

AGENDA ITEM 2.2.12

CTM BOARD

HIGHLIGHT FROM THE QUALITY & SAFETY COMMITTEE

DATE OF MEETING	30/09/2020
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Emma Walters, Corporate Governance Manager (Board & Committee Business)
PRESENTED BY	Jayne Sadgrove, Chair of Quality & Safety Committee
EXECUTIVE SPONSOR APPROVED	Executive Director of Nursing
REPORT PURPOSE	FOR NOTING
ACRONYMS	
	None identified.

1. PURPOSE

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on the 8 September 2020.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT – Quality & Safety Committee Meeting

ALERT / ESCALATE	<ul style="list-style-type: none"> • Covid19 - in relation to surveillance, concerns had been raised regarding the increase in positive cases being seen in parts of Cwm Taf Morgannwg. • Ophthalmology - concerns were raised regarding Glaucoma patients and the harm being experienced by these patients whilst waiting for an appointment. Members noted that a Glaucoma Root Cause Analysis needed to be undertaken and that meetings would need to be arranged with families to discuss the potential harm issues. Members requested a further update at the November meeting.
ADVISE	<ul style="list-style-type: none"> • Values & Behaviours – members were advised that a launch date would be available shortly. Members expressed the need to move this piece of forward at pace; • Bridgend ILG: <ul style="list-style-type: none"> ○ There had been an increase in cases of C.Dif and E Coli being reported. Infection, Prevention & Control Procedures had been put into place; ○ There continued to be concerns within the Bridgend Estate in relation to Anti-Ligature issues. The Executive Team had now supported the use of Discretionary Capital to address this issue whilst the Health Board were awaiting receipt of Capital funding from Welsh Government; ○ Staffing issues had been raised on one of the Wards at Maesteg Hospital which suggested that there were issues with Leadership & Culture. An action plan had now been developed and Organisational Development support was being provided by Workforce colleagues. • Merthyr & Cynon ILG: <ul style="list-style-type: none"> ○ A Serious Incident reported in August identified themes in relation to blood glucose monitoring. An ITU Quality Improvement Plan was now in the process of being developed; ○ As a result of increasing Emergency Department attendances at Princes Charles Hospital, an

	<p>increase was being seen in Corridor care. Safety huddles were being held three times a day to review corridor waits and ambulance diverts.</p> <ul style="list-style-type: none"> • Plans to introduce a Short Stay Observation Unit within the Emergency Department at PCH – concerns raised regarding how the unit would be staffed given the staffing shortages in place currently. Quality Impact Assessment would need to be undertaken on the proposal once received. • Common themes identified within the ILG reports needed to be reported widely across the organisation, for example, Medication Errors. • November Quality & Safety Committee to receive a report on the forthcoming opening of the Grange to include an analysis on potential flows into the Health Board, PCH in particular. • Rhondda & Taff Ely ILG: <ul style="list-style-type: none"> • First Cancer Harm Review panel was due to be held shortly and there were concerns in relation to the patient voice being relatively quiet at the present time. • Primary Care Covid-19 Mortality Reviews - all deaths in care homes relating to Covid-19 were being reviewed. Members noted that there was a plan to roll out universal mortality reviews into Primary Care. • Systematic Anti-Cancer Therapy Peer Review - issues relating to clinical leadership which was not felt to be robust. The Committee noted that an action plan had been put into place to address and six monthly updates would be provided to the Committee on progress made.
ASSURE	<ul style="list-style-type: none"> • MBRRACE Perinatal Report 2017 - contained some key recommendations and actions which were being taken forward by the Maternity Services Team. • Maternity Service Improvement Programme update - Plan now included Neonatal Services. The Committee were advised that the fourth report of the Independent Maternity Services Oversight Panel would be published on 28 September 2020.

	<ul style="list-style-type: none"> • The Committee were assured by the improved quality in ILG reporting and welcomed the effort made in producing the reports. • Joint Review undertaken by Healthcare Inspectorate Wales (HIW)/Audit Wales - 94 out of the 140 actions had now been completed. A follow up review would be undertaken in October/November 2020. • Delivery Unit's review into Reporting, Management and Review of Patient Safety Incidents and Concerns - 31 out of the 44 recommendations had now been closed. • Out of Hours service – significant progress made and welcomed the improvements made in relation to shift fill rates
<p>INFORM</p>	<ul style="list-style-type: none"> • Patient story - A CTMUHB Consultant shared her experiences from three different perspectives; the first from her professional perspective whilst working on the wards during the peak of Covid, the second from a patient perspective after she contracted Covid, and the third being from a relative's perspective following a family member being admitted to hospital onto a non-Covid ward. The discussion held highlighted the need for improved wifi on the wards to support communication methods for families wishing to keep in touch with their relatives whilst in Hospital. • The Quality & Safety Team were commended by the Committee on the substantial assurance they had received on the Annual Quality Statement. • Harm Reviews will be included in the ILG Quality Dashboards moving forward. • Inpatient Mortality Reviews - there would be a change to the process in that all Stage 1 reviews would be undertaken by an external medical examiner which would stop variation. It was also noted that good progress had been made in reducing Healthcare acquired infection rates. • Cumberlege Review - the Health Board appeared to be compliant against all areas identified within it.



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	<ul style="list-style-type: none">• Quality Dashboard – good quality report noted and would continue to be refined moving forward.• Risk assessment of all Clinical and Non Clinical Policies was in the process of being undertaken and that a report would be presented to the next meeting.
APPENDICES	Choose an item.