AGENDA ITEM
3.1.5 Appendix 1b

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 SPONSOR APPROVED	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 19 July 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	• The **Organisational Risk Register – Risk Assigned to the Quality & Safety Committee** report was received. Members raised queries against a number of risks and it was noted that responses would be provided outside the meeting; • The **Response to 'Improving Care, Improving Lives' National Care Review for Inpatients with a Learning Disability** was received. Members noted that plans were in place to address the recruitment issues that had been experienced. Members noted that the Committee would receive a Bi-Annual update on progress moving forwards; • The **Maternity & Neonates Services Improvement Programme Highlight Report** was received. Members raised a number of queries against the metrics contained within the report which were responded to during the meeting. Members noted that a new risk had been added in relation to Neonates which related to future staffing of the service and noted that an options reports was in the process of being developed; • The Committee received a report on the **Prince Charles Hospital Neonatal Deep Dive Review Update.** Members noted the work that had been undertaken to date to address the recommendations and noted that staff sickness had impacted on the progress being made against some areas; • The **Quality Dashboard report** was received. A discussion was held in relation to the **WAST and UHB appendix** contained within the report and members welcomed the focus being placed on treating patients with dignity and respect whilst waiting in ambulances;

	• As part of the Quality Dashboard report, a discussion was held in relation to the current position regarding **Learning From Events Reports.** Members noted that the Health Board were awaiting an update from the Welsh Risk Pool in relation to the 38 cases that may require permanent deferral. Members noted that work was being undertaken to ensure that moving forwards Learning From Events reports were being submitted in a timely manner; • The Committee received a progress report on **Ty Llidiard**. Members noted the work being undertaken to improve service provision and noted that the Committee would be kept regularly up to date on progress; • The **Report from the Chief Operating Officer** was received. A detailed discussion was held in relation to pressures being faced within the Emergency Departments and the impact this was having on staff morale which was concerning. Following discussion it was agreed that a Spotlight Report on Emergency Department pressures was presented to the next meeting to ensure a focused discussion was held on this matter; • The Committee received **Quality & Safety Reports** from Bridgend, Merthyr & Cynon and Rhondda Taf Ely Integrated Locality Groups; • The Committee received a **Primary Care Quality & Safety Report** and noted the issues being experienced with some dental practices handing back their dental contracts as a result of the Dental Contract Reform; • A report on **Quality & Performance of Service Provision HMP and Young Offenders Institute Parc** was received and noted; • A report on the **Dental Contract Reform** was received. Members noted that the risks in terms of pace had been acknowledged by Welsh Government; • The Committee received a report on the **Development of a Quality Strategy** and agreed to endorse the approach being proposed.
ASSURE	• The Committee received a presentation on the **GP Chest X-ray (CXR) Hot Reporting Project** and welcomed the innovation being undertaken in this area of work**;** • The Committee received a presentation on the **Digitisation of the Nursing Care Record** and welcomed the work being undertaken and the multi-disciplinary team approach that was in place; • The Committee received a report on the **NHS Delivery Unit Findings Report: CTMUHB Maternity & Neonatal Services Serious Incidents Assurance Review & Board Systems and Processes for Reporting, Management and Review of Patient Safety Incidents.** Members welcomed the tremendous amount of work that had been undertaken in this area and the support that had been provided by the Delivery Unit in helping the Health Board to address the historic backlog;

INFORM	• The Committee received the following items via the consent agenda for approval/noting: o Facilities Policy – Security Policy o WHSSC Quality & Patient Safety Committee Chairs Report – Member noted the references contained within the report in relation to Ty Llidiard; o WHSSC Quality & Patient Safety Committee Annual Report; o Putting Things Right Annual Report; o Infection, Prevention & Control Committee Highlight Report; o Quality Governance – Regulatory Review Recommendations and Progress Updates o RADAR Committee Highlight Report o Clinical Audit Quarterly Report – Members noted the concerns raised within the report in relation to funding constraints; o Individual Patient Funding Request Annual Report – Members noted the difficulties being experienced in securing a clinical representative to become a member of the panel; o Learning Disabilities 6 Monthly Progress Report o Community Health Council National Surveys and Quality Monitoring Reviews – Members noted that a report would be presented to the next meeting which would identify themes from the feedback provided and the steps being taken to address the feedback provided; o Incident Management Framework – Listening, Learning & Improving Safety – Members welcomed the uptake of Root Cause Analysis Training; o National Nosocomial Covid-19 Programme – CTM Update – Members welcomed the progress being made in this area
APPENDICES	Choose an item.

4. RECCOMENDATION

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