



AGENDA ITEM

3.1.5 Appendix 1a

CTM BOARD

HIGHLIGHT REPORT FROM THE QUALITY & SAFETY COMMITTEE

DATE OF MEETING

28 July 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 24 May 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

ALERT / ESCALATE	
ADVISE	<ul style="list-style-type: none"> • A presentation on Sepsis: Recognising Acute Deterioration and Resuscitation was received by the Committee. The Committee noted the work being undertaken to address the disparity across the three District General Hospital sites in relation to compliance. A Sepsis Compliance Improvement Plan was also received by the Committee; • The Organisational Risk Register – Risks Assigned to the Quality & Safety Committee report was received. A discussion was held in relation to the number of fire risks contained within the register and the Committee requested that a Health, Safety & Fire Sub Committee Annual Report was developed to include a summary of all fire risks contained within the risk register. The emerging risk section that was now being included within the report was welcomed by Members; • The Committee received a report on Concerns, Redress, Claims & Inquests – Actions arising from Internal Audit & Welsh Risk Pool. Members noted the ambition to realign how concerns were being managed and noted that resources would need to be realigned as a result of the new operating model; • The Health, Safety & Fire Sub Committee report was received. Members noted that a Health, Safety & Fire Sub Committee In Committee discussion would be held in relation to the Health & Safety Executive Review of the Maesteg incident and noted that steps were being taken to fill the role of the Senior Fire Officer who would shortly be retiring from the Health Board; • The Maternity Metrics report was received. The work being undertaken on the dashboards which looked at comparator units

across the country was welcomed. The Committee requested that a report was presented to the next meeting regarding the pace of change and improvements being made within the **Neonatal Service**, including the sharing of learning and joint working across Maternity & Neonates;

- The **Quality Dashboard** was received. The Committee welcomed the momentum in place in relation to addressing the outstanding patient safety solutions and welcomed the inclusion of the Delivery Unit Dashboards;
- A **Spotlight Report on Patient Falls** was received. Members noted that a Patient Falls Strategy and Policy was being developed and welcomed the Multi-Disciplinary Team working that was in place to address the quality and safety issues;
- The report from the **Chief Operating Officer** was received. The Committee received a detailed update on the work being undertaken to address cancer performance. Members noted that specific pieces of work were also being undertaken to address Unscheduled Care Performance and Ambulance Handover delays, CAMHS, Ophthalmology and the resilience of the Pathology service;
- The Committee received a presentation on **Elective Care Recovery**. Members welcomed the analysis that had been provided and welcomed the energetic approach and the focus being placed on creating capacity to deliver things differently to enable patients to be seen more quickly.
- The **Cancer Services Annual Report** was received and noted;
- The Committee received and noted the **Primary Care and Integrated Locality Groups quality and safety reports**;
- A **Stroke Services Progress report** was received. Members noted that the Health Board were seeing more patients self-presenting at sites which were not specialist stroke sites which added to the complexity of the situation;
- The **National Nosocomial Covid-19 Programme – CTM Update** was received and noted;
- The **Response to ‘Improving Care, Improving Lives’ National Care Review for Inpatients with a Learning Disability** report was received. Members requested that the report was deferred to the July meeting to enable a fuller discussion to be held;
- The **Infection, Prevention & Control Committee Highlight Report was received**. Members noted the concerns regarding the central decontamination facility at the Princess of Wales site and concerns relating to JAG accreditation. Members shared the concerns raised by the Executive Director of Nursing regarding the decontamination facilities across the Health Board which would require capital investment.

ASSURE	<ul style="list-style-type: none"> • The Maternity Services & Neonates Improvement Programme Highlight Report was received. Members noted that there had been an improvement in Gap and Grow Training compliance with further improvement expected by August 2022; • The RCOG Recommendations Closure Report was received. Members noted the incredible amount of effort that staff had put in to getting the Health Board to this place and for improving services for the benefits of families, women and babies. The Committee extended their thanks to staff for the incredible achievement; • The Committee received a presentation on PREMS (Patient Reported Experience Measures) which outlined the innovative, energetic and evolving programme of work that had been undertaken; • The Maternity Services Self-Assessment Against Ockenden 2022 Recommendations report was received. Members were pleased to see that work was being undertaken collaboratively across Wales to share the learning.
INFORM	<p>The following reports were approved/noted by the Committee via the Consent agenda:</p> <ul style="list-style-type: none"> • Quality & Safety Committee Annual Report; • Quality & Safety Committee Annual Self-Assessment; • WHSSC Quality & Patient Safety Committee Chairs Report; • Audit Wales/Healthcare Inspectorate Wales Joint Review of Quality Governance – Summary of Progress made April 2022; • Welsh Ambulance Services NHS Trust – Patient Experience Report; • Community Acquired Pressure Ulcer Improvement Plan Update and Measurement Strategy; • Quality Governance – Regulatory Review Recommendations and Progress Updates; • Controlled Drug Accountable Officer Annual Report; • GAP Analysis Children’s Community Nursing Service; • GIRFT Review of Cwm Taf Morgannwg University Health Board February 2022; • Human Tissue Authority Act Progress Report.
APPENDICES	Choose an item.

4. RECCOMENDATION

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