



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

**MINUTES OF THE MEETING HELD ON TUESDAY 4 JULY 2023  
VIA MICROSOFT TEAMS**

**Present:**

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

**In Attendance:**

Claire Roche	Director of Nursing and Midwifery
Kate Wright	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Interim Chief Executive
Debra Wood-Lawson	Director of Workforce and OD
Zoe Ashman	Assistant Director of Quality and Safety
Amanda Edwards	Assistant Director – Innovation and Improvement
Helen Bushell	Director of Corporate Governance
Louise Turner	Assistant Director Women's and Children's (for item 2.2)
Louisa Kerr	Head of Mental Health Operations (for item 2.2)
Jayne Wheeler Sexton	Assistant Director for Safeguarding and Public Protection (for item 2.4)

**Observing:**

Bethan Hopkins	Audit Wales
Jayne Gibbon	Internal Audit
Rebecca Jewell	Health Inspectorate Wales
Katie Blackburn	Llais

**Apologies for absence:**

Ian Phillips	Independent Member
Joy Garfitt	Interim Director Operations, Community Care and Mental Health

**Committee Support:**

Liz Patterson	Interim Head of Corporate Governance
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PEQS/23/16	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members to the meeting. Apologies for absence were noted as recorded above.</p>
PEQS/23/17	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared in addition to those already declared in the published register.</p>
PEQS/23/18	<p><b>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 25 APRIL 2023 (FOR APPROVAL)</b></p> <p>The minutes of the previous meeting held 25 April 2023 were AGREED as a true and accurate record.</p>
PEQS/23/19	<p><b>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</b></p> <p>The Action Log recorded updates with the following update provided during the meeting:</p> <p>PEQS/23/05 – The Director of Nursing and Midwifery advised that the Duty of Quality and Candour action plan had not been shared to date but would be updated and circulated to Members.</p> <p>The Committee RECEIVED the updates on the action log.</p>
<b>ITEMS FOR ASSURANCE</b>	
PEQS/23/20	<p><b>INTEGRATED QUALITY REPORT</b></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"> <li>• The final meeting of the Quality and Engagement Act (2023) Implementation Board had been held. The Health Board will now report to Welsh Government via the Quality Performance and Delivery meetings. The Duty of Candour had been triggered three times during April/May 2023;</li> <li>• An update on the Safe Care Collaborative, a partnership between NHS Wales Health boards and Trusts, Improvement Cymru and the Institute for Health Care Improvement to encourage and support health boards to improve their quality and safety of care. The Health Board attended a collaborative event in June 2023 and a follow up was planned for July 2023 to strengthen the quality improvement journey;</li> <li>• The report contains additional information regard Patient Experience for example the use of feedback forms and community hospital audits, undertaken by</li> </ul>

	<p>a team led by the Head of Nursing where subjects including medicine management, paperwork and patient views were examined.</p> <p>The Director of Therapies and Health Sciences advised that new regulations around health care appliances would not affect the Health Board as devices were not made, only adjusted locally. The systems and processes had been reviewed and were in line with regulations. Digital devices might be affected and advice from Information Governance was being sought.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>The development of a safe care collaborative is welcomed, will it be able to provide a longitudinal picture?</i></p> <p>The Director of Nursing and Midwifery advised that the safe care collaborative was a national venture led by Improvement Cymru where information can be shared in real time. It is a sharing community which will leave a legacy. The Health Board are involved with two projects, one in Ystradgynlais with Swansea Bay UHB on sepsis and one in Aberystwyth with Hywel Dda UHB on admission avoidance.</p> <p><i>What is outcome of the concerns validation report?</i></p> <p>The Director of Nursing and Midwifery advised that the substantial assurance outcome meant that independent verification had been received that the Health Board were reporting correctly on concerns. It had been necessary to undertake national validation due to previous issues matching data between Welsh Government and the Public Services Ombudsman for Wales.</p> <p><i>Is the reduction in incidents thought to be because people are more aware of what is an incident or because people are choosing not to report incidents?</i></p> <p>The Director of Nursing and Midwifery advised that since staff have attended root cause analysis training there has been an increased confidence to assess incidence at the correct level where prior to training incidents had initially been reported at a higher level than they were found to be.</p> <p>There is volatility within the nationally reportable incidents but the length of time these incidents are open has decreased.</p>
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*Page 7 of the report notes pressure or moisture damage as the highest reported incident theme. What percentage of the incidents do these comprise and is the trend increasing or decreasing?*

The Director of Nursing and Midwifery noted this was a key area of avoidable harm. When the panel reviews the incidents to ensure they are recorded at the correct level it is also confirmed if pressure damage was evident when the patient was admitted.

The Assistant Director of Quality and Safety advised that comparable data nationally would be sought. The next Integrated Performance Report would be enhanced with the inclusion of number of cases closed, the split between avoidable and unavoidable harm and benchmarking with peers for length of stay.

The Medical Director cautioned that looking at trends was challenging as numbers were small therefore long term trends should be examined.

*Pressure damage has been an issue at least for the last six years. Is the health board improving? Is it possible to stop pressure damage occurring? Given pressure and moisture damage had the highest reported incidence during Q4 could long term trends be included in the next report?*

The Assistant Director of Quality and Safety undertook to include further information in the next Integrated Quality Report.

**Action: Assistant Director of Quality and Safety**

*Now the CIVICA patient experience system is in place how is all the patient experience received by the Health Board captured and where is it reviewed?*

The Director of Nursing and Midwifery explained there is a Patient Experience Steering Group (PESG) which she chairs, and which is the forum for capturing all patient experience. This umbrella group allows good practice to be shared along with the early identification of themes, and if these are localised or organisation wide. The information considered at the PESG also includes that held locally on 'How are we doing' boards.

The Regional Director, Llais explained that the Health Board and Llais teams met locally and Llais will be considering how patient experience influences services in the longer term.

	<p><i>This is the first meeting of the Committee which covers Duty of Candour reporting with three triggers reported. The Health Board will be required to do an annual report. Will the Integrated Quality Report regularly report on the number of times the Duty of Candour is triggered? What feedback has been received from staff on the new arrangements?</i></p> <p>The Director of Nursing and Midwifery advised that new arrangements had made little practical difference as the Health Board had previously spoken to families when incidences had occurred. When the Duty of Candour is triggered staff are supported, and Incident Review Panel is convened with an Investigation Officer appointed. The Investigation Officer is the point of contact with the family and the member of staff. This can be a stressful time for staff, and it is important to cultivate a culture of learning rather than blame.</p> <p>The Assistant Director of Quality and Safety advised that implementation had gone to plan partly due to the long lead in time and also as the teams were already using the Datix reporting system. The biggest challenge is the initial conversations where it is acknowledged something has gone wrong and an investigation is necessary. Local teams need to be enabled to own the process. Colleagues in England have 12 years of experience of this system and locally teams are embracing this.</p> <p>The Director of Nursing and Midwifery noted a joint meeting of Workforce and Culture Committee and Patient Experience, Quality and Safety Committee was planned in terms of triangulating the experience of patients and staff.</p> <p><b>Action: Director of Corporate Governance.</b></p> <p>The Patient Experience and Quality Committee took assurance that Quality and Safety was appropriately monitored and reported and that actions are in place to further develop quality and safety monitoring and reporting.</p>
PEQS/23/21	<p><b>MENTAL HEALTH POWER OF DISCHARGE ANNUAL REPORT INCLUDING MENTAL HEALTH COMPLIANCE WITH LEGISLATION</b></p> <p>The Head of Mental Health Operations presented the report and drew attention to the following areas:</p> <ul style="list-style-type: none"> <li>• a decrease in the number of times Section 5 detentions were used from the previous year;</li> </ul>

- a small decrease in the number of times a patient was admitted for assessment on the previous year (which had been higher than previously, thought to be linked to the Covid-19 pandemic);
- emergency admissions for assessment remained low at less than five patients;
- there were 15 Community Treatment orders in place compared to 11 in the previous year;
- Section 136 (Police powers to remove a person to a place of safety) were used 22 times compared to 19 times in 2021/22 with a five year average of 27 times;
- Scrutiny of documents for errors found in three of the four quarters errors were found on less than five occasions with the fourth quarter recording no errors. One fundamentally defective detention was recorded over the year;
- Two deaths were recorded of patients who were subject to detention under the Mental Health Act 1983 which will be subject to the Serious Incident Process; and
- 15 Hospital Manager Hearings were held with 24 applications resulting in one patient discharge.

*Given the improving trends outlined within the report it appears the effects of Covid-19 are beginning to recede. However, this seems to be at odds with what is reported in the media. Does the data reflect the population in Powys?*

The Head of Mental Health Operations advised that this report related to acute patients and the wider community needs reflected what is happening nationally within the specific local demographic. Covid-19 had impacted on services with an increase in cases which is now decreasing, however, cases have increased in complexity.

The Director of Corporate Governance advised that the minutes of the Power of Discharge Committee were not appended to the report. The compliance report provides assurance for Committee Members and the minutes would be available on request.

*There have been media reports in England that the Police will only attend patients with mental health issues if the public are in danger. Is this likely to be replicated in Wales?*

The Chair advised that Dyfed Powys Police had expressed an intention to work with Health Boards on suicide prevention and dementia.

	<p>The Committee NOTED the contents of the report and took assurance that the performance of the service in relation to the administration of the Mental Health Act 1983 had been compliant with legislation.</p>
PEQS/23/22	<p><b>CLINICAL AUDIT PROGRESS REPORT</b></p> <p>The Medical Director presented the Closure Report of the 2022-2023 Clinical Audit Programme and update on progress for Q1 2023-2024 noting that the majority of audits were complete with most of those planned taking place. Capacity reasons meant some audits had been rolled over to the following year and some audits had not taken place. These audits had been risk assessed.</p> <p>For 2023/24 Quarter 1 seven audits had been planned of which five had been completed. The two audits not completed were in endoscopy where the lead endoscopist role was vacant.</p> <p><i>The Pressure Damage Audit has been rolled forward from Q4 2022 and is due for completion in Q4 2024. Given the discussion earlier on pressure damage should this be given higher priority? In addition, Infection Prevention and Control Audits have been rolled forward and are due in Q3. Should these also be given a higher priority? What is the mechanism for providing assurance to Board members on audit outcomes?</i></p> <p>The Medical Director acknowledged that reporting on the audit programme was skewed towards the end of the year. It would be necessary to bring reporting on some audits forward and the service groups needed to prioritise their most pressing audits. Clinical audits are owned by service groups and if an audit is not showing what is required it will be repeated. Learning Groups were in place to enable feedback and learning.</p> <p><i>At present Board Members only receive confirmation that an audit has been completed. It would be helpful to see any actions taken as a result of an audit.</i></p> <p>The Chair advised that she had observed a meeting of the Learning Group and it may be possible for other Committee Members to observe a meeting of the Learning Group.</p> <p><i>What is the relationship between risk and audit. How are clinical audits informed by service level risk?</i></p>

	<p>The Medical Director understood it was an informal mechanism but undertook to check the position.</p> <p>The Director of Corporate Governance advised that the Risk and Assurance Group would be reincorporated in September and would be an appropriate place to explore this relationship.</p> <p>The Assistant Director – Innovation and Improvement confirmed the links were discussed in service teams but a more formal discussion at Risk and Assurance Group would be welcome.</p> <p><i>If an audit is not taking place due to capacity issues, is that a risk to the service?</i></p> <p>The Medical Director advised that services are asked to make a judgement on their audits which are risk assessed. Capacity is an issue; however, the Health Board does undertake many clinical audits for a small organisation. Some of the proposed clinical audits would more properly be described as ward level activity, however, they have remained on the list to ensure they do not get lost.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• NOTED the end of year clinical audit programme position (see also appendix A); and</li> <li>• Took ASSURANCE on quarter one progress against the 2023/24 programme.</li> </ul>
PEQS/23/23	<p><b>ANNUAL SAFEGUARDING REPORT</b></p> <p>The Assistant Director for Safeguarding and Public Protection presented the 2022-23 Safeguarding and Public Protection Annual Report and drew attention to the following matters:</p> <ul style="list-style-type: none"> <li>• the Safeguarding team had recently won an award for their work done promoting Safer Sleep in mid and west Wales;</li> <li>• a Senior Practitioner for mental capacity had recently been appointed funded by Welsh Government;</li> <li>• a working group had been set up to reflect and learn from Operation Jasmine;</li> <li>• a significant amount of work had taken place relating to children and adults who are at risk and are not brought to appointments; and</li> <li>• looking forward to 2023/24 it was acknowledged the safeguarding arena was expanding and the Child Practice Review would be completed from which learning would take place.</li> </ul>



*What is the 'uncertainty around LPS' referred to in the look ahead section?*

The Chair advised that Liberty Protection Standards (LPS) had been designed to replace the Deprivation of Liberty Standards (DoLS). However, national implementation had stopped, and Welsh Government were looking at what options might be available for Wales.

*The Committee have previously had sight of the number of cases in the system and backlogs. Will this be made available again?*

The Director of Nursing and Midwifery confirmed that the Safeguarding Group receive this information and the method of sharing with the Committee will be reviewed.

**Action: Director of Nursing and Midwifery**

*There has been a 51% increase in safeguarding adult reports from 2021/22 (p30 of the report). What has caused this and what impact is this having on the capacity of the team?*

The Assistant Director for Safeguarding and Public Protection agreed the increase appeared dramatic but should be seen in the context of reduced safeguarding adult reports during covid. There had been an increase in safeguarding activity across all areas with increased activity in the safeguarding hub. This increased visibility may be resulting in the increased activity.

*Why are the levels of compliance with safeguarding adults training around 46% against a target of 85%?*

The Assistant Director for Safeguarding and Public Protection advised that staff were asked to do a safeguarding passport which they are reporting is difficult to follow. The competencies have been reviewed and staff have fed back that this is easier to follow.

*The improvement plan was welcomed. What is being done to prevent the neglect of children?*

The Assistant Director for Safeguarding and Public Protection advised that at risk children are most commonly reported as being neglected as this covers other forms of abuse. The Covid-19 pandemic had an impact on the visibility of safeguarding within communities as visits to the

home, paused during the pandemic, are important when identifying children at risk. The current cost of living crisis is also an issue. However, staff are encouraged to be vigilant, curious and identify signs at an early stage.

The Chief Executive drew attention to the wealth of activity outlined in the Safeguarding Report noting the excellent progress that had been made with the Safeguarding Hub. Much of the work is done in partnership with Mid and West Wales around the preventative agenda and sharing good practice.

*A recent Learning and Skills Scrutiny Committee at the Council reported a huge increase in homeschooled children. Education settings are often a good place to identify children at risk. What action is being taken to ensure the welfare of children who are not seen?*

The Assistant Director for Safeguarding and Public Protection advised there is a robust policy for children and adults who are not brought to appointments. The matter of home schooled children will be raised in the Powys Local Operations Group. The Safeguarding Team have a good relationship with the local authority Safeguarding Team.

The Director of Nursing and Midwifery highlighted the difficulty of not knowing about the children who do not attend school, but the midwifery and health visiting service do know of children born or brought into the county. The Midwifery Team transition children to the Health Visiting Team. It is crucial that Health Visitors are able to get to know the children in the family home. However, there is a national shortage of Health Visitors and Community Nurses, and the team are working with the Head of Children's Services to mitigate this risk.

The Chair requested that confirmation be provided regarding where DoLS data is available to Members for assurance and that a checkpoint be provided later in the year on progress on Level 3 Safeguarding training.

**Action: Director of Nursing and Midwifery**

The Committee:

- RECEIVED the Annual Safeguarding Report 2022/23 and took ASSURANCE the Health Board are delivering their statutory requirements.

PEQS/23/24	<p><b>WHSSC QUALITY AND SAFETY COMMITTEE REPORT – APRIL 2023</b></p> <p>The Director of Nursing and Midwifery presented the report highlighting the following 5 services in escalation level 3 or above:</p> <ul style="list-style-type: none"> <li>• Ty Llidiard – reduced from 4 to 3;</li> <li>• Paediatric Surgery at Cardiff and Vale UHB escalated to level 3</li> </ul> <p>There had been no changes in escalation levels in the other services.</p> <p>The Chair advised that she had pressed for escalation of paediatric services to ensure that Welsh Government target for paediatric waits is now met.</p> <p>It was noted that the nature of the specialist services provided meant that numbers of patients accessing the services was low. The Committee requested that WHSSC updates include the number of patients accessing services from each Health Board and the impact of the escalations on Powys patients.</p>
<b>ITEMS FOR DISCUSSION</b>	
PEQS/23/25	There were no items for discussion.
<b>ESCALATED ITEMS</b>	
PEQS/23/26	There were no items for escalation.
<b>ITEMS FOR INFORMATION</b>	
PEQS/23/27	There were no items for information.
<b>OTHER MATTERS</b>	
PEQS/23/28	<p><b>COMMITTEE RISK REGISTER</b></p> <p>The Director of Corporate Governance presented the Risk Register for risks associated with this Committee outlining that risk had been considered at Board Development where it was expected the risk would be replaced by split risks covering commissioned and provided care.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• CONSIDERED the corporate risks within the committee's remit,</li> <li>• DISCUSSED any relevant issues; and</li> </ul>

	<ul style="list-style-type: none"> <li>took ASSURANCE that risks were being managed in line with the Risk Management Framework.</li> </ul>
PEQS/23/29	<p><b>COMMITTEE WORK PROGRAMME</b></p> <p>The Director of Corporate Governance advised that the Committee Work Programmes had been presented to the May meeting of Board.</p> <p>It was confirmed that the 12 week review of 111 press 2 had been deferred to the October Committee meeting as there had been a delay in launching the system which had meant the 12 week review could not be undertaken.</p> <p>The Medical Director confirmed the items highlighted in yellow related to research, development and innovation. Dates would be discussed with the Chair and Director of Corporate Governance and the work programme populated.</p>
PEQS/23/30	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>There were no items from the Patient Experience, Quality and Safety Committee to bring to the attention of Board.</p>
PEQS/23/31	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no other urgent business.</p>
PEQS/23/32	<p><b>DATE OF THE NEXT MEETING</b></p> <p>4 July 2023, via Microsoft Teams.</p>
PEQS/23/33	<p><b>CONFIDENTIAL ITEM</b></p> <p>The following motion was passed:</p> <p><b><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></b></p>
<p><b>PRESENT:</b></p> <p>Kirsty Williams (Chair)  Mark Taylor (Independent Member)  Jennifer Owen Adams (Independent Member)  Simon Wright (Independent Member)</p> <p><b>IN ATTENDANCE:</b></p> <p>Claire Roche (Director of Nursing and Midwifery)  Claire Madson (Director of Therapies and Health Sciences)  Kate Wright (Medical Director)  Debra Wood Lawson (Director of Workforce and OD)</p>	

<p>Helen Bushell (Director of Corporate Governance)  Gareth Thomas (Consultant Nurse - Infection Prevention and Control)  Amanda Edwards (Assistant Director – Innovation and Improvement)  Zoe Ashman (Assistant Director of Quality and Safety)  Liz Patterson (Interim Head of Corporate Governance)</p> <p><b>OBSERVING:</b>  Jayne Gibbon (Internal Audit)</p> <p><b>APOLOGIES FOR ABSENCE:</b>  Ian Phillips (Independent Member)  Joy Garfitt (Interim Director Operations, Community Care and Mental Health)</p>	
<p>PEQS IC/23/34</p>	<p><b>INFECTION PREVENTION AND CONTROL</b></p> <p>Rationale for item being held in private: Information remained confidential at this stage but would be released at a later date.</p> <p>The Director of Nursing and Midwifery presented the report.</p> <p>It was AGREED this item would be brought to the attention of Board In-Committee and a further paper would be brought to the next meeting of the Patient Experience, Quality and Safety Committee, in public session.</p>