Patient Experience, Quality and Safety Committee

Thu 03 February 2022, 10:00 - 13:00

via Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

PEQS_Agenda_03Feb2022.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 02 December 2021 (for approval)

Attached *Chair*

PEQS_Item_1.3_Minutes 2 December 2021 v2 (002)AD.pdf (15 pages)

1.4. Matters arising from the previous meeting

Oral *Chair*

1.5. Patient Experience, Quality and Safety Committee Action Log

Attached *Chair*

PEQS_Item_1.5_PEQS Action Log_3 Feb 22.pdf (2 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL / RATIFICIATION / DECISION

There are no items for approval/ratification/decision

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Commissioning Escalation Report

Attached *Director of Nursing and Midwifery*

PEQS_Item_3.1_Commissioning Escalation Report 15022021 (002).pdf (13 pages)

3.2. Serious Incidents and Concerns Report

Attached *Director of Nursing and Midwifery*

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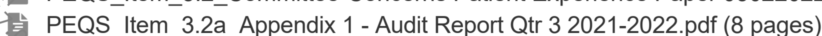
PEQS_Item_3.2_Committee-Concerns Patient Experience Paper 03022022.pdf (11 pages)


PEQS_Item_3.2a_Appendix 1 - Audit Report Qtr 3 2021-2022.pdf (8 pages)

PEQS_Item_3.2b_Appendix 2 - Improvement Plan PtR-December 2021v2.pdf (3 pages)

3.3. Maternity Services Assurance Framework

Attached *Director of Nursing and Midwifery*

PEQS_Item_3.3_2021-01-27-Executive Commitee-Maternity Assuarnce.pdf (13 pages)

10:00 - 10:00
0 min

4. ITEMS FOR INFORMATION

There are no items for information

10:00 - 10:00
0 min

5. OTHER MATTERS

5.1. Items to be Brought to the Attention of Board and Other Committees

5.2. Any Other Urgent Business

5.3. Date of the Next Meeting: 24th March 2022

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POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

03 FEBRUARY 2022,
10:45 – 13.00
TO BE HELD VIRTUALLY VIA MICROSOFT TEAMS

AGENDA			
Item	**Title**	**Attached /Oral**	**Presenter**
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes of the previous meeting held on 02 December 2021 (for approval)	Attached	Chair
1.4	Matters Arising from Minutes of Previous Meeting	Oral	Chair
1.5	Patient Experience, Quality and Safety Committee Action Log	Attached	Chair
2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
There are no items for approval/ratification/decision			
3	**ITEMS FOR DISCUSSION**		
3.1	Commissioning Escalation Report	Attached	Director of Nursing and Midwifery
3.2	Serious Incidents and Concerns Report	Attached	Director of Nursing and Midwifery
3.3	Maternity Services Assurance Framework	Attached	Director of Nursing and Midwifery
4	**ITEMS FOR INFORMATION**		
There are no items for information			
5	**OTHER MATTERS**		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
The Chair, with advice from the Board Secretary, has determined that the following items include confidential information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 ***"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"***			
5.2	Serious Incidents and Complex Concerns Overview		
5.3	Any Other Urgent Business	Oral	Chair

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5.4	Date of the Next Meeting: • TBA		

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 the Board Secretary, PowysDirectorate.CorporateGovernance@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.

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POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON THURSDAY 2 DECEMBER 2021
VIA MICROSOFT TEAMS

Present:	
Melanie Davies	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member (Committee Vice-Chair)
Ian Phillips	Independent member
Mark Taylor	Independent member
In Attendance:	
Alison Davies	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies and Health Sciences
Kate Wright	Medical Director
Stuart Bourne	Director of Public Health
Jayne Lawrence	Assistant Director of Primary Care Services
Joy Garfitt	Assistant Director for Mental Health Services
Paula Walters	Associate Director of Corporate Business
Cathie Poynton	PTHB Unison Branch Secretary
Elizabeth Patterson	Interim Head of Corporate Governance
Sara Utley	Audit Wales
Katie Blackburn	CHC
Apologies for absence:	
Vivienne Harpwood	PTHB Chair
Frances Gerrard	Independent Member
Jamie Marchant	Director of Primary, Community Care and Mental Health
Marie Davies	Deputy Director of Nursing
Wendy Morgan	Assistant Director of Quality and Safety
Rebecca Collier	Welsh Government
Committee Support:	
Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary

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PEQS/21/23	**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/21/24	**DECLARATIONS OF INTERESTS** No interests were declared.
PEQS/21/25	**UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 7 OCTOBER 2020** The minutes of the previous meeting held on 7 October 2021 were AGREED as being a true and accurate record.
PEQS/21/26	**MATTERS ARISING FROM PREVIOUS MEETINGS** No matters arising were declared.
PEQS/21/27	**COMMITTEE ACTION LOG** IC_EQS/21/06 - A final brief on the PSOW report be provided to EQS (In-Committee) – Update provided to IC-PEQS 2 December 2021. Action closed. IC_PEQS/21/07 - The statistics on clinical staff attendance of shared learning to be shared - Presentation to In-Committee by Assistant Director of Mental Health and Learning Disability, presented to Committee on 2 December 2021. Findings, including Physical Disability data would be integrated into the CAF which was under development. Action Closed IC_PEQS/21/05 - Presentation to In-Committee by Assistant Director of Mental Health and Learning Disability – to be brought to In-Committee on 3 February 2022. PEQS/21/17 - How issues identified in Audit Wales: WHSSC Governance Arrangements and WHSSC Management response would be addressed – No update was available, to

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	be maintained on the action log for the newly appointed Board Secretary's attention
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PEQS/21/28	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PEQS/21/29	**Audit Wales Review: PTHB Quality Governance Arrangements** The Director of Nursing and Midwifery presented the report which highlighted the completion of Audit Wales Review of Powys Teaching Health Board's Quality Governance Arrangements and the accompanying management response. The Wales Audit Review of Quality Governance Arrangements within Powys Teaching Health Board commenced in March 2021, reported during September 2021, with the final report received during October 2021. The Review concluded that overall, *"the Health Board is committed to ensure high quality, safe and effective services and has taken steps to improve its quality governance arrangements. There remains work to embed these arrangements, articulate the quality priorities of the organisation and ensure there are measures in place to demonstrate and monitor achievement to drive improvements across the full range of services provided and commissioned".* Implementation of the recommendations of the Review would form part of the Health Board's approach to securing highly effective quality governance arrangements, in line with expectations articulated in the newly published Welsh Government's Quality and Safety Framework: Learning and Improving (published 17 September 2021), supported by a Welsh Health Circular. *Regarding capacity constraints, was it possible that more funding would result in better complaints handling?* The Director of Nursing and Midwifery responded that there were different models in each Health Board and NHS Trust at present, hence whilst there could be some transferability in other organisation's approaches regarding team size and make-up, the team in Powys need to be able to respond to the local requirements, which also differed because of the

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	significant commissioning aspect, not experienced to the same extent in other health boards. Additionally, the issue of timely response related to the quality of the response provided, this was frequently where delay could occur. The need relates to increasing capability and capacity throughout the health board, not solely within the concerns team whose role was assurance, this work was underway within service groups as reflected in the audit Wales review. Sara Utley, Audit Wales agreed there were differences across Wales and added that Audit Wales were to publish a national overview in March – April 2022. *What learning could be gathered from staff survey findings?* The Director of Nursing and Midwifery responded that it was positive staff felt enabled to provide their true reflections in response to the survey and noted that whilst the majority or responses were positive there were some that were less so, which the service group would be able to base improvements upon. The health board's approach to the generic staff survey findings had been stymied because of the pandemic, however, the findings of the Audit Wales review referred specifically to the community services group and were easily accessible to inform discussion between staff and managers. The community servcei group will be asked to respond in terms of actions taken related to the survey, as part of the service groups next quality report to Committee. **Action: Director responsible for the Community Services Group** *What progress had been made on system procurement to capture patient feedback?* The Director of Therapies & Health Sciences responded that PTHB was in the process of procuring Civica Software which would enable the collection of data from various sources. Tracking of patient feedback is key as outlined in the Clinical Quality Framework. The Committee DISCUSSED the review and NOTED the management response.
PEQS/21/30	**Quality Governance Arrangements: Primary Care Services** The Assistant Director of Primary Care Services presented the paper which provided an update on the Primary Care quality governance arrangements across independent contractors.

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	The monitoring and assurance of the delivery of General Medical Services (GMS) and General Dental Services (GDS) across PTHB was pulled together via the PTHB Commissioning Assurance Framework (CAF). CAF dashboards were in place for all GDS and GMS contracts. The elements in the CAF that linked to the regulations were the only enforceable contractual levers the Health Board could progress. Community Pharmacy did not have a CAF in place at this point. Community Pharmacy contractors operated in line with a contractual framework, as set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Optometry services were not contracted in the same way as the other three contractors at present, however national Optometry Contract Reform was ongoing and was expected to be phased in from April 2022 onwards over a three-year period which would inform future contract monitoring requirements. *When would patient experience information be reintroduced into CAF reports?* The Assistant Director of Primary Care Services responded that the new GMS contract agreement was effective from 1 December 2021. Patient satisfaction measures were re-established and patient surveys were being reintroduced. *What was the recourse if a patient had a problem outside the service?* The Assistant Director of Primary Care Services responded that contractual levers could be used against breach of contract. Other issues would still be brought through the Health Board. An assurance process was in place to work with and improve services. *What feedback was being gained from soft intelligence?* The Committee Chair noted that patient surveys were due to be reintroduced in 2022. The Director of Nursing and Midwifery added that information about the way in which people experience primary care could also be gained from incidents and concerns. The Medical Director added that Primary Care was seeing patients at above pre-pandemic levels. Collated data would help display a rounded picture for Primary Care.

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	Why was Primary Care outcome data being presented to the Delivery and Performance Committee and not the Patient Experience Quality and Safety Committee? It was confirmed that the outcome of access standards would be brought to the Patient Experience, Quality and Safety Committee, with overall performance metrics provided to the Delivery and Performance Committee. The Director of Nursing and Midwifery added that a CAF equivalent report for provider services would be beneficial for standardised reporting across services. *Given the different metrics of Primary Care would the CAF report on more services?* The Assistant Director of Primary Care Services responded that CAFs were only in place on some services. The Director of Nursing and Midwifery confirmed that a workshop was to be undertaken on extending CAF to locally provided services. The Committee DISCUSSED the review and NOTED the report.
PEQS/21/31	**Integrated Quality Report: Directorate of Primary, Community Care and Mental Health** The Medical Director presented the report which provided a summary of patient quality and safety metrics across three service groups within the DPCCMH Directorate. The report consolidated information across these three groups for the period up to September 2021. Whilst formal reporting of Delayed Transfers of Care were suspended nationally, the issue of patient delays remained. Delays due to challenges in the care home and domiciliary care sector were at their highest level for a number of years and were having a demonstrable impact within the Powys wards, both community and mental health wards. This was impacting on patient length of stay and had inherent risks for patients in terms of issues such as deconditioning associated with longer lengths of stay. There was a focus on this area within the winter and system resilience plans of the Health Board, with partners, to radically reduce this in the coming weeks. The reports showed improved performance in waiting time positions. There was a specific demand for registered nurses.

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	A key priority for the Women and Childrens service group remains the improvement in access to neuro-developmental (ND) services. The Committee was to note that CAFs were already in place for maternity and mental health/learning disabilities services. **CSG Quality Governance Paper Q2 2021** The Medical Director presented the report which expanded on the report presented for Q1 to the PEQS Committee in October 2021, outlining the position relevant to Q2. The Community Service Group 2021/22 Priority Quality Metrics were aligned against the organisational goals and were used as a basis in which to report and provided an update on Quality and Governance activity within the Group. The following Quality Metrics were discussed within the paper: • Update on the work of the CSG Quality and Patient Experience Group • Hospital Acquired Pressure Ulcers • Inpatient Falls • Infection Prevention and Control (IPC) data • Patient Experience Report • Updates on audits reported, presented through Learning Groups • Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) • inspections • Elective Waiting Times, including Therapies and Diagnostics • Delayed Transfers of Care (DTOC) • Serious Incident Report, themes • Complaints received, themes and response times • Lessons learned Due to the change over from Datix to the Once for Wales System some data has not been made available at the time the report was produced. *To what extent was management of pressure ulcers and urinary infections more effective in hospitals than in the community?* The Director of Nursing and Midwifery responded that there were a number of factors to consider if comparing outcomes by setting, for example, the community environment i.e. people's own homes, was a less controlled setting including the type of care required, the quantity and timing of care provided, access to equipment etc. The environment in care homes also differed to that in hospital where in theory

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	individuals in hospital are unstable and therefore more prone to deterioration. A report would be brought to Patient Experience Quality and Safety on 3 February 2021 including information on instances of pressure ulcers and CAUTI (catheter acquired urinary tract infections) in care homes, community hospitals and community nursing. **Action: Director of Nursing and Midwifery** *Could pressure ulcer progression be mitigated to prevent progression to stage 2?* The Director of Nursing and Midwifery responded that there was a well-established all Wales approach to the prevention of pressure ulcers, including a standardised evidence-based assessment tool used in all health boards in Wales. It was possible to prevent progression; however, the development of pressure ulcers was not always linear and there were a range of factors that affected the prevention and speed at which pressure ulcers could develop. The tissue viability service supported ward and community-based staff in the prevention and management of pressure sores, a previous report brought to Committee in the last year provided more detail on the management of pressure ulcers within the health board. *To what extent would an in-reach type service to care homes to support staff in management of aspects of care such as drips?* The Director of Nursing and Midwifery responded that the IPC support provided to care homes had been enhanced over the last 18 months - 2 years in response to the covid 19 pandemic, the principles of IPC relate to all infections. The enhanced response to care homes has been previously reported to the PEQs Committee. **Mental Health and Learning Disabilities Service Group Quality Metrics** The Assistant Director for Mental Health Services presented the report. This outlined the quality indicators identified in the MHLD service group that form the service Quality Metrics which were being monitored by the service group for the reporting period July to September 2021. Reports to Quality Governance Group in June and Patient Experience and Quality and Safety (PEQS) Committee in July 2021, outlined the mechanisms for monitoring quality and safety. Following on from the report to PEQS in October 2021, this report presents specific metrics for the Mental Health and Learning Disabilities (MHLD) service group for the period of July to September 2021.

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	This report includes data from the Commissioning Assurance Framework (CAF) for Mental Health and Learning Disabilities (MHLD) Service Group as a quality assurance and performance process within the health board, reflecting the service progress against the Mental Health (Wales) Measure 2010. This paper includes indicators in addition to the Mental Health Measure, highlighting wider quality components of the MHLD services. A separate paper on compliance with the Mental Health Act has been developed for the PEQS committee for December 2021. *In what settings did the sections on effectiveness of service and incidents of violence where restraint was used occur?* The Assistant Director for Mental Health Services responded that the sections referred to inpatient restraint. Figures of incidents had gone up; however, this was identified as a result of a small number of patients. *What was the number of hospital admissions through the Dementia Home Treatment Team?* The Assistant Director for Mental Health Services responded that Dementia Home Treatment Teams outcomes, when comparing home versus unit cases, were more clinically complex but also more successful. The team were moving individuals back into the community from hospitals as soon as possible where appropriate. Treatment at home was also undertaken as a preventative measure to mitigate the need for admissions. There had also been a shift into making more planned admissions thereby reducing the number of emergency admissions. **Quality Report for Women and Childrens (W&C) service Group** The Medical Director presented the report which provided 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 July to September 2021. *Had the school nurse service been fully reinstated?* The Director of Nursing and Midwifery noted that most school nurses had returned to their posts and were now focussed on the school flu campaign (primary and secondary). New guidance from the Joint Committee on Vaccination and Immunisation meant that difficult choices may need to be made in the near future regarding deployment of staff, balanced with the essential services guidance. *What was the procedure when a red maternity alert was flagged?*

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	The Director of Nursing and Midwifery responded that maintaining a safe and flexible workforce was key. A red alert prompted contingency arrangements to be activated including changes to the on-call arrangements, and senior midwifery staff members stepping into the roster where this was required. Additionally, the number of birth centres utilised is regularly reviewed to ensure the safe provision of maternity services The Committee DISCUSSED and NOTED the reports.
PEQS/21/32	**Mental Health Act Compliance Report, including a report of the Power of Discharge Sub-Group** The Assistant Director for Mental Health Services presented the report which provided assurance that Powys Teaching Health Board was compliant with the legal duties under the Mental Health Act 1983 (MHA). The services delivered and Mental Health Act requirements discharged by the Mental Health and Learning Disabilities service group during the reporting period were compliant with the Mental Health Act (1983, amended 2007). This included functions of the Mental Health Act which had been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation were being carried out correctly and that the wider operation of the Act across the Health Board area was operating within the legislative framework. *Could work on Section 136 and Community Treatment Orders be covered to provide a greater understanding?* The Assistant Director for Mental Health Services confirmed that all patients were on Community Treatment Orders. The Interim Head of Corporate Governance advised that requests for training would be considered as part of the Board Development programme. **Action: Board Secretary** The Committee NOTED the contents of the report and RECEIVED assurance that the performance of the service in relation to the administration of the Mental Health Act 1983 had been compliant with legislation.
PEQS/21/33	**Putting Things Right, Compensation and Claims Report**

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	The Director of Nursing and Midwifery presented the report which provided the Committee with an overview of the way in which Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 August 2021 to 31 October 2021. Progress on refreshing the Patient Experience Framework was reported alongside related activities, following the Patient Experience Steering Group in November 2021. *How would PTHB be able to identify when the increased systematic work had closed the loop?* The Director of Nursing and Midwifery responded that there were a number of ways including continuation of the deep dive or targeted deep dives, regular reporting of progress with the commensurate application of scrutiny, the number of PSOW referrals, outcomes from the learning group, reduction in themes and trends for specific types of incidents, improved performance against nationally set targets and implementation of the clinical quality framework. assurance could then be taken. The Committee DISCUSSED the review and NOTED the report.
PEQS/21/34	**Regulatory Inspections Report** The Director of Nursing and Midwifery presented the report which articulated the receipt and outcomes of regulatory inspections that had occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard. Recent activity related to Healthcare Inspectorate Wales (HIW) inspections included the notification of an inspection of the Brecon and District Community Mental Health Team, which was scheduled to take place on 14 and 15 December 2021. A Quality Assurance Inspection by Cervical Screening Wales was to be undertaken of the Colposcopy Service at Newtown Hospital on 23 November 2021. A dashboard overview of the current position was provided, related to the implementation of actions in response to recommendations from the Health and Social Care Regulators. The Assistant Director of Mental Health and Learning Disability provided an update on the progress made in applying the recommendations in mental health settings.

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	The Committee NOTED the report.
PEQS/21/35	**Safeguarding:** **a) Annual Report** **b) Internal Audit Report – Midwifery Safeguarding Supervision** This item was deferred to 3 February 2022.
PEQS/21/36	**Commissioning Escalation Report** The Director of Nursing and Midwifery presented the report that highlighted the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework. The report highlighted providers in Special Measures or scored as Level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September 2021. Based on commissioner / provider meetings with all commissioned providers outside of Powys during September and October 2021, along with the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings had been maintained from those set in August 2021. As reported to the recent Delivery & Performance Group held on 21 October 2021, there were: • 2 providers with services in Special Measures • 1 provider at Level 4. The report also provided: • 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. It was noted that an Inspection undertaken in September 2021 by Health Inspectorate Wales focusing on Prince Charles Hospital, Merthyr Tydfil was due to be published on 15 December 2021. The report did not yet consider reports related to the Grange Hospital, Aneurin Bevan University Health Board and the functioning of its emergency pathways, formal communication from ABUHB is awaited.

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	The Committee Chair noted that the commissioning escalation report was due to return to Patient Experience Quality and Safety Committee on 3 February 2021. *Could PTHB be compared to other Health Boards standards?* The Medical Director responded that it would be an interesting comparison as for Health Boards in special measures the targets to move out of special measures were very challenging. *Was there an update on the Wye Valley position?* The Director of Nursing and Midwifery responded that continued scrutiny related to Wye Valley, along with other series in enhanced monitoring, was being applied as part of the established commissioning assurance framework approach. The Committee DISCUSSED the review and NOTED the report.
PEQS/21/37	**Quality Improvement Update including:** **a) Quality Improvement Activity** **b) Research and Development Update** **c) Learning Update** The Medical Director presented the report which provided an update on quality improvement activity within Powys Teaching Health Board (PTHB). The challenges facing health and care services were well documented. Innovation and improvement were key enablers that would support the achievement of the collective ambition to improve health care services for the people of Powys. There was a need, to maximise the value from innovation and improvement. Staff and patients were best placed to identify, create and deliver the improvements that needed to be made to PTHB services. To achieve this a culture of learning, openness and transparency was required. Staff needed to be supported and innovation and improvement were to be encouraged. This would help us improve patient care, outcomes and to develop value-based models of care. *Could further information be provided on the cultural work?* The Medical Director responded that it had been noted that there would be some cultural changes.

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	The Committee NOTED and APPROVED the quality improvement activity within PTHB.
PEQS/21/38	**Clinical Quality Framework Update** The Director of Nursing and Midwifery presented the report which provided: ▪ Progress made on implementing the Health Board's Clinical Quality Framework Implementation Plan, 2020-2023, since the last report in June 2021. The Clinical Quality Framework contributed to the Organisational Development Strategic Framework. ▪ Described the WHC 2021/022 Publication of the Quality and Safety Framework and understood how this impacted PTHB ▪ Identified the requirements of the Quality & Safety Framework, where they were currently met within the Clinical Quality Framework Action Plan actions, any gaps and how these could be met ▪ Described the impact learning from Covid-19 had had along with the revised expectations nationally, and whether this had changed our priorities and / or timelines *Aspects of the report were disjointed in fitting the framework to the Welsh Government guidance. To what extent did PTHB have the resources required for a strategic refresh and could it be achieved?* *Could the deadline be moved to March 2022?* *How would PTHB coordinate crosscutting issues which are considered in the Workforce and Culture Committee? How would capacity and redefinition be balanced?* The Director of Public Health responded that this was a crucial area of work, however, capacity and capability had impacted on the rate it could be progressed. The Medical Director confirmed that capacity was an issue. The situation was dynamic; however, the framework provided a good method for self-monitoring with progress made, albeit slowly. The Director of Nursing and Midwifery added that it had not been possible to progress as quickly as was desired by all involved. The current actions were specific and functional but some no longer fit, therefore redefinition was necessary to set targets. The disjointedness was a result of the necessity to bring together multi-levelled policies and guidance, set nationally and the changing direction of travel within. It was agreed that the aim would continue to be revision by the end of March 2022, with the caveat that the

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	covid19 pandemic may adversely impact upon the ability to do so. The Committee DISCUSSED the review and NOTED the report.
ITEMS FOR INFORMATION	
PEQS/21/39	There were no items for inclusion in this section.
OTHER MATTERS	
PEQS/21/40	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There are no items for inclusion in this section
PEQS/21/41	**ANY OTHER URGENT BUSINESS** There was no urgent business.
PEQS/21/42	**DATE OF THE NEXT MEETING** 3 February 2022, via Microsoft Teams.

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Key:

Completed
Not yet due
Due
Overdue
Transferred

PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

ACTION LOG FEBRUARY 2022

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		
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		
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	Will be brought to additional meeting March 2022	

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PEQS/21/32	2 Dec 2021	Requests for training to be considered as part of Board Development Programme	Board Secretary		

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Powys Teaching Health Board

AGENDA ITEM: 3.1

Patient Experience Quality and Safety Committee		DATE OF MEETING: 3 February 2022
Subject:	**COMMISSIONING ESCALATION REPORT**	
Approved and presented by:	Director of Nursing & Midwifery	
Prepared by:	Quality and Safety Commissioning Lead Assistant Director of Performance and Commissioning	
Other Committees and meetings considered at:	Executive Committee, 27 January 2022	

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 Escalation 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

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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) did not meet in September 2021. Based on commissioner/provider meetings with all commissioned providers outside of Powys during November and December 2021, along with the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings have been maintained from those set in October 2021, 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

It is noted that a further inspection is scheduled in January 2022 by NHS Improvement and NHS England focusing on The Royal Shrewsbury Hospital. The feedback report 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 that will take time to recover, Welsh Government are increasing the emphasis and focus on planned care supported by the development of a national operational

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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.

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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.

During a SATH Board of Directors Meeting on 9 December 2021, it was noted that whilst the Trust remains with an overall rating of inadequate, the most recent CQC report recognises the significant improvements that have been made across many areas, and the further work required to continue the improvement in their services. Previous Trust action plans are being reviewed to incorporate CQC findings identified in November 2021.

Provider	Area of Measure	Oct 2021	Nov 2021	Dec 2021	Change in Status
Shrewsbury and Telford Hospital NHS Trust	Quality & Safety				⟷
	Self-reported patient experience				
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & strategic change	NOT RATED but as reflected in CQC findings			

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 24 November 2021, advised, and assured in relation to the following matters*:*

Alert	There is extreme pressure on the unscheduled care work with high demand and associated challenges in attaining triage assessment targets for both adults and children.

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	There are difficulties in maintaining flow through the hospital bed base with reduced home care, nursing home and community bed capacity. Staffing challenges were reported as an ongoing issue. Current IPC challenges in maintaining some basic hygiene measures linked to commodes on wards and COVID-19 outbreaks on wards likely linked to more transmissible variant strains.
Assurance	The performance against sepsis identification and treatment targets have shown a sustained improvement. Q&S Assurance Committee accepted the updated Maternity and Neonatal Safety Champions Pathway document. This describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS) and the Regional Chief Midwife, and has been reviewed in line with new perinatal quality surveillance model
Advised	Issues remain around high numbers of complaints and a business case is being developed to restructure the approach to complaints and PALs. Falls within the hospital setting (mainly at the bedside) are increasing. This is also reflected in national trends. There is good evidence of improved assessments and training The committee received a presentation looking at plans to address issues identified by CQC with respect to End of Life care. This plan is being reviewed to incorporate further CQC findings from their most recently published report.
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.

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.

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The PTHB Deputy Medical Director attends the ICAM and feeds in any system related concerns from North Powys GPs which have included the relationship between acute and out-patient services; scanning, particularly CT in relation to cancer; and the responsiveness of SaTH to concerns. SaTH is revising its processes to ensure a timelier response to concerns, it is addressing CT capacity and states it is prioritising people with cancer.

SATH remains an escalated matter for PTHB. Overall, the metrics and intelligence show an organisation still addressing major difficulties. The view of other stakeholders appears to be that the appropriate improvement actions are underway and it is acknowledged it will take time to fully turn this situation around. PTHB will seek to restore the regular CEO level escalation meetings which were disrupted by the COVID pandemic.

Cwm Taf University Health Board (CTMUHB)

CTMUHB's maternity services are in special measures. An Independent Maternity Oversight Panel (IMSOP) is in place, which provides independent oversight arrangements of maternity and neonatal services at CTMUHB. Please see the maternity assurance paper also presented at today's Committee for more detailed information.

Health Inspectorate Wales (HIW) completed an unannounced inspection of Prince Charles Hospital within Cwm Taf Morgannwg University Health Board on 13, 14 and 15 September 2021 and published its report on 15 December 2021.

The Emergency Department (ED) & the Clinical Decision Unit (CDU) were visited during this inspection. HIW focus on CDU was due to significant concerns received by HIW relating to staffing. However due to an outbreak of covid-19 at the time of inspection, the focus was mainly on ED services.

At the time of inspection, the Emergency Department was experiencing a period of heightened pressure due to demand on services as a result of the Covid-19 pandemic. There were significant issues with bed availability and patient flow throughout the hospital. HIW acknowledged that this was a very challenging and stressful environment for some staff, who were working above and beyond in exceptional and challenging conditions.

HIW found that the health board was not fully compliant with a number of Health and Care Standards and highlighted areas of concern which could present an immediate risk to the safety of patients. The main concerns included poor patient experience across both the Emergency Department and Clinical Decisions Unit, and patient dignity was not always maintained. There was overcrowding in the Emergency Department and risks to health and safety were not managed appropriately, with poor infection prevention and control arrangements.

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HIW highlighted concerns regarding many aspects of the delivery of safe and effective care and they were not assured that all the processes and systems in place were sufficient.

The quality of management and leadership was not sufficiently focused and robust. The wider leadership and governance arrangements, beyond direct management of the Emergency Department, were not having an effective or supportive impact.

Areas of concern which could present an immediate risk to the safety of patients included:

- Arrangements for the prevention and control of infection
- Arrangements for oversight and access to the waiting room in the ED
- Insufficient facilities to undertake essential clinical interventions
- The use of the GP assessment area to assess COVID-19 positive patients
- General environmental safety and security
- Provision of toilets within the ED
- Staffing of the paediatric area within the ED
- Environment of the paediatric area
- Screening and monitoring of patients
- Staff were unhappy and struggling with their workload
- Wider leadership and governance beyond direct management of the ED

19 immediate improvement patient safety actions were identified by HIW and 8 improvements. The full report, along with CTMUHB's immediate improvement plan and overall improvement plan, are included in **appendix 1.**

Special Measures					
Provider	**Area of Measure**	**Oct 2021**	**Nov 2021**	**Dec 2021**	**Change in Status**
Cwm Taf Morgannwg University Health Board	Quality & Safety				⟷
	Self-reported patient experience				
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulation's inspection of the Nuclear Medicine Department within the Royal Glamorgan Hospital on the 4 and 5 October 2021 and published its findings on 6 January 2022.

The review found that overall, the staff had a clear understanding of their duty holder roles and responsibilities in line with IR(ME)R 2017. There was very positive

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feedback provided from patients about their experiences when attending the department. The environment promoted privacy and dignity of patients and found that staff treated patients in a kind, respectful and professional manner. Some areas for improvement were identified:

- Implementing arrangements to routinely collate patient feedback on the services provided within the department
- Ensure staff appraisals are being carried out, to allow for training and development needs to be identified and monitored
- Ensure all staff are up to date with mandatory training requirements
- Explore and identify actions to tackle any potential areas of discrimination

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

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	Oct 2021	Nov 2021	Dec 2021	Change in Status
Wye Valley NHS Trust	Quality & Safety				↔
	Self-reported patient experience				
	Access				
	Finance	BLOCK AGREEMENT			
	Governance & Strategic Change	NOT RATED			

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.

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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 in order to maintain urgent, emergency and essential services e.g., cancer treatments. Private sector capacity has also been commissioned by other health boards/NHS Trusts in order 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.

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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 (November 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	359	76	47	13	8	0	**503**
101 - UROLOGY	115	23	6	9	0	0	**153**
110 - TRAUMA & ORTHOPAEDICS	489	49	24	5	0	0	**567**
120 - ENT	359	14	7	5	0	0	**385**
130 - OPHTHALMOLOGY	651	79	19	0	0	0	**749**
140 - ORAL SURGERY	244	39	36	28	26	0	**373**
143 - ORTHODONTICS	6	4	1	0	0	0	**11**
191 - PAIN MANAGEMENT	98	0	0	0	0	0	**98**
300 - GENERAL MEDICINE	38	3	1	0	0	0	**42**
320 - CARDIOLOGY	108	5	2	0	0	0	**115**
330 - DERMATOLOGY	43	0	0	0	0	0	**43**
410 - RHEUMATOLOGY	100	9	6	1	0	0	**116**
420 - PAEDIATRICS	30	0	0	0	0	0	**30**
430 - GERIATRIC MEDICINE	30	0	0	0	0	0	**30**
502 - GYNAECOLOGY	298	21	2	1	0	0	**322**
Grand Total	**2968**	**322**	**151**	**62**	**34**	**0**	**3537**

RTT performance in Powys remains robust with gradual improvements reported since September 2020, 83.9% of patients wait < 26 weeks in November 2021, higher than any other health boards in Wales. It is noted the majority of this recovery of

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performance has been achieved without the Welsh Government non-recurrent funding input to date. The All-Wales benchmark for October 2021 is 54.9%, Powys ranks 1st.

Commissioned Providers

Nov-21		Patients Waiting						
Welsh Providers	**% of Powys residents waiting <26 weeks for treatment (Target 95%)**	**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	57.9%	1227	252	192	174	182	91	2118
Betsi Cadwaladr University Local Health Board	44.6%	233	53	81	40	77	38	522
Cardiff & Vale University Local Health Board	54.1%	217	39	41	33	43	28	401
Cwm Taf Morgannwg University Local Health Board	45.1%	225	47	51	55	66	55	499
Hywel Dda Local Health Board	54.3%	797	136	164	182	138	52	1469
Swansea Bay University Local Health Board	46.0%	870	194	219	176	211	223	1893
Total		**3569**	**721**	**748**	**660**	**717**	**487**	**6902**

Welsh Commissioned services have the highest proportion of patients waiting very long periods of time for treatment e.g., +104 weeks (487 patients). English commissioned services have shown improved performance in comparison, and residents within English providers wait considerably less time to treatment on average with only 35 remaining beyond 104 weeks.

Oct-21		Patients Waiting						
English Providers	**% of Powys residents waiting <26 weeks for treatment (Target 95%)**	**0-25 Weeks**	**26-35 Weeks**	**36-52 Weeks**	**53 to 76 Weeks**	**77 to 104 Weeks**	**Over 104 Weeks**	**Total Waiting**
English Other	74.9%	215	39	18	8	6	1	287
Robert Jones & Agnes Hunt Orthopaedic & District Trust	65.1%	1655	297	325	160	83	22	2542
Shrewsbury & Telford Hospital NHS Trust	71.2%	2493	419	371	152	67	0	3502

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Wye Valley Trust	68.2%	2120	431	369	98	77	12	3107
Total		**6483**	**1186**	**1083**	**418**	**233**	**35**	**9438**

Conclusion

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.

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS because of the response to the pandemic. This has been exacerbated this summer by unscheduled care pressures within surrounding DGHs, which exceed the pre-COVID levels.

Addressing this situation is a key focus of the renewal approach in the annual plan for 2021/2022. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare. £2.5million non-recurrent revenue and £550,000 capital have been secured to help take forward Phase 1. However, at present, there are significant risks in relation to recruitment, procured solutions and the pace of recovery due to unscheduled care demand.

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.

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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				
	None	**Low**	**Moderate**	**High**	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.
Clinical			√		
Financial			√		
Corporate			√		
Operational	√				
Reputational			√		

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GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board

Agenda item: 3.2

Patient Experience, Quality & Safety Committee	3 February 2022
Subject:	**PUTTING THINGS RIGHT, COMPENSATION CLAIMS REPORT** **PATIENT EXPERIENCE FRAMEWORK**
Approved and Presented by:	Alison Davies, Executive Director of Nursing & Midwifery
Presented by	Wendy Morgan, Assistant Director Quality & Safety
Prepared by:	Alison Davies, Director of Nursing & Midwifery Wendy Morgan, Assistant Director Quality & Safety
Other Committees and meetings considered at:	Executive Committee 12 January 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 compensation claims activity for the period 1 November 2021 to 31 December 2021.

This paper also reports on progress seeking approval to support the procurement of the Civica patient experience system.

RECOMMENDATION(S):

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

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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, patient safety incidents, and compensation claims for the period 1 November 2021 to 31 December 2021, including trends.

This paper also reports on progress seeking approval to support the procurement of the Civica patient experience system.

2 Assessment

2.1 Policies and procedures

The following Policy, Procedure and Guidance was scheduled for consideration by the Board:

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- 'Putting Things Right' Policy for the Effective Management and Resolution of Concerns;
- 'Putting Things Right' Procedure for the Effective Management and Resolution of Concerns
- 'Listening, Acting and Learning: 'Putting Things Right' and Management of your Concerns' (for public use)

2.2 Putting Things Right Audit and Assurance Plan

This paper provides an overview of the third quarter audit completed as per schedule, at **appendix 1**. Implementing improvement actions has continued and has focused on enabling service groups to communicate delays slightly earlier to concerns team, timely communication to be provided to complainants with regards to position of their response, and the approach to concerns where complainants do not provide consent to investigate the concerns raised. These areas continue to be included within the Putting Things Right improvement plan and are monitored regularly (**appendix 2)** via is a single aggregated plan to maximise improvement.

2.3 Implementing the all Wales Patient Safety Framework

Internal meetings overseeing the implementation of the revised all Wales Patient Safety Framework and supporting staff have continued, albeit less frequent over the past two months as the need has reduced. The most recent update on Phase 2 of the national work is progressing through the National Reporting Incident Implementation Collaborative (NRIIC). At the most recent meeting in December 2021 feedback on patient safety incidents reported at national level since implementation 14 June 2021 was provided. Also, sharing further areas of work in development, including considering reporting of patient falls where harm has occurred within a 60 working day timeframe.

The Delivery Unit are involved in the development of a portal that links with the new RLDatix which will allow health boards and NHS Trusts to automatically submit a patient safety form that meets their reporting criteria. Two health boards will trial the system in January 2022. The aim to go live in April 2022 across Wales.

The Director of Therapies and Health Sciences continues to oversee the incident reporting working group. Good progress has been made and there are now 13 clinical incident reports that remain open on the old Datix reporting system that preceded the Once for Wales Concerns Management System, for which active management has been requested to review and either close or transfer the incidents to the new RLDatix system.

A tender to attract interested parties to provide investigation officer services was advertised in November 2021, but did not attract any interested parties. A job description for a clinical investigator role focussing on investigations is being

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developed for use via the nurse bank which will enable a means by which individual can be utilised on a case by case basis.

2.4 Once for Wales Content Management System

Ongoing implementation of the Once for Wales Content Management System (OFWCMS) continues Wales wide. In the previous paper to this Committee the occurrence of an information governance breach was flagged whereby personally identifiable information was made available to members of staff who would not normally receive it. Following corrective action, the national OFWCMS team were asked by the health board to undertake a review to consider the scope and scale of the situation and the risk of a similar event reoccurring, in particular, to consider the structure and allocation of the security groups and profiles within the Powys Teaching Health Board Datix Cymru system and analyse the risk of unwanted system behaviour. The preliminary findings, provided a limited assurance position and concluded a medium risk of unwanted system behaviour occurring, such as unexpected email notification and record access to unintended users. This report has led to the following actions:

- Responsibility for updating security groups and profiles has passed to the OFWCMS Central Team.
- The OFWCMS Central Team are working to establish revised security groups and profiles. Once these accounts are developed approximately a two-day timeframe to put the rebuilt structures in place will be required. This will need the system to be off line for this to take place, business continuity arrangements are needed and will be in place once work required is known.
- Reduced access to the system locally with additional training in User Account Management.
- Work commenced January 2022 to develop a fresh user account record, this is a list of all users of the system across the health board.

Local discussion has identified the DatixRL function will be managed within the Information Department, maintaining strong links to the Quality and Safety Team. A paper outlining the change and how it will work will be provided to the Executive Committee in the coming weeks.

2.5 Supporting learning and improvement

The health board's PtR training programme commences in February 2022, a Powys announcement has been issued requesting staff to book into planned sessions.

In sharing learning, a Powys announcement is being prepared for issue to include lessons and wider learning from incidents and complaints that are generated from the bi-monthly redress panels.

2.5.1 Initial learning from a review of children and young people's health records

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The Safeguarding Team undertook a review of children and young people's health records from which a range of areas of practice were identified as requiring improvement. Service leads and managers were asked to share the learning with all practitioners and to consider the areas identified within their own practice. Practitioners were also reminded the importance of adhering to their own professional code/standards and health board policies in relation to record keeping and storage of documents.

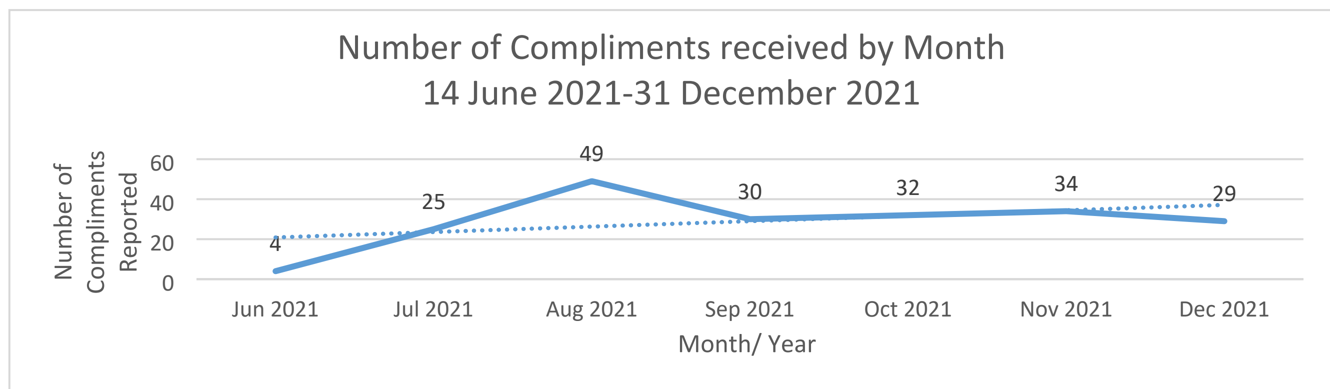
2.6 Outputs and outcomes of Putting Things Right

The data used within this report has been extracted from the new Once for Wales Content Management System (RLDatix) and reflects health board wide reporting patterns.

2.6.1 Compliments

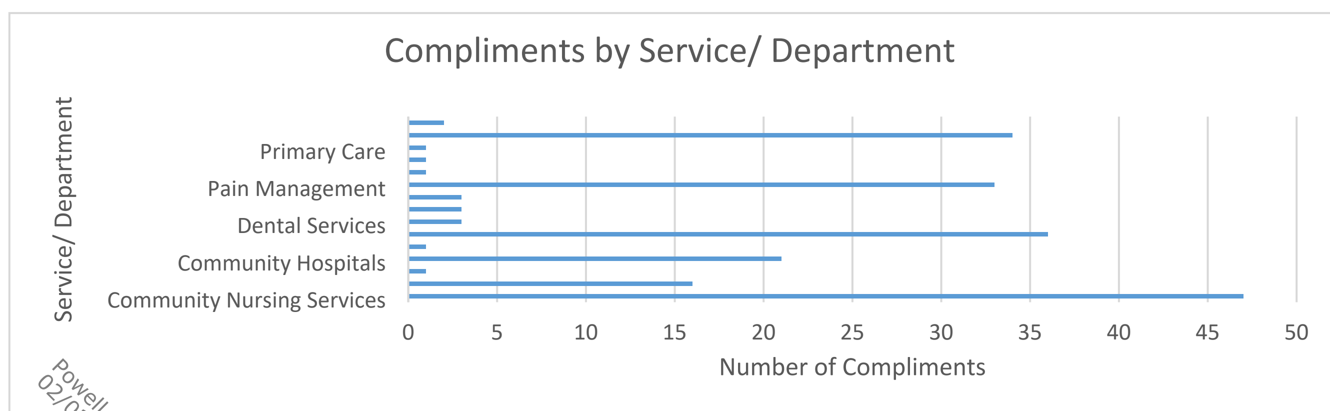
Between 1 November 2021 and 31 December 2021, a total of 60 compliments were recorded on the RLDatix system, a combination of cards, letters, emails, gifts, food & drink and financial contributions to charitable funds.

Graph 1: Total number of compliments received between 14th June – 31st December recorded via the OFWCMS RLDatix system



Source: Feedback Module OFWCMS RLDatix system

Graph 2: Compliments by Service/ Department Reported via the OFWCMS RLDatix system 14th June – 31st December



Source: Feedback Module OFWCMS RLDatix system

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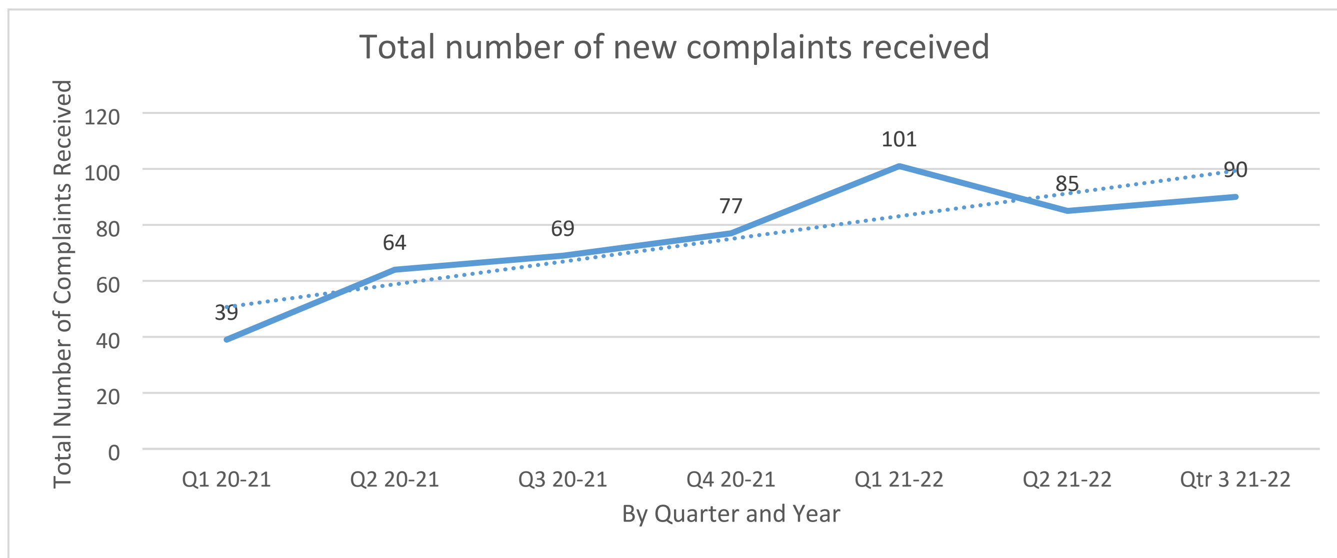
2.6.2 Concerns (complaints) Summary Position

For the purpose of this report, the concerns data is taken from the quarterly validated return prepared for submission to Welsh Government by the end of January 2022. Between 1 October 2021 to 31 December 2021, the health board received 90 new complaints, including those managed through the Putting Things Right Regulations and through Early Resolution.

Based on the validated return data, of the total number of complaints managed through the Putting Things Right Regulations closed during quarter 3, a total of 43% (12/28) of concerns received a final reply up to and including 30 working days of the date the complaint was received by the health board. A reduction on the previous quarter, there were some service delays in completing concerns investigations during this quarter, in addition to delays in final sign off process. A total of 57% (16/28) of concerns received a final reply after 30 working days and up to and including 6 months of the date the complaint was received by the health board. It must be noted the timeframe for completion of some of these concerns were assessed as suitable for this extended period of time. No concerns extended beyond 6 months. This overall picture reflects current pressures in service groups during quarter 3 and processing responses through to final sign off.

Graph 3 shows the total number of informal and formal concerns received each quarter, although quarter 2 is less than the previous quarter, the trend supports an increase in the total number of complaints received:

Graph 3 – Total number of new complaints received each quarter, 2020/21 to 2021/22



Source: OFWCMS RLDatix data reported via the quarterly NHS Concerns data returns to Welsh Government

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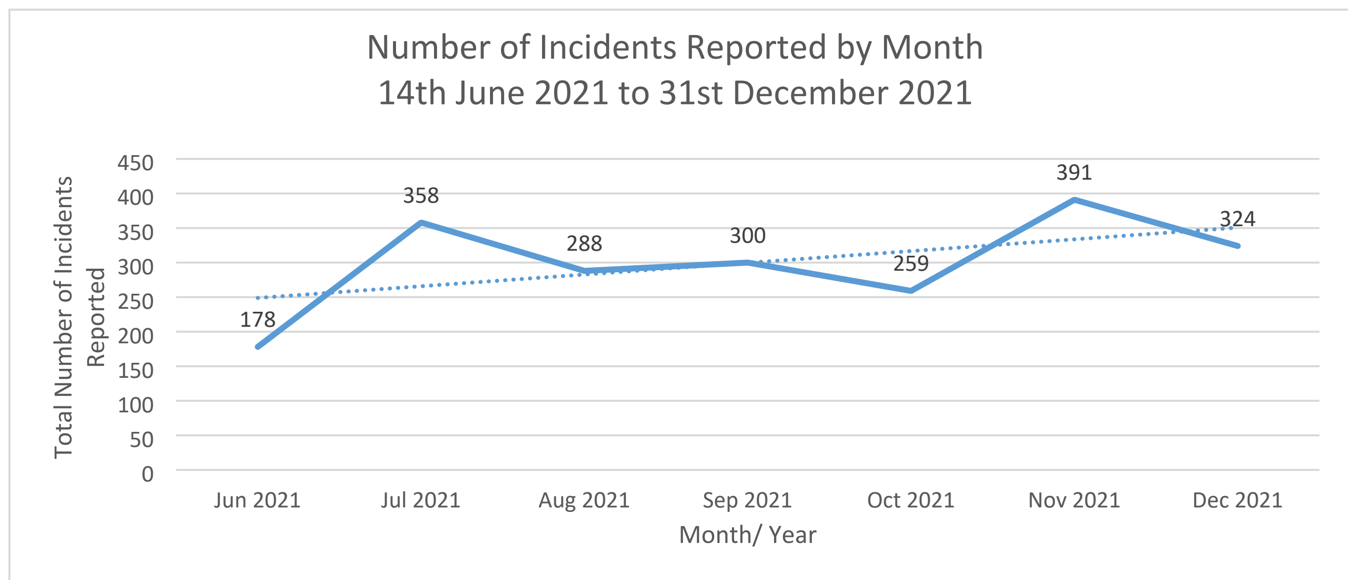
The primary subject areas related to clinical treatment/ assessment (n29) appointments (n10), attitude/ behaviour (n10), with a range of other subject areas with numbers <10. The number of complaints by staff group are in the main remain medical and dental (n27) along with nursing, midwifery and health visiting (n19). This continues to be unsurprising given these are our largest staff groups and reflects previous patterns.

2.6.3 Incident Reporting

An incident is defined as an event that occurs in relation to NHS-funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor. Continuous monitoring of incident reporting across the health board has shown sustained reporting of the number of incidents since the introduction of the new RLDatix system.

Graph 4: Powys total number of incidents reported monthly via the new Once for Wales Reporting System as from 14 June 2021



Source: Incidents Module OFWCMS RLDatix system

The previous report to this Committee indicated since the introduction of the new RLDatix system on 14 June 2021, there were 3 areas required to increase the timeliness in reviewing newly reported incidents and it is clear from the data that action is being taken. The current position for the top 3 areas previously reported indicates Community Hospitals now at n244 (n235 in October), Community Nursing Services n49 (n76 in October), Mental Health Services n3 (n67 in October). All others services/ departments are <20.

With regards reporting of patient safety incidents at a national level, graph 5 provides the position as at November 2021 on Powys' position reference All Wales reporting of nationally reportable clinical incidents per 100,000 population. As previously explained during April 2021 (Q1), Powys reports were higher than the Wales rate. The reports have been reviewed to identify potential reasons for this. Each of the 6

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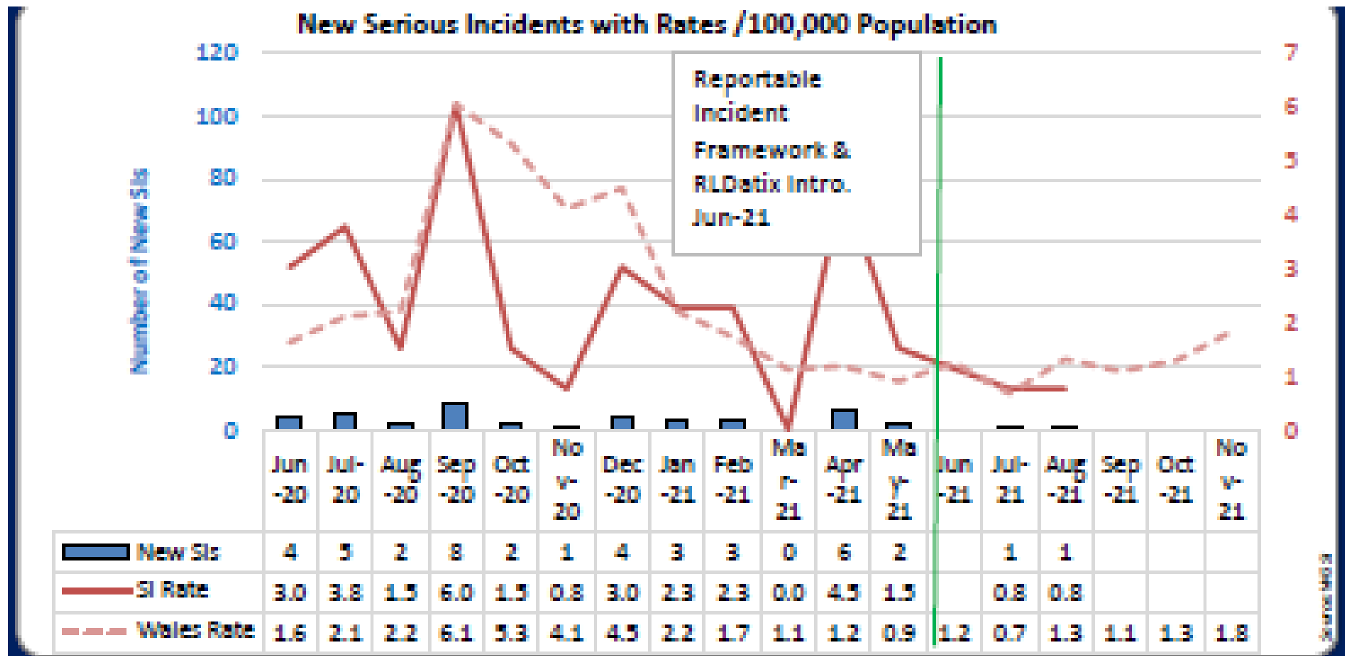
reports were individualised and unrelated to one another, hence no themes or trends were evident. It is noted that reporting in March 2021 was slightly below the Wales rate and since May 2021, mirrors more closely the Wales rate. No patient safety incidents were reported at national level during October and November 2021.

Graph 5: Powys Serious Incident Reporting Rate reference All Wales Reporting Rate



During December 2021, all health boards and NHS Trusts were asked to submit a list of all open serious incidents that existed before the policy change implemented on 14 June 2021 to Welsh Government. There are ongoing discussions regards how these incidents are processed, with two options being considered (1) continue with the previous closure process or (2) if the incident would not now be considered reportable under the revised policy, which some would not be, ensure that learning has been shared and possibly close. Whilst further guidance is anticipated, in the interim we continue work to close the open serious incidents.

2.6.4 No surprises notifications

Welsh Government are notified of sensitive issues via a process known as no surprises, which are subsequently closed automatically within 3 working days of reporting. Between 01 November 2021 to 31 December 2021, the health board have reported 6 no surprises to Welsh Government. The main focus issues related to patient care and treatment, safeguarding and maternity related matters.

2.6.5 Inquests

During the period of 01 November 2021 to 31 December 2021 there have been less than 5 HM Coroner enquiries opened, and <5 cases closed. No learning was identified for the health board.

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2.6.6 Public Service Ombudsman for Wales

If a person remains dissatisfied with a response to a concern investigated by the health board, the person has the right to raise the matter the Public Services Ombudsman (PSOW). The PSOW determines whether to pursue a full investigation, with the authority to impose sanctions on the health board. During the period of 01 November 2021 to 31 December 2021, the health board received <5 PSOW enquiries, enquiries are being made of services to provide further information to inform the PSOW review of cases.

2.8.6 Claims

The compensation claims position remains unchanged since the previous report, noting there has been activity with closing of exiting cases and opening of new claims. A small claims portfolio; with 15 open, inclusive of clinical negligence, personal injury, General Medical Practitioner Indemnity (GMPI) claims and others such as former health authority claim and motor claims. Following review of the claims for the health board, there have been no identified themes and trends. No learning to note from the <5 closed cases.

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.

In December 2021, the Digital Governance Group confirmed their support for the proposed procurement of the user feedback system. The business case is now scheduled for the Investment Benefits Group 25th January 2022, and following their approval a paper and presentation on the system will be presented to the Executive Committee for final approval.

3.2 Patient/ Service User Experience Feedback

The report on the survey for young people on access to services and emotional health in Powys (November 2021) was presented to the Junior Start Well Board in December 2021. Service groups have been asked to consider what this means in the workstreams they are leading reference their annual plans, plus core business plans. Services are required to provide a 'you said we did' response for the Junior Start Well Board scheduled for 20 January 2022.

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 current safety

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alerts module is on the old Datix system and is still in use across Wales until the safety alerts module goes live on the new RLDatix system.

The new approach to managing alerts and notices once received into the health board is embedding into practice. A number of huddles have taken place involving service group Governance Leads and Heads of Services. These are working well and there is clear ownership and actions progressed timely. The second level huddle that takes place at local level within service groups, whereby the relevant Governance Lead and Head of Service then goes through the actions required and agree a way forward to collate the evidence required to report compliance, is also working well.

Work continues the two overdue patient safety solutions: (1) PSN 034: Supporting the introduction of the National Safety Standards for Invasive Procedures, and (2) PSN055: Safe Storage of Medicines: Cupboards.

With regards PSN 034, for Theatre and Endoscopy areas of work, it has been indicated that new endoscopy software was installed on 25th January 2022. Work to improve the documentation of invasive procedures is complete, this included the use of standardised pathways and electronic capture of data, both of which are aligned so that unnecessary duplication does not occur. One outstanding action with regards to scheduling and list management for theatres and endoscopy for which a project group has been set up to design processes for this purpose, the expectation the process flow charts will be in place in February 2022 and a compliant position can be reported.

The health board have 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 medicines management team to ensure all air flow meters have been removed.

Compliance reported
PSN060: Reducing the Risk of Inadvertent Administration of Oral Medication by the Wrong Route

PSN062: Elimination of bottles of liquefied phenol 80%

Representatives of the health board Theatre Team attended the symposium held on the 24th November 2021 focussing on 'Never Events: Invasive Procedure & Human Factors Symposium'.

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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** Reputational risk if no improved compliance with Welsh Government performance for management of concerns.
	None	**Low**	**Moderate**	**High**	
Clinical	√				
Financial	√				
Corporate	√				
Operational	√				
Reputational			√		

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Putting Things Right
Audit Report
Quarter 3
October – December 2021

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Introduction

The Audit Programme Cycle for 2021-2022 focuses on three key areas: process compliance, listening and learning and duty of candour.

A phased approach throughout the year, the third quarter has focussed on concerns management, children and adults at risk, serious incidents and never events, commissioned services concerns and complainants experience- ongoing feedback.

This report further focusses on the learning identified from Quarter 1 & 2, and improvements put in place.

Standard Concerns (includes children & adults at risk and commissioned services)

The expectation is that NHS Bodies have an effective process for managing concerns raised by patients and staff in accordance with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 which complements and supports the existing processes for the management of clinical negligence claims.

A 10% random sample audit comprising 8 cases.

STANDARD ↓
Compliance with timeframes
2 working days acknowledgement
5 working days for sharing with another body
30 working days
30 working days - 6 months
GDPR- Any Concerns highlighted
Process as stipulated in the policy (management of concern)
Accurate grading (initial triage and closure)
Proportionality (investigation)
Appropriate escalation
Open timely accurate communication (to complainant and staff)
Complaint support (CHC, internal support)
Storage (on J drive and Datix)
Retention (compliance with retention timeframes)
Records
Access
Release
Accuracy and current record keeping (Good (G), Not Good (NG))
Report and output quality (Good (G), Not Good (NG))

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Received
Date Sent

Findings:

1) Delay in service providing draft concerns response.
2) Delay in final signing of response.
3) Changes requested during the quality checking process delayed the response being finalised for signing.
4) Entry on Datix system did not indicate the concern was closed, hence showed as a delayed response.
5) Delay in actioning new concern, only picked up when the complainant followed up for their response.
6) Delay in follow up of concern, and not escalated when response was not received timely.
7) No holding letter provided on one case.
8) Delay by commissioned service in providing response to concerns.

Improvements/ Actions:

(1) Service to communicate delays slightly earlier to concerns team and holding letter to be sent 7 days earlier to update complainant of slight delay.
(2) Focus on softening response and improvement required regarding timeliness of amending responses.
(3) Improve progress note entries on Datix to be clear of confirmed closure of case.
(4) Ensure concerns are not lost in system and flagged for triage accordingly and in timely manner.
(5) Ensure concerns information is located on Concerns Live Tracker and progress notes are updated on Datix.
(6) Ensure follow up communication is made with service to establish progress of response.
(7) Ensure holding letter/ communication is provided to complainant with regards to position of their response.
(8) Ensure lost/missed concerns are picked up immediately and are tracked, to undertake monthly deep dive of all active concerns to avoid situation.

Serious Incidents

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Since the introduction of the new national reported patient safety incident framework the 14 June 2021, the health board have only reported 4 patient safety incidents to the Delivery Unit.

A 10% sample of patient safety incidents reported at national level were reviewed taking account of the new reporting criteria and local timeframes for action on patient safety incidents. The timeframes for investigation are 30, 60, 90 and 120 working days reflecting the complexity of the incident reported. The timeframe for investigation on all three cases 120 working days. A sample of 3 incidents were looked at.

	Timeframe	**Action**
	Within 24 hours	Report patient safety incident via Datix
	Within 72 hours	Local service group huddle held and 72-hour report
Notification stage	No later than 7 working days	Report patient safety incident (PSI) to Delivery Unit
	Within 7 working days	Investigation Officer (IO) assigned, terms of reference for investigation agreed
Investigation and quality assurance stage	Within 8-30 (60, 90, 120) working days	Proportionate investigation reflecting complexity of PSI
	Within 8-30 (60, 90, 120) working days	Service Group/ Directorate sign off investigation report, learning from events report (LFER) and closure documentation
	Within 8-30 (60, 90, 120) working days	Executive Lead sign off investigation report, learning from events report (LFER) and closure documentation
	Within 8-30 (60, 90, 120) working days	CEO approval/ sign off investigation report, learning from events report (LFER) and closure documentation
National reporting timeframes	Within 30 working days	Report nationally and submit learning from event report* to Delivery Unit
	Within 60 working days	Report nationally within 60 working days of occurrence of pressure damage using pressure ulcer reporting form to Delivery Unit
	Within 90 working days	Report nationally and submit learning from event report* to Delivery Unit
	Within 120 working days	Report nationally and submit learning from event report* to Delivery Unit

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*Delivery Unit not to date released the Learning from Events Report (LFER) for use

Findings:

Three patient safety incidents (PSIs) were reviewed. All three PSIs were reported in the latter part of quarter 3. As part of the new criteria local huddles are recommended to discuss incident, assign an investigation office and scope initial terms of reference. Post reporting the incidents via Datix, for all three incidents no evidence huddle was undertaken.

One PSI was reported to the Delivery Unit within the 7-working day timeframe, whereas two were just outside the 7 days.

It is too early to report investigation progress on these cases.

Improvements/ Actions:

(1) To request copy of initial huddle 72-hour report.
(2) Action already taken to improve approval/ sign off of PSI forms by Director of Nursing to ensure prompt notification to Delivery Unit

Never Events

No never events were reported during quarter 3.

Complainant Experience

Ongoing Feedback

One case reviewed (see table below). Evidence of learning with regards timeframes for managing concerns, managing complainant expectations and process for dealing with situations where consent is not provided by the complainant.

Standard	Comments
How the health board is responding to user experience to improve services	The health board has responded to the user by reopening the concern and assessing consent issues.

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Feedback is captured, published and acted upon in a way that provides an ongoing and continuous view of performance and demonstrates learning and improvement	Feedback is captured on RL Datix system. There is evidence of good communication standards amongst teams involved.
Action plans are uploaded into Datix and are implemented as planned	No action plan identified for this case.
Learning from complaints informs service development and improvement	Good communication between services has been demonstrated. Learning has been identified in terms of timeliness of providing the complainant with a final response, it exceeded the initial timeframe of 30-working days agreed.
Lessons learnt shared to improve services provided and prevent recurrence	Reinforcing messages regards timeframes for managing concerns and need to manage complainant's expectations.
Key safety and practice issues have been identified through investigations and these have been shared and acted on appropriately	Consent issues identified during management of concern, these were considered appropriately and advice taken.
There is a process for observing trends, themes and recurrent lessons highlighting these for action.	Issues regarding consent. A process has been agreed to manage cases where consent is not provided.

Reflecting on Quarter 2 reported improvements/ actions

Findings in quarter 3 has highlighted a repeat of the following issues which has impacted compliance with the 30-working day timeframe for responding to concerns and impacted the complainant's experience. This was related to a small number of concerns and not reflective of the management of all concerns in quarter 3.

(1) Delay in service providing draft concerns response.
(2) Delay in final review of response.
(3) No holding letter to complainant.

The above was issues outside of the Concerns Team management.

Action is taken to proactively follow up all concerns and ensure timely action is being taken.

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Appendix 1: audit programme cycle

Area		Activity	Delivery timeframe for internal activity				
			Q1	Q2	Q3	Q4	External Audit (EA)
Process compliance A combination of open and closed cases in a set period of time may be required for a 10% sample.	Standard concerns (all concerns excluding categories below)	random sample audit					
	Staff concerns	random sample audit of specific category					
	Children and Adults at Risk	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Serious Concerns	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Never Events	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Management of Redress Cases	random sample audit of specific category (Or 10 unique if 10% < 10)				(EA)	Yes – Annual
	Claims Management	random sample audit of specific category (Or 10 unique if 10% < 10)				(EA)	Yes – Annual (25%/25 unique)
	Commissioned services concerns	random sample audit of specific category (Or 10 unique if 10% < 10)					
	Cross Border concerns	10% random sample audit of specific category (Or 10 unique if 10% < 10)					
	Multi-agency concerns	10% random sample audit of specific category (Or 10 unique if 10% < 10)					
Listening & Learning	Complainant experience	Ongoing feedback monitoring					
		High level review of monitoring /red flags and learning					
		10% random sample deep dive audit					
	Organisational learning	Combined audit and review activity					
Duty of Candour	Duty of Candour	10% random sample audit					

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Powys Teaching Health Board

High Level Implementation Plan

Putting Things Right

for the period: Quarter 2 (April - June) 2021

Version 1 01/07/21

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Ref	Theme	Learning and Action Taken	Executive Lead	AD / Operational lead(s)	Update June 2021	Actions Remaining	Deadline	Status	Comments
1.1	**Concerns are not consistently processed by the simplest path**	Ongoing development with service group leads. Where a short turnaround is identified this is actively followed up by the concerns team	Director of Nursing & Midwifery	AD for Quality and Safety	Process mapping completed in December 2020 and process revised in respect of informal and informal concerns All concerns are triaged at the point of receipt to determine the most appropriate management. Concerns suitable for early resolution are identified and action taken to resolve within 24 hours, the next working day. Tracking system put in place for all concerns and incidents February 2021 Mental Health Service Group focusing on early resolution.	(1) Maintain triage process (2) Increased focus on early resolution across all specialties/ services.	30 September 2021		Work continues daily to triage all concerns and enquiries received. This is now an embeded process.
1.2	**Process pathways for responding to complaints need clarification and simplification**	This was actively flagged for development in the November workshop and needs further development. This will include the use of revised templates for reports and responses to ensure consistently high-quality deliver	Director of Nursing & Midwifery	AD for Quality and Safety	Work has been progressed (22 June 2021) with the concerns team and practice managers in primary care to refresh knowledge and understanding of how to manage related concerns. All commissioned service concerns are actively managed by the commissioning lead for quality and safety. Templates are being used for all activity and are in the early stage of revision. Trackers exist for all concerns and compensation claims to support active monitoring and management.	(1) Revision of templates to align with Once for Wales project (2) Trackers to be included in PTR audit programme	30 September 2021 31 December 2021		Putting Things Right Policy approved via the clinical policy group on the 2nd November 2021. The Policy is scheduled at the next Board meeting 25th January for approval. Audit programme Qtr 3 completed and reported. Trackers in place for all cases under each heading of concerns (provided and commissioned), redress, Ombudsman, inquests, compensation claims and patient safety incidents reported at national level.
1.3	**Service group governance needs strengthening to ensure capacity and capability at a local level**	Plans are in place to develop governance support in Primary and Community Services. A new governance lead has been appointed in the Womens' and Children service group	Director of Primary, Community & Mental Health Services	AD for Primary Care, Mental Health and Women and Children's Services	Governance leads in place in each Service Group as from June 2021.	(1) Service Groups to present governance arrangements including handling concerns, incidents and general quality and safety matters to QGG (2) Improvement trajectories to be agreed with each service group - in line with Section 1.6 (3) Develop dashboard to monitor performance within service groups and use of CAF process by corporate team to provide assurance of performance	31 October 2021		Presented papers embedded. Weekly meetings in place with service groups to ensure tracking of concerns, etc. Dashboard functionality for RLDatix received 1st October and dashboard requests have been prioritised for development reflecting strategic and operational needs. Dashboards are in place in many areas and in regular use.
1.4	**Corporate concerns team structure review**	The Assistant Director of Quality and Safety has been released from some corporate responsibilities temporarily to provide senior oversight. An options appraisal is underway and is due to report in Q1 21/22.	Director of Nursing & Midwifery	AD for Quality and Safety	Review is underway An interim structure is currently in place with two new staff for a 6-month period started w/c 22 June, (1) Concerns and Public Services Ombudsman for Wales coordinator and (2) Redress, Inquest and Claims Coordinator, in addition to a senior administrator role to support.	(1) Report the outcome of the options appraisal.	30 August 2021		The Concerns team model is now complete and all posts in place. The last vacancy is recruited to and the staff member starts in post 24th January 2022.
1.5	**Capability needs further development to include a structured training Programme**	Training is being commissioned by the Assistant Director of Quality and Safety in conjunction with the Executive Director of Nursing and Midwifery. Training conducted in 2021: January 2021 – 2 day Investigating Officer training conducted. February 2021 - Two webinars took place on the topics "Writing Witness Statements and What to Expect When Attending Court"	Director of Nursing & Midwifery	AD for Quality and Safety	Training in March 2021 – 2 days complaints handling and investigation training skills provided via the Public Services Ombudsman for Wales Complaints Standards Authority. Further investigation skills training to be procured.	(1) Training Programme to be formalised and yearly programme set including induction requirements (2) Training to be aligned with revised PTR arrangements and new patient safety framework (3) Procure incident investigation training in Q2	31 October 2021 31 October 2021 31 March 2022		Training schedule developed, content being developed. Training commences February 2022. A tender exercise to source investigation officers was not successful with no applicants. A job description for a clinical investigator is now in development for use to secure investigation officers internally.
1.6	**Performance monitoring including quality assurance**	Performance against the standards for Putting Things Right needs further development and a dashboard / scorecard for both corporate and service group individual performance. Initially this should be monitored weekly and then reduced to monthly as performance improves. An audit programme for monitoring assurance against the standards should be in place.	Director of Nursing & Midwifery	AD for Quality and Safety	Assistant Director Quality & Safety holds a daily catch up meetings with the concerns team and a weekly in-depth review of all cases. AD for Quality & Safety meets with HoNMs weekly to review cases and agree any remedial action required Weekly review meetings with CEO; EDoN & Midwifery; AD Quality and Safety and DDoN to have oversight of performance	(1) Development of dashboards on the new OFWCMS to support monitoring. (2) Weekly overview meetings continued. (3) Report Quarterly findings audit and assurance cycle. (4) Establish improvement trajectory to achieve compliance by 30/09/21 (5) Use of CAF process for commissioning services to performance monitor	30 September 2021 Ongoing 31 August 2021		The Health Board continues to progress improvements in performance, **the position for quarter 2 is 62% up from 47% compliance the previous quarter**, however current performance is below Welsh Government target of 75%. The All Wales average is 67+J4.2%.

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1.7	**The Health Board should consider introducing an executive panel for oversight of complaints and serious incidents chaired jointly by the Executive Director of Nursing and Medical Director**	This panel would maintain oversight of formal complaints, serious incidents, coroner cases and Public Health Ombudsman cases including driving performance with service groups.	Director of Nursing & Midwifery	AD for Quality and Safety	The patient safety incident implementation group are currently considering this approach.	(1) To confirm agreement and planned approach in line with the requirements for PTR and the new patient safety incident framework. (2) Develop examples of 'good practice' responses to concerns; investigation reports for incidents so investigators understand 'what good looks like'.	01 March 2022		The new incident framework is formally in place from April 2022 and the Health Board is working towards compliance in 2021-22.
1.8	**Learning from concerns, complaints and incidents**	The health board's first 'Learning from Experience Group', chaired by the Director of Clinical Strategy, took place in March 2021. This group will provide assurance and inform the strategic direction from learning on issues of quality and safety.	Director of Clinical Strategy		Learning from concerns and compensation claims to be reported through this group.	(1) Active reporting through QGG; EQS; Service Group Quality and Safety arrangements; Internal bulletins	31 March 2021		In place. Quality Governance Group temporarily stood down and reporting through Executive Committee.
1.9									
1.1									
1.11									
1.12									
1.13									
1.14									

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 3.3

Patient Experience Quality and Safety Committee	**3 February 2022**
Subject:	**Maternity Assurance**
Approved by:	Alison Davies, Director of Nursing and Midwifery
Prepared and presented by:	Julie Richards, Head of Midwifery and Sexual Health Clare Lines, Assistant Director for Transformation Alison Davies, Director of Nursing and Midwifery
Other Committees and meetings considered at:	Executive Committee 27th January 2022 Women and Children's Senior Leadership meeting 13th January 2022 Midwifery Management and Leadership Governance meeting 11th January 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 pathway for the women 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	

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	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 Patient Experience Quality and Safety 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. External scrutiny with Welsh Government Maternity and Neonatal Performance Board outcomes, Welsh Risk Pool Fetal Surveillance Audit and Internal Audit for Safeguarding Supervision Midwifery Compliance.

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DETAILED BACKGROUND AND ASSESSMENT:

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

On 24th January 2022, a national Maternity and Neonatal Safety Support Programme (MatneoSSP Wales), was launched by the Minister for Health and Social Services. The Programme will ensure clear and consistent approaches to maternity and neonatal safety within all services in Wales. The key driver for the Programme is to improve the safety, experience and outcomes of maternal and neonatal care and provide support to enable teams to deliver a high quality healthcare experience for all pregnant people, babies and families across maternity and neonatal care settings in Wales.

Existing maternity and neonatal improvement activities will be consolidated into a single Programme, and the establishment of an initial discovery phase to consider the additional priority actions. The Maternity and Neonatal Safety Support Programme will place a greater, co-ordinated emphasis on existing activities and strengthen national direction for maternity and neonatal services, bringing together the maternity vision with a proposed neonatal vision which will share key priorities and themes.

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Improvement Cymru will be providing expertise and resources to work alongside health boards to identify key priorities and improvements within the first phase of the Programme. The first phase of the Programme will report to Ministers in 2022/23.

The Powys approach to fully embracing the Maternity and Neonatal Safety Support Programme will be reported to the next PEQS Committee.

2. Maternity Commissioning Assurance framework

Overall, the health board's commissioning assurance processes have been adversely impacted upon by the covid 19 pandemic with interim arrangements put in place nationally in terms of contracting and the first 2 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 include increased workforce pressures, increased acuity and issues of access to maternity and neonatal services across all Health Boards and commissioned cross border services. Mitigation includes monthly all Wales monitoring of emerging incidents including obstetric service access and Welsh Ambulance Services Trust performance, supported by weekly discussion via the all-Wales Maternity and Neonatal Network. During the autumn and early winter there have been no additional concerns related to access to any of the commissioned services. However, the staffing pressures within obstetrics and midwifery have been extensive over this period and services have worked 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 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):
As previously reported, a Secretary of State initiated Independent Review of Maternity Services at Shrewsbury and Telford NHS Trust, chaired by Donna Ockenden, is underway. The first report of the Independent Review was published on the 10th December 2020 and presents emerging findings and

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recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19.

The *"Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust"* (known as the first "Ockenden Report") recommended 52 actions in total. These include local actions (LAFL) which are specific requirements for SaTH, together with immediate and essential actions (IEA) for all NHS providers. https://www.england.nhs.uk/publication/ockenden-review-of-maternity-services.

The Ockenden Report Assurance Committee (ORAC) continues to meet regularly in public. PTHB is represented through the Director of Nursing and Midwifery. The Powys Community Health Council is also represented. The purpose of the Committee is to obtain and provide assurance in relation to the delivery, evidence, sustainability and impact of the implementation of the actions arising from the Ockenden report. The most recent meeting took place on 18 January 2022 https://www.sath.nhs.uk/wp-content/uploads/2022/01/Merged-ORAC-Papers-18-01-22.pdf and included assurance related to obstetric anaesthesia and implementation of the national bereavement care pathway. The January ORAC received an updated from SaTHs progress which had been presented to the Trust Board meeting on the 9th December (appendix 1 – SaTH Ockenden Assurance report) which provided assurance that good progress continues to be made against the required actions from the first Ockenden Report (2020), and this work continues at pace.

There are two Local Actions for learning that have been given extended time for completion by March 2022:

LAFL 4.59 - The maternity department clinical governance structure and team must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner. The partnered governance review is nearing completion. Additionally, the clinical governance team is now fully resourced with both midwifery, nursing and patient safety specialists. The Neonatal and Obstetric Incident Review and Divisional Oversight and Assurance Groups are fully operational. The team has devised a new workflow to efficiently progress investigations and associated action plans. Accordingly, the Maternity Transformation Programme Group (MTPG) will propose this action for acceptance as 'Delivered, Not Yet Evidenced' at the December meeting of the Maternity Transformation Assurance Committee. 3.3.2.

LAFL 4.60 - The maternity department clinical governance structure must include a multidisciplinary team structure, trust risk representation, clear auditable systems of identification and review of cases of potential harm, adverse outcomes and serious incidents in line with the NHS England Serious Incident Framework 2015. The delivery of this action is linked to 4.59 above. The new patient safety model for the Trust has been implemented under the

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guidance of the Assistant Director of Nursing Quality Governance. A patient safety specialist is embedded as part of the Divisional Risk and QI team. Accordingly, MTPG will propose this action for acceptance as 'Delivered, Not Yet Evidenced' at the December meeting of the Maternity Transformation Assurance Committee. 3.4

A further local action for learning remains off track,

LAFL 4.73 - Women with pre-existing medical co-morbidities must be seen in a timely manner by a multidisciplinary specialist team and an individual management plan formulated in agreement with the mother to be. This must include a pathway for referral to a specialist maternal medicine centre for consultation and/or continuation of care at an early stage of the pregnancy. This is a complex action as some of the actions falls within SaTH to deliver, whilst other components are dependent upon national action being taken to establish specialist maternal medicine centres, which is out of the SatH's control. The exception report for this action was provided at the October meeting. MTPG has proposed a delivery and evidence date of April 2022 to MTAC, based on likely timelines for the establishment of the regional Maternity Medicine Centre (MMC) upon which this action is contingent

The final Ockendon Report, expected in Spring 2022, is awaited and is likely to generate further whole system learning.

3.2 Cwm Taf Morgannwg University Health Board

The Patient Experience, Quality and Safety Committee received updates on the 3rd June, 2021, 15th July, 2021, 7th October and 2 December 2021 in regards 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 is due to be published during Spring, 2022. 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.

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PTHB CEO and Director of Nursing and Midwifery met with Welsh Government colleagues on 19th January 2022 and plan to meet with IMSOP on the 21st February 2022. PTHB attend the CTM monthly Maternity and Neonatal Improvement Board (MNIP) which provides an in-depth assurance in regard to the progress for the improvement plan and the deep dive neonatal services report if schedule for the February MNIP meeting.

4. South Powys Programme Maternity and Neonatal Workstream

As previously reported to the PEQS Committee a Maternity and Neonatal Workstream is in place under the South Powys Programme chaired by the PTHB Director of Nursing and Midwifery, involving clinicians from PTHB, Aneurin Bevan University Health Board (ABUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB). Following the statement made by the Minister for Health and Social Services on the 7th September 2021 detailed above, 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. An update on the Consultant Led Maternity services and Neonatal care was provide to PTHB Board on the 24th November 2021. It was confirmed that there had been a gradual change in flows to Prince Charles Hospital, but PTHB patients were also remaining on the planned Grange University Hospital pathway.

5. Powys provided maternity services - Improvement Plan

The Powys Maternity Improvement Plan is currently informed 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
- RCOG & RCM recommendations following the review of Cwm Taf Morgannwg University Health Board, published April 2018 and subsequent findings of the IMSOP
- 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 Q3 has been given to the following areas:

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5.1 Sustainable workforce including staff wellbeing

Support and sustainability of the Powys midwifery workforce continues to be key priority as part of the winter resilience plan. During Q3 and early January 2022, the service has maintained safe staffing levels with below 5% absence. However, the level of flexibility required and the challenges that midwifery staff have faced continues to impact upon staff wellbeing, in terms of morale and unpredictability. The services have had increased episodes of AMBER and RED escalation due to short notice staff absence which, because of the willingness of the midwifery teams to accommodate change at short notice, has not increased the number of women requiring transfer out of county. It has resulted in increased periods and frequency when staffing levels are a minimum rather than an optimum. During this period staff have provided a higher level of intrapartum care locally with a notable increase in birth centre or home births. The activity and staffing have still remained within maternity Birth Rate Plus calculations.

As part of the winter resilience plan, regular reviews are undertaken, including engagement in weekly all Wales meetings. In terms of supporting and enhancing the staffing model:

- An increase in Clinical Supervisor of Midwives resource as an additional support mechanism, enhancing the governance and safety focus
- Assistant Head of Midwifery postholder established December 2021
- Additional administrative and project support for the maternity improvement plan priorities
- Additional 2.4 wte newly qualified midwives through midwifery streamlining supports sustainability supported with a robust 12 month all Wales preceptorship programme
- Perinatal mental health specialist midwife commenced September 2021
- 1year fixed term research midwife to build and grow capacity as part of the women and children's service group renewal priorities.

Training and learning have continued using all Wales PROMPT methodology with a continued focus on respectful team working, building a supportive work culture. However due to the transmissibility of OMICRON the January 2022, training has been postponed until Spring 2022. There will also be a further three additional Powys PROMPT faculty trainers trained to enhance the Powys PROMPT team with the recent retirements.

To support the future proofing of maternity workforce in line with delivery of the maternity vision, the all-Wales Birth Rate Plus Project, commissioned by the Chief Nursing Officer, is in progress. The findings will be used to inform the service group's IMTP planning process along with any potential resource implications. There will be further engagement meetings during Spring 2022, including an all-Wales Midwifery think tank with Welsh Government and Chief Nursing Officer which will inform the final report.

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5.2 Digital Maternity Cymru, electronic record

A Powys project board was established on 22nd November 2021 to support the discovery phase for the local implementation of a single maternity dashboard for Wales (Maternity Digital Cymru) which is expected to be finalised by March 2022. The Powys Digital Maternity Cymru project board reports into the PTHB Digital Transformation Board. Powys midwifery teams have contributed to scoping workshops and engagement meetings advocating that cross border commissioned services are considered. The need for a Digital Midwife to support the implementation has been highlighted as part of the IMTP resource requirements.

5.3 Birth Centre Environments

The Welshpool birth pool installation has been operational since October 2021. There is already positive feedback from clients and families who have benefitted from the use of the pool. There is notable increase in women now choosing to birth locally in Welshpool Birth Centre since the availability of waterbirth facilities. All six birth centres now have fixed birth pools and this has been positively received through service users via social media channels

A programme of work has been approved with the Capital Estates Team for the developments for Llanidloes War Memorial Hospital. Planning meetings with the estates team are scheduled as part of the Q4 priorities and funding discussions with the League of Friends are being explored. 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.

5.4 Public health, pregnant women and families

A Powys programme of work has been active throughout Autumn 2021 as a response to initial data that was showing a low number of pregnant mothers who had received the COVID19 vaccination. The programme of work has been focusing on enabling Powys Midwives and Health Visiting teams to proactively encourage pregnant and breastfeeding mothers to have first and second doses of vaccination against COVID-19 and boosters as part of the Winter COVID-19 vaccination programme. In regard to maternity staff vaccination rates, local data validation has confirmed that over 95% of Powys midwives have received two doses and booster of COVID-19 vaccination. Supportive conversations have been held with staff who have been noted not to have been vaccinated. The all Wales COVID19 vaccination data (January 2022) has shown a considerable improvement for Powys Pregnant women vaccination uptake with the data showing 74.5% 1st vaccine and 65.5% for 2nd vaccine. This is above the all-Wales average of 54.5%. The Powys COVID19 programme of work is also providing assurance that majority of women that are now booking with Powys Maternity services are double vaccinated. This position is particularly important in view that there has been significant increase in Powys pregnant women reporting COVID19 positive

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during late December and January.

The Powys programme of work has included internal tracking of maternity caseloads so that midwives can indicate to health visiting colleagues as part of the antenatal and postnatal sharing of information in regard to a woman's vaccination status to enable follow up conversations for any woman that has remained unvaccinated. All Powys midwives are equipped with the Royal College of Obstetrics and Gynaecology and Royal College of Midwives information, and the decision tool kit information is proactively displayed in the Birth Centre areas. The Deputy Chief Medical Officer and Chief Nursing Officer letter from the 1st October 2021 has been shared to primary care and practice nurse colleagues via the PTHB Immunisation Co-ordinator. The programme of work has been formally reported to the PTHB the Mass Vaccination Oversight Group.

The RCOG and RCM information has been regularly posted on Powys maternity and health visiting social media along with the PTHB Mass Vaccination centre arrangements to encourage access to appointments / drop in. Birth stories have been posted on Social Media platforms to share local stories where Powys women have felt assured to access a COVID-19 vaccination. Partnership discussions have been held with Powys Maternity Parent Voices Partnerships who have been helping services locally to understand vaccine hesitancy. User groups such as Powys breastfeeding groups have been cascading evidence-based information to share with pregnant and newly delivered groups.

Midwives have continued to deliver the annual influenza programme through administration of flu vaccines to pregnant women. Data up to 17th January 2022 shows that uptake for the flu vaccine administered by midwives is currently 55%, with a further 7% obtaining the vaccine elsewhere. Further to this, all midwives are flu peer vaccinators and have continued to support the staff flu programme this year.

The Healthy Lifestyles Support Worker roles currently funded through Building a Healthier Wales: Prevention and Early Years funding, has continued despite the many challenges to the project as a result of COVID19. A number of level-1 activities in relation to weight management have been delivered including Foodwise in Pregnancy courses, as well as providing weekly buggy walks in some areas of Powys with attendance of up to ten people per session. The roles also support families with smoking cessation. Data has shown that during the period February 2021 to October 2021, 85 referrals for support were made and 32 people (38%) accepted support. This has been compared to the same period in 2020 prior to this service, when 84 referrals were made, but just 14 (17%) accepted support. Further work is ongoing into widening referral to ensure postnatal families are also referred, as well as trying to increase engagement to allow self-reported quit rates at 4 weeks to be improved. The healthy lifestyles service is currently awaiting confirmation of funding to continue further than March 2022. The posts are

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being considered within the Weight Management Pathway for Young People and Families, but full implementation of the requirements of that pathway (Level 2 and 3) are dependent on continuation of the Healthy Lifestyles support worker roles delivering level 1 interventions.

During the Autumn the infant feeding priorities have included midwifery and health visiting 2-day Baby Friendly Initiative foundation training with a plan to ensure all midwives and health visiting training to complete 100% compliance as part of 2022-2023 training plan priorities. The services have also been able to complete the readiness training to enable Powys to commence the research trail for the effectiveness and cost-effectiveness of assets-based feeding help before and after birth (ABA-feed) for improving breastfeeding initiation and continuation. The ABA-feed study is a large UK-wide trial testing out a new way of supporting first time mothers with feeding their baby. It is an opportunity for Powys services to be involved in the ABA-feed study which is funded by the National Institute for Health Research and is led by the University of Birmingham with the Universities of Bristol, Cardiff, Central Lancashire and Stirling.

6. External scrutiny

During Autumn 2021, maternity services have received a number of assurance reports.

6.1 Internal Audit for Midwifery Supervision Compliance

In November 2021, the service received the Internal Audit report of Safeguarding Supervision compliance which provided reasonable assurance in regard to the protocols and guidance available for staff. The key matter for management attention was focused on compliance and monitoring. The action plan in response to the internal audit has led to improvements around a specific quarterly maternity compliance report which is reviewed on a monthly basis through Midwifery Management and Leadership governance meeting. Q3 compliance has increased to 70.73% and the compliance report enables Team Leaders to follow up outstanding staff members to improve compliance for Q4. The audits findings were shared at a joint Midwifery and Health Visiting Powys meeting in November 2021 and Women and Children's December 2021 audit meeting to cascade the learning alongside another safeguarding audit presentation on the Was Not Brought Policy.

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

During July and August 2021 an audit was conducted by Welsh Risk Pool to assess against the 7 All Wales Intrapartum Fetal Surveillance Standards. The report was published in November 2021 and a Powys specific action plan has been developed in response to the report findings. The report recommended further education and training in intelligent intermittent auscultation; all

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midwives are currently completing an e-learning package to fulfil the recommendation. There was also recommendation in relation to documentation as well as clinical requirements, around demarcation of the second stage of labour and increasing frequency of auscultation. The final recommendation is in relation to ongoing holistic assessment of progress in labour and ensuring that this is accurately reflected within the records. The findings of the national review were consistent with a local audit that had been undertaken earlier in 2021. The Powys action plan considers these recommendations and includes development of a workshop for staff, which will provide further education of the All-Wales Clinical Pathway for Normal Labour documentation. There will also be ongoing audit throughout the annual record keeping audit during 2022/23 audit cycle to allow ongoing assessment of records. The same content will also be reviewed as standard during any case reviews following transfer in labour from Powys. Findings from the compliance review, the internal audit and subsequent action plan is due to be shared with maternity staff through a number of feedback mechanisms later in January 2022.

6.3 Welsh Government Maternity and Neonatal Performance Board

The Welsh Government Maternity and Neonatal Performance Board was held in July 2021, chaired by the Interim Chief Nursing Officer for Wales. The outcome letter was received on 23rd December 2021 with a number of acknowledgments and some points for consideration. The Interim Chief Nursing Officer for Wales recognised the impact of COVID19 and challenges of maintaining essential services along with the established multidisciplinary pathways and neighbouring health boards. The outcome letter highlighted to the importance of relationships with commissioned services during this period have been key to ensure Powys women and families are supported with safe services for pathways of care.

The performance board recognised the extensive service user engagement throughout 2020-2021 and how the learning and interventions were being utilised to continually inform service improvements. The Welsh Government Maternity and Neonatal Performance correspondence has been shared with Powys Maternity and Parent Voices partnership (MPVP) with a plan to join the next meeting to the recommendations and priorities for 2022 at the next meeting. Building on established mechanisms in response to service user feedback, online gathering of service user feedback will be enables in 2022 to facilitate further engagement options. The outcomes will be presented through the the Women and Children's People's experience quarterly report.

The Evaluation of the Healthy Lifestyles Support Worker roles was highlighted within the correspondence. Despite the challenges by the COVID19 pandemic the 2 staff in post have been successful in delivering a number of level-1 activities in relation to weight management, as well as smoking cessation support. As previously highlighted in PEQS committee, the

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funding for the roles are fixed term until 31st March 2022 and as yet there is not confirmed funding beyond this point. The posts are being considered within the Weight Management Pathway for Young People and Families, but full implementation of the requirements of that pathway (Level 2 and 3) are dependent on continuation of the support worker roles delivering level 1 interventions.

The performance board highlighted the GAP/Grow compliance which is a key training priority for Powys Maternity services during 2021-2022. Prior to COVID19 pandemic, the service has been able to support all Powys Midwives to attend a face-to-face training workshop for the Growth Assessment Protocol (GAP) programme with the West Midlands Perinatal Institute. With a number of new employees and the ongoing learning as part of the reducing stillbirths, the service made the commitment during 2021-2022 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. We are receiving quarterly compliance reports from the West Midlands Perinatal Institute which is enabling the service to review and follow up compliance to ensure we are on track to achieve 100% as agreed, by July 2022.

In terms of assurance relating to the employer led model for Clinical Supervision for Midwives, the Key Performance Indicator for outstanding Supervision for those returning from sick leave or Maternity leave was achieved as anticipated by September 2021. Compliance will remain under review due to some sickness for Clinical Supervision during Autumn 2021. Additional funding and resources for Succession planning for Clinical Supervision has been identified.

Due to pressures of COVID19, there has been a delay in the announcement of the Maternity and Neonatal Welsh Government Safety Support Programme which is now scheduled for the end of January 2022. The programme will be a 3-year transformational approach using Improvement Cymru methodology and will be an opportunity to consider some specific neonatal pathways with commissioned services.

The areas of focus from Welsh Government and the all-Wales Fetal Surveillance action plan have further inform the development of the Powys Maternity Improvement Plan in readiness for summer 2022, when HIW will commence stage two requesting updates on progress against the national recommendations.

Next Steps

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- 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

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