PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 05 SEPTEMBER 2024 AT BRONLLYS HOSPITAL AND VIA MICROSOFT TEAMS

MEMBERS		
Kirsty Williams	KWi	Vice Chair (Committee Chair)
Jennifer Owen Adams	JOA	Independent Member
Simon Wright	SW	Independent Member
IN ATTENDANCE		
Zoe Ashman	ZA	Interim Assistant Director Women & Children
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Simeon Foreman	SF	Deputy Board Secretary (Meeting support)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Jayne Wheeler-Sexton	JWS	Assistant Director of Nursing, Safeguarding
Kate Wright	KW	Executive Medical Director
APOLOGIES FOR ABSENCE:		
Claire Madsen	CM	Executive Director of Allied Health Professionals, Health Sciences and Digital
Lucie Cornish	LC	Deputy Director of Allied Health Professionals, Health Sciences and Digital

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES (PEQS/24/39
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (PEQS/24/40)
No declarations of interests were received in addition to those already recorded on the register.
1.3 MINUTES OF PREVIOUS MEETING (PEQS/24/41)
The minutes of the meeting held on 30 July 2024 were **CONFIRMED** as an accurate record.
2. ITEMS FOR ASSURANCE
2.1 DUTY OF QUALITY ANNUAL REPORT 2023/24 (PEQS/24/42)
CR introduced Powys Teaching Health Board's (PTHB) first Duty of Quality annual report since the duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into force on 01 April 2023. ZA presented the contents and invited feedback to help shape the next year's report whilst the following was highlighted:

- Variations existed across Wales on how organisations had chosen to present their reports
- Work with Llais and service users was underway to shape the next report
- Incident management framework implemented
- Duty of Candour
- Overview of external reviews undertaken and assurance against the findings
- Friends and Family Test (FFT) scores had improved
- Comments from a commissioner perspective were already an area of focus for next year.

The Committee challenged the 39.72% FFT score related to people feeling they always had assistance when they needed it and noted it was much lower than the other indicators. ZA explained this could relate having a nil or not applicable response and the data was being revisited to gain a better understanding.

The need to balance the quality structure was understood, but questions were raised to seek and understand the Executive's perspective and views on the report and whether it had delivered what was expected:

1) How satisfied were colleagues with the report?
2) Were the right things targeted?
3) Tweak to improve and strengthen for next time?
4) How could the Committee be assured that nothing had fallen through gaps?
5) Recognising the need to balance process and outcomes this time, was there opportunity to have greater focus on data and outcomes?

CR acknowledged these were considered fair questions for the whole organisation and explained that the report reflected the significant amount that had taken place since the Duty of Quality came into force in 2023, as well as the build up to that point. CR explained that it had been necessary to develop a robust infrastructure to strengthen current and future quality reporting. The Committee acknowledged and endorsed these comments and felt the work to date bode well for the future.

Discussion took place on the need to collate and learn from the different stages of quality maturity and approaches being taken across NHS Wales. The Committee asked for a sense of where PTHB wanted to be on quality and what good looked like so the journey could be plotted. CR and KW explained that work was based on self-assessment and showed significant progress over a short period of time across lots of areas that will drive further improvements. A fully embedded quality management system will really help in future to show what is good, as would focus and evidence to demonstrate where quality had driven decisions. There would be examples of these in the next report. Other indicators of good work were highlighted as alignment to national work and real intelligence derived from outcome and patient experience data.

The final question related to identifying who would provide a critical eye and external review on the report and it was explained that review work was ongoing across Wales that would support triangulation of quality.

The Committee:
Took **ASSURANCE** from the contents of the report and **RECOMMENDED** this for Board approval.

2.2 SAFEGUARDING ANNUAL REPORT 2023/24 (PEQS/24/43)

CR introduced JWS to present the report and the following areas were highlighted:

- PTHB was in line with NHS Wales' Safeguarding Matrix
- Joint Inspection of Child Protection Arrangements (JICPA) had shown good practice and the areas identified for improvement were already known to PTHB
- Informatics to collect more data
- Training to roll out Routine Enquiries in PTHB Minor Injury Units
- Safeguarding Priorities for 2024/25.

It was **NOTED** that there had been a recent Board development session on safeguarding where discussion had answered wider questions from Board Members. For completeness, transparency and audit purposes, the Committee recorded that there had been significant assurance on the progress being made against four recommendations from JICPA and multi-agency working to demonstrate partnership and continue to build trust.

The Committee sought to understand the reasons behind the lower take up on Level 3 training and JWS explained that although the Children Level 3 rates were improving faster than the Adult Level 3 rates, there was common issues related to capacity and the ability for this to be prioritised above other duties, especially when staff know they receive support from the Safeguarding team. It was further explained that the comprehensive competency passport took more time.

The Committee heard that PTHB was providing a safe service and doing as much as possible within the resources available. There was a need for managers to support and release staff to complete and access their training.

In response to a query as to whether PTHB was outlier on Level 3 training, notwithstanding this being hard to complete before time consideration were factored in. JWS confirmed PTHB was not an outlier and instead was one of a few organisations able to interrogate data to identify staff with Level 3 training compliance. JWS added that PTHB was not prepared to compromise on this work and only awarded compliance on completion of the passport.

CR signalled the importance of the JICPA, and the Committee being assured on progress on the recommendations with an update scheduled for February 2025.

The Committee:
Took **ASSURANCE** from the contents of the safeguarding report and **RECOMMENDED** this for Board approval.

3. OTHER MATTERS
3.1 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PEQS/24/44)
Both reports from the assurance agenda items will be recommended for Board approval on 25 September 2024. The Committee recorded thanks to both ZA and JWS for their work on the reports, presentations and responses during the meeting.
3.2 ANY OTHER BUSINESS (PEQS/24/45)
There were no items of any other business.
3.3 DATE OF NEXT MEETING ((PEQS/24/46)
07 November 2024

Meeting closed at 16:11