| AGENDA ITEM |
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| 3.2.4 Appendix 1a |

**CTM BOARD**

**HIGHLIGHT REPORT FROM THE QUALITY & SAFETY COMMITTEE**

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| **DATE OF MEETING** | 24 November 2022 |
| **PUBLIC OR PRIVATE REPORT** | Public |
| **IF PRIVATE PLEASE INDICATE REASON** | Not Applicable - Public Report |
| **PREPARED BY** | Emma Walters, Corporate Governance Manager |
| **PRESENTED BY** | Jayne Sadgrove, Vice Chair and Chair of the Quality & Safety Committee |
| **EXECUTIVE SPONSOR APPROVED** | Greg Dix, Executive Nurse Director |
| **REPORT PURPOSE** | NOTING |

| **ACRONYMS** | |
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## 1. INTRODUCTION

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on the 20 September 2022.

1.2 Key highlights from the meeting are reported in section 3.

## 2. PURPOSE OF THE QUALITY & SAFETY COMMITTEE

2.1 The purpose of the Quality and Safety Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and

high quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

## 3. HIGHLIGHT REPORT FROM THE LAST COMMITTEE MEETING

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| **ALERT / ESCALATE** | No items to escalate on this occasion.<br>There are no items to escalate from the Committee on this occasion. |
| **ADVISE** | • The Committee received a **patient story** which related to care that had been provided to a patient who was experiencing pregnancy loss. Members extended their thanks to the patient's husband for sharing the story on behalf of his wife. Health Board Officers were asked to providean update at the next meeting as to the processes that had been put into place for women who were experiencing ectopic pregnancies to ensure they were receiving the required care at the most appropriate time;<br>• The **Organisational Risk Register – Risks Assigned to the Quality & Safety Committee** was received. A number of questions were raised by Members in relation to individual risks and it was noted that responses would be provided outside the meeting. Assurance was provided that work had already commenced in relation to aligning risks to the new Care Group model and Members noted that a projected completion date for this task was January 2023;<br>• A report on the **Covid-19 Inquiry Preparedness** was received. Members noted the risks in relation to resourcing this activity in terms of information management given the departure of the most recent post holder and noted the steps being taken to mitigate this risk;<br>• A report on the **Assurance on the Health Board's plan to improve monitoring and reporting in relation to Continuing Healthcare (CHC) and Funded Nursing Care (FNC) activity** was received**.** Members requested a further report be presented to the next meeting to determine frequency of future reporting |

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| | and requested that future iterations of the report reflected the voice of patients and their families;<br>• The **Annual Letter 2021/2022 – Public Services Ombudsman for Wales** was received and noted;<br>• The **NCCU Quality Assessment and Improvement Service - Annual Quality position statement** was received and discussed in detail;<br>• The **Maternity & Neonates Services Improvement Programme Highlight Report** was received. Following on from the patient story received at the start of the meeting, a discussion was held as to the steps that had been taken to improve communication within the service, with feedback being received that communication had improved. Members agreed it would also be important to reflect the learning from the changes in maternity and neonatal services to other specialties across CTMUHB;<br>• A **Progress Report on Ty Llidiard** was received. Members were encouraged to arrange a visit to the unit to see the good work that had been undertaken to improve service provision;<br>• The **Quality Dashboard** was received. Members noted that issues were being experienced with the Datix system which was currently only permitting certain staff tiers to update incident reports. Members noted that some retrospective work would be required once system permissions were revised;<br>• The report from the **Chief Operating Officer** was received. Members noted that cancer service performance and reducing the backlog in a number of tumour sites remained a key focus. A discussion was held in relation to the 'red release' bed performance, particularly at Princess of Wales Hospital. Members noted that patients at the Princess of Wales Hospital were more likely to experience a delay in discharge compared with patients at the Royal Glamorgan and Prince Charles Hospitals and this was being reviewed so that the issues could be addressed;<br>• **The Infection, Prevention & Control Committee Highlight Report was received** which highlighted one matter for escalation which related to JAG accreditation. |
| **ASSURE** | • The Committee received **the Primary Care Quality & Safety Report.** The Committee Chair extended her thanks to the GP Out of Hours Team for the resilience they had shown in addressing the IT issues that had recently been experienced;<br>• **The Stroke Services Progress Report was received.** Members were reassured that thrombolysis was administered across all three district general hospital sites, although Emergency Department staff at the Royal Glamorgan site needed to liaise with colleagues at Prince Charles Hospital in order to provide thrombolysis thrombolysis treatment following a scan. Members noted that discussions were ongoing with Cardiff and |

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| | Vale colleagues to develop a joint rota to support CTMUHB's two Stroke Consultants. |
| **INFORM** | The following reports were received by the Committee for Approval/Noting;<br><br>For Approval:<br><br>For approval:<br>• Estates Policy – PAT Testing Policy.<br>•<br>For Noting.<br><br>For Noting:<br>• Committee Action Log;<br>• Committee Cycle of Business;<br>• Committee Forward Work Programme;<br>• Welsh Health Specialised Services Committee Quality & Patient Safety Committee Chairs Report;<br>• Transition and Handover from Children to Adults Health Services;<br>• Welsh Ambulance Services NHS Trust Patient Experience Report;<br>• Quality Governance – Regulatory Review Recommendations and Progress Updates;<br>• Radiation Safety Committee Highlight Report;<br>• Thematic Review of the feedback received from the Community Health Council – Primary Care;<br>• CTMUHB Nosocomial Covid 19 Incident Management Programme;<br>• Progress Report following Internal Audit on Concerns & Welsh Risk Pool Review on Claims/Redress/Inquests. |
| **APPENDICES** | **NOT APPLICABLE** |

## 4. RECCOMENDATION

4.1 The Board is requested to **NOTE** the report.