



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

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

Present:

Kirsty Williams	Vice-Chair (Committee Chair)
Trish Buchan	Independent Member
Frances Gerrard	Independent Member
Ian Phillips	Independent Member
Mark Taylor	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive (joined 11. 45)
Claire Roche	Director of Nursing and Midwifery
Kate Wright	Medical Director
Lucie Cornish	Assistant Director Therapies and Health Sciences
Jacqui Seaton	Chief Pharmacist
James Quance	Interim Board Secretary
Mitchell Parker	Health Inspectorate Wales

Apologies for absence:

Vivienne Harpwood	PTHB Chair
Hayley Thomas	Director of Planning and Performance
Claire Madsen	Director of Therapies and Health Sciences
Katie Blackburn	Community Health Council
Zoe Ashman	Assistant Director of Quality and Safety

Committee Support:

Liz Patterson	Interim Head of Corporate Governance
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PEQS/21/72	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
PEQS/21/73	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p>
PEQS/21/74	<p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 3 FEBRUARY 2021</p> <p>The minutes of the previous meeting held on 3 February 2021 were AGREED as a true and accurate record.</p>
PEQS/21/75	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The following matters arising were discussed:</p> <ul style="list-style-type: none"> • The necessity to ensure any papers agreed to be brought to future meetings are brought forward; and • The Civica software referred to in the minutes related to recording patient experience. This would be discussed at the next meeting of the Investment Benefit Group.
PEQS/21/76	<p>COMMITTEE ACTION LOG</p> <p>The Committee DISCUSSED and NOTED the Action Log:</p> <ul style="list-style-type: none"> • 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.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PEQS/21/77	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	

PEQS/21/78	<p>INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING</p> <p>The Director of Nursing and Midwifery presented 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.</p> <p><i>What are the outstanding overdue recommendations from the Inspections of Clywedog Ward, Llandrindod Wells?</i></p> <p>The Director of Nursing and Midwifery advised that this information would be sought and included in the next report.</p> <p>Action: Director of Nursing and Midwifery</p> <p><i>For recommendations with a revised timescale will plans be made for these to be completed?</i></p> <p>The Director of Nursing and Midwifery confirmed that for each Inspection Report a plan would be produced to meet the recommendations. However, this level of detail was not included in the report.</p> <p>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.</p> <p>Action: Director of Nursing and Midwifery</p>
PEQS/21/79	<p>INFECTION PREVENTION & CONTROL REPORT – INCLUDING NOSOCOMIAL UPDATE</p> <p>The Director of Nursing and Midwifery presented the report which provided Members with oversight and assurance on activity regarding Infection Prevention and Control (IPC) compliance standards during Quarter 3 2021/2022.</p> <p>Attention was drawn to increasing numbers of <i>Clostridioides difficile</i> infection in the Health Board which reflected a national increase in cases.</p> <p>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 overseen by the Assistant Director of Quality and Safety.</p>

	<p><i>The report outlines an expectation that 'internal mechanisms will be put in place to ensure your Board is fully appraised of progress with (nosocomial covid-19) investigations'. How will this be undertaken?</i></p> <p>The Director of Nursing and Midwifery confirmed an Implementation and Monitoring Plan will be produced which will be reported to the Executive Committee and then to the Patient Experience, Quality and Safety Committee. The work will be undertaken on a Covid Wave basis and, even though cases may have been considered by Scrutiny Panels, they will be reassessed in light of increased knowledge. The reporting frequency has yet to be determined.</p> <p><i>What are the issues regarding a possible shortfall around mask fitting?</i></p> <p>The Director of Nursing and Midwifery confirmed that this referred both to the capacity of staff and availability of masks as when mask manufactures change the masks need to be refitted.</p> <p>The Medical Director confirmed that arrangements for the next round of fit testing were being made with colleagues from the IPC team and Health and Safety team.</p> <p><i>The report outlines issues with data from Shrewsbury and Telford Hospitals Trust (SaTH). What are these issues?</i></p> <p>The Director of Nursing and Midwifery confirmed that this would be followed up and included in the next IPC report.</p> <p>Action: Director of Nursing and Midwifery,</p> <p><i>Flu vaccination rates are particularly low for front line staff. What plans are in place for the next round of vaccination?</i></p> <p>The Director of Nursing and Midwifery confirmed that other organisations had seen a reduction in flu vaccination rates and that it was necessary to have an overall vaccination plan.</p> <p>The Medical Director advised that now these figures were available then efforts could be made to persuade front line staff to receive their flu vaccination.</p> <p>The Chief Pharmacist 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.</p>
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	The Committee DISCUSSED and NOTED the Infection Prevention and Control Report.
PEQS/21/80	<p>ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS</p> <p>The Chief Pharmacist presented the report and drew attention 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 the Chief Pharmacist is looking into 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.</p> <p>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.</p> <p>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.</p> <p>The Assistant Director of Therapies and Health Sciences advised that work was ongoing regarding musculoskeletal and orthopaedic pathways which would link with the Chief Pharmacist in respect of pain management.</p>

	<p><i>Has prescribing of patches been examined on a surgery versus dispensing surgery basis?</i></p> <p>The Chief Pharmacist confirmed that the comparison between dispensing and non-dispensing practices has not yet been made and it was noted that this is a sensitive area. Dispensing practices openly admit that dispensing is used to support sustainability and therefore it is likely that differences in prescribing practice will be seen between dispensing and non-dispensing practices (not necessarily relating to patch prescribing though).</p> <p>The Medicines Management Team has an efficiency plan in place and encourages evidence based, cost effective prescribing. The Chief Pharmacist 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.</p> <p>The Chair noted that it was also necessary to inform patients of the potential savings in prescribing arrangements.</p> <p>The Committee DISCUSSED the report and requested consideration be given to the sharing of a Patient Story on this issue.</p> <p>Action: Director of Therapies and Health Sciences</p>
PEQS/21/81	<p>SAFEGUARDING: Annual Report</p> <p>The Director of Nursing and Midwifery presented 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.</p> <p><i>What is our connection with Cwm Taf in respect of safeguarding and what risks does this pose given the pressures Cwm Taf are under?</i></p> <p>The Medical Director advised that a reciprocal arrangement with a child paediatrician exists between the Health Board and Cwm Taf. There is fragility in the service, however, child protection arrangements are in place. There are some acute sickness issues in the service which need to be addressed.</p>

	<p><i>There are 135 children who have been subject to child exploitation. Is enough being done to support these children?</i></p> <p>The Director of Nursing and Midwifery advised that a multiagency response was needed and there were good connections between the agencies due to the links between child protection, substance misuse and domestic violence.</p> <p>The Chief Executive confirmed this would always be a difficult question. 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.</p> <p style="text-align: center;">Internal Audit Report – Midwifery Safeguarding Supervision</p> <p>The Director of Nursing and Midwifery presented the report noting the links between the Midwifery team and Safeguarding team which had been a significant step.</p> <p>The Internal Audit Report – Midwifery Safeguarding Supervision Report was NOTED and would be monitored via the Inspection Tracker Report.</p>
PEQS/21/82	<p>CLINICAL AUDIT PROGRESS REPORT</p> <p>The Medical Director presented the Clinical Audit Progress Report and draft audit plan for 2022-23.</p> <p><i>It was understood the Podiatry Service had already moved to electronic records. Why has this not happened?</i></p> <p>The Assistant Director Therapies and Health Sciences advised that it was intended that all therapy services would move to electronic records. However, there had been delays with the Welsh Community Care Information System (WCCIS).</p> <p><i>The information regarding Minor Injury Units (MIU) looks positive, however, it appears that MIUs are signposting patients to other services. Is this simply transferring pressure elsewhere in the system?</i></p> <p>The Medical Director advised that during the early stages of the pandemic there was a move away from face-to-face consultations in the MIUs. In some cases, for example, some</p>

	<p>MIUs are now actively pulling patients back from Eds to be seen within Powys' MIUs.</p> <p>The Assistant Director of Therapies and Health Sciences added that this included Out of Hours patients requiring x-ray who are diverted from MIUs.</p> <p><i>When the audit findings are received how is this information shared?</i></p> <p>The Medical Director advised that the Service Groups received completed audits for learning purposes but there was the potential to also share completed audits with the Learning Group.</p> <p><i>The draft plan for 2022-23 has been provided. How will this differ from the final plan?</i></p> <p>The Medical Director advised that clinical audits were set by the Service Groups. These groups had been stood down during the omicron wave but were now sitting again.</p> <p>The Chief Executive advised that space was always required for any additional audits that were identified as necessary during the year. The audit programme is extensive, and it is important to be clear as to why an audit is necessary.</p> <p>The Clinical Audit Programme Report was NOTED.</p>
PEQS/21/83	<p>MORTALITY REPORT, INCLUDING AN UPDATE ON THE MEDICAL EXAMINER FOR WALES</p> <p>The Medical Director presented 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.</p> <p>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.</p> <p>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.</p> <p>Internal Audit have reviewed the service, giving helpful feedback and reasonable assurance.</p> <p><i>What are the reasons for the high numbers of palliative care admissions?</i></p> <p>The Medical Director advised that during the last two rounds of mortality reviews an increase in palliation has been recorded. This was due to patient choice which had been clearly discussed and was well documented. It was not due</p>

	<p>to a lack of support in the home. This is a positive position and an appropriate purpose for community hospitals. If people choose not to die at home a community hospital is more appropriate than a district general hospital.</p> <p><i>The Medical Examiner process appears to be resource intensive. Is resource available to address feedback when it is received?</i></p> <p>The Medical Director confirmed that feedback will be co-ordinated through the Putting Things Right team. The Medical Examiner will ask families if they would like feedback. A Multi-Disciplinary Panel will initially meet monthly to consider the reports.</p> <p><i>Previously there was concern regarding the lack of timeliness with mortality reports. Has that been addressed?</i></p> <p>The Medical Director confirmed that mortality reports were previously produced on a six-monthly basis due to small numbers. The Medical Examiner will work on a 'live' basis.</p> <p>The Mortality Report was DISCUSSED, and the assurance received regarding availability of local palliative care was welcomed.</p>
PEQS/21/84	<p>GENERAL MEDICAL PRACTICE ACCESS REVIEW</p> <p>The Interim Director of Primary Care presented 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.</p> <p><i>It appears that a low number of appointments are undertaken via digital means. Is comparative data available?</i></p> <p>The Interim Director of Primary Care confirmed that whilst digital solutions were available e-consultation was not used often although this may change as the system matures.</p> <p><i>How do telephone/video phlebotomy appointments work?</i></p> <p>The Interim Director of Primary Care advised that this information would be sought.</p> <p>Action: Interim Director of Primary Care</p> <p><i>Does the access survey provide any detail on triage which has been the subject of complaints in the past?</i></p> <p>The current survey did not provide this level of detail, but consideration could be given to investigating this area in the next survey.</p>

	<p><i>Why was Support Option 4 recommended?</i></p> <p>The Interim Director of Primary Care advised this had been recommended until 1 April 2022 when it had intended to revert to standard arrangements. However, the current omicron wave means further support may be required and cluster discussions are ongoing.</p> <p><i>The survey should also look at the efficiency and effectiveness of the service. For example, the number of times it is necessary to call a practice to get to the right place due to a lack of understanding from frontline staff.</i></p> <p>The Interim Director of Primary Care noted this related to value based care and how to collect data demonstrating outcomes.</p> <p>The Medical Director noted this related to patient experience and whilst practices had looked at their patient facing websites they had not necessarily been evaluated.</p> <p><i>How are patients encouraged to use digital channels?</i></p> <p>The Assistant Director of Therapies and Health Sciences advised that the team were working with Primary Care Clusters to ensure that patients can access the right person at the right time.</p> <p>The Interim Director of Primary Care confirmed that whilst the Primary Care Portfolio was moving as of 1 April 2022, he would retain an interest in the digital programme as Director of Finance and IT.</p> <p>The GMS Access Review was DISCUSSED and NOTED.</p>
PEQS/21/85	<p>COMMITTEE BASED RISKS ON CORPORATE RISK REGISTER</p> <p>The Interim Board Secretary presented 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.</p> <p><i>There is one risk on the Committee Risk Register 'Once accessed, residents in Powys may receive poor quality care' with a risk score of 20. This appears to be too blunt, is there a way of breaking this down?</i></p> <p>The Chief Executive agreed that whilst there were various mitigating actions outlined the score does not move and there is a need for this to be challenged.</p>

	<p>The Interim Board Secretary confirmed this would be an item for discussion at the Executive Committee where improvement suggestions would be discussed.</p> <p><i>Could the discussions include what is in and out of the Health Boards control?</i></p> <p>The Interim Board Secretary confirmed the intention was to have the right discussions happening in the right place. The Risk Assurance Group would be reinstated shortly.</p> <p>The Committee Risk Register was DISCUSSED and NOTED.</p>
ITEMS FOR INFORMATION	
	There were no items for inclusion in this section.
OTHER MATTERS	
PEQS/21/86	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Committee Vice-Chair 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.</p>
PEQS/21/87	<p>SERIOUS INCIDENTS AND COMPLEX CONCERNS OVERVIEW</p> <p>The Chair advised that this item had been discussed in an earlier In-Committee meeting.</p>
PEQS/21/88	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business.</p> <p>The Chair expressed her thanks to the Independent Member Third Sector who had come to the end of her term of office for her commitment to the work of the Health Board on behalf of the Committee.</p>
	<p>DATE OF THE NEXT MEETING</p> <p>12 May 2022, via Microsoft Teams.</p>