



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

CONFIRMED

**MINUTES OF THE 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 Utlej
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
Interim Head of Corporate Governance
Audit Wales
CHC

Apologies for absence:

Vivienne Harpwood
Frances Gerrard
Jamie Marchant

PTHB Chair
Independent Member
Director of Primary, Community Care and Mental
Health

Marie Davies
Wendy Morgan
Rebecca Collier

Deputy Director of Nursing
Assistant Director of Quality and Safety
Health Inspectorate Wales

Committee Support:

Holly McLellan

Senior Administrator/Personal Assistant to Board
Secretary

PEQS/21/23	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>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.</p>
PEQS/21/24	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PEQS/21/25	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 7 OCTOBER 2020</p> <p>The minutes of the previous meeting held on 7 October 2021 were AGREED as being a true and accurate record.</p>
PEQS/21/26	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>No matters arising were declared.</p>
PEQS/21/27	<p>COMMITTEE ACTION LOG</p> <p>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.</p> <p>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</p> <p>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.</p> <p>PEQS/21/17 - How issues identified in Audit Wales: WHSSC Governance Arrangements and WHSSC Management response would be addressed – No update was available, to be maintained on the action log for the newly appointed Board Secretary’s attention</p>

ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PEQS/21/28	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PEQS/21/29	<p>Audit Wales Review: PTHB Quality Governance Arrangements</p> <p>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.</p> <p>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.</p> <p>The Review concluded that overall, <i>"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"</i>.</p> <p>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.</p> <p><i>Regarding capacity constraints, was it possible that more funding would result in better complaints handling?</i></p> <p>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 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</p>

	<p>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.</p> <p><i>What learning could be gathered from staff survey findings?</i> 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 of 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 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.</p> <p>Action: Director responsible for the Community Services Group</p> <p><i>What progress had been made on system procurement to capture patient feedback?</i> 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.</p> <p>The Committee DISCUSSED the review and NOTED the management response.</p>
PEQS/21/30	<p>Quality Governance Arrangements: Primary Care Services</p> <p>The Assistant Director of Primary Care Services presented the paper which provided an update on the Primary Care quality governance arrangements across independent contractors.</p> <p>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).</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p><i>When would patient experience information be reintroduced into CAF reports?</i></p> <p>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.</p> <p><i>What was the recourse if a patient had a problem outside the service?</i></p> <p>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.</p> <p><i>What feedback was being gained from soft intelligence?</i></p> <p>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.</p> <p><i>Why was Primary Care outcome data being presented to the Delivery and Performance Committee and not the Patient Experience Quality and Safety Committee?</i></p> <p>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</p>
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	<p>Nursing and Midwifery added that a CAF equivalent report for provider services would be beneficial for standardised reporting across services.</p> <p><i>Given the different metrics of Primary Care would the CAF report on more services?</i></p> <p>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.</p> <p>The Committee DISCUSSED the review and NOTED the report.</p>
PEQS/21/31	<p>Integrated Quality Report: Directorate of Primary, Community Care and Mental Health</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The reports showed improved performance in waiting time positions. There was a specific demand for registered nurses.</p> <p>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.</p> <p>CSG Quality Governance Paper Q2 2021</p> <p>The Medical Director presented the report which expanded on the report presented for Q1 to the PEQS Committee in</p>

	<p>October 2021, outlining the position relevant to Q2.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 (DTC) • Serious Incident Report, themes • Complaints received, themes and response times • Lessons learned <p>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.</p> <p><i>To what extent was management of pressure ulcers and urinary infections more effective in hospitals than in the community?</i></p> <p>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 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.</p> <p>Action: Director of Nursing and Midwifery</p> <p><i>Could pressure ulcer progression be mitigated to prevent progression to stage 2?</i></p>
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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 MHL 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 (MHL) service group for the period of July to September 2021.

This report includes data from the Commissioning Assurance Framework (CAF) for Mental Health and Learning Disabilities (MHL) 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 MHL 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?

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.

<p>PEQS/21/32</p>	<p>Mental Health Act Compliance Report, including a report of the Power of Discharge Sub-Group</p> <p>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).</p> <p>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).</p> <p>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.</p> <p><i>Could work on Section 136 and Community Treatment Orders be covered to provide a greater understanding?</i></p> <p>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.</p> <p>Action: Board Secretary</p> <p>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.</p>
<p>PEQS/21/33</p>	<p>Putting Things Right, Compensation and Claims Report</p> <p>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.</p> <p>Progress on refreshing the Patient Experience Framework was reported alongside related activities, following the Patient Experience Steering Group in November 2021.</p>

	<p><i>How would PTHB be able to identify when the increased systematic work had closed the loop?</i></p> <p>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.</p> <p>The Committee DISCUSSED the review and NOTED the report.</p>
PEQS/21/34	<p>Regulatory Inspections Report</p> <p>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.</p> <p>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.</p> <p>A Quality Assurance Inspection by Cervical Screening Wales was to be undertaken of the Colposcopy Service at Newtown Hospital on 23 November 2021.</p> <p>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.</p> <p>The Committee NOTED the report.</p>
PEQS/21/35	<p>Safeguarding:</p> <ul style="list-style-type: none"> a) Annual Report b) Internal Audit Report – Midwifery Safeguarding Supervision

	This item was deferred to 3 February 2022.
PEQS/21/36	<p>Commissioning Escalation Report</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 2 providers with services in Special Measures • 1 provider at Level 4. <p>The report also provided:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>The Committee Chair noted that the commissioning escalation report was due to return to Patient Experience Quality and Safety Committee on 3 February 2021.</p> <p><i>Could PTHB be compared to other Health Boards standards?</i></p> <p>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.</p>

	<p><i>Was there an update on the Wye Valley position?</i></p> <p>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.</p> <p>The Committee DISCUSSED the review and NOTED the report.</p>
PEQS/21/37	<p>Quality Improvement Update including:</p> <ul style="list-style-type: none"> a) Quality Improvement Activity b) Research and Development Update c) Learning Update <p>The Medical Director presented the report which provided an update on quality improvement activity within Powys Teaching Health Board (PTHB).</p> <p>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.</p> <p>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.</p> <p><i>Could further information be provided on the cultural work?</i></p> <p>The Medical Director responded that it had been noted that there would be some cultural changes.</p> <p>The Committee NOTED and APPROVED the quality improvement activity within PTHB.</p>
PEQS/21/38	<p>Clinical Quality Framework Update</p> <p>The Director of Nursing and Midwifery presented the report which provided:</p>

	<ul style="list-style-type: none"> ▪ 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 <p><i>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?</i></p> <p><i>Could the deadline be moved to March 2022?</i></p> <p><i>How would PTHB coordinate crosscutting issues which are considered in the Workforce and Culture Committee? How would capacity and redefinition be balanced?</i></p> <p>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 covid19 pandemic may adversely impact upon the ability to do so.</p> <p>The Committee DISCUSSED the review and NOTED the report.</p>
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.