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

MINUTES OF THE MEETING HELD ON THURSDAY 3 FEBRUARY 2022 VIA MICROSOFT TEAMS

Present:

Trish Buchan	Independent Member (Committee Vice-Chair)
Kirsty Williams	Vice-Chair
Frances Gerrard	Independent Member
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
James Quance	Interim Board Secretary
Wendy Morgan	Assistant Director of Quality and Safety
Zoe Ashman	Assistant Director of Quality and Safety
Bethan Hopkins	Audit Wales
Katie Blackburn	Community Health Council
Mitchell Parker	Health Inspectorate Wales

Apologies for absence:

Vivienne Harpwood	PTHB Chair

Committee Support:

Stella Parry	Interim Corporate Governance Manger

PEQS/21/43	**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. The Committee recognised that the meeting would be the last attended by the Committee Vice-Chair, Director of Nursing and Midwifery and Assistant Director of Quality and Safety. Committee Members expressed thanks for their commitment and contribution to the Committee's development. The Chair also welcomed Zoe Ashman, who was due to join the Health Board as the Assistant Director of Quality and Safety.
PEQS/21/44	**DECLARATIONS OF INTERESTS** No interests were declared.
PEQS/21/45	**UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 2 DECEMBER 2021** The minutes of the previous meeting held on 2 December 2021 were AGREED as a true and accurate record subject to the following amendments: • The following amendment was requested to the attendance record (Page 1): ~~*Rebecca Collier Welsh Government*~~ Rebecca Collier Health Inspectorate Wales • PEQS/21/29: ~~*The community service 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.*~~ The community service 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.
PEQS/21/46	**MATTERS ARISING FROM PREVIOUS MEETINGS** The following matters arising were discussed: • PEQS/21/23: The Chair noted that the agenda had been curtailed due to system pressures and the impact of the Omicron variant. An additional meeting of the Committee had been scheduled for 24th March

	2022 to consider deferred items prior to the end of the Committee year. • PEQS/21/37: The Chair of the Workforce and Culture Committee declared an interest in the item and requested a discussion outside of Committee with the Medical Director in relation to the Quality Improvement cultural work discussed on 2nd December 2021. • PEQS/21/38: The Chair noted the number of important discussions held in relation to items such as the Clinical Quality Framework and Integrated Quality Reporting, due to the forthcoming changes to Committee membership it was requested that it was ensured that the items were captured on the 2022/23 workplan.
PEQS/21/47	**COMMITTEE ACTION LOG** The Committee DISCUSSED and NOTED the Action Log: • PEQS/21/17 (Audit Wales: WHSSC Governance Arrangements): It was requested that this item be brought forward to 23rd March 2022 • IC_PEQS/21/5 (Presentation to In-Committee): It was requested that the Action be clarified to include the title of the presentation: Children and Young People Admitted in Crisis • PEQS/21/31 (Pressure Ulcers and CAUTI in Community Settings): It was requested that this item be brought forward of 23rd March 2022
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PEQS/21/48	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PEQS/21/49	**COMMISSIONING ESCALATION REPORT** The Director of Nursing and Midwifery presented the item which provided an overview of 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 had 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 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 (RTT) times It was noted that a further inspection had been scheduled in January 2022 by NHS Improvement and NHS England focusing on The Royal Shrewsbury Hospital. The feedback report would be included in future reports to the Patient Experience Quality and Safety Committee. *Had a timeframe been agreed for the restoration of counterpart meetings with SaTH?* The Director of Nursing and Midwifery agreed that a formal update in relation to SaTH would be brought forward to a future meeting of the Committee. It was noted that the findings of the Care Quality Commission (CQC) in relation to SaTH had been extensive and despite marked improvement in many areas there was still significant work to be undertaken. **Action: Director of Nursing and Midwifery** *What information was available in relation to patient outcomes?* The Director of Nursing and Midwifery noted that using performance data in the public domain and additional data from concern, mortality reviews etc. the Health Board was able to triangulate data in relation to patient outcomes. The Medical Director reported that the pre-pandemic system for tracking assurance and harms had remained in place throughout 2020/21 and 2021/22. An update report would be brought forward to a future meeting of the Committee. **Action: Medical Director** *How was the Health Board tracking patient experience and patient outcomes for the areas of concern in CTMUHB?* The Medical Director noted that clinical and operational teams continued to meet regularly with CTMUHB counterparts to discuss areas of concern. It had been reported that a further Health Inspectorate Wales (HIW) review of the Emergency Departments (EDs) had reported a marked improvement, though this report had yet to be

	formally received. A further update would be brought forward in a future iteration of the Commissioning Assurance Report. *What steps had been taken to mitigate and assess harms as a result of increased RTTs and had the impact on health equity been sufficiently understood?* The Medical Director reported that for commissioned services an established process for breaches and harm reviews was in place for NHS England. NHS Wales had a less defined process at the time of reporting. However, development work was underway. In terms of mitigation, it was noted that prioritisation based upon need was routine and that further work in relation to management of RTTs was due to be progressed as part of the Health Board's Renewal Programme. *Had consideration been given to patients, particularly elderly patients, who lived alone, that may not be clinically most in need but risked a loss of independence as a result of delayed care?* The Medical Director recognised this as an area of concern and assured the Committee that Orthopaedics had been thoroughly risk assessed. It was agreed that a specific paper in relation to the matter would return to a forthcoming meeting of the Committee. **Action: Medical Director** *Had the challenges in relation to RTT and the mitigations in place been clearly communicated with the Powys population and wider stakeholders?* The Committee recognised the importance of communications; it was noted that though some communications had been shared by the Health Board, further work on how best to communicate more efficiently with patients, stakeholders and partners would be beneficial. It was agreed that a specific report would be brought forward to the Committee in May 2022. **Action: Director of Nursing and Midwifery** The Committee DISCUSSED this Commissioning Escalation Report.
PEQS/21/50	**SERIOUS INCIDENTS AND CONCERNS REPORT** The Assistant Director of Quality and Safety presented the item which provided 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 November 2021 to 31 December 2021. An update on progress in relation to the support for the procurement of the Civica patient experience system was also provided. *Had an implementation timeline for the Civica patient experience system been agreed?* It was noted that the Civica system would need to follow the Health Board's application process for funding, as the system was not within the Health Board's current budget. The Director of Finance and IT noted that all new funding requests had to follow the established process, which included scrutiny by the Investment Benefits Group. The Committee noted the importance of gathering patient experience but recognised the need to ensure sufficient scrutiny of additional funding. *How could No Surprise Notifications be communicated to the Committee in sufficient detail?* The Director of Nursing noted that due to the low numbers reported this information would be shared via the confidential Patient Experience, Quality and Safety In-Committee meeting. It was suggested that consideration could be given to how No Surprises Notifications could be better reported to the In-Committee. However, the Director of Nursing and Midwifery assured members that should there be particular concern in relation to a No Surprises Notification this would be escalated to Board Members. It was agreed that the Board Secretary would review the mechanism by which No Surprise Notifications and other potential matters of concern were communicated with Board Members. **Action: Board Secretary** The Committee DISCUSSED and NOTED the Serious Incidents and Concerns Report.

PEQS/21/51	**MATERNITY SERVICES ASSURANCE FRAMEWORK**
	
	The Director of Nursing presented the item which provided a position in relation to the maternity pathway for women in Powys, and provided an overview of:
	• The Maternity Commissioning Assurance Framework
	• Commissioned maternity services subject to special measures:
	  ○ Shrewsbury and Telford Hospitals NHS Trust (SaTH)
	  ○ Cwm Taf Morgannwg University Health Board (CTMUHB)
	• The South Powys Programme Maternity and Neonatal Workstream

	• The Powys Maternity Improvement Plan and HIW Maternity recommendations • External scrutiny with Welsh Government Maternity and Neonatal • Performance Board outcomes • Welsh Risk Pool Fetal Surveillance Audit • Internal Audit for Safeguarding Supervision Midwifery Compliance *Was it anticipated that comprehensive reviews of areas in which audits had been scaled back due to the pandemic would be undertaken in 2022-23?* The Director of Nursing noted that the audit on Safeguarding had taken place with no restraints. Some delays in relation to Phase One/Two of the Health Inspectorate Wales (HIW) audit had been confirmed and work was underway to determine how this would align with the All Wales Neonatal and Maternity Improvement Programme. It was therefore suggested that some flexibility in approach should be anticipated in 2022-23. The Committee noted that the service had met with Internal Audit and suggested seven areas of focus for the forthcoming year. The Committee was assured that audits in relation to Maternity and Neonatal Services had been and would continue to be an area of intense focus, both internally and externally. Committee Members wished to express their thanks to staff for their ongoing commitment to care and safety throughout the pandemic, in particular the efforts undertaken to provide assurance in relation to the vaccination to pregnant women. The importance of early intervention in relation to health lifestyles and weight management provided by midwives was also recognised. The Committee DISCUSSED the Maternity Services Assurance Framework.
ITEMS FOR INFORMATION	
PEQS/21/52	There were no items for inclusion in this section.
OTHER MATTERS	
PEQS/21/53	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** The Committee Vice-Chair wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.
PEQS/21/54	**ANY OTHER URGENT BUSINESS**

	No other urgent business was declared.
PEQS/21/55	**DATE OF THE NEXT MEETING** 24th March 2022, via Microsoft Teams.