



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

**MINUTES OF THE MEETING HELD ON THURSDAY 24 NOVEMBER 2022  
VIA MICROSOFT TEAMS**

**Present:**

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

**In Attendance:**

Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO
Claire Roche	Director of Nursing and Midwifery
Claire Madsen	Director of Therapies and Health Sciences
Kate Wright	Medical Director
Mererid Bowley	Interim Director of Public Health
James Quance	Interim Board Secretary

**Observing:**

Carl Cooper	PTHB Chair
Amanda Edwards	Assistant Director – Innovation and Improvement
Mitchell Parker	Health Inspectorate Wales

**Apologies for absence:**

Carol Shillabeer	Chief Executive
Debra Wood-Lawson	Interim Director of Workforce and OD
Katie Blackburn	CHC
Bethan Hopkins	Audit Wales
Zoe Ashman	Assistant Director of Quality and Safety
Marie Davies	Deputy Director of Nursing

**Committee Support:**

Liz Patterson	Interim Head of Corporate Governance
---------------	--------------------------------------

PEQS/22/52	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present.</p>
PEQS/22/53	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared.</p>
PEQS/22/54	<p><b>MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 13 SEPTEMBER 2022 (FOR APPROVAL)</b></p> <p>The minutes of the previous meeting held on 13 September 2022 were AGREED as a true and accurate record.</p>
PEQS/22/55	<p><b>MATTERS ARISING FROM MINUTES OF PREVIOUS MEETING</b></p> <p>There were no matters arising from the minutes of the previous meeting.</p>
PEQS/22/56	<p><b>PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE ACTION LOG</b></p> <p>The Action Log detailed the following actions that had been completed:</p> <p>PEQS/21/79 – data issues at Shrewsbury and Telford Hospitals. These issues still exist but mitigations have been put in place. This will now be reported within the Integrated Quality Report.</p> <p>Action Closed.</p> <p>PEQS/22/45 – Maternity de-escalation arrangements to be reported to Committee – this is on the agenda for this meeting.</p> <p>Action Closed.</p> <p>PEQS/21/84 – to ascertain how telephone/video phlebotomy appointments work – this relates to follow up advice after an in-person appointment</p> <p>Action Closed.</p>

	<p>PEQS/22/41 – ensure findings from Brecon Minor Injuries Unit (MIU) Inspection are not systemic across other areas within the wider organisation – The health board have looked at the findings in the relation to the Brecon MIU and checked the position across all MIUs within the county.</p> <p>Action Closed.</p>
<p><b>ITEMS FOR ASSURANCE</b></p>	
<p>PEQS/22/57</p>	<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>• preparation for the implementation of the Health and Social Care (Quality and Engagement) Act (Wales) 2020 in April 2023 continues with an implementation plan appended to the report,</li> <li>• the Quality and Safety team are providing investigation training, all places have been filled and good feedback has been received,</li> <li>• the team are back on track with the review of nosocomial cases,</li> <li>• there has been a decrease in the number of formal concerns received in part due to the move to address concerns at source,</li> <li>• compliance with the 30 working day response time for complaints has improved to 80% in October,</li> <li>• a learning newsletter has been jointly produced with teams (appended to the report), and</li> <li>• concluding key messages were outlined within the report.</li> </ul> <p><i>A number of the graphs, diagrams and narrative lack keys or clarity including the following:</i></p> <p>Graph 1 – the key to complaints received:</p> <ul style="list-style-type: none"> <li>• Red = formal complaints</li> <li>• Blue = early resolution</li> <li>• Green = completed complaints</li> </ul> <p>Graph 2 – ‘30wd’ relates to the target of 30 working days to acknowledge a complaint</p> <p>The waves referred to in section 2 of the report relate to covid waves.</p> <p>Graph 3 narrative noted a peak in incidents in February/March 2022 which was not shown on the graph.</p> <p><b>Action: Director of Nursing and Midwifery to:</b></p>

- **Ensure the Integrated Quality Report was properly referenced, and**
- **to investigate and respond on the Graph 3 query.**

*Is the site to site variation in mortality reviews significant?*

The Medical Director advised that the team had worked on treatment escalation plans and noted that the Mortality Review Report was late in coming to Committee but there had been considerable improvement. Site variation would be reported to Committee on an exception basis.

*Is the organisation on course to implement the requirements of the Quality and Engagement Act?*

The Director of Nursing and Midwifery advised that consultation had opened on the duty of quality and duty of candour with both consultations closing near to the implementation of the Act.

The Director of Nursing and Midwifery sat on the duty of quality national group and confirmed that the expectation was that by implementation date organisations were not expected to be fully compliant but were expected to have in place sound plans to demonstrate improvement in relation to both the duty of quality and the duty of candour.

It was expected that organisations will be required to report to Welsh Government to demonstrate this improvement. The health board has a good foundation with Commissioning Assurance Frameworks in place, an integrated performance framework which includes quality, and it will be necessary to produce a register of events where the duty of candour is triggered.

There will be an increased emphasis on the duty of quality, duty of candour and citizens voice across the organisation.

*The Implementation Action plan is generic and does not include specific actions to be taken.*

The Director of Nursing confirmed a more detailed action plan would be produced and brought back to Committee.

**Action: Director of Nursing and Midwifery**

	<p><i>How does the duty of candour link to the Integrated Performance Report and work of the Workforce and Culture Committee?</i></p> <p>The Director of Primary, Community Care and MH advised that work was required regarding policies, procedures, and frameworks to ensure the quality of care wherever it is delivered. It will also be necessary to develop reporting arrangements to ensure there are no gaps in reporting.</p> <p>The Chair noted a need to keep the Committee informed of progress, noting for context the consultations did not close until the end of January 2023. It would be necessary to be clear of which Committee was picking up which area of the Quality and Engagement Act.</p> <p>The Integrated Quality Report was DISCUSSED and NOTED.</p>
PEQS/22/58	<p><b>MATERNITY ASSURANCE REPORT</b></p> <p>The Director of Nursing and Midwifery presented the report on provided maternity services noting the service is currently in local escalation and outlining how the service would move to business as usual. The action plan to achieve this had been considered by the Executive Committee who would receive updates in January and March to ascertain when it was appropriate to move to business as usual.</p> <p>Cwm Taf Morgannwg University Health Board (CTMUHB) Maternity Services had this week moved from Special Measures to Targeted Intervention, and the Prompt Wales Quality Assurance Follow-up Report was attached for information.</p> <p><i>What are the CIS cases referred to in section 1.5 of the Maternity Improvement Action Plan?</i></p> <p>The Director of Nursing and Midwifery advised that CIS is a Clinical Information Sharing plan used where women choose to act outside guidance and outlines the situation and mitigations which have been put in place in these circumstances.</p> <p><i>Is the peer to peer review of CIS cases an internal review?</i></p>

The Director of Nursing and Midwifery confirmed this was a review between provider services and Consultant Midwives.

*To what extent do the public know the service are in escalation and how is the organisation building back confidence?*

The Director of Nursing and Midwifery advised that there had not been a loss of confidence as it had been a proactive internal decision to put the service into local escalation rather than waiting for regulators to put the service into escalation.

The small number of concerns and complaints relating to the service have been allocated a personal liaison officer, but the large majority of people who use the service are very satisfied.

The service has been open regarding the issues, bringing the position to the attention of the Committee and sharing the position with the Delivery Unit. Where serious concerns exist, for example when the Ockenden Report on Maternity Services in Shrewsbury and Telford Hospitals (SaTH) was published, the service offered a specific link officer to those families who were accessing services in SaTH.

*The information in the report appears to give more assurance in relation to SaTH than CTMUHB, it is not clear why CTMUHB has been de-escalated?*

The Director of Nursing and Midwifery concurred that the SaTH approach to reporting progress was good practice, and the health board would learn from this, in particular in regard of evidencing progress.

Whilst CTMUHB has been de-escalated, the service was still in Targeted Intervention and the health board would continue to sit on their Assurance Group.

A readiness assessment would now be prepared regarding transfer of maternity services from Nevill Hall Hospital to Prince Charles Hospital now the CTMUHB service had been de-escalated.

*What is the position regarding maternity services accessed by Powys families that are not included within the report?*

The Director of Primary, Community Care and MH outlined that the Commissioning Assurance Framework (CAF) is in place and those areas in escalation are reported to

	<p>Committee because they are areas of concern. The CAF monitors all other areas.</p> <p>The Director of Nursing and Midwifery undertook to add detail in the Integrated Quality Report advising that areas not brought to the attention of the Committee were meeting set performance standards.</p> <p>The Maternity Assurance Report was DISCUSSED and NOTED.</p>
PEQS/22/59	<p><b>CLINICAL AUDIT PROGRESS AND LEARNING</b></p> <p>The Medical Director presented the report and drew attention to</p> <ul style="list-style-type: none"> <li>• changes in reporting on national audits which included local monitoring, via the Patient Experience, Quality and Safety Committee on any actions identified as a result of a national audit,</li> <li>• local clinical audits which are progressing on target for the current year although a lot remain to be undertaken, and</li> <li>• how examination of the national and local audits and triangulation with other information in learning groups assists in developing the forward clinical audit plan.</li> </ul> <p><i>To what extent is the clinical audit plan informed by the risk register?</i></p> <p>The Medical Director advised that the forward work plan was indirectly informed by the risk register in the same way as the similar areas would be found on the risk register as the clinical audit plan.</p> <p><i>Given the changes in reporting on the national audit, are systems in place to enable the monitoring of actions in response to national audits to be reported to this Committee?</i></p> <p>The Medical Director advised that the Learning Groups monitor national audits, and it will be necessary to change the Terms of Reference for Learning Groups to undertake this role and report to this Committee.</p> <p><b>Action: Medical Director</b></p>

	<p><i>The paper suggests that the changes outlined above could be adopted across the organisation. How will this work?</i></p> <p>The Medical Director advised that the intention was to embed good practice across the organisation rather than quality being the sole responsibility of the corporate team. The arrangements for the Community Services Group were outlined but it will be necessary for each Service Group to put in place appropriate arrangements. This will be considered as part of the readiness for the Quality and Engagement Act.</p> <p>The Clinical Audit Progress and Learning Report was DISCUSSED and NOTED.</p>
PEQS/22/60	<p><b>INFECTION PREVENTION AND CONTROL ASSURANCE REPORT</b></p> <p>The Director of Nursing and Midwifery presented the report and explained that the late submission was as a result of staff changes and that it was intended to bring more timely annual reports in future.</p> <p>The report summaries progress on national Infection Prevention and Control targets which have been met and the Director of Nursing and Midwifery extended thanks to the team for the work that had been undertaken during the pandemic (the period covered by the report). Attention was drawn to the joint working that had taken place to achieve the targets for example with Medicines Management and the Estates Team.</p> <p>The team have had challenges in relation to workforce and have recently advertised for a Consultant Infection Prevention and Control specialist. It has been necessary to seek to recruit to this elevated role due to the competition for staff in this area.</p> <p><i>The tables in section 4 of the Annual Report appear to be replicated. Is this correct?</i></p> <p>The Director of Nursing and Midwifery confirmed this data would be checked and amended if required.</p> <p><b>Action: Director of Nursing and Midwifery</b></p>



	The Infection Prevention and Control Assurance Report was DISCUSSED and NOTED.
PEQS/22/61	<p><b>WHSSC QUALITY AND PATIENT SAFETY</b></p> <p>The Director of Nursing and Midwifery advised that quarterly meetings took place with the WHSSC Director of Nursing to discuss quality and safety issues and that ways to strengthen links between WHHSC Quality and Patient Safety Committee and this Committee would be explored.</p> <p>The Chair welcomed this strengthening of links considering the high volumes of commissioning undertaken by the health board.</p> <p><b>Action: Director of Nursing</b></p>
<b>ITEMS FOR DISCUSSION</b>	
PEQS/22/62	<p><b>SAFEGUARDING ANNUAL REPORT</b></p> <p>The Director of Nursing and Midwifery presented the 2021/22 Safeguarding Annual Report and confirmed the intention to bring the next Annual Report in quarter 2 (July – September 2023). The report outlines key areas of development and achievement to support the health board to meet its statutory responsibilities in safeguarding the residents of Powys.</p> <p><i>How is the complexity of multiagency work managed?</i></p> <p>The Director of Nursing and Midwifery explained that the development of multi-agency working over the last decade had been significant. Whilst the health board has its own Safeguarding team, close working takes place across the Mid and West Wales Regional area including with other health boards, local Councils, the Police and national safeguarding networks.</p> <p><i>The paper outlines the progress to date in relation to implementation of Liberty Protection Safeguards, but it does not appear to provide assurance the health board are on track to achieve the timescales required?</i></p> <p>The Director of Nursing and Midwifery noted this referred to progress over the period 2021-22 and since then the health board had received Welsh Government funding to support the introduction of the Liberty Protection Safeguards. Whilst</p>

	<p>there is corporate support for this, it is the responsibility of all staff, and it will be necessary to embed arrangements across the system.</p> <p><i>Could an update be provided to a future meeting of the Committee on the implementation of Liberty Protection Safeguards?</i></p> <p>The Chair advised this would be considered either under the Committee Work Programme or a Committee Development session.</p> <p><b>Action: Chair</b></p> <p>The Committee NOTED the contents of the report and the intention to bring the report to Committee earlier next year.</p>
--	---

<p>PEQS/22/63</p>	<p><b>PATIENT EXPERIENCE APPROACH</b></p> <p>The Director of Therapies and Health Sciences presented the paper noting the health board does not have a Patient Experience Team and this work is supported by the Quality and Safety team, and the Welsh Language and Equalities team that collect and collate patient stories.</p> <p>The health board have opted in to the Once for Wales contract for the Civica patient experience system. This enables the health board to gather real time service user feedback from both provided and commissioned services. The system will be able to analyse data in respect of Patient Reported Outcome Measures and Patient Reported Experience Measures.</p> <p>Attention was drawn to the key messages which, in respect of capacity, were stark.</p> <p><i>Is the health board satisfied with the amount of feedback that is received? Will the introduction of the Civica system result in more feedback? Can the health board be confident that the results are not skewed in any way? What opportunities are in place to triangulate the information received?</i></p> <p>The Director of Therapies and Health Sciences confirmed the health board were not content with the amount of feedback available hence the commissioning of the Civica system</p>
-------------------	--

which would enable feedback including in relation to commissioned services.

The health board does have a Patient Experience Group, but attendance is poor.

The Director of Planning and Performance is helping to develop a Business Intelligence system and dashboard which will help with triangulation of data.

The Medical Director noted all organisations are struggling with the disconnect between receiving and acting on patient experience which happens but is not recorded.

*Should this Committee receive the options available and resource implications of options in relation to patient experience?*

The Director of Nursing and Midwifery emphasised the importance of the Committees commitment to the hearing the patient voice. Patient voice needs to be heard both in how the organisation has performed, and what is important to people. There are advantages and disadvantages of having additional resource. One of the disadvantages is that the focus of patient voice is on the function rather than being embedded across the organisation.

*What will happen to the data when it is collected? Will it be possible to manage the higher level of data collected?*

The Director of Therapies and Health Sciences advised that the citizen voice would be used in relation to incidents, concerns, the learning group, and audit programme. The software will allow for thematic screening and highlighting of individual issues. Civica enables reports to be produced for specific teams which may highlight where compliments are received or where there are issues that need to be escalated.

*How will the feedback link into the wider aims of the health board?*

The Director of Primary, Community Care and MH outlined that Civica had a role to play in hearing the citizens voice but there were other ways, for example when undertaking engagement prior to service change.

*Members expressed concern that there did not appear to be capacity within the health board to capture and use patient*

	<p><i>experience in a way that would be beneficial to the organisation.</i></p> <p>The Director of Primary, Community Care and MH requested an opportunity to reflect on the conversation, to allow the Executive Committee an opportunity to consider this and an update be provided to Committee.</p> <p><b>Action: Director of Therapies and Health Sciences</b></p>
<b>ESCALATED ITEMS</b>	
PEQS/22/64	There were no escalated items
<b>ITEMS FOR INFORMATION</b>	
PEQS/22/65	There were no items for information.
<b>OTHER MATTERS</b>	
PEQS/22/66	<p><b>COMMITTEE RISK REGISTER</b></p> <p>The Interim Board Secretary presented the Committee Risk Register noting it had been reviewed in September. Additional work would be required to articulate the risk at a lower level. The Risk Register includes matters relating to quality and thus patient experience is included.</p>
PEQS/22/67	<p><b>COMMITTEE WORK PROGRAMME</b></p> <p>The updated Committee Work Programme was received. A number of items had been identified during the meeting for consideration.</p> <p>The Work Programme for 2023/24 was in development including in relation to the new arrangements regarding the Integrated Quality Report.</p> <p>The Work Programme would have a structure but be flexible in relation to issues that arose during the year.</p> <p>Annual Reports would be brought to Committee earlier in the year.</p>
PEQS/22/68	<p><b>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE 2022-23</b></p> <p>The Interim Board Secretary introduced the paper and invited comments on the Terms of Reference. The following items were put forward for consideration:</p> <ul style="list-style-type: none"> <li>• should the duty of candour and duty of quality be referenced within the terms of reference,</li> </ul>

	<ul style="list-style-type: none"> <li>• can the connections between this Committee and other Committees relating to citizen voice be included, and</li> <li>• the frequency of meetings to be amended to 'meet at least quarterly'.</li> </ul>																
PEQS/22/69	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>The Chair noted that the matters discussed would be included in the Chair's Report to Board.</p>																
PEQS/22/70	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no other urgent business.</p>																
PEQS/22/71	<p><b>DATE OF THE NEXT MEETING</b></p> <p>16 February 2023, via Microsoft Teams.</p>																
	<p>Under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 the following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>																
	<p><b>Attendance:</b></p> <p><b>Present:</b></p> <table> <tr> <td>Kirsty Williams</td> <td>Vice-Chair (Committee Chair)</td> </tr> <tr> <td>Ian Phillips</td> <td>Independent Member</td> </tr> <tr> <td>Mark Taylor</td> <td>Independent Member</td> </tr> <tr> <td>Jennifer Owen Adams</td> <td>Independent Member</td> </tr> <tr> <td>Simon Wright</td> <td>Independent Member</td> </tr> </table> <p><b>In Attendance:</b></p> <table> <tr> <td>Hayley Thomas</td> <td>Director of Primary, Community Care and MH/Deputy CEO</td> </tr> <tr> <td>Claire Roche</td> <td>Director of Nursing and Midwifery</td> </tr> </table> <p><b>Committee Support:</b></p> <table> <tr> <td>Liz Patterson</td> <td>Interim Head of Corporate Governance</td> </tr> </table>	Kirsty Williams	Vice-Chair (Committee Chair)	Ian Phillips	Independent Member	Mark Taylor	Independent Member	Jennifer Owen Adams	Independent Member	Simon Wright	Independent Member	Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO	Claire Roche	Director of Nursing and Midwifery	Liz Patterson	Interim Head of Corporate Governance
Kirsty Williams	Vice-Chair (Committee Chair)																
Ian Phillips	Independent Member																
Mark Taylor	Independent Member																
Jennifer Owen Adams	Independent Member																
Simon Wright	Independent Member																
Hayley Thomas	Director of Primary, Community Care and MH/Deputy CEO																
Claire Roche	Director of Nursing and Midwifery																
Liz Patterson	Interim Head of Corporate Governance																
PEQS IC/22/73	<p><b>MENTAL HEALTH ACT COMPLIANCE REPORT</b></p>																

	<p>The Director of Primary, Community Care and MH presented the annual Mental Health compliance report noting overall that similar levels of activity had occurred during October 2021 to September 2022 as over the previous 12 month period.</p> <p>Committee Members scrutinised the report and requested that future reports present comparative data over a period of five years rather than one year to allow pre-pandemic levels of activity to be compared.</p> <p>It was noted that the report was restricted to Compliance with the Mental Health Act, and it was requested that the broader context of activity in Mental Health Services be provided to a future meeting.</p> <p><b>Action: Director of Primary, Community Care and MH.</b></p> <p>The Mental Health Compliance Report was NOTED.</p>
--	---