

**POWYS TEACHING HEALTH BOARD  
SUMMARY OF THE PATIENT EXPERIENCE, QUALITY & SAFETY  
COMMITTEE  
MEETING HELD ON THURSDAY 2 DECEMBER 2021  
VIA MICROSOFT TEAMS**

**Present:**

Melanie Davies  
Trish Buchan  
Ian Phillips  
Mark Taylor

Vice-Chair (Committee Chair)  
Independent Member (Committee Vice-Chair)  
Independent member  
Independent member

**In Attendance:**

Alison Davies  
Claire Madsen  
Kate Wright  
Stuart Bourne  
Jayne Lawrence  
Joy Garfitt  
Paula Walters  
Cathie Poynton  
Elizabeth Patterson  
Sara Utleay  
Katie Blackburn

Director of Nursing and Midwifery  
Director of Therapies and Health Sciences  
Medical Director  
Director of Public Health  
Assistant Director of Primary Care Services  
Assistant Director for Mental Health Services  
Associate Director of Corporate Business  
PTHB Unison Branch Secretary  
Corporate Governance Manager  
Audit Wales  
CHC

**Apologies for absence:**

Vivienne Harpwood  
Frances Gerrard  
Jamie Marchant

Marie Davies  
Wendy Morgan  
Rebecca Collier

PTHB Chair  
Independent Member  
Director of Primary, Community Care and Mental Health  
Deputy Director of Nursing  
Assistant Director of Quality and Safety  
Welsh Government

**Committee Support:**

Holly McLellan

Senior Administrator/Personal Assistant to Board Secretary

## **COMMITTEE ACTION LOG**

C\_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 difficulty data would be integrated into the CAF which was under development.

IC\_EQS/21/06 - A final brief on the PSOW report be provided to EQS (In-Committee) – Update provided to IC-PEQS and was closed.

IC\_PEQS/21/05 - Presentation to In-Committee by Assistant Director of Mental Health and Learning Disability – discussed in In-Committee and was brought forward 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.

## **AUDIT WALES REVIEW: PTHB QUALITY GOVERNANCE ARRANGEMENTS**

The report 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.

## **QUALITY GOVERNANCE ARRANGEMENTS: PRIMARY CARE SERVICES**

The paper provided an update on the Primary Care quality governance arrangements across independent contractors. 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 operate 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 this stage, however national Optometry Contract Reform was currently ongoing and expected to be phased in from April 2022 onwards over a three-year period – this would inform future contract monitoring requirements.

## **INTEGRATED QUALITY REPORT: DIRECTORATE OF PRIMARY, COMMUNITY CARE AND MENTAL HEALTH**

The report 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.

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.

## **MENTAL HEALTH ACT COMPLIANCE REPORT, INCLUDING A REPORT OF THE POWER OF DISCHARGE SUB-GROUP**

The report 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.

## **PUTTING THINGS RIGHT, COMPENSATION AND CLAIMS REPORT**

The report 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.

## **REGULATORY INSPECTIONS REPORT**

The report 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.

## **SAFEGUARDING:**

### **a) Annual Report**

PTHB Safeguarding Annual Report presented the key areas of development and achievement which had supported the Health Board to meet its statutory responsibilities in safeguarding the people of Powys during 2020/21. The report is aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addressed the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

The SMM Standards are; Governance and Rights Based Approach, Safe Care, ACE's Informed, Learning Culture and Multiagency Partnership Working.

The report highlighted key areas of development and improvement over the past 12 months within each Standard and set out the action targets and progress made.

Powys Teaching Health Board's SMM self-assessment and improvement plan was completed annually and submitted to the National Safeguarding Team. Both are used, alongside other Health Boards submissions, to inform a national report through the NHS Wales Safeguarding Network to the Chief Nursing Officer in Welsh Government. The aim of capturing and collating a national SMM was to provide assurance, share practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

#### **b) Internal Audit Report – Midwifery Safeguarding Supervision**

The report provided the findings of the Internal Audit into Midwifery Safeguarding Supervision.

A review of Midwifery Safeguarding Supervision was undertaken and completed in line with the 2021/22 Internal Audit Plan for Powys Health Board.

The purpose of the audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for Midwifery Safeguarding Supervision. The audit gave an overall rating of Reasonable Assurance which was a combination of;

- i.** Appropriate Safeguarding Supervision: *Assurance Substantial*
- ii.** Robust processes in place within midwifery services: *Assurance Reasonable*
- iii.** Supervision sessions appropriately documented: *Assurance Substantial*
- iv.** Monitoring and reporting arrangements: *Assurance Reasonable*

Two *Matters Arising* were identified as requiring a management response and action plan:

- i. Compliance rates for safeguarding supervision are low, management need to ensure that the action plan is implemented.
- ii. Enhancements are required to present the safeguarding supervision data in the safeguarding performance report by discipline.

An action plan had been developed to ensure the recommendations were managed and completed by December 2021.

Item 3.7 was deferred to 3 February 2022.

Safeguarding:

- a) Annual Report
- b) Internal Audit Report – Midwifery Safeguarding Supervision

## **COMMISSIONING ESCALATION REPORT**

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.

## **QUALITY IMPROVEMENT UPDATE INCLUDING:**

**a) Quality Improvement Activity**  
**b) Research and Development Update**  
**c) Learning Update**

The report 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 are 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.

## **CLINICAL QUALITY FRAMEWORK UPDATE**

The report 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

## **ITEMS DISCUSSED IN-COMMITTEE**

Due to the sensitivity of the information involved, the following items were discussed by the Committee in a closed meeting:

- Serious Incidents and Complex Concerns Overview

There was no other urgent business.

## **DATE OF THE NEXT MEETING**

3 February 2022, Microsoft Teams.