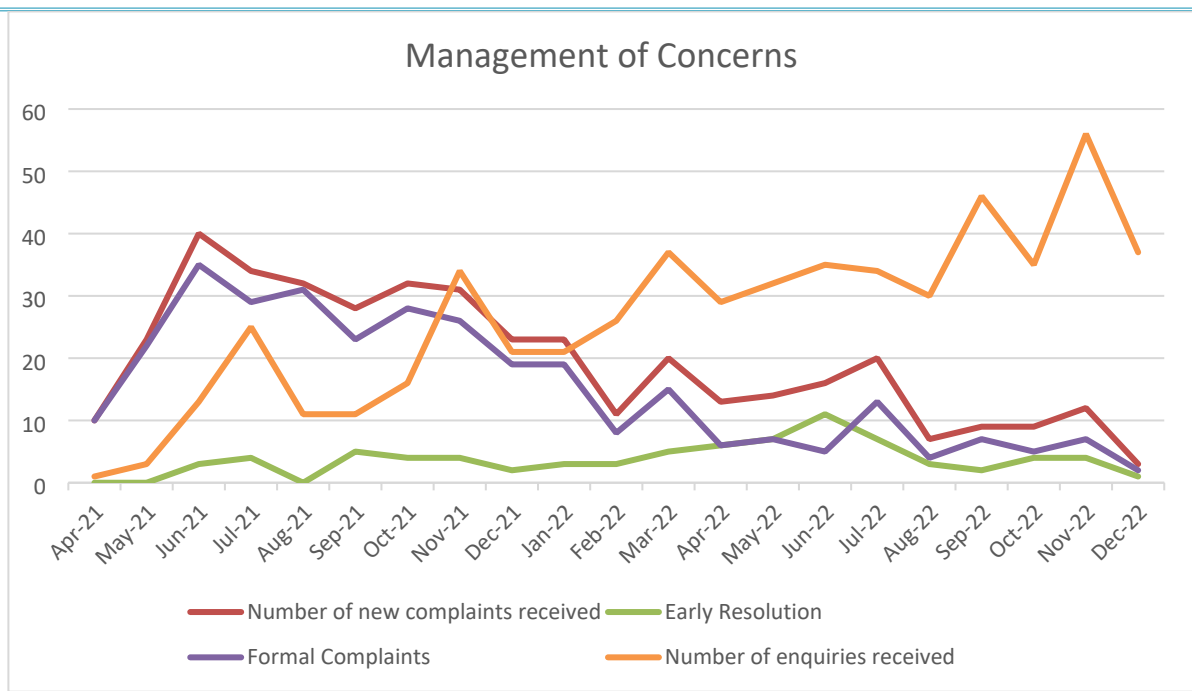
The graph demonstrates that the Health Board is up to date and on track with the required trajectory to complete this work by April 2024.

2.5 Putting Things Right – Concerns

The management of concerns has significantly improved during Q1-Q3 to ensure that concerns that require a formal response are managed appropriately with the required investigation. Those that are best managed proactively as early resolutions/enquiries in line with regulations support a prompt resolution for individuals. In the past 12 months, of the 157 concerns received 3 have been re-opened for further investigations, which is a very low number and demonstrates significant satisfaction from complainants regarding resolution.

Graph 1 demonstrates the number of new formal concerns along with early resolution and enquiries open by month.

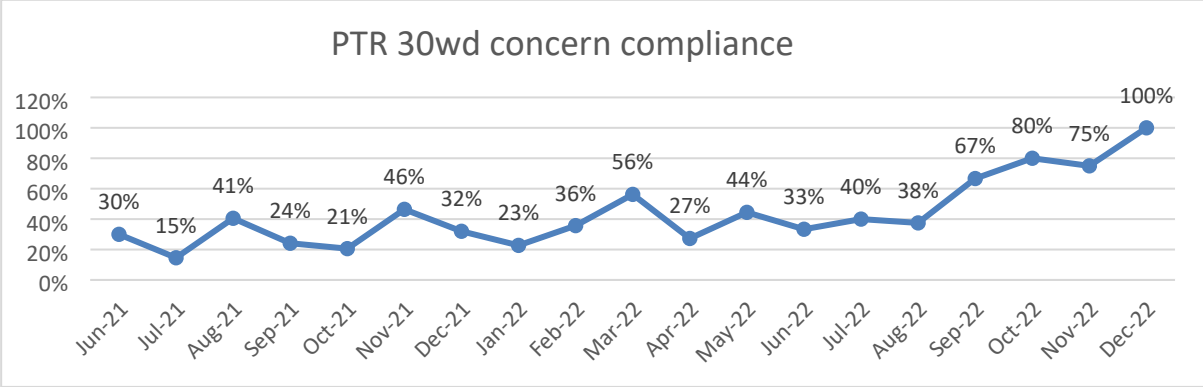
Graph 1



Source: Incidents Module OFWCMS RLDatix system

Significant progress has been made with the management and compliance of formal concerns within 30wd response time (Graph 2). Overall compliance in Quarter 3 was 83% with 100% noted in December 2022. Ensuring improved compliance is maintained over a sustained period is vital to embedding the quality improvements that have occurred during quarter 1 to quarter 3.

Graph 2



Source: Incidents Module OFWCMS RLDatix system

The top 3 themes of formal concerns are:

- Access to services, clinical treatment/ assessment

- Communication: Level of communication from staff regarding patient care and treatment, failure to communicate in a timely manner, lack of robust detail and understanding.
- Delays: Patients waiting longer than expected for appointments, delay in discharge, delay in transfer.

2.6 Public Service Ombudsman for Wales (PSOW)

The Health Board position for 2021/22 with complaints escalated to the PSOW is as below:

Voluntary Settlement	Not Investigated	Upheld	Total
17% (n1)	50% (n3)	33% (n2)	6

Our current position as of 3rd January 2023 is as follows:

Open Enquiry	Not Upheld	Partially Upheld	Advice Given	Total
2	14	1	3	20

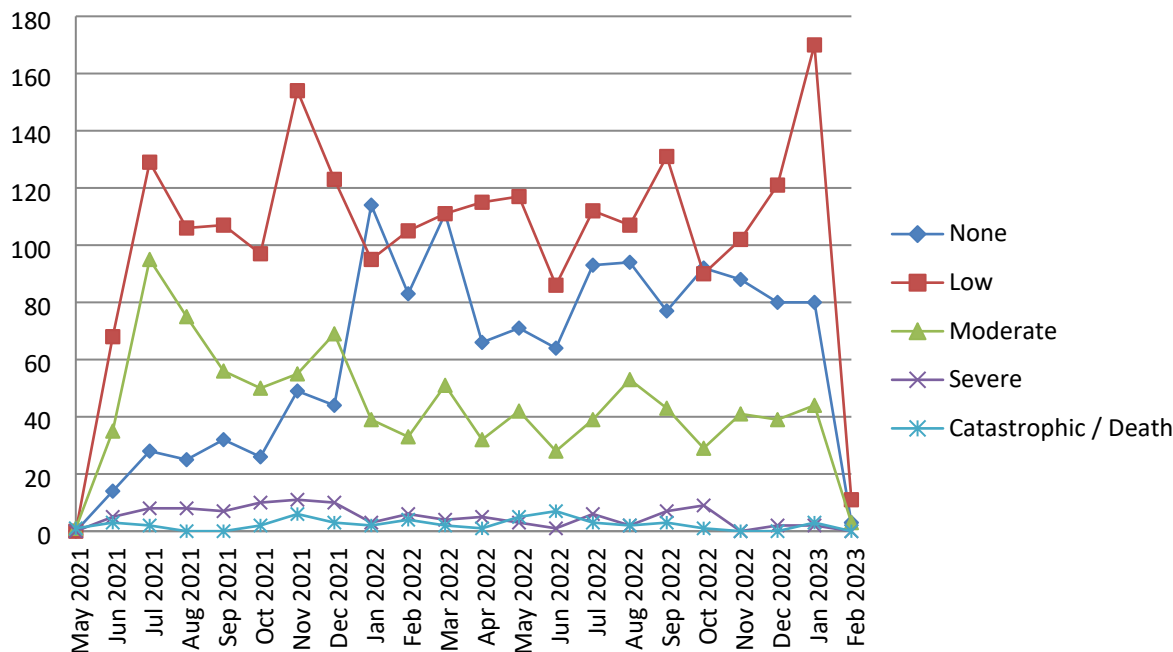
2.7 Incident Management

The number of incidents reported is stable (**Graph 3**) with a peak noted during January 2023 which can be attributed to the reporting of nosocomial cases in line with the national workstream.

It must also be recognised that the number of moderate harm incidents has reduced which may be attributed to the increased education and training regarding the classification of harm and incident management. This additional support is being provided in readiness for the implementation of Duty of Candour.

Graph3

Incidents by Reported Date (Month and year) and Actual Harm



The highest reported incident themes during Q3:

- Pressure or moisture damage (n161)
Action: All grade 3 pressure ulcers and above are reviewed through the multidisciplinary scrutiny panel process for wider organisational learning and improvement.
- Slip, trip or fall (n142)
Action: Fall's scrutiny panel has commenced during Q3 to assess the themes and trends of falls to inform improvements required within the falls framework. This work will be further supported through the Safe Care Collaborative quality improvement project guided by Improvement Cymru & IHI.
- Behaviour (including violence & aggression) (n91)
Action: Deep dive to review themes and trends of reporting by the Head of Quality & Safety

2.11 Early Warning Notifications (previously No surprises notifications)

<5 Early Warning Notifications have been submitted during Q3 associated with Court hearings and Coroners Inquests

2.12 Nationally Reportable Incidents

The current position for open Nationally Reportable Incidents (NRI’s) is reported in the table below.

Reported period	Number open in time	Number overdue open	Number awaiting final approval	Closed	Total
Q1	6	0	11	0	16
Q2	4	2	3	8	17
Q3	2	5	2	0	9
Current	3	1	4	1	9

- The themes for learning and improvement include:
- Standards of record keeping
 - Clinical Guidelines not followed or not present.
 - Delegation and monitoring of 1:1 care
 - DoLS (Deprivation of Liberty Standards) assessments

3. Patient Experience

Implementation of the Civica patient feedback system has progressed at pace during Q3 with engagement from all services across the health board. For noting during this reporting period:

- 28 feedback questionnaires are available within the system, from a range of services inclusive of maternity services, therapies and Your NHS Experience (all Wales) (appendix 1)
- The NHS experience questionnaire had a soft launch in December 2022 which was supported by the PTHB social media platforms and health board website in January 2023
- Improvements have been made to the health board website to support citizens to raise a concern, share their feedback along with compliments.

It is hoped that during the next reporting cycle feedback will be available within the system to share in detail. This will be a critical element of the Duty of Quality and a key source of triangulated information within the total quality management system.

Significant focus has taken place during Q3 to further strengthen the service groups completion of the quadrant report for submission to the patient experience group. The attendance list has been updated to reflect changes in structures and to ensure wide representations from across the health board.

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Patient stories continue to be obtained which is currently supported by the Welsh language team. The use of a leaflet has been implemented to share with individuals to raise awareness of the opportunity for sharing and learning (Appendix 2).

4.1 Inquests

During Q3 there have been <5 HM Coroner enquiries opened, <5 case closed with 16 remaining open.

5. Health and Social Care Inspections Regulatory Recommendations

5.1 Health Inspectorate Wales Inspections

The following unannounced HIW inspections have taken place in January 2023:

- Claerwen Ward, Llandrindod Wells Hospital, 17 and 18 January
- Tawe Ward at Ystradgynlais Hospital, 9-11 January 2023

HIW inspection of Community Mental Health Team (Bryntirion) is planned for 14 and 15 February 2023.

National review of Ophthalmology: HIW undertook a review of Ophthalmology in 2015/2016 the results of which were published in 2017. HIW have requested a further update on what actions have been taken to address the issues raised in the review. This action plan was completed and returned to HIW on 9 January 2023.

HIW are undertaking a national review of DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) and have requested the following information which has been submitted:

- A sample of 30 DNACPR forms from across patient groups
- The last 3 DNACPR audits
- A copy of PTHB’s training package
- The last 3 complaints where DNACPR is a core issue.

5.2 Health and Social Care Regulatory Reports

There were 4 outstanding actions noted in the previous report, 2 of which have been closed and 2 remain outstanding from 2017-2020. Updates against these are provided below:

HIW Review of Healthcare Services for Young People	Health boards must ensure that children and young people can consistently be treated within designated areas.	Discussion on adult OPD environment with scheduled care managers held, consideration given to move some OPD clinics to children’s centres- currently being reviewed re capacity and staffing.
HIW Review of Healthcare	Health boards must ensure there are robust	Benchmarking against “let me flourish” report 2021 is being

Services for Young People	systems to monitor transition policies and pathways across healthcare services to ensure approaches are effective.	undertaken by the Startwell Complex Needs workstream in addition to this being progressed through PTHB transition guidance group
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5.3 Community Health Council

The Community Health Council undertook 2 inspections during the month of November at Ystradgynlais and Brecon Hospitals. The report for Brecon has been received with Ystradgynlais awaited.

6 Maternity Services

6.1 In July 2022 the Powys Teaching Health Board midwifery service was placed into Local Escalation due to an increase in National Reportable Incidents and a lack of data relating to small for gestational age babies (Gap/ Grow Compliance). Local Escalation resulted in increased monitoring for quality/ safety and assurance purposes.

A weekly escalation meeting was put in place chaired by the Deputy Director of Nursing. The meeting which includes both the AD for women and Children's service group, and the Head of Midwifery scrutinises weekly metrics, progress against gap and grow reporting and all weekly incidents. It also allows for escalation of any issues arising on a weekly basis. A highlight report is produced for assurance to the Director of Nursing and midwifery and tabled at the monthly Maternity Matters group.

This weekly meeting has now been reduced to fortnightly following improvements and assurance across the service. The Core data set continues to be monitored through the local escalation meeting until this is returned to business as usual governance mechanisms.

A Maternity Assurance Paper (Escalation) was presented to the Executive Committee on the 8 February 2023 updating the Executive Committee of the progress to date. A further detailed paper presenting the actions taken to address the indicators for local escalation is planned for presentation at the Executive Committee on the 22 March 2023. The outcome of that paper and its recommendations will determine if the service remain in local escalation or return to business as usual arrangements.

There are continued areas of focus that should be noted:

- Oversight and scrutiny of incidents/concerns
- Escalation of any issues requiring the corporate nursing team support

Progress on the management of incidents and concerns will be the focus of immediate improvements and a further paper will be presented to the Executive Committee at the end of March 2023.

A detailed Maternity Assurance Report will be presented at the next Patient Experience and Quality Committee. The most recent presentation presented in the public Ockenden Assurance Committee regarding the on-going assurance and improvement actions at Shrewbury and Telford NHS Trust (SaTH) can be found in Appendix 3.

7 KEY MATTERS FOR BOARD/COMMITTEE

- 7.1 Timely management of incidents is required to ensure appropriate action is taken. Members are asked to note that whilst there are a significant number of unmanaged incidents there is a potential risk that harm has occurred and is yet to be identified. **ACTION taken:** Managers and those responsible for managing incidents have been provided with RCA training to manage incidents effectively and in a timely manner.
- 7.2 Implementation of a quality data dashboard is a priority to ensure robust reporting and assurance to Board and Committee. **ACTION taken:** Work continues to ratify the requirements of a quality dashboard in line with developments within RLDataix and aligned to the developing Integrated Performance Framework (PTHB framework for deploying a total quality management system)
- 7.3 Robust framework is required to ensure the requirements of the Quality & Engagement Act are realised. **ACTION taken:** Engagement event 30 January has informed the development of an implementation plan to further inform the resource and structures required and the specific actions and objectives to enable the organisation to undertake the duty of quality and candour as per the Quality and Engagement Act.

Appendix 1: CIVICA	<ul style="list-style-type: none"> i) Maternity Poster ii) Welsh Health Circular 2018-042 iii) Poster Template
Appendix 2: Patient story	Patient Story Leaflet
Appendix 3: Ockenden Report Assurance Committee (ORAC) SaTH	Ockenden Report Assurance Committee Jan 23
Appendix 4: WHSSC QPSC Report November 2022	<ul style="list-style-type: none"> i) WHSC QPSC October 2022 ii) WHSSC Newsletter Autumn 2022 iii) WHSSC Internal Audit October 2022
Appendix 5: CHC visit reports	<ul style="list-style-type: none"> i) CHC Report Patient Experience GP services ii) CHC Report Virtual Visit iii) CHC Report Community Pharmacy iv) CHC Report Access to Dentists

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			
<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational			✓	
<p align="center">Statement</p> <p align="center">Reputational risk if no improved compliance with Welsh Government performance for management of concerns.</p>				

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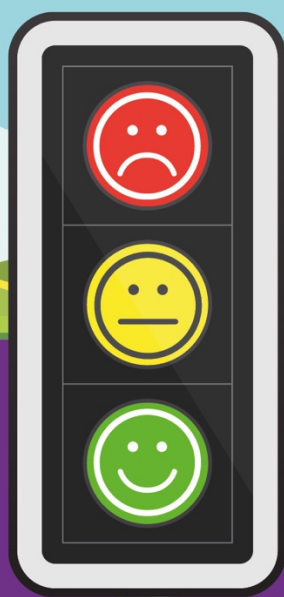
Integrated Quality Report

Eich Taith Mamolaeth

Your Maternity Journey

Mae eich adborth yn bwysig!
Rhowch wybod i ni
am eich profiad

- Gofal cynenedigol hyd at bwynt 20 wythnos beichiogrwydd
- Gofal cynenedigol hyd at yr enedigaeth
- Yr enedigaeth a'r cyfnod ôl-enedigol cynnar - babanod sy'n cael eu geni ym
- Yr enedigaeth a'r cyfnod ôl-enedigol cynnar - babanod sy'n cael eu geni tu allan i Bowys
- Bwydo babanod , gofal ôl-enedigol a myfyrdodau ar eich taith mamolaeth



Your feedback is important!
Tell us about your
experience

- Antenatal care up to 20 weeks pregnant
- Antenatal care up to labour and birth
- Labour, birth and the early postnatal period – babies born in Powys
- Labour, birth and the early postnatal period – babies outside Powys
- Infant feeding , postnatal care and reflections on your maternity journey



Prawf Ffrindiau a Theulu:
Friends and Family Test:



Eich Profiad Chi
o GIG Cymru:
Yours NHS Experience:



GIG
CYMRU
NHS
WALES

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Addysgu Powys
Powys Teaching
Health Board

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 11 October 2018

STATUS: INFORMATION

CATEGORY: QUALITY & SAFETY

Title: Validated core service user questions and updated Framework for Assuring Service User Experience

Date of Expiry / Review N/A

For Action by:

Chief Executives of Health Boards and NHS Trusts
Nurse Directors of Health Boards and NHS Trusts

For information:

Members of the National Quality and Safety Forum
Members of the Listening and Learning from Feedback Group

Action required by:

Immediately

Sender: Professor Jean White, Chief Nursing Officer, Nurse Director NHS Wales
Janet Davies, Head of Healthcare Quality

DHSS Welsh Government Contact(s) :

Teresa Bridge, Population Healthcare, Welsh Government, Cathays Park, Cardiff CF10 3NQ
Tel: 03000 256797 e-mail: teresa.bridge@wales.gsi.gov.uk

Enclosure(s): Annex 1 - Validated core service user questions

Annex 2 - Framework for Assuring Service User Experience

Dear colleagues,

Validated core service user questions and updated Framework for Assuring Service User Experience

The Framework for Assuring Service User Experience was first issued in 2013, followed by a national set of core service user experience questions to support the real time method of gaining feedback across NHS Wales.

The Framework was updated in 2015 (WHC/2015/061), following 'Trusted to Care' and 'Using the Gift of complaints' and in the light of the revised Health and Care Standards. The core service user experience questions were not updated and it became apparent that they also required validation.

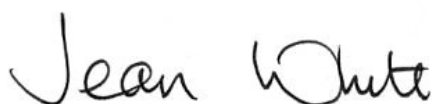
The Patient Reported Outcomes Measures (PROMs), Patient Reported Experience Measures (PREMs) and Effectiveness Programme (PPEP) was keen to use the core service user experience questions within its programme as PREMs. However, one of the criteria for the programme's patient reported measures is the validation of all tools. As a result, the PPEP agreed to the validation of the core service user experience questions.

In 2017, the PPEP, in partnership with NHS Wales, delivered four focus groups with members of the public to validate questions. The validation process led to the removal of seven core questions, the addition of one question and an amendment to the wording of one question. It was agreed that the two original qualitative questions were a rich source of information and should be included in the national set of core questions. A final set of eleven validated core service user experience questions were recommended as at Annex 1.

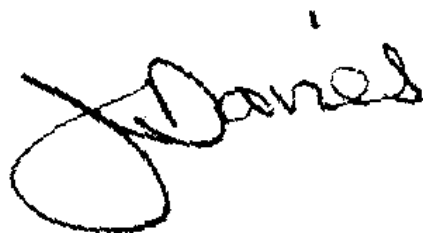
These validated core questions are to be used in all NHS Wales organisations to obtain real time feedback. They may be complemented by service specific questions as appropriate, to ensure applicability across different settings of care. A number of equality monitoring questions are included and guidance on their application should be sought from organisation's equality leads.

The Framework for Assuring Service User Experience has been updated to reflect the validated core questions as at Annex 2. NHS organisations are expected to report annually on how they are gathering service user experience and using it to improve services through the patient experience measure in the NHS Wales Delivery Framework.

Yours sincerely



Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales



Janet Davies
Head of Healthcare Quality

Patterson LJ
17/02/2023 14:49:37



Your NHS Wales Experience

Questionnaire

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17/02/2023 14:40:37

Your NHS Wales Experience

The experience that you have of care is important to us. This might be an appointment with your doctor or health visitor, a hospital stay, an outpatient visit or something else. We would be grateful if you could complete this survey so that we can understand this better.

The questions are based on the things that patients have said matter most. We will ask you questions about your latest experience of healthcare. Please help us by giving your honest opinion.

The questions mostly have 4 options and you are asked to tick the answer that you feel best describes how you feel.

Some of the questions have ‘not applicable’. Please tick this if the question is not relevant to your experience.

We do not need to know your personal details but have asked some general questions at the end about who you are. This is so we can make sure we are asking all groups of people about their experience.

If there is anything we have not asked you, please use the space at the end of this survey to tell us.

If you would like to discuss this survey or ask any questions about it please contact:

How recent was the experience you are thinking of?

☐ In the last 6 months

☐ Between 1 and 2 years ago

☐ Between 6 months and 1 year ago

☐ More than 2 years ago

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Area and location code:

Date of distribution:

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Thinking about your overall first impressions of the care you received

1 Did you feel that you were listened to?

☐ Always

☐ Usually

☐ Sometimes

☐ Never

2 Were you able to speak in Welsh to staff if you needed to?

☐ Always

☐ Usually

☐ Sometimes

☐ Never

☐ Not applicable

3 From the time you realised you needed to use this service, was the time you waited:

☐ Shorter than expected

☐ About right

☐ A bit too long

☐ Much too long

Thinking about the place where you received your care

4 Did you feel well cared for?

☐ Always

☐ Usually

☐ Sometimes

☐ Never

5 If you asked for assistance, did you get it when you needed it?

☐ Always

☐ Usually

☐ Sometimes

☐ Never

☐ Not applicable

Thinking about your understanding and involvement in care

6 Did you feel you understood what was happening in your care?

☐ Always ☐ Usually ☐ Sometimes ☐ Never

7 Were things explained to you in a way that you could understand?

☐ Always ☐ Usually ☐ Sometimes ☐ Never

8 Were you involved as much as you wanted to be in decisions about your care?

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Overall Experience

9 Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Bad					Average					Excellent

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Thinking of your responses

10 Was there anything particularly good about your experience that you would like to tell us about?

11 Was there anything that we could change to improve your experience?

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Equality monitoring

We are committed to ensuring that everyone receives fair and equal respect.

Whatever your age, disability, ethnicity, faith, gender reassignment or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below.

Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone.

1 What is your age?

- ☐ 0-15 years
- ☐ 16-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75+ years
- ☐ I prefer not to say

2 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to say

3 At birth, were you described as:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to say

4 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ I prefer not to say

5 Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or straight ☐ Gay or lesbian ☐ Bisexual ☐ Other
- ☐ I prefer not to say

6 What is your religion?
(Please choose one option that best describes your religion)

- ☐ No religion ☐ Hindu ☐ Muslim ☐ Any other religion
- ☐ Christian (all denominations) ☐ Jewish ☐ Sikh ☐ I prefer not to say
- ☐ Buddhist

Patterson Liz
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7 What is your ethnic group?

(Please choose one option that best describes your ethnic group or background)

White:

- ☐ Welsh
- ☐ English
- ☐ Scottish
- ☐ British Irish
- ☐ Northern Irish
- ☐ Gypsy or Irish Traveller

Any other white background, please describe:

Mixed / multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background

Other ethnic group

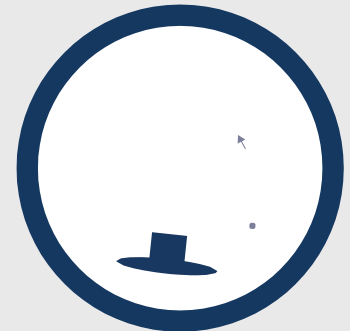
- ☐ Arab
- ☐ Any other ethnic group
- ☐ I prefer not to say

Thank you for completing this questionnaire

Patterson Liz
17/02/2023 14:40:37

Listening and Learning from Feedback

Framework for
Assuring Service User
Experience 2018



Patterson, Liz
17/02/2023 14:40:37

Introduction

The Framework for Assuring Service User Experience was updated in 2015 to include the need to gain feedback from concerns, complaints, compliments and clinical incidents.

This development was as a result of Keith Evans' report 'Using the Gift of Complaints' (July 2014) which looked at the way NHS Wales handles concerns/complaints through the Putting Things Right process. The report emphasised the

need for the NHS to see complaints as a gift and an opportunity to improve.

The Framework also links with the Health and Care Standards 2015 which include a standard to promote listening and learning from feedback. They set out the criteria for health services to demonstrate how they respond to user experience to improve services and ensure feedback is captured, published and demonstrates learning and improvement.



Service User Experience Framework

Service user experience can be defined as 'what it feels like to be a user of the NHS in Wales'. A service user can be defined as someone who uses or has access to health services in any setting, including their families and unpaid carers. NHS Wales provides services across a wide range of patients both in the community and in hospital settings therefore there cannot be a generic approach to determining service user experience.

The specifics of what is important to service users and how this influences their experience will need to be defined for each group and clinical setting, although there are common themes which cross all service boundaries.

The NHS in Wales has adopted a service user experience framework which describes the evidence based key determinants of a good service user experience and identifies the key attributes and uses of a range of feedback methods. This includes a set of validated core questions which will be used in all NHS organisations in Wales as part of their implementation of the framework. Independent contractors and other stakeholders are invited to use the framework whenever seeking feedback on service user experience.

Use of the framework will enable the service user voice to be heard at all levels in NHS Wales. An effective feedback programme will aim to:

- Ensure that clinical teams have methods available to allow all service users (and their families and carers) to provide feedback on the care they receive;
- Allow speedy resolution of issues raised by individual service users;
- Allow identification of key themes and trends arising from feedback of all types (including concerns) and the actions taken.
- Provide assurance to the Board that the key components of the service user experience are being assessed and that action is taken to deliver improvements.

Key Determinants of a Good Service User Experience

The key determinants of a good service user experience, based on national and local published evidence, include:



First and Lasting Impressions

For example:

- Being welcomed in an appropriate manner;
- Being able to access services in a timely way;
- Being treated with dignity and respect.



Receiving care in a Safe, Supportive, Healing Environment

For example:

- Receiving care in a clean, clutter free environment;
- Receiving good, nutritious, appropriate food;
- Having access to drinks;
- Having rigorous infection control practices in place.



Understanding of and Involvement in Care

For example:

- Receiving appropriate, timely information;
- Being communicated with in an appropriate, timely manner;
- Involvement of service users, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer.

These three domains can be used to support the use and design of feedback methods and be used to classify feedback from all sources.



Service User Feedback Methods

Service users, families and carers can give feedback in a wide variety of ways. Some may be specifically designed by organisations to encourage feedback, however there are other sources. It is important that service users, families and carers feel that their views, positive, negative or neutral, are welcomed, that notice will be taken and improvements made where necessary.

A range of feedback methods are available to gain user feedback. Much of the published experience relates to hospital service users although most of them are also applicable to

service users in other settings. It is important that organisations use feedback from all sources to gain a balanced view of experience. A summary of methods is shown below:

Real Time

Service users should be given opportunities to give feedback (eg surveys) whilst in our care so that action can be taken to resolve issues.

Proactive / Reactive

A range of opportunities should be made available to service users / families / carers to provide feedback at any time to demonstrate that feedback is welcomed. This can include paper and online methods, text and social media.

Retrospective

In-depth feedback should be sought from service users after they have left our care to allow more detailed analysis of issues. This can incorporate quality of life and Patient Reported Outcomes Measures (PROMs) / Patient Reported Experience Measures (PREMs).

Balancing

Narrative feedback adds balance to survey-based feedback. Sources include concerns and compliments, clinical incidents, patient stories, third party surveys such as Community Health Council and voluntary organisations.



Using the Framework to Assure and Improve Service User Experience

It is strongly recommended that a mixture of methods is used wherever possible, to gather views of each of the three key domains, in order to obtain a balanced understanding of 'what it feels like to be a service user'.

The feedback obtained should also be considered in the light of feedback obtained through other sources including complaints

and compliments (which can also be classified

using the key domains). In this way, areas for improvement can be identified and lessons learned from areas that are performing well.

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Core Questions

In 2013 a set of core questions were developed to support the introduction of real time methods. These covered each of the three domains with the addition of qualitative questions.

The core questions were validated in 2017 by the PROMs, PREMs and Effectiveness Programme in partnership with NHS Wales. The eleven validated core questions are to be used in all NHS Wales organisations to obtain real time feedback. To ensure applicability across different settings of care, they may be complemented by service specific questions as appropriate.

At the frontline they can support real time resolution of issues at local level, whilst providing the Board with greater understanding of the quality and safety of the service provided.

A number of equality monitoring questions have been included and guidance on the application of the equality monitoring questions should be sought from each NHS organisation's equality leads.

Domain	Questions
First and lasting impressions	<div>1. Did you feel that you were listened to?</div> <div>2. Were you able to speak in Welsh to staff if you needed to?</div> <div>3. From the time you realised you needed to use this service, how long did you wait?</div>
Receiving care in a safe, supportive, healing environment	<div>4. Did you feel well cared for?</div> <div>5. If you asked for assistance, did you get it when you needed it?</div>
Understanding of and involvement in care	<div>6. Did you feel you understood what was happening in your care?</div> <div>7. Were things explained to you in a way that you could understand?</div> <div>8. Were you involved as much as you wanted to be in decisions about your care?</div>

The core questions include a Likert scale rating of service user experience

Two qualitative questions enable service users to provide narrative feedback on their experience

9. Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?

10. Was there anything particularly good about your experience that you would like to tell us about?

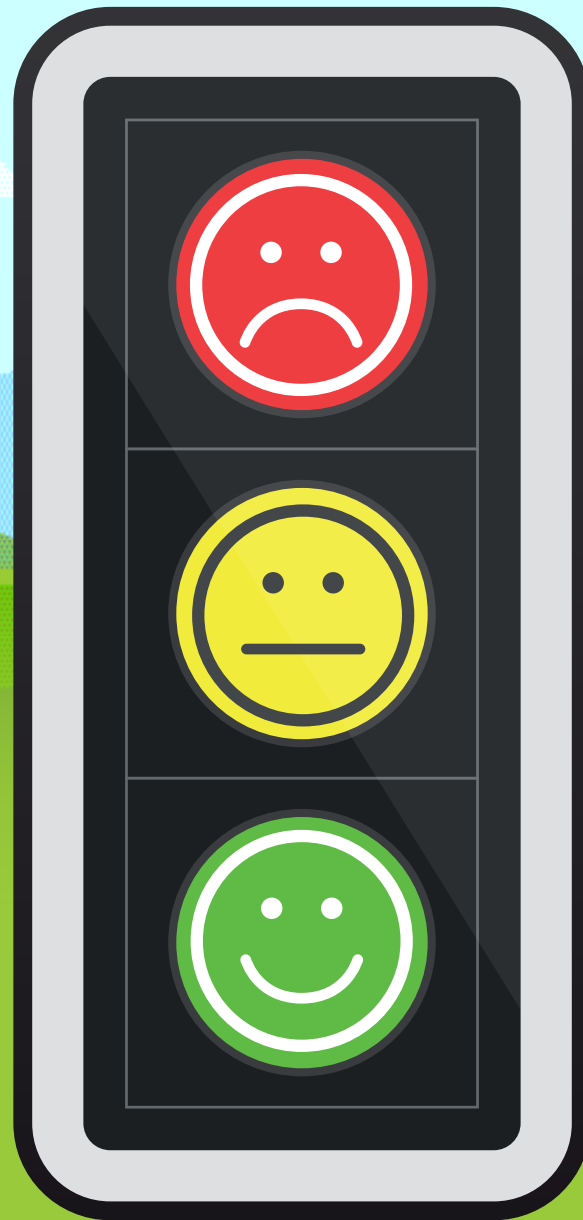
11. Was there anything that we could change to improve your experience?

Patterson 11/02/2018 17:40



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



**Mae eich
adborth yn
bwysig!**

**Your
feedback is
important!**

**Rhowch
wybod i ni am
eich profiad**

**Tell us
about your
experience**

Dyma sut / This is how

**Prawf Ffrindiau a Theulu:
Friends and Family Test:**



**Eich Profiad Chi o GIG Cymru:
Yours NHS Experience:**



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Do you have a story to tell?



Telling your story can help us understand what works well and how we can improve care and patient experience.

We want to hear about your personal experiences, whether good or bad, so that we can share them with health board staff, our Board members, or with communities across Powys to help us identify ways we can continue to improve our services for patients and their families.

Why is it important we hear your story?

We want to know what matters most to you, in your own words. By listening to your story, we can learn what we did well and what we need to do better. This helps us to improve our services and patient experience.

Who can tell their story?

Any patient or family member/ carer who either live in Powys or who have received their health care in Powys.

You can tell your story at any time, and it's a very simple process.

We want to collect stories that reflect the broad range of patients that use our services, and we are particularly interested in hearing from patients of diverse backgrounds such as different ages, ethnicities, languages, and from those with disabilities.

Will my story impact or affect my care?

No, it won't affect your care if you tell us your story. We can share the story without your name or details on if you prefer. The story is also kept safe and not kept on your record, unless you would like it to be.

We usually tell the team involved about your story so they can learn from it.

How can I tell my story?

You can choose how to tell your story. We can record your voice to write your story, we can help you to write your story, we can film you or you may prefer to use art or photographs. We will not share your story with anyone until you are happy with it.

You can tell us your story in Welsh, English, BSL or any other language.

What happens to my story?

You will decide where you are happy to share your story. You can change your mind at any time about where your story is shared by letting us know. Your story can be shared with the Powys Teaching Health Board Executive Board, with health board staff and with communities across Powys.

Can I remain anonymous?

Yes, we can use your story and not identify you in anyway.

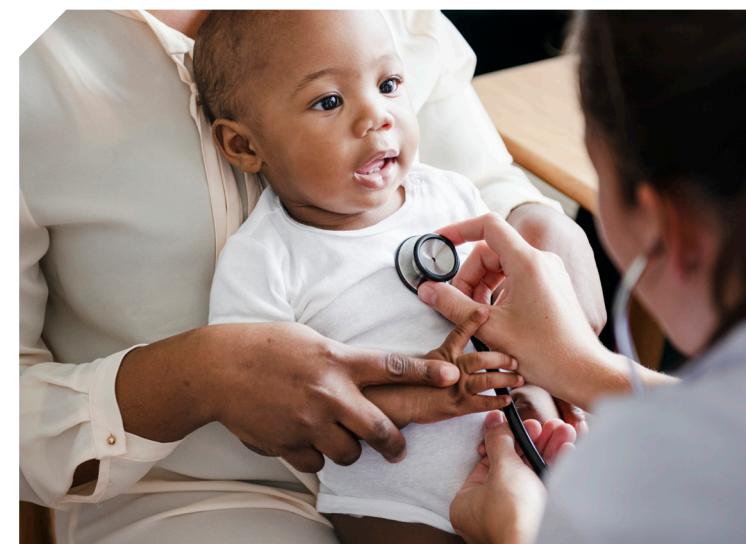
You can use our consent form to tell us with whom you would like to share your story. If you'd like to discuss this first with us, please get in touch.

Powys.equalityandwelsh@wales.nhs.uk

Where will my patient story be shared?

Depending on the consent you've given, it can be shared as follows:

- Training and staff development material
- Briefings for the Powys Teaching Health Board Executive Board, other committees and staff.
- Newsletters and Reports related to Patient Stories
- Annual Reports
- Powys Teaching Health Board website and social media sites
- Patient information leaflets



Will I get feedback from Patient Experience Story?

You will not usually receive any individual feedback from your patient story, unless it's necessary

What if I have a complaint?

Patient stories are about learning, not redress; if you wish to make a complaint you should use our Complaints procedure. Further Information on the feedback and complaints procedure can be seen on the Powys Teaching Health Board website. You can still tell us about you experience as part of the complaints process.

You may at any time, now or in the future, ask us not to use or share your experience. You should not feel under any obligation or pressure to allow us to keep, use and share your experience if you change your mind.

How to get in touch?

If you'd like to tell your story or would like to talk to us first, please get in touch:

Powys.equalityandwelsh@wales.nhs.uk



Oes gennych chi stori i'w hadrodd?



Gall adrodd eich stori ein helpu i ddeall yr hyn sy'n gweithio'n dda a sut gallwn wella gofal a phrofiad y claf.

Hoffem glywed am eich profiadau personol, boed yn dda neu'n wael, fel y gallwn eu rhannu gyda staff y bwrdd iechyd, gyda aelodau ein Bwrdd, neu gyda chymunedau ledled Powys, i'n helpu i adnabod ffyrdd y gallwn barhau i wella ein gwasanaethau i gleifion a'u teuluoedd.

Pam mae'n bwysig i ni glywed eich stori?

Hoffem wybod beth sy'n bwysig i chi, yn eich geiriau eich hun. Drwy wrando ar eich stori gallwn ddysgu beth sy'n gweithio a beth sydd angen ei wella. Mae hyn yn ein helpu i wella ein gwasanaethau a phrofiad y claf.

Pwy all adrodd ei stori?

Unrhyw glaf neu aelod teulu / gofalwr sydd naill ai'n byw ym Mhowys neu wedi derbyn eu gofal iechyd ym Mhowys.

Gallwch adrodd eich stori ar unrhyw amser ac mae'n broses rwydd iawn.

Rydym yn awyddus i gasglu storïau sy'n adlewyrchu yr amrywiaeth eang o gleifion sy'n defnyddio ein gwasanaethau, ac mae diddordeb arbennig gennym mewn clywed gan gleifion o gefndiroedd amrywiol megis gwahanol oedrannau, cefndiroedd ethnig, ieithoedd a chan bobl sydd ag anableddau.

A fydd fy stori yn effeithio ar fy ngofal?

Na, ni fydd adrodd eich stori yn effeithio ar eich gofal. Gallwn rannu eich stori heb eich enw na manylion os yw'n well gennych. Bydd eich stori yn cael ei chadw'n ddiogel a ni chaiff ei chadw gyda'ch cofnodion meddygol, oni bai eich bod yn dymuno hynny. Byddwn fel arfer yn dweud wrth y tîm am eich stori fel y gellir dysgu ohoni.

Sut allaf adrodd fy stori?

Gallwch chi ddewis sut i adrodd eich stori. Gallwn recordio eich llais i ysgrifennu eich stori, gallwn eich helpu chi i ysgrifennu eich stori, gallwn eich ffilmio neu efallai byddai'n well gennych ddefnyddio celf neu luniau.

Ni fyddwn yn rhannu eich stori gydag unrhyw un hyd nes y byddwch chi'n hapus.

Gallwch adrodd eich stori yn y Gymraeg, Saesneg, BSL neu unrhyw iaith arall.

Beth fydd yn digwydd i fy stori?

Byddwch chi'n penderfynu ble rydych yn hapus i rannu eich stori. Gallwch newid eich meddwl ar unrhyw amser am ble bydd eich stori yn cael ei rhannu drwy adael i ni wybod. Gall eich stori gael ei rhannu gyda Bwrdd Gweithredol Bwrdd Iechyd Addysgu Powys, gyda staff y bwrdd iechyd a gyda chymunedau Powys.

Alla i fod yn ddienw?

Gallwch, gallwn ddefnyddio eich stori heb gynnwys unrhyw fanylion a fydd yn eich adnabod mewn unrhyw ffordd.

Gallwch ddefnyddio ein ffurflen caniatâd i ddweud wrthym gyda phwy yr ydych yn hapus i'ch stori gael ei rhannu. Os hoffech drafod hyn gyda ni yn gyntaf, cysylltwch â ni ar:

Powys.equalityandwelsh@wales.nhs.uk

Ym mhle bydd fy stori claf yn cael ei rhannu?

Yn ddibynnol ar y caniatâd yr ydych wedi ei roi, gellid ei rhannu fel a ganlyn:

- ➔ Hyfforddiant a deunydd datblygu staff
- ➔ Mewn briffiau i Fwrdd Gweithredol Bwrdd Iechyd Addysgu Powys, pwyllgorau eraill a staff.
- ➔ Cylechlythyrau ac Adroddiadau sy'n ymwneud â Storïau Cleifion.
- ➔ Adroddiadau Blynyddol
- ➔ Gwefan a thudalennau cyfryngau cymdeithasol Bwrdd Iechyd Addysgu Powys
- ➔ Llyfrynau gwybodaeth i gleifion



Fydda i yn derbyn adborth ar ôl rhannu fy stori claf?

Fel arfer, ni fydd adborth unigol yn cael ei ddarparu am eich stori claf, oni bai fod hynny yn angenrheidiol.

Beth os oes gennyf gwyn?

Os ydych yn dymuno gwneud cwyn, dylech ddefnyddio ein cyfundrefn Gwyno. Mae manylion pellach am y gyfundrefn gwyno ac adborth ar gael ar wefan Bwrdd Iechyd Addysgu Powys.

Gallwch barhau i ddweud wrthym am eich profiad fel rhan o'r broses gwyno.

Gallwch, ar unrhyw amser, nawr neu yn y dyfodol, ofyn i ni beidio â defnyddio neu rannu eich profiad. Ni ddylech deimlo o dan unrhyw rwymedigaeth neu bwysau i'n caniatáu i gadw, defnyddio a rhannu eich profiad os byddwch yn newid eich meddwl.

Sut i gysylltu?

Os hoffech ddweud eich stori neu os hoffech sgwrs gyda ni yn gyntaf, cysylltwch â ni ar:

Powys.equalityandwelsh@wales.nhs.uk



Forward ORAC Plan

Date	Agenda Structure	LAFL/ IEA Reference	Theme	Presenter
Jan-23	<ol style="list-style-type: none"> High-level Ockenden plan update (first report) High-level Ockenden plan update (final report) Thematic engagement piece/measurable benefits 	Narrative from first report	Compassion and kindness	<ul style="list-style-type: none"> Annemarie Lawrence – Director of Midwifery Carol McInnes – Director of Operations, W&C
Feb-23		First Report: IEA 2 Final Report: LAFL 14.10-12	<ul style="list-style-type: none"> Listening to women and families (MVP and safety champs) Communications plan update 	TBC
Mar-23		First Report: IEA 1 and IEA 3 Final Report: IEA 5 & LAFL 14.15-17	Learning from complaints and investigation	TBC
Apr-23		First Report: LAFLs 4.85-91 Final report: IEA 11 & LAFL 14.51-55	Integrated working - Obstetric Anaesthesia	TBC
May-23		First Report: IEA 7 Final Report: IEA 12 & LAFL 14.60-61	Postnatal support	TBC
Jun-23		First report: IEA 7 Final report: IEA 10	Informed birth choices	TBC
Jul-23		First report: LAFLs 4.97-100 Final report: IEA 11 & LAFL 14.56-59	Safe and effective care – Neonatal care	TBC

To be included: MBRRACE Data

Ockenden Report Assurance Committee (ORAC)

Ockenden Action Plan Update (First Report)

Date: 31.01.2023

Presenter:

- Mei-See Hon, Clinical Director for Obstetrics,
W&C Division

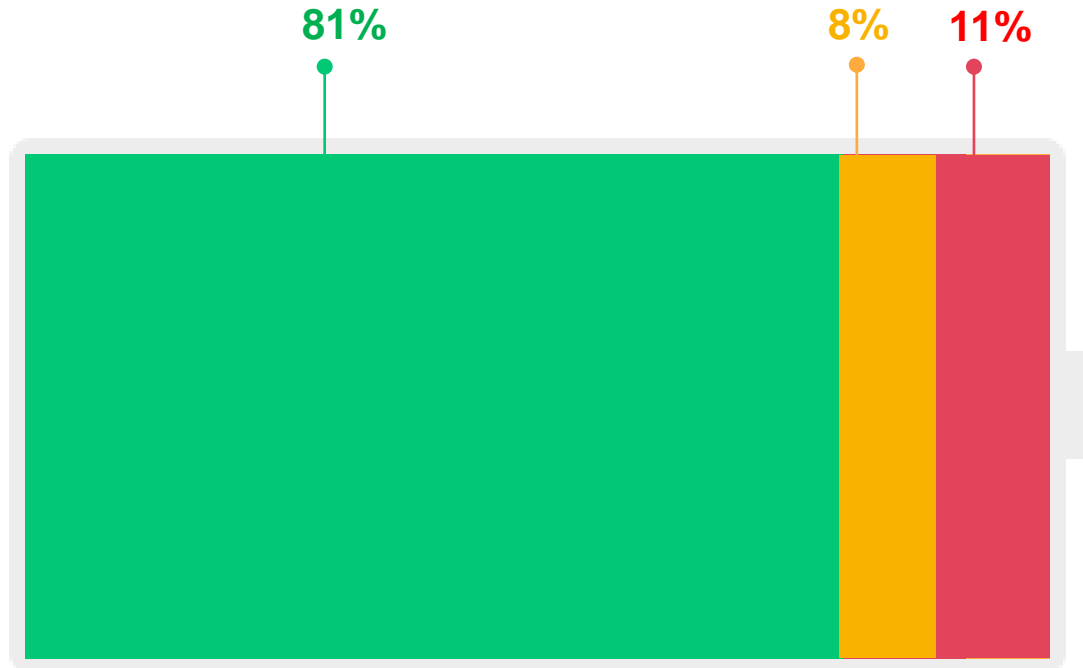
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Ockenden Action Plan (First Report) – Completion Rates

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First Report - Completion Battery



46/52 Actions Implemented
(88.46% overall), comprising:

- 42 (81%) 'Evidenced & Assured'
- 4 (8%) 'Delivered, Not Yet Evidenced'

6 (11%) Actions 'Not Yet Delivered'. Of these, 3 are 'Off Track' and 3 'On Track'

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'Not Yet Delivered' – Red Actions

ID	Dependent	Reasons	Deadline	Progress
LAFL 4.88	Internal	Obstetric anaesthesia services at the Trust must develop or review the existing guidelines for escalation to the consultant on-call. Guideline update underway.	Jun-23	On Track
LAFL 4.100	Internal	Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit. Plans underway for ANNPs to attend another NICU.	Oct-23	On Track
IEA 1.4	External	The action states that 'an LMNS cannot function as one maternity service only'. LMNS colleagues are working on buddying-up agreement, in partnership with SaTH and potential partner LMNS's.	Jun-23	On Track
IEA 2.1	External	This action relates to Trusts creating an independent senior advocate role which reports to both the Trust and the LMNS Boards. These roles are being developed, defined and recruited nationally. It is understood that this process is underway. Action to remain 'off track' with due date of 'TBC' until timeframes are known.	TBC	Off Track
IEA 2.2	External	The action states that the advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome. Once in post, methodology for this is to be developed. Action linked to 2.1.	TBC	Off Track
IEA 2.4	External	This action indicates that CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership (MVP). The rests with the CQC to deliver. Action to remain 'off track' with due date of 'TBC' until timeframes are known.	TBC	Off Track

Summary (First Report)

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Summary (First Report)

- 46/52 actions 'Delivered'. We are carrying out audits to ensure that the actions remain green and are refreshing the evidence to keep it up to date.
- 6 actions 'Not Yet Delivered', 4 lying outside of SaTH's direct control (external dependency linked to LMNS, CQC and NHSEI):
 - We have been informed by our system stakeholders that work is underway on all of them.
 - IEA 2.1, 2.2 and 2.4 set as 'Off Track' until clear timeframes can be provided. Work is underway with system stakeholders to try and resolve these.

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Mersey Internal Audit Agency (MIAA) Audit Results –

Review of compliance with the 7 IEAs from the First Report

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17/02/2023 14:40:37

MIAA Audit – Substantial Assurance



**Response to Ockenden – Part 1
Final Assignment Report 2022/23
The Shrewsbury and Telford Hospital
NHS Trust**

Report Ref: 134SATH_2223_006

Date of Issue: 22 November 2022

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17/02/2023 14:40:37

- The overall objective was to review the processes the Trust has in place to monitor and report on the implementation of the Immediate and Essential Actions raised in the Ockenden Report (Part 1). Audit findings presented at audit committee on 30.11.2022.
- The report identifies many positive aspects relating to the governance and assurance of the Ockenden actions, including use of reverse RAG, Agile project management methodology, stakeholder involvement and the assurance journey from the service to Board.

Recommendations:

1. 'We encourage the Trust to maintain their focus and momentum at prioritised pace to fully address the remaining Ockenden actions to Green RAG rating. (Medium Risk).'
2. 'A (Low Risk) rated recommendation is made for completeness in that it would be of benefit to include copies of the relevant AAA reports on the Monday.com files where these are referenced and form part of the overall evidence and assurance for Ockenden actions.'

Thank You. Any Questions?

Patterson, Liz
17/02/2023 14:40:37

Ockenden Report Assurance Committee (ORAC)

Ockenden Action Plan Update (Final Report)

Date: 31.01.23

Presenter:

- Annemarie Lawrence, Director of Midwifery

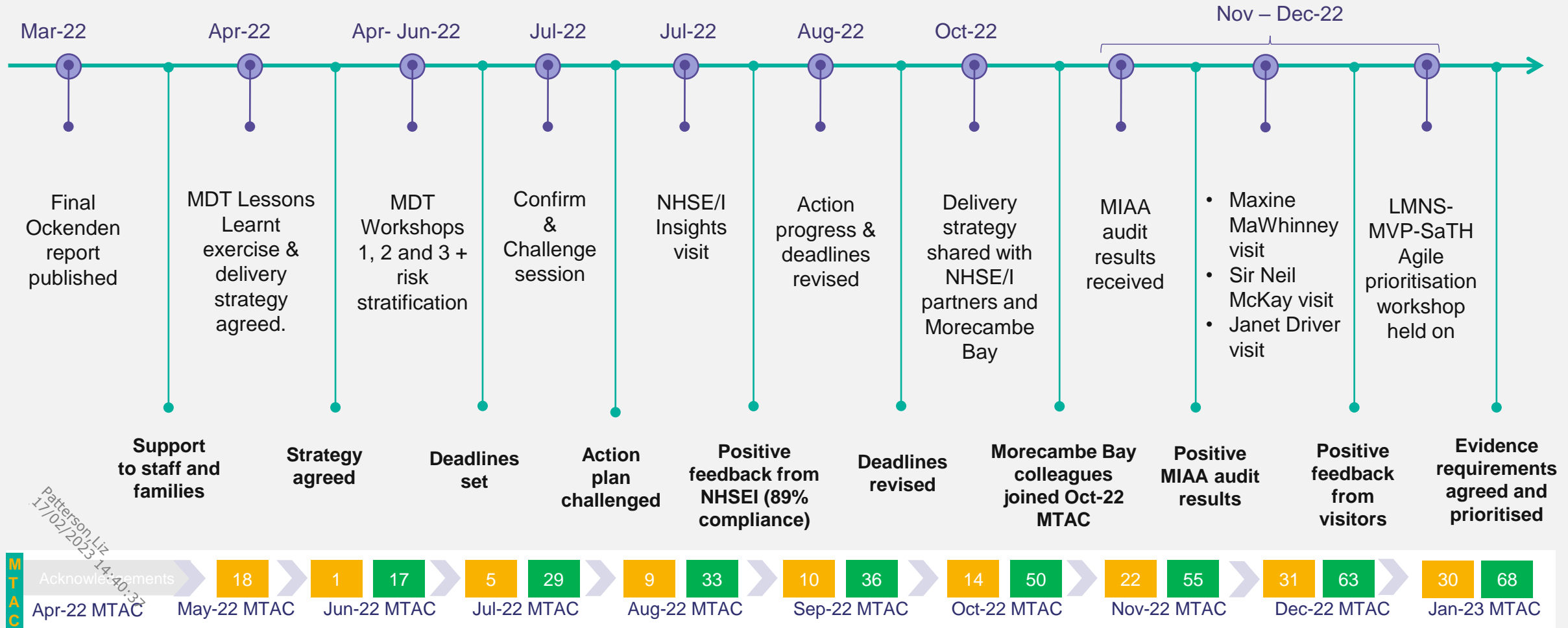


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Timeline of Events

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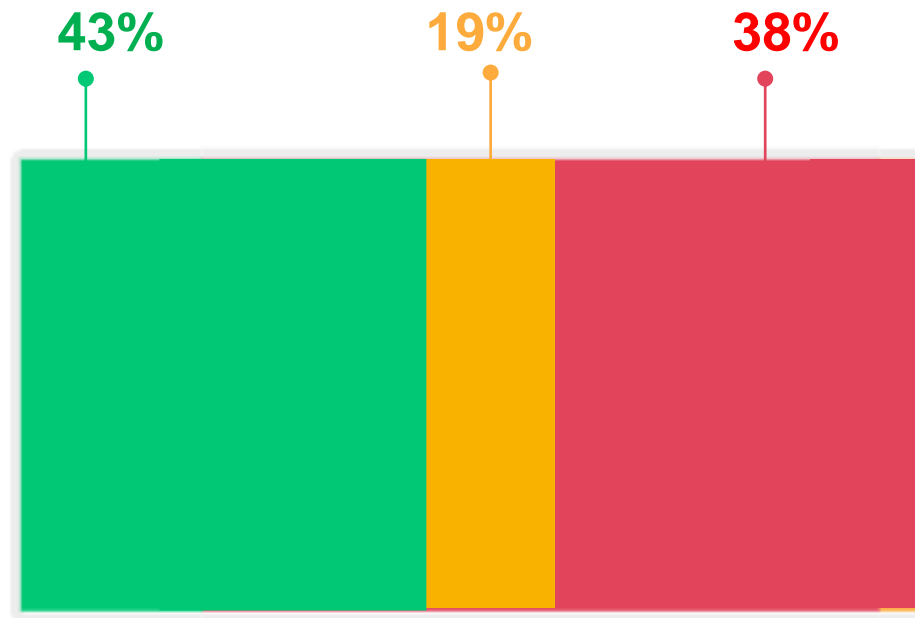
High-level Timeline of Events



Ockenden Action Plan (Final Report) – Completion Rates

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Final Report – Completion Battery



- 68 actions (43%) green – ‘Evidenced and Assured’
- 30 actions (19%) amber – ‘Delivered, Not Yet Evidenced’

62% implemented (98/158 actions) as of Jan-23 MTAC.

From the 60 actions (38%) ‘Not yet Delivered’, 46 actions (29%) are ‘On Track’ for progress

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Actions approved at Nov-22 MTAC

Ockenden action	Theme	Description	Status change approved
IEA 1.2	Workforce planning	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	
IEA 6.3	Learning from maternal death	Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings. Learning from this review must be introduced into clinical practice within 6 months of the completion of the panel. The learning must also be shared across the LMNS.	
IEA 8.3	Complex antenatal care	NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.	

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Actions approved at Nov-22 MTAC

Ockenden action	Theme	Description	Status change approved
IEA 5.6	Incidents and investigations	All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent	
IEA 9.2	Preterm birth	Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	
IEA 11.8	Obstetric anaesthesia	Obstetric anaesthesia staffing guidance to include: Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report.	
LAFL 14.6	Improving incident management	All SIs must be completed within the timeframe set out in the SI framework. Any SIs not meeting this timeline should be escalated to the Trust Board.	
LAFL 14.15	Improving complaints handling	Complaint responses should be empathetic and kind in their nature. The local MVP must be involved in helping design and implement a complaints response template which is relevant and appropriate for maternity services	

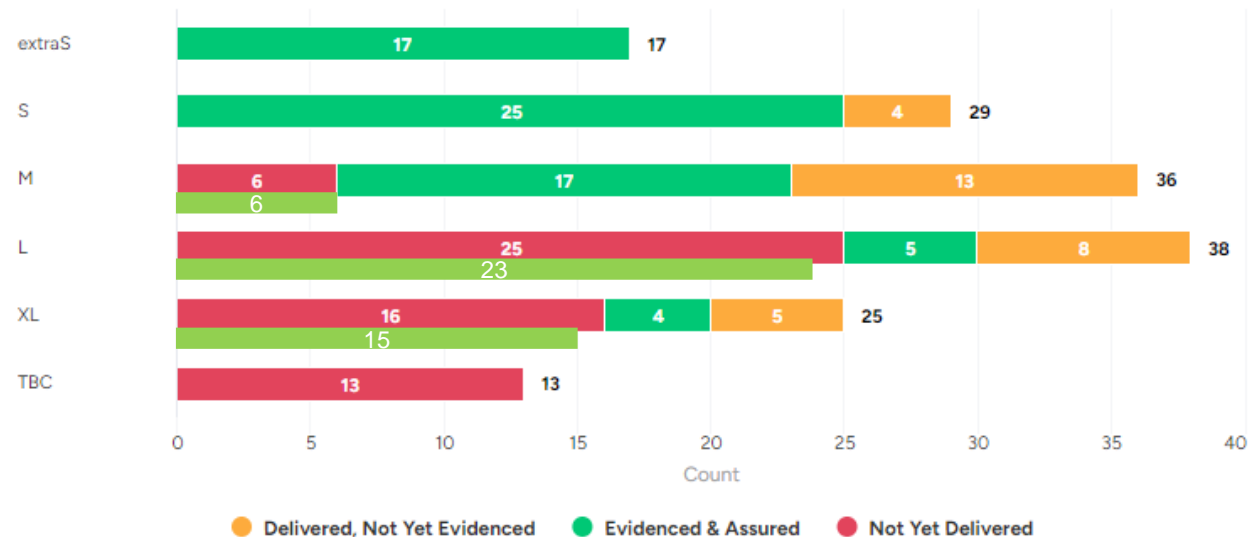
Summary (Final Report)

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Summary (Final Report)

- From the final report, 98/158 have now been 'delivered' (62%). From the 38% 'not yet delivered', over two thirds of these are underway.
- There is still much more to do.
- Work continues at pace to deliver the rest of the programme.

Size	Amber date	Green date
XS	May-22	Jun-22
S	Sep-22	Jan-23
M	Dec-22	Apr-23
L	May-23	Aug-23
XL	Nov-23	Mar-24



Patterson, Liz
17/02/2023 14:40:37

Thank You. Any Questions?

Patterson, Liz
17/02/2023 14:40:37

Ockenden Report Assurance Committee (ORAC)

Compassion and Kindness

Date: 31.01.23

Presenters:

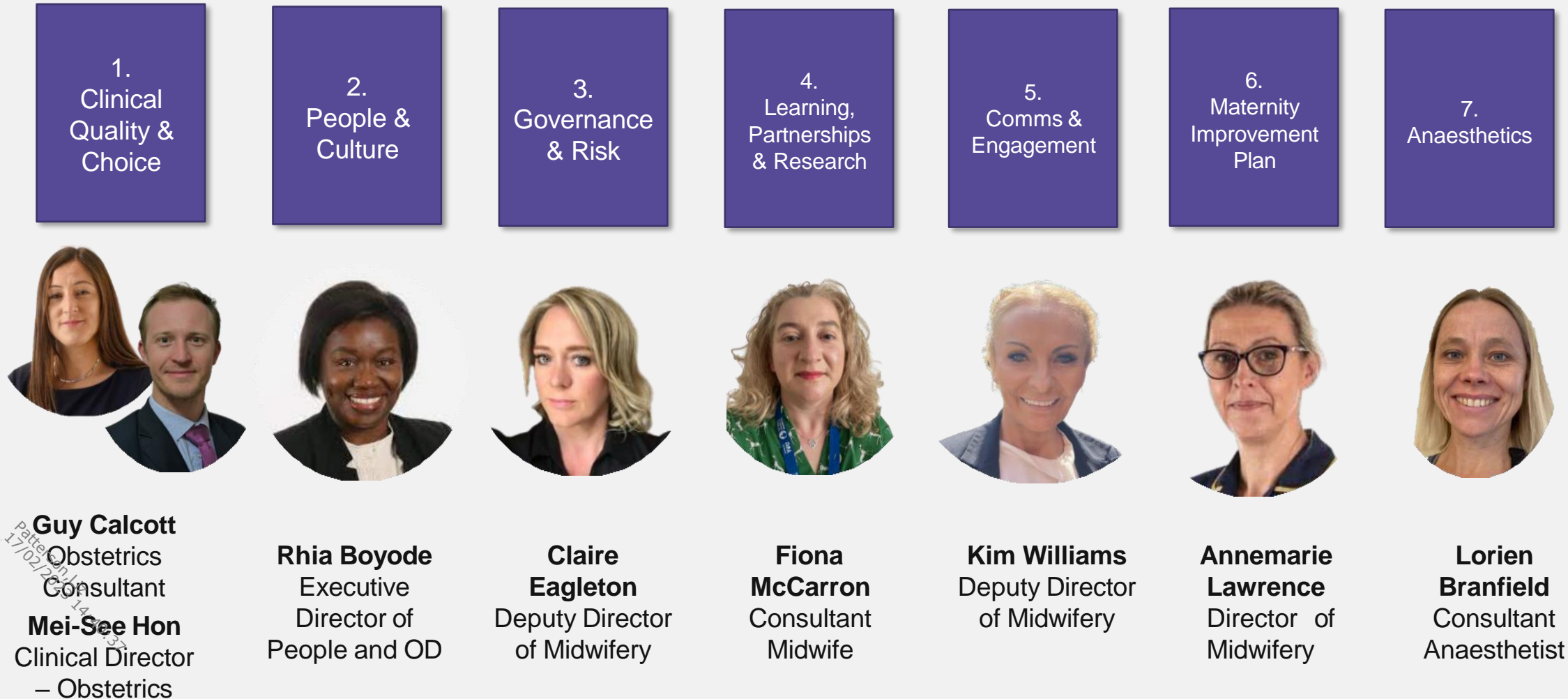
Carol McInnes, Director of Operations

Annemarie Lawrence, Director of Midwifery

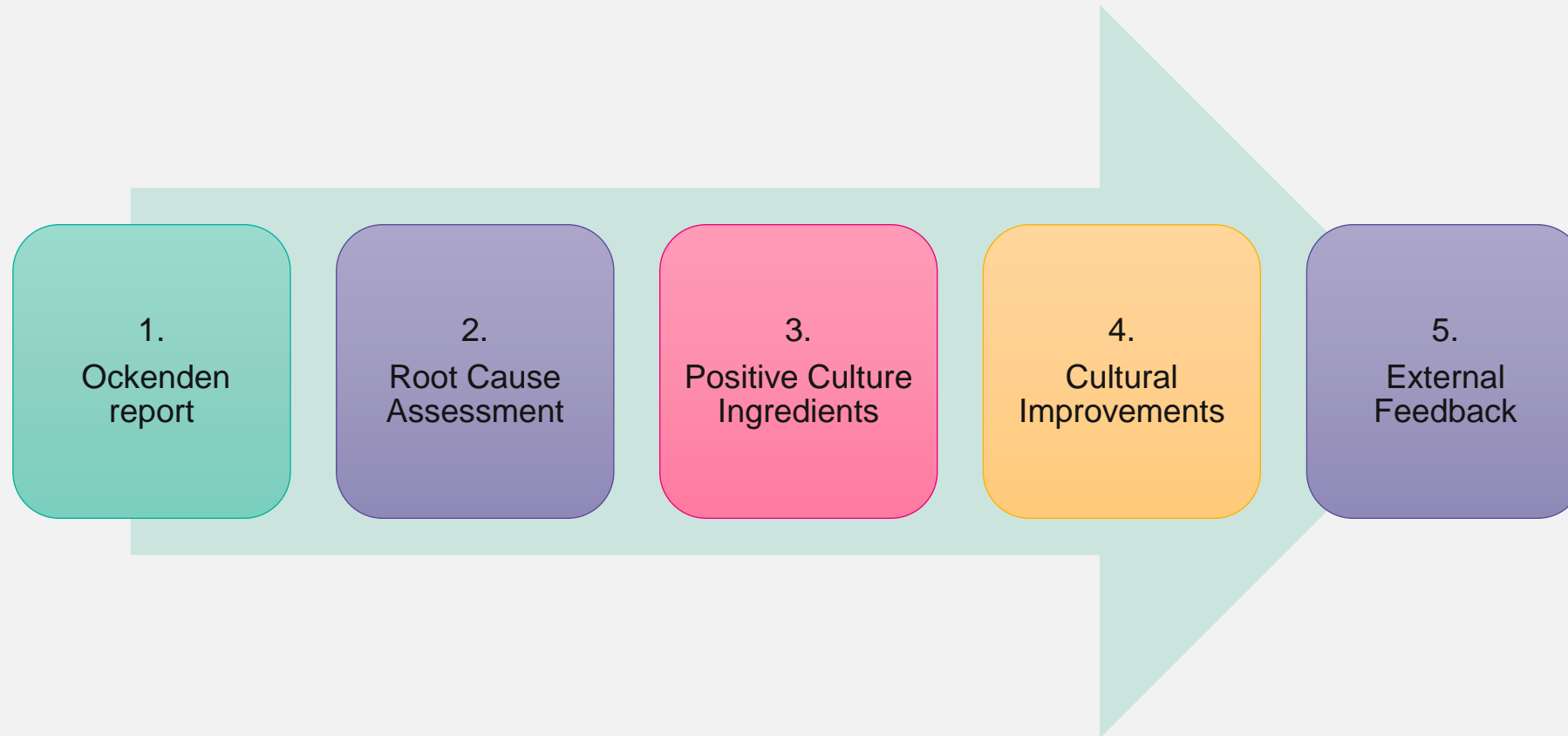


Patterson, Liz
17/02/2023 14:40:37

Workstream Structure



Presentation Structure



Three videos of staff testimonials incorporated into presentation

Patterson, Liz
17/02/2023 14:40:37

Ockenden Reports

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

First Ockenden Report - Compassion and Kindness

‘One of the most disappointing and deeply worrying themes that has emerged is the reported lack of kindness and compassion from some members of the maternity team at the Trust. Healthcare professionals are in a privileged position caring for women and their families at a pivotal time in their lives. Many of the cases reviewed have tragic outcomes where kindness and compassion is even more essential. The fact that this has found to be lacking on many occasions is unacceptable and deeply concerning.’

‘... Inappropriate language had been used at times causing distress. There have been cases where women were blamed for their loss and this further compounded their grief. There have also been cases where women and their families raised concerns about their care and were dismissed or not listened to at all.’

‘A woman was in agony but told that it was ‘nothing’; staff were dismissive and made her feel ‘pathetic’. This was further compounded by the obstetrician using flippant and abrupt language and calling her ‘lazy’ at one point. (2011)’

Atkinson, Liz
07/02/2023 14:40:37

Source: Ockenden report: Independent Maternity Review, 2020

Root Cause Assessment

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

Root Cause Assessment



Patterson, Liz
17/02/2023 14:40:37

Ingredients for a Better Culture

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

Ingredients for a Positive Culture



Patterson, Liz
17/02/2023 14:40:37

Testimonial 1/3

Note: All colleagues provided consent to be filmed and for these to be used at this meeting

Patterson, Liz
17/02/2023 14:40:37



Patterson, Liz
17/02/2023 14:40:37

Work Underway

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

Work Underway



Patterson, Liz
17/02/2023 14:40:37

Testimonial 2/3

Note: All colleagues provided consent to be filmed and for these to be used at this meeting

Patterson, Liz
17/02/2023 14:40:37



Patterson, Liz
17/02/2023 14:40:37

Externally-conducted Cultural Review

- Implementing long-lasting cultural change is at the core of the work undertaken in the People & Culture workstream of the Maternity Transformation Programme. The division is committed to improving the culture of it's services, which will foster a better work environment for our staff and lead to better care for our service user.
- Multiple pieces of work have been underway since the beginning of the Maternity Transformation Programme, not all under it's overview. To help us link all of those initiatives together into a more cohesive plan, we secured the services of an external consultant who will also support in it's delivery.

Phase 1 ✓

- Gain insight about the culture of the Service
- Understand the direction the service wants to move towards and what is needed for success
- Recommend a way forward

Phase 2

- Gather information about initiatives already in place and any ongoing work
- Identify gaps
- Create plan

Phase 3

- Implementation

Patterson, Liz
17/02/2023 14:40:37

Strengthened Systems and Processes

We have a new Senior Leadership Team.

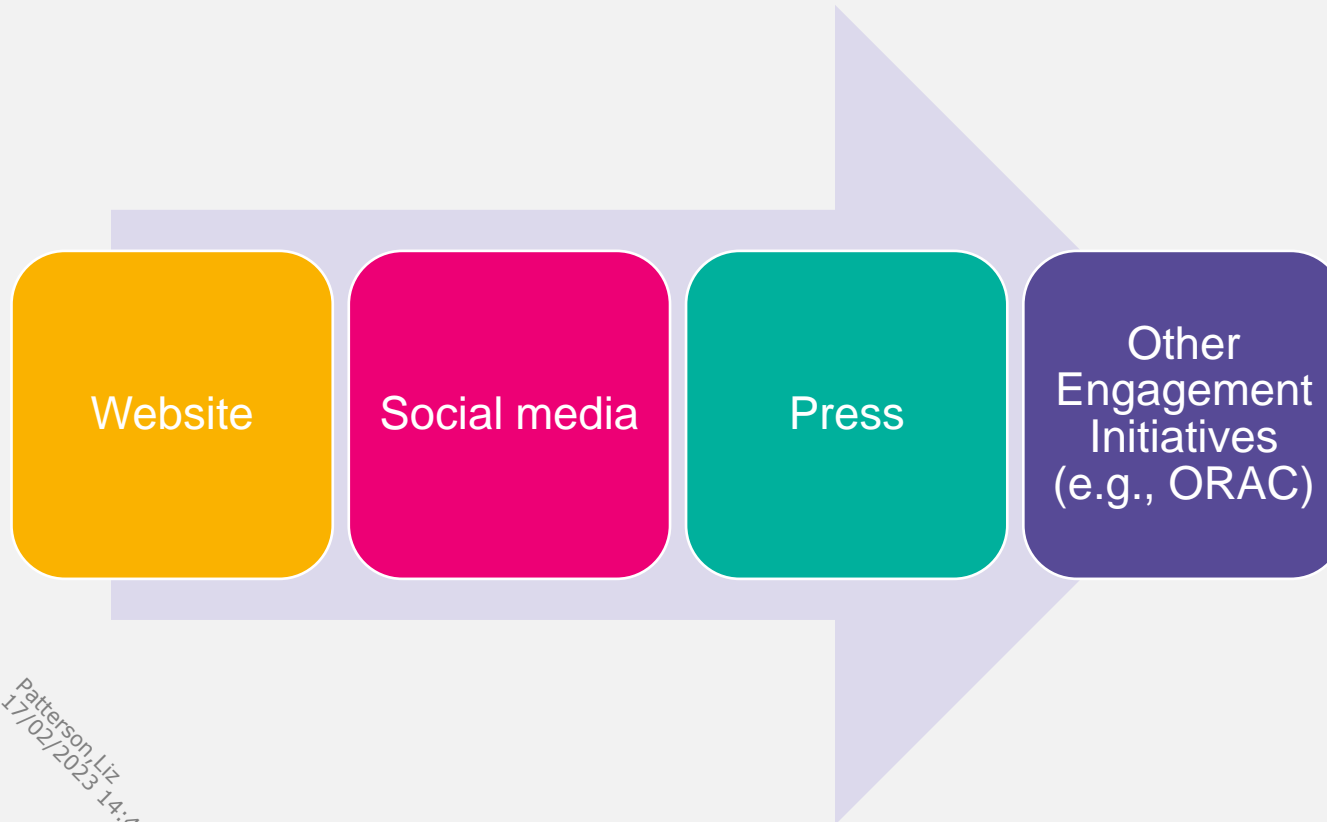
All processes have been reviewed:

- All teams have clear lines of accountability
- All team leads are clear on roles and responsibilities
- All processes have been formally standardised and communicated
- All teams now compliant with policies (e.g., to avoid nepotism)
- Mechanisms in place accessible to all tiers of staff for rapid and consistent communication sharing
- Additional investment secured (e.g., project management team)



Patterson
17/02/2024 14:40:37

Improving Morale - Communications



Patterson, Liz
17/02/2023 14:40:37

NHS
The Shrewsbury and
Telford Hospital
NHS Trust

We're on Facebook!

Did you know... we now have a dedicated Facebook page for maternity services called **The Shrewsbury and Telford Hospital NHS Trust Maternity Information Hub**. The page is for all women, their partners and their families who use, or are intending to use our maternity services. On the page you can find up-to-date health and pregnancy advice, changes to services, improvements and innovations within our services and more.

Scan the QR code to be taken straight to the page or search **SaTH Maternity Information Hub** on Facebook.

Improving Staff Morale

- In February 2022, an app called Improvewell was rolled out to maternity staff. The platform gives all staff a voice, and solution helps our organisation improve staff experiences and patient quality care from the ground up.
- The app offers **4 main features**:
 - Sentiment tracker (have you had a good day?)
 - Idea hub
 - Pulse surveys
 - Push notifications.

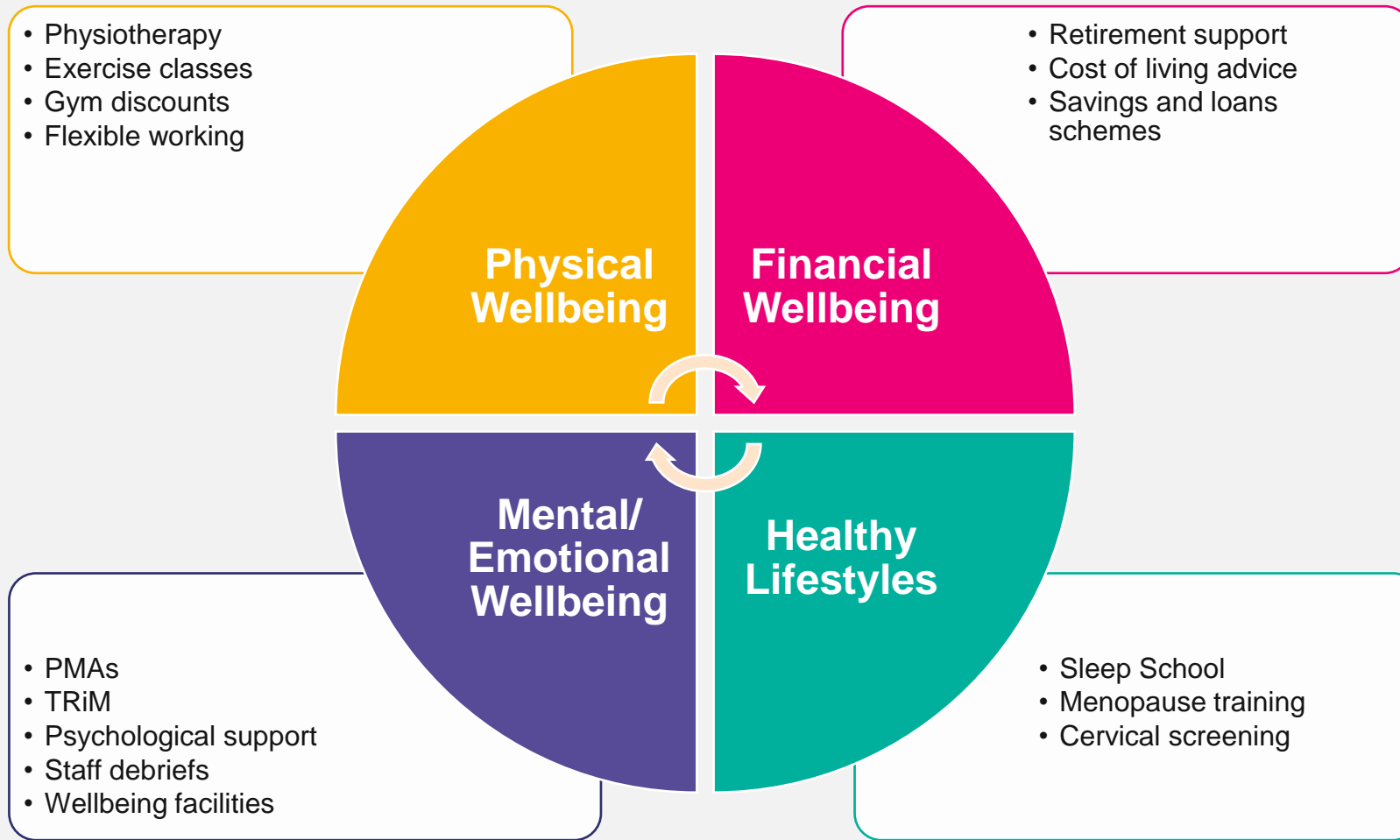


Patterson, Liz
17/02/2023 14:40:37



- ✓ Translator Services
- ✓ Easier Login
- ✓ Light projectors in Delivery Rooms
- ✓ New privacy curtains
- ✓ New Keyboards

Staff Health and Wellbeing Offer

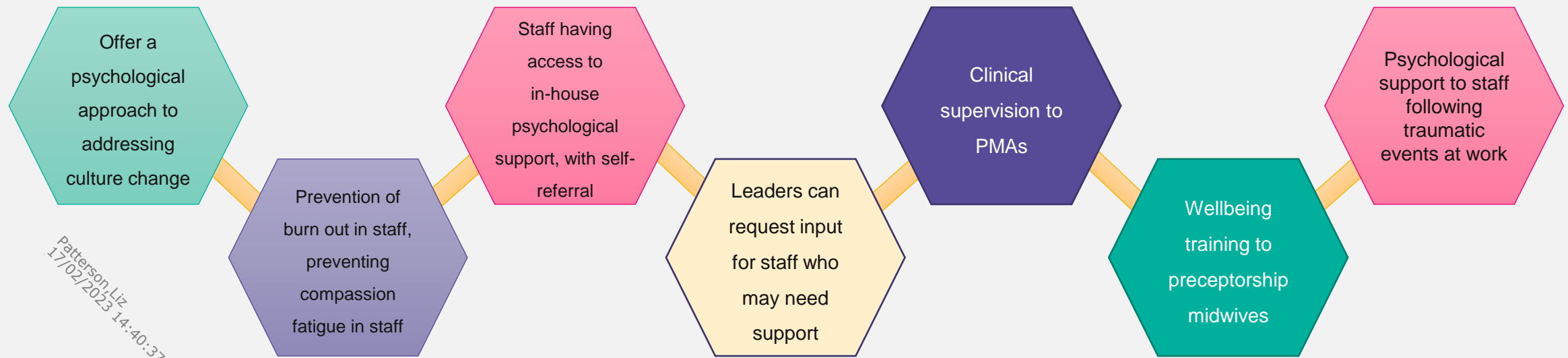


Patterson, Liz
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Staff Support - Psychologist

- Team of Clinical Psychologists recruited to work with staff across the Trust.
- Lead Psychologist in post since September 2022. 4 additional Psychologists recruited and are due to start in February 2023.

Impact:



Developing a Learning Culture

Review of all processes to strengthen learning via:

- Staff huddles (Governance team included)
- 3-minute brief
- Complaints folders on wards

Underpinned by:

- 'Human Factors' training
- 'Just Culture' processes
- 'Civility Saves Lives' training



Patterson, Liz
17/02/2023 14:40:37

Testimonial 3/3

Patterson, Liz
17/02/2023 14:40:34

Note: All colleagues provided consent to be filmed and for these to be used at this meeting



Patterson, Liz
17/02/2023 14:40:37

Patient feedback

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

Patient feedback

“I don’t know if you recall but I contacted you regarding post natal support after having 2 bad experiences with the trust with my first 2 children and was anxious about my pregnancy.

I just wanted to let you that I managed to see Julie and Helen before I gave birth and Helen was able to come out and see me and my son on day 1 and Julie continued my care until I was discharged. Both midwives are an absolute credit to the trust and I can’t thank them enough especially Julie who I have seen regularly. They are knowledgeable, have a wealth of experience, are caring and compassionate and always have your best interests at heart. They took my concerns from my past poor post natal experiences and also my previous experiences as a mum on board and it has meant I have and am thoroughly enjoying the new baby experience with my son and as a result have struggled less with breast feeding and anxiety. I wish they were my midwives when I had my first 2!

I hope and think they know how grateful I am to them but felt it was important that you knew too”.

Person: Liz
17/02/2023 14:40:37

Conclusion

Presenter: Carol McInnes

Patterson, Liz
17/02/2023 14:40:37

Conclusion

- We must continue focusing on delivering excellent care to women and families
- We have made lots of improvements. However, there is still lots to do
- We must continue to embed the learnings and sustain the improvements
- We must improve the way we celebrate our successes
- Our aim is to increase the confidence in our services amongst the communities we serve



Patterson, Liz
17/02/2023 14:40:37

Additional Information for ORAC

Presenter: Annemarie Lawrence

Patterson, Liz
17/02/2023 14:40:37

Relationship with MVP

- Attendance at monthly maternity governance
- Attendance at monthly Maternity and Neonatal Safety Champions meeting
- 1:1 with Director of Midwifery – project updates and feedback shared for learning
- Complaints and compliments shared learning
- Co-production of the complaints response template (Oct/Nov-22)
- Representation at all senior leadership appointments
- 15 steps

Patterson, Liz
17/02/2023 14:40:37

Care Quality Commission (CQC) Survey

The 2022 Survey of Women's Experiences of Maternity Services was the ninth national survey carried out and involved 121 NHS acute trusts in England:

When comparing SaTH's 2022 results to 2021:

- There was a decline in 2 questions. Important to note that neither of these questions were statistically worse than any other Trust Nationally. However, they will be a key area of focus improvement
- There were 6 questions where we performed at a significantly higher rate than other Trusts
- The section of questions relating to 'feeding' classed as 'better' than other Trusts
- In all other questions we performed 'as expected'

Patterson, Liz
17/02/2023 14:40:37

Saving Babies Lives (SBL)

The SBL care bundle is a national initiative, introduced in 2016, designed as a driver to address stillbirth and neonatal death by reducing variation in clinical management

We are fully compliant with all five elements of the SBL Care Bundle Version 2. The five sections are:

1. Reducing smoking in pregnancy
2. Risk assessment, prevention and surveillance of pregnancy
3. Raising awareness of reduced fetal movement
4. Effective fetal monitoring during labour
5. Reducing preterm birth

Compliance has been confirmed by NHSE/I from our data submissions

Patterson, Liz
17/02/2023 14:20:37

Maternity Incentive Scheme (MIS) – Clinical Negligence Scheme for Trusts (CNST)

- NHS Resolutions' MIS (CNST) is designed to support the delivery of safer maternity care
- The scheme incentivises Trusts' to deliver ten maternity safety actions
- The Women & Children's' Divisional team have demonstrated to the Trust Board and the Integrated Care Board (ICB) their compliance with all ten of the safety actions
- The evidence has been externally validated by our external maternity improvement advisor

Patterson, Liz
17/02/2023 14:40:37

Quality Visit Feedback from Health Education England (HEE) visit (Jan-23)

Letter from Deputy Head of Nursing and Midwifery (Midlands)

‘On behalf of Health Education England, [we] would like to thank you for arranging today’s virtual quality visit. The Midwifery students experience at the trust was excellent. They felt welcomed and supported by the midwifery and wider multidisciplinary team. The year 3 students recognised the journey you have been on and felt their voices had been heard. It was good to speak to the Practice Assessors / Supervisors who clearly valued their students, identified learning opportunities, and gave timely constructive feedback. The educators had a clear passion for supporting the learners and drive for continual improvement. The support from the educators was valued and praised by both students and supervisors. You have clearly established an open culture for safety and improvement as both students and staff alike knew how and felt comfortable to raise concerns. All the students we spoke too would recommend the trust as a place to learn.

The team has clearly worked very hard to support students which is now making a positive impact on the student experience. Please do keep up the good work and well done to you and the team.’

Partnering
10/2/2023 14:40:37

Thank you. Any questions?

Patterson, Liz
17/02/2023 14:40:37

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	25 October 2022

Summary of key matters considered by the Committee and any related decisions made

1.0 Patient Story

The committee heard a patient video/story from a couple who had accessed neonatal intensive care for their two children. The family were very complimentary of the service they received both from the tertiary and local unit focusing on the importance of communication and bringing care as close to home as soon as possible. The family were thanked for sharing their story and how the issues they raised can feed into the current work being undertaken re cot configuration.

2.0 Welsh Kidney Network (WKN)

QPS members were advised of 3 high risks on the WKN risk register. One risk referred to the introduction by Welsh Government of a Quality Statement for kidney disease and the capacity of the WKN as currently configured to ensure delivery of all components of the Statement. They noted that further clarity is being sought from Welsh Government regarding the role of the WKN in this regard. Two further high risk relate to vascular access capacity at BCUHB and dialysis capacity at Ysbyty Glan Clwyd. Members were informed of actions being undertaken to mitigate these risks. A Peer Review on vascular access has recently been undertaken at BCUHB. The report and subsequent action plan is in the process of being completed. The actions are intended to address the vascular access capacity issue. With regard to dialysis capacity, members noted that this facility is independent sector provided and discussion are ongoing with the provider and the HB regarding options to increase capacity. Members noted that patients access to dialysis is not being compromised whilst these discussions conclude.

Members were also informed that a governance review of the WKN had recently been completed, an action plan was being developed and this would be brought to the Joint Committee in January 2023. They were also appraised of the recent Annual Audit Day held by the Network which was well attended and an informative learning event.

3.0 Commissioning Team and Network Updates

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:

- **Cancer & Blood**

The risk register for the commissioning team was presented to the committee. There was one new risk relating to the management of outreach clinics delivered by St Helen's & Knowsley NHS Trust on two sites in Betsi Cadwalader University Health Board. Assurance and progress were provided against the two services that are in escalation and further information is provided in the summary of services in the escalation table, which is attached.

- **Cardiac**

The risk to bariatric services remain unchanged; however conversations with an alternative provider remain ongoing. WHSSC is still awaiting the Royal College of Surgeons' report for Swansea Bay University Health Board. The committee requested that this was escalated if not received shortly.

- **Neurosciences**

A neurosciences update was received by the committee. Members noted that the risk that patients were being prevented access to the Thrombectomy services in North Bristol, due to the current 3D biotronics-imaging platform not meeting the current Welsh Government cyber security credentials was now resolved and had subsequently been closed by the Commissioning team in October 2022. The risk relating to neurosurgery in South Wales had also been lowered, due to an improvement in both theatre and bed capacity and will be monitored over the coming months. The committee was informed that the Community Health Council (CHC) had undertaken a positive visit to the spinal unit in Llandough Hospital and the report would be published shortly. The quality team would follow this up with CVUHB.

Patterson, Liz
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- **Women & Children**

The committee was updated re the risks and, in particular, the risk regarding Paediatric surgery and noted the ongoing work being undertaken. Information had been requested from the Health Board and options regarding outsourcing were continuing to be explored and a detailed recovery paper was due to go to Joint Committee on the 8th November 2022.

It was noted that there is now a Commissioning Assurance Group meeting for each specialised paediatric service at CHfW. There is a rolling monthly schedule, to capture every service. Within the Quality agenda, work is currently being undertaken to address how assurance is reported with the aim of creating a dashboard to gain assurance for each specialised service.

The committee received a progress update on Paediatric neurology and pathology, noting an improved position and the work that was ongoing to secure a longer term sustainable position.

- **Mental Health & Vulnerable Groups**

The committee received a report on any Quality and Patient Safety issues for services relating to the Mental Health & Vulnerable Groups Commissioning Team portfolio. This included a summary of the services in escalation which contained a progress update on the work being undertaken in Tŷ Lliidiard.

Members were provided with an update regarding service on Eating Disorders. Following the end of the contract with Cotswold House on 31st August 2022, arrangements have been made to secure beds with the Priory Group for Welsh patients. These arrangements are in place until January 2023, in the first instance, with options to extend this arrangement. In the interim, options are being scoped and considered to inform an options appraisal exercise for long term sustainable options for eating disorder services, through the Specialised Services Strategy for Mental Health, and a medium term solution to stabilise services for the next 3-5 years.

In July 2022, in response to the recommendations of the Cass Review Interim Report, NHS England took the decision to de-commission the Tavistock and Portman NHS Foundation Trust and introduce two early adopter providers from Spring 2023. The committee was assured that WHSSC are involved in the NHS England programme work and noted that the interim service specification has been released for a 45-day consultation. An update paper on GIDS has been submitted to Corporate Directors Group Board and Management Group for information.

The committee was pleased to note that NHS England has provisionally allocated £5m capital funding to the North West Mother Baby Unit scheme at Chester. It is expected that the provider, Cheshire & Wirral Partnership Trust, will develop a full business case for submission to NHS England in next 3 months.

The Committee noted the work that the Commissioning Team was undertaking and felt it would be helpful to receive a deep dive and invite the newly appointed Director of Mental Health to present the work at the next meeting. The Secure Services review was also outstanding and would therefore be an opportune time to fully understand how the strands will fit in the Mental Health Strategy going forward.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

A detailed report was received by the committee. Reassurance was received regarding the substantial work that had been undertaken and it was pleasing to note that the risk had reduced since the last report. A query was raised regarding the invoicing position, which would be addressed outside of the meeting and reported in the next report if there were ongoing concerns or had an impact on quality and patient safety issues.

4.0 Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. The status of each service in escalation remains unchanged. However, the Cardiac services are making good progress and it is hoped that WHSSC will be in a position to de-escalate these over the next few months. The North Wales Adolescent Unit is also waiting for the NCCU review and should also be in a position to be de-escalated. The template for reporting would alter from next year in line with the work presented at the Development Day.

- **CRAF Risk Assurance Framework**

Members were provided with an updated position regarding the WHSSC CRAF and noted the proposed engagement work to support the IPFR risk. Members noted the risk workshop that had taken place on September 20th and the SWOT analysis undertaken on each risk to support the process of review and updating.

- **Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**

The committee received the report and agreed that any inspections undertaken by the CHC would be included in the future.

Patterson, Liz
17/02/2023 14:40:37

- **Incident and Concerns report**

An update report was noted and received by the committee for assurance. There have been 10 new incidents reported to WHSSC over the period July 2022 to end September 2022.

- **Development Day summary report**

A second Development Day was held on the 16th September 2022. Committee members received a summary from each of the sessions and a copy of the presentations. Six out of the seven Health Boards were represented and positive comments were received regarding the content of the day. An evaluation of the day had been circulated and will be used to consider the content for forthcoming days and any improvements that could be made.

- **WHSSC Quality Unit Final Internal Audit Report**

A copy of the Final Internal Audit report, undertaken in June 2022, was received by the Committee. Substantial assurance was received with one matter requiring management attention:

- There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair's report to their own quality committee meetings for scrutiny and assurance.

The agreed management plan has been accepted and a discussion was initiated at the Development Day. It was agreed that the report would to be considered by the All Wales Health Board Chairs QPS Committee and future auditing of compliance would be monitored through that group. Assurance was received that Health Boards do already have reporting systems in place to address the issue. A copy of the report is attached.

- **Quality Newsletter**

A copy of the second Quality Newsletter was received by the committee and is an Appendix to this report

5.0 Items for information:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 6 September 2022,
- Welsh Risk Pool and Legal & Risk Services Annual Review
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above.

Summary of services in Escalation (Appendix 1 attached)


WHSSC Quality Unit Final Internal Audit Report (Appendix 2 attached)

Quality Newsletter (Appendix 3 attached)


Matters requiring Committee level consideration and/or approval The committee requested that the findings of the Quality Internal Audit Report were noted and considered by the Health Boards.	
Matters referred to other Committees As above	
Confirmed minutes for the meeting are available upon request	
Date of next scheduled meeting:	23 January 2023 at 13.00hrs

Patterson Liz
17/02/2023 14:40:37

SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> Medical workforce and shortages operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions 	<ul style="list-style-type: none"> QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy. Bed panel data submitted electronically NCCU undertook Annual Review on 29th June 2022 report yet to be published. Escalation status will be considered thereafter. 	

Patterson, Liz
17/02/2023 14:40:37

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
March 2018 Sept 2020 Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance SUI 11 September 	<ul style="list-style-type: none"> Escalation meetings held monthly, Exec Lead identified from Health Board. Last escalation meeting 11th October Improvement Board established to oversee delivery of an integrated improvement plan Emergency SOP has been fully implemented Majority of posts recruited to or start dates agreed. Candidate withdrew from Physician Associate post and further advertisement to be progressed. Psychologist/Family Therapist post interviews scheduled for w/c 17th October JD under development for Psychology Assistant post with recruitment to progress following the appointment of the Family Therapist Improved leadership evident via escalation meetings 	


Patterson, Liz
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce issue 	<ul style="list-style-type: none"> Last escalation meeting was held on 01/09/22 Next meeting is on 09/11/22 Consultant Psychiatrist Interviews are on 1st November and will be followed by Clinical Lead appointment Recommendation will be made to CDGB on November 7th that service is de-escalated to level 2 if all outstanding issues are addressed at next escalation meeting 	↔
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review 	<ul style="list-style-type: none"> Continued six weekly meetings in place to receive and monitor against the improvement plan. The service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per 	↔

Patterson, Liz
17/02/2023 14:40:37

					<p>March update), but has remained in level 3 whilst the impact of these actions is ascertained.</p> <ul style="list-style-type: none"> • The escalation level was discussed again in October 2022 and significant progress towards the GIRFT benchmarks was noted. • WHSSC is waiting for the final report of the recent Royal College of Surgeons of England (RCS England) Invited Service Review to be submitted, with the Health Board's response, after which the potential for further de-escalation and revised monitoring arrangements will be considered in line with the Escalation Framework. 	
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Patterson, Liz
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<p>July 2021 (original escalation)</p> <p>April 2022 (escalated from 2-3)</p>	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding processes and patient flow which impact on patient experience 	<ul style="list-style-type: none"> C&VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report. In view of a failure to provide the requested GIRFT improvement plan and HEIW report, the service was re-escalated in April 2022. The service has now provided both GIRFT improvement plan and HEIW report (and action plan), and WHSSC has developed de-escalation criteria based on the GIRFT recommendations and action plans. The de-escalation criteria will be discussed at the next escalation meeting. Level 3 meetings were held in June and July, and a meeting was scheduled for September, but this was postponed due to staff availability. In view of the following meeting being scheduled for November, an updated action plan was requested 	
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Patterson, Liz
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					(due for submission 11 October 2022)	
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 19.10.2022	Movement from last month
November 2021	Adult burns	SBUHB	3	At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2002. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model	<ul style="list-style-type: none"> Escalation monitoring meetings held on 12th August and 27th September 2022. The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023. The next escalation monitoring meeting is arranged for 1st December 2022. 	↔

Patterson, Liz
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February 2022	PETIC	Cardiff University	3	<ul style="list-style-type: none"> Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients. Recent suspension of population of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients. Failure to undertake a timely recruitment exercise leading to isotope production failures. Failure to produce a business case of sufficient quality in a timely manner for replacement of the scanner. 	<ul style="list-style-type: none"> PETIC is taking forward the agreed actions with regard to increasing management capacity within the service and clarifying the governance arrangements for the service. The next escalation monitoring meeting is arranged for 5th December. 	
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Patterson, Liz
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

Patterson Liz
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Welsh Health Specialised Services Commissioning NEWSLETTER

2nd Edition, Autumn 2022

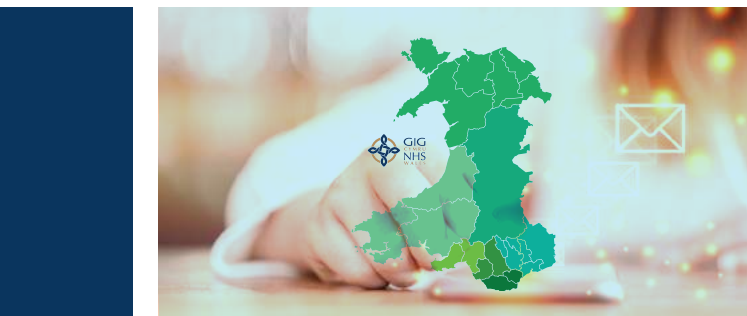


GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee



South Wales Neonatal Units



This is the 2nd edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from Welsh Health Specialised Services Committee (WHSSC) are provided both in Wales and in England this will only provide a snapshot of our work.



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

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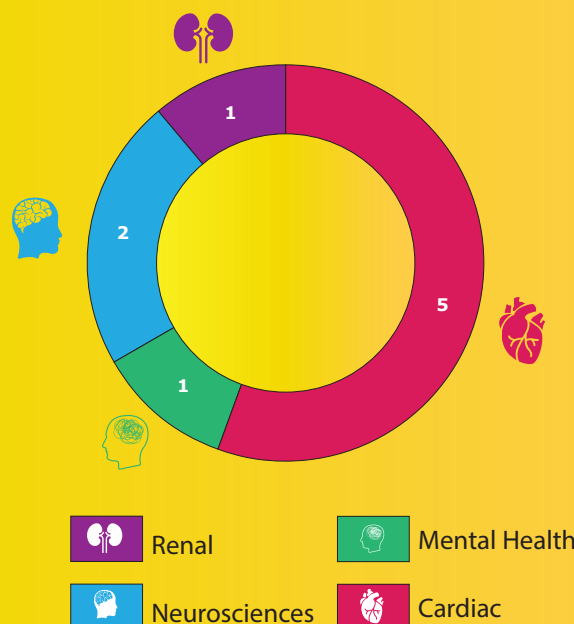
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Reporting for the Last Quarter

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have action plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.

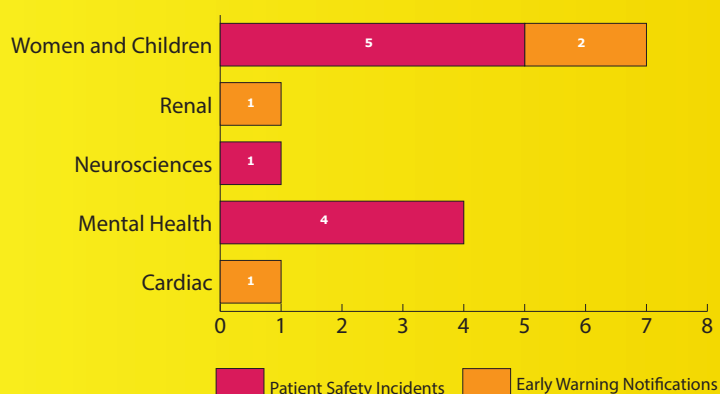
Patient Safety Incidents

Between March to July 2022, there were **9** Patient Safety Incidents closed:



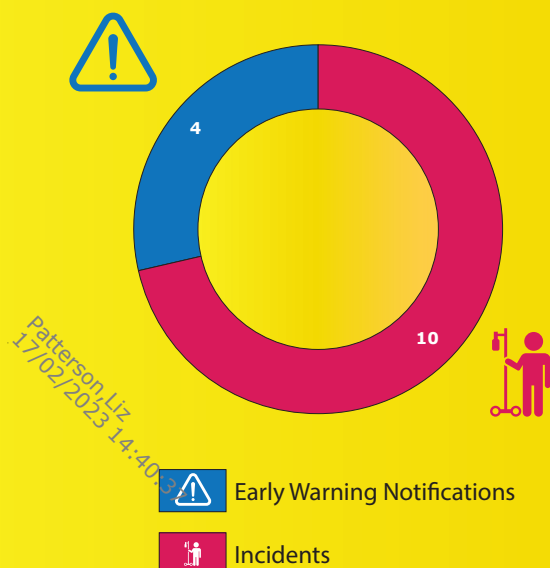
Concerns raised with WHSSC may involve a direct response from the organisation or involve a joint response with the commissioning Health Board or WHSSC may need to ask the Health Board to respond directly.

Type by Commissioning Team



Patient Safety Incidents and Early Warning Notifications

Between March to July 2022, there were **10** Patient Safety Incidents and **4** Early Warning Notifications logged:



Concerns



Incidents



Putting Things Right



Complaints

Update from the Patient Care Team IPFR (Individual Patient Funding Request)

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed in Quarter 1 2022-23:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPFR Panel
April 2022	16	-
May 2022	7	14
June 2022	2	10

Welsh Gender Service

The Welsh Gender Service published their first ever Newsletter in Spring 2022 and a Summer edition is to follow. For now though, please see the Spring edition here:



[Welsh Gender Service: Spring Edition Newsletter April 2022](#)



April and June 2022 Patient Safety Updates



[Patient Safety Update: 5 April 2022](#)



[Patient Safety Update: 28 June 2022](#)

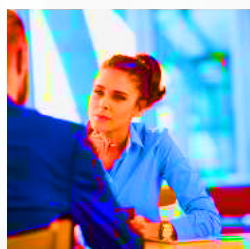


Quality and Patient Safety Development Day

WHSSC will be holding a Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent member from across Welsh Health Boards will be in attendance. The day will feature data systems presentations from NHS England, the data team in WHSSC and presentations from the Delivery Unit team and NWSPP. A recap and feedback from the day will be provided in the next newsletter!



Patient Safety
Incidents



Listening



Never Events



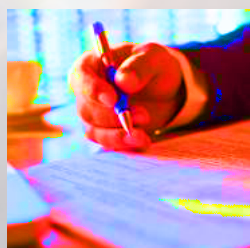
Reassurance



Reporting



Learning



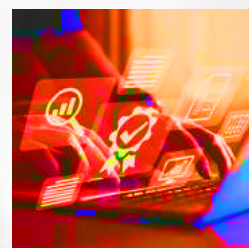
Compliance



Quality



Culture



Assurance



Feedback



Experience



Improving



Developing



Innovation



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Ty Llidiard Co-production Event

Ty Llidiard have recently hosted a co-production event that involved young people, their carers and the staff based at Ty Llidiard. The event focused on the four C's: Compassionate, Calm, Confident and Caring.



Through consultation with Staff and the Young People who use Ty Llidiard, Scarlett Design came up with 4 potential design proposals with examples of how we would like to use them to create an internal and external philosophy and identity.



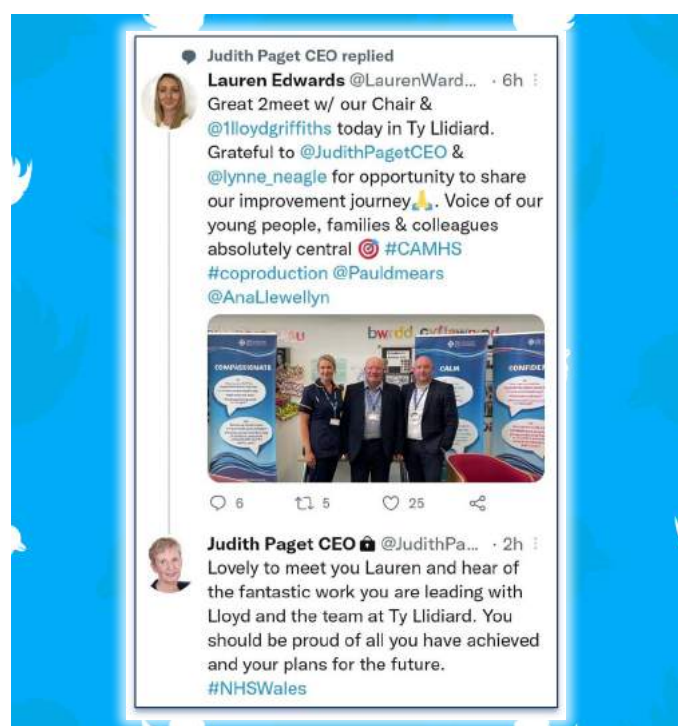
The day was split into 3 sessions:-

- ✓ Former service users and their families along with external stakeholders.
- ✓ The young people who were admitted at the time.
- ✓ The Ty Llidiard staff.

Over 70 people attended on the day with another 50 giving feedback electronically and by using the feedback forms and box that was left in the Ty Llidiard foyer for 6 weeks after.

The main themes to come from the young people were reducing boredom through engagement and activities and from the staff it was around communication and support.

Over 100 people voted on the visual identity / logo with nearly 70% voting on this design. The next steps are to use the agreed logo on uniforms, signage and on the exterior of Ty Llidiard. Positive feedback was received from the Director General of Health & Social Services/Chief Executive NHS Wales.





North Wales Adolescent Unit

There are positive developments for Children & Young People (CYP) who are being treated for Eating Disorders (ED) within the service. Over time, there has been a recognition that, the needs of young people admitted to Kestrel ward with an eating disorder have changed. Historically, Kestrel ward had a high proportion of admissions associated with Anorexia Nervosa (AN).

Across North Wales, there has been an increase in young people presenting with complex presentations around eating who require intervention. This is in line with the referrals and presentations seen within the inpatient context.

Kestrel ward have historically followed a weight restoration model for eating disorders, there has been no formal review of the ED pathway completed within the last decade. The recognised change in presentation of CYP has driven the change of pathway from one of weight restoration to a

pathway with a stronger focus on Young People engagement. The inpatient ward is committed to developing an Autism friendly environment working alongside the National Autistic Society (NAS). The journey to accreditation with NAS has begun with the first meeting taking place in August 2022. Following a review of the environment, the NAS advisor was able to make suggestions as to what could be developed to ensure that the service could improve meeting the needs of CYP with a diagnoses of Autism Spectrum Disorder. The development of the environment is clinically led by the nursing team and operationally partnered by the broader MDT.

The service has welcomed a new role this year, the Patient Liaison Officer role was developed following a trend in concerns noted by CYP & families that recognised how communication between the service and families was not as effective as it could be.

The liaison officer has taken an active role in enhancing parts of the admission pathway including the information that is distributed to CYP & families pre admission, this includes the development of an North Wales Adolescent Service (NWAS) [specific website](#).

There is a strong emphasis on what the role is and how this can support the CYP & family journey. In addition, the liaison officer is also closely linked to the regional Betsi Cadwaladr University Health Board (BCUHB) Child and Adolescent Mental Health Services (CAMHS) patient experience leads who have developed an action plan for improved patient experience in practice.

The liaison officer supported the children's charter events held by the CAMHS BCUHB patient experience leads, building on the existing principles of CYP engagement and enhancing the focus of patient centred care.

The development of the Advanced Nurse Practitioner (ANP) pathway is now complete, the service currently has 4 ANP trainees with a 5th joining in December, all of which are in the final phase of their academic studies, during their training phase the trainees are undertaking advanced level nursing tasks under supervision to ensure that they are able to meet all 4 pillars of their advanced level training.

Ty Llewellyn Medium Secure Unit

A meeting with the quality team in WHSSC took place with Ty Llewellyn Medium Secure Men's Adult Mental Health Unit in July 2022. An update was provided on the progression of the environmental, workforce and quality developments which have been underway to support a more therapeutic environment and clear recognition of physical health monitoring in mental health patients.

These have included the development of a more robust handover, physical health check monitoring, NEWS training and access to medical cover 24 hours 7 days a week and a policy to support individual therapeutic monitoring.

Staff sessions on physical health checks have included further training around sepsis management and the recognition and monitoring of side effects which may occur following the long term use of medications.

A culture of openness and transparency is continuously being encouraged and supported.

Outcome measure training is being facilitated for some of the staff and there are some further developments within the unit to capture patient experience, which will be shared once completed.



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Moondance Awards

The Moondance Cancer Awards 2022 held on June 16th to celebrate 'brilliant people across NHS Wales and its partners who maintained, and innovated, cancer services despite the extraordinary circumstances of the last two years'.

Among the lucky shortlist of delegates eagerly awaiting the results were colleagues from the All Wales Positron Emission Tomography (PET) Advisory Group who submitted an application to the 'Achievement: Working Together' category and All Wales Genomics Oncology Group (AWGOG), All Wales Medical Genomics Services (AWMGS) and Velindre Cancer Centre (VCC) who submitted a co-application to the 'Innovation in Treatment' category.

Presiding over judging of the innovation category were an esteemed panel of judges including UK Medical Director of the Telemedicine Clinic, Cancer Clinical Director for Wales Prof Tom Crosby, CEO of Tenovus Judi Rhys MBE and Prof Neil Mortensen, President of the Royal College of Surgeons.

The judges were reportedly *"delighted and humbled by the number and quality of submissions received"*.



WHSCC staff enjoying the Moondance Awards, from left to right: Professor Iolo Doull, Dr Andrew Champion and Sarah McAllister. Dr Champion and Sarah McAllister were part of the shortlisted All Wales PET Advisory Group!

Upon declaring the winning result to the AWMGS/AWGOG/VCC application, the judges noted the formidable achievements of each of the following three initiatives commissioned via WHSCC:

1. The DPYD gene testing pilot in collaboration with VCC saw Wales become the first UK nation to routinely offer DPYD pharmacogenetic screening for cancer patients in receipt of certain types of chemotherapy
2. The All Wales Genetics Oncology Group (AWGOG) since its formation has published timely clinical guidance on NTRK gene and FGFR2 gene fusion diagnostic testing for cancer treatment following NICE recommendations
3. Cymru Service for Genomic Oncology Diagnosis (CYSGODI) launched in 2021 offer high-quality oncology precision medicine services using next generation sequencing technology to screen for targeted genes in a tumour and haematological malignancy.

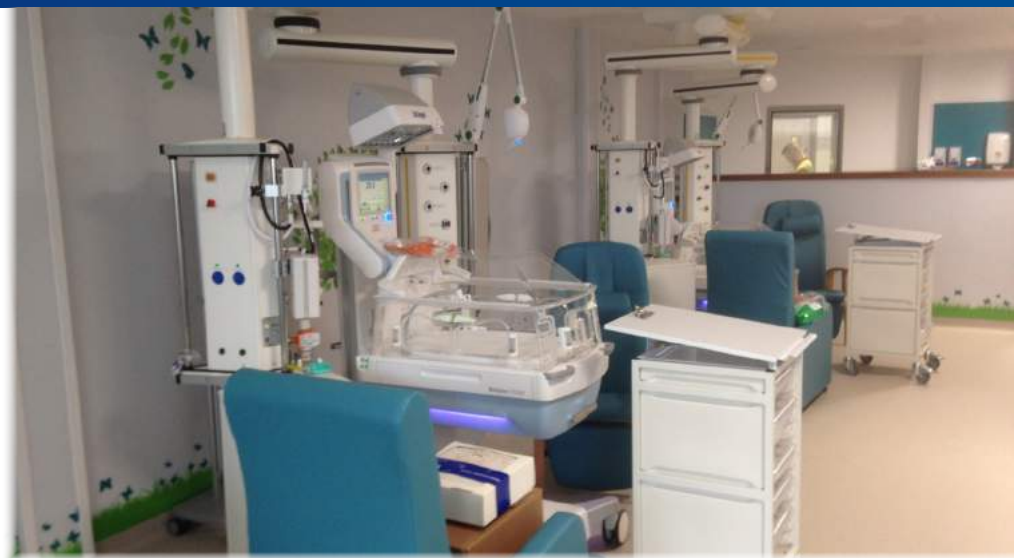
A huge congratulations to The All Wales Genomics Oncology Group for winning the Innovation in Treatment Award and also to The All Wales PET Advisory Group for being shortlisted in the Working Together category!

South Wales Neonatal Units

The WHSSC Quality team are undertaking scheduled neonatal visits within South Wales. The face to face meetings are intended to strengthen relationships and to develop an understanding of the role of the quality team within commissioning. WHSSC are responsible for commissioning the ITU and HDU cots in South Wales.

This is alongside supporting the importance of reporting and data collection in light of publications such as the Independent Maternity Services Oversight Panel (IMSOP) and Ockenden report and an awareness that the services have had a great deal of activity and had a number of workforce pressures. During the visits, the units have been encouraged to share evidence of Quality Improvement, good practice alongside areas of concern including workforce plans and recruitment.

Discussions have also included capturing patient experience and signposting to the Health Board team to support facilitation of this.



During the visits there was evidence of inspiring innovations to benefit patients, families and the staff and we have asked that this be continuously shared with WHSSC.

Alongside some workforce initiatives to utilise some of the current vacancies more successfully into advanced practice role development and Band 4 role development. To date the team have visited Hywel Dda University Health Board (H DUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB).



H DUHB

H DUHB provided the WHSSC Quality team with the opportunity to visit the new unit and to meet with the neonatal team. It was evident moving into a better environment and managing the care of neonates within the new facility had a positive impact on the team.

CTMUHB

Very positive visit to the team in CTMUHB, it provided the opportunity to understand how the team have worked to address the issues identified by Independent Maternity Safety and Oversight Panel. There was evidence of practice development and support for the clinical team alongside the rotation of staff into different clinical areas and support to work with the regional Centres.

SBUHB

The Team have recently had nurses join them from overseas and are in the process of supporting their development with specific clinical programs. These have included the development of Objective Structured Clinical Examinations to enable a smooth transition into the workforce and to meet the NMC requirements. During the visit alongside meeting the Neonatal Intensive Care Unit (NICU) team the Quality team met with the midwifery team who demonstrated the work which had been undertaken with a Neonatologist and maternity to enable the Transitional care model to be better utilised to support a model of more rapid step down from Special Care Baby Unit (SCBU).

CVUHB

The NICU visit provided the Quality team with an opportunity to understand how the Operational Team are continuously addressing the daily priorities of managing the ever changing clinical picture. This was demonstrated through their facilitation of a twice daily huddle and their reporting to the Clinical Board. The clinical team welcomed an opportunity to share their concerns regarding workforce, repatriation and training issues.

These included the difficulties of sometimes having families who had become dependent on the regional Centres and their concerns about being repatriated back to their local health boards, due to a perceived lack of understanding on how their particular specialist needs would be met. This concern was highlighted from both a family perspective and the clinical teams perspective. The clinical team raised concern around local skill and knowledge in relation to managing some of the more complex surgical cases.

There had been recent recruitment event with some success at external recruitment. A number of nursing vacancies exist within the team and there is a plan to support student streamlining with over recruitment into some of these vacancies.



Maternity and Neonatal Safety Summit

Sue Tranka, Chief Nursing Officer for Wales has launched the Maternity and Neonatal Safety Support Programme to improve safety, experience and outcomes for mothers and babies in Wales. Maternity and neonatal champions will be appointed to every health board in Wales to improve the quality of services and to support the Maternity Five Year Vision.

The Programme aims to create national standards to ensure that all pregnant individuals, babies and their families will experience safe, high quality health care along with influencing their decisions regarding the care they receive.

The Maternity and Neonatal Safety Summit was held in August 2022 and was well attended both in person and remotely. There was engagement from the participants, who were encouraged to submit online questions to the presenting panel. This identified collaborative themes amongst the audience and facilitated an opportunity to network in person.

Welsh Pharmacy Awards 2022



The Blueteq High Cost Drugs (HCD) software programme was procured for NHS Wales by the WHSSC and the Welsh Government via the Advanced Therapies Wales Board, to support the implementation of Advanced Therapy Medicinal Products (ATMPs) and other HCDs commissioned by WHSSC. A Blueteq Project Working Group piloted the system in May 2021. In January 2022, the system went live for all WHSSC commissioned HCDs.

This new system allows NHS Wales to audit the initiation of complex HCDs in line with evidence based health technology appraisal recommendations, to support clinical data collection and evaluation and to strengthen financial governance.

A Blueteq form is created for all WHSSC commissioned National Institute for Health and Care Excellence (NICE) Technology Appraisals, Highly Specialised Technologies and All Wales Medicines Strategy Group approved medicines by the WHSSC Medical team in collaboration with Welsh clinical experts.

The implementation of Blueteq ensures equitable and timely access to specialised HCDs for eligible patients across Wales. The Blueteq project has been shortlisted as a finalist in the Welsh Pharmacy Awards 2022, which is a fantastic achievement.

Well done team!



FINALIST

THE VALE RESORT,
GLAMORGAN
WEDNESDAY 7TH
SEPTEMBER 2022

DRINKS RECEPTION
6.30 PM

AWARDS BEGIN
7.30 PM

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Quick Round up of Commissioning Teams



Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.



Women and Children's

Paediatric Strategy is gaining momentum and out for consultation.



Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Day to be organised. ENETS won a Patient Experience award and will be hosting a celebration event on 13th October.



Cardiac

Cystic Fibrosis Service Improvement and Innovation Day scheduled for 11th November 2022.



Intestinal Failure

Ongoing work being undertaken with the recently formed Intestinal Failure commissioning team and as a result of the Intestinal Failure review and Service Improvement and Innovation Day.

Recognition of significant events, thank you's and useful links

Adele Roberts, Head of Quality at WHSSC, receives a special parcel from a patient who was supported through the NHS England Gender pathway:



Lieutenant Colonel

On behalf of the whole military in Wales I am very grateful for the enhance patient care the systems providers and for the friendly, flexible and efficient way it is administered by you and Catherine. Patients enjoy fantastic care from the providers in Wales. The options for select-ed individuals to be seen quickly in order to make them fit for duty and progress their care is transformational.....This support to the military in Wales is envied by my colleagues in other parts of the UK



Ministry of Defence (MOD)

A thank you from a Lieutenant Colonel with the MOD was received into WHSSC by the Director of Finance Stuart Davies and Catherine Dew IPFR manager.

Useful Links

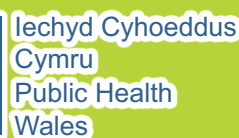
- [Welsh Health Specialised Services Committee](#)

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Public Health Wales - 30 month implementation evaluation for NIPT (Non-invasive Prenatal Testing) evaluation

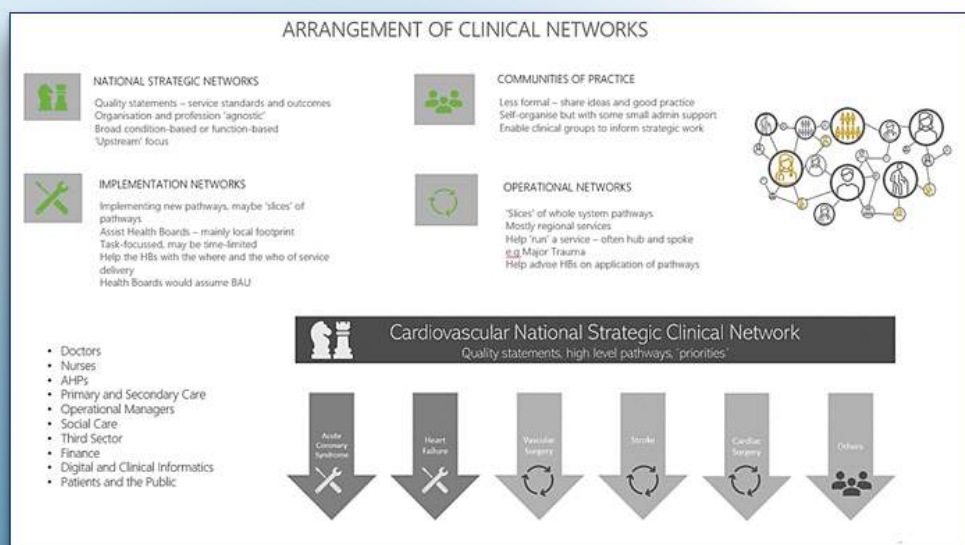
WHSSC commission NIPT and were informed by Public Health Wales of the evaluation findings from the first 30 months following the implementation of this as a contingent test as part of the antenatal Screening programme in Wales were formally published in the May edition of Prenatal Diagnosis, a peer reviewed journal.

Implementation of non-invasive prenatal testing within a national UK antenatal screening programme: Impact on women's choices - Bowden - 2022 - Prenatal Diagnosis - Wiley Online Library



Clinical Network Programme

As part of the strategy work WHSSC has been working closely with the Clinical Network Programme and whilst the names and arrangements of networks in the diagram below are still under discussion we felt it would be helpful to share as part of the stakeholder engagement that has been undertaken over the past year. The Clinical Networks Programme is part of the National Clinical Framework implementation within the NHS Executive.



NETS

South Wales Neuroendocrine Cancer Service has received a Centre of Excellence Accreditation with ENETS (European Neuroendocrine Tumour Society) – a massive congratulations to Dr Mohid Khan:

ENETSCoE
ASSURING QUALITY SINCE 2009



DR Mohid Khan, Cardiff and Vale University Health Board

A well-done from Dr Sian Lewis, Managing Director for WHSSC the neurosciences commissioning team received substantial assurance form the Audit and Assurance team and to the pharmacy team Eleri Schiavone, Dr Andy Champion and Professor Iolo Doull on reaching the pharmacy finalist awards.

"Well done team we are proud of you!"



ENETS Audit Checklist/ Report Cardiff



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CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Welsh Health Services Specialised Commissioning **NEWSLETTER**



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Iechyd Arbenigol Cymru
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whssc.nhs.wales

Autumn 2022

For queries or detail on any aspect within this Newsletter, contact Adele Roberts, Head of Patient Safety and Quality or Leanne Amos, Quality Administration Support Officer.

Email: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk

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Partneriaeth
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Shared Services
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Designed by NHS Wales Shared Services
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Quality Assurance Reporting Final Internal Audit Report

October 2022

Welsh Health Specialised Services Committee



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Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



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Appendix B: Assurance opinion and action plan risk rating	10

Review reference:	CTMUHB-2223-32
Report status:	Final
Fieldwork commencement:	13 July 2022
Fieldwork completion:	9 September 2022
Draft report issued:	15 September 2022
Management response received:	4 October 2022
Final report issued:	6 October 2022
Auditors:	Lucy Jugessur, Internal Audit Manager Emma Samways, Deputy Head of Internal Audit
Executive sign-off:	Carole Bell, Director Nursing Quality
Committee:	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note
This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Health Specialised Services Committee Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

To evaluate and determine the adequacy of the systems and controls in place within WHSSC in relation to quality assurance reporting.

Overview


We have issued substantial assurance on this area.

There was one matter requiring management attention:

- There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair’s report to their own quality committee meetings for scrutiny and assurance.

Report Opinion

Substantial



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure

Assurance summary¹

Objectives		Assurance
1	Roles and responsibilities of the Quality and Commissioning teams	Substantial
2	Processes and mechanisms to allow the Quality and Commissioning teams to co-ordinate the quality monitoring	Substantial
3	Effective quality assurance reporting arrangements in place	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Monitoring of WHSSC quality matters in Health Board committee meetings	3	Operation	Medium

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1. Introduction

- 1.1 Our review of quality assurance reporting within the Welsh Health Specialised Services Committee (WHSSC) was completed in line with the 2022/23 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 WHSSC is responsible for the joint planning of specialised services on behalf of the Local Health Boards in Wales. Their strategic aim is to ensure that there is equitable access to safe, effective and sustainable specialised services, as close to patients' home as possible, within available resources. The quality of care and experience that patients and their families receive is central to the commissioning of specialised services. The specialised services commissioned by WHSSC are managed through five programme commissioning teams and include areas such as mental health, cancer & blood and neurosciences.
- 1.3 In 2014 a WHSSC Quality Framework was developed to provide an infrastructure around quality assurance. The framework has since been revised and renamed the Commissioning Assurance Framework (CAF) to encompass components necessary to provide assurance. A quality team was set up in 2019 to strengthen the focus of quality monitoring, improvement and reporting. The quality team have a pivotal role in the co-ordination of quality monitoring, interventions and reporting across the commissioned services. In turn, relevant quality information is required by health boards from WHSSC so they can meet their responsibilities to deliver high quality, safe healthcare services for all their citizens.
- 1.4 The risks considered in this review were:
 - Serious concerns and performance related issues are not identified meaning remedial action cannot be taken.
 - WHSSC is unable to provide assurance to health boards on the quality of care it commissions on their behalf.
- 1.5 We focussed on the role performed by the Quality function, and not the CAF as a whole.

2. Detailed Audit Findings

Objective 1: The role and responsibilities of the Quality team and the Commissioning service teams in relation to quality monitoring and reporting have been captured.

- 2.1 The CAF identifies that the Quality team was appointed in 2019 to "strengthen the focus on quality monitoring and improvement". It further details their role in the co-ordination of quality monitoring and interventions within commissioned services.
- 2.2 The Quality team comprises of a small number of staff, with each providing support to a number of commissioning teams. Their role is integral in the Commissioning teams and they provide quality information from internal and external reports and visits to the service providers, on matters such as infection control, serious untoward incidents (SUIs) and patient experience. Our testing has not identified

any concerns with the current set up of the team, though should the remit of their work expand in the future, the current resource and set up of having a shared quality lead overseeing a few commissioning teams may need to be reviewed.

- 2.3 The Quality team do not carry out the investigations into complaints and SUIs, this is undertaken by the service provider. However, the team link in with the provider and ensure that investigations are carried out in a timely manner, that responses address the issues of concern, and that lessons learnt are shared and themes are considered. They will also advise the Health Board who are commissioning the service of any complaints or SUIs.
- 2.4 The Quality team have been involved in re-introducing Service Improvement & Innovation Days (previously called Audit and outcome days). The days are to "support and strengthen the reporting of patient outcomes and experience, sharing of best practice and benchmarking across commissioned services". At the time of our audit, four improvement days had been hosted for Intestinal Failure, Sarcoma, Gender and Traumatic Stress Wales (TSW) Services, and there were key learnings and actions taken from the events.
- 2.5 The Quality team have recently produced a quarterly Quality Newsletter. The newsletter is to highlight some of the work that the team are involved with from a commissioning perspective and includes an update on the Service Innovation & Improvement Days, data about the number of incidents and complaints and short updates in relation to each of the Commissioning Teams.

Conclusion:

- 2.6 The roles and responsibilities of the Quality team members within the Commissioning teams is clearly set out. The Quality team have embedded quality monitoring and quality reporting within the commissioning services. The team have progressed since they were established, ensuring that quality and quality monitoring is a key priority in all commissioning teams. We have provided a Substantial assurance rating for this objective.

Objective 2: Processes and mechanisms are in place that allow the Quality and Commissioning teams to co-ordinate the quality monitoring and interventions within commissioning teams to enable reporting.

- 2.7 There are service specifications and Service Level Agreements (SLAs) in place for each of the services commissioned and these are monitored through SLA meetings with the provider. Prior to the meeting, the quality team review any available data on the services of the provider. During the meetings updates are provided on the services being commissioned and issues are discussed including actions to resolve the issue.
- 2.8 The WHSCC Quality team also meet with the health boards to discuss the services that WHSSC have commissioned on their behalf. These meetings allow the health boards to feedback concerns they may have, and for WHSSC to update the health boards about the commissioned services.
- 2.9 Where quality issues are identified with a service provided, an escalation process is in place that allows for enhanced monitoring to ensure issues are resolved as

soon as possible. The Corporate Directors Group Board are responsible for placing services in escalation. The escalation steps are aligned to a tiered approach:

- Level 1 – Enhanced monitoring. This is for any quality or performance concerns that have been identified and will be reviewed by the Commissioning Team.
- Level 2 – Escalated Intervention – For services where Level 1 Enhanced Monitoring identifies the need to further investigation/ intervention.
- Level 3 – Escalated Measures – Evidence that the action plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified.
- Level 4 – Decommissioning / Outsourcing – Services that have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage.

2.10 WHSSC are in the process of enhancing the process by developing an 'Escalation on a page' document. We understand that this will provide greater detail on the escalation status, highlighting a trajectory showing movements within the escalation level, to allow for more granular monitoring.

2.11 We reviewed the quality monitoring arrangements for Adult Gender Services and Cardiac Services, to ensure that there were appropriate processes in place and in line with the CAF. Both services had specifications in place, albeit one was in draft, which detailed the quality indicators and key performance indicators for the provider. There was evidence of meetings with the provider to discuss the services. Both commissioning teams for these services reported into the WHSSC Quality Patient Safety Committee (QPSC) and detailed reviews undertaken by other external functions and services that were in escalation. They also reported actions that had been taken since the previous review and the current position.

Conclusion:

2.12 There are appropriate processes and mechanisms in place that allow the Quality and Commissioning teams to review the providers and services in place. Where there have been issues with a service, an escalation process was in place. We have provided a Substantial assurance rating for this objective.

Objective 3: Effective quality assurance reporting arrangements are in place.

2.13 The CAF details the required quality reporting mechanisms. We confirmed that the QPSC receive consistent update reports from the Commissioning teams including information on services in escalation and any actions taken, quality visits and meetings undertaken, details of serious incidents, safeguarding concerns, complaints and compliments.

2.14 Following each QPSC meeting, a Chair's report is produced. We reviewed the minutes and papers of the WHSS Joint Committee and confirmed the Chair's report of the QPSC was presented at each Joint Committee meeting. A 'Services in Escalation' report was also provided detailing the current position of these services.

- 2.15 The QPSC Chair's report is also issued to health boards for inclusion on the agenda of their respective quality committees. Our review of a sample of Health Board quality committee meetings identified that for some of the health boards' Chair's report was not always presented to the committee. **(Matter Arising 1)** We acknowledge the Independent Members and officers from health boards sit on the WHSS committees and are therefore made aware of quality matters. However, the regular inclusion of the Chair's report in health board committee papers ensures that the information contained in the reports is available for review and scrutiny by a wider audience, including the public.
- 2.16 Our review of the minutes and papers from the QPSC identified a number of other quality update reports including:
- Reports that had been undertaken by Health Inspectorate Wales (HIW) and Care Quality Commission (CQC) on the commissioned services.
 - An update report and action plan on one of the services within Mental Health & Vulnerable Groups that was at escalation level 4.
 - Information in relation to the recent QPSC development day. The day consisted of an update on the CAF and how the Quality team are able to obtain assurance through areas such as SLAs, Service Specifications and performance & escalation.
- 2.17 We also saw a copy of the QPSC annual report which is provided to health boards. The report provided an update of the areas that were reported to the Joint Committee in the Chair's report, which included updates on the commissioned services.

Conclusion:

- 2.18 We recognise that there are sufficient quality assurance reporting arrangements on the commissioned services within WHSSC. However, the onward reporting of the quality of commissioned services is not always evident within the health boards. We have provided a Reasonable assurance for this objective.

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Appendix A: Management Action Plan

Matter Arising 1: Monitoring of WHSSC quality matters in Health Board committee meetings (Operation)	Potential Impact
<p>The Quality and Patient Safety Committee (QPSC) Chair's report provides an update from each of the Commissioning Teams and a summary of services that are in escalation. Chair's reports from each QPSC are presented at the Joint Committee meetings and are forwarded onto the health boards for inclusion within the papers of their respective Quality Committee meetings. We reviewed the papers of the last four quality committees for four health boards and found:</p> <ul style="list-style-type: none"> • In one health board the Chair's report was an agenda item on three out of four of their quality committee meetings. • In two health boards the Chair's report was an agenda item on only one of their four meetings. • One health board did not appear to have the Chair's report as an agenda item at any of the quality committee meetings that we reviewed. 	<p>WHSSC is unable to provide assurance to health boards on the quality of care it commissions on their behalf.</p>
Recommendation	Priority
<p>1.1 We acknowledge that the action of including Chair's reports on health board quality committee agendas is outside of WHSSC's control. However, WHSSC should liaise with health boards to communicate to them the importance of their committees being sighted on this information in order to scrutinise, and gain assurance from it, on behalf of their local population. WHSSC should work with the health board officers and Independent Members who sit on WHSSC committees to facilitate this.</p> <p>Patterson Liz 17/02/2023 14:40:37</p>	<p>Medium</p>



Agreed Management Action		Target Date	Responsible Officer
1.1	Consider the draft report in QPS Development Day.	26/10/2022	Director of Nursing & Quality
	Present Final report and Management Action Plan to WHSSC QPS Committee.	25/12/2022	Director of Nursing & Quality
	Appendix report to QPS Chairs report for submission and consideration by WHSSC Joint Committee.	8/11/2022	Chair WHSSC QPS Committee
	Report to be considered by All Wales Health Board Chairs QPS Committee.	Nov 2022	Chair WHSSC QPS Committee
	Future auditing of compliance to be monitored by the above committee.	Ongoing	All Wales Chairs QPS Committee

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Patterson, Liz
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Patient Experience of GP Services in Powys

August 2022



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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

Background & Introduction

The coronavirus pandemic changed the way appointments are conducted in GP practices. In 2020, we ran a survey to find out people's experience of accessing GP services in Powys during the pandemic. At that time, we wanted to hear people's views about telephone and video appointments. The report which highlights the key things we heard from people is available on our website.¹

For many months now, CHCs across Wales have been hearing comments about the difficulty people have with accessing services in their GP practice. We have been reporting these issues to Health Boards and to Welsh Government.

We wanted to find out more about people's current experience of accessing GP services in Powys. We put out a question through our social media channels to gather people's views.

Our report reflects the views and experiences we've heard from people. It does not reflect everyone's experience. We know that people's individual views and experiences are all different.

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¹ <https://powyschc.nhs.wales/what-we-have-to-say/news/gp-access-during-covid-19-pandemic-january-2021/>

What We Did

We decided to set up a short, quick survey to gather Powys residents' experience of accessing services in their GP Practice in the last 12 months. We wanted to hear people's experience of getting through on the telephone, using the triage system, seeing a GP, nurse or other clinician face-to-face, having health reviews or having telephone or video appointments.

We ran the survey through our social media channels and our website. It was available online from 12 August until 31 August 2022.

We received **184** responses via the survey and we noted **15** comments made on our Facebook posts.

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Who We Heard From

Here is a snapshot of the people who shared their views and experiences of accessing GP services.

People do not always tell us everything about themselves when they come to share their experiences and views with us.

184 people completed the survey online

75% were women and almost **15%** were men

76% identified as heterosexual

The average age of people sharing their views with us was **59**

The youngest person was **17** and the eldest was **86**

Just over **87%** were White (Welsh, English, Scottish, Northern Irish, British)

Almost **42%** of people stated Christianity as their religion and **34%** of people stated that they have No Religion

Almost **24%** of respondents were carers

21% of people said they had a disability or long-term health condition

You can find out in our Equality Plan what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website:

<https://powyschc.nhs.wales/about-us/our-governance/>

We asked people to provide their postcode area for where they live. We received responses from the following postcode areas:

Postcode Area	No. of Respondents
LD8	38
LD3	30
LD1	18
LD7	18
SY21	15
HR3	10
SA9	9
LD6	8
LD2	7
NP8	7
SY16	5
LD5	4
SY18	3
SY19	3
SA10	2
SY15	2
LD4	1
NP7	1
SY20	1

What We Heard From The Survey

43 people made positive statements regarding GP services.

126 people expressed dissatisfaction with GP services.

27 people gave a mixed response, with both positive and negative statements about their experience.

From the positive comments we received, people used the words very good, great, excellent. People reported that they felt they were able to obtain appointments when they needed them, they were able to get face-to-face appointments when necessary, they received the advice and treatment that they needed, they were able to obtain an appointment on the day if urgent and they were satisfied with the triage system.

Some examples of comments received follow:

[*Named Practice*] has been brilliant. All the staff from receptions, to triage to GP's to pharmacy are fab!! I have been extremely happy with the services provided by [*Practice*]. The phone triage system available in the mornings has been great and has meant on occasions I have not needed a trip to the practice and good advice has been provided over the phone. There have been occasions I have needed to attend the practice to see a nurse or the GP and each time has been of excellent quality. I believe that these systems in place have benefitted me greatly. I am aware that some changes to this have been made which is a little disappointing. I have also now signed up for the online services available such as requesting repeat prescriptions and this is easier too than trying to get through on the phone or making a trip to the practice instead.

I've had excellent service from my GP in [*Named Practice*]. Yes you have to be patient when ringing but I've always been able to get through and receive the advice/treatment I need. The pharmacist has also been excellent there and supported me to understand/change my medication. I moved to [*the area*] 3 years ago from RCT and this is the best service I've ever received.

Good. Sometimes you have to call a few times first thing to get through but always get an appointment on the day if it's urgent.

I need weekly blood tests and have no problems accessing the surgery.

our medical practice is second to none. okay things are different these days but I've never had a problem contacting a doctor, seeing one when necessary. all staff from reception nurses, care staff and pharmacy are excellent.

Very helpful and gained an appointment when needed

In the last 12 months, I have never failed to get through to my surgery by telephone. There is sometimes a short queue but it is very quick. I have used the telephone triage service (probably twice) which has resulted in an appointment with the practice nurse for tests. I have also had three telephone appointments with the GP. The service I have received has been brilliant. The COVID precautions have been clear and well organised. I can't praise my practice highly enough. All the staff are friendly and efficient and I'm very grateful for the medical services I've received from them.

When looking at the comments from people who were not happy with their access to GP services, many of them referred to problems with the telephone system. In some instances, people had to make many attempts to get through on the telephone, with people quoting 100+ times before managing to get through. People also said that, if they were on hold for a long time, then the call would cut off before being answered.

When they did manage to get through, some people found it frustrating having to listen to the introductory message, with some commenting that it was too long. They just wanted to be able to speak to someone.

Some people reported that appointments were not available when they did eventually get through on the telephone and they were asked to call again another day.

People reported difficulty in booking routine or non-urgent appointments. Some people said that they would prefer the option to be able to book such appointments online rather than to keep telephoning.

There were many comments about the triage system. People said they did not like having to provide the reason for their call to a receptionist. Some people worried about confidentiality and others found it to be intrusive. Some people were concerned that it was a non-clinical person making a decision about whether or not they could be given an appointment.

People commented on the long waits they had for a call back from a nurse or GP if they were being passed through for triage. They were not given an exact time to expect the call. Some people said they did not receive a call back.

Taking telephone calls was often difficult for people who were in work. Some people had missed a call which led them to have to rearrange the appointment.

A few people reported that they were not getting the regular monitoring for chronic conditions which they had received before the pandemic. Some people said that they were not getting repeat prescription reviews when they were due.

Some people felt that they did not receive the correct diagnosis when they had a telephone appointment. They felt that the treatment they needed would have been provided if they had been seen in person.

There were some comments about the need for more GPs.

Below are some comments received from people who completed the survey:

Very different, phoning ringing several times before getting through then finding you can't see a Doctor due to be fully booked for that day.

Difficult! Can phone 100+ times before getting through, or phone will ring off if you can get through.

It seems impossible! As a woman & a full time carer I have to be dieing before I go to the GP. Over several months I had been feeling unwell & had several falls & dizzy spells. My husband & my adult children had been encouraging me to go to the Dr's for some time. I finally rang the surgery & they booked me in for a GP phone appointment. I was told it would be between 4-5pm. I waited patiently, the call finally came at 5.45pm. My GP who is usually a lovely patient [*person*] sounded bothered & annoyed. I related my symptoms etc. [*Their*] response was 'what do you expect me to do!' in a very off hand & abrupt manner! [*They*] then said [*they*] would do some blood tests & told me to sort it out with the nurse. When the conversation was finished I felt upset & [*the GP*] reinforced my initial thought that I was wasting [*their*] time. To cut a long story short I am now on the waiting list for an operation.

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Terrible, hours and hours trying to get through then when you do there are no appointments- told to call back 8am the next day but the lines are always busy. Can't book a routine or non-urgent appointment out of hours so spend all your time trying to get through.

Very hard gaining access to a doctor.

Not as easy as it was before covid. It can be very difficult to get an appointment these days.

Terrible, first a long message before you can get to speak to anyone

Try not to ring as the process feels overwhelming/confusing

If it is for me a challenge as I rarely need a doctor. My husband slightly easier as he has multiple health issues, however the triage nurse is rude, unclear, and abrupt making you feel bad for ringing

Extremely stressful at least 45 mins on phone to get through- fine once you are through but would like to be able to book an advance appointment ie non emergency. There must be a better way

They are extremely busy. You have to go through a phone selection and finally phone starts ringing. Problem is that the (very busy and very kind people) must have a huge amount of work because it just rings and rings and they are not able to answer. I feel really sorry for them. It is not their fault and I am sure some people are unkind when they do answer, but there clearly is a problem.

Phone, email, website- need improvement

It is well known to be very difficult to access the GP services because they are so short-staffed and busy. It makes people very reluctant to even try, and I think many people like me will avoid trying even when we have medical issues that need to be investigated. It's also very difficult to get any information from the surgery or replies to general, non-medical enquiries - it often feels like the surgery is not really a part of the community, and it should be.

The telephone system is a shambles. The phone needs to be answered directly not following minutes of spiel about all the things one can do rather than speaking to someone. I just wanted to make an appointment for a blood test. It does not appear possible to do this online so if I ring up to do it I want someone to just answer the phone.

Very frustrating. Unable to arrange face to face with GP. Recently had to go via receptionist, nurse, practice nurse, triage nurse, then finally GP.

To access the service by telephone is absolutely terrible. Monday morning started ringing at 7*55 engaged continually. Eventually got the phone to ring at 9*15. I was lucky I had the time to sit and keep trying the number. Once the phone rang it takes nearly 5 mins for the automated messages. It then took 10 mins for someone to answer, to be fair a dr rang me back within 15 mins. I think the problem is the automated messages take too long. And possibly only one line going in to surgery.

Disjointed. Am receiving hospital treatment, GP is sent copies of all communication but became very clear the GP didn't have a clue what was going on. Makes me wonder what's in my notes!

Very poor service, can never seem to get an appointment with a GP within a reasonable time. Sometimes phone in, spend 20+mins waiting for the phone to be answered to be told to ring back in a couple of weeks as there are no GP appointments available!....totally unacceptable re no appointments available

Telephone appointment with GP, had to wait 2 weeks which seems to be standard practice but unfortunately could not give me an exact time for the call. Not always able to answer at work as treating patients, would be good to be given a time so can take the time to take the call at that particular time. Twice my son missed his calls as works in a busy office and was on business calls, had to wait another 2 weeks for another telephone call.

Patterson Liz
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I find the questioning when ringing up intrusive and trying to persuade the person answering that I would like to see a doctor in person is demeaning. I realise that triage is necessary to send the patient to the right person but it seems that all efforts are made to prevent them seeing a doctor in person even when necessary. Phone appointments for physical symptoms don't work. Recently I had some concerns and rang the practice to make an appointment to see a doctor and, like all the other occasions I had to be questioned by the Receptionist. Eventually I managed to persuade her that I needed to speak to a doctor and a phone appointment was made for 10 days later. When I spoke to the doctor I was immediately given an appointment for the following week. The doctor examined me and referred me immediately to a specialist. All in all it took a month. Luckily the problem was treatable.

Phone only, no face to face consultation with a Dr, no medication reviews, no diabetic clinics, no retinopathy appointments in over 2yrs but obtaining medication no problems and we appreciate the hard working pharmacy staff

When MyGP APP works its a very good service. But app is rarely available to use unless you get lucky. Also very difficult to get anyone to answer phone when app not working. Response good when app or phones working as I work full time its easier to consult GP distantly, had face to face when required no problem. Getting bloods done - very efficient, again only when you can get through to make an appointment. Annoying that long term medications have to be ordered monthly, and then you have to wait up to 4-5 days for them, so cant forget when you have busy lives- would be better if 2 months supply for long term essential medications was issued

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It varies, I find phoning is not a good way to communicate with the practice. If I use the contact form on the website it is easier. This is because I don't have to go through all the info before finding out that I have rang at the wrong time to talk about prescriptions/appointments. My mum would not get in with the online way though so I think the telephone system needs improving.

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Learning From What We Heard

Many people believe that access to GP services is not as good as it was before the pandemic. However, the way people access general medical services started to change prior to the pandemic, with the introduction of triage and more multi-disciplinary staff within GP practices. The pandemic accelerated the changes, particularly the increase in telephone appointments. There is a need for people to understand what changes have taken place in GP services and why things have changed.

Some people are happy with the triage system and the ability to have telephone appointments that mean they don't have to travel to the surgery. However, other people find the triage system to be frustrating and they do not like to give information about their health to reception staff.

Many people feel that they should be given a face-to-face appointment with a GP when they request it.

It is a concern that some people commented that they were put off contacting their GP practice because of the appointment system.

A big issue for many people is the difficulty in getting through to their GP practice on the telephone. People have reported having to attempt to call many times before getting through. At times, they are holding on the line for a long time and then the call just cuts off and they have to start the process again.

Another issue with the telephone system is the automated message at the beginning of calls. People feel that this is too long or not needed at all. This is compounded by the fact that many people report that they have to redial several times when trying to contact the practice.

During this survey, only one person made reference to difficulty hearing on the telephone. However, CHC members have been told about difficulties people with hearing loss experience when they are trying to access appointments.

Recommendations

Better communication is needed with public and patients about the reasons for triage, how it works and an explanation of the different roles within general practice. Clear information about this needs to be available on health board and practice websites. However, thought must be given to how to provide information to people who do not have access to or use digital communication.

One way to improve the communication with patients and develop two-way communication is to set up or re-start Patient Participation Groups (PPGs) or other patient forums. Not all GP practices in Powys have PPGs and, understandably, the ones which were in operation had to be put on hold during the height of the Covid pandemic. The CHC is aware of one Practice in Powys which has re-started its PPG. The health and patient forums which were facilitated by the Health Board also had to be put on hold during the pandemic. The CHC has been discussing with the Health Board the need for such patient groups to be reinstated in some form.

Consideration should be given to an evaluation of the telephone systems to understand why people are having such difficulty in getting through to their practice.

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GP practices need to ensure the automated telephone message is as clear and concise as possible.

The CHC would like to understand what procedures are in place for people who have hearing loss and how they are able to contact GP practices or arrange appointments.

The Welsh Government Help Us to Help You campaign provides information to people about ways to get the right care, in the right place, first time. This information should continue to be made widely available to people in different formats, particularly now as we are moving into what is likely to be a difficult winter period for NHS services.

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Response from Powys Teaching Health Board

The Health Board made the following response to the CHC recommendations:

Many thanks for sharing the findings from the recent GP survey undertaken by the CHC and for giving PTHB the opportunity to respond.

As you will know from being a member of the PTHB Access Forum, the General Medical Services contract agreement for 2021-22 introduced an Access Commitment where a number of measures/standards were introduced (Phase 1). These standards continue and have been further added to in 2022/23 (Phase 2). The Phase 2 standards were published in June 2022, therefore during the summer months practices have been working towards implementing and meeting the requirements. The additional and new standards focus on reflection and require practices to reflect on their access arrangements, listen to patient experience (utilising the national patient experience survey) and make improvements to access. All Powys practices are in the process of completing their patient experience survey and are required to have 25 completed surveys per 1000 registered patients. Across Powys this will capture the views of a minimum of 3,500 patients.

I am assuming that as part of the practices survey responses it will pull out similar issues as captured by the CHC survey and individual practices will reflect on their access arrangements.

Following completion of the patient survey, practices are required to create an action plan and act on it to evidence improvements. The reflection process is fairly prescriptive and

requires practices to share their findings at collaborative level and share their reports with the Health Board.

Access to GMS continues to be challenging and as a health board we need to have assurance that patients are receiving adequate access to GMS at all times and that practices are taking action to improve access and communicating with their patients on existing access arrangements and any changes. There is no doubt that the forthcoming winter pressures will add to an existing fatigue workforce and collectively we need to ensure we support practices to deliver the best service they can for their patients.

Recommendation response:

1. Better communication is needed with public and patients about the reasons for triage, how it works and an explanation of the different roles within general practice. Clear information about this needs to be available on health board and practice websites. However, thought must be given to how to provide information to people who do not have access to or use digital communication.

A Health Board Task and Finish Group is being set up with Practice Manager representation to support patient communications including addressing patient abuse which has significantly increased. As part of the access commitment, Practices are required to take a more open and transparent approach in communicating with their patients, through an automated and standardised public facing dashboard, to the sharing of information and reporting on GMS activity. Some practices have started to share this data with their patients and we will encourage practices to strengthen data sharing.

2. One way to improve the communication with patients and develop two-way communication is to set up or re-start Patient Participation Groups (PPGs) or other patient forums. Not all GP practices in Powys have PPGs and, understandably, the ones which were in operation had to be put on hold during the height of the Covid pandemic. The

CHC is aware of one Practice in Powys which has re-started its PPG. The health and patient forums which were facilitated by the Health Board also had to be put on hold during the pandemic. The CHC has been discussing with the Health Board the need for such patient groups to be reinstated in some form.

There is no contractual requirement for general practice to have Patient Participation Groups. Should practices wish to set up a PPG, Health Board support would be offered to progress implementation. Options for the future of the health board patient forums are currently under development as part of this year's Integrated Medium Term Plan (IMTP) process.

3. Consideration should be given to an evaluation of the telephone systems to understand why people are having such difficulty in getting through to their practice.

All Powys practice telephone systems have a recording function for incoming and outgoing lines, have the ability to stack calls and are able to interrogate their telephony system to analyse data on calls. As part of a practices reflection on their access arrangements practices are required to review their telephone system intelligence including evidencing call demand comparisons. As part of this process practices will need to have a more planned and forward looking approach to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day. This should address some of the difficulties patients are experiencing in getting through to the practice.

4. GP practices need to ensure the automated telephone message is as clear and concise as possible.

The automated telephone message forms part of the Access Standards. Practices are required to have a bilingual telephone message which last no longer than 2 minutes. A national message has been prepared and circulated for

practices to use which does not exceed this time. If practices choose not to use the national message, it must include signposting to relevant services and not exceed 2 minutes. The duration of practice messages are routinely monitored via the Access Standards.

5. The CHC would like to understand what procedures are in place for people who have hearing loss and how they are able to contact GP practices or arrange appointments.

General practice available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. This supports and takes into account patients' needs. Practices have various processes in place to support patients with hearing loss, for example, 'flagging' on the patient record to enable a face to face to appointment at point of contact with the practice, using a language line interpreter service to support the consultation/conversation. All Powys practices have hearing loops installed at the reception desk to support patient conversations.

6. The Welsh Government Help Us to Help You campaign provides information to people about ways to get the right care, in the right place, first time. This information should continue to be made widely available to people in different formats, particularly now as we are moving into what is likely to be a difficult winter period for NHS services.

Both local and national communication will continue. As detailed in 1) a Health Board Task and Finish Group is being set up with Practice Manager representation to support patient communications.

The Phase 2 Access Standards takes an important step in pulling together patient experience, utilising telephone system intelligence and practices reflecting on their access arrangements to improve access arrangements for patients. I

will ensure the PTHB Access Forum continues to monitor our progress in implementing the above recommendations and look forward to discussing progress with the CHC on a regular basis.

Thanks

We thank everyone who took the time to share their views and experiences with us about GP services in Powys.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Patterson Liz
17/02/2023 14:40:37

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact Details



Powys Community Health Council
1st Floor Neuadd Brycheiniog
Cambrian Way
Brecon
LD3 7HR



01874 624206



enquiries.powyschc@waleschc.org.uk



www.powyschc.wales



PowysCHC



@powys_chc

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Powys Community Health Council

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Virtual Visits Project: Inpatient Engagement during COVID-19 Pandemic

March 2022



Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have been hearing from people in different ways. This includes surveys, apps, video conferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

Background & Introduction

As part of the scrutiny role undertaken by CHCs, members of Powys CHC would normally be carrying out visits to hospitals and other health care settings. During these visits, they would speak to patients and their carers or families to seek their views about the patient experience and care being received.

In March 2020, as a result of the COVID-19 pandemic and in response to Welsh Government guidance, we suspended all CHC site visits to health care settings.

As the pandemic continued and restrictions remained in place throughout 2020 and 2021, we were concerned that significant patient experiences were being missed due to our inability to visit and engage directly with people at the point they receive care.

Restrictions to patient visiting in hospital sites meant that some patients were not receiving visitors at all. We were concerned about the effect of boredom and isolation for patients. We were also concerned that relatives and carers may have had difficulty obtaining regular updates and information about the health and wellbeing of their loved ones.

We wanted to find a way of being able to hear from people themselves about their experience of being in hospital and to ask them about their holistic needs and comfort. We also wanted to learn how relatives and carers were being communicated with about their loved ones in hospital.



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What We Did

We approached the Director of Nursing at Powys Teaching Health Board to seek support in facilitating access to people on wards through a virtual mechanism.

We were able to develop a pilot project with the assistance of the Head of Nursing for Community Services, the Head of Nursing, Safety and Quality for Mental Health, and the Digital Facilitators Team at the Health Board.

The project involved members of the CHC carrying out video conversations with patients, utilising the I-pads available on hospital wards. The video platform used was the Attend Anywhere system which is used by the Health Board for video consultations with patients.

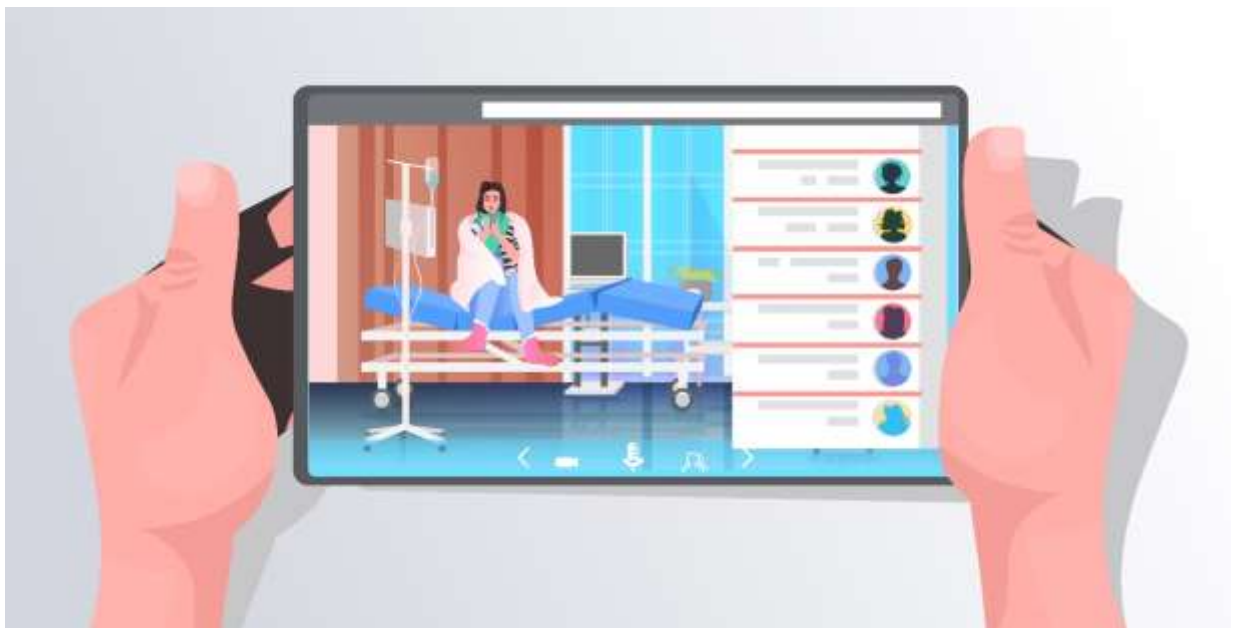
The dates of visits were agreed with the Health Board. Prior to the 'visits' taking place, we sent notices about the project to the wards for them to be handed out to patients and their relatives. The notices explained the project and invited patients to speak to CHC members through a video call. We also provided alternative ways for patients or their relatives to contact us at a different time. CHC information leaflets were also provided.

For each visit, we had the support of a Health Board Digital Facilitator. They were present on the ward to set up the Attend Anywhere system with the patient and were available to deal with any technical problems which might occur. Once the system was set up, the Facilitator would give patients the opportunity to have a private discussion with the CHC member.

We did encounter some problems during the project. The first 'visit' we planned with patients in Victoria Memorial Hospital, Welshpool, had to be cancelled on the afternoon that calls were due to take place because the internet connection on the ward was not working. This highlighted a problem with wi-fi which

the Health Board's IT team was not previously aware of and work was carried out to ensure internet connection was available on the ward. Some of our members who were due to take part also experienced their own internet connection issues. The first 'visit' which was planned with patients on Felindre Ward in Bronllys Hospital had to be rescheduled because of an outbreak of COVID-19.

We were able to carry out the 'visits' to three wards and members spoke to eight patients during the period October 2021 to January 2022. This report sets out the findings from the conversations which took place.



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What We Heard From the Virtual Visits

Clywedog Ward, Llandrindod Wells War Memorial Hospital

Clywedog Ward provides mental health services for older people.

The CHC member was able to speak to one patient on the ward. There were some technical difficulties with the video call because the patient was deaf in one ear. The Health Board's Mental Health Engagement Officer was present on the ward and sat with the patient to help with the dialogue between the patient and the CHC member. The CHC member had to write questions in the chat box and interpret the conversation the patient then had with the Engagement Officer. There was also a loss of connection for some minutes during the call.

- The patient felt that staff were very good and attentive to the patient's needs.
- The patient reported that they were very comfortable.
- Although vegetarian, vegan and meals for religious needs were available, it was suggested this needed to be more clear on the menu.
- The patient's family were unable to visit but the patient had access to the telephone and had been able to speak to them.
- The patient did not feel that they had enough activity. They had access to magazines, newspapers, crosswords and the television.
- The patient's hearing aid was lost. Staff had tried to locate it on the ward and were looking into the matter. Staff

recognised the importance of the patient being able to hear properly again.

There were some particular issues for the patient which were raised with the Ward Manager during the call.

Maldwyn Ward, Victoria Memorial Hospital, Welshpool

Maldwyn Ward provides general medical, rehabilitation and palliative care services.

Due to technical difficulties and internet connection issues, it was not possible for one of the CHC members to join the Attend Anywhere system. One CHC member was able to carry out conversations with patients and she spoke with four patients.

- All patients reported that they received very good care with comments “top quality”, “excellent and couldn’t ask for better”, “very happy”.
- Patients reported that staff were kind, polite and welcoming. They responded to the call bell quickly.
- Patients were comfortable and extra blankets were provided if required.
- All patients were happy with the quality and choice of food. Drinks were offered frequently.
- The ward was quiet at nights and all patients reported that they were able to sleep well.
- Some patients were receiving visitors. There was access to the telephone for contact with relatives if patients wished and some patients had their own mobile phones.

- Patients had access to newspapers, television, puzzles and books.

Some patients said they found enough to do but one patient said that time dragged.

No patients reported any other activities that they were able to take part in.

- One patient commented on the lack of access to a physiotherapist at the weekend. The patient felt that they were improving during the week but went backwards at the weekend because of this.

Felindre Ward, Bronllys Hospital

This is an adult mental health ward.

One CHC member was able to undertake the visit and had conversations with three patients. Two of the patients were on the call together.

- Two patients reported that they felt involved with decisions about their care but one patient said they did not feel sufficiently involved in decisions. This patient stated that they were able to speak with a Mental Health Advocate if they were unhappy with the care or they needed extra support.
- Two patients said that they had good relationships with staff. One said the staff are fantastic, they communicate well and could have a laugh with them. One patient said that it varied, some staff would listen but it was difficult to build a relationship with others.
- All patients reported that they were comfortable. Spare blankets were available if needed.

- It was reported that the food was good, there was a good choice and it arrived warm. However, sometimes patients did not receive what was ordered at meal times. Snacks were available upon request but patients were not able to help themselves.

One patient reported that, sometimes, food received was out of date.

- All patients reported that they slept well as a general rule although sleep could be disturbed if another patient was unwell.
- Owing to the COVID situation, visitors were rarely allowed on the ward. It was possible to meet outside. Patients were able to use the ward telephone to keep in contact with other people.

The patients reported that they did not feel isolated apart from when they were confined to their own rooms during a recent COVID outbreak.

- It was reported that the internet connection on the ward was temperamental which meant that using Facetime and other ways of connecting online were unreliable.

The most reliable wi-fi link requires a password which patients had to ask staff for. Many staff did not know the password and patient might be waiting a few days before they could get a decent internet connection.

- It was reported that the OTs on the ward organised a variety of activities, eg pottery, art and craft, cooking, quiz, walks, table tennis, going out for a day or afternoon. Once a week, there is a session where patients are able to share ideas of activities they would like.

There was a smart TV in the day room but this did not often work because of the poor internet connection. This left a limited choice of channels to watch.

One patient commented that it was boring at weekends.

A patient said that smoking times had become more difficult. Patients could go into the garden supervised every hour on the half hour. The machine on the wall that allowed for lighting of cigarettes was reported to be unreliable.

- Concerns were expressed about the state of the building; there were workmen around almost constantly, there was a hole in the ceiling in a corridor, lights needed to be fixed on a regular basis and things always seemed to be breaking.

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Learning From the Pilot Project

This pilot project could not have gone ahead without the support we received from the Health Board staff, particularly the Digital Facilitators whose expertise was needed to ensure that the video calls could be set up. We would like to thank all of the staff involved in the visits and also the ward staff for their support in offering patients the opportunity to speak to CHC members.

The virtual visits allowed the CHC to have a level of contact with people in hospital in lieu of the physical visits to hospital wards. It allowed us to speak to patients at the point of receiving care whilst still following Welsh Government guidance about visiting restrictions in order to keep patients safe from catching COVID-19.

There were technical difficulties which could not be overcome in some instances. Some of the difficulties were on the wards themselves but some were for our CHC members when they were using their own devices and home wi-fi networks.

The use of video calls highlighted a difficulty in speaking with patients who are hard of hearing or have a hearing loss.

This project has shown the importance of having a reliable internet connection across the county of Powys and, in particular, the requirement for good wi-fi connection which is easily accessible for patients and visitors in hospital.

In hearing people's views whilst in hospital, we have learned:

- Patients gave very positive feedback about staff and the care they were receiving. This positive theme was common for the three wards that patients were on.
- Where patients did not have access to their own mobile telephone, they were able to use the ward telephones to keep

in contact with family and friends.

- Patients reported that they were happy with the quality and choice of food. However, the patient on Clywedog Ward did not think that the vegetarian, vegan or meals for religious needs was set out clearly enough on the menu.
- For some patients, there was not enough activity. Scheduled activities were taking place Monday to Friday on Felindre Ward but there were no activities at weekends. There were no scheduled activities on Maldwyn Ward or Clywedog Ward.
- The lack of physiotherapy support at the weekend was a concern for a patient on Maldwyn Ward.
- There were some problems with wi-fi connection on each of the wards we visited. The original problems on Maldwyn Ward were solved and we were able to reschedule our visit so that we could speak with patients.

Patients on Felindre Ward reported regular issues with wi-fi connection. This affected their ability to have video or other online contact with family and friends. Such contact could be important for patients who might be resident on the ward for several weeks or months.

- Patients expressed concern about the poor state of the environment on Felindre Ward and the amount of repair work that was constantly required.

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Recommendations

- The CHC would be grateful if the positive comments made about staff could be shared with the three wards and with the Digital Facilitators.
- The Health Board is requested to review the meal menus and consider whether the different dietary options are made clear enough for patients to note.
- The requirement for good and constant internet connectivity has become increasingly important for patients and clinicians during the pandemic. This is not only an issue for digital healthcare but for patient wellbeing.

The Health Board is asked to consider undertaking a review of internet/wi-fi connection throughout all of its in-patient wards.

- The CHC would be keen to understand what activities are in place on in-patient wards to relieve boredom and ensure the wellbeing of patients.
- If the CHC is to continue with carrying out virtual conversations with patients, it will be necessary to consider how best to ensure that patients who are hard of hearing or who have hearing loss are able to engage with the process.
- The CHC would like to understand what action is planned to address the state of the environment on Felindre Ward.

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Response from the Health Board

As a Health Board, we welcome the report and are grateful for the CHC undertaking this review and the feedback that is so helpful for us to continue improving services. We acknowledge the positive comments that we will share with our staff and we recognise the areas for improvement highlighted which we will further address and update the CHC on our actions.

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Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

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Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact Details



Powys Community Health Council
1st Floor Neuadd Brycheiniog
Cambrian Way
Brecon
LD3 7HR



01874 624206



enquiries.powyschc@waleschc.org.uk



www.powyschc.wales



PowysCHC



@powys_chc

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Powys Community Health Council

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Patient Experience of Using Community Pharmacies in Powys

July 2022



Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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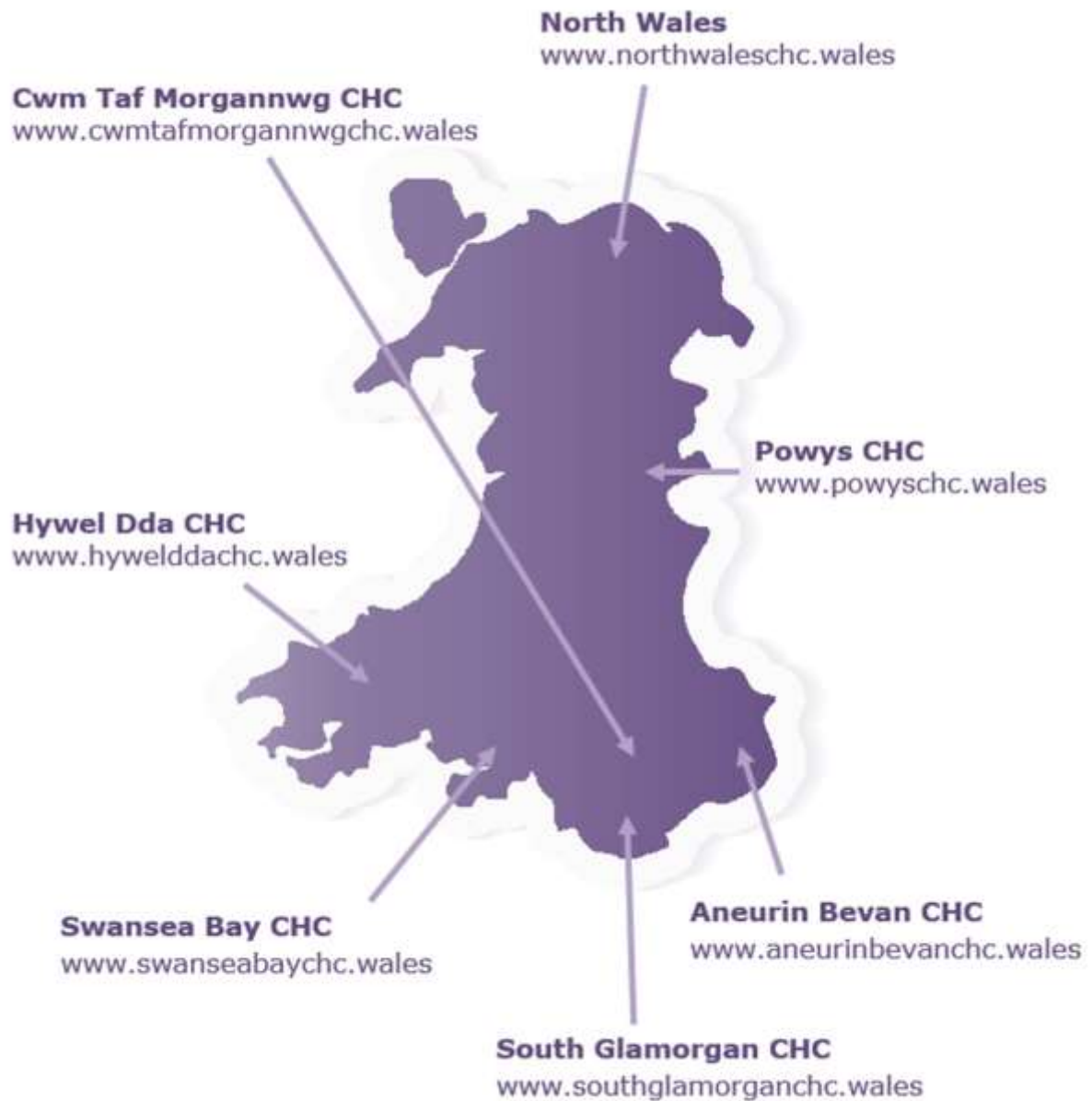
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In March 2020, as a result of the COVID-19 pandemic and in response to Welsh Government guidance, we suspended all CHC site visits to health care settings.

During the pandemic, NHS pharmacies remained open to patients and the public.

To help the NHS recover from the ongoing coronavirus pandemic, extra funding has been provided so that more pharmacists can provide treatment and advice to patients for a range of common ailments (the Common Ailments Service¹). There have also been changes to the Pharmacy contract which encourages pharmacies to provide more services to patients. The aim of these changes is to reduce pressures on GPs and other NHS services by encouraging patients to speak to a community pharmacist rather than their GP for advice and free NHS treatment.

The CHC wanted to find out about the patient experience of using NHS pharmacy services. We produced a survey to hear people's views.

Our report reflects the views and experiences we've heard from people living in Powys. It does not reflect everyone's experience. We know that people's individual views and experiences are all different.

¹ <https://11.wales.nhs.uk/pdfs/MinorE.pdf>

What We Did

We developed and published a survey to gather feedback from people about their experience of accessing NHS services in pharmacies. The survey was specifically about community pharmacies (or chemists). By a pharmacy, we mean a place people go to get a prescription dispensed, to buy medicines or talk to a pharmacist for advice about an illness that they may have or medicines that they take. The survey was not about pharmacies at a hospital or GP practice dispensaries.

The survey was available online and in paper format. It was available in English and Welsh. We promoted the survey on our CHC website and through our social media channels. We circulated information about the survey via email to our list of stakeholders. Our CHC volunteers issued paper copies and posters about the survey in their local communities around Powys. We also promoted the survey at the face-to-face engagement events we attended.

The survey was available during April, May and June 2022.

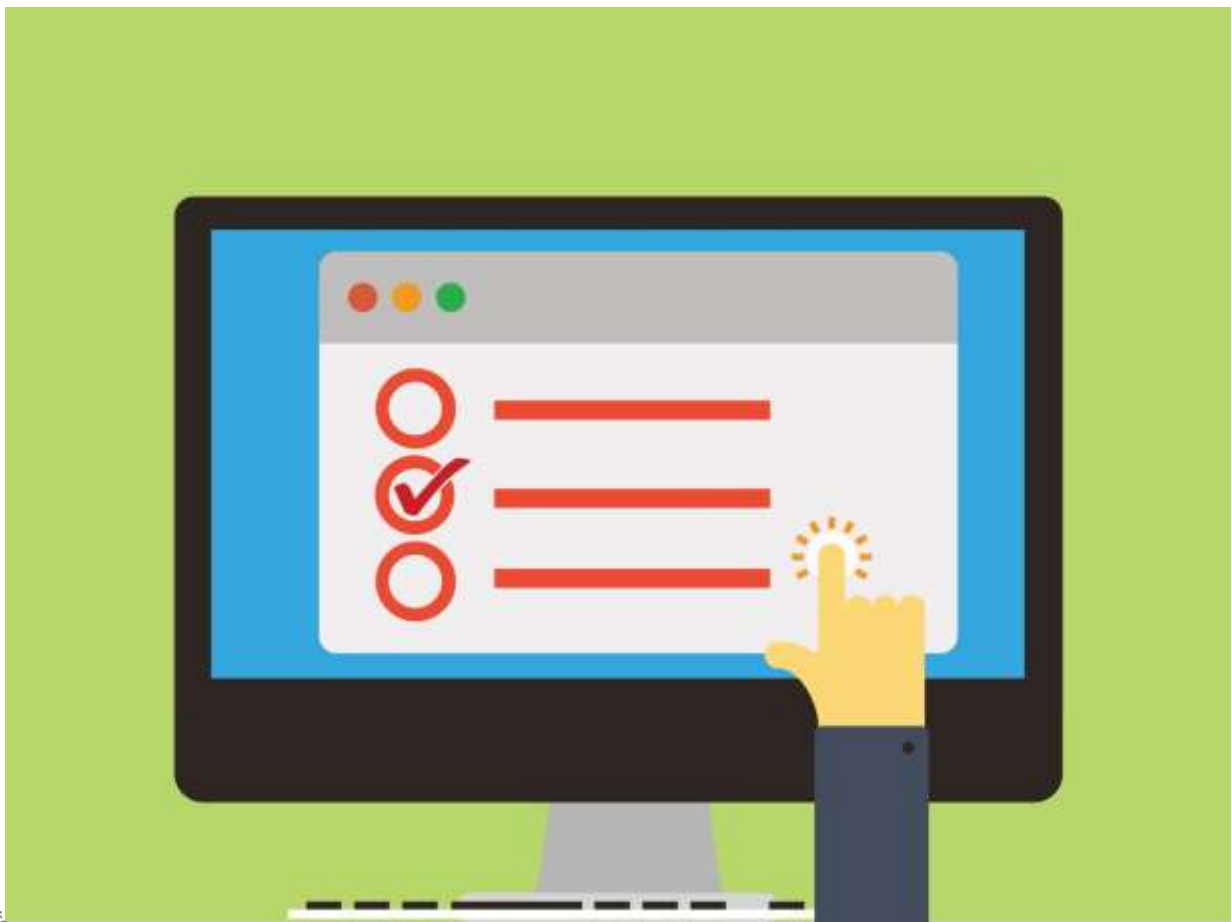


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We asked questions about:

- Repeat prescriptions
- Services used in a pharmacy
- Being able to speak to a pharmacist in private
- Patient satisfaction around opening times and service provided
- Service improvement suggestions

We received a total of **591** responses.



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Who We Heard From

Here is a snapshot of the people who shared their views and experiences of using pharmacy services.

497 people completed the survey online and **94** people completed a paper copy

Over **99%** of people shared their views and experiences in English

Almost **70%** were women

77% identified as heterosexual, **1%** identified as gay or lesbian, **3%** identified as asexual, **2%** identified as bisexual

The average age of people sharing their views with us was **63**

The youngest person was **15** and the eldest was **94**

Just over **87%** were White (Welsh, English, Scottish, Northern Irish, British)

Almost **30%** were carers

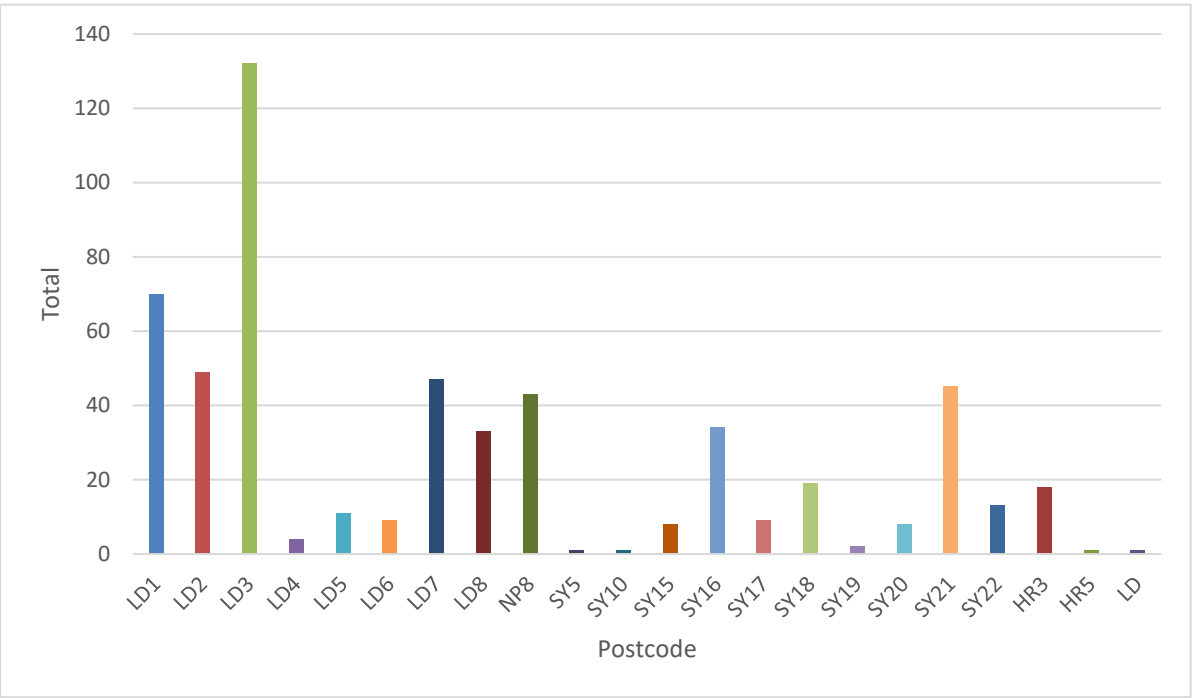
140 people had a disability or long-term health condition

People do not always tell us everything about themselves when they share their experiences and views with us.

Our Equality Plan outlines what we are doing to hear from different groups of people so that we can better represent the diversity of the community we serve. You can find our Equality Plan on our website²

² <https://powyschc.nhs.wales/about-us/our-governance/>

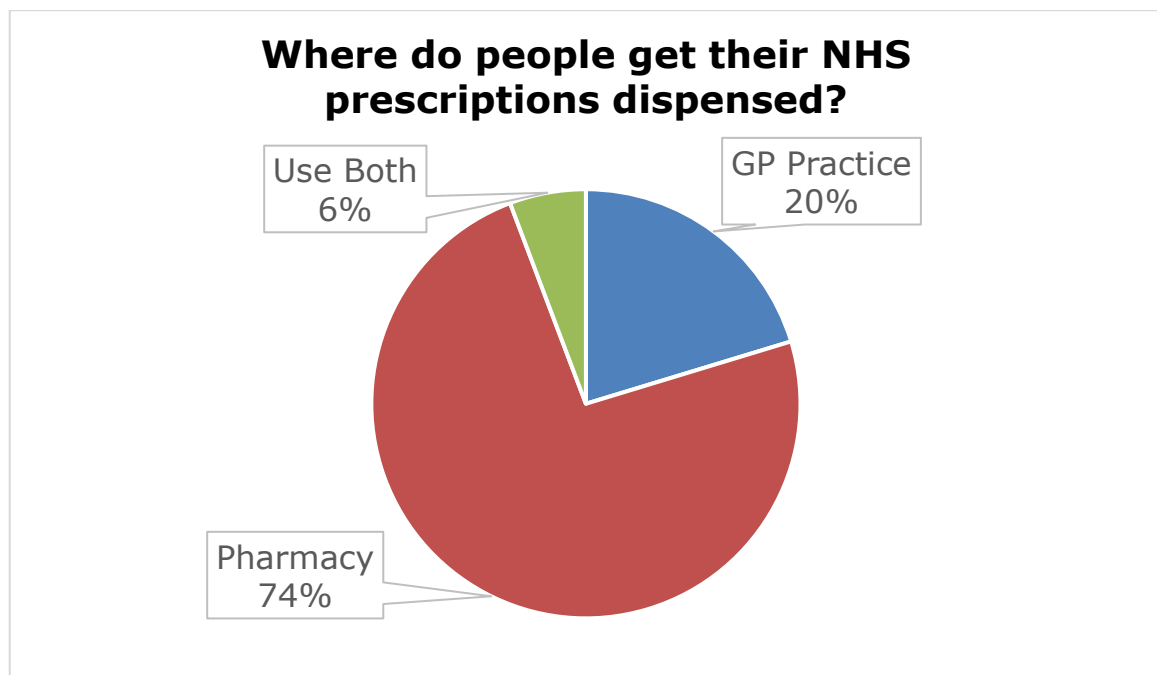
We asked people to tell us the postcode area that they live in and the chart below shows where respondents were from:



Despite sharing the survey widely throughout Powys, we received more responses from people living in the mid to south area of Powys than from people living in the north of Powys.

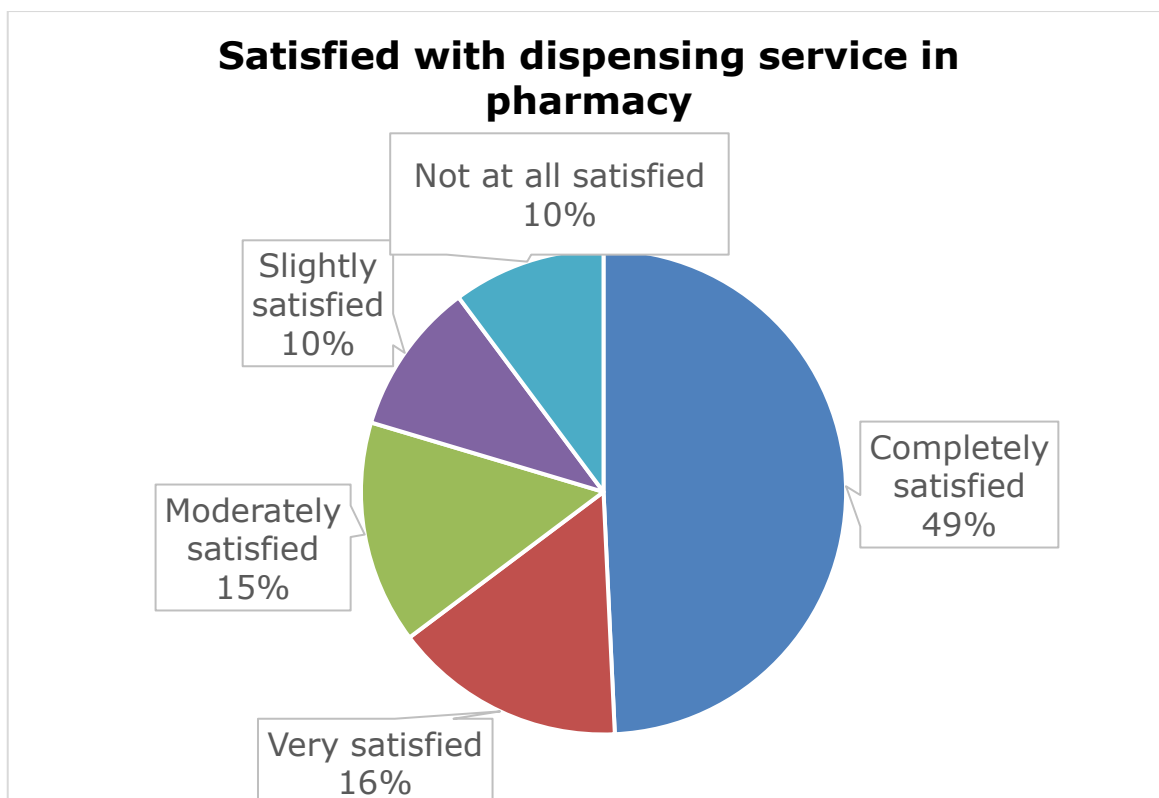
What We Heard

We asked people where they usually get their NHS prescriptions dispensed. **More than three quarters of people** told us that they get their prescription **dispensed in a pharmacy**.



More than half of the people who completed our survey said that they were **completely satisfied** or **very satisfied** with the **dispensing service** provided in the pharmacy.

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Note: 120 people did not answer this question.

171 people provided **positive comments** about the pharmacy dispensing service, with comments about **staff knowledge, politeness and efficiency** being the most common theme (121 people).

So very very helpful
easy to talk too
explains things in full
and does their
utmost to be of help.
Wow

Excellent service. Always
happy to give advice

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216 people provided **negative comments** about the pharmacy dispensing service. The most common theme was about **prescriptions not ready on time or medication not available**. Some of the negative comments related to staff knowledge, politeness and efficiency (42 people).

Despite having regular medication they never have enough to complete the prescription and I always have to return for more of the same item every time

Never have all items first visit

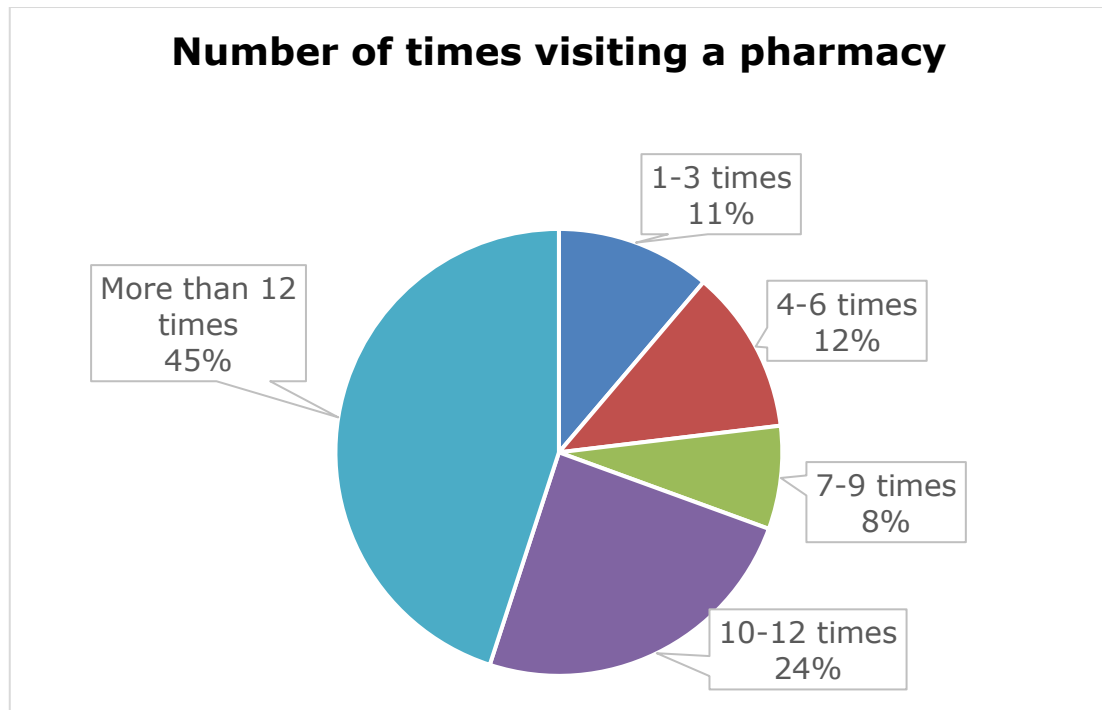
When you are waiting to be served, the staff do not acknowledge you. I have complained about this but nothing has been done to improve the service.

Very slow service not customer focussed.

Very busy. Seem to employ young people who sometimes seem very overwhelmed. Not efficient, seem to be firefighting most of the time

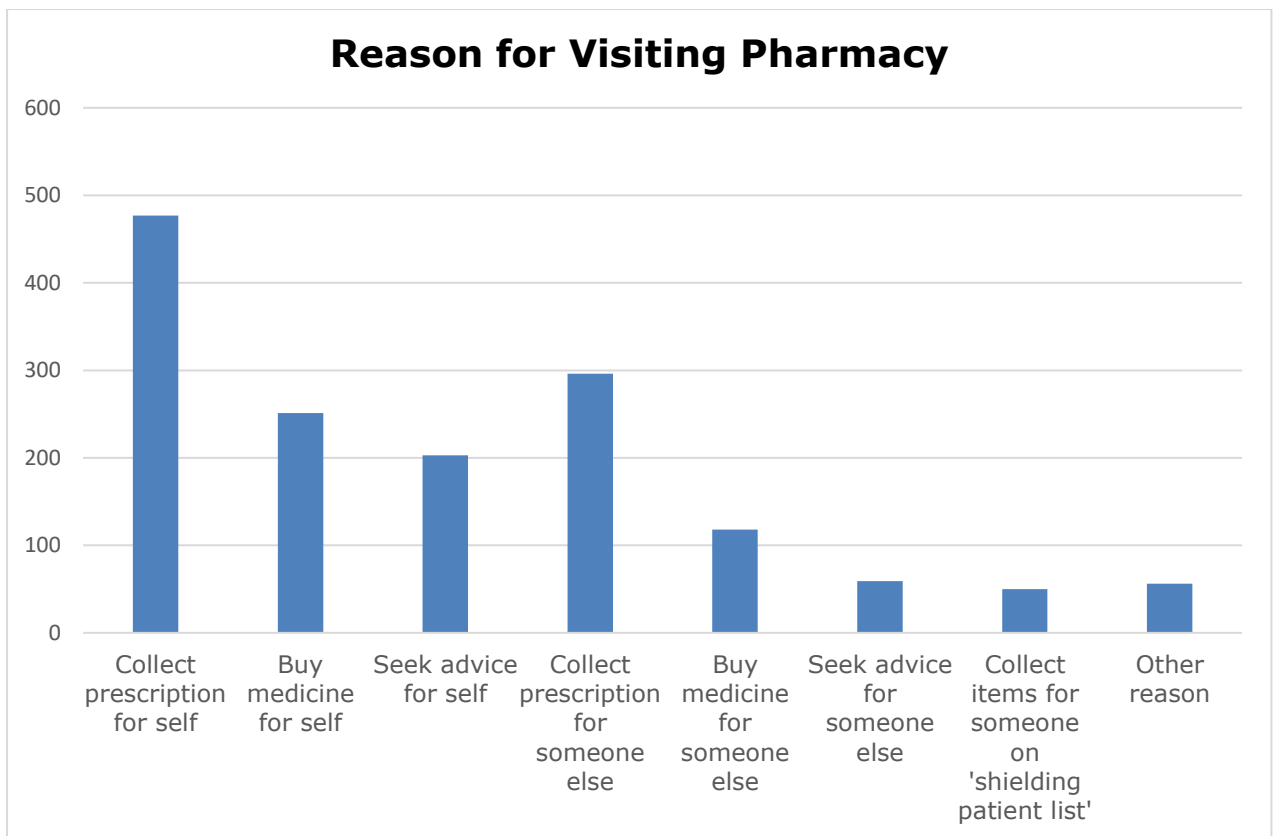
They do not always have the full prescription and there are times it is not ready despite having received a text message from them to say it is!

The majority of people had used the pharmacy **10 times or more** in the last 12 months

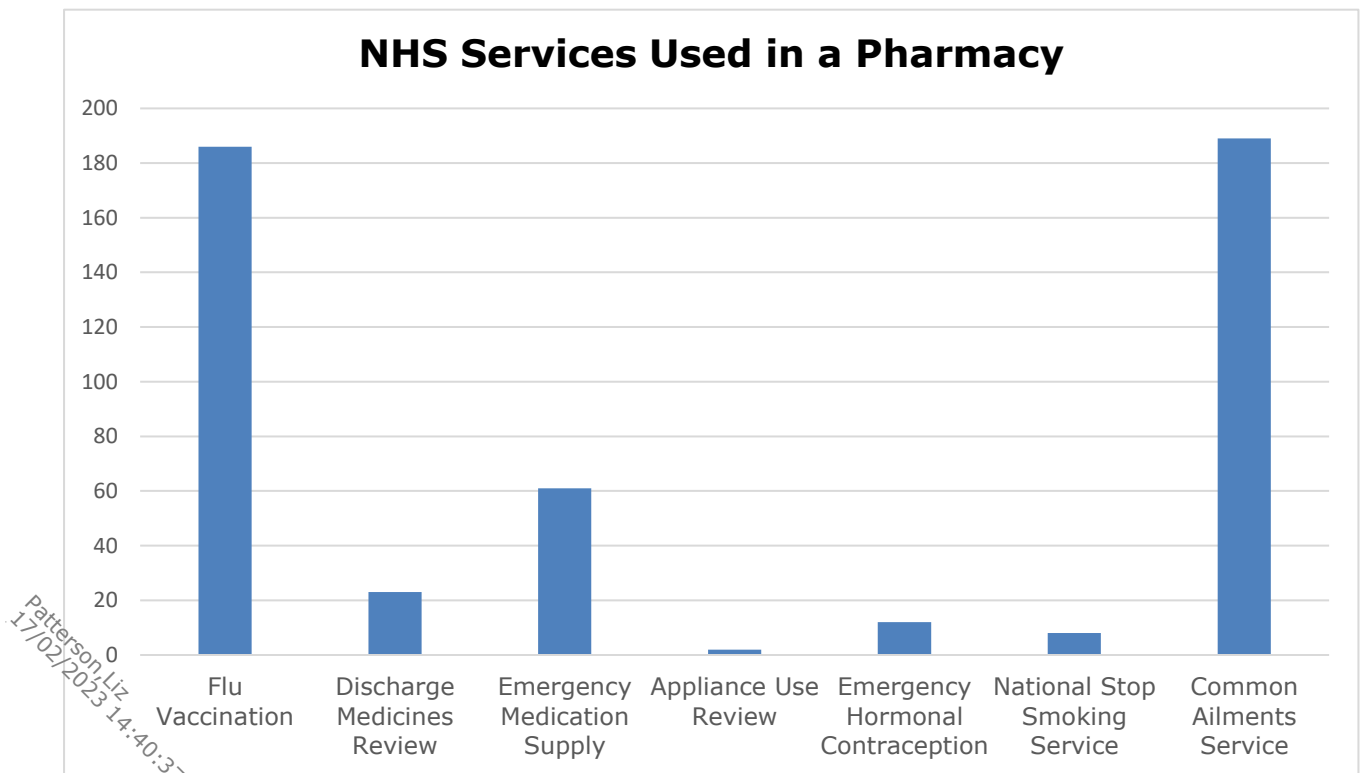


We asked people why they usually visit a pharmacy. The most common reasons were to **collect a prescription** or to **buy medicines**.

When selecting **Other Reason** for visiting a pharmacy, the most common reasons given were to **purchase other items**, for **flu vaccination** or to collect **Covid test kits**.



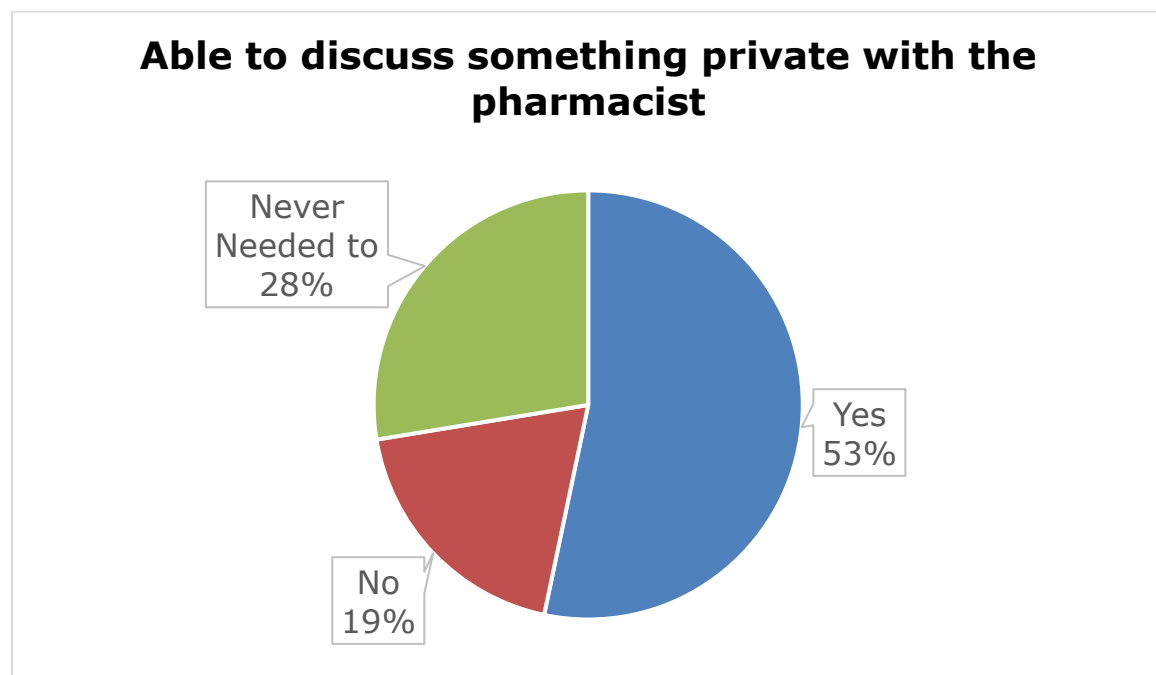
We asked people which of the free NHS services they had used in the pharmacy.



32% of people who completed the survey had made use of the **Common Ailments Service**. This is a free NHS service that patients can access for advice and treatment for a number of common conditions. Using this service means that patients do not have to make an appointment with a GP for those common ailments or illnesses. To see the list of conditions which can be treated in a pharmacy, please check the link at the bottom of this page.³

31% of people had attended a pharmacy for their **flu vaccination**.

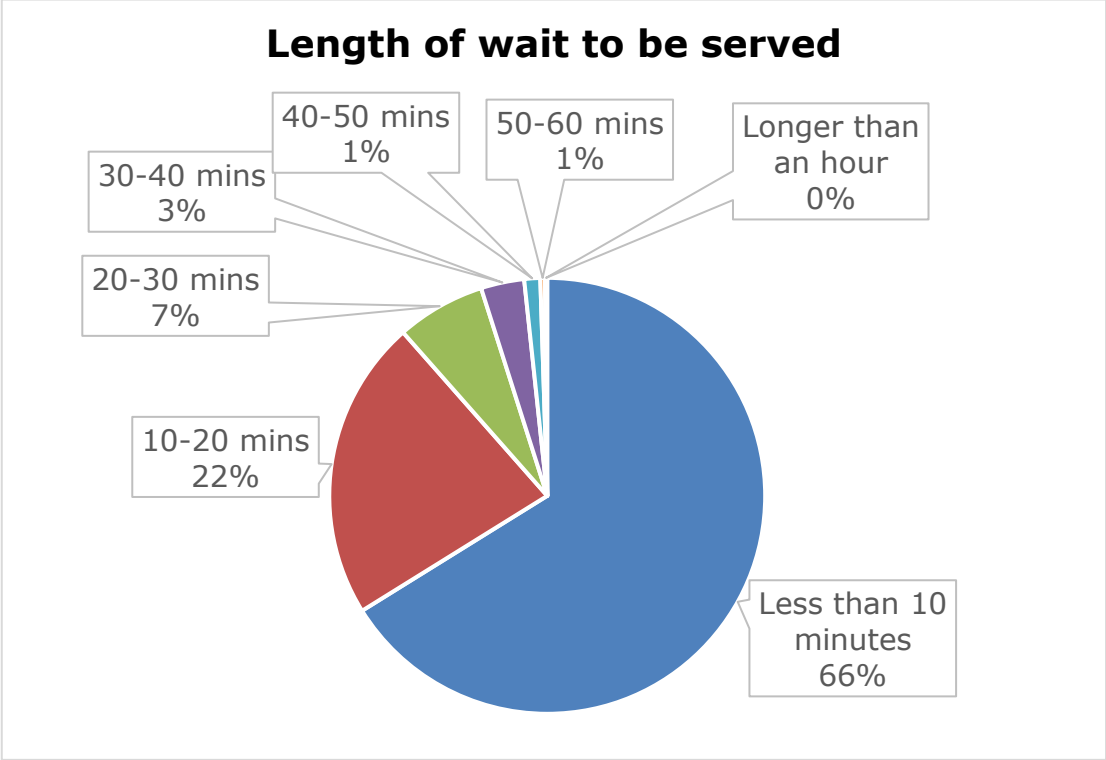
When asked whether they felt **able to discuss something private with the pharmacist**, more than half of people said **Yes**.



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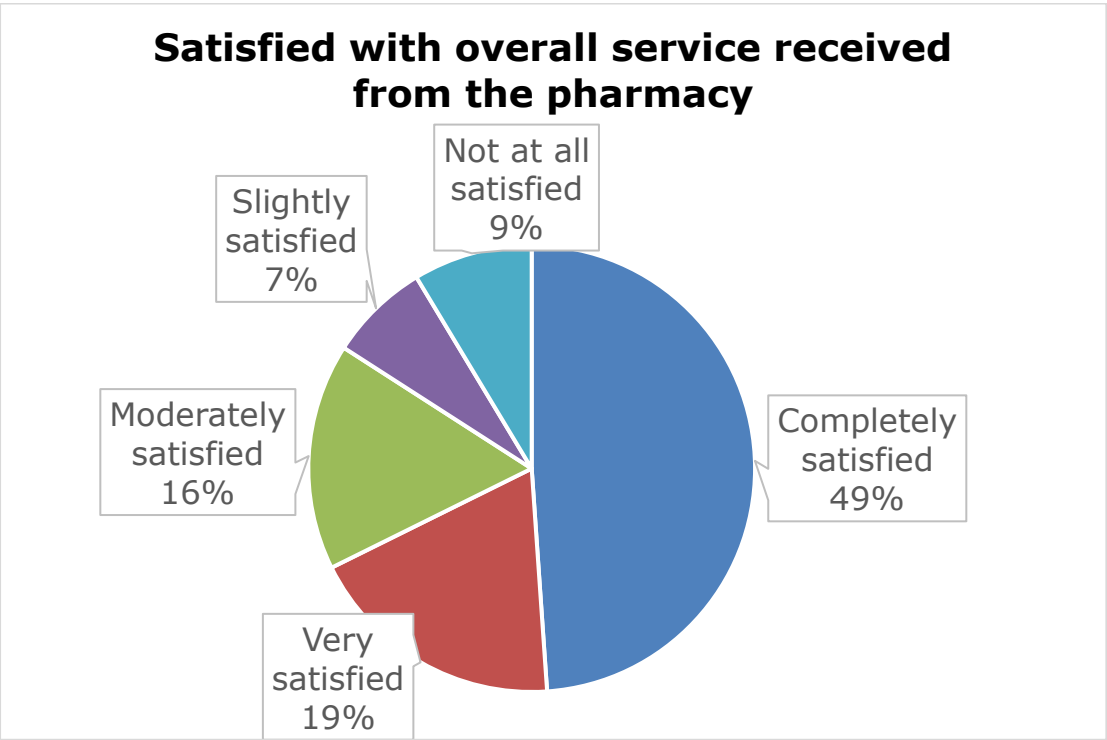
³ <https://11.wales.nhs.uk/pdfs/MinorE.pdf>

The length of wait to be served in a pharmacy is very good for most people. **66%** of people told us they **waited less than 10 minutes** and a further **22%** said they **waited between 10-20 minutes**.

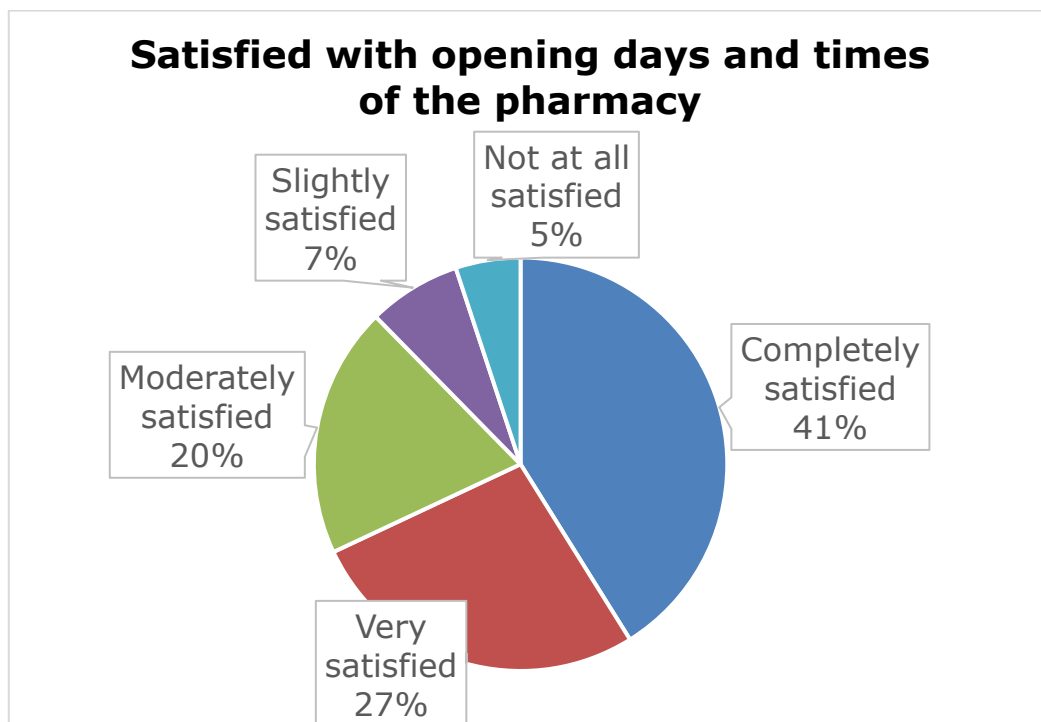


We asked people how they felt about the overall service they received from the pharmacy. Similar to the dispensing service question, most people were happy with services.

68% of people were **completely satisfied** or **very satisfied**
23% were **moderately satisfied** or **slightly satisfied**
9% were **not at all satisfied**



We asked people what they thought about the opening times of the pharmacy and whether they had experienced any difficulties in accessing pharmacy services.



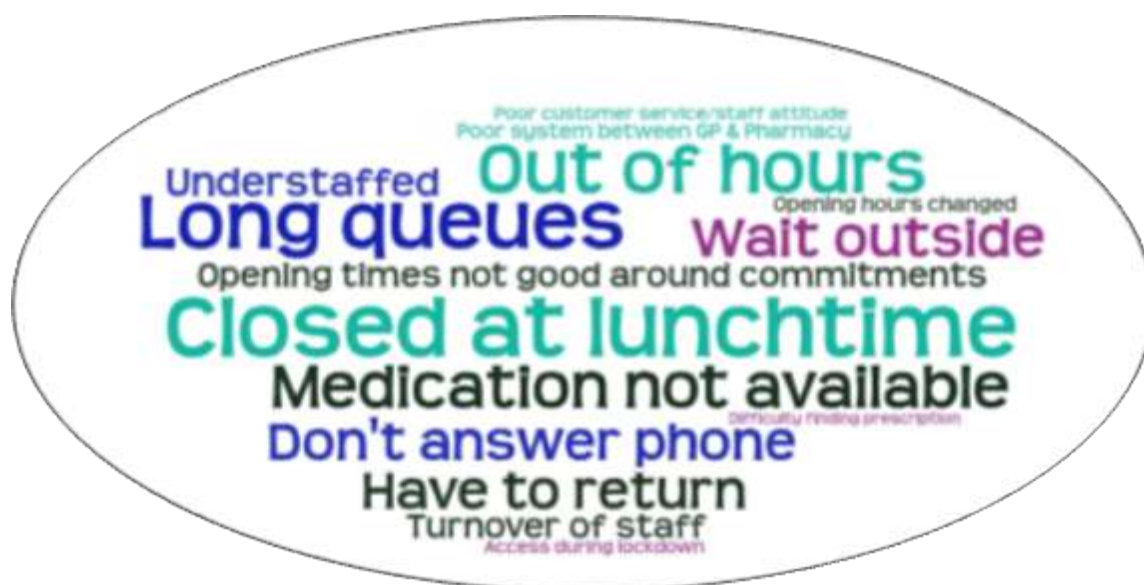
311 people provided a response about accessing pharmacy services and **162** of them (52%) said **they had not experienced any difficulties**.

We noted some positive comments about accessing a pharmacy.

This pharmacy does alternate week late nights to 630pm with the other pharmacy in town and that helps.

The local pharmacy is easy to access. Much easier than GP at practice! If I can't get in he is always available and helpful on a quickly answered phone.

Where people expressed **difficulties in accessing pharmacies**, the top two most common themes were about the **pharmacy closing at lunchtime** and **medication not being available**.



People also expressed difficulties around

Long queues

Opening times do not fit around work or caring responsibilities

Difficult to contact via telephone

Difficulty finding a pharmacy open out of hours in the area

Having to queue outside

Poor customer service or poor staff attitude

Problems with the system between GP practice and pharmacy

Staffing issues – understaffed; frequent turnover of staff or

temporary staff impacts quality of service; opening hours

changing or pharmacy closed due to staffing issues

I have mobility issues and going once is hard but having to keep going back because of missing items is a problem

Pharmacy not open on Saturdays which can make it difficult with work

Long queuing even when there's only two or three people in front. Sometimes lunch time is the only free time but if this coincides with the Pharmacists lunch hour then ... no prescription

Out of hours service is not provided locally.

Hard to contact over the phone. Would be good to have a message service or voicemail

They don't answer their telephone. I don't want to have to drive to the pharmacy to ask if the Dr has given in my prescription or any other family member. Scripts are not ready on time. I went back the following day to collect and it was still not ready and I had to once again wait in a queue.

Opening hours restrictive if work away

Out of hours and duty chemist is not well displayed

Feel like you are rushed and not interested as they are too busy. used to have enough staff and helpfull but not anymore

We gave people the opportunity to provide any other comments they wished to make about their experience of pharmacy services.

There were a number of very positive comments:



Lovely staff. I had a very confused elderly dad who they treated with the utmost care and concern.

Has been great to speak to some one face to face about any problems i have had and to have advise on how to treat problem.

[...] Pharmacy excels in the services offered, have never found a better service than this one, need to be congratulated on providing an excellent service.

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Very fortunate to have a pharmacy in [...] with helpful friendly staff and staff who are able to give advice - I have great confidence in their knowledge and experience.

Feel very lucky to have such a great community pharmacy

The text service is great but keep the message short. Key info can be lost in such small print.

A vital service and feel very lucky to be able to access such a good pharmacy in our small town. Can't praise them enough.

Any problems they will certainly help. They will ring the surgery regarding my prescription and always sort it. It means an enormous lot. Excellent to pick up prescriptions from surgery and will deliver tablets when necessary.

[named pharmacy] provides an excellent service to the community.

It has been exceptional far and above my expectations; advice, information and assistance provided with such professionalism - most impressive.

Several people made reference to the pharmacy providing advice and treatment, expressing their gratitude for the service. Some people commented that they had not previously known about the availability of the service in pharmacies.

Perhaps only change to pharmacies generally would be them publicising a private room people could talk to them confidentially.

I didn't know about the whole Common Ailments and Pharmacy thing until recently and I think that is brilliant and might mean I switch to having my own prescriptions filled at a pharmacy too

Used the CAS for the first time yesterday to obtain [...] treatment from the pharmacy. Simple ask at the cashier desk, pharmacist processed my request without issue. Ten minute wait and had the treatment requested for free

Very glad it is there. Advice from Pharmacist can really save a GP appointment

The opportunity to have a private consultation with the pharmacist is a very useful service and avoids unnecessary appointments being made with our local doctors. It is really useful that the pharmacist can see your medical records and prescribe for minor ailments.

Some people also spoke about experience which was not so good. The main themes were about:

Staff attitude

Level of staffing

Medication not available

Problems with repeat prescriptions

Prescription not ready

Slow service

Queueing

Closed at lunch time and opening times in general

Disorganised

Poor communication between GP practice and pharmacy

Lack of privacy

During the last 2 years as someone with [hearing loss] I have found it incredibly challenging when trying to have a conversation with pharmacy staff as they have insisted that I keep my distance from the counter, they also wear masks and visors but then get frustrated (even after sharing that I have a hearing disability) when I repeatedly say pardon etc. For health care practitioners they do not seem to be very deaf aware

In remote areas I do think that most pharmacies should be open for half day on a Sunday or public holiday because you sometimes need something urgently and there is nowhere to go

Looks very disorganised - paper bags of prescriptions on the floor and plastic trays not in order - so takes longer to find prescriptions I'm collecting than perhaps needs to

We asked people to tell us if there was anything which they thought might improve their experience of using a pharmacy.

The suggestions came under the following main themes:

More staff

Longer opening hours

Cover at lunch time

Improved customer service / better staff training

Privacy / confidentiality

Improved filing system for prescriptions / dispensed medication

Clearer information about services

Postal / home delivery service

Less queueing

Better communication with GP practice

Electronic system between GP and pharmacy

Longer repeat prescription time

Better out of hours / bank holiday service

Larger store

Ready on time

Medication in stock

More seating

Open past office hours once a week (current pharmacy closes at lunch twice a week and at 4.30 on other days - not open weekends). V hard to get to when you work office hours

I don't think people are always aware of this service. It should be more widely advertised. We only learnt of it by word of mouth from a friend who also uses the service

When you approach a pharmacy there are always people two feet away, so you don't feel you can talk in confidence

Electronic prescribing system would be really good between gp and pharmacy and between consultant and pharmacy. England have had it for years but nothing in Wales. It would help manage my long term condition, I work full time and then can choose a pharmacy that is convenient for me. Less prescriptions would be lost between gp and pharmacy also

For the dispensary at the doctors surgery to also carry a stock of over-the-counter medicines. The whole point of having the pharmacy at the doctors is because of being a rural community without the easy accessibility over a pharmacy

Make it bigger, more airflow, a covered waiting area so we don't get quite so wet

Staffing levels: staff do sometimes appear to be under pressure and under-staffed

They are very poorly organised, the system needs a complete revamp.

Maybe a way to email to ask if they're able to fill something? It's a drive to get to ours and I never know if it's worth it since they are very rarely able to answer the phone due to being so busy. I'd be happy emailing and being told which day to come in rather than showing up only to be told to come back another day

A larger store front with more room. A better system so you not queueing down the street - ticketed system.

There is a private room in the pharmacy but this doesn't feel private as there are often so many people in the store sitting and queueing -they would hear everything!

Make it more obvious that you can ask to have a meeting with the pharmacist in private.

Some people expressed their worry that pharmacies were planning to stop the blister pack (Monitored Dosage System (MDS)) service. MDSs are available to patients who have been assessed by a pharmacist and the pharmacist considers that the MDS is the most appropriate option to help the patient take their medicines. The normal daily medications are put into weekly blister packs to help people organise their tablets and make sure they are taking them as prescribed. We were told that removing this service would be an issue for people who are currently able to remain in their own homes and manage their medication safely because the service is available to them, for example people with a visual impairment or people living with dementia.

I have my medication in a blister pack & I have heard this service is to be stopped. I am partially sighted so will no longer be able to live at home independently without this service. Please reconsider ... stopping the blister packs will change my life.

Patterson, Liz
17/02/2023 14:40:37

Learning From What We Heard

The response to this survey has shown that many people are very appreciative and grateful for the service which has been provided by pharmacy staff during the last two years. People highlighted excellent service provided by their local pharmacies. They also made very complimentary statements about particular pharmacies and we will be passing these comments on to the relevant pharmacies.

When carrying out the analysis of the survey responses, we noted that a number of concerns were raised about one pharmacy in Powys. These concerns were passed on to Powys Teaching Health Board immediately for their consideration. The Health Board is working closely with the pharmacy contractor. Details of the concerns have been raised with the individual pharmacist and the contractors management team. The situation is being monitored closely.

We noted that people had made use of the Common Ailments Scheme and the minor illness service. Some people had only become aware of these services very recently. It is important these services are constantly promoted by the NHS nationally, by the health board and in pharmacy stores. However, some people worry that pharmacies are already very busy. They have concerns that pharmacists will not be able to deal with everyone in a timely manner or that pharmacies will not be able to cope with the numbers of people trying to access more services.

There were issues highlighted in the survey which people thought needed to be improved.

The opening times of pharmacies was raised throughout the survey. A particular issue is the closure at lunchtime which is a cause of frustration and inconvenience for people, especially if the lunchtime closure coincides with their own lunch break from

work. Some people suggested that the lunchtime closure could be at a different time on some days. Some people felt that pharmacies were not open for long enough at the weekend, especially where they close at lunchtime on a Saturday.

Some people said they found it difficult to establish which pharmacy was available out of hours, particularly on Sundays and bank holidays. This information needs to be widely available and easy for people to find. Some people were concerned that there was no out of hours pharmacy local to them.

Many people explained that the medication they required was not always available when they went to collect their prescription, even when they had been advised that it was ready to collect. This means that people often have to return to the pharmacy to pick up what was missing. For some people this is a journey of 20 minutes or more. This is becoming more difficult because of the cost of fuel and is especially difficult for people who do not have their own transport.

People commented that there seemed to be problems with the systems between their GP practice and the pharmacy, sometimes with practice staff and pharmacy staff blaming each other. This means that people often had to try to resolve issues themselves, rather than either the practice or pharmacy staff resolving it on behalf of the patient. However, people did express their gratitude where pharmacy staff did help to resolve issues.

Some people said they felt the pharmacy they used was understaffed. There were comments about pharmacies having temporary staff or a constant change of staff. A number of people commented that there was no acknowledgement of them waiting to be served and they felt that they were being ignored. They recognised that staff were busy but would welcome a look,

smile or greeting. People felt that there was a need for more staff and better customer service training for some staff.

Some pharmacies appear to be disorganised and untidy. This means that it takes some time for the staff to locate the prescription or dispensed medication, leading to longer waits and more queues. There is a need for a more efficient way of storing and locating dispensed medication in many of the pharmacies.

Pharmacies are often in small premises. With the increased use of pharmacies, this is leading to more queueing outside for many people, even though the social distancing guidance is no longer in place. The size of the pharmacy also means that some people feel that the consulting room is not actually very private and they worry that conversations might be overheard by people waiting in the store.

Overall, the patient experience of pharmacies is good. The CHC would like to understand what actions the Health Board and pharmacies will take in order to make improvements in the areas which have been highlighted by this survey.

Response from the Health Board

The Health Board is grateful to the Community Health Council for undertaking this survey and for providing the report.

The coronavirus pandemic has had a tremendous impact on community pharmacy, leading to changes in the working lives of pharmacists and their staff.

Pharmacists saw a huge increase in demand for their services as patients struggled to access other healthcare providers such as GPs, dentists and hospitals. Throughout the pandemic, community pharmacies remained open, offering a vital service accessible to all.

Welsh Government supported some flexibility in pharmacy opening hours during the pandemic, allowing pharmacies to open one hour later in the morning to allow time for planning the day's work and also pharmacies were actively encouraged to close for a further period of one hour during the day for staff wellbeing. It is possible that these nationally supported changes, contributed to some of the negative comments received in response to the CHC survey.

It is clear that increased use of pharmacy services during the pandemic has helped to raise awareness of the broad range of services that are provided by our pharmacies.

A new pharmacy contract was introduced in April 2022 and all 23 pharmacies in Powys have now committed to provide four key clinical community pharmacy services:

- Emergency Hormonal Contraception
- Seasonal influenza vaccination
- Emergency Medication Supply
- Common Ailments Service

Details of other clinical services offered by community pharmacies across Powys can be accessed from the health board's website: [Community Pharmacy/Pharmaceutical Services - Powys Teaching Health Board \(nhs.wales\)](#) (click on 'pharmacy services'). These clinical services, though not usually requiring an appointment, rely on the individual pharmacy having a suitably trained pharmacist available at the time of request.

In addition to these clinical services, Powys is seeing an increase in the number of Pharmacists who are trained to prescribe and those expressing an interest to train as prescribers. The expansion in pharmacists who are able to prescribe will help to relieve some of the pressure on other services, particularly GP services.

The health board is encouraged to see the number of positive comments about community pharmacies across Powys, however the health board acknowledges that a number of negative comments have been reported. The health board is committed to learning and will work closely with pharmacy contractors to consider each of these comments and implement changes where necessary and appropriate.

It has been noted that some comments have been received about the provision of blister packs (monitored dosage systems) from community pharmacy. The health board acknowledges that for some patients, blister packs can be a valuable tool to help with taking medicines but recognises that there are a number of limitations to blister packs and would encourage patients to discuss all available options with their community pharmacist.

It should be noted that the health board published its first Pharmaceutical Needs Assessment (PNA) in 2021. The Pharmaceutical Needs Assessment describes the health needs of the population, current pharmaceutical services provision and any gaps in the provision.

The PNA can be accessed via: [Community Pharmacy/Pharmaceutical Services - Powys Teaching Health Board \(nhs.wales\)](#).

Patterson Liz
17/02/2023 14:40:37

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Patterson Liz
17/02/2023 14:40:37

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact Details



Powys Community Health Council
1st Floor Neuadd Brycheiniog
Cambrian Way
Brecon
LD3 7HR



01874 624206



enquiries.powyschc@waleschc.org.uk



www.powyschc.wales



PowysCHC



@powys_chc

Patterson Liz
17/02/2023 14:40:37

Powys Community Health Council

Patterson Liz
17/02/2023 14:40:37

Access to NHS Dental Care in Powys

July 2022



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

www.powyschc.wales

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

Patterson Liz
17/02/2023 14:40:37

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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

Background & Introduction

In 2021, we sent a report to Powys Teaching Health Board which outlined the results of a survey about access to dental services in Powys during COVID-19.¹ At that time, more than half of the people who responded to our survey told us that they were unable to access an NHS dentist in Powys.

The Health Board told us about the changes and developments which were happening with dental services in Powys. The Health Board developed an improvement plan and we have been monitoring actions against the plan.

On 20 June 2022, we picked up on social media concerns about dentists, particularly in Crickhowell and Newtown. The concerns in Crickhowell were about appointments being cancelled and the concerns in Newtown were about the closure of a dental practice.

We wanted to find out more about people's current experience of NHS dental care in Powys.

Our report reflects the views and experiences we've heard from people. It does not reflect everyone's experience. We know that people's individual views and experiences are all different.

Patterson, Liz
17/02/2023 14:40:32

¹ <https://powyschc.nhs.wales/what-we-have-to-say/news/access-to-dentists-during-the-covid-19-pandemic/>

What We Did

We decided to set up a short, quick survey to gather Powys residents' experience of obtaining an appointment or getting the treatment they needed with an NHS dentist.

We ran the survey through our social media channels. It was available online from 24 June until 3 July 2022.

We received **199** responses.



Patterson, Liz
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Who We Heard From

Here is a snapshot of the people who shared their views and experiences of obtaining dental care.

People do not always tell us everything about themselves when they come to share their experiences and views with us.

199 people completed the survey online

73% were women

80% identified as heterosexual, **1%** identified as gay or lesbian, **2%** identified as asexual, **1.5%** identified as bisexual

The average age of people sharing their views with us was **56**

Just over **90%** were White (Welsh, English, Scottish, Northern Irish, British)

Almost **50%** of people stated that they have No Religion and almost **34%** had Christianity as their religion

24% were carers

13.5% of people had a disability or long-term health condition

You can find out in our Equality Plan what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website:

<https://powyschc.nhs.wales/about-us/our-governance/>

We asked people to provide their postcode area for where they live. The postcodes with the highest number of respondents were:

Postcode Area	No. of Respondents
LD3	40
NP8	23
SY21	21
LD8	19
LD7	16
LD1	12
LD5	12

We also received responses from the following postcode areas:

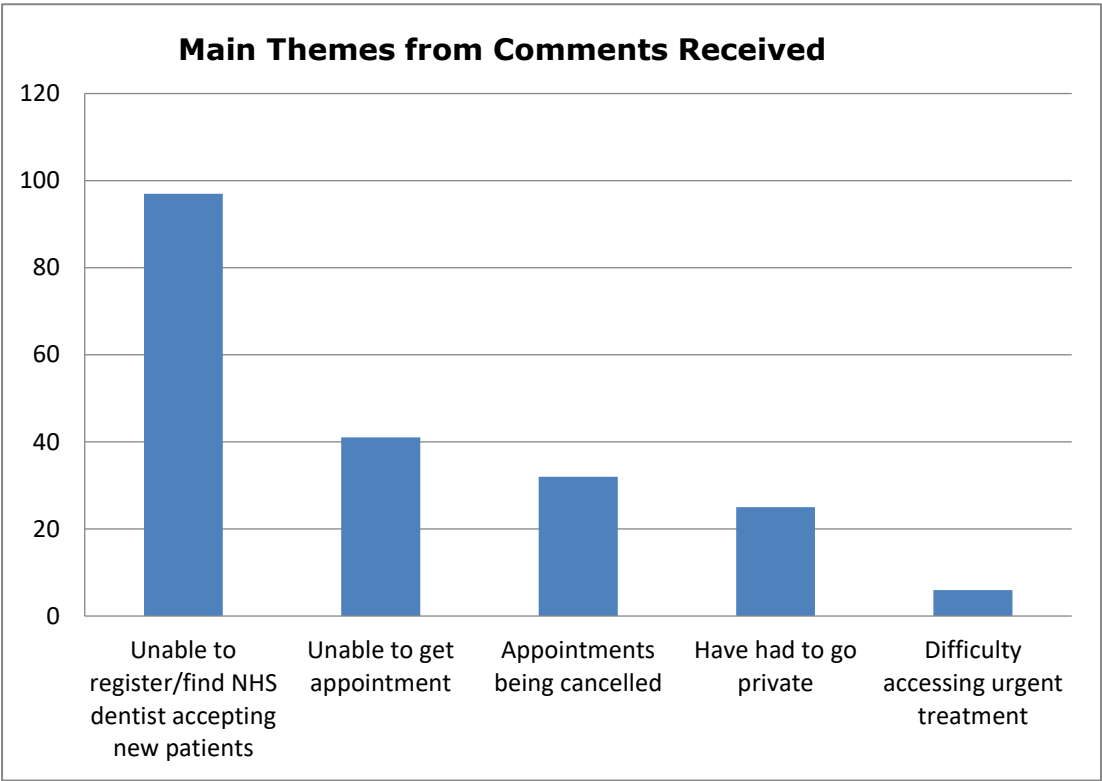
HR3	8
SY16	8
SY18	8
SA9	6
LD2	5
SY15	4
SY17	3
NP7	2
SA10	2

SY22	2
LD4	1
LD6	1
SY19	1
SY20	1
SY24	1
SY7	1

Patterson Liz
17/02/2023 14:40:37

What We Heard From The Survey

The main themes from comments received are shown in the graph below:



The overwhelming response from people was the inability to access an NHS dentist, with almost half of respondents commenting that they had been unable to get registered with or find an NHS dentist who was able to take new patients.

Some people had difficulty finding a private practice that would accept them.

Patterson, Liz
17/02/2023 14:40:37

Some people commented that their usual dental practice had gone private or had closed and they were then unable to find an alternative NHS dentist.

Some people felt that their only option was to go private and some told us about the high costs that they had to pay for treatment. Other people commented that they could not afford private dental treatment.

We heard from women who had been pregnant and who were unable to access NHS treatment during their pregnancy.

Some people explained that they had been unable to obtain routine appointments, with some people being told that the dentist was only seeing urgent cases. Some people were told about the backlog of patients that the dentist was working through because of the pandemic.

Several people who had been given routine appointments commented that they were subsequently cancelled, sometimes at very short notice. It was then difficult to re-book an appointment; if it was possible to make an alternative appointment, it was several months away. Some people had a number of appointments cancelled, meaning that it was many months or even years since their last appointment.

We heard from people who had received urgent treatment which was considered a temporary fix but then not had the follow-up care they expected. Some people mentioned that they were having to obtain kits to carry out temporary fillings themselves.

Some people shared their poor experience of obtaining urgent dental treatment.

Patterson, Liz
17/02/2023 14:40:37

Below are some quotes from the survey responses:

Having moved to the area a year ago, I have been unable to find an NHS dentist in the local area, and even finding a private one is proving a challenge. My children haven't seen a dentist since 2019.

I have not been able to register with a NHS dentist.

I have tried for 4 years to find an NHS dentist and am unable to get myself registered.

Moved here in 2015 and have never been able to get NHS treatment. I'm 71 and could do with a little help!!

We had to sign up with a private dentist because we couldn't find an NHS dentist when we moved to Newtown

No dentists are taking on new clients, haven't been able to get an appointment for two years even with having two babies in that time and midwives pushing for me to go.

I have periodontal problem and unless I pay for a hygienist I would of lost all my teeth by now.

I can't find anyone private or nhs to take me on

Can't afford Private treatment can't get an NHS dentist

I was with an NHS dentist but was swapped to private by the practice. Been private ever since as noone seems to take on adult NHS anymore.

6 years and still not on NHS Dentist books despite having put name on loads of waiting lists. Need to have regular checkups and attention as I suffer with severe gum disease.

I'm trying to get to see a dentist because I am pregnant but can't find a dental practice that will see me

As a family we were with an NHS dentist and then moved to private without prior information. On a recent visit my 13year old son was told he needed 2 fillings & 2 extractions as he needed a referral for a brace - I was then told the cost would be £400. Unbelievable for a 13year old.

I moved to Rhayader area over 3 years ago and have been trying to find an NHS dentist. I have been pregnant and just had my baby and me and my 3 children cannot find a dentist in powys to register at. I can't afford private treatment so haven't been for over 4 years. I really do need to see someone soon as have needed some treatment and my children need to see the dentist too.

I couldn't get one is the simple answer resulting in a tooth extraction at a later date. I'm furious as it now costing me £2,300 for an implant.

At Christmas, I cracked two teeth. Every dentist I contacted said they were not taking on any new NHS patients, but I could see them privately, which was out of the question. So I now have two broken teeth, which are sometimes painful, plus eating is very difficult.

I have tried for the past 12 months to get an appointment for my children and I to get a checkup with our dentist in Welshpool. Getting through to them on the phone was the main problem. The when we did get offered an appointment it was 6 months away. The appointment was then cancelled and another appointment was not available. So I have made the decision to go to England and go private! Dental services In Powys are not good at all.

Have had a dental problem since Feb 2020 and in the last year alone I have had four appointments cancelled

My appointment for a checkup was cancelled 5 times. I got in as an emergency as I said I was having toothache. The dentist only checked the problem one I had to make another appointment to have the rest of my teeth checked but that's not until September.

Unable to get appointments and when you do they are cancelled and usually at the last minute!

Patterson, Liz
17/02/2023 14:40:37

My appointments have been cancelled without any reason being given. When I try to make a new one, I am being told only emergencies appointments are being made and I'll hear from them in due course.

Awful always having appointments cancelled and then not being booked back in for weeks for that then to be cancelled last minute and treatment is not being completed once started

About a year ago we had a letter telling us that they no longer had an NHS service due to one of their dentists leaving. I tried in vain to get another dentist. A few months ago I had a problem and booked an appointment with [another] dentist. In short I am halfway through a £2,000 programme of work and my husband who also had raging toothache recently is in the middle of £1,000 worth of work. None of this is cosmetic but due to problems plus booking with a new dentist (X-rays etc), We have savings to be able to do this but I have no idea how people come anywhere close to affording a dentist.

Patterson, Liz
17/02/2023 14:40:37

My March 2020 app was cancelled, and haven't been able to get an app since! In Aug 2020 1/2 my tooth fell out, there's wasn't pain, but it was sharp. On ringing the dentist was told to file it with a nail file!! In Nov 2020 I had a very bad abscess, the roof of my mouth was swollen, my cheek hurt... the dentist rang me and advised gargling!! No apps available! Haven't seen 1 since! I know when I do go somewhere I will need at least half my teeth out as my gums are bad!

Unable to get appointment, offered me take away filling kit. Went to collect but not allowed over doorstep. Rang again and told they are no longer doing nhs and only option was to go private with them and they sent out a letter and direct debit form to me. So I'm guessing I won't get appointment before august when the private treatment starts.

Emergency appointment needed for child with tooth pain, absolutely shocking we were left with an hour to make a booking couldn't get through and we're told by 10 am on a Sat there is no appointments left, my child was left to suffer for 3 days with extreme pain and no access to any help

Patterson, Jaz
17/02/2023 14:40:37

We did receive some positive comments about dental care received.

I rang the Powys dental helpline and they found me a dentist in Ystradgynlais- I was seen nothing after and the practice were very helpful patient and understanding

Yes have been able to get appointment with dentist in Knighton

No problem

I thought I needed a tooth out but didn't expect an appointment as it was during the Pandemic. It was a new Dentist, mine having retired, so I was apprehensive but I was seen and offered root canal treatment to save the tooth. I was very impressed, root canal work not pleasant but dentists were great.

With great issues, had to ring 111 and the dental helpline and they were fantastic. I had an appointment the same day. Lady on the dental helpline was so supportive

Easy. I've been with my dentist since 1976 they've never let me down.

Learning From What We Heard

From the information we received from this patient survey, it is clear that there are many people living in Powys who are not able to access NHS dental services. This does not seem to have changed since the last survey that we did in late 2020/early 2021.

Based on the postcode area information, the survey has highlighted that there are particular problems being experienced by people living in the mid-Powys area, but also in the Welshpool and Crickhowell areas. However, we should not assume that the problems in access are only in these areas.

People still expect to be registered with a particular dental practice in order to be able to access NHS dental care.

People reported that they are not receiving the routine checks they wish to have. Some people have not had a dental check for a number of years.

There are children and young people under 18 who are not having the recommended six-monthly check-ups with a dentist.

Some people need to have follow-up treatment or a course of treatment to be completed and this has not happened for them.

Although not highlighted by the public through this survey responses, the CHC has been made aware that there are at least two dental practices in Powys (Newtown) who have given notice to cease providing NHS dental care.

Patterson, Liz
17/02/2023 14:40:37

Recommendations

The CHC is aware that Welsh Government has a commitment to reform primary care dentistry and increase access to dental care.

The public needs to be given clear information about what the reform will mean for them and how they should expect to be able to access dental treatment in the future.

Powys Teaching Health Board has been working hard to try to improve access to dental care in Powys. The CHC understands that some of the improvements are likely to take some time.

The CHC would like to see the latest updated Improvement Plan, including an update on the 'Designed to Smile' programme for primary and nursery children and the 'Gwên am Byth' programme for people living in residential and nursing homes.

The CHC would like to be provided with a mitigation plan which explains what will be put in place where the NHS dental contracts are ceasing.

The CHC would like to understand what the Health Board plans are to recruit and/or train new dentists or other dental care professionals to work in Powys.

The CHC would like to understand how the Health Board will keep Powys residents informed and updated on the above plans. Also how it will let people know how they can access urgent and routine NHS dental care and what to do if they are struggling to access the dental care they require.

Response from Powys Teaching Health Board

The Health Board made the following response to the CHC recommendations:

The CHC would like to see the latest updated Improvement Plan, including an update on the 'Designed to Smile' programme for primary and nursery children and the 'Gwên am Byth' programme for people living in residential and nursing homes

The Designed to Smile programme has re-started including fluoride application to primary school children. The programme will continue to target primary schools in the most deprived quintiles. The pandemic has caused significant disruption to the programme, but it is anticipated that a full recovery of the programme is now on target for the beginning of the new school year in September 2022.

The restart of the Gwên am Byth (GaB) led by the PTHB Community Dental Service has commenced and essential GaB is being offered to all residential and nursing care homes across Powys. A combination of recruitment difficulties and the pandemic has caused significant disruption to the programme and understandably there has been a slower recovery to the programme, but it is now well underway.

The CHC would like to be provided with a mitigation plan which explains what will be put in place where the NHS dental contracts are ceasing

PTHB is committed to maintaining and where possible increasing patient access to NHS dental services. Two current examples of this is an additional/new tender contract opportunity in mid

Powys, and also the re-tendering of an existing contract (due to a retirement) in north Powys.

Multiple factors influence a mitigation plan when an NHS dental contract is terminated. In summary the mitigation usually involves the reprovision of the service via a tender process or via a salaried *General Dental Services* model delivered by the PTHB Community Dental Service. In addition to this and depending on the sustainability of the existing provision of NHS dental services in the area an existing provider may be approached to consider increasing an existing contract.

Whilst alternative arrangements are progressed to re-provide a service, mitigating interim arrangements are put in place with local practices and or the Community Dental Service to ensure that patients have access to urgent care. The terminating contract holder during the termination period of 3 months, works collaboratively with the Health Board to inform patients to contact the PTHB Dental Helpline for future access to NHS dental services.

In addition to this and to support urgent access provision, the health board has been proactively securing urgent access provision across the county with both independent contractors and via the Community Dental Service. Currently as part of Contract Reform, PTHB has negotiated 40 urgent slots per week from contractors under the new Contract Variation agreement, and also 15 urgent slots per week via the Community Dental Service. Urgent access is reviewed on a weekly basis from a demand and capacity perspective.

The CHC would like to understand what the Health Board plans are to recruit and/or train new dentists or other dental care professionals to work in Powys

PTHB is currently in dialogue with Cardiff Dental School to receive undergraduate students placements within the

Community Dental Services, this will expose students to opportunities to work in Powys within a rural setting which will help with long term recruitment.

PTHB currently has three dental foundation training practices, one based within an independent contractor and two within the Community Dental Service. This strategy has been successful in the past by retaining dentists upon completion of the programme and continues to show newly qualified dentists the benefits of working and living in Powys. The Community Dental Service offers a portfolio career pathway to enable dentists to have a varied case mix, develop additional skills and become an integrated member of the community team, working alongside specialists. Offering a salaried position in a supportive work environment can be attractive to some dentists compared to a self-employed associate position.

An important component of value based health care is through an expanded multi disciplinary dental team. The health board is currently scoping a 'grow your own approach' for Dental Nurse and Dental Therapist posts, by potentially offering a recruitment and training/development package.

Prior to the pandemic workshops have been put on for sixth form students in all areas of health care including dentistry to try and attract "home grown" students. A similar health career event is planned for the forthcoming autumn.

The community dental service is currently looking to offer dental core training places, these training posts are attractive to young dentists as they provide the opportunity for developing enhanced skills. It is anticipated that a post will be available in September 2023.

Patterson, Liz
17/02/2023 14:40:37

The CHC would like to understand how the Health Board will keep Powys residents informed and updated on the above plans. Also how it will let people know how they can access urgent and routine NHS dental care and what to do if they are struggling to access the dental care they require

PTHB works in collaboration with all dental practices to support the signposting of patients who do not have access to an NHS dentist. This can either be through the PTHB Dental Helpline or via 111.

In September 2021, PTHB established a dedicated dental helpline for Powys residents to support patients with dental queries and concerns. Members of the public can call the helpline number if they do not have access to a dentist and are either signposted to a dentist with slot capacity, urgent capacity or added onto a centralised waiting list. The waiting list informs future dental access provision requirements across Powys. The helpline is covered from 9am-5pm, Mon-Fri. This line also has the ability for the patients to leave their details if they call outside of these hours. Access to dental services information is via the PTHB website and social media. Dental helpline posters have been distributed to all dental practices and general practice.

Communications via dental access is reviewed on an ongoing basis. Any temporary change in service is flagged to the CHC.

Patterson, Liz
17/02/2023 14:40:37

Thanks

We thank everyone who took the time to share their views and experiences with us about dental services in Powys.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Patterson Liz
17/02/2023 14:40:37

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact Details



Powys Community Health Council
1st Floor Neuadd Brycheiniog
Cambrian Way
Brecon
LD3 7HR



01874 624206



enquiries.powyschc@waleschc.org.uk



www.powyschc.wales



PowysCHC



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Powys Community Health Council

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Agenda item: 2.2

Patient Experience, Quality and Safety Committee		Date of Meeting: 23 February 2023	
Subject :	2023-2024 Clinical Audit Programme		
Approved and Presented by:	Kate Wright, Medical Director Amanda Edwards, Assistant Director Innovation and Improvement		
Prepared by:	David Farnsworth, Assistant Director for Community Services Joy Garfitt, Assistant Director for Mental Health Louise Turner, Assistant Director for Women and Children’s Services Jayne Lawrence, Assistant Director for Primary Care Jacqueline Seaton, Chief Pharmacist Howard Cooper, Safety and Quality Improvement Manager		
Other Committees and meetings considered at:	Executive Committee – 8 February 2023		
PURPOSE:			
The purpose of this paper is to state the organisational ambitions for the for 2023-2024 clinical audit plan.			
RECOMMENDATION(S):			
The Patient Experience Quality and Safety Committee is asked to note and approve the content.			
Approval/Ratification/Decision ¹		Discussion	Information
✓		x	x
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):			

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Clinical Audit Programme 2023-24

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper presents the PTHB clinical audit programme for 2023-24 for information and approval.

BACKGROUND AND ASSESSMENT:

Clinical Audit, the systematic review of actual performance against expected standards remains an important benchmarking tool in determining the level of our clinical standards.

It will not, in and of itself, lead to improvement. It will however identify areas of concern and identify areas of focus for improvement.

A Clinical Audit Plan has been drafted for 23/24 which incorporates the following:

- High volume basic activities which require a high level of compliance.
- Themes or significant concerns identified during investigations of Nationally Reportable Incidents or complaints.
- New policies or changes to existing policy / practice to confirm new practice is established.
- The prioritisation of new and repeat clinical audit projects based on recognised clinical risk.
- Clinical audits required to confirm that practice has improved where concern had been raised.

Some of the audits listed will be incorporated into work to monitor fundamentals care within service groups. They will then be reported through service group quality

reporting mechanisms. They will remain within this clinical audit programme until those systems are established.

The plan was developed and approved by the five Assistant Directors with responsibility for;

- **Women and Children's Services**
- **Community Services Group**
- **Mental Health and Learning Disabilities Group**
- **Medicines management**
- **Primary Care**

A copy of the current draft clinical audit plan 2023/24 can be found at **Appendix A**

National Clinical Audit Programme

The National Clinical Audit Programme is a programme of audits commissioned by the London-based Healthcare Quality Improvement Partnership (HQIP) on behalf of the UK Department of Health.

Welsh Government agrees to pay an annual fee to HQIP to allow Welsh Health Boards to participate in these audits. The agreement for 2023/24 is not yet in place at the time of writing. However multi-year National audits where funding has already been agreed have been included in this paper. Any further nationally agreed audits will be added to the update reports presented to this committee during 2023/24. Progress against the Clinical Audit Plan will be reported within agreed timeframes to PEQ&S. This will highlight:

- Action to be taken as a result of any audits undertaken.
- How that learning is shared, and any sustainable safety improvements made as a result

RECOMMENDATIONS:

That the Experience Quality and Safety Committee notes and approves the content of this report.

Community Services Group					
Unscheduled Care					
Driver	Audit Title	Start Date	Service	Lead	End Date
Local Audits for Service Improvement	Missed Fractures Audit	Quarterly Quarter 1	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	Mattress audit	Quarterly Quarter 1	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	Hand Hygiene Audit	Quarterly Quarter 1	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	Primary Care Attenders	Biennial 2023	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	Paramedic/downgrade ambulance audit	Biennial 2023	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	PGD Audit	Monthly	Unscheduled Care	Senior Manager	Quarter 4
Local Audits for Service Improvement	Paeds under five audit – scrutiny of every attender under five	Biennial 2023	Unscheduled Care	Senior Manager	Quarter 4

Nursing (Ward and Community)					
Driver	Audit Title	Start Date		Lead	End Date

Local Audits for Service Improvement	Health & Care Monitoring Tool (Includes Hand hygiene audits & Patient surveys, ward cleaning)	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	NEWS Audit	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	Wristband Audit	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	Dols Audit	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	Welsh Language Audit	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	DNACPR Audit	Monthly	Nursing (Wards)	Ward Managers	Quarter 4
Local Audits for Service Improvement	Multi-factorial Falls Risk Assessment Audit (Inpatients)	Quarter 2 2023	Nursing (Wards)	Ward Managers	Quarter 2
Local Audits for Service Improvement	Hydration and Nutrition Audit	Quarter 4 2023	Nursing (Wards)	Senior Nurses	Quarter 4

Specialist Nursing					
Driver	Audit Title	Start Date		Lead	End Date
Other National Audit & Service Evaluation	Parkinson's UK National Audit	2 yearly (Completed Nov 2022)	Specialist Nursing – Parkinson's Disease	Parkinson's Disease ANP	Quarter 4 2024
Local Audits for Service Improvement	Pressure Damage Audit	Quarter 4 2023	Specialist Nursing – Tissue Viability Nurse	Senior Nurses	Quarter 4 2024
Service Evaluation	Clinic PREM Data	Monthly	Specialist Nursing - Continence	Continence Service Manager	Quarter 4 2024

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Service Evaluation	UTI Safety Data	Quarter 1	Specialist Nursing - Continence	Continence Service Manager	Quarter 4 2024
Service Evaluation	Prescribing Data	Quarter 1	Specialist Nursing - Continence	Continence Service Manager	Quarter 4 2024
Service Evaluation	Transition Clinic PREM Data	Biannual (New) Quarter 2	Specialist Nursing - Continence	Continence Service Manager	Quarter 4 2024
Service Evaluation	Pad PREM	Biennial 2023	Specialist Nursing - Continence	Continence Service Manager	2025
Service Evaluation	COBWEB PREM	Biennial 2023	Specialist Nursing - Continence	Continence Service Manager	2025

Surgery and Endoscopy					
Driver	Audit Title	Start Date	Service	Lead	End Date
Service Evaluation	Surgical Performance/DNA/Cancellation data	Monthly	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Monthly Surgical Utilisation data	Monthly	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Surgical Site Infection data	Monthly	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Surgical incidents	Monthly	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Hand hygiene Audits	Monthly	Theatre	Theatre staff	Quarter 4
Service Evaluation	Bi weekly C4C audit	Bi weekly	Theatre	Facilities	Quarter 4
Service Evaluation	Legal and ethical audit	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Data protection and GDPR	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Management/Human Resources	Yearly	Theatre	Theatre Lead	Quarter 2

		Quarter 2 2023			
Service Evaluation	Education	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Five Steps to Safer Surgery	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Managing Perioperative Normothermia	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Risk Management (Organisational and Environmental)	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Decontamination	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Specimen Management	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Tourniquets	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Use and Handling of Surgical Instruments	Yearly Quarter 2 2023	Theatre	Theatre Lead	Quarter 2
Service Evaluation	Preoperative care for Patients with Dementia	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Anaesthesia	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Surgical record keeping audit & consent	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Post anaesthetic Care	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Surgical Patient Satisfaction audit	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Electrosurgery	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Fluid Management	Yearly	Theatre	Theatre Lead	Quarter 3

		Quarter 3 2023			
Service Evaluation	Foreign body aspiration during intubation, advanced airway management or ventilation	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Surgical patient story	Yearly Quarter 3 2023	Theatre	Theatre Lead	Quarter 3
Service Evaluation	Pre assessment and Specific Day Case Requirements	Yearly Quarter 4 2023	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Audit of prosthesis verification data	Yearly Quarter 4 2023	Theatre	Theatre Lead	Quarter 4
Service Evaluation	Intraoperative Care	Yearly Quarter 1 2023	Theatre	Theatre Lead	Quarter 1
Local Audits for Service Improvement	Staff Satisfaction	Yearly Quarter 1 2023	Theatre	Theatre Lead	Quarter 1
Service Evaluation	Accountable Items, Swab, Instrument and Sharps Count	Yearly Quarter 1 2023	Theatre	Theatre Lead	Quarter 1
Service Evaluation	Individual Endoscopist KPI's		Endoscopy	Clinical Lead Endoscopy	
Service Evaluation	Gastric ulcers rescoped within 12 weeks	Quarterly	Endoscopy	J Harrison Endoscopy coordinator & S Williams Data/Audit Support	Quarter 4
Service Evaluation	Post colonoscopy colorectal cancer rate		Endoscopy	Clinical Lead Endoscopy	

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	Links established with Cwm Taf Morgannwg University Health Board MDT. If we are made aware – root cause analysis carried out				
Service Evaluation	Patient Satisfaction survey	Monthly	Endoscopy	Jane Harrison Endoscopy coordinator & S Williams Data/Audit Support	Quarter 4
Service Evaluation	Staff survey	Yearly Quarter 1 2023	Endoscopy	Jane Harrison Endoscopy coordinator & S Williams Data/Audit Support	Quarter 1
Service Evaluation	Endoscopist satisfaction survey	Yearly Quarter 1 2023	Endoscopy	Clinical Lead Endoscopy	Quarter 1
Service Evaluation	Endoscopy Performance e.g DNA cancellations no of procedures late start early finishes	Monthly	Endoscopy	S Williams Data/Audit Support	Quarter 4
Other National Audits	Bowel Screening Wales User Experience Survey results	Yearly Quarter 1 2023	Endoscopy	Clinical Lead Endoscopy	Quarter 1
Local Audits for Service Improvement	Record Keeping	Yearly Quarter 4 2023	Endoscopy	Clinical Lead Endoscopy	Quarter 4
Service Evaluation	Annual planning & productivity report	Yearly Quarter 1 2023	Endoscopy	Clinical Lead Endoscopy	Quarter 1
Service Evaluation	Scope traceability	Currently underway	Endoscopy	Jane Harrison & Tracie Watling	

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Therapies and Health Science					
Driver	Audit Title	Start Date	Service	Lead	End Date
Audits performed for accreditation schemes	Compliance with Standard operating procedures	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Pregnancy Status	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Correct use of radiographic markers	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Non Medical Referrals (NMR) Audit of NMR compliance	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Reject analysis	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Radiographer commenting audit	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	QA plain film and NOUS / Midwife Sonography	Quarter 1	Radiography	Head of Radiography	Quarter 3

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Local Audits for Service Improvement	QA reporting Audit	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Monthly Clinispet/Clinel Wipes Audit	Quarter 1	Radiography	Head of Radiography	Quarter 3
Audits performed for accreditation schemes	Sonography Service Audit	Quarter 1	Radiography	Clinical Governance Lead for Sonography	
Audits performed for accreditation schemes	Reporting Radiography Service Audit	Quarter 1	Radiography	Head of Radiography	Quarter 3
Welsh Government National Audit Programme	National Diabetes Foot Care Audit	TBC National	Podiatry	Head of Podiatry	TBC National
Local Audits for Service Improvement	Taxonomy compliance audit	Quarter 3	Podiatry	Head of Podiatry	Quarter 4
Local Audits for Service Improvement	Patient Notes	Quarter 3	Podiatry	Head of Podiatry	Quarter 4
Local Audits for Service Improvement	Nail Surgery	Quarter 3	Podiatry	Head of Podiatry	Quarter 4
Welsh Government National Audit Programme	Quality Standards Tinnitus Service	Quarter 3	Audiology	Head of Audiology	Quarter 4
Local Audits for Service Improvement	Audiology Inappropriate referrals	Quarter 2	Audiology	Head of Audiology	Quarter 3

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Service Evaluation	waiting times/compliance with target	Quarter 2	Audiology	Head of Audiology	Quarter 3
Local Audits for Service Improvement	Carpal Tunnel	Quarter 3	Physiotherapy	Consultant MSK Physio	Quarter 4
Local Audits for Service Improvement	Case Notes	Quarter 3	Physiotherapy	Head of Physiotherapy	Quarter 4
Local Audits for Service Improvement	Caseload Management	Quarter 1	All AHP and HS	AI HOS	Quarter 3
Local Audits for Service Improvement	DNA Rate	Quarter 3	Physiotherapy	Head of Physiotherapy	Quarter 4
Local Audits for Service Improvement	Dietetic record card audit	Quarter 2	Dietetics	Clinical lead Dietitian	Quarter 3
Local Audits for Service Improvement	Case note audit	Quarter 3	Speech and Language Therapy	Head of SLT and Clinical Leads	Quarter 3
Local Audits for Service Improvement	Caseload Management	Quarter 1	Speech and Language Therapy	Head of Speech and Language Therapy	Quarter 3
Local Audits for Service Improvement	DNA Rates, CBH and CBP rates	Quarter 2	Speech and Language Therapy	Head of Speech and Language Therapy	Quarter 3
Local Audits for Service Improvement	Was Not Brought Audit	Quarter 1	Speech and Language Therapy	Head of Speech and Language Therapy	Quarter 3
Local Audits for Service Improvement	Use of Virtual/Attend anywhere in Adult service	Quarter 1	Speech and Language Therapy	Locum SLT	Quarter 2
Local Audits for Service Improvement	Clinical Records audit focusing on consent, goal planning and discharge	Quarter 1	Occupational Therapy	Head of OT	Quarter 3

Welsh Government National Audit Programme	The Sentinel Stroke National Audit Programme	Quarter 1 - Monthly	All AHPs	Consultant Therapist for Stroke	Quarter 4
Service Evaluation	Quarterly Wax Management	Quarter 1	Audiology	Head of Audiology	Quarter 4
Local Audits for Service Improvement	Timely Discharges	Quarter 3	All AHP and HS	HOS	Quarter 4
Service Evaluation	First Contact Practitioner	Quarter 1	Physiotherapy	Consultant MSK Physio	Quarter 3

Primary Care Group					
GP Services					
Driver	Audit Title	Start Date	Service	Lead	End Date
Local Audits for Service Improvement	Several audit topics will be identified based on the Local Enhanced Service agreements held with the Powys GP surgeries	TBC	GP Surgeries	Powys GP's and Practice Managers	Quarter 4
Service Evaluation	Audit of the GP with a Specialist Interest in Cardiology Service	TBC	Cardiology	Dr French WVT Consultant Cardiologist	Quarter 4
Community Dentistry					
Driver	Audit Title	Start Date	Service	Lead	End Date

Local Audits for Service Improvement	Radiography grading - Annual subjective image quality ratings of dental radiographs in the Community Dental Service	Monthly run chart	All Community Dental Sites	Dental Director	Quarter 4 2023
Local Audits for Service Improvement	FGDP record keeping guideline audit	Quarter 2	All Community Dental Sites	Senior Dentist	Quarter 4
Local Audits for Service Improvement	Consent to Treatment Audit	Quarter 2	All Community Dental Sites	Senior Dentist	Quarter 4
Local Audits for Service Improvement	WHTM01-05 instrument decontamination audit	Quarter 2	All Community Dental Sites	Senior Dentist	Quarter 4
Local Audits for Service Improvement	E-referral form completeness for Oral Surgery services audit	Quarter 3	North Powys Locations	Senior Oral Surgeon	Quarter 4
Local Audits for Service Improvement	Staff acceptance of pre- and post-clinic briefings introduced in the Community Dental Service (Reaudit)	Quarter 3	All Community Dental Sites	Senior Oral Surgeon	Quarter 4

Medicines Management Group					
Medicines Management					
Driver	Audit Title	Start Date	Service	Lead	End Date
Local Audits for Service Improvement	Antimicrobial Stewardship: Start Smart Then Focus	Quarter 4 2022/23	Medicines Management	Medicines Management Staff	Quarter 4 2023/24

Local Audits for Service Improvement	Patient Safety Notice 055 (PSN055) Safe Storage of Medicines	Quarter 1 2023/24	Medicines Management	Medicines Management Staff	Quarter 3 2023/24
Local Audits for Service Improvement	Patient Group Directions <ul style="list-style-type: none"> Audit of authorisation process for staff to use PGDs Record keeping regarding the use of PGDs Use of PGDs across the health Board	Quarter 1 2023/24	Medicines Management	Medicines Management Staff	Quarter 4 2023/24
Local Audits for Service Improvement	Medical Gases: Storage, Supply and Usage	Quarter 1 2023/24	Medicines Management	Medicines Management Staff	Quarter 4 2023/24
Local Audits for Service Improvement	Controlled Drugs: Safe Use and Management baseline audit Tools and resources Controlled drugs: safe use and management Guidance NICE	Quarter 1 2023/24	Medicines Management	Medicines Management Staff	Quarter 2 2023/24

Mental Health and Learning Disabilities					
Mental Health					
Driver	Audit Title	Start Date	Service	Lead	End Date

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Identified risk	Audit of assessments conducted using the Wales Applied Risk Research Network (WARRN) tool	Quarter 1 2023	Mental Health	Mental Health Staff	Quarter 2 2023
Local Audits for Service Improvement	Audit of Admission Documentation	Quarter 3 2023	Mental Health	Mental Health Staff	Quarter 4 2023
Local Audits for Service Improvement	Audit of Care and Treatment Plan Documentation	Quarter 3 2023	Mental Health	Mental Health Staff	Quarter 4 2023
Local Audits for Service Improvement	Mattress audit	Quarter 3 2022	Mental Health	Mental Health Staff	Quarter 4 2022
Local Audits for Service Improvement	Hand Hygiene Audit	Quarter 2 2023	Mental Health	Mental Health Staff	Quarter 3 2023
Local Audits for Service Improvement	Hydration and Nutrition Audit	Quarter 2 2023	Mental Health	Mental Health Staff	Quarter 3 2023

Women and Children's Service					
Midwifery					
Driver	Audit Title	Start Date	Service	Lead	End Date

Clinical Audit Programme 2023-24

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Local Audits for service improvement	Audit of Access to DAU Service And Care Against DAU Guideline	Quarter 1 2023	Midwifery	Assistant Head of Midwifery & Sexual Health Services	Quarter 2 2023
Local Audits for service improvement	Audit against NICE Guidance – Neurodevelopment Service	Quarter 1 2023	Neurodevelopment Service	ND service lead	Quarter 4 2023
UNICEF BFI	BFI Infant feeding audits	Quarter 1 2023	Midwifery	Infant Feeding Coordinator	Quarter 4 2023
Local Audits for service improvement	Infection Control Audits (Environmental, Hand Hygiene)	Quarter 1 2023	Midwifery	W&C Risk and Governance Lead	Quarter 4 2022
Local Audits for service improvement	Audit of Compliance with Pool Evacuation Guideline – a re-audit	Quarter 3 2023	Midwifery	Clinical Supervisor for Midwives	Quarter 4 2022
Local Audits following change to policy or procedure	Audit of clinical information sharing process in maternity	Quarter 2 2023	Midwifery	Consultant midwife / clinical supervisor for midwives	Quarter 3 2023
Local Audits for service improvement	Annual Record Keeping Audit	April 2023	Midwifery	Clinical Supervisor for Midwives	March 2024
School Nursing and Health Visiting					
Driver	Audit Title	Start Date	Service	Lead	End Date

Local Audits for service improvement	Annual Record Keeping Audit	Quarter 4	Health Visiting	Health Visiting Team Leaders	Quarter 4
Local Audits for service improvement	Annual Record Keeping Audit	Quarter 4	School Nursing	School Nursing Team Leaders	Quarter 4
Local Audits for service improvement	Chat Health	Quarter 1	School Nursing	School Nursing Team Leaders	Quarter 2
Local Audits for service improvement	Flu Vaccine Uptake	Quarter 2	School Nursing	School Nursing Team Leaders	Quarter 3
Local Audits for service improvement	Use of Gastronomy Enplugs Audit	Quarter 2	Children's Community Nurse Team	Children's Community Nurse Team Lead	Quarter 3
Service wide and specialist audits					
Driver	Audit Title	Start Date	Service	Lead	End Date
Local Audits in response to a Serious Incident/Identified Risk	Was Not Brought – Annual Learning	Quarter 4	Whole Service	All W&C Team Leaders	Quarter 4
Local Audits for service improvement	Baseline assessment tool for Challenging behaviour and learning disabilities (NICE clinical guideline NG11)	April 2023	Paediatric Learning Disabilities	Clinical Behaviour Specialist for Children with Learning Disabilities	Quarter 3

Paediatric Therapy audits					
Driver	Audit Title	Start Date	Service	Lead	End Date
Local Audits following change to policy or procedure	Liberty Protection Safeguards	TBC	Children's Therapies Teams	HOS Paediatric, Transition & LD OT & Physio	TBC
Local Audits following change to policy or procedure	ALN health referrals	TBC	Additional Learning Needs (ALN) team	Senior administrator ALN	TBC
Local Audits in response to a Serious Incident/Identified Risk	Bone health – identification of risk.	Quarter 1	Children's Therapies Teams	HOS Paediatric, Transition & LD OT & Physio	Quarter 3
Local Audits for service improvement	Case Note Audit	Quarter 3	Speech and Language Team	Head of SLT and Clinical Leads	Quarter 3
Local Audits for service improvement	Caseload Management	Quarter 1	Speech and Language Team	Head of Speech and Language Therapy	Quarter 3
Local Audits for service improvement	DNA Rates	Quarter 2	Speech and Language Team	Head of Speech and Language Therapy	Quarter 3
Local Audits in response to a Serious Incident/Identified Risk	Was Not Brought	Quarter 1	Speech and Language Team	Head of Speech and Language Therapy	Quarter 3

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Audit Driver Key:

	Driver
	Welsh Government National Audit Programme
	Other National Audits
	Audits performed for accreditation schemes
	Local Audits for service improvement
	Local Audits following change to policy or procedure
	Local Audits in response to a Serious Incident/Identified Risk
	Service Evaluation
	Other

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Progress Key:

	Progress
	Complete
	On Track
	Indicates audit Rolled Forward from 2021/22 Programme
	Not undertaken due to lack of capacity
	Cancelled as being no longer required

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Agenda item: 2.3

Patient Experience, Quality and Safety Committee		Date of Meeting: 23 February 2023
Subject:	Controlled Drugs Accountable Officer Annual Report	
Approved and Presented by:	Kate Wright, Executive Medical Director	
Prepared by:	Jacqui Seaton, Chief Pharmacist and Controlled Drugs Accountable Officer	
Other Committees and meetings considered at:	Controlled Drugs Local Intelligence Network (January 2023) Executive Committee - 26 January 2023	
PURPOSE:		
<p>The purpose of this paper is to provide assurance to the Patient Experience, Quality and Safety Committee with the Controlled Drugs Accountable Officer’s (CDAO) Annual Report. The report provides:</p> <ul style="list-style-type: none">• Background information about the legislation relating to CD governance• Details of the responsibilities of the CDAO• Information about the Controlled Drugs Local Intelligence Network including:<ul style="list-style-type: none">◦ Membership and attendance◦ Incident/occurrence reports• Details of arrangements for:<ul style="list-style-type: none">◦ CD declarations/self-assessments and baseline assessments◦ CD Authorised Witnesses (for CD destructions)◦ Standard Operating Procedures (SOPs)◦ Education and training◦ Monitoring CD prescribing• Details of the plans for the year ahead.		
RECOMMENDATION(S):		
<p>The Committee is asked to take assurance in:</p> <ul style="list-style-type: none">• The progress that has been made over the last 12 months despite the continued challenges presented by the COVID-19.• That there is still considerable work to be done to strengthen governance arrangements across the health board and through collaborative working with partners.		

Approval/Ratification/Decision ¹	Discussion	Information
		✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Controlled Drugs Accountable Officer Annual Report October 2021 – September 2022

1. Introduction

Dr Harold Shipman was convicted of 15 murders in January 2000. A Public Inquiry later found that he had secretly diverted large quantities of controlled drugs (CDs), using them to murder more than 200 people over a period of around 25 years. Harold Shipman remains the biggest serial killer in UK history.

The Shipman Inquiry published six reports between January 2002 and January 2005. The Fourth Report, published in 2004, was concerned with the overall management and use of CDs. Following the publication of this report, the UK Government strengthened the arrangements for the governance of CDs.

CDs are controlled under Home Office legislation: The Misuse of Drugs Act 1971. The main purpose of the Act is to prevent the misuse of CDs (referred to as Class A, B or C).

Access to CDs for healthcare purposes is regulated under the Misuse of Drugs Regulations 2001. These Regulations divide CDs into Schedules 1-5, according to the level of control required.

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 came into force on 9th January 2009. These Regulations relate to arrangements that support the safe management and use of controlled drugs in Wales and they require designated bodies (i.e. Local Health Boards, NHS Trusts, Welsh Ambulance Services NHS Trust and Welsh independent hospitals) to appoint an appropriate person to the role of Controlled Drugs Accountable Officer (CDAO).

The role of CDAO for Powys Teaching Health Board is held by the Chief Pharmacist.

Healthcare Inspectorate Wales (HIW) maintains and publishes an [online register of CDAOs](#) across Wales. The health board is required to notify HIW's Chief Executive of both the nomination and removal of a CDAO.

2. Summary of the responsibilities of the health board's CDAO

The health board's CDAO is responsible for:

- Ensuring that the health board and any body or person acting on behalf of, or providing services under arrangements made with the health board:
 - Complies with the misuse of drugs legislation.
 - Has appropriate arrangements for securing the safe management and use of CDs
 - Has adequate and up-to-date standard operating procedures (SOPs) in place in relation to the management and use of CDs.
 - Has adequate destruction and disposal arrangements for CDs
 - Establishes and operates, appropriate arrangements for monitoring and auditing the management and use of CDs including:
 - Monitoring and analysing NHS and private prescribing of CDs through the use of data relating to the prescribing and dispensing of prescriptions.

- Ensuring that systems are in place to alert the CDAO of any complaints or concerns involving the management or use of CDs
- Ensuring that an incident reporting system is in place for untoward incidents involving the management or use of CDs.
- Ensuring that appropriate arrangements are in place for analysing and responding to untoward incidents involving the management or use of CDs.
- Ensuring that relevant individual receive appropriate training to carry out their responsibilities in relation to the safe use and management of CDs
- Monitoring and auditing the management and use of CDs by relevant individuals, and monitoring and assessing their performance
- Maintaining a record of concerns regarding relevant individuals
- Assessing and investigating concerns and taking appropriate action if there are well-founded concerns
- Establishing arrangements for sharing information including establishing the CD Local Intelligence Network (CDLIN)
- Requesting periodic declarations and self-assessments from general medical practitioners on the health board's medical performers list.
- Carrying out periodic inspections of premises, not subject to inspection by HIW, CSSIW or GPhC, used in connection with the management or use of CDs

3. Powys Controlled Drugs Local Intelligence Network (CDLIN)

The Regulations require the health board CDAO to establish a local intelligence network (CDLIN) for sharing information regarding the management and use of controlled drugs.

Members of the CDLIN have a duty to cooperate with other CDLIN members in identifying cases where action may be appropriate.

The Regulations specify that the CDLIN must include (although it need not be limited to) the following types of bodies, as appropriate:

- A Local Health Board
- An NHS Trust
- HIW
- CSSIW
- Counter Fraud
- A regulatory body
- A police force
- A local authority

Powys CDLIN membership includes:

- PTHB Controlled Drug Accountable Officer (Chair)
- PTHB Medical Director/Deputy Medical Director
- PTHB Head of Primary Care Medicines Management
- PTHB Head of Community Services Medicines Management
- PTHB Senior Pharmacy Technician Community Services
- PTHB Senior Pharmacy Technician Care Homes
- Dyfed-Powys Police
- NHS Counter Fraud officer
- Healthcare Inspectorate Wales (HIW)

- Welsh Ambulance Services NHS Trust (WAST)
- Care and Social Service Inspectorate Wales (CSSIW)
- General Pharmaceutical Council (GPhC)
- Local Authority Representative
- Shropshire Doctors Co-operative (Shropdoc)
- Ministry of Defence
- Drug and alcohol service (Kaleidoscope)
- Representatives from Powys provider hospitals (Nevill Hall and Bronglais)

The CDLIN meets quarterly. Between October 2021 and September 2022 the CDLIN met 3 times:

- January 2022
- April 2022
- July 2022

CDLIN attendance rates (Oct 21-Sept 22)

Organisation	CDLIN attendance rate
PTHB	100%
Dyfed-Powys Police	100%
NHS Counter Fraud	100%
GPhC	100%
HIW	66.7%
Shropdoc	66.7%
Bronglais Hospital	66.7%
Nevill Hall Hospital	33.3%
MOD	33.3%
WAST	33.3%
Kaleidoscope	33.3%
Powys County Council	33.3%
Other areas	0%/members still to be identified

4. CD incident reports/Quarterly Occurrence Reports

CDAOs reporting to the CDLIN are required to ensure that their organisations' have robust systems in place to enable concerns relating to CDs to be raised, logged, and investigated as appropriate.

PTHB has developed a CD incident reporting template and a generic email address to support submission of CD incident reports to the CDAO – Powys.CDAO@wales.nhs.uk

The CDLIN receives Occurrence Reports from designated bodies:

- Powys Teaching Health Board
- Welsh Ambulance Service

The CDLIN also receives update reports from:

- Dyfed-Powys Police
- Ministry of Defence
- GPhC
- Shropshire Doctors Co-Operative (Shropdoc)
- Kaleidoscope

Number of incident reports received from designated bodies:

Designated body	Number of incidents reported Oct 20 – Sept 21	Number of incidents reported Oct 21 – Sept 22
Powys Teaching Health Board	31	20
Welsh Ambulance Service	8	4

Summary of CD incident themes:

PTHB	Welsh Ambulance Service
<ul style="list-style-type: none">• Concerns about patient use of controlled drugs• Potential diversion of controlled drugs• Alteration of prescriptions• Missing drugs from hospital wards/community pharmacies• Fatal and non-fatal poisonings• Excessive prescribing of controlled drugs by general practitioners• Wrongly dispensed drugs• Pharmacy closures resulting in clients missing substitute medicine doses• Patient transfers from DGHs without controlled drug supply• Breach of process when returning controlled drugs to DGH• Concerns about on-line pharmacies• Drug administration errors• Transportation concerns	<ul style="list-style-type: none">• Unexplained/accidental ampoule breakages• Unaccounted morphine ampoule• Lost keys• Missing drugs case• CD safe fault

The CD LIN requests assurance that all incidents have been fully investigated, brought to a satisfactory conclusion and that learning has been cascaded appropriately.

5. CD Standard Operating Procedures (SOPs)

CD SOPs are detailed written instructions that aim to achieve uniformity in the way that CDs are managed across the organisation. They are live documents that are kept under constant review.

Benefits of CD SOPs include:

- Clarity for staff on what is expected of them
- Practical guidance to support the management of CDs
- Improved CD governance by ensuring consistent safe and legal processes are in place

The Health Board is required to have SOPs covering every applicable aspect of the CD journey. The table below shows the SOPs that the health board is required to have and their current status:

CD SOP	Status
Ordering of CDs	Approved
Receipt of CDs	Approved
Storage of CDs	Approved

Transfer of CDs within PTHB	To be developed – deadline March 2023
Prescribing of CDs	Approved
Administration of CDs	To be developed – deadline March 2023
Record keeping and records retention	To be developed – deadline March 2023
CD stock checks	To be developed – deadline March 2023
Destruction of CDs	Approved
Collection and delivery of CDs by PTHB staff	To be developed – deadline March 2023
CD Incident reporting	Approved

A full suite of SOPs will be in place by the end of March 2023 and a process implemented to ensure that SOPs are regularly reviewed and updated.

The safe and secure management of CDs is also covered in the health board's [Medicines Policy](#).

6. Self-assessment, controlled drug declaration and baseline assessment.

Healthcare organisations providing clinical services, and relevant social care organisations, are required to complete a periodic declaration (at least every 2 years) on whether they, or their organisation, keeps stocks of controlled drugs and whether there are any special circumstances that might explain any seemingly unusual patterns of prescribing or supply.

The responsibility for requesting primary care clinicians, on the health board's Performers List, to complete a CD declaration/self-assessment, sits with the CDAO. A declaration/self assessment form was sent to clinicians of the Performers' List in October 2022 and they are required to return them to the health board before than the end of the financial year.

The submitted declaration/self assessment forms will be used to prioritise areas for inspection during 2023/24.

NICE has developed a baseline assessment tool for controlled drugs: safe use and management to help healthcare organisations check whether they are meeting the guidance and legal requirements regarding the governance of controlled drugs. The tool has been used to support the development of CD SOPs and will be used to undertake a full baseline assessment during 2023/24. The assessment tool can be accessed via:

<https://www.nice.org.uk/guidance/ng46/resources>

7. CD destruction/Authorised witnesses

Over the last 12 months, the health board has increased the number of individuals trained to witness the destruction of controlled drugs from seven to sixteen. These individuals are known as Authorised Witnesses.

All Authorized Witnesses are subject to a professional code of conduct and/or have undergone a DBS check in the last 12 months. Systems are in place to ensure that DBS checks are updated appropriately.

Internal processes have been strengthened to ensure that Authorised Witnesses are made available promptly, ideally within 28 days of the request being received, to witness the destruction of CDs to avoid the unnecessary build-up of expired or unwanted stock.

All destructions are carried out under the guidance of a standard operating procedure.

Time period	Number of requests received to witness the destruction of CDs (% by area)
October 2020 – September 2021	41 (56% hospital, 34% pharmacy, 5% GP, 5% dentist)
October 2021 – September 2022	69 (63.8% hospital, 27.5% pharmacy, 7.2%GP, 1.5% dentist)

The number of requested destructions waiting more than 28 days from the date that the request was received, to the date that the Authorised Witness attended, has declined from 59% (Oct 20 – Sept 21) to 32% (Oct 21 – Sept 22). The position has continued to improve and in the last 6 months Jun 22-Nov 22, only 8% of requests waited more than 28 days.

8. Education and training resources

The Health Board's CDAO attended the 'Controlled Drugs Accountable Officer online course' provided by Sancus Solutions during 2021 and will complete an online refresher course before the end of the current financial year.

As part of the Medicines Management Incentive Scheme 2022/23, the health board has commissioned access to an e-learning course - 'reducing opioid prescribing in chronic pain'. The course has been offered to primary care clinicians and it is hoped that it will equip them with the tools and knowledge required to tackle the growth in opioid use and to improve outcomes for patients with chronic non-cancer pain.

In November 2022, the All Wales Therapeutics and Toxicology Centre published two new guidelines:

- All Wales Analgesic Stewardship Guidance – aimed at improving patient outcomes, reducing analgesic-related harm and ensuring cost-effective use of analgesics to provide optimal pain management.
- All Wales Pharmacological Management of Pain Guidance – supporting prescribers to make the best choice when using medicines for pain management.

Over the coming months, the Medicines Management Team will work with clinicians to promote this guidance, embed it in clinical practice and monitor its implementation.

Clinicians and patients are also signposted to [Opioids Aware](#) which provides access to resources covering:

- Best professional practice
- Understanding pain and medicines for pain
- Clinical use of opioids
- A structured approach to opioid prescribing
- Opioids and addiction
- Information for patients
 - About pain for patients
 - Thinking about opioid treatment
 - Taking opioids for pain

Patient stories are really powerful and are frequently used to highlight the dangers associated with pain management. They help to promote reflection and learning. One example is [Faye's Story](#) which has been used with both clinicians and patients.

9. Monitoring CD Prescribing

The health board's Medicines Management Team routinely monitors CD prescribing. Sample reports can be seen in Appendix 1.

Monitoring includes:

- CD key performance indicators:
 - Opioid burden (ADQ per 1,000 patients)
 - High strength opioid prescribing (ADQ per 1,000 patients)
 - Opioid patches (percentage of all opioid prescribing)
 - Hypnotics and anxiolytics (ADQ per 1,000 patients)
 - Gabapentin and pregabalin (DDD per 1,000 patients)
 - Tramadol (DDD per 1,000 patients)
- Monitoring for excessive/inappropriate prescribing (e.g. prescribing in excess of 30 days' supply at any one time).
- Monitoring increases and decreases in prescribing of CD chemical substances.

These monitoring reports are used to inform the work of the Medicines Management Team and regular updates are provided to the CDLIN.

GP practices are provided with monthly updates of their performance against each of the key performance indicators.

10. Plans for the year ahead

The NHS is facing significant challenges as we continue to tackle COVID-19, work on the recovery programme and address the financial challenge. However, if we are to ensure patient safety and maintain public confidence, it is vital that the safe management of controlled drugs and the work of the CDAO and CDLIN remains high on the health board's agenda.

Priorities for the year ahead include:

Raise awareness: Ensure that there is widespread awareness of the identity and roles and responsibilities of the CDAO, ensure that the risks associated with CDs are understood and that staff understand their responsibilities around CD governance and incident reporting.

Standard Operating Procedures: Ensure that approved SOPs are in place covering all aspects of CD management and use. Provide staff training to facilitate the implementation of the SOPs.

Declarations/Self-assessments: Ensure that CD declarations and self-assessments are received from all clinicians on the health board's Performers List (deadline for submission March 2023). These will be analysed to identify and prioritise areas that may require inspections by the CDAO. In addition to the primary care self-assessments, the health board will undertake the NICE self-assessment and provide a report to the CDLIN during 2023/24.

Strengthen governance arrangements: Ensure that good governance around controlled drugs is embedded into everyday practice. Areas to be prioritised include processes to ensure that:

- all CD incidents are reported to the CDAO within 24 hours
- all clinical areas have robust auditable processes in place to control access to CDs
- balance checks are carried out routinely at a frequency that is fit for the purpose of the service
- prescribing data is further scrutinised to identify excessive and/or inappropriate CD prescribing (expanding scrutiny beyond Schedule 2 and 3 CDs)

Care homes: Strengthen governance arrangements in care homes to ensure the safe and secure management and use of controlled drugs. Increase incident reporting from care homes to support learning.

11. Conclusion

Over the last 12 months the health board has continued to strengthen its governance arrangements around controlled drugs. Progress has been slower than desired due to the ongoing challenges presented by the COVID-19 pandemic. However, despite the challenges, the CDLIN has continued to meet quarterly and has received regular occurrence reports from designated bodies; Significant progress has been made to increase the efficiency of witnessing the destruction of date expired and unwanted CDs; CD monitoring arrangements have been strengthened and GP practices now receive monthly reports which includes a number of CD key performance indicators; Educational materials have been made available to primary care clinicians and incentives through the Medicines Management Incentive Scheme and Service Level Agreements have been used to encourage access to these materials.

It is recognised that there is still a lot of work to be done to ensure that the health board has robust governance of controlled drugs.

Patterson Liz
17/02/2023 14:40:37

Appendix 1

CD Key Performance Indicators:



Data%20to%20support%20CDAO%2

Monitoring for excessive/inappropriate prescribing



Data%20to%20support%20CDAO%2

Controlled drug chemical substances showing a reduction in prescribing in Powys

Reductions in Prescribing of Controlled Drugs in 2021-22				
Controlled Drug	Items (Oct-20 - Sep-21)	Items (Oct-21 - Sep-22)	Change in Items	Percentage change
Diamorphine	324	166	-158	-48.77%
Chlordiazepoxide Hydrochloride	87	61	-26	-29.89%
Oxycodone Hcl/naloxone Hcl	54	38	-16	-29.63%
Loprazolam Mesilate	15	12	-3	-20.00%
Buprenorphine Hydrochloride	2,022	1,628	-394	-19.49%
Lormetazepam	11	9	-2	-18.18%
Zolpidem Tartrate	969	843	-126	-13.00%
Nitrazepam	1,067	937	-130	-12.18%
Tapentadol Hydrochloride	194	175	-19	-9.79%
Temazepam	3,546	3,214	-332	-9.36%
Co-Dydramol	6,294	5,745	-549	-8.72%
Lorazepam	3,426	3,208	-218	-6.36%
Oxazepam	148	140	-8	-5.41%
Midazolam	1,286	1,218	-68	-5.29%
Clonazepam	2,271	2,161	-110	-4.84%
Tramadol Hydrochloride	11,442	10,898	-544	-4.75%
Pethidine Hydrochloride	73	70	-3	-4.11%
Hydromorphone Hydrochloride	48	47	-1	-2.08%
Dihydrocodeine Tartrate	5,558	5,449	-109	-1.96%
Phenobarbital	720	710	-10	-1.39%
Diazepam	14,541	14,476	-65	-0.45%
Gabapentin	19,570	19,542	-28	-0.14%

Patterson, Liz
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Controlled drug chemical substances showing an increase in prescribing in Powys

Increases in Prescribing of Controlled Drugs in 2021-22				
Controlled Drug	Items (Oct-20 - Sep-21)	Items (Oct-21 - Sep-22)	Change in Items	Percentage change
Alfentanil Hydrochloride	0	2	2	200.00%
Pholcodine	112	200	88	78.57%
Dexamfetamine Sulphate	20	34	14	70.00%
Lisdexamfetamine Dimesylate	226	355	129	57.08%
Dipipanone Hydrochloride	8	9	1	12.50%
Methadone Hydrochloride	3,010	3,380	370	12.29%
Oxycodone Hydrochloride	3,918	4,317	399	10.18%
Buprenorphine	5,768	6,152	384	6.66%
Pregabalin	19,548	20,660	1,112	5.69%
Morphine Sulfate	23,724	24,790	1,066	4.49%
Codeine Phosphate	18,740	19,568	828	4.42%
Clobazam	667	691	24	3.60%
Co-Codamol	54,136	54,359	223	0.41%
Zopiclone	14,505	14,528	23	0.16%

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Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Health Board Chief Executives

Our ref: JP/SE/SB

23 January 2023

Dear Colleagues

Review of National Commissioning Functions

As we will discuss at the NHS Wales Leadership Board on 24 January, the Minister has approved a review of the national commissioning functions. As you will recall, this was a commitment within *A Healthier Wales* and forms part of a set of actions to strengthen and streamline the NHS landscape in Wales.

I attach the Terms of Reference for this review. National commissioning is vital in improving the outcomes for the population of Wales and in reducing any inequalities in access. The review is an opportunity to reflect upon the experiences of WHSSC and EASC (including the National Collaborative Commissioning Unit), and to further build upon and strengthen national commissioning arrangements.

I am also pleased to inform you that Steve Combe has been appointed as the Independent Reviewer to undertake this work. I know that Steve is well known by many of you from his previous role as Director of Corporate Governance at Abertawe Bro Morgannwg University Health Board (now Swansea Bay UHB) and is very experienced in this type of work.

As you can see from the Terms of Reference the review will identify options and make recommendations for my approval and ultimately for the Minister's decision. I expect both Joint Committees of EASC and WHSSC to be integral to supporting this work and during the review there will be a series of workshops and interviews so that your views will inform the final recommendations.

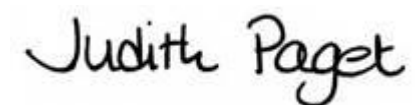
I have asked Samia Edmonds, the Planning Director in Welsh Government, to oversee this work on my behalf and Karen Preece, recently retired Director of Planning at WHSSC, will support Samia during the review.

I expect the review to report to me and the Minister in April.

I know that you understand the importance of this work and trust that I can rely on your support so that the final recommendation meets all of our ambitions for a national commissioning function for the NHS in Wales.

Please share these Terms of Reference with your teams as appropriate

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid.

Judith Paget CBE

Enc.

cc: Trust CEOs
SHA CEOs
Directors of Hosted bodies

Patterson Liz
17/02/2023 14:40:37

Review of National Commissioning Functions Terms of Reference

Background

The current national commissioning arrangements, as joint committees of the seven health boards, for Welsh Health Specialised Services (WHSSC) and Emergency Ambulance Services (EASC), which also hosts the National Collaborative Commissioning Unit, have been in place for 12 years and 7 years respectively. During this time there have been significant changes within the NHS in Wales and more recently the unprecedented challenges related to the pandemic.

In addition, whilst there is good evidence of evolution and growing maturity in both organisations, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales.

This was recognised in *A Healthier Wales* (2018) which contained a number of actions, including a commitment to review national commissioning functions, alongside the establishment of the NHS Executive:

“Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.”

Review of national commissioning functions

A review of national commissioning functions is to be undertaken to:

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps.
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance and accountability arrangements and the interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken ('function')
- Describe the different options for delivery of those function ('form')
- Describe the different options for future governance, accountability and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation)

The review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities

- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

Resource Requirements

- The review will be commissioned by the Chief Executive of NHS Wales
- The review will be led by an independent expert in the field
- The independent reviewer will be supported by a Programme Director working to Welsh Government, who will provide expert advice and knowledge in the area.

The review will entail:

- Consideration of the strategic ambitions for NHS Wales, including delivery of Ministerial priorities
- Review of key documentation (e.g. standing orders, SFIs, Terms of Reference, MoUs, EASC and WHSSC IMTPs/ Integrated Commissioning Plans)
- Consideration of themes emerging from the current WHSSC engagement process on its longer-term strategy
- 1-to-1 interviews with key stakeholders
- Facilitated discussions with key groups, including but not limited to:
 - The WHSSC and EASC Joint Committees
 - NHS Chairs
 - The NHS Wales Leadership Board
 - Professional peer groups as appropriate
 - The Directors of WHSSC and EASC, and their wider teams
 - The Health & Social Services Executive Directors Team
- Production of a review report and recommendations

Accountabilities

- The review team will be accountable to the Chief Executive, NHS Wales
- The review will be overseen by the Planning Director, WG on behalf of the Chief Executive of NHS Wales
- The review recommendations will be considered and approved by:
 - The Chief Executive of NHS Wales
 - The Minister of Health & Social Services
- Once approved, the review recommendations will be shared with NHS bodies.

Timescales

The review will conclude by April 2023. Following the review and once a preferred option has been agreed by the Minister, an implementation plan will be developed and a programme structure established to take forward the preferred option. The implementation programme will commence from April 2023.

Patterson, Liz
17/02/2023 14:40:37

Agenda item: 6.1

Patient Experience, Quality and Safety Committee		Date of Meeting: 23 February 2023
Subject:	Corporate Risk Register (Relevant to the committee)	
Approved and Presented by:	Director of Corporate Governance and Board Secretary	
Prepared by:	Director of Corporate Governance and Board Secretary Senior Administrator/PA to the Board Secretary	
Other Committees and meetings considered at:	Executive Committee - 11 January 2023 PTHB Board - 25 January 2023	

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the December 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee. This copy of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 25 January 2023.

The Committee is asked to consider the corporate risks within the committee's remit, discuss any relevant issues and take assurance that risks are being managed in line with the Risk Management Framework.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Patient Experience, Quality and Safety Committee and the risk targets within the Committee Based Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The group will lead the ongoing development of patient experience, quality and safety risks as set out above.

An updated version of the Corporate Risk Register is due to be presented to the Board on 29th March 2023.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Patient Experience, Quality and Safety Committee (23rd February 2023) Committee Based Risk Register

Patterson, Liz
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Page 1 of 6

Patient Experience, Quality and Safety Committee
23 February 2023
Agenda Item: 6.1a Appendix A

CORPORATE RISK HEAT MAP:

There is a risk that...

Impact	Catastrophic	5					
	Major	4				<ul style="list-style-type: none"> Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers 	
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

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CORPORATE RISK DASHBOARD

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoNM/ MD	CRR 003	Quality	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Minimal	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4

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Key

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Executive Lead:	
CEO	Chief Executive
DPCCMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health Sciences
DPP	Director of Planning and Performance
BS	Board Secretary
DoE	Director of Environment

Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

<ul style="list-style-type: none"> Integrated Performance Framework Powys Clinical Audit plan Internal Audit annual plan of audits NHS Wales collaborative management groups and associated peer groups Collaboration with the Delivery Unit (NHS Wales) Review of CQC and HIW reports for all providers where Powys residents receive care Triangulation of concerns, complaints (PTR) and incidents Operational arrangements for operational delivery (e.g DCG) Partnership with PCC Communication and engagement with the public and stakeholders 	<p>Improve and refine the Integrated Performance Framework</p> <p>Monitor fundamentals of care (provider services)</p> <p>Mortality Reviews</p> <p>Address inequalities of access</p> <p>Implement Patient experience system (Civica)</p>	<p>DoPP</p> <p>DoNM</p> <p>MD DoPP/ DOMHP PC DoTH</p>	<p>Sept 2022</p> <p>Ongoing</p> <p>Ongoing Ongoing</p> <p>Dec 2022</p>
Current Risk Rating	Update including impact of actions to date on current risk score		
<p>4 x 4 = 16</p>	<p>This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key messages this month include the review of the East Kent Maternity Services report and its recommendations for all Maternity Services.</p> <p>Update from AD Performance & Commissioning</p> <p>Integrated Performance framework – update would be that this was approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. The IPF proof of concept will initially be applied to maternity services (Powys provider) and a commissioned acute provider (either SATH or WVT).</p>		

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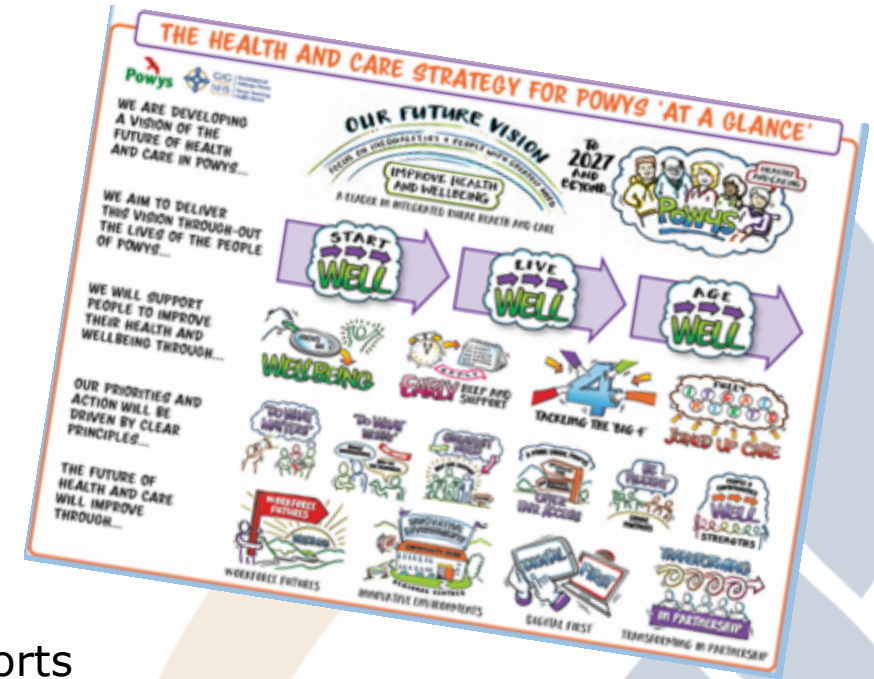
Committee Annual Programme of Business 2023/24

PEQS – 23 February 2023

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Developing the 2023/24 Annual Programme of Business

- Review:
 - Delivery of 2022/23 annual programme of business
 - Committee terms of reference
 - Feedback from committees (discussions and performance review)
 - Feedback from the Board
- Take into account:
 - The Health and Care Strategy
 - the developing 2023/24 IMTP
 - The development of other Committee plans
 - The Boards workplan and key areas of focus
 - Feedback from Structured Assessment and other relevant audit reports



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Process and Timescales

1. **Feedback from Committees** – *Jan - March 2023*
 - *Committee based discussions*
 - *Performance questionnaire*
2. **Desk based** review *Feb – March*
 - Current years programme of business
 - Structured Assessment
 - Standing Orders and Terms of Reference
3. Feedback from **Executive Team** – *Feb - March 2023*
4. Specific Committee conversations with the **Committee Chair and lead Executive(s)** – *March/April 2023*
5. Feedback from the **Board** – *April 2023*
6. Annual programme of Business (for approval) – *May Board*
7. *Continued review throughout the year to meet business need*

Your initial feedback / reflections?

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Agenda item: 6.3

Patient Experience, Quality and Safety Committee		Date of Meeting: 23 February 2023
Subject :	Patient Experience, Quality and Safety Committee Terms of Reference	
Approved and Presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary	
Prepared by:	Liz Patterson, Interim Head of Corporate Governance	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is for the Committee to consider the Terms of Reference of the Mental Health Act Power of Discharge Group in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to discuss any suggested amendments at the meeting on 23 February 2023.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis. The Patient Experience, Quality and Safety Committee reviewed its Terms of Reference at the November meeting. The Committee is also required to review the Terms of Reference of the Mental Health Act Power of Discharge Group. The existing Terms of Reference for the Mental Health Act Power of Discharge Group with suggested amendments tracked are attached as Appendix 1. The suggested amendments reflect current arrangements.

If the Committee are content with the proposed amendments, they will included in the next update to Standing Orders considered at Board.

NEXT STEPS:

If changes are proposed these will be taken forward for consideration by the Board.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
<p style="text-align: center;">Statement</p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				

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MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE GROUP

Terms of Reference and Operating Arrangements

April 2021

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1. INTRODUCTION

Powys Teaching Health Board (PTHB) is required under the Mental Health Act (MHA) Code of Practice (para 37.8) to develop a scheme of delegation for the duties identified by the MHA legislation. PTHB has taken a decision to delegate the power of discharge under the MHA to the 'Power of Discharge Group'.

The Power of Discharge Group (PODG) is a Sub-Group of the PTHB Patient Experience, Quality & Safety Committee which is directly accountable to the PTHB Board. The Chair of the PODG must be a member of the Patient Experience, Quality & Safety Committee and will for assurance purposes make regular reports to the Patient Experience, Quality & Safety Committee on the work of the PODG.

The PODG will comprise MHA Hospital Managers who have been independently appointed. The MHA Hospital Managers sit as panels of three or more in order to exercise their power of discharge as detailed in the MHA Code of Practice. The decisions made by the panels are binding and therefore are not required to be ratified by the Patient Experience, Quality & Safety Committee or by the Health Board. However, the procedures and behaviours adopted by the panel are subject to scrutiny and as such the MHA Hospital Managers are accountable to the Board via the Patient Experience, Quality & Safety Committee.

2. REQUIREMENTS OF THE MHA

The primary purpose of the 1983 Act is to ensure that compulsory measures can be taken, where necessary and justified, to ensure that people who suffer from a mental disorder get the care and treatment they need. Because these provisions place people under compulsion (for example to receive treatment) the 1983 Act also contains a number of safeguards. These include, for example, a right to apply for discharge to the MHA Hospital Managers. MHA Hospital Managers have a central role in operating the provisions of the Act and as detailed above the Health Board has made the decision to delegate this responsibility to the PODG, and assurance will be provided to the Board through monitoring by the Patient Experience, Quality & Safety Committee.

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3. PURPOSE OF THE POWER OF DISCHARGE SUB-COMMITTEE

3.1 The purpose of the PODG is to:

- Consider all relevant issues for MHA Hospital Managers to undertake their role in accordance with PTHB and legislative requirements.
- Receive activity monitoring reports on the use of the Mental Health Act.
- Ensure that discharge panels are acting in a fair and reasonable manner and exercised lawfully.
- Consider updates regarding recommendations made during panel hearings.
- Discuss and agree training for MHA Hospital Managers.
- Receive professional advice to support the discharge of the MHA Hospital Manager Role.
- Provide a forum for consideration of any matter impacting on the decision making for discharge of patients detained under the Mental Health Act.
- Receive development/discussion sessions to improve overall knowledge of services.

3.2 The PODG will, in respect of its provision of advice to the Patient Experience, Quality & Safety Committee, comment specifically upon:

- Processes in place to support discharge panels.
- Advise on issues arising from discharge panels and appeals of an unusual or contentious nature.
- Discuss any impact of legislative changes on role of MHA Hospital Managers.
- Highlight any impact of service changes on the ability to undertake the MHA Hospital Manager role effectively.

3.3 To achieve this, the Patient Experience, Quality & Safety Committee shall provide assurance to the Board that:

- MHA Hospital Managers are effectively equipped and trained to undertake their role.
- PTHB provides appropriate support to ensure the Discharge Panels operate effectively.
- PTHB is aware of the impact of any legislative or service changes impacting on the Discharge panel's considerations and recommendations.

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4. PODG MEMBERSHIP

4.1 The membership of the PODG is as follows: -

Chair	Independent Member (who must be a member of the <u>Patient</u> Experience, Quality & Safety Committee)
Members	All of the Mental Health Act Managers appointed by PTHB
By invitation	The Committee Chair may invite: any other PTHB officials and/or any others from within or outside the organisation

The invitees may be asked to attend all or part of a meeting to assist it with its discussions on any particular matter.

4.2 Secretariat

The secretariat for the PODG will be via the Mental Health Act Administration Team.

4.3 Member Appointments

The membership of the Committee shall be determined by the Patient Experience, Quality & Safety Committee, based on the recommendation of the PODG Chair and the membership of the PODG will be reviewed annually.

5. SUPPORT TO THE PODG

The PODG will receive support from the Mental Health Act Administration Department.

6. PODG MEETINGS

6.1 Quorum

A Quorum of a third of the whole number, including the Independent Member of the Health Board as Chair of the PODG.

6.2 Frequency of Meetings

Meetings shall be held no less than quarterly or more frequently if deemed necessary by the chair of the PODG.

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7. RELATIONSHIP & ACCOUNTABILITIES OF THE PODG

The PODG is directly accountable to the Health Board for its performance in exercising the functions set out in these terms of reference. The accountability is achieved by the appointment of a PODG chair who must be included in the membership of the Patient Experience, Quality & Safety Committee. Accountability will also be achieved by the submission of ~~a six monthly report the minutes of all PODG meetings~~ to the Patient Experience, Quality & Safety Committee acting on behalf of the Board. The Patient Experience, Quality & Safety Committee will also provide assurance reports to the Board, which will include information relating to its monitoring role of the PODG.

8. REPORTING AND ASSURANCE ARRANGEMENTS

The PODG Chair shall:

- report formally, regularly and on a timely basis to the Patient Experience, Quality & Safety Committee on the PODG's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Patient Experience, Quality & Safety Committee's Chair specific attention any significant matters needing their consideration.
- ensure appropriate escalation arrangements are in place to alert the PTHB Chair, Vice Chair, Chief Executive (Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the PTHB.

9. REVIEW

- 9.1 These PODG terms of reference shall be reviewed annually by the Patient Experience, Quality & Safety Committee.

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