



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

**MINUTES OF THE MEETING HELD ON TUESDAY 24 OCTOBER 2023
VIA MICROSOFT TEAMS**

Present:

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

In Attendance:

Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies and Health Sciences
Debra Wood-Lawson	Director of Workforce and OD (from 10.30)
Zoe Ashman	Assistant Director of Quality and Safety
Helen Bushell	Director of Corporate Governance
Marie Davies	Deputy Director Nursing (from 11.00)
Lucie Cornish	Assistant Director of Therapies and Health Sciences (for Item 2.7)
Louisa Kerr	Head of Mental Health Operations
Jacquie Seaton	Chief Pharmacist (for Item 2.1)
Kelle Rees	Service Manager Community Mental Health (for Item 2.5)

Observing:

Carl Cooper	Chair PTHB
Sonia Thomas	Llais
Sarah Diskin	Llais (from 10.30)

Apologies for absence:

Hayley Thomas	Interim Chief Executive
Kate Wright	Medical Director
Joy Garfitt	Interim Director Operations, Community Care and Mental Health
Pete Hopgood	Director of Finance, Information and IT
Amanda Edwards	Assistant Director – Innovation and Improvement

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PEQS/23/35	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members to the meeting and shared the sad news that Independent Member Mark Taylor had passed away noting that Mark was a diligent and effective Member of the Committee and a dedicated and valued Member of the Board.</p> <p>Apologies for absence were noted as recorded above.</p>
PEQS/23/36	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
PEQS/23/37	<p>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 04 JULY 2023 (FOR APPROVAL)</p> <p>The minutes of the previous meeting held 04 July 2023 were AGREED as a true and accurate record.</p>
PEQS/23/38	<p>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</p> <p>The Director of Corporate Governance presented the action log noting that six actions had been completed, four were on track, and three were classified as 'at risk' as whilst work was on-going, they had not met their original deadlines. These included:</p> <ul style="list-style-type: none"> • A deep dive into Mental Health – an item on the agenda was included to clarify exactly what Committee expected in relation to this action with the requested report now scheduled for the February 2024 meeting; • Losses and Special Payments – the Director of Nursing and Midwifery requested this be deferred to February 2024; and • Annual Safeguarding Report - the Director of Nursing and Midwifery requested this be deferred to February 2024 <p>The reason for the delay in relation to the Mental Health action was queried. The Director of Corporate Governance advised that there had been changes in Executive Lead on this item and there had been a misunderstanding of what was required by the Committee in relation to this action. The inclusion of the item later in the agenda would help clarify the request, with a substantive item scheduled for the next meeting of the Committee.</p>

	The change of date requests were APPROVED.
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ITEMS FOR ASSURANCE

PEQS/23/39	<p>MEDICINE MANAGEMENT ANNUAL REPORT</p> <p>The Chief Pharmacist presented the report which provided an update on the Medicines Management/Pharmacy Team activities undertaken between April 2022 and September 2023. The report provided information on the Health Board’s Medicines Management/Pharmacy arrangements, provided an update on progress, outlined key challenges and areas of concern, and provided information regarding plans for the next 12 months.</p> <p><i>Page 12 of the report states ‘work initiated to ensure non-medical prescribing is driven by service need rather than personal development desires’. To what extent will this impact on retention and/or development of staff?</i></p> <p>The Chief Pharmacist advised that priority would be given to training staff in areas of organisational need rather than providing training for staff which was not then used in their current role. There was no budget for training staff on areas not needed by the organisation.</p> <p><i>Page 14 of the report states ‘funding was approved for a Band 5 post (fixed term), we have been unable to recruit’. Could this be made a permanent post to make it more attractive?</i></p> <p>The Chief Pharmacist confirmed the fixed term nature of the post was due to funding constraints.</p> <p><i>Page 15 of the report states that the Health Board does not have an Antimicrobial Stewardship Pharmacist. Is this gap due to funding issues?</i></p> <p>The Chief Pharmacist confirmed this was again due to funding constraints.</p> <p><i>Page 15 of the report states ‘the current level of support to Mental Health Services is inadequate and does not meet the needs of the population of Powys’. What is being done to address this?</i></p>
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The Chief Pharmacist advised that this was both a funding issue and an issue of attracting staff to Powys. Support was provided via a 0.2 FTE (Full Time Equivalent) from Aneurin Bevan UHB, but this did not provide hands on support in the Mental Health wards or Community Services. There is an opportunity for funding a Perinatal Mental Health Pharmacist in the short term and the potential for an existing Pharmacist to be offered Mental Health training both of which are being explored. An update on Pharmacy support to Mental Health Services will be provided in the next Medicines Management report.

Action: Chief Pharmacist

The report mentions efficiencies to be achieved in the management of pharmacy stores. How will this be achieved?

The Chief Pharmacist advised the intention was to move to a centralised store operating out of Bronllys to reduce the number of items being delivered to the wrong site or getting lost, and to increase the ability to manage ordering and monitor usage between sites. The centralised store will start with orders for sip feeds and wound care products and then expand into other areas.

Page 13 of the report notes plans for the Ministry of Defence (MoD) to move to using NHS prescriptions. What implication will this have for the Medicines Management Team?

The Chief Pharmacist advised that the current prescription service providers for the MoD have withdrawn and the Health Board has been asked to provide this service with funding for a 1 FTE post provided to support the change.

To what extent will the change to Electronic Prescribing and Medicines Administration (EPMA) help alleviate staffing issues?

The Chief Pharmacist advised this Welsh Government supported scheme would primarily be of benefit to patient safety and in addition will save staff time. Initially this will be implemented in ward areas and then will move to outpatients. This will require a considerable amount of staff training and a change in way of working for clinical colleagues. There is a challenge in relation to the IT infrastructure which requires attention. An update on EPMA will be provided in the next Medicines Management report.

Action: Chief Pharmacist

	<p><i>One of the key financial pressures of the Health Board relates to Primary Care Prescribing which is overspending. Whilst some of this is known to be related to global supply chain issues and increases in the cost of drugs, is it feasible that this budget will get back on track?</i></p> <p>The Chief Pharmacist advised there were problems related to obtaining drugs at drug tariff prices where it was necessary to move to price concessions. In some instances, the drugs did not go back to the original drug tariff price. The impact of this has cost an additional £600k so far this year. In addition, new drugs are being developed in areas such as diabetes care which are expensive. The NICE guidance that is produced for the new drugs needs summarising and the formulary needs to be kept up to date to outline which drugs should be used in the first instance. A new Pharmacist and new Pharmacist technician have been appointed who will work in this area.</p> <p>The Chair congratulated the team on receiving an Innovation and Best Practice Award for the development of their Medicines Intervention Reporting and Monitoring Tool.</p> <p>The Chair advised that the Chair’s Report to Board would reference the constraints highlighted during item and the risks they pose, and that she would work with the Medical Director, Chief Pharmacist and Director of Corporate Governance to ensure the actions were reported back to Committee in a timely manner.</p> <p>Action: Chair, Medical Director, Chief Pharmacist and Director of Corporate Governance</p> <p>The Committee RECEIVED the Medicines Management Assurance Report April 2022 – September 2023 taking ASSURANCE on the actions taken and progress made.</p> <p>The Chief Pharmacist left the meeting.</p>
PEQS/23/40	<p>INTEGRATED QUALITY REPORT TO INCLUDE:</p> <ul style="list-style-type: none"> PSOW ANNUAL REPORT 2022/23

- **INFECTION PREVENTION AND CONTROL PLAN PROGRESS**

The Director of Nursing and Midwifery presented the report and drew attention to the following areas:

- Work assessing potential nosocomial cases of Covid-19 has been completed ahead of schedule with no cases of harm or death identified. The national Interim Learning Report was provided with the Final Learning Report anticipated Spring/Summer 2024. The learning identified locally will be shared via the Infection Prevention and Control group to ensure learning is embedded throughout the organisation.
- The target of compliance of response to concerns within 30 days continues to be met with a challenge of maintaining this target. The themes and trends relating to concerns for provided and commissioned services were outlined.
- There have been eight Duty of Candour cases triggered in Q1 and Q2 of which four have been closed with no harm identified and four remain under investigation.
- The Public Services Ombudsman for Wales (PSOW) Final Report 2022/23 had been received. A relatively high number of concerns had been forwarded to the PSOW. This had been expected as a series of long overdue concerns had been closed, triggering the opportunity to complain to the PSOW. Now the backlog has cleared it is expected this figure will fall.
- The number of pressure ulcer incidents was provided and the processes in place to manage this was outlined.
- The Patient Experience system continues to evolve with the implementation of District Nurse feedback arrangements.
- The Infection Prevention and Control Improvement Plan developed in response to matters raised at Executive Committee and PEQS In-Committee in July 2023 was shared with Committee. Of the 24 actions identified, six had been completed and 18 were on-track with none behind schedule.

It is disappointing that the Health Board were unable to attend the Safe Care Collaborative meeting in September given the importance of safety to the organisation.

The Director of Nursing and Midwifery provided assurance that this had been a hard decision but with a small team in

Powys it had not been possible to release staff for a 2-3 day event. However, the Director of Nursing and Midwifery and Medical Director had attended the Executive session on Day 2 and Improvement Cymru are invited to attend the Health Boards local Safe Care improvement meetings.

The PSOW report mentions that resources remain an issue in relation to complaints and concerns. What action will be taken to address this?

The Assistant Director of Quality and Safety advised that this report related to a period when the team had resourcing issues which have since been addressed. It was confirmed this was no longer a problem.

Why are pressure ulcer incidents most commonly recorded as Category 2 rather than being identified and treated earlier?

The Assistant Director of Quality and Safety advised that the second graph in the report demonstrated that around half of the pressure ulcers inherited (from patients transferred from other care settings or directly from home) are Category 2. A Tissue Viability Nurse is supporting the correct reporting of pressure ulcers to ensure those that are inherited are recorded as such and it is expected that this will be completed by the end of the year.

Could the breakdown between pressure ulcer incident graph be disaggregated between those inherited and those acquired in our setting?

The Director of Nursing and Midwifery undertook to strengthen the Integrated Quality Report in respect of pressure ulcer incidents.

Action: Director of Nursing and Midwifery

In relation to patient feedback from the District Nursing team can assurance be given that positive as well as negative feedback is shared with Board?

The Assistant Director of Quality and Safety advised that both positive and negative feedback is shared via patient stories to Board.

Can the Committee be assured that the District Nursing team are advised that their patient feedback has been shared with Board Members?

The Director of Nursing and Midwifery undertook to provide this feedback personally.

In relation to the Welsh Risk Pool (WRP) Assessment of the Putting Things Right process Limited Assurance Report, can assurance be given that the necessary improvements are being made?

The Director of Nursing and Midwifery advised that the fieldwork for this report had been undertaken some time ago when the organisation was in the process of addressing a number of issues. The Director of Nursing and Midwifery would welcome a follow up report by the WRP in the role of critical friend.

The Infection Prevention and Control action plan refers to a Decontamination Policy which at 9 years old appear out of date. Should this policy be subject to urgent review?

The Assistant Director of Quality and Safety advised that since this report had been prepared the Decontamination Policy had been reviewed.

Information contained within the report highlights that some patients are unable to afford to travel to appointments. How is this information shared with partners to inform wider policy development?

The Director of Nursing and Midwifery confirmed this information was shared with Executive Committee and should also be shared at the Regional Partnership Board. It is also possible to provide this information in feedback to Welsh Government on themes of complaints.

The Assistant Director of Quality and Safety advised that in the first instance many complainants require signposting to navigate complex pathways of care and increasingly the complaints team are undertaking advocacy. For example, patients are being asked to attend Velindre Cancer Centre in Cardiff four times a week. The complaints team have requested that Velindre look at patient postcodes when arranging appointments.

	<p><i>Could the Integrated Quality Report include examples of themes of advocacy in the next report?</i></p> <p>The Director of Nursing and Midwifery confirmed that this would be considered.</p> <p>Action: Director of Nursing and Midwifery</p> <p>The Llais representative joined the meeting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting.
<p>PEQS/23/41</p>	<p>MATERNITY SERVICES</p> <p>The Director of Nursing and Midwifery presented the report which provided the Committee with the first six monthly update on progress in maternity service following local de-escalation, and drew attention to the following areas:</p> <ul style="list-style-type: none"> • the Maternity Governance Framework to support continuous improvement was shared; • arrangements for service user feedback from women and families including specific surveys for antenatal appointments, partners and for when women are transferred in labour to a District General Hospital; • two experiences of transfer during labour had been positive, and one had resulted in a concern from which learning had been identified; and • quarterly learning events are held with all staff. <p><i>Is the Maternity Neonatal Champion able to have a say on neonatal matters despite PTHB not offering neonatal care including feeding into the configuration of maternity services along the M4 corridor which some south Powys mums and babies may use?</i></p> <p>The Director of Nursing and Midwifery advised that the Health Board have a midwife who is the Maternity Neonatal Safety Champion. This includes working with the national team and, as Powys does not have a neonatal unit, liaising with respective colleagues in neighbouring health boards. In addition, the Head of Midwifery attends the peer group with equal status and the Director of Nursing and Midwifery attends the Maternity Neonatal Safety Board.</p>

	<p><i>Will the experience of the maternity team during escalation be shared as a staff story in this Committee or Workforce and Culture Committee?</i></p> <p>The Director of Nursing and Midwifery confirmed that this would be shared in the Workforce and Culture Committee.</p> <p>The Committee took ASSURANCE that the Maternity Services improvement actions are being delivered to plan.</p> <p>The Deputy Director of Nursing joined the meeting</p>
<p>PEQS/23/42</p>	<p>MENTAL HEALTH SERVICES PRESENTATION (Action PEQS/22/51)</p> <p>The Head of Mental Health Operations presented a slide outlining potential areas for a deep dive in the February 2024 Committee meeting. These included:</p> <ul style="list-style-type: none"> • Current demand, challenges and opportunities • Recent and planned service developments • Patient experience and co-production • Accelerated Sustainable Transformation Update • Mental Health progress against dementia standards • Systems and Outcomes developments • Quality and Safety – case study work for learning and development • Suicide and Self harm prevention and postvention <p>The Director of Nursing and Midwifery outlined the importance of clarity of purpose and the avoidance of duplication. The Executive Committee had requested a deep dive into recent quality and safety issues in Mental Health Services and this could be included in the next Integrated Quality Report.</p> <p>The Chair outlined the importance of focussing the request on quality and safety rather than straying into delivery and performance which is the remit of a different Committee.</p> <p>The Assistant Director of Quality and Safety outlined that the team worked with all services when managing incidents. A Welsh Risk Pool assessment was in progress for Q3/Q4 audit of incident management in Mental Health Services and Women’s and Childrens Services.</p> <p>It was agreed that the Director of Nursing and Midwifery would meet with the Head of Mental Health Operations to</p>

	<p>ascertain how to present the information requested as part of the Integrated Quality Report.</p> <p>Action: Director of Nursing and Midwifery and Head of Mental Health Operations</p> <p>The Service Manager Community Mental Health joined the meeting</p>
<p>PEQS/23/43</p>	<p>111p2 – 12-week review</p> <p>The Service Manager for Community Mental Health gave a presentation on the 12 week review of the 111press2 noting the service had gone live in May 2023 initially with a 12hr/day service moving to 24/7 in June 2023. Local care is provided via a national number giving parity of care to mental as well a physical health.</p> <p>The service is provided out of two sites in Powys with the advantage if one site is having technical issues the other site can provide cover. The service is able to signpost users to self-care or make specialist referrals to mental health services as appropriate. It is designed to enable a single assessment to be made so users do not have to repeat their story to different professionals.</p> <p>Activity information was shared, and it was confirmed that the Health Board were one of four Health Boards meeting all targets. Service development plans were shared but it was noted the 24/7 service was currently funded by Welsh Government and discussions regarding ongoing funding would be needed. The service had recently moved from the Transformation Programme to Business as Usual.</p> <p><i>How can the Health Board assess whether the right balance of resource is in place between 111p2 and other parts of Mental Health services?</i></p> <p>The Head of Mental Health Operations advised that there was a need for part of this programme to remain within the Transformation Programme to ensure that users are treated appropriately in Powys given there is no Accident and Emergency centre in county.</p> <p><i>Can 111p2 be accessed from outside Wales?</i></p> <p>The Head of Mental Health Operations confirmed the service provided in Powys could be accessed by users</p>

	<p>outside Powys, but clarity would be sought on access from outside Wales.</p> <p>Action: Head of Mental Health Operations</p> <p><i>Have colleagues in primary care seen a reduction in calls relating to Mental Health from the introduction of this service?</i></p> <p>The Head of Mental Health Operations advised that a full analysis was required. However, a reduction in primary care appointments had been observed. The number of calls to 111p2 was approximately double what had been expected.</p> <p><i>Patient feedback would be welcomed along with outcomes such as suicide prevention. Have other services such as the police seen a positive impact from the introduction of this service?</i></p> <p>The Head of Mental Health Operations confirmed that Dyfed Powys Police had signed up to Right Time, Right Place, Right Person and were supportive of local arrangements.</p> <p>The Committee welcomed the presentation and looked forward to receiving further updates as the service becomes embedded.</p> <p>The Director of Nursing and Midwifery, and the Service Manager for Community Mental Health left the meeting</p>
PEQS/23/44	<p>IMPLEMENTATION OF WELSH GOVERNMENT GUIDANCE ON TRANSITION AND HANDOVER FROM CHILDREN’S TO ADULT’S HEALTH SERVICES</p> <p>The Deputy Director of Nursing presented the report which provided an update and assurance on work being undertaken to implement the Welsh Government guidance on transition of Children and Young People to Adult health services published in 2022 for implementation from 2024/25. An Annual Report on transition will be published but it was suggested that the implementation of the guidance is shared with Committee in the Integrated Performance Report.</p>

Page 3 of the report outlines that very few services have transition plans. What plans are in place to address this?

The Deputy Director of Nursing confirmed that there was a mixed picture across individual areas and there is no Health Board standard. The implementation plan will enable standardised plans to be used across all health services. However, the guidance is specifically for health and there are instances where young people who will be transitioning into adult services are not known to health services. This guidance does not apply to colleagues in social care. Work is ongoing in the Regional Partnership Board (RPB) to help align approaches across all services.

The Assistant Director of Therapies and Health Sciences confirmed that a standardised version of a handover plan has been produced for those areas that do not already have appropriate handover arrangements. This includes a Rising 16 Review to help prepare ahead of transition. This will be tested via an audit process.

When will the audits take place?

The Assistant Director of Therapies and Health Sciences advised that the audit work programme was under development and the initial audit would test for readiness against the guidance after which there would be a rolling programme of audit on a six monthly basis.

To what extent should Members be concerned that the guidance on transition of young people to adult services only applies to health organisations despite young people receiving services from partner organisations?

The Assistant Director of Therapies and Health Sciences advised that the Live Well Programme within the RPB have a Transitions Partnership which was working in this area, however, this service suffered from redeployment during the covid-19 pandemic. Live Well and Start Well are now working jointly on transitions and are looking to redefine the programme.

The Committee:

- RECEIVED the progress report NOTING the progress to date in Implementation of Welsh Government guidance on Transition and Handover from Children's to Adults health services.

	<ul style="list-style-type: none"> • Took ASSURANCE that the Health Board has an effective system in place to implement the guidance. • AGREED that further updates on Transitions would be included within the Integrated Quality Report
PEQS/23/45	<p>MEDICAL DEVICES AND POINT OF CARE TESTING ANNUAL REPORT</p> <p>The Assistant Director of Therapies and Health Sciences presented the report which provided an overview of the Medical Devices and Point of Care Testing Service and its ambitions for 2023 – 2024. The report set out how the service has performed during 2022-2023, highlighted key achievements and reviewed of the challenges and risks.</p> <p><i>Are inflationary pressures being seen in relation to costs of this service?</i></p> <p>The Assistant Director of Therapies and Health Sciences confirmed that there is not a large flow of equipment, and inflationary pressures had not been raised as an issue, however, maintenance costs were under discussion.</p> <p><i>In relation to new devices for point of care testing, are there processes in place to ensure this is undertaken appropriately?</i></p> <p>The Assistant Director of Therapies and Health Sciences confirmed that the appointment of the Point of Care Testing Co-ordinator would provide expertise in this area.</p> <p><i>What action will be taken to address concerns regarding the timeliness of the transfer of point of care testing information into systems which may mean information is not visible to colleagues via the Welsh Clinical Portal?</i></p> <p>The Assistant Director of Therapies and Health Sciences advised that the Health Board are part of an all Wales Point of Care Testing contract but have to date been unable to get the system working in Powys. This will be a primary area of focus for the newly appointed Point of Care Testing Co-ordinator. Attention was drawn to the funding for this post which was via Six Goals Funding from Welsh Government. The Health Board are also reliant on supervision for this post from a neighbouring Health Board and are in discussion with Aneurin Bevan UHB to provide this support as the Health Board do not have an in-house laboratory service.</p>

	<p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED the attached report and accepted it as an accurate overview of the service. • Took ASSURANCE that the Medical Devices and Point of Care Testing requirements have been fulfilled. <p>The Assistant Director of Therapies and Health Sciences left the meeting</p>
ITEMS FOR APPROVAL	
PEQS/23/46	STATEMENT OF COMMITMENT TO INFECTION PREVENTION AND CONTROL
	<p>The Assistant Director of Quality and Safety presented the report which proposed a Board level statement on Infection Prevention and Control.</p> <p>Committee Members requested that the wording of the statement be strengthened to stress the importance of prevention.</p> <p>The amended statement reads:</p> <p><i>"Powys Teaching Health Board recognise the significant impact and harm Healthcare Associated Infections (HCAIs) have on service users, carers, and staff. Effective infection prevention and control is the responsibility of all our people and integral across all our services. Where infections occur, we will learn and take action to improve. We therefore commit to preventing HCAIs and meeting the standards, as set out in the Code of Practice for the Prevention and Control of Healthcare Associated Infections".</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the proposed Board level statement as part of the requirements under the Code of Practice for the Prevention and Control of Healthcare Associated Infections.
ITEMS FOR DISCUSSION	
PEQS/23/47	There were no items for discussion.

ESCALATED ITEMS	
PEQS/23/48	<p>INFECTION PREVENTION AND CONTROL (covered within the Integrated Quality Report)</p> <p>This item will be included in the Chair’s Report to the Board.</p>
ITEMS FOR INFORMATION	
PEQS/23/49	<p>CLINICAL AUDIT INTERNAL AUDIT</p> <p>The Audit, Risk and Assurance Committee (ARAC) receive all Internal Audit reports and monitor implementation of recommendations. ARAC share the outcome of Internal Audit Reports with Committees of the Board for information purposes.</p>
OTHER MATTERS	
PEQS/23/50	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the Committee Work Programme for information.</p>
PEQS/23/51	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>The Chair noted that this report would refer to risks associated with the constraint of resource in the Pharmacy and Medicines Management team.</p>
PEQS/23/52	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
PEQS/23/53	<p>DATE OF THE NEXT MEETING</p> <p>23 JANUARY 2024, via Microsoft Teams.</p>
PEQS/23/54	<p>CONFIDENTIAL ITEM</p> <p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>
<p>PRESENT:</p> <p>Kirsty Williams (Chair) Jennifer Owen Adams (Independent Member) Simon Wright (Independent Member) Ian Philips (Independent Member)</p>	

IN ATTENDANCE:

Claire Madson (Director of Therapies and Health Sciences)
Helen Bushell (Director of Corporate Governance)
Marie Davies (Deputy Director of Nursing)
Zoe Ashman (Assistant Director of Quality and Safety)
Liz Patterson (Interim Head of Corporate Governance)

APOLOGIES FOR ABSENCE:

Mark Taylor (Independent Member)
Joy Garfitt (Interim Director Operations, Community Care and Mental Health)
Pete Hopgood (Director of Finance, Information and IT)
Claire Roche (Director of Nursing and Midwifery)
Kate Wright (Medical Director)
Debra Wood Lawson (Director of Workforce and OD)
Hayley Thomas (Chief executive Officer)

PEQS
IC/23/55

**MINUTES OF THE IN-COMMITTEE MEETING HELD ON
4 JULY 2023**

The minutes of the previous In-Committee meeting held 04 JULY 2023 were AGREED as a true and accurate record.