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Addysgu Powys
Powys Teaching
Health Board

**POWYS TEACHING HEALTH BOARD
SUMMARY OF THE PATIENT EXPERIENCE, QUALITY & SAFETY
COMMITTEE
MEETING HELD ON THURSDAY 24 MARCH 2022
VIA MICROSOFT TEAMS**

Present:

Kirsty Williams
Trish Buchan
Frances Gerrard
Ian Phillips
Mark Taylor

Vice-Chair (Committee Chair)
Independent Member
Independent Member
Independent Member
Independent Member

In Attendance:

Carol Shillabeer
Claire Roche
Kate Wright
Lucie Cornish
Jacqui Seaton
James Quance
Mitchell Parker

Chief Executive (joined 11. 45)
Director of Nursing and Midwifery
Medical Director
Assistant Director Therapies and Health Sciences
Chief Pharmacist
Interim Board Secretary
Health Inspectorate Wales

Apologies for absence:

Vivienne Harpwood
Hayley Thomas
Claire Madsen
Katie Blackburn
Zoe Ashman

PTHB Chair
Director of Planning and Performance
Director of Therapies and Health Sciences
Community Health Council
Assistant Director of Quality and Safety

Committee Support:

Liz Patterson

Interim Head of Corporate Governance

COMMITTEE ACTION LOG

The Committee DISCUSSED and NOTED the Action Log:

- PEQS/21/17 (Audit Wales: WHSSC Governance Arrangements): The Interim Board Secretary confirmed that this item had been taken to the Audit, Risk and Assurance Committee and could therefore be closed.
- PEQS/21/31 (Pressure Ulcers and CAUTI in Community Settings): As the meeting on 23 March 2022 was an extraordinary meeting it was intended that this item be brought to the next regular meeting of the Committee.

INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING

The Committee received the report which articulated the receipt and outcomes of regulatory inspections that have occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard.

The Committee DISCUSSED and NOTED the report requesting that information was provided to understand the barriers to implementation of the recommendations and risk that the Health Board is carrying by non-completion of some old recommendations.

INFECTION PREVENTION & CONTROL REPORT – INCLUDING NOSOCOMIAL UPDATE

The paper provided Members with oversight and assurance on activity regarding Infection Prevention and Control (IPC) compliance standards during Quarter 3 2021/2022.

Attention was drawn to increasing numbers of *Clostridioides difficile* infection in the Health Board which reflected a national increase in cases.

All health boards have been given funding to investigate potential nosocomial infection and in the Health Board this will be used to strengthen the Putting Things Right Team.

The Committee were advised that Pharmacies had undertaken some flu vaccinations but there had been problems accessing the flu vaccine. There was a need to improve data within Primary Care. For example, for antibiotic prescribing the Health Board look good until the English Clinical Commissioning Group figures are included which changes the position and means that improvements are needed.

The Committee DISCUSSED and NOTED the Infection Prevention and Control Report.

ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS

The committee received the report and attention was drawn to the Controlled Drugs Local Intelligence Network which met quarterly. The relationship with the Police was improving with information regarding diversion of medicines and 'swap shops'. Over the period October 2020 to September 2021 39 incidents had occurred including medicines missing from PTHB sites and a practitioner prescribing to friends and family. CCTV is in the process of being installed on two sites (Newtown and Welshpool) and work is underway for the possibility of introducing the Abloy Cliq system (programmable drug cupboard keys allocated to identified staff) to all Powys hospital sites. The Abloy Cliq system will provide a full audit trail of access to medicines on our wards.

Comparison of opioid burden (average daily quantity per 1000 patients) shows that the Health Board has the second lowest prescribing rates in Wales. However, comparison with prescribing in England shows there is much room for improvement.

Appropriate prescribing is important for patient safety and whilst there is patient expectation around pain management, some people will have to live with some degree of pain and this will need to be managed using non-drug options (e.g. pain toolkit). It is recognised that more work is required to ensure that clinicians understand the risks of prescribing high dose opioids (>120mg morphine equivalent) to people with non-cancer pain. Centralised access to GP systems would allow the medicines management team to support practices to identify patients who should be prioritised for review. The Medicines Management Team does not yet have centralised access.

The committee were advised that work was ongoing regarding musculoskeletal and orthopaedic pathways which would link with the Chief Pharmacist in respect of pain management.

The Medicines Management Team has an efficiency plan in place and encourages evidence based, cost effective prescribing. It was reported that a priority of the team is to embed recommendations in normal clinical practice, rather than parachuting members of the pharmacy team into a practice to make changes and then pulling them out. By embedding recommendations in clinical practice, changes are more likely to be sustained.

It was noted that it was also necessary to inform patients of the potential savings in prescribing arrangements.

The Committee DISCUSSED the report and requested consideration be given to the sharing of a Patient Story on this issue.

SAFEGUARDING: Annual Report

The Committee received the Annual Safeguarding Report which covered the period 2020-21 and should be read in the context of the covid-19 pandemic

which resulted in the close down of society and a decrease in the support available to families.

It was highlighted that it is known that County Lines exist and that there are vulnerable children but there are systems in place to support these children from Maternity Services, through Health Visiting Services, School Nurses, the Team around the Child as well as work with the Police and Mental Health Services. It will be necessary to ascertain what is in place and where any gaps are, or where services need to be strengthened to support vulnerable children.

Internal Audit Report – Midwifery Safeguarding Supervision

The report was presented, noting the links between the Midwifery team and Safeguarding team which had been a significant step.

The Internal Audit Report – Midwifery Safeguarding Supervision Report was NOTED and would be monitored via the Inspection Tracker Report.

CLINICAL AUDIT PROGRESS REPORT

The Committee received the Clinical Audit Progress Report and draft audit plan for 2022-23 was NOTED.

MORTALITY REPORT, INCLUDING AN UPDATE ON THE MEDICAL EXAMINER FOR WALES

The Committee received the report covering mortality data for the period 1 May 2021 – 31 December 2021. During this period 2 reviews were identified as requiring additional work and were currently in the Stage 2 process.

With the move to this work being undertaken by the Medical Examiner it will be necessary to ensure that well-ordered notes are in place and a standardised process will be introduced.

The Medical Examiner is starting work on two sites in the Health Board shortly and will be looking at further back than the current reviews that only cover a 2–3-week period.

Internal Audit have reviewed the service, giving helpful feedback and reasonable assurance.

The Mortality Report was DISCUSSED, and the assurance received regarding availability of local palliative care was welcomed.

GENERAL MEDICAL PRACTICE ACCESS REVIEW

The Committee received the Access Review and detailed the support provided by the Health Board. The Access Survey was undertaken between 15 and 19

November 2021 with 15 of the 16 Powys practices taking part. The Survey found that demand can be met with 15,520 appointments available to meet the demand of 13,000 requests.

It was highlighted that the Primary Care Portfolio was moving as of 1 April 2022, and the lead Director would retain an interest in the digital programme as Director of Finance and IT.

The GMS Access Review was DISCUSSED and NOTED.

COMMITTEE BASED RISKS ON CORPORATE RISK REGISTER

The Committee received the Committee based Risks on the Corporate Risk Register. This will be a standard item on the agenda to increase visibility of the risks that are held and an opportunity for Members to review the content of the meeting to ascertain if assurance has been provided.

The Committee Risk Register was DISCUSSED and NOTED.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES

It was raised that the Committee wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.

SERIOUS INCIDENTS AND COMPLEX CONCERNS OVERVIEW

It was advised that this item had been discussed in an earlier In-Committee meeting.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

Thanks were expressed to the Independent Member Third Sector who had come to the end of their term of office, for their commitment to the work of the Health Board on behalf of the Committee.

DATE OF THE NEXT MEETING

12 May 2022, via Microsoft Teams.