

**POWYS TEACHING HEALTH BOARD
SUMMARY OF THE PATIENT EXPERIENCE, QUALITY & SAFETY
COMMITTEE
MEETING HELD ON THURSDAY 12 MAY 2022
VIA MICROSOFT TEAMS**

Present:

Kirsty Williams	Vice-Chair (Committee Chair)
Frances Gerrard	Independent Member
Ian Phillips	Independent Member
Tony Thomas	Independent Member (attended to ensure quoracy)

In Attendance:

Carol Shillabeer	Chief Executive
Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies and Health Sciences
Kate Wright	Medical Director
James Quance	Interim Board Secretary
Zoe Ashman	Assistant Director of Quality and Safety
Julie Richards	Women's and Children's Service Manager
Amanda Edwards	Assistant Director – Innovation and Improvement
Richard Stratton	Assistant Medical Director
Joy Garfitt	Assistant Director for Mental Health Services
Mitchell Parker	Health Inspectorate Wales
Phil Jones	Audit Wales
Sonia Thomas	Community Health Council
Viv Harpwood	PTHB Chair

Apologies for absence:

Mark Taylor	Independent Member
Hayley Thomas	Director of Primary, Community Care and MH
Louise Turner	Assistant Director of Women's and Children's Services
Katie Blackburn	CHC

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 24 MARCH 2022 (FOR APPROVAL)

The minutes of the previous meeting held on 24 March 2022 were AGREED as a true and accurate record.

PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG

PEQS/21/50 – The Committee were advised that in respect of No Surprises notifications the normal escalations routes would be followed which included Member briefings. It was not necessary to set up a separate process for this issue.

PEQS/21/31 – Pressure Ulcers are reported within the Concerns Report. CAUTI (catheter acquired urinary tract infections) will be included in the Concerns Report going forward.

CHC VIRTUAL VISIT

The Committee received a report produced by the CHC regarding the Virtual Visits that had taken place. The report detailed a number of positive findings including staff were very good and attentive to patient needs; a patient's family were unable to visit but the patient had access to the telephone and had been able to speak to them; and all patients reported they received very good care.

A number of areas for improvement were identified including Wi-Fi connections, nutritional needs and estates issues.

The recommendations had been shared with Executive colleagues to ascertain how each can be addressed.

QUALITY PERFORMANCE:

The Committee received three reports and were advised that these reports would soon be presented as a combined report.

a) COMMISSIONING ASSURANCE REPORT

Attention was drawn to the publication of the Final Ockenden Report on 30 March 2022 following the Independent Review of Maternity Services at Shrewsbury and Telford Hospitals NHS Trust (SaTH) published in December 2020. The December 2020 report identified 52 actions. The status of these actions was outlined.

Attention was also drawn to the Cwm Taf Morgannwg University Health Board (CTMUHB) Maternity and Neonates Improvement Programme which remains in place.

An unannounced inspection had taken place by the Health Inspectorate Wales (HIW) of Ty Llidiard (CTMUHB). The report was published on 4 March 2022 and found 6 improvements were required.

Referral to treatment times continued to be challenging with pressures around workforce capacity, operational capacity and unscheduled care pressures impacting on this.

b) NATIONALLY REPORTABLE INCIDENTS AND CONCERNS REPORT

A report was presented to the Committee which outlined the way in which Putting Things Right is discharged within the health board together with the management of Nationally Reportable Incidents (previously known as Serious Incidents).

The service has strengthened its learning and development and are implementing incident management meetings on a fortnightly basis.

The Once for Wales Content Management System has been implemented and work is being undertaken to use full functionality of the system. The Mortality Model on this system is being introduced this month.

Nosocomial infections are reported monthly to Welsh Government. The figures may change as investigations are completed and understanding of nosocomial infection improves.

Compliance with the Putting Things Right 30 working day response time is poor and below the 75% target. A review has been undertaken with areas for improvement identified.

c) INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING

A report was presented which articulated the receipt and outcomes of the regulatory inspections which had occurred during the reporting period and tracker.

The committee asked that timescales be included within the tracker rather than noting that work was 'ongoing'.

d) MATERNITY SERVICES ASSURANCE

A report was received outlining the current position relating to maternity assurance and pathways for women and families in Powys.

Attention was drawn to the National Maternity and Neonatal Safety Programme where work was taking place jointly with Improvement Cymru to identify key priorities and improvements in the first phase of the programme.

Maternity services had been under pressure during the winter period and both Cwm Taf Morgannwg University Health Board (CTMUHB) and Shrewsbury and Telford Hospitals NHS Trust (SaTH) continued to have their own pressures.

Health Inspectorate Wales recommendations regarding birth environments remain outstanding for Knighton and Machynlleth. The recommendations relating to Llanidloes will be addressed next.

The service has spent time understanding the recommendations contained within the Ockenden Report and a roundtable event will take place on 31 May 2022 to examine the report.

The Maternity Operational Framework has been revised and changes made for example to synchronise leave which will improve the escalation position.

The Committee DISCUSSED the Commissioning Assurance Report, Nationally Reportable Incidents and Concerns Report, Inspections and External Bodies and Action Tracking Report and Maternity Assurance Report.

WOMENS AND CHILDREN'S QUALITY REPORT

A report was presented which provided a summary of patient experiences and concerns during quarter 3 and 4 of 2021/22.

The Women's and Children's Quality Report was DISCUSSED and NOTED.

MENTAL HEALTH ACT COMPLIANCE AND POWERS OF DISCHARGE ASSURANCE REPORT

A report was received which provided information to assure the committee that the health board were compliant with the legal duties under the Mental Health Act 1983.

179 sets of Section papers were scrutinised over the year. Errors were found on five or less occasions in each quarter that were corrected. Over the year no fundamental errors were found.

There were no deaths of detained patients over the year. 36 applications for discharge to Hospital Managers and the Mental Health Review Tribunal were made. 14 hearings were held and less than 5 patients were discharged.

The committee NOTED the report and was assured that the performance of the services in relation to the administration of the Mental Health Act 1983 was compliant with legislation.

STRATEGIC OBJECTIVE REPORT: QUALITY & ENGAGEMENT (WALES) ACT: IMPLEMENTATION UPDATE

The Committee received a report outlining the requirements of the Health and Social Care (Quality and Engagement) Act 2022 which was due to be implemented in spring 2023.

The following next steps were intended:

- secure Board support;
- assess readiness;
- secure wider organisational buy in and co-creating a vision;
- developing improvement skills and infrastructure;
- aligning and coordinating activity; and
- sustaining a health board wide approach.

In the first instance a Board Development session would be arranged.

COMMITTEE RISK REGISTER

The Committee received the Committee Risk Register outlining the intention for a meeting with Clinical Directors to assess the risk and break it down into constituent parts.

Members were advised that the Committee Risk Register related to the pre-pandemic position and arrangements were in place to review it. It was recognised that the situation was dynamic. However, it was necessary to be assured that the right controls and mitigations were in place. The level of risk that would be tolerated would be considered and arrangements for monitoring put in place. The Executive Committee have recently considered risk and a Board Development session on risk would be arranged.

The Committee CONSIDERED the risks identified within the Committee Risk Register.

WHSSC QUALITY AND PATIENT SAFETY COMMITTEE CHAIR'S REPORT JANUARY 2022

The WHSSC Quality and Patient Safety Committee Chair's Report January 2022 was RECEIVED.

There was no other urgent business.

DATE OF THE NEXT MEETING

7 July 2022, via Microsoft Teams.