



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

CONFIRMED

**MINUTES OF THE MEETING HELD ON TUESDAY 23 JANUARY 2024
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
Kate Wright	Medical Director
Pete Hopgood	Director of Finance, Information and IT
Joy Garfitt	Interim Director Operations, Community Care and Mental Health
Zoe Ashman	Assistant Director of Quality and Safety
Helen Bushell	Director of Corporate Governance
Marie Davies	Deputy Director Nursing)
Amanda Edwards	Assistant Director – Innovations and Improvement
Louisa Kerr	Assistant Director – Mental Health and LD Services
Helen Bushell	Director of Corporate Governance (from 10.05)

Observing:

Carl Cooper	Chair PTHB
Stuart Bodnam	Internal Audit
Daisy Dee	Health Inspectorate Wales
Alexandra Jones	Health Inspectorate Wales

Apologies for absence:

Hayley Thomas	Interim Chief Executive
Mererid Bowley	Director of Public Health
Debra Wood Lawson	Director of Workforce and OD
Sarah Diskin	Llais

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
Sue Wilcox	Senior Administrator

PEQS/23/56	<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/23/57	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
PEQS/23/58	<p>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 24 OCTOBER 2023 (FOR APPROVAL) AND MATTERS ARISING FROM THE MINUTES</p> <p>The minutes of the previous meeting held 24 October 2023 were AGREED as a true and accurate record.</p> <p>Ian Philips advised the following matters relating to the Pharmacy paper will be taken forward to the Workforce and Culture Committee, which he chairs:</p> <ul style="list-style-type: none"> • Training – Understanding the priorities for essential training, as this links with ‘Powys – a better place to work’. • Fixed Term Contracts – given the high vacancy rates should the Health Board be taking a more calculated risk in temporary funded posts. <p><i>Should an action be assigned regarding a follow-up paper on point of care testing?</i></p> <p>The Director of Therapies and Health Sciences noted the post of First Point of Care Testing Coordinator has been recently filled on a fixed term basis for 12 months. An initial scoping exercise is being completed looking at the priorities and issues, to enable a status report to be drafted, which will evidence or otherwise the need for this to be substantive role.</p> <p>This will be brought back to Committee in autumn 2024.</p> <p>Action: Director of Therapies and Health Sciences</p>
PEQS/23/59	<p>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</p> <p>The Chair presented the action log noting that four items were classed as ‘at risk’, three of which had a change of date request. The Director of Nursing and Midwifery advised the change of date requests were due to</p>

	<ul style="list-style-type: none"> • PEQS/23/40 The disaggregation of inherited and acquired pressure sore incident –concerns about the quality of the data remain, work is ongoing, and it is anticipated this will be completed for the April Committee. • PEQS/23/23a -The Mental Capacity Act and the backlogs in the system - the team are in the process of drafting a report that is due to go to the Executive Committee in the next few weeks and will be brought to the April Committee. • PEQS/23/84b The Child Practice review is led by the Regional Safeguarding Board. The report is expected in mid-February and once published will be taken through the Safeguarding and Strategic Steering Group and included in the Integrated Quality Report for the April Committee. <p>The Interim Director Operations, Community Care and MH noted the fourth 'at risk' item (PEQS/23/43) concerning access to the 111 press 2 service from England. England does not have a universal 111 press 2 service although this is being developed as a priority. A caller will need to be in Wales to use the Welsh system; although there are some oddities around the border. Until the English 111p2 system is universal it will be necessary to contact Powys Safeguarding Hub to access this service. This action was closed.</p> <p>The change of date requests were APPROVED.</p>
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ITEMS FOR ASSURANCE

PEQS/23/60	<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"> • Putting Things Right (PTR) management of concerns - maintaining the management of concerns within 30 days. Quarter 1 to quarter 3 compliance was 76%. • Duty of Candour –an increase in cases being triggered, the majority of which are categorised as moderate harm, none of the cases have been referred for readdress. A rise in cases is anticipated, as this process embeds in the organisation and confidence in the Duty of Candour increases. • Reporting returns to the Public Service Ombudsman for Wales (PSOW) – there were a high number of reports from Powys referred to the PSOW in relation to the previous year, partially due to a significant
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number of backlog complaints being closed. The PSOW referrals have now reduced.

- Incident management – continuing to work on the timely management and closure of incidents across the organisation. The number of patient safety incidents remain stable and appropriately reported as a low or no harm classification.
- Patient experience – work is being undertaken to allow service users/patients and their families voices be heard, informing of improvements that need to be made. The number of responses in Civica are low, so the text notifications and prompts are being reviewed to maximise the opportunity to capture feedback.

Infection Prevention and Control has been escalated to Board by the Committee. Good progress is being made implementing the Year 1 improvement plan with 29 actions completed, 8 on track, 9 where progress has been made and they are likely to be achieved and 1 which will be addressed in Q4. The improvement plan for Year 2 is in development.

Independent Members asked the following questions for assurance:

Why is there not more success in early resolution?

The Director of Nursing and Midwifery advised that the number of complaints currently is low. as the backlog of complaints having been cleared, which may affect the data shown in the report. There is a continued focus on maximising the opportunities of staff to have training on effective conversations, to address the issue at source.

What action has been taken in relation to a theme identifiable within the appendices relating to the standard of record keeping?

The Director of Nursing and Midwifery advised the standard of record keeping is a consistent theme of concern, any audits undertaken will have a focus on the standard of the record keeping. As records are digitised this will allow for easier monitoring of record keeping than is currently the case with hard copy records.

The Medical Director and Director of Therapies and Health Sciences both confirmed there was an urgent need to press ahead for a unified digital record as needing to complete multiple sets of records was challenging.

What is the reason for the high portion of re-grading of incidents?

The Director of Nursing and Midwifery advised it is not uncommon for incidents to be initially categorised as a high level of harm, when on investigation the incident presented a lower degree of harm.

Are the low number responses from Civica and the lack of wi-fi performance on the wards linked?

The Director of Finance, Information and IT noted that improving wi-fi and digital infrastructure is an ongoing action area. This is reported in the Digital First and Infrastructure audits.

Can it be confirmed that in relation to digital upgrades for wards that Velindre Ward in Bronllys is a priority?

The Director of Finance, Information and IT advised that the supplier for guest wi-fi is changing which should improve connectivity, reliability, consistency and improved speed.

The Director of Corporate Governance joined the meeting
10.05

Is there anything that can help solve or relieve the block on the rate of closing down incident management?

The Director of Nursing and Midwifery suggested the block may be due to a number of reasons

- Practicalities of understanding of what constitutes as an incident – inappropriate use of the Datix system, where people log an incident which is not an incident. These incidents then remain in the system until closed off.
- Capacity – to deal with the above
- Culture – where some colleagues see this as cumbersome rather than a learning opportunity

Can a summary of progress on implementation of the Duty of Quality and Candour be brought to Committee?

The Director of Nursing and Midwifery confirmed the Duty of Quality and Duty of Candour implementation plan will be included in the next IQR to Committee.

When with the policy on dealing with vexatious complainant policy be implemented?

The Director of Nursing and Midwifery advised this policy will be going to the Executive Committee 24 January 2024 for approval, subject to approval it will be implemented immediately.

In terms of the themes coming from Civica, how do we know if things are getting better or worse?

The Director of Nursing and Midwifery advised some of the high-level trends and themes have been identified, However, to do this comprehensively, an integrated quality management system needs to be incorporated into the Integrated Performance Report.

The Chair advised that the Planning Team were keen for this to be considered at Board Development.

Action: Director of Corporate Governance

How were the priorities to develop Civica identified?

The Director of Nursing and Midwifery advised that these were identified by the Patient Experience Steering Group.

The Living Well team are using the Microsoft 365 appointment function which has been integrated with Civica. How is this system being maximised across the organisation?

The Assistant Director of Quality and Safety noted that significant progress has been made with Civica, many services are using the appointment functionality, but using it across the whole of the organisation continues to be a challenge. Accessing information for the patients who have received care from a commissioned organisation is the next step. The narrative in the text messages has been re-phrased which it is hoped will prompt greater response rates.

Are the rates of clinical negligence and general medicine practice indemnity claims at an expected level?

The Assistant Director of Quality and Safety advised that the Health Board are not an outlier with the numbers of these cases.

	<p>The Committee:</p> <ul style="list-style-type: none"> RECEIVED the report and take 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.
PEQS/23/61	<p>MENTAL HEALTH DEEP DIVE FROM A QUALITY AND SAFETY PERSPECTIVE (ACTIONS PEQS/22/51, PEQS IC/22/73 AND PEQS/23/42)</p> <p>The Director of Nursing and Midwifery introduced the report in response to some of the actions on the Action Log and in relation to Chief Executive’s request for a deep dive into Mental Health incident management.</p> <p>A high-level report on nationally reportable incidents is taken to the Executive Committee monthly. It is not a detailed analysis but provides a breakdown of where in the organisation those incidents have occurred and broadly what they relate to.</p> <p>Fifty incidents from all service areas and team in Mental Health were randomly selected on the Datix systems (25 open incidents and 25 closed incidents). These were reviewed, along with the reporting arrangements for identifying and reporting nationally reportable incidents in line with the incident management framework. The review identified some gaps with the management of incidents and the NRI incidents, in addition to identifying some opportunities for improvement, these are being captured in an improvement plan.</p> <p>The next step is to develop a Mental Health Quality and Safety Improvement Plan which will include the findings of the review and emerging improvements, this will be reported through the Executive Committee.</p> <p>The Committee:</p> <ul style="list-style-type: none"> NOTED that an Incident Management Quality and Safety review has been undertaken in Mental Health Services, and <p>Took ASSURANCE that an improvement plan is being developed which will be received and monitored by the Executive Committee, and an update will be provided to this Committee at its next meeting in April 2024.</p>

<p>PEQS/23/62</p>	<p>MH POWER OF DISCHARGE SIX MONTHLY REPORT INCLUDING MH COMPLIANCE WITH LEGISLATION</p> <p>The Interim Director Operations, Community Care and Mental Health introduced the technical report concerned with the processes and legality of how powers are discharged under the Mental Health Act.</p> <p>The Assistant Director – Mental Health and LD Services drew attention to the Health Board’s compliance against the majority of measures. There has not been a significant difference in activity compared to previous years, although there have been minor variations which show a slight increase. This is believed to relate to the acuity in Mental Health.</p> <p>There is ongoing work to improve the Scheme of Delegation, via the Powers Of Discharge Group and the engagement of advocates at hearings.</p> <p>It has been recognised that there is a need to invest in the Mental Health Act administration. The quality and safety of the structure is under review.</p> <p>The Committee RECEIVED the report and took ASSURANCE in relation to administration of the Mental Health Act and compliance with legislation.</p>
<p>PEQS/23/63</p>	<p>JOINT INSPECTION ON CHILD PROTECTION ARRANGEMENTS (JICPA)</p> <ul style="list-style-type: none"> • including update on level 3 safeguarding training - PEQS/23/23b <p>The Director of Nursing and Midwifery gave a verbal update confirming the final report for the joint inspection of Child Protection arrangements led the Care Inspectorate of Wales and supported by Health Inspectorate Wales, Inspectorate for the Police and Estyn, that was expected to be fully published at the beginning of January will not be published until the beginning of February.</p> <p>A draft report was received in December and responded to in terms of some factual inaccuracies. The draft report did not look significantly different to the verbal feedback already received.</p> <p>This will be an agenda item in the April Committee, where the full JICPA report will be brought to the Committee, supplemented by the narrative to the improvement plan and what has happened on receipt of the report.</p>

	<p>On receipt of the report, the Director of Nursing and Midwifery along with the Directors of Social Services and senior personnel in Dyfed Powys Police will be charged with drafting a joint improvement plan for Powys.</p> <p>The key learning from this was the Level 3 Safeguarding training compliance. The safeguarding team have an action plan to address this, which was in development prior to JICPA, and will be monitored through the Safeguarding Steering Group whilst reporting to this committee on a regular basis.</p> <p>Action: The Director of Nursing and Midwifery to provide details of the Level 3 Safeguarding Training implementation plan and timescales, once the report is received.</p> <p>The Committee NOTED the update.</p>
PEQS/23/64	<p>CANCER IMPROVEMENT PLAN</p> <p>The Medical Director introduced the item for the Committee to take assurance that a plan is in place, for the period 2023-2026. The national Cancer Plan was approved in 2023 covering all aspects from early diagnosis to living with cancer. The team, working in partnership with commissioning partners, the local authority and third sector have mapped services against the national plan. It is a complex and long term plan and discussions on reporting arrangements are ongoing. It is likely that reporting will take place in Executive Committee with an annual report to this Committee.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>What is the position regarding Rapid Diagnostic Centres for Powys patients which, are present, can require lengthy travel to access?</i></p> <p>The Medical Director advised Rapid Diagnostic Centres in Powys would not be viable due to low numbers of patients and inability to staff such centres.</p> <p>The Assistant Director of Quality and Safety noted the feedback from a recent survey of patients on Urgent Suspected Cancer pathway had provided learning for the Health Board. A number of patients had said they had received a very prompt service. The findings from the</p>

	<p>survey will be shared with this committee at the next meeting.</p> <p><i>Is there anything that can be done at a national level which will help drive and improve outcomes for patients?</i></p> <p>The Medical Director noted the Cancer Improvement NHS Wales is the national response, there is a need to get into the preventative phase.</p> <p>The Committee:</p> <p>took ASSURANCE that the Cancer Improvement Plan 2023-2026 is in place and will RECEIVE updates on quality safety and patient experience of the plan.</p>
<p>PEQS/23/65</p>	<p>ANNUAL REPORT OF ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS</p> <p>The Medical Director presented the Annual report which summarised the work of the Accountable Officer for Controlled Drugs, the Controlled Drugs local intelligence network, and the multi-agency network where learning from incidents to improve safety in the system takes place. It highlights the standards, the Standard Operating Procedures in place and monitoring and audit arrangements, with an emphasis on training and improvement in the prescribing process and incident management.</p> <p>There is ongoing work with Primary Care to prevent and reduce the numbers of controlled drugs prescribed.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>It appears that the Police are not reporting any incidences in relation to Controlled Drugs. Is this to be expected?</i></p> <p>The Medical Director advised this was likely to be as the Police were less involved in the prescribing and supporting use of Controlled Drugs.</p> <p><i>Attendance at the Local Intelligence network is on occasion less than 50%. Is this of concern?</i></p> <p>The Medical Director advised that whilst it would be preferable for there to be full attendance, the Controlled Drugs Accountable Officer was developing the network with the intention of encouraging greater attendance.</p>

	<p>The Committee</p> <ul style="list-style-type: none"> • RECEIVED the report recognising the progress that has been made during the last 12 months. • Took ASSURANCE that an annual report is in place and that systems exist to capture, record and report the information. • NOTED that there is still considerable work to be done to strengthen governance arrangements across the Health Board.
PEQS/23/66	<p>WHSSC QUALITY AND SAFETY COMMITTEE CHAIRS REPORT OCTOBER 2023</p> <p>The Director of Nursing and Midwifery presented the report that highlighted two news risks within the Women and Children’s portfolio, particularly in neonatal and paediatrics at Cardiff and Vale UHB. This has been escalated to the Joint Committee at WHSSC.</p> <p>The Director of Nursing and Midwifery is receiving regular updates on key matters from the Director of Nursing and Quality at WHSSC. The Maternity and Neonatal network in Wales is working closely with Heads of Midwifery, Paediatric and Neonatal services with improvements in addition to the ongoing Maternity and Neonatal Safety Improvement Programme.</p> <p>The Committee NOTED the report from WHSSC Quality and Safety Committee.</p>
ITEMS FOR APPROVAL	
There were no items for approval	
ITEMS FOR DISCUSSION	
PEQS/23/67	<p>ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS</p> <p>The Director of Corporate Governance presented the slides which demonstrated the individual views of the effectiveness of the Committee. Moving forward, reviews will be held annually. The main areas for consideration were:</p> <ul style="list-style-type: none"> • Composition and establishment • Effective functioning • Assurance <p>Positive comments had been received and outlined under ‘areas that work well’, along with key areas for improvement.</p>

	<p>All the above comments will be fed into next year’s planning cycle, which will be presented to this Committee in April 2024.</p> <p>An action plan will be developed which will be consistent against all Committees, this will also be brought back to this Committee for review in April.</p> <p>A collective report with all Committee actions and feedback will be shared with the Board.</p> <p>Members welcomed the opportunity to contribute to the review and requested that consideration be given to how Committees communicate their work to the public.</p> <p>The Committee NOTED the presentation.</p>
PEQS/23/68	<p>REVIEW OF TERMS OF REFERENCE</p> <p>The Director of Corporate Governance presented the Terms of Reference noting they are dated 2021, when the Committee was meeting bi-monthly. Fundamental changes are not need, although some areas need to be added including The Duty of Quality; Duty of Candour and Speaking up Safely. Consideration needs to be given to the frequency of these meetings, currently meetings are held quarterly.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>Is it possible to amend the terms of reference to stress the patient centric nature of the Committee?</i></p> <p>The Assistant Director – Quality and Safety noted the inclusion of the Duty of Quality would help ensure quality measures and enablers are captured.</p> <p><i>Would it be possible to structure these meetings to allow enable reporting of quarterly data?</i></p> <p>The Director of Corporate Governance confirmed this suggestion will be considered.</p>
ESCALATED ITEMS	
PEQS/23/69	<p>INFECTION PREVENTION AND CONTROL IMPROVEMENT PLAN PROGRESS REPORT (CONTAINED WITHIN THE INTEGRATED QUALITY REPORT)</p> <p>The Chair noted this had been considered as part of the Integrated Quality Report and details would be included in her Chair’s Report to the Board.</p>
ITEMS FOR INFORMATION	

OTHER MATTERS	
PEQS/23/70	<p>COMMITTEE RISK REGISTER</p> <p>The Director of Corporate Governance advised Risk Register was not presented at this meeting as Executive Leads are in the process of updating the Risk Register for presentation at the Board meeting on the 31 January 2024.</p> <p>This will be routinely reported to the Committee in the 2024-2025 cycle.</p>
PEQS/23/71	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the Committee Work Programme for information.</p>
PEQS/23/72	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no new items from the Patient Experience, Quality and Safety Committee to bring to the attention of Board. The Committee will update Board on Infection Prevention and Control.</p> <p>The following items will be taken to the Workforce and Culture Committee</p> <ul style="list-style-type: none"> • Training – Understanding the priorities for essential training, which links with ‘Powys – a better place to work’. • Fixed Term Contracts – given the high vacancy rates should the Health Board be adopting a more calculated risk in temporary funded posts.
PEQS/23/73	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p>
PEQS/23/74	<p>DATE OF THE NEXT MEETING</p> <p>16 APRIL 2024, via Microsoft Teams.</p>
PEQS/23/75	<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>
PRESENT:	

<p>Kirsty Williams (Chair) Jennifer Owen Adams (Independent Member) Simon Wright (Independent Member) Ian Philips (Independent Member)</p> <p>IN ATTENDANCE:</p> <p>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)</p> <p>APOLOGIES FOR ABSENCE:</p> <p>Joy Garfitt and (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)</p>	
<p>PEQS IC/23/76</p>	<p>SUICIDE REVIEW REPORT (NOVEMBER 2023)</p> <p>Rationale for item being held in public: tbc</p> <p>The Committee:</p> <ul style="list-style-type: none"> RECEIVED the report taking ASSURANCE that relevant systems are in place to capture and record relevant information; NOTED the continued actions that the service will continue to develop and implement.
<p>PEQS IC/23/77</p>	<p>MENTAL HEALTH DEEP DIVE FROM A QUALITY AND SAFETY PERSPECTIVE</p> <p>Rationale for item being held in private: tbc</p> <p>The recommendation as outlined in PEQS/23/61 was confirmed.</p>