



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

**MINUTES OF THE MEETING HELD ON THURSDAY 23 FEBRUARY 2023
VIA MICROSOFT TEAMS**

Present:

Kirsty Williams	Vice-Chair (Committee Chair)
Jennifer Owen Adams	Independent Member
Simon Wright	Independent Member

In Attendance:

Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director of Corporate Governance (from 11.00)
Jacqui Seaton	Chief Pharmacist
Marie Davies	Deputy Director Nursing
Joy Garfitt	Assistant Director – Mental Health Services
Amanda Edwards	Assistant Director – Innovation and Improvement
Helen McIntyre	Service Manager Adult Mental Health

Observing:

Carl Cooper	PTHB Chair
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Apologies for absence:

Mark Taylor	Independent Member
Ian Phillips	Independent Member
Carol Shillabeer	Chief Executive
Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO
Kate Wright	Medical Director
Mererid Bowley	Interim Director of Public Health
Zoe Ashman	Assistant Director of Quality and Safety

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PEQS/22/74

WELCOME AND APOLOGIES FOR ABSENCE

	The Committee Chair welcomed Members to the meeting. Apologies for absence were noted as recorded above.
PEQS/22/75	DECLARATIONS OF INTERESTS No interests were declared in addition to those already declared in the published register.
PEQS/22/76	MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 24 NOVEMBER 2022 (FOR APPROVAL) The minutes of the previous meeting held on 24 November 2022 were AGREED as a true and accurate record.
PEQS/22/77	PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG The Action Log recorded updates with the following update was provided during the meeting: PEQS/22/41 - Key Performance Indicators to be developed for inclusion in the Integrated Quality Report – the Director of Nursing and Midwifery advised that key performance indicators were being reviewed ahead of the implementation of the Quality and Engagement Act in April 2023. An Annual Quality Report will be required from May 2024 which will be contain information sourced from the quarterly Integrated Quality Reports. This action was CLOSED. The Committee received the updates on the action log.
ITEMS FOR ASSURANCE	
PEQS/22/78	INTEGRATED QUALITY REPORT The Director of Nursing and Midwifery presented the report and drew attention to the following areas: <ul style="list-style-type: none"> • guidance is awaited for the Quality and Engagement Act which will come into force from April 2023; • the team are on track to complete reviews of nosocomial cases by April 2024; • compliance with the 30 day response time for complaints had improved although small numbers mean these figures can be volatile; • patient experiences are being captured through the Civica system, however, there is additional patient experience work taking place that needs to be captured; • maternity services continue to be in local escalation with fortnightly meetings monitoring the core data sets. The Executive Committee will consider in March

2023 whether sufficient progress has been made for the service to be deescalated;

- key matters for consideration include:
 - timely management of incidents;
 - implementation of a quality data dashboard; and
 - implementation of a robust framework to ensure the requirements of the Quality and Engagement Act are realised.

What is meant by a nosocomial case?

A funded post in place until 2024 to take each case where a patient might have contracted covid-19 in hospital. A review of case notes is undertaken to ascertain if a patient did contract covid-19 in hospital. Complex cases are considered by the Nosocomial Scrutiny Panel and a monthly report provided to the Delivery Unit.

In managing concerns, what is meant by early resolution and enquiries?

Early resolution refers to a complaint that has been logged but was being addressed at source and does not reach the stage of a concern. Enquiries refer to all matters that are not recorded as a complaint or concern.

The first key matter for consideration relates to the timely management of incidents, where is this referenced within the report?

This relates to the summary of incidents per month. Datix reports may initially record a level of harm which, when investigated, may not have resulted in harm. Datix previously showed several cases that had not been investigated which was either due to an administrative issue or a failure to properly investigate incidents. Root Cause Analysis training has been provided which is enabling cases to be confidently investigated more quickly preventing the build-up of a backlog. Tracking of incidents will be a key component of the duty of quality and will be outlined in the next Integrated Quality Report.

Is there confidence the quality data dashboard is providing the required information?

The Delivery Unit are examining the quality indicators which would suggest that further work needs to be undertaken. Quality needs to be embedded throughout the

Integrated Performance Report rather than a separate measure.

Where will the Return on the Readiness for Implementation of the Quality and Engagement Act be considered?

The return is provided monthly to the National Implementation Board. The local Implementation Board has met twice, and consideration will be given as to how this is reported to this Committee.

Action: Director of Nursing and Midwifery

The health board is working with the NHS Wales Delivery Unit to trial the implementation of the Duty of Candour. This will be managed within the existing Datix system rather than developing a bespoke reporting system.

How is the service mitigating the inability to appoint to a Head of Midwifery post?

There is a challenge across Wales where midwives appear reluctant to progress to more senior roles. A considerable effort was put into a national campaign to recruit but this was unsuccessful. The Interim role has been strengthened and colleagues will look again to identify what can be done to make the role attractive. The challenges related to competitiveness, and scope and scale. Colleagues from the Corporate Nursing Team have been supporting the Midwifery Team.

The CHC have produced a report on Access to GP services although the response was low. The health board is required to collect the view of 3,500 patients. When will this information be available?

The Director of Nursing and Midwifery undertook to confirm when this information would be available.

Action: Director of Nursing and Midwifery

The considerable number of appendices was noted, and a high level summary requested.

The inclusion of the Welsh Health Specialised Services Committee (WHSSC) Quality and Patient Safety Committee (QPSC) Chairs Report was noted but the timeliness of this information questioned. The Chair and Director of Nursing

	<p>and Midwifery undertook to investigate how best to report on the activity of QPSC.</p> <p>Action: Chair and Director of Nursing and Midwifery</p> <p>The Integrated Quality Report was DISCUSSED and ASSURANCE was taken from the information provided within the report.</p>
PEQS/22/79	<p>CLINICAL AUDIT PROGRAMME 2023-24</p> <p>The Assistant Director – Innovation and Improvement presented the Clinical Audit Programme 2023-24 acknowledging there were a large number of audits with some items likely to be moved allowing for others to be prioritised, within the Clinical Audit Plan to be monitored via service group dashboards.</p> <p><i>Is the intention of this audits to drive improvements or identify gaps?</i></p> <p>There is a dual purpose for clinical audits both to identify gaps and also as one of a range of improvement tools, none of which are utilised in isolation.</p> <p><i>Where are clinical audits cross referenced to risk?</i></p> <p>The audit programme is co-produced with service managers who are mindful of the risks in their area.</p> <p><i>Are the number of audits proposed proportionate to the service area? How is proportionality assessed?</i></p> <p>Proportionality is difficult to assess. A number of audits have to be done for compliance, others are identified as a result of concerns or risks. Many audits will move into the dashboards when they are implemented but there will still be a requirement for certain audits.</p> <p>When health professionals are re-evaluated the ability to demonstrate involvement with an audit is of assistance in the re-evaluation process.</p> <p><i>How will moving to the dashboard improve the process?</i></p> <p>The dashboards will enable data to be interrogated in real time for those people who need to have easy access to it, to enable decisions to be taken.</p> <p><i>The Director of Corporate Governance joined the meeting.</i></p>

	<p>Dashboards are a key tool for managing data in relation to the Duty of Quality. There are expensive digital tools available, but the team are working with digital colleagues to develop dashboards using existing software.</p> <p>The implementation of the Duty of Quality is an opportunity to look at a total quality management system.</p> <p>The Chair suggested the total quality management system could be included within the Board Development session on the Quality and Engagement Act in April 2023.</p> <p>Action: Director of Nursing and Midwifery</p>
PEQS/22/80	<p>ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS</p> <p>The Chief Pharmacist presented the Second Annual Report of the Controlled Drugs Accountable Officer and drew attention to a slight decrease in reporting of incidents (although it was noted that there had been three Controlled Drugs Local Intelligence Network meetings during this period rather than four in the previous reporting period); the increased number of individuals authorised to witness the destruction of controlled drugs, and corresponding improvement in response times to destruction requests; and the need to undertake training with the commission of an e-learning modules 'reducing opioid prescribing in chronic pain' for primary care clinicians.</p> <p>The plans for the next 12 months were outlined including raising awareness of the role and responsibilities of the CDAO across the organisation, ensuring that a full suite of SOPs are in place, ensuring that declarations are received from all primary care clinicians and ensuring that a full self-assessment of CD governance is carried out across the health board.</p> <p>The Chief Pharmacist noted that performance indicators were a starting point for discussion but that other factors such as demographics of practice needed to be considered. The performance indicators showed that the health board is performing relatively well compared to some other health boards for some of the indicators, when compared to English organisation, considerable scope for improvement could be seen. The reason for an increase in prescribing needed to be ascertained. The prescribing patterns for opioid patches (for those who are unable to swallow) varies considerably between prescribers. An increase in prescribing of gabapentin and pregabalin, which are</p>

difficult to come off, had also been seen. Prescribing at practice level is being monitored and targeted discussions will be held with practices where particular challenges are identified.

If an inappropriate level of prescribing is being observed, what are the alternatives?

The Chief Pharmacist noted self help tool kits are available and are being promoted to support patients suffering from chronic pain. The Pain Toolkit was created by a clinician who suffered from chronic pain. Such toolkits are helpful in managing patient expectation and supporting them to understand that it may not be possible to be pain free.

The Director of Therapies and Health Sciences confirmed there was a well-established pain service in the health board. Although it was noted that the health board does not currently commission a service to support patients who are addicted to prescription medicines.

Why is the difference in prescribing in Cardiff and Vale, and in England so stark?

The Chief Pharmacist confirmed that it was necessary to look at the demographics of each health board. England had recently had a large focus on reducing opioid prescribing which might explain the differences. Prescribing information was provided to surgeries in September and the data within this report dates from November, therefore surgeries have only had a short time to start to address this. The service will continue to draw this to the attention of the surgeries with the intention that prescribing patterns will improve.

How do prescription opioid dependent patients link with specialist services for addiction, given these prescribed medications are not illegal?

The Assistant Director for Mental Health advised the service were running a pilot for a new treatment which had advantages over the methadone approach although was more expensive. There was an additional challenge with the easy availability of opiates online.

The Chief Pharmacist advised that services had not been commissioned for prescription addiction as patients did not see themselves as addicted. Co-production of addiction

	<p>services was known to encourage engagement and there is a complex pathway to work with addicts on their addictions and reasons for addiction.</p> <p>The Committee took ASSURANCE from the update provided and noted the work to be undertaken. The Third Annual Report from the Accountable Officer for Controlled Drugs would be brought to Committee in February 2024.</p>
PEQS/22/81	<p>NATIONAL COMMISSIONING FUNCTIONS REVIEW</p> <p>The Director of Corporate Governance presented a letter from the NHS Wales/Welsh Government Director General together with the Terms of Reference for the National Commissioning Functions Review. The review had been delayed by the pandemic but was now expected to report by April 2023. The following comments were made in respect of the Terms of Reference:</p> <ul style="list-style-type: none"> • the disparity between services provided in Wales and England is stark and of particular issue to Powys Teaching Health Board; • how does the health board gain assurance on commissioned services – the Chair’s Report from the WHSSC Quality and Safety Committee is too brief and out of date to be of value; and • how is the balance struck between spending a significant amount of money on a small number of patients. <p>The Director of Corporate Governance advised the outcome of the report would be brought back to the Committee at the appropriate time.</p> <p>Action: Director of Corporate Governance</p>
ITEMS FOR DISCUSSION	
PEQS/22/82	<p>MENTAL HEALTH SERVICES - 111 PRESS 2 PROJECT</p> <p>The Assistant Director – Mental Health and Service Manager – Adult Mental Health gave a presentation on the new NHS service 111 press 2 for urgent mental health support.</p> <p>Funding from Welsh Government had initially been provided on a population percentage basis; however, this was insufficient to provide the service required and further funding had been made available. The service will initially run until midnight with 2 members of staff, and then with 1</p>

	<p>member of staff in the early hours. Out of Hours will be operated from Velindre Ward where there is support to hand.</p> <p>Recruitment and training are ongoing and arrangements for support for cross border patients now agreed.</p> <p>A 12 week peer review will be undertaken.</p> <p><i>Could the results of the 12 week review be brought to Committee?</i></p> <p>Action: Director of Primary, Community Care and MH.</p> <p>The Committee NOTED the update on the 111p2 service.</p>
ESCALATED ITEMS	
PEQS/22/83	There were no escalated items
ITEMS FOR INFORMATION	
PEQS/22/84	<p>CHILD PRACTICE REVIEW</p> <p>The Director of Nursing and Midwifery advised the Committee of the sad case of 16 year old Kaylea Titford, who had died unexpectedly in October 2020. Her father had been found guilty of gross negligence manslaughter by causing of allowing the death of a child, her mother had admitted the same offence.</p> <p>The Committee acknowledged Kaylea’s life and the sad events that had led to her death.</p> <p>Now the criminal proceedings had concluded a Child Practice Review would take place involving colleagues from the police, local authority, health board and other stakeholders.</p> <p>The Chair requested an update from the Safeguarding Group to outline the actions already taken, and that the Child Practice Review be brought to the Committee in due course.</p> <p>Action: Director of Nursing and Midwifery</p>
OTHER MATTERS	
PEQS/22/85	COMMITTEE RISK REGISTER

	<p>The Director of Corporate Governance presented the Committee Risk Register noting the risk had changed in relation to the imminent introduction of the Quality and Engagement Act and consequent move from the Health and Care Standards to the Quality Standards.</p> <p>The risk was wide ranging, and work would be undertaken with the Director of Nursing and Midwifery to ascertain the appropriateness of splitting the risk.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the corporate risks within the committee’s remit, • DISCUSSED any relevant issues; and • took ASSURANCE that risks were being managed in line with the Risk Management Framework.
PEQS/22/86	<p>DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME BUSINESS 23/24</p> <p>The Director of Corporate Governance presented the development of the Committee Annual Programme report and key points were highlighted to committee which included:</p> <ul style="list-style-type: none"> • delivery of 2022/23 Annual Programme of Business; • committee terms of reference; • feedback from committees (discussions and performance review); and • feedback from the Board <p>The Director of Nursing and Midwifery welcomed the introduction of a Chair’s Group to look across committees, in particular in relation to the introduction of the Duty of Quality.</p> <p>The Development of the Committee Annual Programme of Business 2023-24 was NOTED.</p>
PEQS/22/87	<p>TERMS OF REFERENCE FOR POWER OF DISCHARGE GROUP</p> <p>The Chair presented the Terms of Reference for the Power of Discharge Group.</p> <p>The Committee AGREED the Terms of Reference for the Power of Discharge Group.</p>

PEQS/22/88	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>The Chair noted that the matters discussed would be included in the Chair’s Report to Board.</p>
PEQS/22/89	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
PEQS/22/90	<p>DATE OF THE NEXT MEETING</p> <p>25 April 2023, via Microsoft Teams.</p>