



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

**CONFIRMED**

**MINUTES OF THE MEETING HELD ON TUESDAY 30 JULY 2024  
VIA MICROSOFT TEAMS**

<b>Present:</b>	
Kirsty Williams (KWi)	Vice-Chair (Committee Chair)
Jennifer Owen Adams (JOA)	Independent Member
Simon Wright (SW)	Independent Member
Ian Phillips (IP)	Independent Member
<b>In Attendance:</b>	
Kate Wright (KW)	Medical Director
Claire Madsen (CM)	Executive Director of Allied Health Professionals, Health Sciences and Digital
Marie Davies (MD)	Deputy Director of Nursing
Gareth Thomas (GT)	Consultant Nurse – Infection Prevention and Control
Zoe Ashman (ZA)	Interim Assistant Director of Women’s and Childrens
Jason Crowl (JC)	Assistant Director Health and Safety and Support Services
Hayley Thomas (HT)	Chief Executive
Helen Bushell (HB)	Director of Corporate Governance
Amanda Edwards (AE)	Assistant Director – Innovations and Improvement
Heather Wenban (HW)	Dementia Lead Nurse
Francis Issacs (FI)	Dementia Services – Patient with Lived Experience
<b>Observing:</b>	
Carl Cooper (CC)	Chair PTHB
Simeon Foreman (SF)	Deputy Board Secretary
Heidi Sinclair (HS)	Head of Quality and Safety
Toboline Mupita (TM)	Mentee of Vice Chair Kirsty Williams
Bethan Hopkins (BH)	Audit Wales
<b>Apologies for absence:</b>	
Claire Roche (CR)	Executive Director of Nursing, Quality, Women and Family Health
Joy Garfitt (JG)	Interim Director Operations, Community Care and Mental Health
<b>Committee Support:</b>	
Liz Patterson (LP)	Interim Head of Corporate Governance

PEQS/24/21 **WELCOME AND APOLOGIES FOR ABSENCE**

	<p>KWi welcomed all to the meeting. Apologies for absence were noted as recorded above.</p>
PEQS/24/22	<p><b>DECLARATIONS OF INTERESTS</b> No interests were declared in addition to those already declared in the published register.</p>
PEQS/24/23	<p><b>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 16 APRIL 2024</b> The minutes of the previous meeting held 16 April 2023 were <b>AGREED</b> as a true and accurate record.</p>
PEQS/24/24	<p><b>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</b> HB presented the action log noting that seven actions were on track, four were at risk with date changes requested (all relating to content of the Integrated Quality Report), and the following item was due a verbal update to the meeting:</p> <ul style="list-style-type: none"> <li>• PEQS/24/09a – an update to Was Not Brought Audit of December 2023 was provided to the Committee and circulated to Members after the meeting.</li> </ul> <p>Independent Members asked the following questions for assurance: <i>Can assurance be given that the change of date requests will not increase risk for the organisation?</i> MD confirmed that actions outlined in the four areas when amended dates were requested were all in train, but it had not been possible to implement in the Integrated Quality Report to this meeting due to staff absence.</p> <p><i>PEQS/23/40a has been open since October 2023. How concerned should Committee be that this is not progressing?</i> ZA advised that work had been taking place in relation to pressure sores, but staff absence had meant that it had not been possible to report to this meeting.</p> <p>The Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• the update given in relation to PEQS/24/09c (Was Not Brought). This action to be closed.</li> <li>• that seven actions remained on track.</li> <li>• that four actions were at risk and AGREED the request for a date change to November 2024, noting that PEQS/23/40a had been open since October 2023 and whilst understanding extenuating circumstances it is expected that this action will be in a position to be closed at the November 2024 meeting.</li> </ul>
PEQS/24/25	<p><b>PATIENT STORY</b> HW introduced FI who spoke about her experiences of visiting a Memory Clinic and how challenging the environment had been. FI had been consulted on the refurbishment of Outpatient areas in Bronllys and advised on clear signage for people with dementia and with colour coding for people with sight loss. FI shared other examples where improvements could be made under the Patient Friendly Charter.</p>

MD advised that FI's input had been invaluable on the Dementia Steering Group, and this would be maximised when work commenced on the Ready To Go units.

## ESCALATED ITEMS

PEQS/24/26

### **INFECTION PREVENTION AND CONTROL (IPC) ANNUAL REPORT**

GT presented the report which included updates on the Infection Prevention and Control Improvement Plan year one, year two objectives and the 2023/24 Infection Prevention and Control Annual Report. Attention was drawn to the following matters:

- Since the report was written a further two actions have been completed meaning one action remains on track to be completed within timescales and three actions where good progress is being made.
- Funding has been accessed for an additional post which due to unsuccessful recruitment will now be advertised as a development role.
- An Antimicrobial Stewardship Officer will take up post in September 2024.
- Rates of Clostridioides Difficile (CDI) have increased locally.
- The majority of cases are community acquired infection with no identifiable contributing factors.
- There have been challenges with obtaining cross border information which has been resolved for Wye Valley NHS Trust and is likely to be resolved for Shrewsbury and Telford Hospitals NHS Trust in quarter 3.

Independent Members asked the following questions for assurance:  
*In relation to the cleanliness audit where figures of over 95% are recorded, what would be considered to be a good score?*

GT advised that this is a reassuring result, it is known that there is more work to be done in respect of cleanliness, but a perfect score would raise other questions.

*Are the rising rates of CDI of concern, is the Health Board an outlier in this respect?*

GT advised that rates of CDI were rising across Wales and the Health Board was not an outlier. Small numbers of cases in the Health Board area mean percentage changes can appear skewed. However, improvements in respect of Antimicrobial Stewardship are required.

*What is the issue in respect of General Practitioner (GP) prescribing rates?*

KW advised that the Health Board were working with Primary Care to implement MicroGuide, an application which advises of the best antibiotic for each condition. This is recently available to all GPs, and it is expected will lead to improved prescribing practice.

	<p><i>The Health Board is consulting on temporary changes which will result in patients moving between hospitals. Will this result in an increased risk of infection?</i></p> <p>GT advised that patient movement can result in increased rates of infection, however, the standards of IPC have improved, and robust arrangements are in place to address this.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> and <b>DISCUSSED</b> the Infection Prevention and Control improvement plan at the end of year one (2023/24) took <b>ASSURANCE</b> of substantial progress against plan.</li> <li>• <b>NOTED</b> the objectives set for year two and the contents of the 2023/24 Annual Report.</li> </ul>
PEQS/24/27	<p><b>MENTAL HEALTH SERVICES ESCALATION ASSURANCE REPORT</b></p> <p>KW presented the Committee with an update on progress in respect of Mental Health Services which had been placed in local escalation in April 2024. Since then, the Escalation Oversight Group had meet, initially weekly but after improvements have been recorded this has moved to fortnightly.</p> <p>Concern had initially been raised regarding the incident management with 480 overdue Datix incidents. This has reduced to 61 open cases in the context of around 70-80 cases a month which demonstrates the historic cases are largely cleared and new cases are dealt with in a timely manner. What is necessary now is to demonstrate this improvement is sustainable. Multi-Disciplinary Team working has been strengthened. Out of date policies have been reviewed. Some have been updated and this work continues. A de-escalation plan is being drawn up which will be reliant on evidence of sustained improvement.</p> <p><i>How are the team responding during this period of escalation?</i></p> <p>KW confirmed the team had gone through a challenging time during a period of workforce fragility and having a number of difficult cases. The team have found it hard but remain positive, there have been difficult times, but the constructive support has been welcomed.</p> <p><i>Can a message be sent from Board Members to the team to recognise and thank them for the progress make?</i></p> <p>CC advised that following discussion with HT he would visit the team with KWi to check in from a Board perspective and ask how escalation had been experienced by the team. It was noted that local escalation had been put in place as a result of concerns raised by this Committee to the Chief Executive which provided assurance good governance processes were in place.</p> <p><i>How will it be known when the improvements are sustainable?</i></p> <p>KW confirmed that de-escalation would take place gradually to ensure the changes are fully embedded.</p>

*What is different this time, how will assurance be given the changes are being sustained when the level of scrutiny is removed?*

KW confirmed that concerns related to workforce fragility in the system. This led to a lack of focus on core governance arrangements which have been addressed during the period of escalation. A plan is being put in place to prevent this happening again.

*Are the numbers of Datix reports received around the levels expected?*

KW advised that a low threshold for reporting is in place and the majority of cases are closed without further action. It is good practice to report concerns, and this is encouraged.

*How is patient voice heard in this service?*

ZA advised PAVO were facilitating a group on Velindre Ward to provide this information. Further work is necessary to gain the views of patients being cared for in the community.

*What progress is being made in relation to capital works on Velindre Ward?*

HT advised the work is due for completion in October 2024.

HT added that the Executive Committee had been pleased with progress to date and would be having a further report in September 2024. Once de-escalation criteria had been met the service would still be monitored via regular reporting mechanisms. It was the first time the Integrated Quality and Performance Framework has been used in relation to local escalation and once de-escalation had been confirmed it would be appropriate to invite the service to attend Committee to share their experience.

**Action: Director of Corporate Governance**

The Committee:

1. Took **ASSURANCE** that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Mental Health Services.
2. **NOTED** and **DISCUSSED** the contents of the report including the action plan, progress that has been made and updated maturity assessment.

## **ITEMS FOR ASSURANCE**

PEQS/24/28

### **INTEGRATED QUALITY REPORT QUARTER 1**

ZA presented the report and drew attention to the following areas:

- Compliance with responses in 30 days for Putting Things Right (PTR) has risen from 27.5% to 85.25% in two years.
- Incident reporting has reached a steady state with a high level of cases of moderate harm reported, but a decreasing number of severe harm cases reported.

- A number of Nationally Reportable Incidents have been closed with five remaining open and overdue (these can be complex and circumstances outside of the Health Board may prevent earlier closure).
- Patient feedback this quarter has been more negative than previously, the reasons for this will be examined.
- Collation of patient stories remains challenging, but it is hoped a library of stories will be available in the next two months.
- Feedback from the Medical Examiner work outlined that families did not feel they had been contacted early enough when end of life was near

Independent Members asked the following questions for assurance: *To what extent is Datix used across the organisation and how can assurance be given that a timely response to incidents is achieved?* ZA advised that Datix is used across all teams in the Health Board. Continual support needs to be applied to ensure incidents are investigated in a timely way.

*Should Members be concerned with the reduction in compliance with management of concerns from 86% in 2023/24 to 68% in Q1 of 2024/25?*

ZA advised that the small number of concerns meant that large swings in compliance were seen, and this was not a cause for concern.

*The Committee have escalated to Board capacity restraints with Civica in relation to patient experience and an inability to process the high level of responses received. The Audit, Risk and Assurance Committee received an Internal Audit on patient experience in the Therapies Service which found patient response rates were low. These appear to be conflicting positions.*

CM advised that the method of collecting patient experience had changed from a paper focussed method to Civica. During the transition it was to be expected that response rates would not truly reflect the levels of response.

MD advised that a Business Case was in preparation to provide capacity to support patient experience.

*Will the addition of investigating deaths in the Community which the Medical Examiner is taking over from September 2024 result in additional workload for the Health Board?*

KW advised that additional workload would be expected with appropriate feedback and shared learning essential.

*Why are Health Inspectorate Wales historical actions from 2017-2020 referenced if they are closed?*

MD advised that the service is examining what actions can be taken to close outstanding recommendations. Any recommendations outstanding for over 12 months will be highlighted within the report.

	<p><b>Action: Director of Nursing, Quality, Women and Family Health.</b></p> <p>The Committee <b>RECEIVED</b> the report and took <b>ASSURANCE</b> 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/24/29	<p><b>CARE INSPECTORATE WALES REPORT – COTTAGE VIEW, KNIGHTON</b></p> <p>JC introduced the report outlining the Health Board were responsible for a 15 bedded care home which is subject to different regulatory arrangements to the NHS. It is regulated under the Care Inspectorate Wales and for the first time since 2016 has received a clean inspection in all areas with the previously raised concerns relating to governance and organisational arrangements addressed. Thanks were expressed to the Registered Manager Chris Creemer.</p> <p><i>What learning can be taken from this experience and applied elsewhere in the organisation?</i></p> <p>JC advised this was being examined, both from the perspective of providing residential services, but also for potentially providing day care services.</p> <p>The Committee <b>DISCUSSED</b> and took <b>ASSURANCE</b> from the Inspection Report.</p>
PEQS/24/30	<p><b>HEALTH INSPECTORATE WALES (HIW) – DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) REVIEW</b></p> <p>KW presented the action plan drawn up in response to the national HIW DNACPR review. The report identified the following themes:</p> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Public awareness and understanding of DNACPR.</li> <li>• Accessibility of information</li> <li>• Timing of discussions</li> <li>• Documentation and review</li> </ul> <p>Actions to address the findings include:</p> <ul style="list-style-type: none"> <li>• Multi-Disciplinary Team discussion and review of recommendations triangulated with learning from local DNACPR audit.</li> <li>• Majority of actions would be best achieved by training, initially of medical staff.</li> <li>• Topic has been addressed in Primary Care Protected Learning Time.</li> <li>• Further education events to be planned with Macmillan GPs.</li> </ul> <p>Independent Members asked the following questions for assurance: <i>What triggered the need for this report?</i></p> <p>KW advised that there had been concern during the pandemic that the threshold for DNACPR had been reduced and it was time for a review.</p>

	<p><i>What support is available for social care settings?</i></p> <p>KW advised that this is a focus for Future Care Planning. When patients enter a social care setting a conversation takes place regarding future wishes but there is no consistent way of recording or reviewing this. Joint work is also taking place with the ambulance service on this matter.</p> <p>The Committee took <b>ASSURANCE</b> that the Health Board are responding appropriately to the HIW DNACPR report.</p>
<b>CONSENT AGENDA</b>	
PEQS/24/31	<p><b>MENTAL HEALTH POWER OF DISCHARGE ANNUAL REPORT INCLUDING MENTAL HEALTH COMPLIANCE WITH LEGISLATION</b></p> <p>KW requested that in future the trend data included within the report covers several years, rather than the single year shown in this report.</p> <p><b>Action: Executive Director of Primary Care, Community Care and Mental Health</b></p> <p>The Committee <b>RECEIVED</b> the contents of this report and took <b>ASSURANCE</b> that the performance of the service in relation to the administration of the Mental Health Act 1983 has been compliant with legislation.</p>
<b>ITEMS FOR APPROVAL</b>	
	There were no items for approval.
<b>ITEMS FOR DISCUSSION</b>	
	There were no items for discussion.
<b>ITEMS FOR INFORMATION</b>	
PEQS/24/32	<p>The following items were received for information:</p> <ul style="list-style-type: none"> <li>• Internal Audit Report – Continuing Health Care</li> <li>• Internal Audit Report – Patient Experience</li> </ul> <p>HB advised that the Audit, Risk and Assurance Committee (ARAC) received Internal Audit Reports and monitored the implementation of audit recommendations. Should ARAC have particular concerns regarding a specific matter, this can be referred to a committee for their attention.</p> <ul style="list-style-type: none"> <li>• WHSSC Quality Patient Safety Committee Chairs Report</li> </ul>
<b>OTHER MATTERS</b>	
PEQS/24/33	<p><b>COMMITTEE RISK REGISTER</b></p> <p>HB presented the report which drew together the relevant risks from the Corporate Risk Register which had been presented to Board in July 2024. A planned update will be presented to Board in September 2024.</p> <p>Independent Members asked the following questions for assurance:</p>



	<p><i>Can consideration be given to including a risk on the availability of digital information at the point of care?</i></p> <p>HB confirmed that this request would be fed into the Risk and Assurance Group for active consideration.</p> <p><b>Action: Director of Corporate Governance</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED</b> the corporate risks within the committee's remit,</li> <li>• <b>DISCUSSED</b> any relevant issues, and</li> <li>• Took <b>ASSURANCE</b> that risks are being managed in line with the Risk Management Framework.</li> </ul>
PEQS/24/34	<p><b>COMMITTEE WORK PROGRAMME</b></p> <p>HB introduced the work programme and confirmed that research and innovation would be included in the Work Programme. The work programme was agile and would be reviewed to ensure that the proposed temporary service change was appropriately considered by the organisation.</p> <p><b>Action: Director of Corporate Governance</b></p>
PEQS/24/35	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>HB presented the report which gave an overview of the current items escalated to Board namely:</p> <ul style="list-style-type: none"> <li>• Concerns regarding capacity constraints in the use of Civica for patient experience – the meeting had heard that a plan was in place to increase capacity and that the Patient Experience Framework would be brought to Committee in November 2024 when the escalation to Board would be reviewed.</li> <li>• Infection Prevention and Control – progress has been demonstrated but the Committee still wish this to remain escalated to Board where an update will be given.</li> <li>• Mental Health Services in local escalation – an update has been received and will be given to Board</li> </ul>
PEQS/24/36	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no other urgent business.</p>
PEQS/24/37	<p><b>COMMITTEE FEEDBACK</b></p> <p>The following observations were made:</p> <ul style="list-style-type: none"> <li>• Operational colleagues welcomed attendance to understand Committee requirements.</li> <li>• A good balance between support and scrutiny</li> <li>• Committee work does not feel siloed.</li> <li>• Patient stories are powerful.</li> <li>• Documents included from outside sources (HIW report) enable triangulation.</li> <li>• Reports are of good quality and accessible</li> </ul>
PEQS/24/17	<p><b>DATE OF THE NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• PEQS 5 September 2024</li> <li>• Joint PEQS and Workforce and Culture 10 October 2024</li> <li>• PEQS 7 November 2024 – in person venue to be confirmed</li> </ul>