



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

**MINUTES OF THE MEETING HELD ON TUESDAY 13 SEPTEMBER 2022
VIA MICROSOFT TEAMS**

Present:

Kirsty Williams	Vice-Chair (Committee Chair)
Ian Phillips	Independent Member
Mark Taylor	Independent Member

In Attendance:

Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO
Claire Roche	Director of Nursing and Midwifery
Kate Wright	Medical Director
James Quance	Interim Board Secretary
Amanda Edwards	Assistant Director – Innovation and Improvement
Zoe Ashman	Assistant Director of Quality and Safety
Marie Davies	Deputy Director of Nursing
Sonia Thomas	CHC

Apologies for absence:

Simon Wright	Independent Member
Vivienne Harpwood	PTHB Chair
Carol Shillabeer	Chief Executive
Claire Madson	Director of Therapies and Health Sciences
Mererid Bowley	Interim Director of Public Health
Katie Blackburn	CHC
Bethan Hopkins	Audit Wales

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
---------------	--------------------------------------

PEQS/22/36	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present.</p>
PEQS/22/37	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PEQS/22/38	<p>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 7 JULY 2022 (FOR APPROVAL)</p> <p>The minutes of the previous meeting held on 7 July 2022 were AGREED as a true and accurate record.</p>
PEQS/22/39	<p>MATTERS ARISING FROM MINUTES OF PREVIOUS MEETING</p> <p>There were no matters arising from the minutes of the previous meeting.</p>
PEQS/22/40	<p>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</p> <p>The Action Log detailed the following actions that had been completed:</p> <p>IC-PEQS/21/5 – presentation on Mental Health to In-Committee – on the agenda for 13 September 2022.</p> <p>PEQS/21/78 – outstanding recommendations from Clywedog Ward to be included in Inspection Tracker – included in September 2022 report to Committee.</p> <p>PEQS/21/80 – consider sharing a patient story on issues related to controlled drugs – will be considered for the 2023/34 patient story programme.</p> <p>PEQS/22/08 – timescales to be included in Inspection Tracker – timescales are now included.</p> <p>PEQS/22/22 – presentation on PTR to September PEQS – on the agenda for 13 September 2022.</p> <p>PEQS/22/24 – presentation of dashboard to PEQS training session – this will be part of discussions regarding PEQS training/development.</p> <p>The following additional detail was provided in the meeting:</p> <p>PEQS/21/29 – next quality report to include detail of actions taken as a result of staff survey – this has been superseded</p>

	<p>by the introduction of the Integrated Quality Report. It will be necessary to ensure the staff survey information is included.</p> <p>PEQS/21/84 – to ascertain how telephone/video phlebotomy appointments work – the Director of Primary, Community Care and MH undertook to circulate a note after the meeting.</p>
<p>ITEMS FOR ASSURANCE</p>	
<p>PEQS/22/41</p>	<p>INTEGRATED QUALITY REPORT</p> <p><u>Quality Overview Report</u></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"> • During Quarter 2 there has been a focus on ensuring overdue Nationally Reportable Incidents (NRIs) can be closed. Eight have been closed with a more manageable nine currently open. • In Supporting Learning and Development investigation training will commence which will include psychological safety, human factors, RCA (Root Cause Analysis) investigation and report writing, and SMART (Specific, Measurable, Achievable, Relevant, Time limited) action planning. • The work on reviewing cases of nosocomial transmission continues as planned. There have been no identified cases where severe harm or death occurred to date. • A deep dive was undertaken in Concerns Management. An administrative error was identified which has now been corrected. • There had been a rise in complaints to the Public Services Ombudsman for Wales (PSOW) as a result of closing complaints with an extended response time. When complaints are closed complainants are advised that there is an opportunity for a referral to the PSOW to be made. • The Healthcare Inspectorate Wales (HIW) undertook an Inspection of the Brecon Minor Injury Unit (MIU). A summary of the findings was outlined in the report. <p><i>One of the actions from the Brecon MIU report was to 'Ensure that findings are not systemic across other areas within the wider organisation.' It will be necessary to add this to the Inspection Tracker.</i></p> <p>The Director of Primary Community Care and MH noted that the HIW report was specific to Brecon, but the service is managed pan-Powys. In respect of the environmental issues the organisation will look to ensure that these are all</p>

considered pan-Powys. This action can be added to the Inspection Tracker.

Action: Director of Primary, Community Care and MH

The HIW report highlights record keeping. What is the position regarding the Internal Audit Report on Records Management?

The Interim Board Secretary advised that this fell within the remit of the Delivery and Performance Committee who had received an update on the Records Management Improvement Plan at their June 2022 meeting. The Internal Audit Report on Records Management remained on the Internal Audit Recommendations tracker.

It is noted that there are delays in the implementation of the RLDatix Once for Wales content management system. What are the implications of this delay?

The Director of Nursing and Midwifery advised that the health board was not currently using the risk module and therefore the delay in implementation would have minimal effect.

The Interim Board Secretary advised that it was disappointing that the risk module had been delayed, but the health board was currently reviewing risks with the intention of implementing the risk management module when it is available.

The Chair of Workforce and Culture Committee requested a meeting with the Director of Nursing and Midwifery to discuss cross committee culture issues.

Action: Director of Nursing and Midwifery

What assurance should be taken from the following statement within the report: 'Following the conclusion of an inquest on the 18th of May 2022 HM Coroner issued a Regulation 28 Report to Prevent Future Deaths jointly to PTHB and PCC. A joint response has been submitted on time with no further evidence required. ?

The Director of Nursing and Midwifery advised that the HM Coroner had issued a Regulation 28 report jointly to Powys County Council (PCC) and the health board. Both parties had submitted a response jointly and the HM Coroner was content with the information provided.

The Chair noted that the report had been pleasing in respect of clinical care but expressed concern regarding the opportunity the health board would have to access capital funds to address the issues raised in respect of estates.

Putting Things Right (PTR) Presentation

The Assistant Director of Quality and Safety presented a report in response to a request at the previous Committee meeting.

An Improvement Plan had been in place since 2020/21 in response to a PSOW report where recommendations for improvement were outlined relating to:

- poor concern compliance;
- the significant number of open concerns that were out of compliance; and
- ensuring patients and families receive a timely and appropriate response.

Since 2021, the process had been mapped and revised in respect of formal and informal concerns, all concerns are triaged, concern tracking implemented, concerns management training in place, letter templates standardised, governance leads in place for each Service Group, the Corporate Concerns Team structure has been reviewed, and performance monitoring implemented.

By March 2022, an increasing number of concerns were being managed by the service as enquiries with a concurrent reduction in formal concerns. A single point of contact for those raising concerns was introduced and compliance for sending acknowledgment letters within timescale was 90-100%.

Since March 2022 the template letters have been further enhanced to reflect PTR regulations; RLDatix is utilised to record and manage concerns (the excel trackers have been discontinued eliminating duplication); further training from PSOW is available for all teams; attendance is offered at service level meetings to raise the profile of concerns management; commissioned led concerns are appropriately recorded (avoiding duplication), and a continued increase in the number of concerns are managed as enquiries/early resolution.

The compliance position in August 2022 showed a continued increase in number of concerns managed as enquiries/early resolution, a reduction in new formal concerns, and no open concerns older than 6 months.

Current challenges include that the reduction in the number of formal concerns has significantly reduced and thus compliance will be more difficult to maintain; data integrity and reliability; appropriate grading of concerns, and concerns go out of compliance whilst waiting for final sign off.

The Assistant Director of Quality and Safety explained that the data error had been discovered during the deep dive into Concerns Management. This had resulted in the identification of an additional number of concerns that are Nationally Reportable Incidents.

From the data it appears that the number of complaints is going down and compliance is also falling when it might be expected to improve. Is it known why this is happening?

The Assistant Director of Quality and Safety advised that the more straightforward issues are being dealt with informally which means there are proportionally more complex concerns which can take up to six months to resolve. This adversely affects the 30 day compliance measure.

Now the data is being entered on RLDatix will it be possible to show the complexity of concerns which affects the 30 day compliance measure?

The Director of Nursing and Midwifery confirmed that it would be possible to produce information on Key Performance Indicators such as response time, keeping in touch etc. It would also include information from English Trusts who do not work to the Welsh deadlines but have 60 days to respond.

Action: Director of Nursing and Midwifery

Given an error was identified and corrected what level of confidence is there that the data is correct now?

The Assistant Director of Quality and Safety confirmed there was now full confidence in the data.

The Director of Nursing and Midwifery advised that improvements were needed, and whilst it was necessary to quality assure the response letter this could not be allowed to impact on response times. This was a particular challenge.

The CHC representative advised that a quarterly report on Advocacy was produced and offered to share the report with the Committee.

The Chair welcomed this offer.

Action: Interim Head of Corporate Governance

	The Integrated Quality Report was DISCUSSED and NOTED.
PEQS/22/42	<p>CLINICAL QUALITY FRAMEWORK UPDATE</p> <p>The Director of Nursing and Midwifery presented the report outlining progress on implementing the Clinical Quality Framework since November 2021 and assessing the national context since the publication of the National Clinical Framework (March 2021), Quality and Safety Framework (September 2021), and the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (coming into force March 2023).</p> <p>Work on this had commenced prior to the Covid-19 pandemic and whilst business as usual had been paused progress had been made as outlined in the Progress Report (Appendix 1).</p> <p>The next steps were outlined as follows: to develop and implement a coherent system that enables the health board to measure and monitor quality and performance; enabling quality improvement within the health board at a system level (informed by the citizen voice and patient experience); acknowledging and identifying the constraints within the health board to deliver that ambition and identifying risks and opportunities in the health boards preparedness for the Quality and Engagement Act.</p> <p><i>Action 11 outlines that it is expected to take a year to implement the Civica Patient Experience System across all services in the health board. This seems to be rather a long time.</i></p> <p><i>Action 15 outlines that there is no resource to collect and produce patient stories. Why are teams from across the organisation not coming forward with such stories?</i></p> <p>The Assistant Director – Innovation and Improvement advised that joint work was taking place with Swansea Bay University Health Board to train staff to capture stories for submission.</p> <p>The Director of Nursing and Midwifery noted that early engagement was as important as capturing feedback to embed co-production, but it is necessary to resource this.</p>

	<p><i>Whilst it is important to get these systems in place to assure patients as well as Board Members where does this fit into organisation priorities?</i></p> <p>The Director of Primary, Community Care and MH noted that there is a considerable amount of engagement at community and staff level taking place but there is no mechanism to capture these insights.</p> <p>It will be challenging for Board to deal with organisational priorities, and it will be necessary to ascertain where co-production best takes place. This could be in other fora such as the Regional Partnership Board or with Powys County Council in the Joint Partnership Board.</p> <p><i>When will this be delivered, what is the project plan, and what happens if it is not delivered?</i></p> <p>The Director of Nursing and Midwifery advised that it was expected there would be a stepped approach although there had been no outline of reporting requirements from Welsh Government to date.</p> <p>However, it is expected that it will be necessary to report on Duty of Candour conversations. Civica is in the implementation phase but the way that Civica is utilised will be most important.</p> <p><i>It will be necessary to ensure that these strands are all properly interconnected, and Board will need to be sighted on this.</i></p> <p>The Interim Board Secretary advised that a Board Development session was planned for the following week where short and longer term priorities would be discussed.</p> <p>The Clinical Quality Framework Update was DISCUSSED and NOTED.</p>
ITEMS FOR DISCUSSION	
PEQS/22/43	There were no items for discussion.
BUSINESS CASES, SERVICE PLANNING PROPOSALS, WHOLE SYSTEM PATHWAY DEVELOPMENT AND RE-DESIGN	

PEQS/22/44	There were no business cases, service planning proposals, whole system pathway developments or redesigns.
ESCALATED ITEMS	
PEQS/22/45	<p>MATERNITY SERVICES ASSURANCE FRAMEWORK REPORT INCLUDING PROMPT WALES QUALITY ASSURANCE REVIEW</p> <p>The Director of Nursing and Midwifery presented the report updating Committee on quality assurance matters in Maternity Services in Powys.</p> <p>It was confirmed that the current local escalation arrangements remain in place in response to three NRIS between February and May 2022. A further NRI has been reported since the last Maternity Assurance report to Committee.</p> <p>The team are working with the Perinatal Institute (PI) to ensure that the data to enable the detection of Small for Gestation Age babies is accurate. A number of corrective actions have been taken including staff training, data input for all Powys babies (including those captured via DGH obstetric services) and accessing benchmarking data.</p> <p>As part of the Welsh Government National Maternity and Neonatal Safety Programme a workshop was held on 7 July 2022 and on the 6 September 2022 a Safety Summit was held. The local Maternity/Neonatal Safety Lead post is out to advert.</p> <p>A local follow-up roundtable multi-disciplinary event will take place next week to identify actions needed as a result of the Workshop and Safety Summit.</p> <p><i>What are the themes of the NRIs?</i></p> <p>The Director of Nursing and Midwifery advised that two thirds of the NRIs related to gestational growth which has resulted in the work undertaken on Gap and Grow analysis.</p> <p>It should be noted that NRIs will always be seen in maternity. However, it was important to put the service into escalation to ensure that when an NRI occurred that the service would be able to investigate it.</p> <p>De-escalation of the service is not dependent on having no NRIs. However, when the initial three NRIs have been closed consideration will be given to de-escalation.</p>

	<p><i>Given the earlier conversations regarding data, have actions been taken to ensure that small for gestation babies are able to be identified?</i></p> <p>The Director of Nursing and Midwifery confirmed that the service was working with the PI to ensure that the data was correct.</p> <p>Two thirds of deliveries take place outside the health board area and data can be skewed if the provider is changed. The service is working with partner providers to ensure that the provider is not changed. Once the data is correct it will be possible to benchmark performance.</p> <p><i>Do staff feel supported during this period of escalation?</i></p> <p>The Director of Nursing and Midwifery confirmed that the approach had been a balance between assurance, accountability, and support. A new Head of Midwifery starts next week and proposals to de-escalate will take this into account.</p> <p>The Medical Director noted that the good care that is provided must not be lost sight of.</p> <p>The Chair requested that arrangements for de-escalation be included in the Maternity Assurance Report when appropriate.</p> <p>Action: Director of Nursing and Midwifery</p> <p>The Maternity Assurance Framework Report was DISCUSSED and NOTED.</p>
ITEMS FOR INFORMATION	
PEQS/22/46	The WHSSC Quality and Patient Safety Committee Chair's Reports June and August 2022 were received.
OTHER MATTERS	
PEQS/22/47	<p>COMMITTEE WORK PROGRAMME</p> <p>The updated Committee Work Programme was received.</p>
PEQS/22/48	<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/22/49	ANY OTHER URGENT BUSINESS

	There was no other urgent business.
PEQS/22/50	<p>DATE OF THE NEXT MEETING</p> <p>24 November 2022, 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>
PEQS/22/51	<p>MENTAL HEALTH SERVICES</p> <p>The Director of Primary, Community Care and MH gave a detailed briefing to the In-Committee meeting on the current situation in Mental Health Services including caseloads and the national context.</p> <p>It will be necessary to review resourcing for the service considering a continued expected increase in demand for Mental Health Services as a result of the pandemic.</p> <p>Committee Members requested a further update as service plans are developed to be brought to the December 2022 meeting of the In-Committee.</p> <p>Action: Director of Primary, Community Care and MH</p>