



**AGENDA ITEM**

3.2.3g

**CTM BOARD**

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

**DATE OF MEETING**

27 January 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  
APPROVED**

**SPONSOR**

Greg Dix, Executive Nurse Director

**REPORT PURPOSE**

NOTING

**ACRONYMS**

**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 18 January 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

<b>ALERT / ESCALATE</b>	
<b>ADVISE</b>	<ul style="list-style-type: none"> <li>• A report on <b>Cancer Harm Reviews</b> and an <b>associated patient story</b> was received by the Committee. Members welcomed the patient story that was shared and the reflection that had been undertaken on the learning that was required moving forwards. Disappointment was expressed by Members that the Merthyr &amp; Cynon ILG were not as progressed as the Bridgend and Rhondda Taf Ely ILG's in the cancer harm review process and noted that a Cancer Harm Review panel was being held within the Merthyr &amp; Cynon ILG at the end of January which should improve the position;</li> <li>• The <b>Organisational Risk Register – Risks Assigned to the Quality &amp; Safety Committee</b> was received. A discussion was held in relation to the Pathology risk and it was agreed that this should remain included as a separate risk at present whilst colleagues awaited the outcome of the action plan that was being developed. Members agreed to review the position further at the next meeting and noted that the Risk Register was being reviewed further at the next Strategic Leadership Group;</li> <li>• The <b>Highlight Report from the Health, Safety &amp; Fire Sub Committee</b> was received and discussed. Members noted the areas included in the alert/escalate section which included concerns regarding the low levels of compliance being achieved for Fire Safety Training and Manual Handling Training. Members noted particular issues in relation to the provision of Manual Handling training for Community Staff and whether there would be a need for this to be added as a risk to the risk register given</li> </ul>



	<p>the increased risk in pressure ulcers being sustained by patients within community settings;</p> <ul style="list-style-type: none"><li>• The <b>Quality Dashboard</b> was received. Members requested spotlights reports on Pressure Damage, Falls and Medication Errors at future Quality &amp; Safety Committee meetings;</li><li>• The report from the <b>Chief Operating Officer</b>, together with the reports from the three <b>Integrated Locality Groups</b> were received. Members noted the impressive response from teams in delivering the booster vaccination programme and noted the higher than usual levels of staff sickness absence as a result of the new Omicron variant;</li><li>• A report on the <b>Elective Care Recovery Portfolio</b> was received. Members noted the impact of the omicron variant on the ability to deliver elective care activity;</li><li>• A <b>Primary Care Quality &amp; Safety report</b> was received. Members noted the key risks and matters for escalation that had been outlined in the report and noted that action plans were in place to manage the risks;</li><li>• The <b>Response to the MBRRACE-UK Perinatal Mortality Report: 2019 Births</b> was received and noted;</li><li>• A report on the <b>Proposed Maternity Metrics for Health Board Assurance</b> was received. Members were encouraged to feedback any comments regarding the proposed metrics to the Director of Nursing;</li><li>• The <b>Medicines Management Directorate Medicines Storage Update</b> report was received and noted;</li><li>• The <b>Sepsis Compliance Improvement Plan</b> was received. Members welcomed the review being undertaken of this matter given the compliance issues being experienced in this area;</li><li>• The Response to the <b>Healthcare Inspectorate Wales Review of the Emergency Department at Prince Charles Hospital</b> was received. Members noted the areas identified within the report which required further progress. The Chief Operating Officer agreed to respond to a number of points of clarity sought by Members outside of the meeting;</li><li>• The <b>Executive Director and Independent Member Walkrounds</b> report was received. Members were encouraged to provide feedback to the Director of Nursing as to how the information could be presented in future iterations of the report.</li></ul>
<b>ASSURE</b>	<ul style="list-style-type: none"><li>• A report and presentation was received in relation to the <b>Welsh Risk Pool Review of Claims, Redress Cases and Inquests</b>. Members welcomed the report and the constructive approach that had been taken and advised that the report provided clarity on the actions required moving forwards. Members noted that there was a clear commitment from staff to take forward the improvements required and noted that some deadlines within the action plan would need to be amended as there was likely to be</li></ul>

	<p>some slippage as a result of some staff being asked to support the Covid booster vaccination programme;</p> <ul style="list-style-type: none"> <li>• A presentation was received in relation to the latest position regarding the <b>Covid-19 pandemic</b>. Members noted that a downward trend was being seen against most of the indicators. Members noted that the next set of performance indicators would determine whether improvements were being sustained;</li> <li>• A <b>Regulatory Review Recommendations and Progress Update report</b> was received and noted;</li> <li>• The <b>Maternity &amp; Neonates Services Improvement Programme</b> report was received and members noted that progress had been made in a number of areas;</li> <li>• The <b>Neonatal Services Improvement Briefing</b> was received. Members noted the comprehensive update and the progress being made.</li> </ul>
<b>INFORM</b>	<p>The following items were received for approval/noting via the consent agenda:</p> <ul style="list-style-type: none"> <li>• Nurse Staffing Levels (Wales) Operating Framework and Escalation Policy for Paediatrics;</li> <li>• Quality &amp; Safety Committee Annual Cycle of Business;</li> <li>• Infection, Prevention &amp; Control Committee Highlight report;</li> <li>• RADAR Committee Highlight report;</li> <li>• WAST Patient Safety &amp; Experience Highlight Report;</li> <li>• Learning Disability Service 6 Monthly Update;</li> <li>• IMRMER Inspection Progress Report and Action Plan;</li> <li>• Review of the Governance Matrix (Targeted Intervention);</li> <li>• Delivery Unit Quality &amp; Safety Dashboard.</li> </ul>
<b>APPENDICES</b>	Choose an item.

#### 4. RECCOMENDATION

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