



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

**MINUTES OF THE MEETING HELD ON TUESDAY 25 APRIL 2023
VIA MICROSOFT TEAMS**

Present:

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

In Attendance:

Claire Roche	Director of Nursing and Midwifery
Kate Wright	Medical Director
Joy Garfitt	Interim Director Operations, Community Care and Mental Health
Lucie Cornish	Assistant Director of Therapies and Health Sciences (representing Director of Therapies and Health Sciences)
Marie Davies	Deputy Director Nursing
Zoe Ashman	Assistant Director of Quality and Safety
Amanda Edwards	Assistant Director – Innovation and Improvement
Helen Bushell	Director of Corporate Governance (from XX)

Observing:

Gareth Thomas	Infection Prevention and Control Nurse
Heidi Sinclair	Head of Quality and Safety
Sonia Thomas	Llais
Mitchell Parker	Health Inspectorate Wales
Daisy Dee	Health Inspectorate Wales

Apologies for absence:

Carol Shillabeer	Chief Executive
Hayley Thomas	Director of Strategy, Primary Care and Partnerships/Deputy CEO
Claire Madsen	Director of Therapies and Health Sciences
Mererid Bowley	Director of Public Health
Debra Wood-Lawson	Director of Workforce and OD

Committee Support:

Liz Patterson

Interim Head of Corporate Governance

PEQS/23/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members to the meeting. Apologies for absence were noted as recorded above.</p>
PEQS/23/02	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
PEQS/23/03	<p>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 23 FEBRUARY 2023 (FOR APPROVAL)</p> <p>The minutes of the previous meeting held on 23 February 2023 were AGREED as a true and accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> • on paragraph 2 of page 7 – The Paint Pain Toolkit • on question 1 of page 8 – <i>given these prescribed medications and are not illegal.</i> • penultimate paragraph of page 9 – October 2022 2020.
PEQS/23/04	<p>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</p> <p>The Action Log recorded updates with the following update was provided during the meeting:</p> <p>PEQS/21/29 – Next Quality Report to include actions taken as a result of the staff survey – The Director of Nursing and Midwifery advised this should be re-assigned the Nursing Directorate. Work would take place with the Director of Workforce and OD to address this. The plan and progress to date would be reported to the July meeting but the inclusion of information with the Integrated Quality Report would be dependent on timeframes of staff survey reports.</p> <p>PEQS/22/63 – Update on Patient Experience Approach to be provided to PEQS – the responsibility for Patient Experience has moved from the Director of Therapies and Health Sciences to the Director of Nursing and Midwifery. The Integrated Quality Report would feature additional information on Patient Experience both from the information provided via the Civica system and the Citizen Voice (Llais).</p>

	<p>PEQS/22/81 – Report of the National Commissioning Functions Review to be brought to Committee at the appropriate time – the Director of Corporate Governance advised that the groundwork for the review had concluded and a session with Health Board Chairs was expected in approximately 3 weeks to share feedback. The outcome would be reported to Committee in July 2023 with Members briefed if the report was available in the meantime.</p> <p>The Committee RECEIVED the updates on the action log.</p>
<p>ITEMS FOR ASSURANCE</p>	
<p>PEQS/23/05</p>	<p>INTEGRATED QUALITY REPORT</p> <p>The Director of Nursing and Midwifery presented the report and drew attention to the following areas:</p> <ul style="list-style-type: none"> • the partnership between NHS Wales Health Board and Trusts, Improvement Cymru and the Institute for Healthcare Improvement to create the Safe Care Collaborative designed to improve quality and safety of care across all systems; • the national nosocomial work is proceeding at pace, and it is anticipated that work will be completed in Q2 of 2023/24, some six months earlier than planned; • the number of open formal concerns had remained stable at under 10 since October 2022, a considerable improvement since March 2022 when 44 were open. Maintaining this level will allow for a timely response to new concerns; • compliance in responding to concerns within 30 working days had improved, but with the decrease in number of concerns the indicator of responding within 30 working days had become more volatile; • the top three themes of formal concerns were: access to services, complexity of care and delays; • the number of reported low and moderate incidents of harm had recently decreased. This was thought to be due to a programme of training on root cause analysis which enabled colleagues to correctly score potential harm; • there were no No Surprises notifications during Q4 of 2022/23; • the Civica patient feedback system had been implemented during Q3 and Q4 of 2022/23 which it is hoped will provide rich feedback of patient stories; and • Health Inspectorate Wales (HIW) had undertaken reviews at Claerwen Ward, Llandrindod Wells and

Tawe Ward, Ystradgynlais. A response to HIW on both reports is in preparation.

The Director of Nursing drew to the attention of Committee the following two matters:

- Timely management of incidents is required to ensure appropriate action is taken – ACTION taken: Managers and those responsible for managing incidents have been provided with RCA training to manage incidents effectively and in a timely manner. Implementation of the Incident Management Framework will further support the timely and robust management of incidents.
- Limitations to the capability of the CIVICA system due to no additional resource aligned to drive the agenda across the health board. ACTION taken: Quality & Safety Team members are being utilised to support the use of the CIVICA system within teams and services, encouraging local service level champions is being considered.

Independent Members sought assurance by asking the following questions:

Should the Safe Care Collaborative project to reduce people not attending appointments (DNAs) focus on moving away from issuing appointments to Seen On Symptoms?

The Medical Director advised that DNAs were a perceived issue in one staff group and the project would first ascertain if this was an actual rather than a perceived problem.

The Assistant Director of Therapies and Health Sciences advised that the Therapies team wished to understand why DNAs were happening and if it was because appointments were not needed.

Is the year 2021/22 correct for the complaints to the Public Services Ombudsman for Wales?

The Director of Nursing and Midwifery confirmed that full year figures for 2021/22 were provided for comparison with the data available for 2022/23 which when the report was compiled was to Q3.

The data on incident management appears stable if April 2023 figures are discounted.

The Director of Nursing and Midwifery advised that the team are working on an Incident Management Framework

to help with identifying an incident. This part of the Integrated Quality Report will be strengthened.

Action: Director of Nursing and Midwifery

It is concerning to note the use of the Civica system will be limited by a lack of resource. Members regretted that this had not been identified earlier and were concerned that the investment that had been made in Civica would not meet its full potential without additional resource.

The Director of Nursing and Midwifery noted that the implementation of Civica was a welcome addition to the tools available to gather patient experience. It will be necessary to identify what resource is required and align it to maximise usage of the system.

The Assistant Director of Quality and Safety advised there were 35 cases on the system with a further 12 awaiting upload. The system is powerful but requires resource to access the data.

The Director of Nursing and Midwifery noted that when the resource required was investigated, the ability to gather data on Powys patients held within Patient Experience teams in other organisations would also be considered.

This Integrated Quality Report will be strengthened in respect of Patient Experience.

Action: Director of Nursing and Midwifery

When is it anticipated the Nosocomial cases will be cleared?

The Assistant Director of Quality and Safety confirmed it was expected the cases would be cleared by Q2 of 2022/23 and a Final Report would be prepared.

The HIW Claerwen Report refers to the service not managing pressure sores correctly. Is a deep dive required, what is preventable and what can be improved?

The Director of Nursing and Midwifery confirmed that preventable pressure damage remained a focus for the organisation as a key indicator of avoidable harm. Senior Nursing and Midwifery oversight teams were working with Informatics to improve data collection and dissemination including for pressure sores. The Head of Nursing chairs a Pressure Sore Scrutiny Panel to examine cases of pressure damage to ascertain if it was avoidable and whether the damage had occurred prior to admission.

Does the Health Board consider the HIW reports on Claerwen Ward and Tawe Ward to be fair?

The Interim Director of Operations, Community Care and Mental Health advised that the feedback received orally after the Tawe Ward Inspection commended the quality of care, however, the written report appeared a little less positive. Overall however, the report was good and no urgent recommendations were made.

An inspection had also taken place of Bryntirion Ward which is jointly run with the Local Authority. There have been problems staffing the Ward to statutory standards and it had been expected the report would place greater focus on this.

The Medical Director noted the Claerwen Ward described areas of good practice but had concerns regarding the resuscitation arrangements. The Health Board have a Service Level Agreement with Cwm Taf University Health Board to provide training but the Health Board would benefit from having an local Resuscitation Officer.

The Director of Nursing and Midwifery added that as soon as the HIW Inspection of Claerwen had commenced she had been notified. The Ward Manager and Head of Nursing had started creating an action plan in response to feedback received during the Inspection.

Outstanding actions will be monitored via the Integrated Quality Report.

Has there been a recent increase in formal concerns and is the Health Board confident that it is easy for patients to raise concerns?

The Director of Nursing and Midwifery advised staff had been trained to accurately define concerns and the whole process has been made leaner to ensure that unless it is particularly complex it will be possible to respond within 30 working days.

The Director of Nursing and Midwifery expressed confidence in the ability of the patients to raise concerns. There had been an increase in patient complaints to the Public Services Ombudsman for Wales (PSOW) which had been expected once the long standing complaints had been closed (a complaint to the PSOW cannot take place until a complaint has been closed). It is expected now the longstanding concerns have closed that complaints to the PSOW will decrease.

The Assistant Director of Quality and Safety advised that the Health Board actively sought views on satisfaction with

the complaints process. The Integrated Quality Report would include details of complaint process satisfaction in the July Report.

Action: Assistant Director of Quality and Safety

Is the number of behaviours (including violence and aggression) resulting in harm increasing? What is in place to manage these events?

The Director of Nursing and Midwifery confirmed that a deep dive would be undertaken into the themes and trends relating to behaviours which would be brought back to the Committee.

Action: Director of Nursing and Midwifery

The Health Inspectorate Wales observer thanked the Interim Director of Operations, Community Care and Mental Health for the feedback and invited further feedback from Executives and Members of the Committee.

The Chair observed that the action taken in relation to timely management of incidents appeared appropriate, however, the mitigation in relation to the lack of resource and consequent limitations on the capability of the Civica system did not appear appropriate in the longer term and welcomed the Director of Nursing and Midwifery's plan in the first instance to ascertain the resources required to provide this service.

The Independent Member (ICT) observed that by highlighting the lack of resource it appeared there had been a lack of planning in the implementation of the Civica system.

The Committee agreed to advise Board of their concerns regarding the capacity constraints to fulfil expectations in respect of Patient Experience. The Board would be advised that the issue had been identified, the Director of Nursing and Midwifery would prepare a plan to address the issue, the implementation of which would be monitored by the Committee.

Action: Chair

The Integrated Quality Report was DISCUSSED and ASSURANCE was taken from the information provided within the report.

Duties of Quality and Candour Implementation

The Assistant Director for Quality and Safety gave a presentation on the Implementation of the Duties of Quality and Candour.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 was passed on 17 April 2020 with a statutory implementation date of April 2023. A duty of candour is placed on NHS bodies and primary care, and a duty of quality on NHS bodies and Ministers.

The duty of candour is triggered when it appears both of the following conditions are met:

- a service user to whom healthcare is being or has been provided by the NHS body has suffered an adverse outcome; and
- the provision of the health care was or may have been a factor in the service user suffering the adverse outcome.

It also requires 'more than minimal harm' which is undefined in the Act, although under the Putting Things Right process it is defined as 'moderate harm, severe harm and death'.

The procedure and monitoring arrangements were outlined.

The NHS bodies and Welsh Ministers are required to:

- ensure that all strategic decisions are made through the lens of improving the quality of services and patient outcomes;
- exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis;
- actively monitor progress on the improvement of quality services and patient outcomes and routinely share information on this progress with population;
- strengthen governance arrangements by reporting annually on the steps taken to comply with the Duty and assess the extent of improvements in outcomes;
- ensure that NHS organisations are operating an interlinked Quality Management System; and
- create a quality culture within organisations.

Candour cases will be reported to the Committee on a quarterly basis and an Annual Duty of Candour report will be produced. It was confirmed that there had not been a candour case since the implementation of the Act in April 2023.

The Director of Nursing and Midwifery advised that the Health Board had established an internal Implementation Board chaired by the Director of Therapies and Health Sciences with representation from all Directorates. This Board meets monthly and monitors implementation progress providing updates to the national team. The National Implementation Board will cease as of May 2023.

Who decides if the threshold for the duty of candour has been triggered?

The Director of Nursing and Midwifery explained the decision took place after a multi-profession discussion including Executive Directors in the same way that potential incidents of harm are currently identified.

Given the Health Board commission many services how can assurance be gained that the duty of candour is being implemented for all Powys patients?

The Director of Nursing and Midwifery advised the Integrated Performance Framework includes a section on Quality and Safety and it will be necessary to develop this in relation to Commissioned Services. Colleagues from Commissioning are part of the local Implementation Board. The Welsh Ambulance Services Trust are leading national work on the duty of candour where cases involve partner organisations.

Does the Health Board know what Excellent looks like or can point to an organisation that models this?

The Director of Nursing and Midwifery noted that this was a large area of work and related to leadership, culture, learning systems and psychological safety. Colleagues still talked about a fear of blame and it is a huge shift from a culture of blame to a learning culture. The work of the Safe Care Collaborative will contribute, together with benchmarking within and outside of Wales.

	<p><i>To enable the Committee to be able to monitor implementation progress could a copy of the Implementation Plan be made available?</i></p> <p>The Director of Nursing and Midwifery confirmed the Implementation Plan would be shared with Committee Members to enable monitoring of the implementation via the Integrated Quality Report.</p> <p>Action: Director of Nursing and Midwifery</p>
PEQS/23/06	<p>WHSSC QUALITY AND SAFETY COMMITTEE REPORT – JANUARY 2023</p> <p>The Chair advised that she was a member of the WHSSC Quality and Safety Committee. Discussions were taking place to enable earlier sharing of Chair’s Reports as at present these are only shared after the following meeting of the WHSSC Quality and Safety Committee.</p>
ITEMS FOR DISCUSSION	
PEQS/23/07	There were no items for discussion.
ESCALATED ITEMS	
PEQS/23/08	<p>MATERNITY SERVICES DE-ESCALATION TO BUSINESS AS USUAL</p> <p>The Director of Nursing and Midwifery presented the report outlining the work that had taken place to enable a decision to be taken at Executive Committee to de-escalate Maternity Services to Business as Usual.</p> <p>Powys provider maternity services had been in local escalation since June 2022 as a response to the identification of three Nationally Reportable Incidents between February and May 2022, findings from a local review of governance in Midwifery services, and concerns around the use of the Perinatal Institutes Gap/Grow programme.</p> <p>A weekly escalation meeting was introduced which reduced to fortnightly following improvements and assurance across the service.</p> <p>The Executive Committee considered the improvements outlined in the paper in February 2023 together with the ongoing monitoring arrangements. The Executive Committee agreed to de-escalate the service to Business as Usual.</p>

	<p>The Patient Experience, Quality and Safety Committee will receive a six monthly Maternity Assurance Report.</p> <p><i>To enable the Committee to be able to monitor progress in Maternity Services could a copy of the Improvement Plan be made available?</i></p> <p>The Director of Nursing and Midwifery confirmed the Improvement Plan would be shared with Committee Members to enable monitoring of progress via a six monthly Maternity Assurance Report.</p> <p>Action: Director of Nursing and Midwifery</p> <p><i>Was it a close decision for Executive Committee to de-escalate the service?</i></p> <p>The Medical Director advised that personally she felt sighted on the matter both formally and informally. Improvement and change were noted, it could be seen how the position had been reached and the root cause had been addressed.</p> <p>The Director of Corporate Governance noted there had been an extensive conversation at Executive Committee which covered all the matters, chaired by the Chief Executive prior to the decision been taken.</p> <p>The Committee welcomed the de-escalation of Maternity Services, noted the Improvement Plan would be shared with the Committee and that a Maternity Assurance Report would be brought to Committee on a six monthly basis.</p> <p>The efforts of all involved to return to Business as Usual were recognised and it was suggested that a staff story of their experience be prepared to share at Workforce and Culture Committee.</p> <p>Action: Director of Nursing and Midwifery</p> <p>The Committee took ASSURANCE that local escalation measures in Maternity Services has taken place to realise significant improvements resulting in the decision, by the Executive Committee, to de-escalate to business as usual.</p>
ITEMS FOR INFORMATION	
PEQS/23/09	There were no items for information.
OTHER MATTERS	

COMMITTEE RISK REGISTER

The Director of Corporate Governance presented the Risk Register for risks associated with this Committee. There is one risk on the register:

Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers.

The risk was last considered at Board in March 2023 and the score remains at 16.

It will be necessary to review the Corporate Risk Register given there will be changes to the 2023/24 Delivery Plan. The refreshed Corporate Risk Register will be brought to Board in July 2023

The Director of Nursing and Midwifery advised the risk was difficult as it was so large it was hard to update in terms of mitigations. It will be necessary to realign the risk in light of the new Quality Standards.

The risk appears wide ranging but does not appear to detail everything (for example the issues in maternity services were not outlined).

The Director of Corporate Governance advised that a Directorate Risk Register and Corporate Risk Register were held. Risks would be escalated from the Directorate Register to the Corporate Register depending on their score. The Committee receive the risks contained within the Corporate Risk Register pertinent to the work of the Committee.

The Director of Nursing and Midwifery confirmed Maternity Services were not added to the Corporate Risk Register as they were deemed to be at an operational level.

The Committee:

- 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/23/11	<p>WORK PROGRAMME</p> <p>The Director of Corporate Governance advised that work on the Committee Work Programmes was ongoing and would be presented to Board at the end of May 2023. A meeting with the Chair was planned after which the draft programme would be shared with the Committee for comment.</p>
PEQS/23/12	<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. Attention would be drawn to:</p> <ul style="list-style-type: none"> • Concerns regarding capacity constraints in respect of use of the Civica system in patient experience; and • De-escalation of Maternity Services
PEQS/23/14	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
PEQS/23/15	<p>DATE OF THE NEXT MEETING</p> <p>4 July 2023, via Microsoft Teams.</p>