2022-05-12

Thu 12 May 2022, 09:30 - 13:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Oral *Chair*

PEQS_Agenda_12May2022_Final.pdf (2 pages)

1.1. Welcome and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *Chair*

1.3. Minutes of the previous meeting held on 24 March 2022 (for approval)

Attached *Chair*

PEQS_Item_1.3_Unconfirmed Minutes 24 March 2022.pdf (11 pages)

1.4. Matters Arising from Minutes of Previous meeting

Oral *Chair*

1.5. Patient Experience, Quality and Safety Committee Action Log

Attached *Chair*

PEQS_Item_1.5_Action_Log_May2022.pdf (3 pages)

09:30 - 09:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

Oral *Chair*

There are no items for approval/ratification/decision

09:30 - 09:30
0 min

3. ITEMS FOR ASSURANCE

Oral *Chair*

3.1. CHC Virtual Visit

Attached *Director of Nursing and Midwifery*

PEQS_Item_3.1_CHC Virtual Visiting Report March 2022.pdf (4 pages)

PEQS_Item_3.1a_Written Report on Virtual Visit Project.pdf (19 pages)

3.2. Quality Performance:

Attached *Director of Nursing and Midwifery*

3.2.1. Commissioning Assurance Report

PEQS_Item_3.2a_Commissioning Assurance Report.pdf (14 pages)

3.2.2. Serious Incidents and Concerns Report

PEQS_Item_3.2b_Serious Incidents and Concerns Report Final.pdf (11 pages)

3.2.3. Inspections and External Bodies Report and Action Tracking

PEQS_Item_3.2c_Regulatory Inspections Report.pdf (7 pages)

3.2.4. Maternity Services Assurance

PEQS_Item_3.2d_Maternity Assurance Report May 2022.pdf (13 pages)

3.3. Womens and Children's Quality Report

Attached *Director of Primary, Community Care and Mental Health*

PEQS_Item_3.3_Womens and Children's Quality Report_April_2022.pdf (17 pages)

3.4. Mental Health Act Compliance and Powys of Discharge Assurance Report

Attached *Director of Primary, Community Care and Mental Health*

PEQS_Item_3.4_Mental Health Act Compliance Report.pdf (11 pages)

09:30 - 09:30
0 min

4. ITEMS FOR DISCUSSION

Oral *Chair*

4.1. Strategic Objective Report: Quality & Engagement (Wales) Act: Implementation Update

Attached *Director of Nursing and Midwifery*

PEQS_Item_4.1_ Quality_Engagement(Wales)ActImplementation Update.pdf (5 pages)

4.2. Committee Risk Report

Attached *Interim Board Secretary*

PEQS_Item_4.2_Committee Risk Report_April_2022.pdf (2 pages)
PEQS_Item_4.2a_Appendix A_PEQS_Committee_RiskRegister_April 22.pdf (11 pages)

09:30 - 09:30
0 min

5. ITEMS FOR INFORMATION

Oral *Chair*

5.1. WHSSC Quality and Patient Safety Committee Chair's Report. January 2022

PEQS_Item_5.1_Q&PS Chairs Report January 2022.pdf (16 pages)

09:30 - 09:30
0 min

6. OTHER MATTERS

Attached *Chair*

6.1. Items to be brought to the attention of the Board and Other Committees

Oral *Chair*

6.2. Any Other Urgent Business

Oral *Chair*

6.3. Date of the next Meeting: 7 July 2022 via Microsoft Teams

Oral *Chair*

POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

12 MAY 2022,
09:30 – 13:00
TO BE HELD VIRTUALLY 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 of the previous meeting held on 24 March 2022 (for approval)	Attached	Chair
	1.4	Matters Arising from Minutes of Previous Meeting	Oral	Chair
09:35	1.5	Patient Experience, Quality and Safety Committee Action Log	Attached	Chair
	2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
		There are no items for approval/ratificiation/decision		
	3	**ITEMS FOR ASSURANCE**		
09:45	3.1	CHC Virtual Visit	Attached	Director of Nursing and Midwifery
10:05	3.2	Quality Performance: a) Commissioning Assurance Report b) Serious Incidents and Concerns Report c) Inspections and External Bodies Report and Action Tracking d) Maternity Services Assurance	Attached	Director of Nursing and Midwifery
10:40	3.3	Womens and Children's Quality Report	Attached	Director of Primary, Community Care and Mental Health
11:15	**COMFORT BREAK**			
11:20	3.4	Mental Health Act Compliance & Powers of Discharge Assurance Report	Attached	Director of Primary, Community Care and Mental Health
	4	**ITEMS FOR DISCUSSION**		
11:45	4.1	Strategic Objective Report:	Attached	Director of Nursing and Midwifery

		Quality & Engagement (Wales) Act: Implementation Update		
12:35	4.2	Committee Risk Register	Attached	Interim Board Secretary/Executive Directors
	5	**ITEMS FOR INFORMATION**		
12:45	5.1	WHSSC Quality and Patient Safety Committee Chair's Report January 2022		
	6	**OTHER MATTERS**		
	6.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
	6.2	Any Other Urgent Business	Oral	Chair
13.00	6.3	Date of the Next Meeting: • 7 July 2022, via Mircosoft Teams		

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, in light of 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 expediting 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 Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Board Secretary, james.quance2@wales.nhs.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.

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

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

Present:

Kirsty Williams	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member
Frances Gerrard	Independent Member
Ian Phillips	Independent Member
Mark Taylor	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive (joined 11. 45)
Claire Roche	Director of Nursing and Midwifery
Kate Wright	Medical Director
Lucie Cornish	Assistant Director Therapies and Health Sciences
Jacqui Seaton	Chief Pharmacist
James Quance	Interim Board Secretary
Mitchell Parker	Health Inspectorate Wales

Apologies for absence:

Vivienne Harpwood	PTHB Chair
Hayley Thomas	Director of Planning and Performance
Claire Madsen	Director of Therapies and Health Sciences
Katie Blackburn	Community Health Council
Zoe Ashman	Assistant Director of Quality and Safety

Committee Support:

Liz Patterson	Interim Head of Corporate Governance

PEQS/21/72	**WELCOME AND APOLOGIES FOR ABSENCE** The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.
PEQS/21/73	**DECLARATIONS OF INTERESTS** No interests were declared.
PEQS/21/74	**UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 3 FEBRUARY 2021** The minutes of the previous meeting held on 3 February 2021 were AGREED as a true and accurate record.
PEQS/21/75	**MATTERS ARISING FROM PREVIOUS MEETINGS** The following matters arising were discussed: • The necessity to ensure any papers agreed to be brought to future meetings are brought forward; and • The Civica software referred to in the minutes related to recording patient experience. This would be discussed at the next meeting of the Investment Benefit Group.
PEQS/21/76	**COMMITTEE ACTION LOG** The Committee DISCUSSED and NOTED the Action Log: • PEQS/21/17 (Audit Wales: WHSSC Governance Arrangements): The Interim Board Secretary confirmed that this item had been taken to the Audit, Risk and Assurance Committee and could therefore be closed. • PEQS/21/31 (Pressure Ulcers and CAUTI in Community Settings): As the meeting on 23 March 2022 was an extraordinary meeting it was intended that this item be brought to the next regular meeting of the Committee.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PEQS/21/77	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	

PEQS/21/78	**INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING** The Director of Nursing and Midwifery presented the report which articulated the receipt and outcomes of regulatory inspections that have occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard. *What are the outstanding overdue recommendations from the Inspections of Clywedog Ward, Llandrindod Wells?* The Director of Nursing and Midwifery advised that this information would be sought and included in the next report. **Action: Director of Nursing and Midwifery** *For recommendations with a revised timescale will plans be made for these to be completed?* The Director of Nursing and Midwifery confirmed that for each Inspection Report a plan would be produced to meet the recommendations. However, this level of detail was not included in the report. The Committee DISCUSSED and NOTED the report requesting that information was provided to understand the barriers to implementation of the recommendations and risk that the Health Board is carrying by non-completion of some old recommendations. **Action: Director of Nursing and Midwifery**
PEQS/21/79	**INFECTION PREVENTION & CONTROL REPORT – INCLUDING NOSOCOMIAL UPDATE** The Director of Nursing and Midwifery presented the report which provided Members with oversight and assurance on activity regarding Infection Prevention and Control (IPC) compliance standards during Quarter 3 2021/2022. Attention was drawn to increasing numbers of Clostridioides *difficile* infection in the Health Board which reflected a national increase in cases. All health boards have been given funding to investigate potential nosocomial infection and in the Health Board this will be used to strengthen the Putting Things Right Team overseen by the Assistant Director of Quality and Safety.

	The report outlines an expectation that 'internal mechanisms will be put in place to ensure your Board is fully appraised of progress with (nosocomial covid-19) investigations'. How will this be undertaken? The Director of Nursing and Midwifery confirmed an Implementation and Monitoring Plan will be produced which will be reported to the Executive Committee and then to the Patient Experience, Quality and Safety Committee. The work will be undertaken on a Covid Wave basis and, even though cases may have been considered by Scrutiny Panels, they will be reassessed in light of increased knowledge. The reporting frequency has yet to be determined. *What are the issues regarding a possible shortfall around mask fitting?* The Director of Nursing and Midwifery confirmed that this referred both to the capacity of staff and availability of masks as when mask manufactures change the masks need to be refitted. The Medical Director confirmed that arrangements for the next round of fit testing were being made with colleagues from the IPC team and Health and Safety team. *The report outlines issues with data from Shrewsbury and Telford Hospitals Trust (SaTH). What are these issues?* The Director of Nursing and Midwifery confirmed that this would be followed up and included in the next IPC report. **Action: Director of Nursing and Midwifery,** *Flu vaccination rates are particularly low for front line staff. What plans are in place for the next round of vaccination?* The Director of Nursing and Midwifery confirmed that other organisations had seen a reduction in flu vaccination rates and that it was necessary to have an overall vaccination plan. The Medical Director advised that now these figures were available then efforts could be made to persuade front line staff to receive their flu vaccination. The Chief Pharmacist advised that Pharmacies had undertaken some flu vaccinations but there had been problems accessing the flu vaccine. There was a need to improve data within Primary Care. For example, for antibiotic prescribing the Health Board look good until the English Clinical Commissioning Group figures are included which changes the position and means that improvements are needed.

	The Committee DISCUSSED and NOTED the Infection Prevention and Control Report.
PEQS/21/80	**ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS** The Chief Pharmacist presented the report and drew attention to the Controlled Drugs Local Intelligence Network which met quarterly. The relationship with the Police was improving with information regarding diversion of medicines and 'swap shops'. Over the period October 2020 to September 2021 39 incidents had occurred including medicines missing from PTHB sites and a practitioner prescribing to friends and family. CCTV is in the process of being installed on two sites (Newtown and Welshpool) and the Chief Pharmacist is looking into the possibility of introducing the Abloy Cliq system (programmable drug cupboard keys allocated to identified staff) to all Powys hospital sites. The Abloy Cliq system will provide a full audit trail of access to medicines on our wards. Comparison of opioid burden (average daily quantity per 1000 patients) shows that the Health Board has the second lowest prescribing rates in Wales. However, comparison with prescribing in England shows there is much room for improvement. Appropriate prescribing is important for patient safety and whilst there is patient expectation around pain management, some people will have to live with some degree of pain and this will need to be managed using non-drug options (e.g. pain toolkit). It is recognised that more work is required to ensure that clinicians understand the risks of prescribing high dose opioids (>120mg morphine equivalent) to people with non-cancer pain. Centralised access to GP systems would allow the medicines management team to support practices to identify patients who should be prioritised for review. The Medicines Management Team does not yet have centralised access. The Assistant Director of Therapies and Health Sciences advised that work was ongoing regarding musculoskeletal and orthopaedic pathways which would link with the Chief Pharmacist in respect of pain management.

	Has prescribing of patches been examined on a surgery versus dispensing surgery basis? The Chief Pharmacist confirmed that the comparison between dispensing and non-dispensing practices has not yet been made and it was noted that this is a sensitive area. Dispensing practices openly admit that dispensing is used to support sustainability and therefore it is likely that differences in prescribing practice will be seen between dispensing and non-dispensing practices (not necessarily relating to patch prescribing though). The Medicines Management Team has an efficiency plan in place and encourages evidence based, cost effective prescribing. The Chief Pharmacist reported that a priority of the team is to embed recommendations in normal clinical practice, rather than parachuting members of the pharmacy team into a practice to make changes and then pulling them out. By embedding recommendations in clinical practice, changes are more likely to be sustained. The Chair noted that it was also necessary to inform patients of the potential savings in prescribing arrangements. The Committee DISCUSSED the report and requested consideration be given to the sharing of a Patient Story on this issue. **Action: Director of Therapies and Health Sciences**
PEQS/21/81	**SAFEGUARDING:** **Annual Report** The Director of Nursing and Midwifery presented the Annual Safeguarding Report which covered the period 2020-21 and should be read in the context of the covid-19 pandemic which resulted in the close down of society and a decrease in the support available to families. *What is our connection with Cwm Taf in respect of safeguarding and what risks does this pose given the pressures Cwm Taf are under?* The Medical Director advised that a reciprocal arrangement with a child paediatrician exists between the Health Board and Cwm Taf. There is fragility in the service, however, child protection arrangements are in place. There are some acute sickness issues in the service which need to be addressed.

	There are 135 children who have been subject to child exploitation. Is enough being done to support these children? The Director of Nursing and Midwifery advised that a multiagency response was needed and there were good connections between the agencies due to the links between child protection, substance misuse and domestic violence. The Chief Executive confirmed this would always be a difficult question. It is known that County Lines exist and that there are vulnerable children but there are systems in place to support these children from Maternity Services, through Health Visiting Services, School Nurses, the Team around the Child as well as work with the Police and Mental Health Services. It will be necessary to ascertain what is in place and where any gaps are, or where services need to be strengthened to support vulnerable children. **Internal Audit Report – Midwifery Safeguarding Supervision** The Director of Nursing and Midwifery presented the report noting the links between the Midwifery team and Safeguarding team which had been a significant step. The Internal Audit Report – Midwifery Safeguarding Supervision Report was NOTED and would be monitored via the Inspection Tracker Report.
PEQS/21/82	**CLINICAL AUDIT PROGRESS REPORT** The Medical Director presented the Clinal Audit Progress Report and draft audit plan for 2022-23. *It was understood the Podiatry Service had already moved to electronic records. Why has this not happened?* The Assistant Director Therapies and Health Sciences advised that it was intended that all therapy services would move to electronic records. However, there had been delays with the Welsh Community Care Information System (WCCIS). *The information regarding Minor Injury Units (MIU) looks positive, however, it appears that MIUs are signposting patients to other services. Is this simply transferring pressure elsewhere in the system?* The Medical Director advised that during the early stages of the pandemic there was a move away from face-to-face consultations in the MIUs. In some cases, for example, some

	MIUs are now actively pulling patients back from Eds to be seen within Powys' MIUs. The Assistant Director of Therapies and Health Sciences added that this included Out of Hours patients requiring x-ray who are diverted from MIUs. *When the audit findings are received how is this information shared?* The Medical Director advised that the Service Groups received completed audits for learning purposes but there was the potential to also share completed audits with the Learning Group. *The draft plan for 2022-23 has been provided. How will this differ from the final plan?* The Medical Director advised that clinical audits were set by the Service Groups. These groups had been stood down during the omicron wave but were now sitting again. The Chief Executive advised that space was always required for any additional audits that were identified as necessary during the year. The audit programme is extensive, and it is important to be clear as to why an audit is necessary. The Clinical Audit Programme Report was NOTED.
PEQS/21/83	**MORTALITY REPORT, INCLUDING AN UPDATE ON THE MEDICAL EXAMINER FOR WALES** The Medical Director presented the report covering mortality data for the period 1 May 2021 – 31 December 2021. During this period 2 reviews were identified as requiring additional work and were currently in the Stage 2 process. With the move to this work being undertaken by the Medical Examiner it will be necessary to ensure that well-ordered notes are in place and a standardised process will be introduced. The Medical Examiner is starting work on two sites in the Health Board shortly and will be looking at further back than the current reviews that only cover a 2–3-week period. Internal Audit have reviewed the service, giving helpful feedback and reasonable assurance. *What are the reasons for the high numbers of palliative care admissions?* The Medical Director advised that during the last two rounds of mortality reviews an increase in palliation has been recorded. This was due to patient choice which had been clearly discussed and was well documented. It was not due

	to a lack of support in the home. This is a positive position and an appropriate purpose for community hospitals. If people choose not to die at home a community hospital is more appropriate than a district general hospital. *The Medical Examiner process appears to be resource intensive. Is resource available to address feedback when it is received?* The Medical Director confirmed that feedback will be co-ordinated through the Putting Things Right team. The Medical Examiner will ask families if they would like feedback. A Multi-Disciplinary Panel will initially meet monthly to consider the reports. *Previously there was concern regarding the lack of timeliness with mortality reports. Has that been addressed?* The Medical Director confirmed that mortality reports were previously produced on a six-monthly basis due to small numbers. The Medical Examiner will work on a 'live' basis. The Mortality Report was DISCUSSED, and the assurance received regarding availability of local palliative care was welcomed.
PEQS/21/84	**GENERAL MEDICAL PRACTICE ACCESS REVIEW** The Interim Director of Primary Care presented the Access Review and detailed the support provided by the Health Board. The Access Survey was undertaken between 15 and 19 November 2021 with 15 of the 16 Powys practices taking part. The Survey found that demand can be met with 15,520 appointments available to meet the demand of 13,000 requests. *It appears that a low number of appointments are undertaken via digital means. Is comparative data available?* The Interim Director of Primary Care confirmed that whilst digital solutions were available e-consultation was not used often although this may change as the system matures. *How do telephone/video phlebotomy appointments work?* The Interim Director of Primary Care advised that this information would be sought. **Action: Interim Director of Primary Care** *Does the access survey provide any detail on triage which has been the subject of complaints in the past?* The current survey did not provide this level of detail, but consideration could be given to investigating this area in the next survey.

	Why was Support Option 4 recommended? The Interim Director of Primary Care advised this had been recommended until 1 April 2022 when it had intended to revert to standard arrangements. However, the current omicron wave means further support may be required and cluster discussions are ongoing. *The survey should also look at the efficiency and effectiveness of the service. For example, the number of times it is necessary to call a practice to get to the right place due to a lack of understanding from frontline staff.* The Interim Director of Primary Care noted this related to value based care and how to collect data demonstrating outcomes. The Medical Director noted this related to patient experience and whilst practices had looked at their patient facing websites they had not necessarily been evaluated. *How are patients encouraged to use digital channels?* The Assistant Director of Therapies and Health Sciences advised that the team were working with Primary Care Clusters to ensure that patients can access the right person at the right time. The Interim Director of Primary Care confirmed that whilst the Primary Care Portfolio was moving as of 1 April 2022, he would retain an interest in the digital programme as Director of Finance and IT. The GMS Access Review was DISCUSSED and NOTED.
PEQS/21/85	**COMMITTEE BASED RISKS ON CORPORATE RISK REGISTER** The Interim Board Secretary presented the Committee based Risks on the Corporate Risk Register. This will be a standard item on the agenda to increase visibility of the risks that are held and an opportunity for Members to review the content of the meeting to ascertain if assurance has been provided. *There is one risk on the Committee Risk Register 'Once accessed, residents in Powys may receive poor quality care' with a risk score of 20. This appears to be too blunt, is there a way of breaking this down?* The Chief Executive agreed that whilst there were various mitigating actions outlined the score does not move and there is a need for this to be challenged.

	The Interim Board Secretary confirmed this would be an item for discussion at the Executive Committee where improvement suggestions would be discussed. *Could the discussions include what is in and out of the Health Boards control?* The Interim Board Secretary confirmed the intention was to have the right discussions happening in the right place. The Risk Assurance Group would be reinstated shortly. The Committee Risk Register was DISCUSSED and NOTED.
ITEMS FOR INFORMATION	
	There were no items for inclusion in this section.
OTHER MATTERS	
PEQS/21/86	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** The Committee Vice-Chair wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.
PEQS/21/87	**SERIOUS INCIDENTS AND COMPLEX CONCERNS OVERVIEW** The Chair advised that this item had been discussed in an earlier In-Committee meeting.
PEQS/21/88	**ANY OTHER URGENT BUSINESS** There was no other urgent business. The Chair expressed her thanks to the Independent Member Third Sector who had come to the end of her term of office for her commitment to the work of the Health Board on behalf of the Committee.
	DATE OF THE NEXT MEETING 12 May 2022, via Microsoft Teams.

Key:

Completed
Not yet due
Due
Overdue
Transferred

PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

ACTION LOG MAY 2022

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
ACTIONS TRANSFERRED TO PEQS COMMITTEE FROM FORMER EQS COMMITTEE					
PEQS/21/17	7 Oct 2021	How issues identified in Audit Wales: WHSSC Governance Arrangements and WHSSC Management response would be addressed	Board Secretary	The Interim Board Secretary confirmed that this item had been taken to the Audit, Risk and Assurance Committee and could therefore be closed.	
IC_PEQS/21/5	7 Oct 2021	Presentation to In-Committee by Assistant Director of Mental Health and Learning Disability	Director of Primary, Community Care and Mental Health		
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	Due to Committee on 12 May 2022	
PEQS/21/31	2 Dec 2021	Information on instances of pressure ulcers and CAUTI (catheter acquired urinary tract infections) in care homes, community hospitals and community nursing to be provided to Committee	Director of Nursing and Midwifery	As the meeting on 23 March 2022 was an extraordinary meeting it was intended that this item be brought to the next regular meeting of the Committee.	

PEQS/21/32	2 Dec 2021	Requests for training to be considered as part of Board Development Programme	Board Secretary		
PEQS/21/50	3 Feb 2022	Board Secretary to review the mechanism by which No Surprise Notifications and other potential matters of concern are communicated with Board Members.	Board Secretary		
PEQS/21/78	24 March 2022	To sought and include the outstanding overdue recommendations from the inspection of Clywedog Ward, Llandrindod Wells within the Inspections and External Bodies Report to Committee	Director of Nursing and Midwifery		
PEQS/21/79	24 March 2022	To provide an update on the data issues identified at Shrewsbury and Telford Hospitals within the Infection, Prevention and Control Report at a future committee	Director of Nursing and Midwifery		
PEQS/21/80	24 March 2022	To consider the sharing of a Patient Story on the	Director of Therapies and Health Science		

		issues related to controlled drugs			
PEQS/21/84	24 March 2022	To ascertain how telephone/video phlebotomy appointments work.	Director of Primary Community Care and Mental Health		

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Patient, Experience, Quality and Safety Committee	**Date of Meeting: 12 May 2022**
Subject :	Powys Community Health Council (CHC) **Virtual Visits Project:** Inpatient Engagement during COVID-19 Pandemic
Approved and Presented by:	Claire Roche Executive Director of Nursing
Prepared by:	Powys Community Health Council (CHC)
Other Committees and meetings considered at:	

PURPOSE:
The purpose of this paper is to share the findings of Powys Community Health Council (CHC) report which was published in March 2022.
RECOMMENDATION(S):
The Committee is asked to review the content for information.

Approval/Ratification/Decision[1]	**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:

The CHC developed 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 CHC carried 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.

Positive areas identified included:

- Staff were very good and attentive to the patient's needs.
- Patient's family were unable to visit but the patient had access to the telephone and had been able to speak to them.
- All patients reported that they received very good care with comments "top quality", "excellent and couldn't ask for better", "very happy".

DETAILED BACKGROUND AND ASSESSMENT:

CHCs hear from the public in many 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.

In March 2020, because of the COVID-19 pandemic and in response to Welsh Government guidance, the CHC suspended site visits to health care settings. As the pandemic continued and restrictions remained in place throughout 2020 and 2021, there were concerns 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.

NEXT STEPS:

The report recognises many areas of good practice and is overall very positive. However, there are areas for improvement identified regarding:

- Wifi connections
- Nutritional needs
- Estates

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**	**Statement**
Age	X				***No concerns were identified***
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				

Risk Assessment:

	Level of risk identified				
	None	**Low**	**Moderate**	**High**	**Statement** ***No decision is required, report is shared for information***
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	x				

Powys Community Health Council

Virtual Visits Project: Inpatient Engagement during COVID-19 Pandemic

March 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.

Contents

About the Community Health Councils (CHCs)

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.

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.

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.

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.

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.

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.

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

Powys Community Health Council

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.2a

Patient Experience, Quality and Committee	**DATE OF MEETING: 12 May 2022**
Subject:	**COMMISSIONING ASSURANCE REPORT**
Approved and presented by:	Claire Roche, Executive Director of Nursing & Midwifery
Prepared by:	Rosanne Lyles, Quality and Safety Commissioning Lead Assistant Director of Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

The purpose of this paper is to highlight to the Patient Experience Quality and Safety Committee the providers in special measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.

RECOMMENDATION(S):

It is recommended that the Patient Experience Quality and Safety Committee DISCUSSES this Commissioning Assurance Report.

Approval/Ratification/Decision[1]	**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:

This report highlights providers in special measures or scored as level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) based on commissioner/provider meetings with all commissioned providers outside of Powys during February, March & April 2022, along with the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings have been maintained from those set in April 2022, there were:

- 2 providers with services in special measures
- 1 provider at level 4

The report also provides:

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

The final report of the Independent Review of Maternity Services at the Trust, chaired by Mrs Donna Ockenden, was published on Wednesday 30th March 2022. This report follows on from the first report from this review, which was published in December 2020, continuous feedback and updates from the Trust will be included in future reports to the Patient Experience Quality and Safety Committee.

Given lengthening Referral to Treatment Times (RTT) across all NHS providers which will take time to recover, Welsh Government are increasing the emphasis and focus on planned care supported by the development of a national operational plan to support NHS recovery. The CAF escalation scoring, and access measurement process is to be reviewed.

DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering information from a broad range of sources including credible soft intelligence. It is not a performance report between fixed points. Each PTHB Service Group is invited to contribute information to the CAF and to attend the ICAM related to their areas of responsibility.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspectorate Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

Given lengthening Referral to Treatment Times (RTT) across all NHS providers that will take time to recover, the CAF escalation scoring, and access measurement process is to be reviewed. Additionally, and for this reason, the way in which the CAF escalation scoring is calculated regarding to patient experience also requires revision. Currently, the patient experience component of the CAF reflects the reported position by providers, for example, using the Friend and Family Test and reported patient experience feedback via Welsh NHS organisations, supplemented by evidence gained via other routes, for example, surveys, regulatory reports, incidents, and complaints. It is recognised this is limited, but is worthwhile in articulating, given it represents the expressed view of individuals who have used the services.

It is envisaged that most providers may take a considerable period to recover the waiting list position, which will enable the residents of Powys to receive timely intervention where this is indicated. Welsh Government are increasing the emphasis and focus on planned care, supported by the development of a national operational plan to support NHS recovery.

Shrewsbury and Telford Hospitals NHS Trust (SATH)
As previously reported to the Performance and Resources Committee, SATH is in special measures and is rated as inadequate overall. There have been a series of reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website (**www.cqc.org.uk**). Please refer to the separate report also presented to Committee today that specifically relates to maternity services.

The final report of the Independent Review of Maternity Services at the Trust, chaired by Mrs Donna Ockenden, was published on Wednesday 30th March 2022. This report follows on from the first report from this review Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust - GOV.UK (www.gov.uk), which was published in December 2020. **T**he independent maternity review identified 15 areas of Immediate and Essential Actions that they believed must now be shared across all maternity services as a matter of urgency to bring about positive and essential change. Some of these include:
1. Need for significant investment in the maternity workforce
2. Multi-professional training
3. Suspension of the Midwifery Continuity of Carer model until, and unless, safe staffing is shown to be present
4. Strengthened accountability for improvements in care amongst senior maternity staff
5. Timely implementation of changes in practice and improved investigations involving families.
6. Urgent need for a robust and funded maternity-wide workforce plan,

The independent review team was encouraged by staff reporting that following the first report in December 2020 there has been an improvement noted regarding the substantive employment of senior clinicians, which should afford further stability during the improvement programme within maternity services at Shrewsbury & Telford NHS Trust.

The learning and action points outlined are designed to assist The Shrewsbury and Telford Hospital NHS Trust with making immediate and significant improvements to the safety and quality of their maternity services.
The Trust must address as a matter of urgency the culture concerns highlighted through the staff voices initiative regarding poor staff behaviour and bullying, which remain apparent within the maternity service by the results of the recent feedback from current staff

The delivery status position of each of the 52 actions as of 8 March 2022, Thirty-five actions (67%) are now at 'Evidenced and Assured' status with 10 (19%) at 'Delivered, Not Yet Evidenced' – an overall implementation of 86%. The remaining 7 actions are outside the ability of the Trust to deliver, as they have external dependencies. Therefore, the Trust has implemented all the actions it is the lead agent for.

Provider	Area of Measure	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	Change in Status
Shrewsbury and Telford Hospital NHS Trust	Quality & Safety		Not Reviewed		Not Reviewed		↔
	Patient Experience		Not Reviewed		Not Reviewed		
	Access				Not Reviewed		
	Finance	BLOCK AGREEMENT					
	Governance & Strategic Change	NOT RATED					

PTHB continues to monitor the care and services provided by SATH to the population of Powys using the established commissioning assurance framework and utilising other data sources for triangulation and escalation processes where indicated.

It is important to understand the assurances being received by the SaTH Board. SaTH's Quality and Safety Assurance Committee was alerted March 2022, advised, and assured in relation to the following matters*:*

Alert	Paediatric triage within 15 minutes performance remained poor due to lack of space to triage children and lack of alternative pathways. There is no current evidence of harm but achieving this metric is very challenging. Medically fit for discharge issues were reported due to out of hospital capacity along with workforce capacity. This is further impacted by COVID-19 outbreaks within the local community hospitals and care homes. 50% of the Serious Incidents reported were in relation to falls resulting in harm. The committee noted that this was a national trend and that the Trust was not an outlier. Additional capacity was open, therefore the metric "falls per bed days" had not changed. Workforce remains under pressure and is exacerbated by increased sickness absence linked to COVID-19. Short term resolution of the staffing issues is heavily linked to overseas recruitment, but medium-term options include attracting further UK trained nurse and developing new skill mixes. Innovative roles are being introduced such as Nursing Advocates, Maternity Support Workers and RNs on Paediatric wards to provide skill mix. Monitoring of the key quality and safety elements (such as falls, IPC and pressure ulcers) remained essential to evaluate

	new staffing models.
Assurance	The quality of the Maternity Dashboard, performance reports and the Serious Incident Report had all improved. It was evident that the quality of root cause analysis within the SI report had improved considerably. This has followed the introduction of the SEIPS tool The recognition and management of sepsis in ED settings has improved considerably
Advised	Caesarean Section Robson Group feedback was expected during January 2022. The "named Doctor" for adult safeguarding is retiring and a replacement will be required
Review of Risks	The workforce risk remains the highest rated risk and indeed many of the other risks would be reduced if the workforce capacity issue could be solved.

Mortality and recent Summary Hospital-level Mortality Indicator (SHMI) audits in relation to the conditions with the highest number of excess deaths, septicaemia has been added to the conditions with the highest number of excess deaths and was the cause of the second highest number of excess deaths. Assurance was provided, that audits would take place on this condition going forward which would be included in the Learning from Deaths Group.

SATH remains in an Improvement Alliance with the University Hospitals Birmingham NHS Foundation Trust (UHB) to help improve the quality and safety of its services. Work is underway within the trust including a Getting to Good improvement plan; a renewed focus on governance and culture; a revised Board Assessment Framework (BAF); and improved integrated performance reports.

Cwm Taf University Health Board (CTMUHB)

Maternity & Neonates Improvement Programme Update
Despite improvements in family engagement by the maternity service in the two and a half years since the Royal Colleges' findings were published, the review team were not assured that the neonatal service has yet developed the mature mechanisms which are needed to gather feedback or to demonstrate that the experiences of families using the neonatal service have been listened to and acted upon.

In February 2yes022, the Neonatal Deep Dive review has now been published with 43 recommendations, grouped into the following seven key areas or themes:

- Family engagement and support
- Governance, Assurance and Accountability
- Neonatal Service Workforce
- Reporting
- Neonatal Unit Functionality
- Neonatal Unit Safety
- Clinical Case Assessments

HIW unannounced inspection 11 November 2021. Published 4th March 2022.

Health Inspectorate Wales (HIW) completed an unannounced mental health inspection of Ty Llidiard within Cwm Taf Morgannwg University Health Board on 08 – 11 November 2021. Published 4th March 2022.

Ty Llidiard consists of two wards, the Enfys Ward and Seren Ward. Care is predominately provided to patients on the larger Enfys Ward, and the smaller Seren Ward is used to provide short periods of acute care to patients who may require it. This inspection focused solely on the Enfys Ward.

HIW observed staff interacting with patients respectfully throughout the inspection. Safe and therapeutic methods of de-escalation were being used to help protect the safety and well-being of patients. However, HIW found evidence that the health board was not fully compliant with all Health and Care Standards in all areas. Improvements are needed to ensure care plans meet best practice guidelines for care and treatment planning. There were no immediate actions required, however there were 6 improvements required.

HIW recommended the service could improve:

- Make more information readily available to patients, such as how to make a complaint
- Care plans must focus on the strengths of patients to aid their recovery and independence, and evidence unmet needs
- The dates of multi-disciplinary team meetings must remain consistent to ensure patients receive sufficient and timely care
- Medication Administration Records, Section 17 leave forms and care plans should be maintained to best practice guidelines
- Medical equipment, such as weighing scales, must be checked to ensure it remains fit for purpose and provides accurate readings
- Staff must have access to the most recent version of policies.

The progress made in terms of improvements will be monitored as part of the health boards commissioning assurance processes and escalated as appropriate.

Provider	Area of Measure	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022
Cwm Taf Morgannwg University Health Board	Quality & Safety		Not Reviewed		Not Reviewed	
	Patient Experience		Not Reviewed		Not Reviewed	
	Access				Not Reviewed	
	Finance	BLOCK AGREEMENT				
	Governance & Strategic Change	NOT RATED				

Wye Valley NHS Trust

Wye Valley NHS Trust remains at level 4, following a CQC inspection 24 February 2021, Wye Valley rating level was upgraded from inadequate to Requires Improvement. PTHB executive team agreed that they remain at level 4 to ensure that the services provided for Powys resident are safe and sustainable.

Provider	Area of Measure	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	Change in Status
Wye Valley NHS Trust	Quality & Safety		Not Reviewed		Not Reviewed		↔
	Patient Experience		Not Reviewed		Not Reviewed		
	Access				Not Reviewed		
	Finance	BLOCK AGREEMENT					
	Governance & Strategic Change	NOT RATED					

NSHI revisited clinical areas however Lugg Ward was the focus of their inspection, they did undertake a short visit of Arrow & Redbrook wards on 1st March 2022. The trust has been deescalated from red to amber, this is recognition of the work undertaken to date, however the NHSI identified several new concerns requiring immediate attention, particularly in relation to porters and admin staff input in the care services. Immediate action has been undertaken by WVT to remedy some issues highlighted and an updated action plan will be provided to the board next meeting,

PTHB is seeking to ensure it has the right data feeding into the commissioning assurance process, the best available methods for this kind of analysis, automation where possible and appropriate scrutiny of outputs.

PTHB has been working to ensure the use of funnel plots and statistical process control (SPC) charts following the work of Sir David Spiegel (sir david spiegel statistical process control), so that unacceptable variation and outliers can be highlighted. Whilst progress was disrupted by the pandemic, and there is further work to do, the Clinical Health Knowledge System (CHKS) has been asked to provide PTHB with a bespoke extract of data that is suitable for the preparation of funnel plots for key maternity indicators. This work will also help inform the maternity and neonatal improvement programme due to by launched nationally in early 2022.

Referral to Treatment Times (RTT)

There continues to be significant challenge facing commissioned NHS providers (Wales and England) to provide routine (non-urgent) elective procedures for patients in secondary care acute settings. Periodic surges in the COVID19 outbreak have directly impacted on provider performance e.g., providers have found it necessary to scale down delivery of non-urgent elective procedures on a temporary basis to maintain urgent, emergency and essential services e.g., cancer treatments.

Private sector capacity has also been commissioned by other health boards/NHS Trusts to maintain essential services, such as patients requiring suspected cancer treatment. Nationally, NHS providers are reporting the following pressures relating to RTT performance:

- Workforce capacity issues – increasing number of NHS staff are self-isolating because they have come in contact with a COVID19 positive person or (ii) NHS staff have been diagnosed with the COVID19 virus.
- Operational capacity issues – Providers have continued to prioritise treatment/ care for patients who have contracted the COVID19 virus and to prevent the spread of infection.
- Unscheduled care pressures - The situation has been exacerbated through the summer period due to the increase in the number of patients attending A&E departments, this trend has continued into the winter period 2021/22. The level of A&E emergency patient activity reported by NHS Providers has often exceeded pre-pandemic levels.

- Length of stay – NHS secondary care acute providers are reporting considerable difficulties in optimising patient flows in hospital settings due to capacity and pressure on domiciliary care services, which are crucial to facilitating timely discharge from hospital.
- Ambulance handovers - Several Health Boards are experiencing ambulance handover delays and nosocomial COVID transmissions which is further impacting on patient pathways and flows within secondary care acute settings.

The outlook for Referral to Treatment times and the recovery of performance back to the national standards set is estimated by national and devolved governments to take in the region of 3-5 years (approx.) to achieve for most acute hospital providers. In the meantime, patients are being managed in accordance with clinical need, clinical surgical prioritisation assessments and duration of wait.

Most NHS providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Overall progress is being hampered by the impact of Covid 19 on staff and patient availability plus the fluctuating impact of urgent care on the delivery of planned care services as referenced above.

Actions to improve access and target times for patients waiting very long times for treatment have been published by the NHS and additional funding has been made available e.g., as previously reported PTHB has been successful in securing £2.5M non-recurrent revenue and £550k capital from Welsh Government to progress the strategic renewal agenda.

Once the impact of both the ongoing Covid 19 pandemic and increasing urgent care pressures start to alleviate, it is anticipated that operational capacity to improve access will start to recover. However, the scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare e.g. the health board's transformation team is continuing to progress the Renewal Programme.

The tables below provide the break-down of patient waiting times for treatment, by speciality, across each provider. Key areas of concern are orthopaedics, ophthalmology, general surgery, and urology. The current COVID19 and unscheduled care situation is being monitored carefully due to the potential impact on the restoration of elective services.

Powys Teaching Health Board as a provider (March 2022)

RTT waits by specialty and band	Weeks wait band						
Main Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	Grand Total
100 - GENERAL SURGERY	288	35	13	2	1	0	**339**
101 - UROLOGY	136	19	0	0	0	0	**155**
110 - TRAUMA & ORTHOPAED	467	38	11	0	0	0	**516**
120 - ENT	355	6	0	1	0	0	**362**
130 - OPHTHALMOLOGY	754	17	1	0	0	0	**772**
140 - ORAL SURGERY	253	38	6	4	1	0	**302**
143 - ORTHODONTICS	17	0	0	0	0	0	**17**
191 - PAIN MANAGEMENT	111	0	0	0	0	0	**111**
300 - GENERAL MEDICINE	43	0	0	0	0	0	**43**
320 - CARDIOLOGY	128	7	0	0	0	0	**135**
330 - DERMATOLOGY	37	4	0	0	0	0	**41**
410 - RHEUMATOLOGY	101	8	0	0	0	0	**109**
420 - PAEDIATRICS	58	0	0	0	0	0	**58**
430 - GERIATRIC MEDICINE	17	0	0	0	0	0	**17**
502 - GYNAECOLOGY	239	25	0	0	0	0	**264**
Grand Total	**3004**	**197**	**31**	**7**	**2**	**0**	**3241**

RTT performance in Powys remains robust improving to 92.7% (excluding D&T) of patients reported as waiting <26 weeks for March 2022. This is higher than any other health boards in Wales & England used by the Powys responsible population. It is noted most of this recovery of performance has been achieved without the Welsh Government non-recurrent funding input to date, although insourcing has helped significantly with patients waiting for endoscopy diagnostics during March. The All-Wales benchmark for February 2022 is 53.4%, Powys ranked 1st.

Commissioned Providers

Welsh Providers	Mar-22 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting 0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
Aneurin Bevan Local Health Board	62.2%	1313	222	237	133	60	145	2110
Betsi Cadwaladr University Local Health Board	44.0%	237	58	74	74	24	72	539
Cardiff & Vale University Local Health Board	54.7%	236	36	51	41	26	41	431
Cwm Taf Morgannwg University Local Health Board	46.9%	244	45	59	46	39	87	520
Hywel Dda Local Health Board	53.4%	748	130	163	150	95	114	1400
Swansea Bay University Local Health Board	47.4%	897	186	206	201	93	310	1893
Total		3675	677	790	645	337	769	6893

Welsh provider performance does not meet the national targets with limited improvement, Swansea Bay has the greatest number of long waiting residents (310) of any commissioned health board. English providers have a greater total number of patients waiting, reflective of the greater number of treatments undertaken in England as opposed to Wales. Under 26-week performance in England is predominately better but Q4 long wait performance has struggled with statistical special cause concern due to increasing numbers of long waits. No NHS commissioned services are delivering the RTT standard.

English Providers	Feb-22 % of Powys residents < 26 weeks for treatment (Target 95%)	Patients Waiting 0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
English Other	70.6%	233	46	38	8	2	3	330
Robert Jones & Agnes Hunt Orthopaedic & District Trust	42.8%	1616	306	380	266	50	30	2648
Shrewsbury & Telford Hospital NHS Trust	68.1%	2565	470	499	197	36	0	3767
Wye Valley Trust	64.2%	2128	461	540	127	38	21	3315
Total		6542	1283	1457	598	126	54	10060

Conclusion

The outlook for RTT times and the recovery of performance back to the standard is forecast to take several years (3 to 5) to achieve for most acute hospital providers. In the meantime, patients are being managed in accordance with clinical need, clinical surgical prioritisation, and duration of wait. Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. In England overall progress is being slowed currently by the impact of Covid-19 on staff resulting in system elective activity suspensions decisions (a system decision is collective change to providers (integrated care systems (ICSs) in a region by NHSEI NHS England » Integrated care in your area) , inclusive of this is the impact of urgent care on the delivery of planned care services. As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.

There are two neighbouring NHS organisations with services in special measures. An update has been provided in relation to Shrewsbury and Telford Hospitals NHS Trust which remains at the highest level of escalation under the PTHB CAF. An update has been provided relating to Cwm Taf Morgannwg Health Board regarding unannounced visit at Prince Charles Hospital emergency department & The Royal Glamorgan Hospital Nuclear Medicine Department by the Health Inspectorate Wales.

NEXT STEPS

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committees.

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**	Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times.
Age		√			
Disability		√			
Gender reassignment		√			
Pregnancy and maternity		√			
Race		√			
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language		√			
Risk Assessment:					
	Level of risk identified				The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.
	None	**Low**	**Moderate**	**High**	
Clinical			√		
Financial			√		
Corporate			√		
Operational	√				
Reputational			√		

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2b

Patient Experience, Quality & Safety Committee	**DATE: 12 May 2022**
Subject:	**Concerns & Nationally Reportable Incidents**
Approved and Presented by:	Claire Roche, Executive Director of Nursing & Midwifery
Presented by	Zoe Ashman, Assistant Director Quality & Safety
Prepared by:	Claire Roche, Director of Nursing & Midwifery Zoe Ashman, Assistant Director Quality & Safety
Other Committees and meetings considered at:	Executive Committee 4 May 2022

PURPOSE:

The purpose of this report is to provide the Patient Experience, Quality & Safety Committee with an overview of the way in which Putting Things Right is discharged within the health board, along with the management of Nationally Reportable Incident's (previously known as Serious Incidents SI).

RECOMMENDATION(S):

The Patient Experience, Quality & Safety Committee is asked to DISCUSS and NOTE the contents of this report.

Approval/Ratification/Decision[i]	**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	✓

DETAILED BACKGROUND AND ASSESSMENT:

1 Background

This paper provides an overview of the health boards approach to Putting Things Right, including the systems and processes in place to discharge of the function, along with any outputs and outcomes. Reference is made to patient experience and concerns, including complaints and patient safety incidents, for the period June 2021 to April 2022*, including trends. *(*reporting period due to the implementation of the RLDatix Once for Wales system*)

2 Assessment

2.1 Policies and procedures

The following Policy, Procedure and Guidance will be scheduled for consideration by PEQS Committee in July 2022 considering new guidance and changes to the regulation:

- 'Putting Things Right' Policy for the Effective Management and Resolution of Concerns;

2.2 Implementation All Wales Patient Safety Framework

The National Patient Safety Incident Reporting Policy (May 2021) has been successfully implemented within the Health Board. An updated suite of documents has been launched to provide a more robust framework and opportunity for SMART action planning along with alignment to redress if required. To further enhance the management of clinical incidents a meeting structure is being implemented to ensure that incidents are reviewed in a multidisciplinary forum to ensure actions are taken and lessons learned to continually improve. Learning from this forum will be shared with the Learning and Development Group for wider health board dissemination. Further information regarding this structure will be shared in detail in the next quarter.

Current position for open NRI's is reported below, with a commitment that all investigations that are overdue will be closed by the end of June 2022.

Number open in time	Number open overdue	Number awaiting final approval	Total
5	**2**	**11**	**18**

The themes for learning and improvement.

- Communication
- Standards of record keeping
- Clear pathways of care and escalation

2.3 Once for Wales Content Management System

Ongoing implementation of the Once for Wales Content Management System (OFWCMS) continues, with the final mortality review module implementation on the 1st April 2022. The implementation of the mortality module will support the pathway of the Medical Examiner, providing a robust tool for learning and improving.

In the previous paper to this Committee the occurrence of an information governance breach was noted which required 4 actions. Further review of the system has been undertaken which has determined that the organisational structure within RLDatix requires updating for the 4 actions to be realised, this work will be completed by mid-May 2022.

In line with 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 data used within this report has been obtained from RLDatix, further improvements will be made to the data quality as the system changes are realised.

2.4 Supporting learning and improvement

Further work is required to strengthen the links for robust learning from incidents, concerns, and investigations. The introduction of an incident review meeting structure will further enhance the wider organisational learning; this group will evolve and mature during 2022/23.

The Learning & Development group has re-commenced as progress was affected due to the impact of the response required for Covid-19 management. The group are feeling confident that the structure will embed and will be further supported by the incident management process.

2.5 Implementation of the National Nosocomial Framework

On 25 January 2021, the Quality & Safety Team at the NHS Wales Delivery Unit (DU) were commissioned by Welsh Government to develop a national Framework to support a consistent national approach towards investigations following patient safety incidents of nosocomial COVID-19. In March 2021, the Framework into the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published.

Funding has been provided to each health board in Wales to support the work required over a two-year period, establishing the resource has commenced. Any hospital acquired infection, including COVID-19, is considered a patient safety incident and therefore the provisions of PTR apply.

A progress update will be provided to Executive Committee and PEQS Committee in line with the established meeting schedule.

The number of patient cases that require review in line with framework is 223 which are broken down by waves as listed below. (Please note that this data is different to previous reports, however due to a significant focus on Data cleansing, we are now assured that the numbers below are correct).

	Wave 1 (27/2/2020 - 26/7/2020)	Wave 2 (27/07/2020 - 16/05/2021)	Wave 3 (17/05/2021 - 19/12/2021)	Wave 4 (20/12/2021 - 30/04/2022)
Total Number of Incidents	28	69	51	75

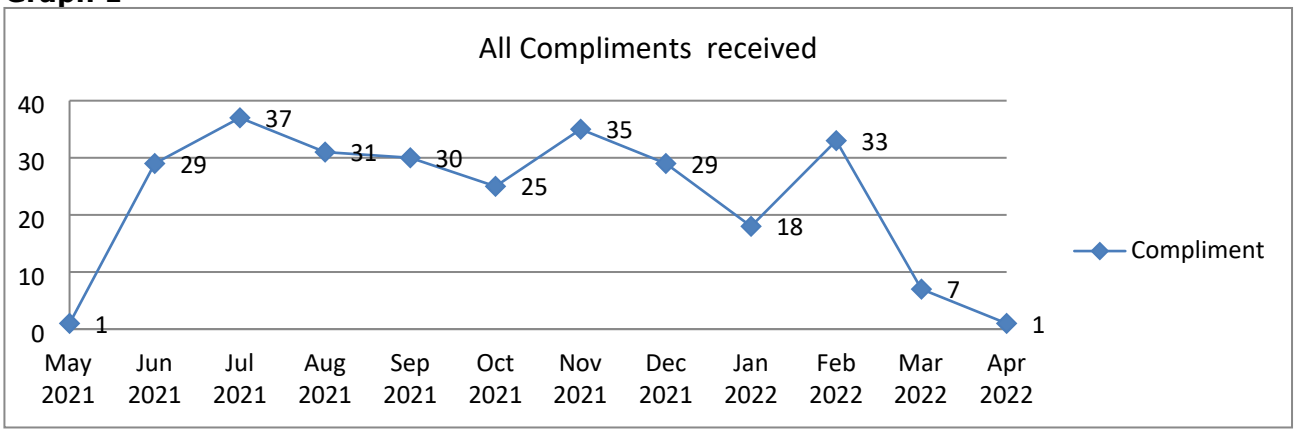
2.6 Putting Things Right Audit and Assurance Plan

The audit cycle is currently being refreshed with an initial focus in Q1 of completing a review of 2021/22 concerns management to inform improvements during 2022/23. Work has already commenced in earnest within this and an overview of the findings along with the refreshed improvement plan will be shared with PEQS committee in July 2022.

2.6.1 Compliments

The RLDatix system can record a compliment which would include a combination of cards, letters, emails, gifts, and financial contributions to charitable funds. The provision of this data is governed by the clinical teams inputting into the system which is variable due to restrictions on staffing and access; the implementation of the Civica patient experience system will afford the health board the ability to proactively seek patient, user, and citizen feedback from across all services in a more robust manner.

Graph 1

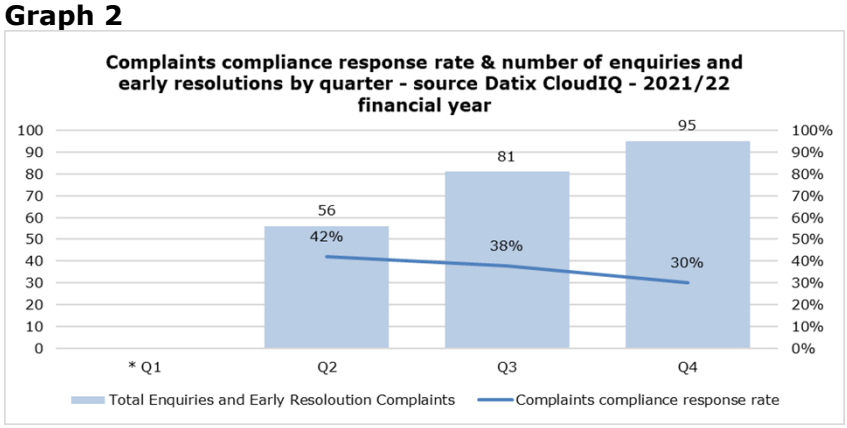


Source: Incidents Module OFWCMS RLDatix system

2.6.2 Concerns

The number of concerns received have remained stable during the year with an increased number being managed proactively as an enquiry or early resolution to ensure those raising a concern are supported early to a point of resolution (Graph 2).

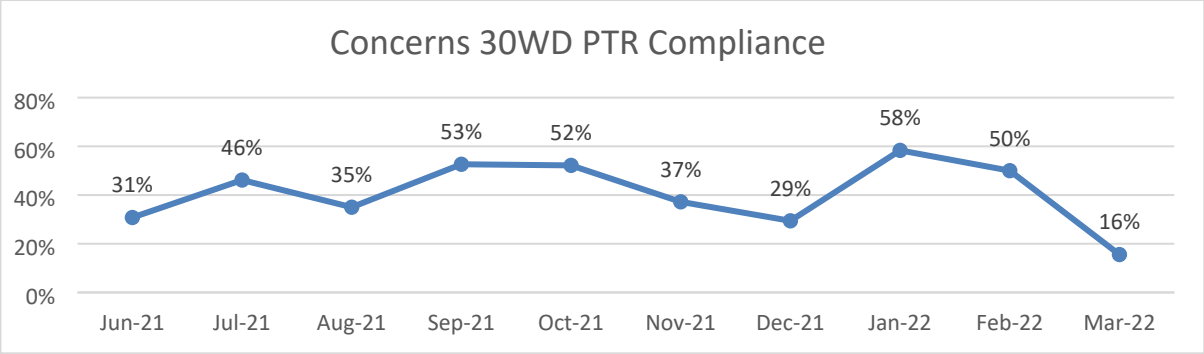
Graph 2



Source: Incidents Module OFWCMS RLDatix system

Compliance with PTR 30 working day response compliance is demonstrated quarterly in graph 2 and monthly within **graph 3**.

Graph 3



Source: Incidents Module OFWCMS RLDatix system

Compliance is noted to be poor and below the 75% target; an end-to-end review has been undertaken and areas for improvements noted.

- Improvement plan refreshed
- Audit 2021/22 concerns to inform improvements
- Updated template letters to comply with PTR regulations
- Management of commissioned concerns updated
- Meeting structures to support services
- Training provision from the Ombudsman (PSOW) along with Quality & Safety Team

The top 3 themes of formal concerns.

- Access to services, clinical treatment/ assessment.
- Communication
- Delays

2.6.3 Public Service Ombudsman for Wales

During the period of 01 January to 31 March 2022, the health boards position is

Open	Not Investigated	Upheld	Total
3	4	2	9

Due to the impact of Covid-19 pandemic there is a significant delay with PSOW investigations and outcomes, with timescales over 12 months for completion currently.

Given the significant work undertaken by the health board to close concerns in the past 18months with a considerable delay noted, it must be recognised that referrals to the ombudsman may increase over the next 12 to 18 months consequently to the previously recognised poor compliance with PTR.

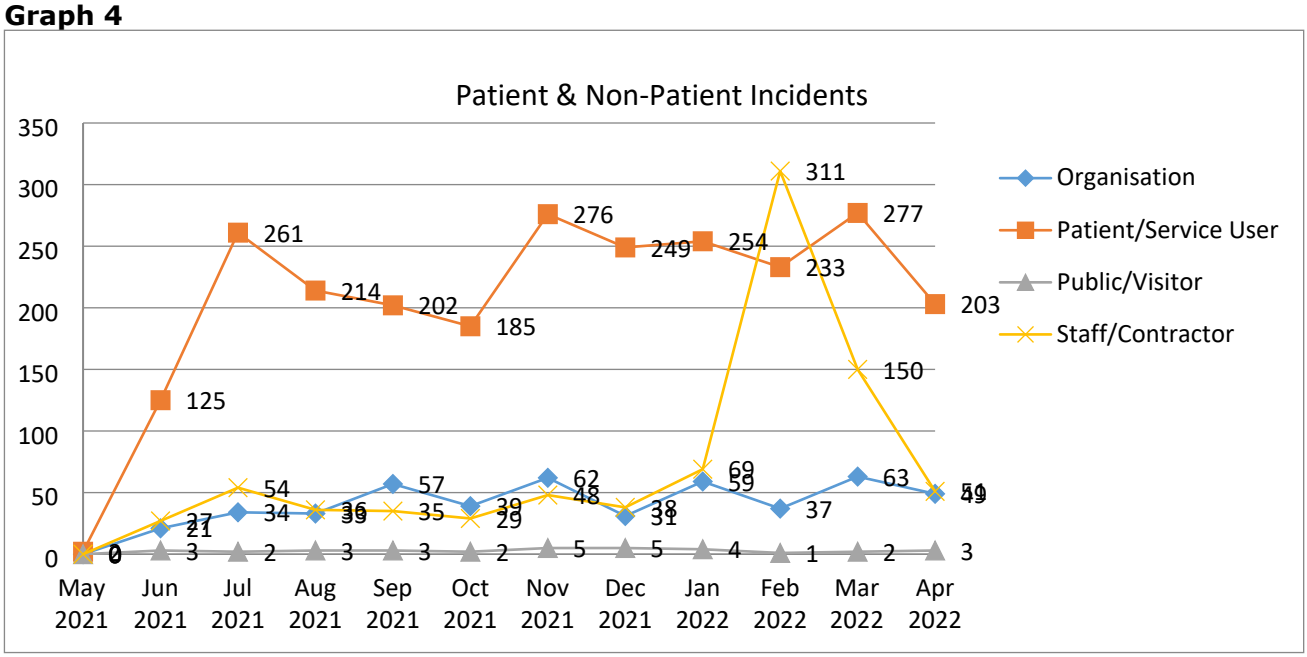
Recommendations have included.

- Improvements to the concerns management process
- Improved communication

2.6.4 Incident Reporting

The number of incidents reported is stable **(Graph 4)** with a peak noted during February and March 2022 which can be attributed to the reporting of covid positive staff members in line with the health board policy.

Graph 4



The highest reported themes reported as patient safety incidents:

- Slip, trip or fall
- Pressure or moisture damage
- Clinical assessment/diagnosis

The highest reported non-patient safety incidents:

- Staff covid infections
- Records
- Transport

Ensuring timely investigation, closure and learning from incidents is a priority for the next quarter to ensure that the number of overdue incidents is reduced and compliance with the investigation matrix is achieved. **Graph 5** highlights the number of investigations yet to be investigated and closed within the required timeframe. The structural changes underway with the RLDatix system will support robust reporting and escalation to services to inform service assurance.

However, it must be noted that further work is required to understand the culture to investigate and close incidents within a robust timeframe, thus ensuring the continuing development of a safe learning culture for improvement which is a key recommendation within the Health and Social Care (Quality and Engagement) (Wales) Act, (1 June 2020).

Graph 5

	Jun '21	Jul '21	Aug '21	Sep '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	Total
New Incident	1	5	12	6	22	80	70	68	92	128	133	617
Management reviewer	18	59	73	81	83	65	61	55	73	76	61	705
Under Investigation	2	3	2	10	7	6	6	19	16	27	43	141
Awaiting Closure	1	0	5	5	6	9	7	8	8	12	9	70
Total	22	67	92	102	118	160	144	150	189	243	246	1533

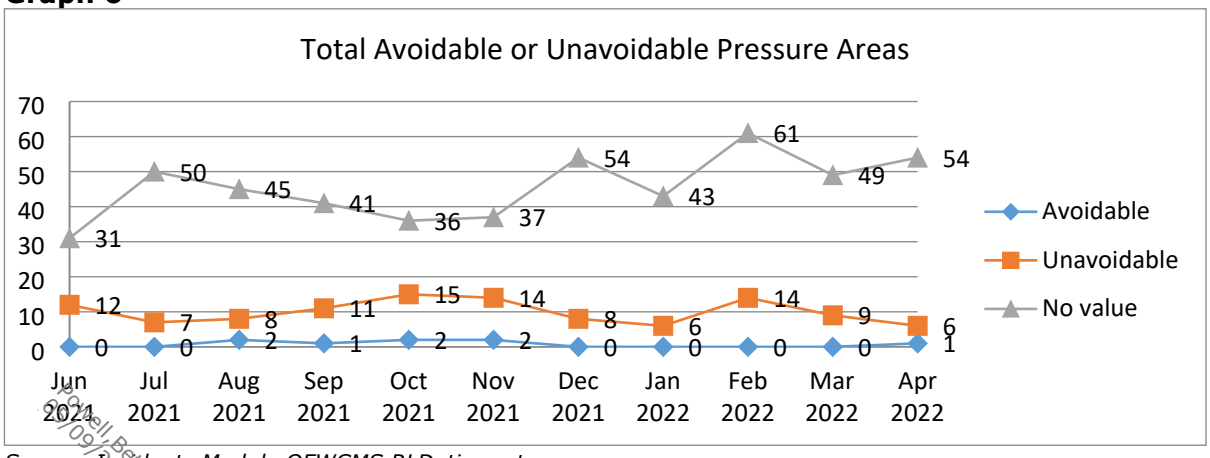
Source: Incidents Module OFWCMS RLDatix system

2.6.5 **Pressure Ulcers**

Monthly pressure scrutiny panels are in place with representation from the multi-disciplinary team, they are held virtually which also supports attendance from a wide audience across the large geographical area. Currently Grade 3, 4, Unstageable and SDTI's are presented at panel with a view to including Grade 2 pressure areas within the next 6 months, this has been delayed due to the significant number of cases yet to be presented.

Graph 6 demonstrates the incidents that have been investigated and closed as avoidable or unavoidable, the no value data are the incidents yet to be presented at scrutiny panel or investigated by the teams. Whilst a number of pressure area incidents are yet to be investigated it is not possible to comment on trends related to avoidable and unavoidable occurrence.

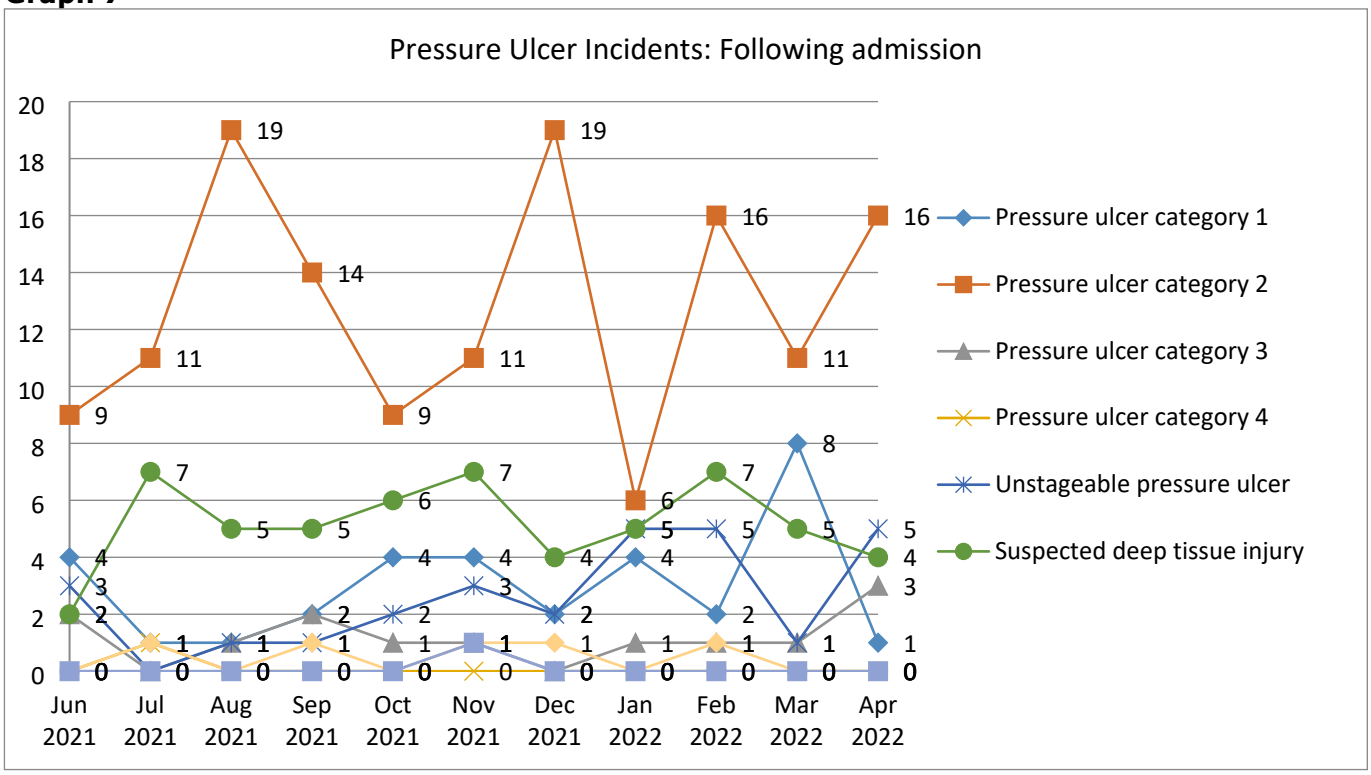
Graph 6



Source: Incidents Module OFWCMS RLDatix system

The data within **Graph 7** demonstrates the reported grade of pressure areas, the highest prevalence being Grade 2 which are in line with nationally reported rates. Whilst work is undertaken to review all pressure area incidents it must be noted that these classifications may change following MDT review and scrutiny.

Graph 7



Source: Incidents Module OFWCMS RLDatix system

2.6.6 Early Warning Notifications (previously No surprises notifications)

Between 01 January 2021 to 31 March 2022, the health board has reported 1 early warning notifications to the Delivery Unit. The focus issues relate to patient care, treatment and safeguarding.

2.6.7 Inquests

During the period of 01 January 2021 to 31 March 2022 there have been 4 HM Coroner enquiries opened, and 4 cases closed. No learning was identified for the health board.

3. Patient Experience

3.1 Gathering Patient Experience

The Patient Experience, Quality & Safety Committee were previously informed of work to progress a business case for procurement of the electronic service user feedback system provided by Civica, part of the call off contract put in place by the Once for Wales Concerns Management System National Team. Work has continued to progress this further, and the health board are hopeful the system will be in place in the next few months.

Benefits of CIVICA

- Electronic system that enables the heath board to gather 'real time' service user feedback.
- Robust triangulation of user feedback/experience within the Quality framework.
- Supports timely reported poor experience, patient safety issues and positive feedback to enable proactive change.
- Benefits in reducing/ preventing potential harm identified, respond to issues raised and prevent potential for concerns being escalated.
- Providing a greater opportunity for learning and quality improvement.
- Automated reports which are not dependent on additional resource.
- Ability to obtain feedback from a wide variety of platforms proactively.
- Supports the Health Board Clinical Quality Framework (2020)
- In line with 2015 a White Paper '*Listening and learning to improve the experience of care: Understanding what it feels like to use services in NHS Wales* (June 2015).

4. Patient Safety Solutions

Performance for all Health Boards and NHS Trusts in Wales can be found at http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data.

The health board has recently reported the following compliance positions:

Non-compliant position reported
PSN059: Eliminating the risk of inadvertent connection to medical air via a flowmeter
Action has been taken to mitigate any associated risks associated with flowmeters in place, but further checks are being carried out in January 2022 by the medicines management team to ensure all air flow meters have been removed.
Compliance anticipated during May 2022.

PSN055: Safe Storage of Medicines: Cupboards
THIS NOTICE REPLACES PSN030
Significant work has been undertaken to replace 18 medicines storage cupboard within PTHB managed Dental Practices, an audit is currently being carried out regarding ambient air flow.
Compliance anticipated during May 2022.

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**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age	√				
Disability	√				
Gender reassignment	√				
Pregnancy and maternity	√				
Race	√				
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language	√				
Risk Assessment:					
	Level of risk identified				**Statement**
	None	**Low**	**Moderate**	**High**	
Clinical	√				Reputational risk if no improved compliance with Welsh Government performance for management of concerns.
Financial	√				
Corporate	√				
Operational	√				
Reputational			√		

/

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2c

Patient Experience, Quality and Safety Committee	**Date: 12 May 2022**
Subject:	**Health and Social Care Inspections Regulatory Recommendations Report**
Approved and Presented by:	**Claire Roche, Executive Director of Nursing & Midwifery**
Prepared by:	**Zoe Ashman, Assistant Director Quality & Safety** **Susannah Jermyn, Service Development Officer**
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

The purpose of this report is to articulate the receipt and outcomes of regulatory inspections that have occurred during this reporting period and to share the Health and Social Care Regulatory Reports dashboard.

RECOMMENDATION(S):

The Patient Experience, Quality and Safety Committee is asked to DISCUSS the contents of this report.

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):		
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:

There have been no new inspections during this reporting period. However, the final report for the HIW inspection of Community Mental Health Services has been received and the actions are now included within our monitoring process.

A dashboard overview of the current position is provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

DETAILED BACKGROUND AND ASSESSMENT:

1. Health Inspectorate Wales Inspections

Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) Inspection Visit

Healthcare Inspectorate Wales (HIW) and Care inspectorate Wales (CIW) committed to inspecting the Community Mental Health Teams (CMHT's) across Wales.

This followed on from the 2017-18 joint thematic review of adult mental health in the community and further CMHT inspections which were conducted in 2018-19. These inspections focus on community adult mental health services (people

between the ages of 18-65). The inspections are informed by legislation, policies, and guidance documentation, including the Mental Health (Wales) Measure 2010, the Mental Health Act 1983, the Health and Care Standards 2015 and the Social Services and Well-being (Wales) Act 2014.

HIW carried out a Community Mental Health Team (CMHT) inspection visit at Powys Teaching Health Board / Powys County Council which was undertaken on 14 and 15 December 2021. The CMHT selected was Brecon and District, a two-day inspection visit took place which included discussions with CMHT staff, service users and carers, along with a review of documentation which included service user records, policies, staff records and system reviews.

A sample of patient records were viewed, for patients who have both nurse-led and social work-led care and treatment plans, the same sample provided experiences of service users and carers.

The draft report was received on 3rd March which is embargoed until the final publication dates which is not yet advised, an improvement action plan has been submitted to HIW in response which was accepted. There were 32 actions identified by HIW. The service identified sub-actions in a number of these main actions to facilitate completion and this has resulted in a total of 55 actions; 14 of the 55 actions are led by Social Services.

2. Health and Social Care Regulatory Reports: Recommendations and Tracker

The overview of the current position relating to the implementation of recommendations following Healthcare Inspectorate Wales Inspections, and any made by Care Inspectorate Wales, is at Appendix 1, Dec 2021 tab. Validation of the tracker continues to ensure a current position on progress against all recommendations is captured.

The following table (1) sets out the inspections where all actions have been completed since the previous reporting period; the position remains the same as previously reported, as no further actions have been completed.

Table 1: Inspections with actions completed

2017/18	171803	Mental Health Service Inspection (Ystradgynlais Hospital)
2017/18	171808	MH Service Inspection Clywedog Ward Llandrindod Wells
2018/19	181901	Ionising Radiation Regulations and Follow Up Inspection (Brecon and Llandrindod Hospitals)

2018/19	181902	General practice Inspection (Presteigne Medical Practice)
2018/19	181903	Joint HIW & CIW National Review of Mental Health Services Inspection visit to (announced): Welshpool Community Mental Health Team
2019/20	192001	Joint Community Mental Health Team Inspection - The Hazels, Llandrindod
2019/20	192004	Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection
2020/21	20045	Tier 1 Quality Check: Tawe Ward, Ystradgynlais Hospital
2020/21	20050	Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital
2020/21	20050	Tier 1 Quality Check: Maldwyn Ward, Welshpool Hosptial.
2021/22	212204	Deprivation of Liberty Safeguarding annual monitoring report – no actions required
2021/22	212205	Notification of: National Review of Mental Health Crisis Prevention in the Community - Powys Teaching HB – no actions required at this stage

There are 9 outstanding historical actions from 2017-2020, with an update provided below for 5 actions, further information is provided with Appendix 1.

Unannounced Visit to Llewellyn Ward 2019	The health board must produce a policy to support patient self-administration of medication.	The position is unchanged, and the action is incomplete. However self-administration within the wards has been included as a priority for the frailty agenda and therefor action is anticipated.
Birth Centres and Free-Standing Midwifery-led units across Powys	The health board must ensure that a review of the facilities within Llanidloes War Memorial Hospital and Knighton Hospital takes place to ensure	Interdependencies for progressing the work is based on Capital Control programme of work and agreement for League of Friend funding for both Knighton and Llanidloes. Completion to be confirmed by capital estates work plan.

	that infection prevention and control measures are in line with health board policy.	Visit to Llanidloes Birth Centre on 30/03/22 by capital programme manager to establish scope of works. Procurement process have commenced, with an anticipated work start date of July 2022.
Management of DoLS referrals	The health board must ensure that sufficient resources are provided to facilitate the timely processing of DoLS referrals.	WG funded awarded enabling the HB to purchase external BIA assessments until March 2022, ongoing discussions to ensure appropriate recourse is secured.
Implementation of a Policy	The health board must produce a policy to support patient self-administration of medication.	The PTHB Medicines Policy is currently going through a full revision process. The policy will include an overarching policy statement relating to self-administration. The Medicines Management Team is also in the process of reviewing the 'Policy for the self-administration of medicines' that was produced in 2017. Both policies will be taken through PTHB's governance processes and published during 2022.
HIW Review of Healthcare Services for Young People	Health boards must ensure that children and young people can consistently be treated within designated areas.	A meeting is being held between the Head of Children's Nursing and Public Health Nursing and the Scheduled Care Manager on the 6th May 2022 to progress the action.

3. Community Health Council

To our knowledge, there have been no recent visits by the Community Health Council.

4. Environmental Health Services

There have been no environmental health inspections during this reporting period.

Appendix 1	HIW outstanding actions - update May

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**	**Statement** ***Please provide supporting narrative for any adverse, differential, or positive impact that may arise from a decision being taken***
Age	√				
Disability	√				
Gender reassignment	√				
Pregnancy and maternity	√				
Race	√				
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language	√				
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical	√				
Financial	√				
Corporate	√				
Operational	√				
Reputational	√				

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 3.2d

Patient Experience, Quality and Safety Committee	**DATE: 12 May 2022**
Subject:	**Maternity Assurance**
Approved by:	Claire Roche, Executive Director of Nursing and Midwifery Louise Turner, Assistant Director for Women and Children's services
Prepared and presented by:	Julie Richards, Head of Midwifery and Sexual Health Claire Roche, Director of Nursing and Midwifery
Other Committees and meetings considered at:	Women and Children's Senior Leadership meeting 12th May 2022 Midwifery Management and Leadership 26th April 2022 Executive Committee 4th May 2022

PURPOSE:

The purpose of this paper is to provide the Patient Experience, Quality and Safety Committee with the current position related to the maternity assurance and pathways for the women and families of Powys.

RECOMMENDATION:

The Patient Experience, Quality and Safety Committee is asked to DISCUSS the report.

Approval/Ratification/Decision	**Discussion**	**Information**
	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVES AND HEALTH AND CARE STANDARDS:

Strategic Objectives:	Focus on Wellbeing	✓
	Provide Early Help and Support	✓
	Tackle the Big Four	✓
	Enable Joined up Care	
	Develop Workforce Futures	
	Promote Innovative Environments	

	Put Digital First	
	Transforming in Partnership	
Health and Care Standards:	Staying Healthy	✓
	Safe Care	✓
	Effective Care	✓
	Dignified Care	✓
	Timely Care	✓
	Individual Care	✓
	Staff and Resources	✓
	Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper provides the Committee with a position in terms of the maternity pathway for the women of Powys, focusing on:

1. Maternity Commissioning Assurance Framework
2. Commissioned maternity services subject to special measures
3. South Powys Programme Maternity and Neonatal Workstream
4. Powys Maternity Improvement Plan with HIW Maternity recommendations
5. Preparation for External scrutiny with Welsh Government Maternity and Neonatal Performance Board outcomes, progress with Welsh Risk Pool Fetal Surveillance Audit and completion of Internal Audit for Safeguarding Supervision Midwifery recommendations.

DETAILED BACKGROUND AND ASSESSMENT:

1. Update on National Maternity and Neonatal Safety Support Programme (MatneoSSP Wales)

Since the launch of the national Maternity and Neonatal Safety Support Programme (MatneoSSP Wales) on the 24th January 20202, Welsh Government are finalising plans and role descriptions for the local Maternity and Neonatal champions prior to the finances being released to the Health Boards. A national programme board is being established with Executive sponsors from each Health Board to provide representation to agree key issues to be addressed and recommendations for phase 2 with associated funding required. A Maternity Service User support manager has joined the Chief Nursing Office as Maternity services User support manager to progress work on User engagement in Maternity and Neonatal services as well as developing a programme to address racism in Maternity and Neonatal services a part of the Anti-Racist action plan. Powys have scheduled an engagement meeting in May as part of the initial scoping and data gathering stages of the project.

The Women and Children's audit meeting in April 2022 hosted an introductory session to the Improvement Cymru methodology to assist with the readiness for the service to work alongside Improvement Cymru who will be providing

expertise and resources to work alongside health boards to identify key priorities and improvements within the first phase of the Programme.

2. Maternity Commissioning Assurance framework

Overall, the health board's commissioning assurance processes have continued to be adversely impacted upon by the covid 19 pandemic with interim arrangements put in place nationally in terms of contracting and the 2021-2022 quarters maternity assurance framework assessments have been informed by monthly verbal reports to the Internal Commissioning Assurance Meetings. The findings are included within the commissioning performance report, presented to the Performance and Resources Committee, with the quality and safety component regularly reported to the Executive and Patient Experience Quality and Safety Committees.

Emerging themes from Quarter 4 continue to include increased workforce pressures, increased acuity, and issues of access to maternity and neonatal services across all Health Boards and commissioned cross border services. The mitigation which has included monthly all Wales monitoring of emerging incidents including obstetric service access and Welsh Ambulance Services Trust (WAST) performance, supported by weekly discussion via the all-Wales Maternity and Neonatal Network. The frequency of WAST escalation has been notable for the planning of Powys Maternity services and a specific incident with delay in homebirth transfer in February 2022. Whilst there was no adverse incident, the incident was jointly reviewed / investigated by Powys Maternity and WAST service and has led to the strengthening of the Powys / WAST transportation framework.

At the end of the Winter period, it is assuring to report that there have been no additional concerns related to access to any of the commissioned services. However, it is important to continue to recognise the staffing pressures within obstetrics and midwifery have been extensive over the last two years and services have worked extremely well in partnership to manage service fragility. In line with an increased national focus on neonatal services, the maternity assurance framework will aim to establish a specific neonatal focus, which will be negotiated with health boards and NHS Trusts as part of arrangements for the next financial year. This will continue to assist the health board in understanding, and influencing, the quality and safety of neonatal services accessed by babies and families in Powys.

In terms of service group assurance and oversight in relation to the whole pathway experienced by pregnant women, governance arrangements continue to strengthen, with regular reporting into Committees as scheduled.

3. Commissioned Maternity Services Subject To Special Measures

3.1 Shrewsbury & Telford NHS Trust (SaTH):

The Independent Maternity Review of Maternity services at SaTH reported to the

Secretary of State for Health and Social Care (England) on 30th March 2022 on an NHS Maternity services that "Failed to Investigate", "Failed to Learn" and "Failed to Improve". This second (final) report when commenced was of 23 families but grew to nearly 1,500 families whose experiences predominately occurred between 2000 and 2019 which include a number of Powys families for their experience with SaTH Maternity services.
https://www.england.nhs.uk/publication/ockenden-review-of-maternity-services.

Alongside the reviewing and considering the report, the priority has been to consider the needs and support of any families or staff impacted or effected by the report. A proactive arrangement was in place to support any families that wish to discuss any concerns with their named Midwife and a small number have changed their birth preferences for their obstetric care to an alternate DGH. Powys Midwives and wider Women and Children's staff members appreciated an open session offered within the first of the report as a chance to share initial thoughts and considerations from the report or responses that may have been emerging. This approach has been appreciated by both families and Maternity teams.

In the first report there were Local Actions for Learning (LAfL) and Essential Actions (IEAs) to be implemented at SaTH and across the wider systems in England. The final report identifies a number of new themes to be considered by NHS organisations and Maternity services to bring about positive and essential change. The size and scale of this review is unprecedented in NHS history. There are 60 local actions for SaTH and the Ockenden review team are encouraged by the recent improvements from the December 2020 initial report. SaTH are taking time to fully review the findings and recommendations and will be presenting an updated improvement plan at the June 2022 Ockenden Assurance Review committee.

It is the report's belief that there is a requirement for a "Whole System" approach underpinning Maternity systems to be collectively working together to learn and make the improvements for all those working within and receiving care from Maternity and Neonatal services. Since the publication of the report, a local self-assessment of the findings and recommendations has been considered by Women and Children's services which will be reviewed through an internal roundtable session to be held on 31st May 2022. An all-Wales session has been facilitated by Maternity and Neonatal network to consider the alignment of the findings and recommendations with the Wales context and other assurance work. A number of high priority areas were flagged as immediate actions and there will be a Welsh Government letter to summarise expectations and the opportunity to feed into a National (all Wales) Maternity and Neonatal network summit scheduled for the 7th July 2022.

3.2 Cwm Taf Morgannwg University Health Board

The Patient Experience, Quality and Safety Committee received updates during 2021 in regard to CTMUHB's maternity services special measures and the

Independent Maternity Oversight Panel (IMSOP) is in place, which provides independent oversight arrangements of maternity and neonatal services at CTMUHB. The panel and Welsh Government officials continue to be working closely with the health board to support and monitor the improvements. The panel will be producing a report when this part of their work is concluded, which will be made available later this year. There will also be a further progress report from IMSOP on all aspects of its work and its assessment of CTMUHB's overall progress. The panel is finalising its analysis and findings from the second element of the clinical review look back programme, involving babies who were stillborn. This report will also be made available.

The outcome of the IMSOP report into the neonatal services deep dive was published on 10 February 2022. The report made a number of recommendations for action by CTMUHB which focus on seven key improvement areas:

- Family engagement and support
- Governance, assurance and accountability
- Neonatal service workforce
- Neonatal unit safety and reflective practice
- Data collection, analysis, audit and national reporting
- Neonatal unit functionality, culture and team working
- Clinical practice and learning from incidents

The findings and any recommendations will help support the improvement programme already well established, reported via the Maternity and CTM Neonatal Improvement Board and with assurance sought by IMSOP. The report will assist in PTHB's planning in terms of the date for the timing of the strategic change of maternity and neonatal services in line with the South Powys Programme. The Maternity IMSOP paper is due to be published in May 2022 which will be considered as part of the decision making for strategic change for pathways to CTMUB. The South Powys Programme Maternity and Neonatal Workstream continues to consider the right timing for a future strategic change in pathway remains subject to PTHB Board approval based on assurances about quality, safety, patient experience and governance and an assessment of readiness including factors such as capacity and capability.

4. Powys Provided Maternity Services - Improvement Plan

The Powys Maternity Improvement Plan continues to be informed and will be updated by the:

- National Report for Healthcare Inspectorate Wales (HIW) recommendations for Maternity services (March 2021)
- Reactive national and local work resulting from the covid 19 pandemic Safe and Sustainable Maternity and Neonatal services in Wales
- The Ockenden Report (December 2020) immediate and essential actions
- The Ockenden Final Report (March 2022) immediate and essential actions
- RCOG & RCM recommendations following the review of Cwm Taf Morgannwg University Health Board, published April 2018 and subsequent findings of the

IMSOP
- Independent Review of Neonatal services at Cwm Taf Morgannwg University Health Board (February 2022)
- MBRRACE recommendations
- The Vision for Maternity services in Wales
- Recovery and renewal priorities articulated within the health board's annual plan
- Welsh Risk Pool audit for Fetal Surveillance
- Welsh Government Maternity and Neonatal Programme
- Internal audit for Maternity compliance for Safeguarding Supervision

Based on the above, focus for Q4 has been given to the following areas:

4.1 Sustainable Workforce Including Staff Wellbeing

Support and sustainability of the Powys midwifery workforce continued to be key priority as part of the winter resilience plan. During Q4, the service experienced increasing staff absence due an increasing number of staff positive to COVID19 and impacted with number periods of sickness due to symptoms. This proved challenging to maintain safe staffing levels, but staffing was still below 7% absence. This was compounded by higher annual leave than normal so required ongoing flexibility required and the challenges that midwifery staff have faced continues to impact upon staff wellbeing, in terms of morale and unpredictability.

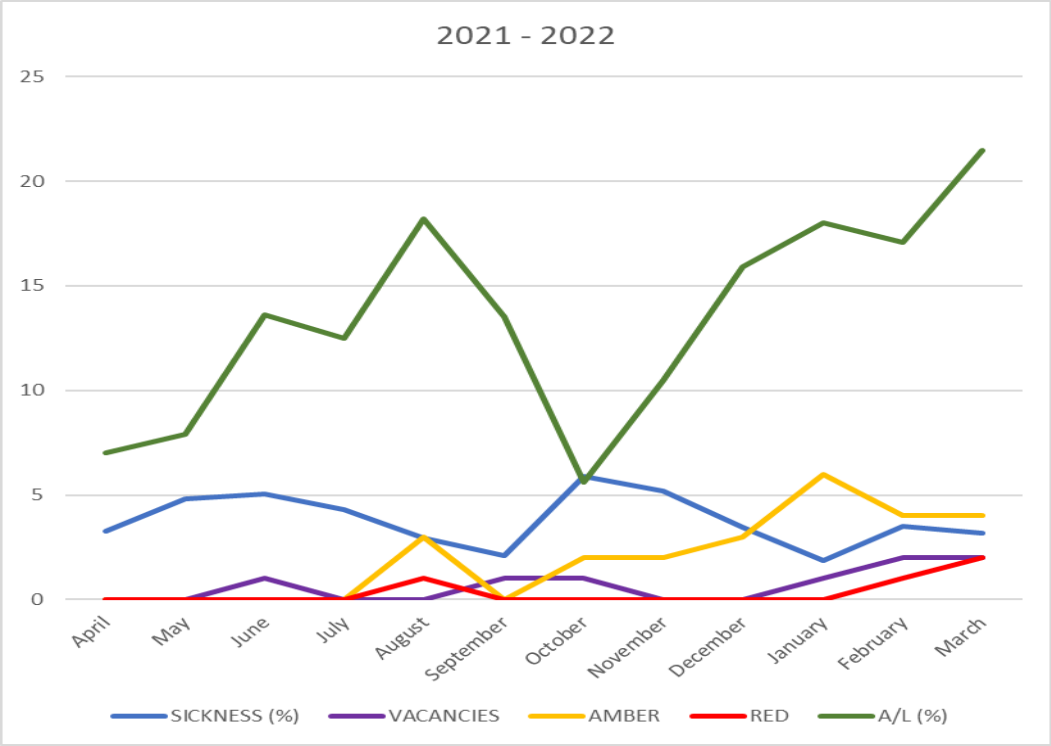
During the period January 2022 to March 2022, an increase in the number of both red (2 episodes) and amber (12 episodes) maternity service escalations have been observed. To ensure ongoing provision of safe and effective maternity care, and ability of the women to access local births a review of escalation levels since January 2021 to present has been conducted to determine the presence of any causal and/or contributory factors and provide insight into how these can potentially be addressed moving forward.

Sickness rates through the period April 2021 – March 2022, where increased in comparison the the same period the year previous, ranging from 1.86 percent at the lowest to 5.9 percent at the highest, which an average of 3.79 percent. Where there were increased incidences of both amber and red escalations, this coincided with episodes of increased annual leave levels, rather than sickness. However it is likely that during these periods, even a small increase in sickness levels would have affected the capacity of an already stretched maternity service.

The analysis has informed a review of the Mat 34 Maternity Operation Policy, to include addition of detail regarding expected numbers of weekly on-call commitments per midwife (depending on contracted hours) and maximum annual leave levels acceptable, to enable the maternity service to operate at safe and effective levels; it is evident that over the past two years, sickness levels have increased and staff have also not been utilising annual leave equally over the four quarters of the year, leading to periods, particularly, post-Christmas, when levels of annual leave are higher than optimal. The recent move to full Health Roister

will assist in a more timely review of working hours which are being monitored on a monthly basis.

2021-2022 Maternity Escalation analysis against available workforce.



Training and learning have continued using all Wales PROMPT methodology with a continued focus on respectful team working, building a supportive work culture. The postponed session which was cancelled due to the transmissibility of OMICRON PROMPT session which was scheduled was successfully held in March 2022 to ensure 100% compliance for 2021-2022. A further three additional Powys PROMPT faculty trainers have been trained to enhance the Powys PROMPT team with the recent retirements. The 2022-2023 PROMPT training plan has been scheduled which will continue to focus on human factors and situational awareness training as part of good MDT communication and working relationships.

The all-Wales Birth Rate Plus Project which has been commissioned by Welsh Government Chief Nursing Office which is intended to support the future proofing of maternity workforce in line with delivery of the maternity vision has provided the Discovery stage report. The Powys Maternity team are currently linking the Birth Rate plus team to review the findings and recommendations with a map and gap review being considered for workforce implications for Powys Maternity services. As part of the project a Birth Rate plus assessment for Powys Maternity services has commenced end of April 2022 considering 2021-2022. This will assist in develop a Powys Maternity Workforce plan, including opportunity to consider skill mix review.

In terms of supporting and enhancing the staffing model the following workforce priorities have been:

- An increase in Clinical Supervisor of Midwives resource as an additional support mechanism, enhancing the governance and safety focus
- Further 2.4 wte newly qualified midwives through midwifery streamlining in September 2022 who will be supported with a robust 12 month all Wales preceptorship programme
- Digital Midwife post to support Powys Digital Maternity Cymru programme of work
- Additional bank Research Midwife hours to support the assets-based feeding help before and after birth (ABA-feed) Infant Feeding research and potential Neptune study for NIPT to further build and grow capacity as part of the women and children's service group renewal priorities.

Further clarity in regards to the roles and responsibilities and resource allocation for the Maternity and Neonatal champions as part of MATNEO Safety Support programme is expected from Welsh Government with potential secondment link to Improvement Cymru.

4.2 Digital Maternity Cymru, Electronic Record

The Powys Digital Maternity Cymru project board has been meeting monthly to progress the readiness of the service whilst the all-Wales discovery phase has been progressing. It is expected that the project will provide the discovery proposal for Welsh Government scrutiny in the summer of 2022 for potential funding. An interim Digital Midwife Job Descriptions has been developed and currently progressing through the Job Evaluation process to support the following local digital transformation priorities. The project board has agreed the following six service priorities that Digital Midwife post would work on over the next 3 months

- Development of social media platforms and update website to support Powys maternity information for families
- Online referral / registration for service users
- Development and design of virtual consultations and contacts with neighbouring health boards to enable MDT meetings and unnecessary travel for service users
- Streamlining of paperwork and documentation to achieve a 'paperless service' and to avoid duplication
- Working with specialist midwives within PTHB to design digital documentation that is fit for purpose. E.g. consultant midwife, breastfeeding midwife
- Development of digital referral pathways to other clinicians within PTHB. E.g. Physio, health visitors

4.3 Birth Centre Environments

The Welshpool birth pool installation has been operational since October 2021 which has already led to increased number of local births. There has been a high level of positive feedback from clients and families who have benefitted from the use of the pool.

The programme of work which has been approved with the Capital Estates Team for the developments for Llanidloes War Memorial Hospital has commenced scoping stages. Planning meetings with the estates team have been undertaken as part of the Q4 priorities. The work is scheduled to start in July with completion by the Autumn.

The 2022-2023 Birth Centre Environments priorities will need to include Knighton Birth Centre environments as a key Capital Estates team programme of work line with HIW recommendations for Powys Maternity services (July 2020). There will be an expectation to report progress on both birth centre environment developments as part of the 2022 HIW Phase 2 of Maternity review scheduled for Summer 2022. The delay in meeting HIW recommendations for Birth Centre Environments has been highlighted via the Capital Control programme and HIW assurance tracker.

4.4 Public Health, Pregnant Women and Families

Powys Women and Children's service have attended the initial scoping meeting (14th March) with Welsh Government to review the Healthy Start scheme as part of the update on the launch of the online access to the scheme which is now available across Wales, England and Northern Ireland. The local Public Health team have set attend the task and finish forum to support a delivery plan for some key actions that are arising from the Welsh Government work. Membership of this group will include Public Health Powys, Healthier Lifestyles, Dietetics, Maternity and Health Visiting services. A key focus of the task and finish group will include a focus Powys data to understand how the data is collected and ensure families uptake can be accurately captured. The online Healthy start scheme has been promoted across Maternity and Health Visiting Social Media platforms to ensure Powys families are aware of how to access the scheme online

Powys Maternity services have also been working closely with Public Health team for the reintroduce safely the CO Monitoring as part of the Help Me Quit baby programme. The Nosocomial forum for Powys has approved the COVID19 risk assessment process to ensure the Maternity and Health Visiting services are able to safely facilitate this procedure which had been suspended during COVID19 due to the risk of transmissibility. The Healthy Lifestyles Support Worker roles will also be able to offer CO monitoring and be able to support families with the smoking cessation programme.

Powys Midwives and Health Visitors have all had access to training for the Silver Cloud referral process for Perinatal Health and Wellbeing Programme which is

currently being piloted in Powys Silver Cloud. Powys is running a pilot of the new Space for Perinatal Wellbeing programme in Powys with a view to offering this across Wales if it proves successful. Access to this Silver Cloud programme will be by referral only. Since the programme launched in March, there have been 13 referrals made from the service.

The provision of Antenatal Education / Parental preparation has been strengthened with the offer of online Solihull sessions for expectant Mothers and Fathers. The online Solihull programme is promoted via the social media platforms and Powys parents are able to book onto a programme of 5 interactive sessions which will be co-facilitated by midwives and health visitors. The sessions use the Solihull Approach antenatal programme which is an evidence based recognised national programme for parental preparation and support. The programme offers an evaluation framework which will capture service user feedback to assist with co-production and service development.

4.5 Service User Engagement

Maternity and Neonatal service user feedback is really important to the service development and assurance for both provider and commissioned services. In January 2022, the Maternity services launched electronic QR code surveys which have been displayed in the birth centres, clinical areas and via social media platforms. This has led to a range of data, information, and feedback with 53 responses within Q4.

The comments are considered on a monthly basis through the Family Centre Care agenda, Powys Parent and Maternity Voices (MPVP) and reported to through the Women and Children's People experience report. Comments include:

"The Powys Midwives are the most passionate, caring and knowledgeable team of ladies"

"I felt that I was listened to and also when my care changed from midwife led to consultant led, I felt empowered enough to make my own decisions"

"Brilliant! Stayed at home, borrowed a tens machine from the birth centre meant I stayed at home until 7cm when I felt I needed more pain relief/wanted to go in the pool. The Midwives came and examined me at home and then drove to centre and. Both midwives were so supportive, explained everything they were doing/reasons for things"

Examples of the You said, We did to make respond to comments have included the following;

Comment	Response / Action
In Knighton Birth Centre, the shower is over a bath, but I think it's due an update as to be honest lifting your leg up to climb into the bath is really difficult and the shower door doesn't do much so makes a mess on the floor! I saw at Llandrindod they have a wet room type design which would be so much better and safer as then don't have to climb into a bath	Comments shared to property accommodation forum as part of the Knighton refurbishment business case.
I felt I was as discharged not long after giving birth felt like I was getting kicked out straight after labour been up all night pushing and was little nervous as was my first baby. Was very rushed after having my baby *This person did feedback that they did feel supported and cared for in labour*	Powys Midwives reminded that postnatal stay can be 12-18 hours in birth centres. Birth Rate plus is based on each local birth having an 18 hour stay.
A comfier stool as several hours of sitting there helping my partner emotionally while my bum was so numb and sore from the seat but did not want to leave my partner side	Review of adequate seating for staff member and birth partner and replacement furniture where needed
Please be aware all conversations can be heard even in other rooms so I could hear "She just ain't pushing right it she needs transfer". As well as waiting for other midwives to find missing equipment such as catheters….	Powys Midwives reminded to ensure equipment bags are regularly checked. Powys Midwives reminded of to be mindful of professionalism, language and how conversations can be heard.

The comments from Women and their families will be used for International day of the Midwife celebrations and Here for Life campaign led by the CNO office to share what Powys Midwives have meant to their experience.

5. External Scrutiny

During Winter 2021, maternity services have progressed actions against recommendations for a number of assurance reports.

6.1 Internal Audit for Midwifery Supervision Compliance

Since receipt of the Internal Audit report of Safeguarding Supervision for Midwifery (November 2021) a quarterly plan is in place for the monitoring of compliance of safeguarding supervision. The action plan has been closed with all actions completed which includes sharing a compliance report which enables Team Leaders to follow up outstanding staff members to improve compliance. It has been highlighted to Safeguarding committee that compliance for Q4 did slip

to 46% due to annual leave and staff sickness and a restorative plan for Q1 compliance being led by Assistant Head of Midwifery.

6.2 All Wales Intrapartum Fetal Surveillance Standards: A Compliance Review by the Welsh Risk Pool

The Powys action plan for the all-Wales Intrapartum Fetal Surveillance Standards (published in November 2021) has been focusing on further education and training in intelligent intermittent auscultation (IIA). As part of the Midwifery training plan for 2022-2023 all Powys midwives continue to ensure completion of an e-learning package to fulfil the recommendation. The IIA e-learning is key training priority for Powys Maternity services during 2021-2022 and 2022-2023. With a number of new employees and the ongoing learning as part of the reducing stillbirths, the service made the commitment to ensure all Powys Midwives undertook the e-learning GAP module that have been developed through the NHS Health Education England e-learning for Health platform to ensure we are on track to achieve 100% as agreed, by July 2022

A deep drove record keeping audit has commenced to review clinical requirements, around demarcation of the second stage of labour and increasing frequency of auscultation as part of the All-Wales Clinical Pathway for Normal Labour documentation.

6.3 Welsh Government Maternity and Neonatal Performance Board

The arrangements for the 2022-2023 Welsh Government Maternity and Neonatal performance board are expected to be confirmed with Health Board in due course with an expectation for a presentation / assurance agenda for the Summer. Preparation for the annual performance board has continued through the year and the Maternity improvement plan has progressed the recommendations in regards to;

- Extensive service user engagement throughout 2020-2021 and how the learning and interventions were being utilised to continually inform service improvements.
- Evaluation plan for the Healthy Lifestyles Support Worker roles as part of the Weight Management Pathway for Young People and Families
- GAP/Grow compliance as part of the Fetal Surveillance standards action plan

6.4 Peer review / Self-Assessment for Clinical Supervision Key Performance Indicators

In terms of assurance relating to the employer led model for Clinical Supervision for Midwives, the Key Performance Indicators for 2021-2022 have been reviewed at the end of March 2021. A plan for the employer led peer review is being considered via the all-Wales Heads of Midwifery forum with self-assessment of Key Performance Indicator. The additional funding and resources for Succession planning for Clinical Supervision will support the review and additional supervision

for staff members.

Next Steps

- Fully engage with the Welsh Government's Maternity and Neonatal Safety Support Improvement Programme
- Continued implementation of the Powys Maternity Improvement Plan during 2022
- Maintain oversight and escalation of commissioned services through the Commissioning Assurance Framework (CAF), to include increased scrutiny of neonatal services
- Continue to develop and embed governance and maintain reporting arrangements

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

Patient Experience, Quality and Safety Committee	**Date of Meeting: 12 May 2022**
Subject:	Women and Children Quality Report for PEQS committee Q3/ Q4
Approved and Presented by:	Louise Turner, Assistant Director for Women and Children's Service
Prepared by:	Kate Evans, W&C Risk & Governance Lead, Mary Cottrill, Head of Public Health and Childrens Nursing, Julie Richards, Head of Midwifery and Sexual health.
Other Committees and meetings considered at:	Womens & Children's Senior Leadership meeting 13th January 2022 & 10th February 2022 Executive Committee 4th May 2022

PURPOSE:
The purpose of this report is to provide the Patient Experience Quality Safety committee with a summary of patient experience and concerns, within the third and fourth quarter of 2021/22.
RECOMMENDATION(S):
The Group are asked to discuss and note the contents of this report.

Approval/Ratification/Decision	**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	✓

BACKGROUND AND ASSESSMENT:

This paper provides a summary of patient experience and concerns, including complaints, serious incidents from within the women and children (W&C) service group and performance analysis of key metrics for the quarter 3 (October to December 2021) and quarter 4 (January to March 2022).

Further to recent reports to the Quality Governance Group and Patient Experience Quality and Safety Committee the W&C service group outlined the processes for monitoring and managing quality and safety within the group. The group has been working through the key metrics it currently collects, the metrics that will require development and the triangulation of data to allow for analysis and learning across the group. This report considers the quality information collected for quarter 3 & 4 analysis, learning and further developments. The Quarter 3 and 4 report now includes actions from concerns to improve services in Patient Experience feedback. This focus will aid demonstration of shared learning at every opportunity. We have also explored strengthening the shared learning of patient experience into the existing W&C governance forums and considered how to be more effective in cascading through team meetings to frontline staff.

Patient Experience:

The W&C People's Experience forum has enhanced the quality and content of the quarterly PTHB Patient Experience reports with several patient stories featured in W&C quality governance meetings to ensure patients stories are a vehicle of shared learning examples are cascaded across the services.

Patient Story:

"We were referred to the learning disability service when our child was around 3 years old and attending the Pre School-Special Assessment Unit.

His behaviour had been escalating for a period of 6 months and had become increasingly more aggressive towards me (mum) in particular. Breaking skin with biting, head butting, and meltdowns were the main areas that we were struggling with. We met JS after the referral was accepted and continued to see

JS until our son was discharged when he was 6.

Our contact was predominantly with JS. Our experience over the 3 years was incredibly positive. We were able to learn new strategies, have a more in-depth insight to our son, feel supported with his challenging behaviour. The service was a complete 'life saver' for us at that point. The service saw us through the transition to school, that was particularly difficult and gave some real insight into his needs and JS worked with us to put into place strategies that would help him to cope and for the adults around him to understand his needs.

When I have mentioned the service, I mean JS who was incredibly kind and showed empathy from the first meeting. She made us (me in particular) so comfortable, and I feel like over the course of the time we were under the service we were able to build a really good relationship with JS that facilitated us being able to really learn and therefore support our son better.

We were also seen by professionals in SALT and Paediatrics. One of the things that really stood out to us was how well the staff all worked 'together.' Whilst we are aware that they would be different service areas JS willingness to work as part of a 'team' with different professionals to really gain a great insight into our son was remarkable, and something we have not seen with other professionals.

JS supported us with team around the family meetings and we are aware that JS really drove things forward to make sure we had a good support team around us that has left us feeling supported when he was no longer under the service.

We still use the strategies that JS taught us and find they work even as he is getting older, and with the insight into our son and how he presents with ASD we have learnt to adapt these to fit with him as he is developing. We also use the strategies that we built with JS around us coping with more challenging behaviour. These are also used in school and with his PA as we learn how important consistency is for him.

Feedback, more staff are needed. More roles like these and they cover such a wide area, and children who are struggling and already have additional challenges to other children their age because of a disability and learning difficulty, deserve to have access to the service that has been so beneficial to us. More admin/back-office support, JS is the only professional we have seen that managed her own admin, appointments etc and her service is just as valuable as SALT or Paediatrics. We would like to say here that we are 100% certain that our experience with the service is down to JS. And we cannot really explain the difference this made to us as a family, only to say I think we would not be in the very positive position we are now if it wasn't for JS. She gave me confidence in managing his behaviour and so many strategies that I just did not have the education, experience, or insight to be able to build on my own. She was there with so much empathy and support and of course strategies and insight when

things got really tough and cares about these children and her work, that is abundantly clear, and it fosters trust which is desperately needed between parents and professionals to navigate some very challenging times. I am so grateful to have been referred to the service and to have had the support. I can confidently say it has been this input that has made our family unit strong now. We have a lovely little boy who feels safe, cared for, who is able to deal with situations that we, at one point really wondered if he would be able to. He tells me frequently 'you understand me mummy' and that is the biggest take away from this service. We are able to communicate and support our child in a way that makes him feel understood. We couldn't ask for more and would like our thanks to passed along."

Compliments/Examples of Good Practice

During October to December 2021 a total of 33 compliments and within January to March 2022 37 compliments have been received from patients, relatives, carers, and other health services in Powys Teaching Health Board Women & Children's services (PTHB). These consisted of a combination of cards, letters, donations, verbal compliments. The W&C People's Experience forum is reviewing emerging themes for compliments and highlighting the benefits of using the Once for Wales notification system to improve the recording of compliments received across all W&C services. It has been recognised within the services that they do not routinely share all the compliments and thank you notes they receive, and we continue to work on improving the feedback in this area.

Examples of compliments are:

"Mum and dad came to Ynys Y plant with 2 bouquets of flowers for the Children's Community Nursing team and for Physiotherapy. They wanted to thank us for all we had done for their son and all the help and support we had given them. They said they couldn't thank us enough and even if they gave all the flowers in the florist, it would still not be enough!" (Bereaved family)

"Could I just thank the team for the sterling job you are doing in Childrens school vaccinations. The efficient and friendly manner was so refreshing to witness. Please pass on my application and thanks to the super team. Take care all and in true headteacher words 'keep up the excellent work!'"

"We are always so in awe of your team when they come into school. We hardly notice them – they are like a little team of ants (this is a compliment), busily getting on with what they need to do with no disruption to the daily flow of a school."

"We always look forward to seeing them – their smiling faces and gentle nature always go down so well with staff and pupils alike.

Please thank you team for their flexibility and eagerness to help all during the

pandemic – we know that they have been pulled from schools for a very good reason, but, boy, are we glad to be having them back once the flu sessions are done! We are lucky to have you all."

"My little girl was born in the pool last week. Such a lovely experience. Highly recommend. Brilliant care"

"To the whole birthing centre, The Midwives, HCA's & Admin Staff - a huge thank you for the amazing experience. Your professionalism, friendly approach and care during my pregnancy made a world a difference. Newtown is very lucky to have a team like you here! I will really miss coming for my appts & seeing you all. A massive thank you to the ladies who came to save the day when I went into active labour. I appreciate the fact they travelled so far to be there. You really showed compassion and respect towards the situation and made the birthing experience more low key - exactly as I wanted! I hope to see you all again in the not-too-distant future! You are all doing such a fantastic job!"

"With this being my 3rd pregnancy and both previous births being in Wrexham I was determined to experience a Welshpool birth. It never crossed my mind to have a water birth with my first two. However, as the new pool was being installed during my pregnancy and seeing the progress of it made me re-think my birthing options."

Maternity Services continue to work on an electronic version of their feedback card that can be shared online. The Consultant Midwife has been in discussion with neighbouring health boards to understand their system that will give women more access to provide feedback on their experience. This also incorporates an electronic booking system that is easily maintained and can offer women the opportunity to book appointments to suit their schedules. We are waiting for an update on the patient feedback system that will be purchased by Powys Teaching Health board to allow us to progress the work with the QR codes on our maternity paperwork. Once implemented this can be shared with the wider services in Childrens services and Sexual Health. In the meantime, Consultant Midwife has continued to work on the electronic QR code that will allow service users the opportunity to feedback on all aspects of their care.

Serious Incidents:

A Patient Safety incident (PSI)is defined as an incident that occurred during the provision of NHS funded healthcare. PSIs are now reported to the Delivery Unit arm of Welsh Government (WG), who have taken over the serious incident reporting process. We are now using the new Patient Safety Incident reporting framework which focuses on learning and improvement. A new patient safety incident reporting framework is being implemented to help support learning and improvement.

There has been 1 Patient Safety Incident reported to the Delivery Unit within Q3

and nil to report in Q4. This case will be shared at our Annual Maternal / Child death review. This event offers the opportunity for shared learning with a wider All Wales involvement in relation to any learning or improvements that may save lives. This work links with MBRACCE and the fantastic work they do reporting on a UK wide basis. Comprehensive plans are in place for oversight within a multi-disciplinary forum when a patient safety incident does occur. This offers the opportunity for learning and improvement to be shared through the services within Women & Childrens.

Maternity services are linked to a wider Commissioning Assurance Framework (CAF)and future reports from Women & Childrens group will include additional metrics. The Maternity and Neonatal CAF has been updated in Q3 which now provides an overview of commissioned Maternity SI's that have been jointly reviewed and considered for commissioned services. The emerging themes and progression of shared learning has been reported through the Summer Welsh Government Maternity and Neonatal performance review with Welsh Government (July 2021).

The Welsh Government outcome letter was received in December 2021 which acknowledged the continued progress and innovations in service delivery which the unique position with cross border / boundary provision are required. Welsh Government recognised the progress that has been achieved at difficult times and in continued provision of services to the population including the continuity of care model and birth centre provision. Maternity Services have also responded in relation to All Wales Fetal Surveillance Report with actions clearly identified regarding fetal heart rate monitoring and recording.

Child Deaths – Procedural Response to Unexpected Deaths In Childhood (PRUDiC)

3 Unexpected child deaths in November 2021 are currently in the PRUDiC Process. Monthly perinatal and child death meetings are held within the service and action plans from PRUDiC are reviewed.

There have been no new PRUDIC cases reported in Q4.

Formal Concerns Summary Position:

Comparing Q2 with Q3, there is a reduction in concerns raised, however, this has increased in Q4. The lessons learned are being shared at the Quality Assurance & Learning Forum by the services to provide the opportunity of wider shared learning. The Governance lead also ensures any themes/trends are picked up and discussed in group meetings.

The have been 3 new concerns raised within Q3 and 6 within Q4. The concerns in Q3 consider staff attitude and behaviour towards a patient, the referral pathway for patients who need access to other services and a lack of communication with a patient about the referral submitted on their behalf. No

other emerging themes were highlighted in this quarter.

The formal concerns in Q4 relate to lack of access to pre-exposure prophylaxis (PrEP) here in Powys and the need to travel over an hour to access this preventative drug. The future provision of pre-exposure prophylaxis (PrEP) is being discussed at the Welsh Government Programme Board, with a view to increasing local availability.

The 4 concerns within Childrens Services received in Q4 were related to delays in referrals, delay in accessing services, parental concerns, and support. Informal concerns in Q4 were regarding groups not running which were normally led by Health Visiting/ Nursey Nurses and Healthy Lifestyle workers. Parents expressed the importance of access to these groups for emotional well-being support and child development opportunities.

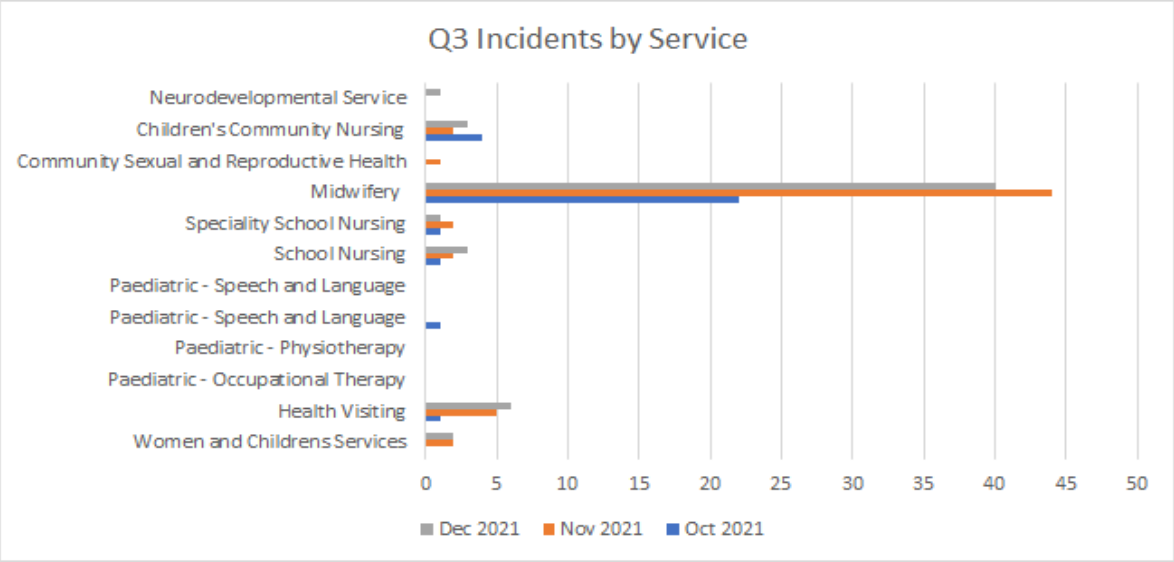
Incident Reporting:

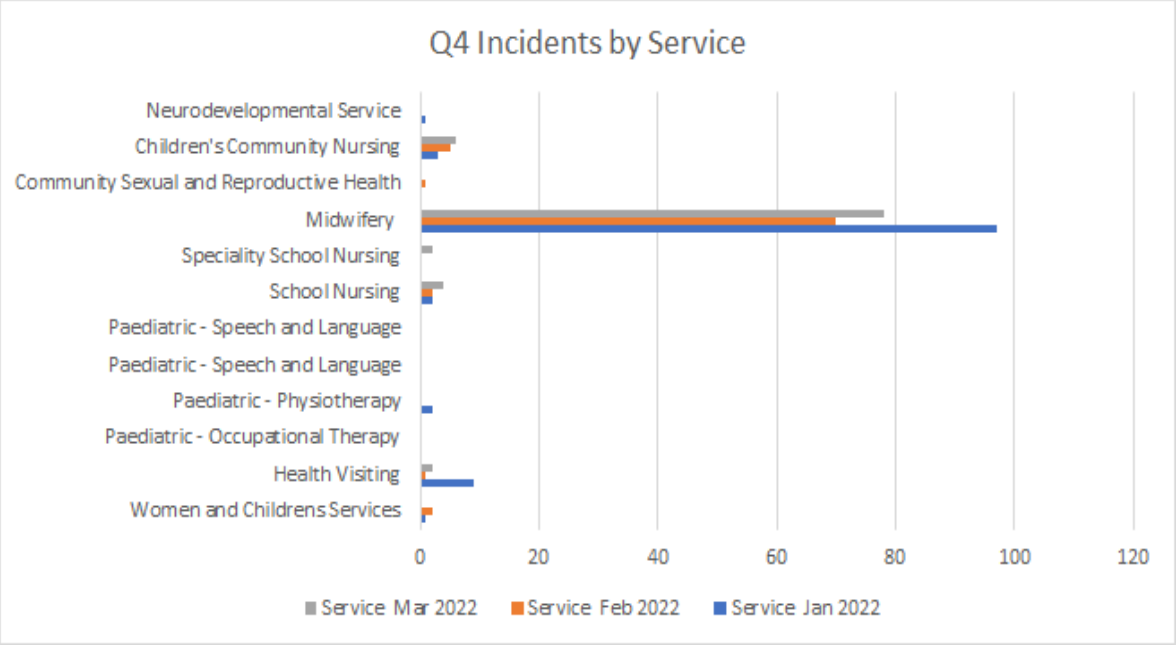
4.1 Incident Reporting Data

The following data demonstrates how many incidents were reported in W&C in Quarter 3 and Quarter 4 2021/22 from available local data The increase is reassuring and reflects the positive culture that incident reporting should be viewed by staff and that reporting works as a tool to improve our services

Service	No of Incidents Quarter 1 2021/22	No of Incidents Quarter 2 2021/22	No of Incidents Quarter 3 2021/22	No of Incidents Quarter 4 2022
Midwifery	81	104	108	228
School Nursing	9	8	6	7
Childrens Nursing	15	15	10	12
Health Visiting	4	8	12	8
Physiotherapy (Therapies)	1	5	3	3
Childrens Services	6	9	N/A as now broken down into individual services instead to allow improved analysis	N/A
Sexual Health	0	1	0	2
TOTAL	**116**	**150**	**139**	**258**

The below details the number of incidents per Q3 and Q4 by Service, as reported by Quality and Safety. Data validation will be undertaken during May to ensure accuracy of data held by Women and Childrens Team alongside Quality and Safety team.





W&C Services incidents are received from Community Midwifery services who have a well-established patient safety culture in recognising and reporting a defined criteria of incident notification. The Childrens Nursing and School Nursing are the second largest reporting area which is reflection on their journey to recognise and report incidents. A regular review between Quality Safety team and W&C governance lead considers the volume of incidents per month and looks to ensure reporting does not diminish in addition tracking the type of

incidents and trends. The data shows us that reporting remains average within the Women & Childrens services.

Patient Incident safety huddles have been implemented when any level of harm is identified. Staff report as beneficial to help them understand the process for a review, and it allows consideration for not only contact with the patient but for staff well-being. We have arranged several "well-being check-in" meetings to give staff the opportunity to talk through the incident and the decision making. Staff have reported they feel this is beneficial

The quarterly analysis of the last 4 quarters shows an increase in the number of incident reporting as seen below, which is consistent with the approach to raise awareness of the use of Datix reporting and the benefit of subsequent learning.

THEMES	Q4 2022	Q3 2021	Q2 2021	Q1 2021	Q4 2020	Q3 2020
DATIX	282	139	150	116	82	96
Transfers / Readmissions	27	30	37	22	32	32
MARFS / Safeguarding	12	20	13	21	11	16
C.19 reporting for pregnant women	134	35	13	2	5	7
Ultrasound	1	0	1	3	1	2

4.2 Top Themes of Incidents Reported

Transfers: Transfer of Care District General Hospital
Incident reporting relating to transfers relate to periods of care during labour or delivery. We had reports of transfers in the first stage of labour which were for delay in progress in labour. We also transferred for fetal distress, delay in second stage of labour, breech birth and malposition. We also had to undertake neonatal resuscitation, and this was dealt with appropriately by community midwives with good outcomes for mum and babies.

From the beginning of 2021, we have reviewed all cases of transfers to ensure appropriate transfer care, times and documentation and are assured that all were conducted appropriately and part of the clinical audit process for the recently implemented All Wales Transportation Framework to monitor any delays in transfer.

MARF (Multi-Agency Referral Forms) Safeguarding

Multi agency referral forms are submitted to the safeguarding team whenever there is a concern raised by a midwife, HV or SN or any speciality. This process enables early identification of any serious issues in relation to the safety of the woman and her baby / child.

Covid Positive Pregnant Women

Reporting via incident reporting is undertaken for any pregnant woman who tests positive for Covid-19. The midwife undertakes an SBAR to ensure the woman does not miss any appointments while self-isolating and the Antenatal Screening Specialist Midwife reports the cases to CARIS (Congenital Anomaly Register & Information Service) Register who are undertaking further studies on the effect of Covid-19 long term. There was a notable increase in Covid-19 positive women during Q3 and Q4 which led to many women's clinical pathways and appointments being adjusted, fortunately, we have not had any women hospitalised with Covid-19.

There has been a significant increase in COVID positive women in quarter 4 hence the increase in the number of DATIX incidents submitted.

The themes for this quarter have remained static with transfers, MARFS and Covid-19 now the top 3. Transfers were for meconium-stained liquor, fetal distress, delay in first stage of labour, delay in second stage of labour and 3rd degree tear. There has been an increase in Pre-term transfers and admissions which is being considered as a potential side effect from Covid-19 as other maternity units are seeing an increase in these numbers too. Neonatal admissions were for Jaundice, an unwell infant with signs of sepsis and for observations after a shoulder dystocia at birth. MARFS submitted highlighted no concerns from Safeguarding and continue to work well as a highlight mechanism between services and safeguarding.

Within quarter 3, there were 2 episodes of amber escalation and 1 red. In Quarter 4 there have been 12 episodes of amber escalation and 2 episodes of red escalation.

To ensure ongoing provision of safe and effective maternity care, and ability of the women to access local births a review of escalation levels since January 2021 to present has been conducted to determine the presence of any causal and/or contributory factors and provide insight into how these can potentially be addressed moving forward.

Sickness rates through the period April 2021 – March 2022, were increased in comparison the same period the year previous, ranging from 1.86 percent at the lowest to 5.9 percent at the highest, which an average of 3.79 percent. Where there were increased incidences of both amber and red escalations, this

coincided with episodes of increased annual leave levels, rather than sickness, however it is likely that during these periods, even a small increase in sickness levels would have affected the capacity the maternity service. It was also noted that for much of the final quarter of 2021 – 2022, only 3 midwives per locality were rostered to cover the on-call duties.

Learning from Incidents & Concerns

Learning has been reviewed and the Incident Oversight Group has been revised to establish the W&C Quality Assurance & Learning Forum to reflect the focus on learning from incidents and concerns. The Governance lead has a Governance Midwifery Management meeting once a month and has now set up a Governance meeting for Childrens services to mirror the work already done in Midwifery.

The learning from both meetings supplements the discussions in the Senior Clinical Leadership meeting where service leads share the agenda providing assurance that learning is shared throughout services. Learning is also shared at monthly clinical supervision sessions with midwives in addition to the Band 7 Management meetings and by presentation at all Powys midwifery meetings. The first Quality Assurance & Learning newsletter will be published in June 2022 for Women & Childrens services. Health Visiting teams joined the November all Powys Midwifery meeting for shared learning opportunities around Care of Next Infant Update, Safer Sleeping, and re-introduction of CO Monitoring for Smoking Cessation.

An action plan tracker has been created to ensure services remain on track with any learning that has been identified through incident reporting or concerns. However, the Actions section in the Once for Wales Incident Reporting system is now in use and the Governance lead has started coding actions through the incidents to reflect the learning that comes out from either incidents or concerns. To ensure learning from concerns is addressed, a tracker has been set up to identify where there is learning from a concern that needs action as we do not have access to the concerns section of the Once for Wales system to input actions directly through the concern.

HIW Regulatory Tracker Progress

There were no HIW inspections in the last period.

The Powys Maternity Improvement Plan is informed by the Local (July 2020) and National Report for Healthcare Inspectorate Wales (HIW) recommendations for Maternity services (March 2021). During Q3 Maternity services has seen progress with the service installation of Welshpool Birth Pool (October 2021), the establishment of Powys Digital Project Board (November), agreed workplan for Perinatal Mental Health Midwife and Research Midwife and sustainability plan for Healthier Lifestyles support worker roles. There is also progress made with

Maternity Policy and Guidelines update with a robust monthly review and monitoring process through the W&C Policies and Procedures forum. The risk of outstanding All Wales Maternity Policies and Procedures has been highlighted at All Wales Maternity and Neonatal Network and Heads of Midwifery Advisory Group (November 2021).

Q4 priorities have included Capital & Estates meeting to progress the plans for Llanidloes Birth Centre development and planning a 2022 schedule for Birth Centre environment review to include ongoing testing of call bells, pool evacuation and Birth Centre abduction drills.

There is one action from HIW inspection outstanding completion which is a joint action for Childrens Services, Unscheduled and Scheduled Care – review of waiting areas within PTHB where children and young people may access services. This is being progressed to map out sites for review and will be reviewed in detail during May 2022 as was on hold due to an increase in COVID cases.

Current Quality Performance Metrics:

W&C Performance Data

W&C Performance Data	Q4 Total	Q3 Total	Q2 Total	Q1 Total
Number of Bookings - Maternity	270	243	280	269
Number of women birthing – Powys	54	65	68	68
Number of elective caesarean section – Out of County	14	8	9	15
Number of emergency caesarean section - Out of County	12	14	4	12
Number of Escalations - AMBER-Maternity	12	2	5	0
Number of Escalations - RED-Maternity	2	1	1	0
Paediatric Physiotherapy -Number waiting > 14 weeks	0	0	0	0
Paediatric Occupational Therapy - Number waiting > 14 weeks	0	0	0	0

Health Visiting

Healthy Child Wales Programme (HCWP) utilises a range of contact methods. The core contacts are recorded on the Child Health System (CYPRiS) and

monthly reports reviewed for performance. Quarter 1 and Quarter 2 data has been published by Welsh Government. A business case has been submitted to Investment Benefits Group (IBG) for additional resource into the Information Team to improve the current process of data capture. Data for Quarter 3 is yet to be published by WG.

Infant Feeding data collection for Health Visiting services is an area that has been identified as requiring review and this is on the infant feeding action plan to progress.

The Nurse Staffing Act includes Health Visiting Services. The aim of the health visiting workstream is to follow an evidence-based approach to creating robust methods, tools, and techniques to determine appropriate staffing levels within health visiting services across Wales, using the model of triangulation set out in the Act. The triangulation method incorporates professional judgement, quality indicators and child and family acuity and dependency. The tools devised by the work stream will enable Health Visiting teams to calculate the number of health visitors and skill mix required to deliver the Healthy Child Wales Programme and provide effective care to meet the dynamic needs of children, families, and communities. An impact assessment has been completed and has been presented to the executive team. The Health Visiting Service has been experiencing significant workforce challenges due to sickness, maternity leave and vacancies during Q4.

To manage the reduction in Health Visiting, capacity priority plans of work to be covered and contacts to be offered have been overseen by the team leads. Due to there being a reduced offer of contacts the HCWP has been risk assessed to ensure that contacts have been offered as per the All-Wales Health Visiting Management of Caseloads, where there is reduced Staffing.

Positively, group activity that supports child development, positive parenting and attachment and bonding have recommenced supported by the nursery nurses within the team.

School Nurse Service

Quality metrics will be based on the School Nurse Framework (2017) and require development to capture the data in order to provide analysis. National work to review the school nursing element of the HCWP for School Nursing Service has been paused however it is expected to recommence this year and this work will inform local quality metrics. The School Nurse Healthy Child Wales Programme will be called School Health Well-being Programme.

Like other community services the School Nursing Service is experiencing challenges with workforce and continues to prioritise the school vaccination

programme.

With support from the information team progress has been made on what data can be collected for the School Nurse Service. This will include activity around safeguarding, emotional health support and behaviour management. This data collection is being refined and cleansed so that it can be reported on from Q1 2022, this data collection is being supported by informatics colleagues.

A recent report from the Junior Start Well Board (Nov 2021), of the findings from a survey for young people on access to services and emotional health in Powys reported that it is evident school nurses provide a much-valued service in schools for young people. School Nursing capacity to support children and young people emotional health has been reduced as they are unable to provide regular sessions in schools as they have had to prioritise the delivery of the school vaccination programme. The School Nurse Team Leaders are attending the Junior Start Well Board to discuss the role of the School Nurse and ask the children and young people what they would like to see the service providing.

A business case is being compiled request resource to deliver the vaccination programme which would release school nurses to deliver their universal service and standards within the School Nurse Framework.

Neurodevelopment (ND) Service/ Community Paediatrics

The service model is under review and development. The monthly referral rate into the service has continued to increase from July (27) to March 2022 (63). This is an expected trend due to the return to normal delivery of services and the potential impact COVID-19 has had on children and young people (CYP). The service has received non recurrent renewals monies in order to support this work during 2022/23 and a long-term business case for sustained investment is being prepared. Referral demand continues to increase for this service.

Neurodevelopment (ND) Service Performance Quarter 4 – 2021/21			
Target	**Jan 2022**	**Feb 2022**	**March 2022**
Number of new referrals received	58	24	63
Number of CYP waiting for first appointment	220	194	245
Number of CYP diagnostic assessments in progress	245	203	210

Performance data within the community paediatric service is currently under review to ascertain the current demand and capacity for follow up appointments within the service and any resulting shortfalls and actions required to mitigate waiting times.

Community Childrens Nurses/Learning Disability/ Special School Nursing

Caseload and referral data is now being collected. Demand and capacity review is ongoing, the Special School Nursing acuity tool has been completed in one area and is currently being quality assured. Acuity assessment tor the children's community nursing service is in progress. These assessments will inform acuity and safe staffing and quality metrics can therefore be developed further to measure the delivery of safe, quality care closer to home where possible.

Continence Nurse Service

Caseload and referral data is now being collected. Demand and capacity review is ongoing to be based on the paediatric continence pathway when finalised. The service is currently being supported by the innovation team to consider using an app to support assessment and treatment.

How learning is shared across the Directorate and Learning to date:

The W&C Service Clinical Audit Plan and Clinical Audit Improvement Plan outline the W&C Service's commitment to continuous improvement through clinical audit and service improvement. The 2020/2021 programme has been reviewed in order to evaluate effectiveness and identify a roll forward programme for 2021/2022 (as per the Clinical Effectiveness and Quality Improvement Strategy). The focus of required National audits and relevant clinical audits especially requirements emerging from concerns, incidents, PRUDICs and recently introduced clinical guidelines and pathways, was finalised at the September W&C quarterly audit meeting. This will ensure that the W&C audit programme continues its increased activity and effectiveness building on the established audit improvement from 2020. The recently appointed Research Midwife funded for two years from Charitable funds will help build the level of clinical audit and links into the research capacity and capability across W&C services to secure better outcomes for families in Powys.

The Quarter 3 W&C Audit was held in December 2021 with a focus on the Internal Audit recommendations for Safeguarding Supervision compliance for Maternity, Safeguarding feedback for compliance for Was Not Brought policy and record keeping compliance for Maternity Clinical Information Sharing plans. The remaining 2021-2022 Audit presentation will be shared in the June 2022 audit meeting or scheduled into the 2022-2023 audit plan. The forum is an

opportunity for reflection on widening the scope of shared learning to increase the attendance to the audit presentation meetings and widen the cascade of learning to frontline services. The Improvement Cymru framework was shared within Quarter 4 with good attendance across all services. Any improvement Cymru projects will be reviewed in Q1 ensuring alignment with service improvement and or IMTP (Integrated Medium-Term Plan) priorities.

Lessons learnt from concerns raised to the Neurodevelopmental Service (ND) was shared through various meetings which included the Childrens Quality Assurance Learning group where the analysis from complaints and actions to address was presented to the group and forms part of the ND project action plan.

The W&C Bereavement forum is supporting improved pathways, family support and staff bereavement training. The Powys Perinatal and Child Death review monthly meetings continue to ensure there is focused data, intelligence, and analysis to understand the quality and standards of care provided and commissioned by Powys Teaching Health Board. Reflecting on the feedback from bereaved families will be the focus for the next Bereavement Forum where the group will consider not only the feedback, but the support available to staff who support our families suffering loss of a child or baby. W&C services are linked into the PTHB working group to review the national bereavement guidance and how this will be implemented within PTHB.

Support to staff following a traumatic event is also being reviewed within the Women and Children's Service Group.

NEXT STEPS:

- Continued Use of the patient experience forum to explore more gathering of data /surveys and patient stories to understand how services are being delivered and what improvements can be made – work is ongoing with the group.
- A shared learning forum was held in November across the service Group which led to further sessions to be planned that focus on the learning and impact across the service group.
- Development and Collection of Quality Metrics across the W&C Services Group. These will include the following:
  - Surveys to determine customer satisfaction across the group. HV/SN /Children Continence
  - Electronic feedback in maternity – soft launch in January 2022 while we wait for a Powys wide approach.
  - Further work with the Patient Experience Group
  - Further analysis and triangulation of data to detail trends and chart improvement and impact.
- Further engagement work is planned with Young People via the Start Well Workstreams to ensure that services are responding to need

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4

Patient Experience, Quality and Safety Committee	**Date of Meeting: 12 May 2022**
Subject:	**Mental Health Act Compliance Report for the 12 month period :** **1 April to 30 June 2021 (Q1)** **1 July to 30 September 2021 (Q2)** **1 October to 31 December 2021 (Q3)** **1 January to 31 March 2022 (Q4)**
Approved and Presented by:	Hayley Thomas Executive Director of Primary Care, Community Care and Mental Health
Prepared by:	Amanda Rees, Mental Health Administrator and Melissa Brooks, Mental Health Act Administrator
Other Committees and meetings considered at:	
References	*Monitoring the Mental Health* 2018/19 (2020). **www.cqc.org.uk/mhareport** *Mental Health, Learning Disability Hospitals and Mental Health Act Monitoring Annual Report* 2018/19 (2020)Healthcare Inspectorate Wales **www.hiw.org**

PURPOSE:
The purpose of this paper is to assure the committee that Powys Teaching Health Board is compliant with the legal duties under the Mental Health Act 1983 (MHA).

RECOMMENDATION(S):

That the committee NOTES the contents of this report and receives assurance that the performance of the service in relation to the administration of the Mental Health Act 1983 has been compliant with legislation.

Approval	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**	✓

EXECUTIVE SUMMARY:

This report seeks to provide assurance that the services delivered and Mental Health Act requirements discharged by the Mental Health and Learning Disabilities service group during the reporting period are compliant with the Mental Health Act (1983, as amended 2007).

This includes functions of the Mental Health Act which have been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation are being carried out correctly and that the wider operation of the Act across the Health Board area is operating within the legislative framework.

DETAILED BACKGROUND AND ASSESSMENT:

Hospital Managers must ensure that patients are detained only as the Mental Health Act 1983 (amended 2007) allows; that their care and treatment fully complies with it, and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is managed in line with other legislation which may have an impact, including the Human Rights Act 1998, Mental Capacity Act 2005 and Mental Health (Wales) Measure 2010.

Due to the population size of Powys, where there are low numbers to report, the *less than five* descriptive has been used to protect patient identity.

Mental Health Act, 1983 - Data Collection and Exception Reporting

i) Detention under Section 5 – (Doctor and Nurse Holding Powers)

Section 5 of the MHA relates to patients who are already in hospital where the admission has been voluntary. At a point following this admission, (known as an informal admission), the patient may present with a worsening of symptoms or their risk factors increased. This includes when a patient expresses the desire to leave the hospital or lacks capacity to consent to admission or treatment.

On these occasions, Mental Health professionals have the power to detain the patient for short periods while further medical opinion and an approved mental health practitioner assessment is sought. During this period, treatment cannot be made compulsory, nor may a patient appeal against the short holding power.

Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to 6 hours to allow for a further assessment to take place.

Section 5(2) is used by doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place.

The table below summarises the uses of the Mental Health Act (1983) during the 12-month period and the comparison to the same period last year:

	2021/2022 (12 months)	2020 / 2021 (12 months)
Sec 5 (4)	**Less than 5**	**5**
Sec 5 (2)	**17**	**23**

The use of both Section 5(4) and Section 5(2) powers has remained consistent over the last two years and the service will continue to monitor the use of s5(2) powers closely during 2022/23.

ii) Section 2 – Admission for Assessment

This section authorises the compulsory admission of a patient to hospital for assessment, or for assessment followed by medical treatment for up to 28 days. At the end of this period, the patient either reverts to an informal status remaining in hospital, is discharged home or the section 2 is converted to section 3 (if thresholds of the Mental Health Act are met and treatment is required).

Section 2 was used on 92 occasions during this 12-month period (2021/22). The majority of patients reverted to voluntary status following this period of detention under the Act. For the same period in 2020/21, section 2 was used on a total of 73 occasions.

Once again, it is likely that the Covid 19 pandemic has had a direct impact on the number of patients detained on a section 2. This may be due to higher than usual presentations of mental distress, and the effect of patients isolating and Mental Health services becoming aware of a citizen's deteriorating mental health when it has reached a crisis point.

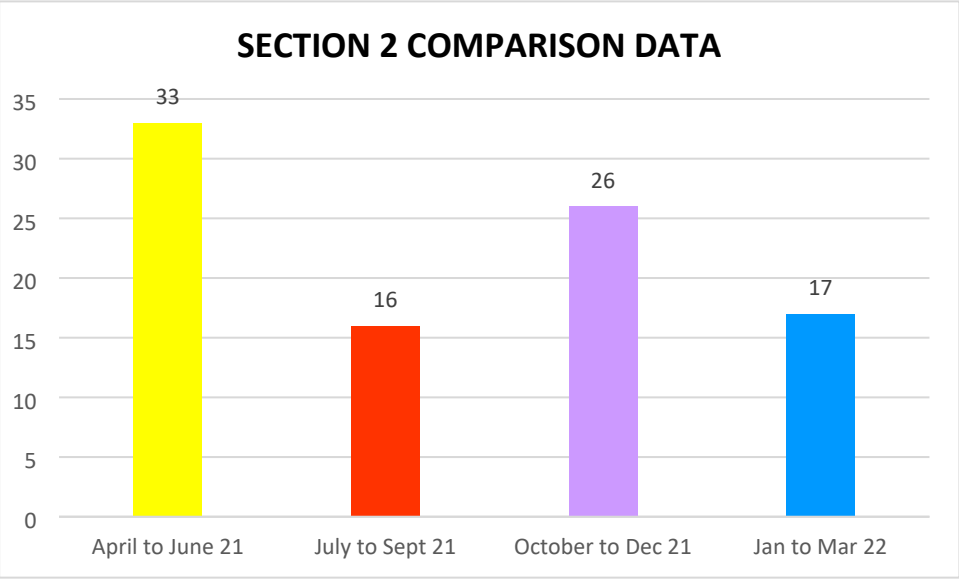


Table 1: Use of section 2 over the last 12-month period

iii) Section 3 – Admission for Treatment

This section provides for the compulsory admission of a patient to hospital for treatment for mental disorder. The detention can last for an initial period of six months.

During this 12-month period section 3 was used on 38 occasions. Twenty-Six patients subject to section 2 had their sections converted to section 3.
For the same period last year, section 3 was used on a total of 40 occasions. This evidences that detentions for the medium and longer treatment of patients has remained broadly consistent, despite the pandemic.

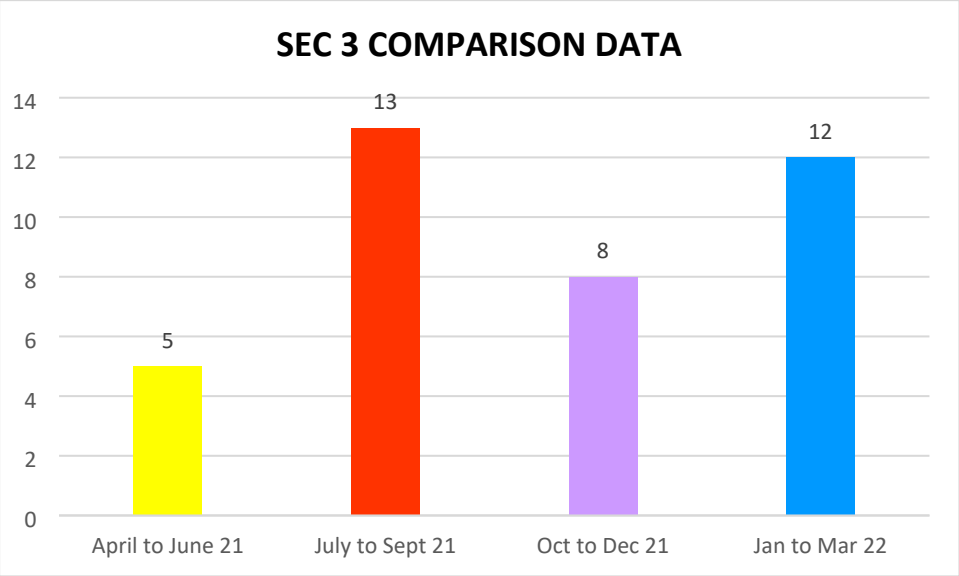


Table 2: Use of section 3 over the last 12 month period

iv) Section 4 – Emergency Admission for Assessment

The use of Section 4 powers of the Mental Health Act 1983 is to enable an admission for assessment to take place in cases of urgent necessity, where this power is applied, one s12(2) Doctor can make a medical recommendation to detain a patient for up to 72 hours.

An alternative section is preferred (if at all possible) as best practice would involve two medical opinions. Section 4 (up to 72 hour holding power) should only be used to avoid an unacceptable delay and as such is infrequently used. If it is likely that the patient requires detention past 72 hours, a new Mental Health Act assessment must be undertaken (with two Doctors). This section is specifically examined by Mental Health Act Managers when it is applied. Section 4 was used less than 5 times during this 12-month period. For the same period last year, section 4 was used on a total of 5 occasions, therefore very similar to last year's figures.

v) Section 17A – Community Treatment Order (CTO)

This section provides a framework to treat and safely manage eligible patients who had been detained in hospital for treatment, to be treated in the community whilst still being subject to powers under the Act. Rather than the patient remaining in hospital for the continuation of treatment, a CTO supports the patient to live in the community and is therefore a less restrictive treatment option.

A CTO can only be used for a patient who has already been detained in hospital (under a section 3) and there will be conditions that the patient must comply with regarding their treatment within the community. If the patient does not adhere to the conditions of the CTO, they can be recalled to hospital for up to 72 hours to enable an assessment of their mental health. CTO's are used for patients who have serious mental illness and have experienced admission to hospital under the Act. It is likely that they would need the support of a CTO to accept treatment that will help them to remain well outside of a hospital setting.

In PTHB, there were eleven community treatment orders (CTO) in place as at 8th April 2022. CTO activity during the 12-month period 1 April 2021 to 31 March 2022 includes four new CTO's, twelve extensions and fewer than five recall/revocations and seven discharges. No patients were discharged from their CTO by the Mental Health Review Tribunal. By comparison on 8 April 2021 there were fifteen community treatment orders in place, indicating that while usage of CTO powers has slightly reduced over the last 12 months.

vi) Police Powers to Remove a Person to a Place of Safety under Section 136

This section empowers a Police Officer to remove a person from a public place to a place of safety, if it is considered that the person is suffering from mental disorder and is in immediate need of care or control. Although the police station can be used as a designated place of safety, all the assessments that took place under this section of the Act were carried out in a health-based place of safety (POS), which is the preferred practice.

Section 136 was used during the twelve-month period 1 April 2021 to 31 March 2022 on nineteen occasions. During the reporting period the majority of those assessed did not result in the admission or further detention of the person. The number of assessments undertaken under s136 powers, was lower than in the previous 12-month period when it was used on a total of twenty-nine occasions (over the last five years approximately twenty-seven s136 assessments are undertaken per year), however all assessments referred and conducted were appropriate.

Fourteen people assessed under s136 powers were previously known to mental health services. A multi-disciplinary sub-committee of the Mental Health Planning & Development Partnership continues to review each use of s136 powers and meets regularly to discuss cases and identify areas for improvement and learning. Common or frequent learning tends to focus around the Police around use of s136 and co-occurring substance misuse (intoxication) and areas where and individual can only be assessed under the Mental Health Act once the effect of intoxication or illicit substances has subsided.

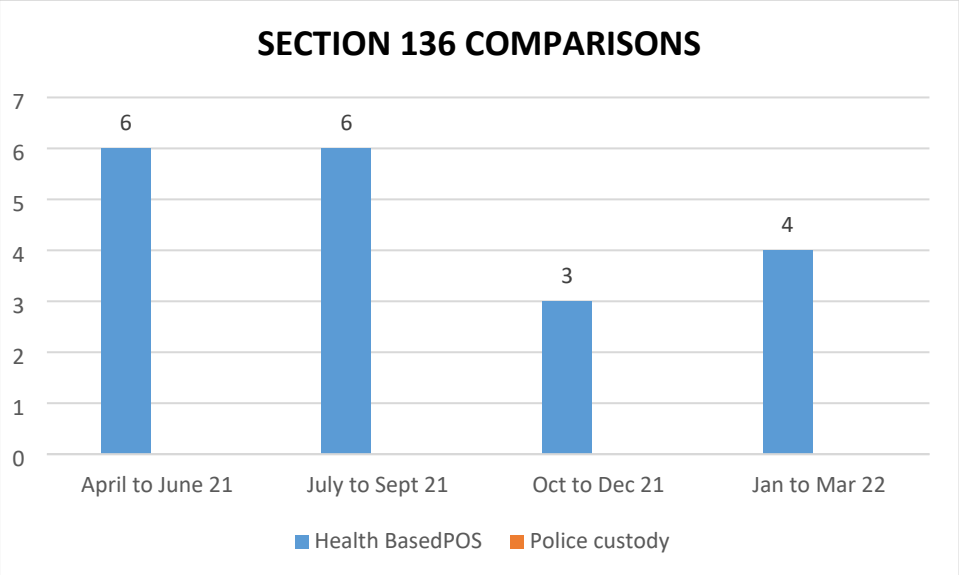


Table 3: **Location of completed section 136 assessments highlights that police cells were not used as a place of safety during the period.**

vii) Scrutiny of Documents

Hospital managers must ensure that Mental Health Act admission documents are received and scrutinised correctly by formally delegated officers. Section 15 of the Act provides for certain admission documents, (which if found to be incorrect or defective) must be rectified within fourteen days of the patient's admission. Rectification or correction is mainly concerned with inaccurate recording (e.g., spelling of a patient's name) and it cannot be used to enable a fundamentally defective application to be retrospectively validated. For example, a spelling error on a document, if corrected ensures the detention remain valid. For this 12-month period there were twelve rectifications and less than 5 fundamentally defective detention.

The number of statutory documents scrutinised totalled 179 sets of section papers for this 12-month period, this was compared to 194 for the same period in the previous year. Errors found that were required to be rectified within the fourteen days statutory time limits under section 15 of the Act were:

Rectifications	Number of Errors

Quarter 1	1 Apr to 30 June 21	**Less than five occasions** (spelling error in patients name, spelling error in name of local authority, spelling error in address, incomplete address of Approved Mental Health Professional
Quarter 2	1 July to 30 Sept 21	**less than five occasions** (spelling error in patients name and error in address)
Quarter 3	1 Oct to 31 Dec 21	**Five occasions** (spelling error in patients name, postcode omitted from hospital address, 3 times forms required further information)
Quarter 4	1 Jan to 31 Mar 21	**Less than five occasions** (spelling error in Doctor's base address)
Fundamentally Defective Detentions		
Quarter 1	1 Apr to 30 June 21	None
Quarter 2	1 July to 30 Sept 21	None
Quarter 3	1 Oct to 31 Dec 21	None
Quarter 4	1 Jan to 31 Mar 22	None

viii) Deaths of detained patients

During the period there were no deaths of patients who were subject to detention under the Mental Health Act 1983.

ix) Application for Discharge to Hospital Managers and Mental Health Review Tribunal (MHRT)

During the 12-month reporting period reporting period, 36 applications/referrals were made to the MHRT and fourteen hearings took place;

- Fewer than five patients were discharged
- Fewer than five hearings were adjourned or postponed.
- Fifteen patients were discharged by the responsible clinician and five patients withdrew their applications**.**

Nineteen Hospital Managers Hearings were held during the period, fewer than five hearings were held to review the continued detention of the patient under a Section 3, fewer than five were appeals by the patient against their detention under the MHA and sixteen hearings were held for the extension of a Community Treatment Order. By comparison there were 19 Hospital Managers Hearings for the same period in the previous year.

All patients attending tribunals are entitled to be accompanied by an Independent Mental Health Advocate (IMHA) and are provided with information about this service to have representation. In this quarter, IMHAs attended one of the hearings, largely due to the nature of the tribunals and the decisions the patients made not to attend themselves. The Mental Health services continue to encourage patients to accept the support of an IMHA.

This is reviewed by the quarterly Powers of Discharge Committee which is satisfied those patients are being made aware of their rights and have sufficient information to appoint an advocate if they want one.

Hospital Managers Power of Discharge Committee

A meeting for the above committee made up of the Hospital Managers and Independent Members was held on 22 July 2021 and 28 October 2021 and quarterly performance was reported, scrutinised and discussed. The three meetings were arranged for January 2021, April 2021 and January 2022 but were cancelled due to Terms of Reference being reviewed and no chair in place for Power of Discharge Group. The next meeting date to be confirmed, and the committee will be chaired by the Health Board's new Vice Chair.

An All-Wales training day for Hospital Managers is arranged for 11 May 2022 at The Royal Welsh Showground, Builth Wells, this was arranged for Spring 2021, but this was postponed until Summer 2022 due to current Covid 19 pandemic.

Healthcare Inspectorate Wales (HIW) Visits to Mental Health & Learning Disabilities Units

During the reporting period there was one visit by HIW to hospital inpatient units which took place in June 2021 to Felindre unit and no urgent recommendations were made by HIW.

RECOMMENDATION:

The committee is asked to NOTE the contents of this report and receives assurance that the performance of the service in relation to the administration of the Mental Health Act 1983 has been compliant with legislation.

Appendix

KEY TO MENTAL HEALTH ACT SECTIONS

Part 2 – Compulsory Admission to Hospital or Guardianship

- Section 5(4) Nurses Holding Power (up to 6 hours)
- Section 5(2) Doctors Holding Power (up to 72 hours)
- Section 4 Emergency Admission for Assessment (up to 72 hours)
- Section 2 Admission for Assessment (up to 28 days)
- Section 3 Admission for Treatment (6 months, renewable)
- Section 7 Application for Guardianship (6 months, renewable)
- Section 17A Community Treatment Order (6 months, renewable)

Part 3 - Patients Concerned with Criminal Proceedings or Under Sentence

- Section 35 Remand for reports (28 days, maximum 12 weeks)
- Section 36 Remand for treatment (28 days, maximum 12 weeks)
- Section 38 Interim Hospital Order (Initial 12 weeks, maximum 1 year)
- Section 47/49 Transfer of sentenced prisoner to hospital
- Section 48/49 Transfer of un-sentenced prisoner to hospital
- Section 37 Hospital or Guardianship Order (6 months, renewable)
- Section 37/41 Hospital Order with restriction (Indefinite period)
- Section 45A Hospital Direction and Limitation Direction
- CPI 5 Criminal Procedure (Insanity) & Unfitness to Plead (Indefinite period)

Part 10 – Miscellaneous and Supplementary

- Section 135(1) Warrant to enter and remove (up to 24 hours)
- Section 135(2) Warrant to enter and take or retake (up to 24 hours)
- Section 136 Removal to a place of safety (up to 24 hours)

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.1

Patient Experience, Quality and Safety Committee	**Date of Meeting: 12 May 2022**
Subject :	Quality & Engagement (Wales) Act: Implementation Update
Approved and Presented by:	Claire Roche, Director of Nursing & Midwifery
Prepared by:	Zoe Ashman, Assistant Director of Quality & Safety
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
The purpose of this paper is to update the committee regarding the implementation of the Quality & Engagement (Wales) Act.
RECOMMENDATION(S):
The committee is asked to discuss the paper.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
x	✓	✓

[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:

The Health and Social Care (Quality and Engagement) (Wales) Act: summary [HTML] | GOV.WALES

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. Its intention is 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.

The Act reframes and broadens the existing duty of quality on NHS bodies and places an overarching duty on Welsh Ministers in relation to their health functions. It aims to improve and protect the health, care and well-being of both current and future populations of Wales by focusing on:

- Securing Improvement in Health Services.
- Implementing a Duty of Candour.

- Establishing a Citizen Voice Body for health and social care.
- The appointment of Vice Chairs for NHS Trusts bringing them in line with Health Boards.

The Duty of Quality requires NHS bodies and Welsh Ministers to exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis in the services they provide.

Additionally, the Duty seeks to strengthen governance arrangements by requiring NHS bodies and Welsh Ministers to report annually on the steps they have taken to comply with the Duty and assess the extent of any improvement in outcomes that have been achieved.

This statutory guidance helps NHS bodies and Welsh Ministers to deliver the requirements of the Duty. It sets out a national approach that needs to be locally implemented. The guidance has been co-developed with representatives of NHS bodies and Welsh Government. It has also been informed by feedback received through stakeholder workshops and formal public consultation.

As with other legislation, it is recommended an Executive Lead is identified to support and drive the implementation of the Duty and a Lead Non-Officer / Independent Member is identified to be assured of the NHS body's approach. However, all staff are responsible for complying with the duty, and consideration should be given to what that means for individuals.

DETAILED BACKGROUND AND ASSESSMENT:

A Healthier Wales: our Plan for Health and Social Care ("A Healthier Wales") sets out the vision for a whole system approach to health and social care in Wales. The vision is underpinned by the Quadruple Aim, four mutually supportive aims, which interpreted for our context in Wales are:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

A Healthier Wales also outlines quality as one of the core values that underpins NHS Wales by 'putting quality and safety above all else'. The plan outlines how quality is key to making the health and social care system in Wales both fit for the future and one which achieves value. It outlines the expectation that, going forward, health and social care services are brought together so they are designed and delivered seamlessly around the needs and preferences of people.

The Act helps realise these ambitions in several inter-connected ways by placing improvement in quality and outcomes for the people of Wales as a central concept. It supports the five ways of working set out within The Well-being of Future Generations (Wales) Act 2015, by encouraging long-term thinking and integrated and collaborative action that works to achieve the well-being goal of A Healthier Wales. The Act also strongly aligns with the quality focus set out in the Quality and Safety Framework (2021) and provides a framework for the refreshed Health and Care Standards.

NEXT STEPS:

- **Secure board support** - the health board should secure the support and confidence of the board and gain long-term commitment to improving quality; this is critical as the board has the overarching role in setting the strategic direction as well as providing assurance. This support should be underpinned by willingness and financial support to develop the skills and infrastructure for implementation. The board should prioritise national and regional initiatives along with recommendations that fit the organisation's way of working.
- **Assessing readiness** - understand what good looks like for services and understand the 'readiness for change' to be clear about where the capability gaps whilst ensuring there is a plan to address them. Implementation of regular assessments, investigations, and measurement over time to identify areas to improve quality. There should also be a consideration for psychological readiness in addition to having the infrastructure, governance, system understanding and leadership in place for change.
- **Securing wider organisational buy-in and co-creating a vision** create a compelling vision for improved quality that is recognised and intrinsically motivates staff at each level of the organisation. A culture of distributed leadership gives staff at all levels the permission, opportunity, and confidence to test new ideas to improve quality that are aligned to the organisation's vision.
- **Developing improvement skills and infrastructure** - systematic approach to managing quality that includes building improvement capability to ensure teams at each level of the organisation have the general and specialist improvements skills needed. This should be accompanied by a suite of measures and a system that collects, analyses and feeds back on the impact of the improvements.
- **Aligning and coordinating activity** –initiatives to improve quality are consistent with the overall strategy and mission and barriers are identified and unlocked. Ensure that learning from successes and failures continues to shape the improvements in quality.
- **Sustaining a health board-wide approach**

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**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.2

Patient Experience, Quality and Safety Committee	**Date of Meeting: 12 May 2022**
Subject:	**COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER**
Approved and Presented by:	Interim Board Secretary
Prepared by:	Interim Corporate Governance Manger
Other Committees and meetings considered at:	n/a

PURPOSE:

The purpose of this paper is to provide the Committee with the end of April 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.

Approval/Ratification/Decision	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	✓

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 and the risk targets within the Committee 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 Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.

Patient Experience, Quality and Safety Committee Risk Register April 2022

PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE RISK HEAT MAP: APRIL 2022

There is a risk that…

Impact							
	Catastrophic	5					
	Major	4					▪ Once accessed, residents in Powys may receive poor quality of care
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE RISK DASHBOARD – APRIL 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/×	Lead Board Committee	Risk Impacts on
DoN	CRR 001	**Quality & Safety of Services**	Once accessed, residents in Powys may receive poor quality of care	**5 x 4 = 20**	➔	Low	6	×	Patient Experience, Quality & Safety	Organisational Priorities underpinning WBO 1 to 4

KEY:

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

Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

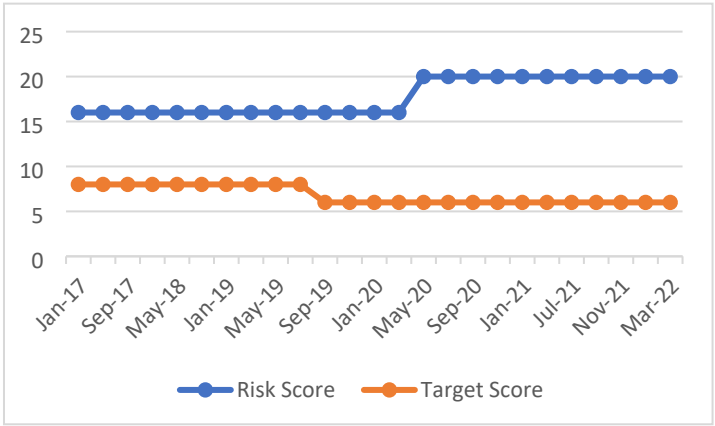
RISK APPETITE		
Category	**Appetite for Risk**	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

CRR 001 **Risk that:** once accessed, residents in Powys may receive poor quality of care	**Executive Lead:** Director of Nursing & Midwifery **Assuring Committee:** Patient Experience, Quality and Safety
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4	**Date last reviewed:** March 2022

Risk Rating
(likelihood x impact):
Initial: 4 x 4 = 16
Current: 5 x 4 = 20
Target: 2 x 3 = 6

Date added to the risk register
January 2017



Rationale for current score:

- National policy direction with some decisions outwith of local control.
- Refining the risk-based approach to health service provision
- The longevity and continued impact of the Covid-19 pandemic, compounded by the omicron variant, articulated via the 5 harms, on the ability of health boards and trusts to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact.
- Extension/continuation of the mass vaccination campaign including the redeployment of staff from a finite group to meet continued and increasing demands.
- Staff fatigue across all sectors impacting upon a whole systems approach to health and social care provision, adversely affecting organisation and system wide resilience.
- People presenting for treatment at a later stage resulting in greater acuity and complexity.
- UK wide prioritisation of recovery, opportunity predicated on a range of factors outwith of the Health Board's control.
- Pre and intra pandemic, Regulators and external bodies have identified poor quality of care in health boards and trusts in Wales and England where residents of Powys access services.
- Some services accessed by residents in Powys are in special measures, at level 4 escalation. They have independent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies.
- Some services accessed by residents in Powys have received internal audit reports which provided a limited level of assurance in relation to care and treatment, or services that impact upon it.

		Dependent oversight and scrutiny is mandated by government. The scope, pace and assurance available in terms of improvement varies. • Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisations and wider systems opportunity to recover and renew. • Commissioning assurance processes have been less achievable as a result of the pandemic and may not identify risks for Powys residents across the whole system. • The capacity, capability and processes for whole system quality and commissioning are finite. • The strategic plan to repatriate services as appropriate into Powys has been impacted upon by the pandemic. • Lack of clarity about pathways for Powys patients leading to sub-optimum care and potential for significant harm. • Non-compliance with statutory requirements including joint commissioning with the local authority (including Section 33). • Events outwith of providers control, e.g. adverse weather

Controls (What are we currently doing about the risk?)	**Mitigating actions (What more should we do?)** Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)		
▪ Cognisance and implementation of Welsh Government policy. ▪ Staff wellbeing initiatives in place internally and within other organisations. ▪ Escalated oversight and assurance arrangements in place related to patient flow, length of stay and community provision, in partnership with PCC and third sector. ▪ Consideration of Local Options Framework where indicated. ▪ Increased oversight and monitoring as part of escalated governance arrangements, in the form of the Delivery Coordination Group, reporting to Gold ▪ Harm review processes being undertaken reported via PEQS March 2022	**Action**	**Lead**	**Deadline**
	Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22
	Embed and ensure implementation of the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22
	Implement commissioning intentions for 2021-22	DPP / DoNM	In line with Annual Plan for 2021-22
	Robustly identify and articulate performance of all providers of planned care services for the	DPP / DoNM	In line with Annual Plan for 2021-22

▪ Enhanced reporting to Welsh Government. ▪ IMTP planning predicated on the impacts of COVID-19. ▪ Recovery and renewal key focus of PTHB Annual Plan for 2021/22 overseen by CEO led Portfolio Board. ▪ Non-recurrent revenue and capital secured for first phase of priorities. ▪ Risk-based implementation of the plan in relation to support infrastructure required, including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and, unscheduled care pressures. ▪ Progression of the North Powys Programme. ▪ Continued implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored at present. ▪ Implementation of the Clinical Quality Governance Framework. ▪ Implementation of the OD Framework. ▪ Focus on whole patient pathway improvement inclusive of provided and commissioned services for maternity, neonates, CAMHs. ▪ Refreshed approach to ensuring appropriate deployment of the workforce throughout the health board. ▪ Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored at present. ▪ Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic). ▪ Regular review at Delivery and Performance meetings. ▪ Scrutiny by Performance and Resources Committee. ▪ Scrutiny by Patient Experience, Quality and Safety Committee. ▪ Internal Audit. ▪ Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers. ▪ Individual Patient Funding Request Panel and Policy. ▪ WHSCC Joint Committee and Management Group. ▪ WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22.	people of Powys through the Commissioning Assurance Framework		
	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthening of commissioning intelligence in line with IMTP	DPP / DoNM	In line with Annual Plan for 2021-22
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP / DoNM	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP / DoNM	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP / DoNM	In line with Annual Plan for 2021-22
	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthen the whole system approach to the Big 4	DPP / DoNM	In line with IMTP
	Review of the health board's interface with SATH	DPP / DoNM	July 2021
	Receive the Wales Audit quality governance review and identify key areas for improvement	DONM	Aug 2021
	Agree and establish monitoring of the health boards provision of care and treatment using the principles of the commissioning assurance framework	DPCMH / DoNM	Sept 2021

▪ Emergency Ambulances Services Committee. ▪ Shared Services Framework Agreements. ▪ Section 33 Agreements. ▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home. ▪ Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2021-22. ▪ Development of a standard operating procedure re quality and safety in commissioned services ▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales). ▪ Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions). ▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process). ▪ Executive Committee approved LTA and SLA narrative (updated each year). ▪ CEO signed LTAs and SLAs for healthcare. ▪ CAF developed for General Dental Services. ▪ CAF developed for General Medical Services. ▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties). ▪ Prior approval policy in place (Following the EU exit the EEA policy has ceased to apply). ▪ INNU policy in place. ▪ Pooled fund manager for Section 33 Residential Care. ▪ SATH Improvement Alliance with UHB in place. ▪ Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. ▪ DGH and Specialised Work-stream within PTHB's COVID-19 response plan. ▪ PTHB CEO lead Programme Board involving 3 health boards and WAST.			

▪ Participation in cross-border command and control structures. ▪ Essential Services Framework implementation underway. ▪ PTHB Children's Home Group in response to the COVID-19 pandemic. ▪ Scheduled peer meetings with clinical teams in commissioned services focused on addressing concerns and sharing improvements in services where poor care has been identified. ▪ Review of policy and protocols within the health board to consider the whole patient pathway. ▪ CEO escalation where required.			
Current Risk Rating	**Additional Comments**		
5 x 4 = 20	Whilst the overall risk score remains unchanged, the rationale and controls are constantly changing, i.e. the static score does not reflect the nature of the risk itself. The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services. During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the original Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements. Whilst quality governance arrangements are developing within the health board, the pace of change has been stymied by the pandemic with service groups at varying stages of maturity. It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs remain in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are recognised extensive delays across the NHS for elective procedures with a growing		

	number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.). In Q4 of 2021/22 the Omicron variant has led to extreme pressure on DGH capacity both from patient volume and staff sickness levels with local decisions being made regarding the ability to receive patients for scheduled and unscheduled treatment. The **cumulative risk** in relation to commissioned services remains extremely challenging. Whilst, changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services. The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced. Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Worksteam Phase 2; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and

	planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Ceri Phillips**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**18 January 2022**

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

Presentation/Patient Experience

Members received a presentation from the Major Trauma Network (MTN). Four patient stories were presented by the MTN illustrating how the patient journey has changed since the inception. It was noted that the MTN would be peer reviewed in March 2022 by NHS England with a report due in June 2022 and the findings would be presented to the August 2022 QPS meetings. PROMS and PREMS were being built in across the network in partnership with Value in Health Wales and it was confirmed that patient information was available bilingually and a proactive app was being developed.

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:

1.0 Welsh Renal Clinical Network

The Committee received the report and took questions by exception. Congratulations were passed onto the Renal Network Team who had recently won a prestigious Nursing Times Award for Learning Disabilities Nursing for their home haemodialysis care of patient with learning difficulties.

2.0 Cancer & Blood

The Committee received an update regarding the burns services at SBUHB that is currently in escalation level 3 because of the closure of the Morriston Hospital Burns ITU due to staffing constraints. Extensive discussions with the South West and Wales Burns Network around the development of an action plan are ongoing and SBUHB have confirmed their commitment to re-opening the full burns service.

3.0 Cardiac

An update was received on GIRFT. In addition, the Committee received assurance that SBUHB was making good progress on the Action Plan relating to cardiac mitral valve surgery and noted that, once resolution was achieved on the vascular

pathway issues, consideration would be given to de-escalate the service from level 4 to level 3.

4.0 Mental Health & Vulnerable Groups

Members received a presentation on Mental Health Specialised Services. It was noted that the Coroner's Inquest following the death of a Young Person in Ty Llidiard back in March 2017 would commence on 17 January 2022 and was expected to last 10 days. An update on the judgment would be provided at the next meeting.

5.0 Neurosciences

Members received the Neurosciences Commissioning Team Update and noted the progress made.

6.0 Women & Children

The Committee was informed that the WHSSC Joint Committee had approved the extension at the request of SBUHB for the OCN for Neonatal Transport because of operational pressures caused by the COVID-19 pandemic.

Development Day

The Development Day was scheduled to take place on the 10 February 2022. A draft agenda was discussed and circulated prior to the event.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

Members noted that the cochlear services in Bridgend had been de-escalated and removed from the report. No new services had been added since the last report.

- **WHSSC Policy Group**

The Committee was reassured by the work undertaken by the policy group and requested a development session with members to fully understand the position in order be able to support any future work to align with the Committee's work plan.

- **CRAF Risk Assurance Framework**
- **CQC/HIW Summary Update**
- **Incidents and Complaints Report**

Items for information

Members received a number of documents for information only which members needed to be aware of:

- National Reporting and Learning System Letter from Welsh Government;
- Chair's Report and Escalation Summary to Joint Committee 12 October 2021;
- Q&PS Forward Work Plan;

• Q&PS Circulation List.
Key risks and issues/matters of concern and any mitigating actions No specific items were identified requiring reporting in addition to the above updates.
Summary of services in Escalation (Appendix 1 attached)
Matters requiring Committee level consideration and/or approval Members noted that the Neonatal Network Transport was already on the agenda to be discussed by Joint Committee on 15 March 2022
Matters referred to other Committees None identified
Confirmed minutes for the meeting are available upon request

Date of next scheduled meeting:	30 March 2022 at 13.00hrs

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	• 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	• 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. • Participation in weekly bed management panel meeting. • Medical workforce issues ongoing. Registrar due to start January 22. Consultant post still awaiting GMC/Royal College approval – appointed to in January 2021 so 12	

					months ago.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
March 2018 September 2020 August 2021	Ty Llidiard	CTMUHB	4	• Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance • SUI 11th September	• Escalation meetings held monthly, however Dec 21 meeting stood down due to operational pressures at CTM. • Funding from WG approved in Dec 21 to meet needs of gap analysis. CTM to conduct gap analysis against the service spec. • CTM UHB to finalise the SOP for Medical Emergency Response– discussions have been concluded. Awaiting publication and implementation of SOP by CTM. • Follow-up meeting to be arranged to discuss CTM OD report to agree any	

					additional elements and the time frame for delivery – Meeting scheduled for Dec 21 stood down due to operational pressures at CTM. • CTM UHB to share maturity matrix and agree a timeframe for the action plan. CTM to map against Ty Llidiard and report progress accordingly. • Coroner's inquest 17 January for 10 days • HIW unannounced visit 11 November – awaiting publication full report	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
September 2020	FACTS	CTMUHB	3	• Workforce issue	• 7 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. • The CQV meeting planned for December was stood down and re-scheduled for 3rd February 2022. • CTMUHB ILG have been asked to submit a Clinical Leadership Plan to address the substantive Consultant Psychiatrist post and Clinical Lead role. • The FACTS service specification is being finalized subject to input from CAMHS	

					colleagues.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
September 2019	Cochlear Implant Service	South Wales	4	• Quality and Patient Safety concerns from C&V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service.	• C&VUHB treating all patients. • Interim CHC arrangements agreed. • WHSSC Corporate Directors agreed that an initial key piece of work, which was started prior to the concerns raised about the Bridgend service should be re-established before the commencement of the engagement process. • 2 workshops took place in September. The first workshop concluded with the potential service models for appraisal. The second workshop undertook an option	Risk removed November 2021 

					appraisal on the models. The next steps are to undertake a financial option appraisal and consultation and engagement. • This risk was reassessed at the Neurosciences and Complex Conditions Commissioning Team meeting held in November 2021. It was agreed that because the required mitigating action is in place i.e. that service is being delivered by C&VUHB, that this risk can be closed and removed from the CRAF.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	SBUHB	4	• Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review	• 6 weekly meetings in place to receive and monitor against the improvement plan. • Plan to de-escalate to Level 3 following an agreed pathway for aorto-vascular cases. Initial meeting held but further clarity being sought in regards to best practice and cardiac team having sight of additional quality outcome data at the meeting planned for February 2022. Plan to de-escalate to level 3 will then be reviewed.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	C&VUHB	2	• Lack of assurance regarding processes and patient flow which impact on patient experience	• C&VUHB have an agreed programme of improvement work to address the recommendations set out in the GIRFT report. • Bi- monthly meetings agreed for monitoring purposes. WHSSC have not yet received an action plan from C&VUHB that outlines the programme of work and this has subsequently been escalated to Clinical Board for action.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
November 2021	Burns	SBUHB	3	• The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU.	• Mutual assistance in place via the South West and Wales Burns Network and wider UK burns escalation arrangements. Patients will be stabilised at Swansea and transferred to another centre if appropriate to their care needs. • Network and peer visit to Swansea has taken place to advise on interim and longer term solution. • SBUHB has confirmed its	

					commitment to re-opening the service. • The plan for re-opening burns ITU and commencing major burns level care is expected by end of January.	

Services in Escalation

Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Level of escalation increasing / worsening position