

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'CONFIRMED' MINUTES OF THE MEETING OF THE QUALITY,  
SAFETY AND RISK COMMITTEE, HELD ON  
6 JUNE 2019 AT YNYSMEURIG HOUSE, ABERCYNON**

**PRESENT:**

Maria Thomas (Chair)	- Independent Member
James Hehir	- Independent Member
Nicola Milligan	- Independent Member (In part)
Dilys Jouvenat	- Independent Member (In part)

**IN ATTENDANCE**

Alan Lawrie	- Director of Primary, Community & Mental Health
Alison Davies	- Assistant Director, Quality & Patient Experience
Greg Dix	- Director of Nursing, Midwifery and Patient Services
Angela Hopkins	- Interim Director Quality Improvement
Kevin Smith	- Committee Secretary & Head of Corporate Services, Welsh Health Specialised Services Committee (In part)
Chris Beadle	- Head of Operational Health, Safety and Fire
Rowena Myles	- Cwm Taf Morgannwg Community Health Council (CHC)
Leanda Wynn	- Cwm Taf Morgannwg Community Health Council (CHC)
John Palmer	- Chief Operating Officer
Kelechi Nnoaham	- Director of Public Health
Mark Simons	- Staff Side Health & Safety (Vice Chair) Representative
Martin Gill	- Staff Side Health & Safety Representative
Gwenan Roberts	- Head of Corporate Services
Gabby Smith	- Wales Audit Office (WAO)
Delyth Lewis	- Wales Audit Office (WAO)
Emma Walters	- Corporate Governance/Committee Secretariat
David Jenkins	- Independent Advisor, Board Leadership & Support
Denise Llewellyn	- Former Independent Chair of the Maternity Improvement Board
Hywel Daniel	- Assistant Director of Workforce & Organisational Development (In part)
Lynne-Millar-Jones	- Assistant Medical Director
Martyn Waygood	- Independent Member, Swansea Bay SBUHB (Observing - In part)

### PART 1. PRELIMINARY MATTERS

#### QSR/19/028 **WELCOME AND INTRODUCTIONS**

Maria Thomas (Chair) **welcomed** everyone to the meeting and particularly Leanda Wynn, Gabby Smith, Delyth Lewis, Hywel Daniel, Denise Llewellyn and Kevin Smith. Maria Thomas also **welcomed** Greg Dix to his first meeting of the Committee, David Jenkins who was currently supporting the Health Board Chair with Governance arrangements and Martyn Waygood, Chair of the Quality, Safety & Risk Committee at Swansea Bay UHB.

Maria Thomas advised that the Governance Framework had been agreed by the Committee and by Board and added that meetings would now be held monthly as result of the size of the agenda.

#### QSR/19/029 **APOLOGIES FOR ABSENCE**

Apologies for absence were **RECEIVED** from Keiron Montague, Cathy Moss, Kamal Asaad, Anne Phillimore, Robert Williams, Gaynor Jones and Paul Dalton.

#### QSR/19/030 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interests, which had not previously been notified.

#### QSR/19/031 **The Patient Story**

Members **NOTED** that as a result of technological issues, the patient story would not be shared with Members at the meeting today. Maria Thomas assured Members that a patient story would be presented to the July meeting.

#### QSR/19/032 **CHAIRS REPORT**

Maria Thomas provided Members with an oral update and advised that following the March meeting, Welsh Government had increased the Health Board's escalation status to Special Measures for Maternity Services and Targeted Intervention for the rest of the Health Board.

Members **NOTED** that the Wales Audit Office (WAO) Structured Assessment report had made reference to Quality & Governance arrangements within the organisation and that discussions had been held as to how arrangements could be strengthened.

Maria Thomas advised that the Committee had a responsibility to report into Board on safe systems and the care being provided to patients and advised that the Committee would need to be focussed on scrutinising the position moving forward.

QSR/19/033

**TO RECEIVE THE UNCONFIRMED MINUTES OF THE MEETING HELD ON 7 MARCH 2019**

The minutes of the Quality, Safety and Risk Committee held on 7 March 2019 were **received** and **confirmed** as accurate record of meeting, subject to the following amendment:

- Page 4, 19/008 – second sentence of the first paragraph to be amended to read 'arrangements in view of the Health Board's current escalation'
- Page 23, third sentence of the seventh paragraph to read 'that this would *be* a temporary arrangement'.

Members **RESOLVED** to:

- **APPROVE** the Minutes of the Quality, Safety and Risk Committee held on 7 March 2019.

QSR/19/034

**TO RECEIVE THE COMMITTEE ACTION LOG**

Members **RECEIVED** and **NOTED** the Committee Action Log.

**QSR/18/11** – Members **NOTED** that an update report on Skin Surveillance would be presented to the August meeting.

**QSR/18/50** – Members **NOTED** that a date for discussion at Board Development had not yet been confirmed.

**QSR/18/81** – Members **NOTED** that work was in progress in relation to the establishment of a Clinical Policy Sub Group and that this work was closely linked to the work being undertaken on the Risk Register and the Board Assurance Framework. Members **NOTED** that a further update would be presented to the July meeting.

**QSR/19/12** – John Palmer advised that this issue related to the number of near misses as opposed to the number of needle-stick injuries. Members **NOTED** that work was being undertaken to improve nursing and facilities practices and the use of safety devices. John Palmer **AGREED** to present an update to the next meeting.

**QSR/19/19** – Angela Hopkins advised that a meeting of the Quality & Safety Group was held last week and a number of the risks relating to Bridgend had been closed. Members **NOTED** that one risk remained open, which related to the use of DATIX, which was a critical system for the Health Board. Angela Hopkins advised that this was a significant risk for the organisation and added that the risk would be added to the Organisational Risk Register. Members **NOTED** that a further update would be presented to the September meeting.

**QSR/19/20** – John Palmer provided Members with an update on the issues experienced in relation to water safety, sewerage and air ventilation in the new maternity unit.

In relation to water safety, Members **NOTED** that this related to the initial moves of staff into the new unit at Prince Charles Hospital and **NOTED** that the incident had been reported to Welsh Government as a serious incident. John Palmer advised that issues relating to water safety had now been resolved.

In relation to drainage, the incident had been handled via the normal set of arrangements, with a deep clean of the unit undertaken overnight, with patients moved back into the unit the next day.

In relation to air ventilation, Members **NOTED** that an inspection had been undertaken of air ventilation within obstetric theatres and a full report had been provided to Welsh Government. Members **NOTED** that no further compliance issues had been raised by Shared Services. An update would be provided at the next meeting (**added to Action Log and Forward Look**).

QSR/19/035

### **TO REVIEW MATTERS ARISING NOT CONTAINED WITHIN THE ACTION LOG**

The following matters arising were discussed:

Page 9 – 19/010 – Risk Registers of Hosted Bodies – Maria Thomas confirmed that Dilys Jouvenat had now been appointed as the Independent Member for the Welsh Health Specialised Services Committee.

Page 23 – 19/022 – Directorate Exception Reports (Pathology) – James Hehir advised that he had not yet held a discussion with John Palmer in relation to WIFI connectivity and advised that he would discuss with John Palmer outside of this meeting.

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Page 24 – 19/022 – Directorate Exception Reports (Workforce) – Maria Thomas questioned whether the monitoring of risks relating to the Disclosure and Barring Service (DBS) checks would be undertaken by the Finance, Performance & Workforce Committee. Hywel Daniel advised that he would raise this with the Finance, Performance & Workforce Committee Members (**added to Action Log**).

Page 24 – 19/023 – Items referred from/to other Committees – In response to a question raised by Maria Thomas, Hywel Daniel confirmed that issues relating to retention of staff were regularly being discussed at the Finance, Performance & Workforce Committee.

Page 25 – 19/026 – Any Other Business – Gwenan Roberts reminded Members that the Committee had agreed for Chairs action to be taken to approve the policies presented but not discussed at the last meeting. These policies would be made available to all staff via SharePoint.

Members **RESOLVED** to:

**ENDORSE** Chair's action and **APPROVE** the following policies:

- Energy Policy
- Medical Gases Management Policy
- Closed Circuit Television Policy
- Overtime & Hours Over Contract Policy
- Policy for Banding of all Agenda for Change posts
- Joint Discharge Planning & Choice Policy
- Ionising Radiation Policy.

## PART 2. ITEMS FOR APPROVAL/ENDORSEMENT

### QSR/19/036 **QUALITY & PATIENT SAFETY GOVERNANCE FRAMEWORK IMPROVEMENT PLAN**

Greg Dix presented the report which provided Members with an update on the Quality & Patient Safety Governance Framework that had been extensively consulted on. Members **NOTED** that the Framework had been approved by the Executive Board in February, and that an implementation plan had been developed and approved by the Executive Board in May.

Members **NOTED** the progress made in implementing the draft quality and patient safety improvement plan and **NOTED** that the success of delivery of the framework would rely on effective resources within Directorate Teams.

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Members **NOTED** that a consultation on organisational structures was in the process of being undertaken and would close in July. Members **NOTED** that the following four sub groups to the Quality, Safety and Risk Committee would underpin the framework:

- **Quality Assurance** – Executive Lead Greg Dix;
- **Patient Experience** – Chaired by a Lay Person. Executive Lead Greg Dix;
- **Quality Improvement & Clinical Effectiveness** – Executive Lead Kelechi Nnoaham;
- **Quality Governance & Learning** – Chaired by the Medical Director with service group representation.

Members **NOTED** that work would be undertaken with the Head of Corporate Services to agree secretariat arrangements for each sub group and that regular updates on progress made would be captured within the Forward Look at future meetings.

James Hehir advised that a lot of thought would need to be given to adequate resourcing and questioned how many additional posts would be required. Greg Dix advised that there were a number of changes planned which would include having a Deputy Nurse Director post, Quality Managers within each Directorate and senior clinicians within each Service Group. Members **NOTED** of the importance of having staff providing the quality perspective as part of the organisational Business Partner model.

John Palmer advised that he would welcome a Business Partner model for Quality and advised of the importance of having sufficient capacity within Directorates. Alan Lawrie advised of the need to improve the quality data being presented to Clinical Business meetings and added that there would be a need to refocus the role of the Heads of Nursing into the quality & safety space as opposed to site management.

Angela Hopkins reiterated the commitment of colleagues on the Board to address the issues experienced over recent months and advised that extensive work had been undertaken across the organisation, from Ward to Board, in relation to quality governance. Angela Hopkins added that quality and outcomes for patients were an absolute priority for the Health Board. Rowena Myles advised that quality on wards needed to be the responsibility of the Clinical Director and Directorate Manager. Rowena Myles welcomed the Community Health Council (CHC) being included in the Patient Experience sub group and asked about the timeframe for the first meeting. Greg Dix advised that it was anticipated that meetings would be set up during the summer.

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Kelechi Nnoaham welcomed the approach being taken and welcomed the inclusion of equity within the narrative of the framework.

Maria Thomas questioned when the Committee would receive the outcome of the consultation on structures and the supporting resource plan and requested that an update on progress at the next meeting. Maria Thomas extended her thanks to Alison Davies and her Team for the significant amount of work undertaken on during times of extreme pressure and advised that she was pleased to see committed leads identified for each group.

Lynne Millar-Jones advised the Committee that staff working on wards had been feeling demoralised, with some wards working with very few trainees and highlighted the importance of having data readily available for staff on wards. Nicola Milligan also contributed in and suggested that whilst access to data was important, compassionate leadership at time of extreme pressures was essential.

Members **RESOLVED** to:

- **NOTE** the draft status of the improvement plan, the need for further refinement and the progress made in relation to its implementation.

QSR/19/037

### QUALITY DASHBOARD DEVELOPMENT

Alison Davies presented the report which presented Members with an options appraisal and sought agreement for the direction to develop the Quality Dashboard that would replace the current quarterly Quality report.

Members **NOTED** that four options were being presented to the Committee for consideration and that the Committee were being asked to support option 4, which related to establishing a mixed method of quality reporting which would consolidate into a quality dashboard.

Kelechi Nnoaham advised that he thought there was merit in considering option 4 and questioned what the qualities would be of an ideal quality dashboard. Kelechi Nnoaham added that the dashboard would need to be closely aligned to the organisations goals and objectives and added that he would be cautious of basing the format on the performance dashboard as it could not be used intelligently due to the size of the report.

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Angela Hopkins advised that there was a risk of having too much data and added that there would be a need to focus on key quality indicators which would need to be provided to staff on a daily basis so that information was ward to board. James Hehir advised of the need to identify what themes and trends there were and of the need to have an overview of whether outcomes were being achieved. James Hehir added that he supported option 4.

John Palmer also expressed his support for the development of the quality dashboard and suggested that Ruth Treharne be involved in the development discussions to determine whether the quality domain could also be strengthened within the performance dashboard. Members **NOTED** that consideration needed to be given as to how the patient voice and patient experience could be presented to the Committee.

Greg Dix agreed that Quality and Quality Indicators were very important and expressed his support for option 4.

Following discussion, Members **RESOLVED** to:

- **SUPPORT** option 4; and
- **REQUESTED** that this option was refined and customised outside of the meeting with focus being placed on the top 10 areas of concern for the Committee.

QSR/19/038

### ORGANISATIONAL RISK REGISTER

Members **RECEIVED** the Organisational Risk Register which was presented by Gwenan Roberts. Members **NOTED** that the Organisational Risk Register had been received by the Board in January and by the Committee in March and that any changes made since had been identified in red font.

Members **NOTED** that in light of the Health Board's escalation status the Board had agreed to hold a Board Development session to discuss the development of the risk register and clarify the Board's risk appetite and discussions were being held with the Chair in relation to identifying a date. Members **NOTED** that the session would be facilitated by an external provider.

Members **NOTED** that all risks highlighted within the report were Cwm Taf Morgannwg risks. The following key updates were **NOTED**:

- Risk 46 had now been reworded as at the last meeting it was felt the risk description was confusing
- The risk scoring for Risk 41 had now reduced
- Risk 23 would be important to review particularly in relation to the Bridgend Boundary Change



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- Each risk led by Executive Director had the responsibility to agree any changes made to the risk register
- Members **NOTED** the majority of the risks were regularly being scrutinised by the Committee, for example, Follow Ups Not Booked and Fire Safety
- The risk relating to Storage Capacity would need to be reassessed as a result of the Bridgend Boundary Change
- DATIX would need to be added to the register a new risk.

Maria Thomas extended her thanks to Gwenan Roberts for presenting the report and advised that she found the report and update very helpful.

Members **RESOLVED** to:

- **NOTE** the update provided;
- **ENDORSE** the updated Risk Register and assignment of risks subject to the suggested amendments.

QSR/19/039

### **RISK REGISTERS OF HOSTED BODIES**

*Kevin Smith was in attendance for this item.*

Members **RECEIVED** and **NOTED** the Risk Register for the Welsh Health Specialised Services Committee (WHSSC) which was presented by Kevin Smith.

Members **NOTED** that the risk register was being shared with the Committee in order to provide assurance as to how the risks were being reviewed. Members **NOTED** that each Directorate and Commissioning Teams regularly reviewed and rated risks and that any risks scoring 15 or above were being added to the Corporate Risk Assurance Framework (CRAF).

Members **NOTED** that all individual risks were commissioning risks and were not directly relevant to this Committee. Members **NOTED** that all risks were being discussed at the WHSSC Internal Risk Focussed Group and risks regularly get reported into the WHSSC Integrated Governance Committee, WHSSC Quality & Patient Safety Committee and the Cwm Taf Morgannwg UHB Audit Committee.

Maria Thomas thanked Kevin Smith for presenting the report and advised that she had been assured that there were no risks relevant to the Quality, Safety & Risk Committee.

Members **RESOLVED** to:

- **APPROVE** the risk registers for WHSSC.

**PRIMARY CAMHS UPDATE**

Alan Lawrie presented the report which provided an update on the work being undertaken in relation to waiting times, harm reviews and the Delivery Unit report.

Members **NOTED** that Primary Child and Adolescent Mental Health Services (PCAMHS) had been under scrutiny for some time at Quality, Safety & Risk Committee and Board, following concerns raised in February 2018 in relation to performance. Members **NOTED** that at this time waiting lists and waiting times were substantial and that a significant amount of work had been undertaken on waiting list validation, with the waiting list reducing to 118 patients during 2018/19.

Members **NOTED** that since then the waiting list had increased as a result of 40-50 referrals being received per month, which had been difficult to sustain by a very small team. Members **NOTED** that a demand & capacity review identified that if there were 6 full time members of staff within the team the demand could be managed and that funding had been received from Welsh Government to assist with recruitment. Members **NOTED** that in order to address the backlog, there would need to be structured job plans and templates in place and **NOTED** that consideration was being given to what models were being operated in other Health Boards.

Members **NOTED** that out of 674 patients on the waiting list in 2018/19, 8 young people had been escalated into the Crisis Service. Alan Lawrie advised that a review was currently being undertaken to assess if any harm had occurred in relation to these 8 patients.

Alan Lawrie advised that the Delivery Unit were currently providing the Health Board with 6 weeks of support in relation to improving the PCAMHS performance and had also been asked to undertake an All Wales review of PCAMHS. Members **NOTED** that the former Cwm Taf element of the review had been undertaken in December 2018 and the Health Board was in the process of addressing the immediate actions identified in the preliminary feedback received. Members **NOTED** that the outcome of the 6 week Delivery Unit review would be presented to a future meeting (**added to Action Log**).

Angela Hopkins advised that a discussion had been held at the Transforming Leadership Group in relation to the recent national headlines regarding the significant increase in young women who were self-harming and added that liaison posts that were in place at Abertawe Bro Morgannwg UHB had been very effective.

James Hehir made reference to the withdrawal of funding by Rhondda Cynon Taf Local Authority and questioned whether there were any plans to re-engage with them. Alan Lawrie advised that the UHB were engaged with all three Local Authorities and added that there would be a need to pool funding together for a variety of posts and target high deprivation areas.

Maria Thomas advised that she held a personal interest in this area and had been concerned as to whether any harm was being placed on patients whilst on the waiting list. Maria Thomas advised that this was also high on the Ministers agenda.

Members **RESOLVED** to:

- **NOTE** the report
- **APPROVE** the action plan developed following the Delivery Unit review
- **REQUEST** that a conclusion of the review into Serious Incident Cases was presented to the July meeting
- **REQUEST** that the Delivery Unit report be presented to the August meeting.

### PART 3. GOVERNANCE, PERFORMANCE & ASSURANCE

#### QSR/19/041 **UPDATE ON MATERNITY SERVICES**

##### **Maternity Improvement Board Report on Process and Progress**

*Denise Llewellyn was in attendance for part of this discussion.*

Denise Llewellyn presented the report from the Maternity Improvement Board which had been completed in February 2019. Members **NOTED** that following the review of 43 cases that needed to be undertaken, Angela Hopkins requested that a review was undertaken as to how a Maternity Improvement Board could be developed. Denise Llewellyn advised that in 2018, she had been asked by the Minister to review Maternity Services in Gwent which were placed under Special Measures.

Denise Llewellyn advised that she had agreed to work for 20 days over a 4 month period, 5 of which were spent walking around the organisation talking to staff. Members **NOTED** that following discussions some themes were identified for discussion at the Maternity Improvement Board. Members **NOTED** that culture and quality governance structures were identified issues, along with leadership, workforce issues, performance and best practice; these were similar issues to those identified in Gwent.

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Denise Llewellyn advised that following reflection, she felt that the Health Board was not quite ready for an Improvement Board, with a number of issues that needed to be resolved prior to its establishment. Denise advised that she witnessed a lot of staff working really hard and a number of staff wanting services to improve.

Members **NOTED** key issues identified included the lack of strategic direction and a specific maternity strategy was not visible at the time. From discussions with staff it had been identified that there had been a lack of Multi-Disciplinary Team (MDT) working in some areas and there was a feeling that safety of the labour ward was a priority. Members **NOTED** that some staff also felt there was a blame culture. Members **NOTED** that staff moved quickly to ensure a quality governance structure was put into place and there was a requirement to review incidents using root cause analysis for women who had concerns in relation to their care.

Denise Llewellyn advised that she had found that the leadership had been quite confusing although she appreciated that the Executive Team were trying to bring in support. Members **NOTED** that it was felt that a review of roles and responsibilities needed to be undertaken and that the triumvirate structure was highly important.

Members **NOTED** that concerns had been raised in relation to staffing levels and concern was also raised by medical staff in relation to job planning. Denise Llewellyn advised that in relation to staff relationships, staff identified that they felt the Maternity Staff Forum was a positive aspect.

Members **NOTED** the importance of completing the immediate actions and the Maternity Improvement Board had been held monthly to ensure that there was pace in the system and actions were being completed. Members **NOTED** the importance of an Organisational Development plan alongside a Communications plan. Members **NOTED** that another important element related to the protection of staff, as experiences shared by women affect the staff also.

Maria Thomas extended her thanks to Denise Llewellyn for sharing the report and the commitment and integrity shown in moving this forward in a short period of time. Members **NOTED** the recommendations would be consolidated into one plan.

Rowena Myles raised a question in relation to the role of the Maternity Services Liaison Committee which had CHC representation on the Committee and was where the CHC obtained views of women and families. Members **NOTED** that an update on this would be presented as part of the Maternity Services update report (**Added to Forward Look**).

John Palmer advised that he was also extremely grateful for the input Denise Llewellyn had provided and welcomed the suggestion of the need to have an overall vision for the service. Denise Llewellyn advised of the importance of ensuring ownership was in place at all levels.

Members **RESOLVED** to:

- **ACCEPT** the recommendations made and
- **NOTE** that these would form part of the implementation plan moving forward.

### **Maternity Services Update Report**

Members **RECEIVED** the report and **NOTED** that the report had been discussed at length at the Public Board meeting. Greg Dix advised that the Board agreed the recommendations outlined within the report.

Members **NOTED** the appendices attached to the report and **NOTED** that a composite implementation plan had been developed which included the actions identified in the review undertaken by the Royal College of Obstetricians and Gynaecologists, the Consultant Midwives Review and the actions identified from the Maternity Improvement Board.

Members **NOTED** that a new Independent Oversight Panel had now been developed with key staff appointed and the approach being taken had been outlined within the report. Greg Dix advised that he would be meeting with Mick Gianassi to finalise the scrutiny arrangements, which would need to be submitted to Welsh Government. Members **NOTED** that there would be a need to ensure that there was no duplication of reporting.

Maria Thomas advised that it was important to ensure that quality governance processes were in place and that there was a composite plan in place also. Members **NOTED** that Greg Dix had been appointed as the lead Executive Director and would be working very closely with the Independent Oversight Panel, together with the Delivery Unit and Wales Audit Office.

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Members **NOTED** that a report on resource requirements for the programme had been completed and would be discussed with the Finance Director and Deputy Chief Executive prior to submission to Andrew Goodall.

Members **RESOLVED** to:

- **NOTE** the report
- **NOTE** that the detailed Programme arrangements for Maternity would be endorsed by the Board in July
- **NOTE** that the Chief Executive and Director of Nursing, Midwifery and Patient Care, will discuss the proposed Programme arrangements and likely resource requirements with Welsh Government officials to inform the infrastructure requirements;
- **APPROVE** arrangements to take Chair's action to commit resources to the Programme in advance of the July meeting if required.

### QSR/19/042 **UPDATE ON HUMAN TISSUE AUTHORITY REPORT MANAGEMENT CORRECTIVE ACTION PLAN**

John Palmer presented the report which provided an update on progress on the Corrective and Preventative Action Plan (CAPA) that resulted from the Human Tissue Authority (HTA) inspection that took place in March 2018 and recent inspection on 8 and 9 May 2019.

Members **NOTED** that the Health Board was now coming towards the end of the compliance period with the HTA and the current position was that 28 CAPA plans had now been completed with a further one to be completed within the next week. Members **NOTED** that the HTA had recently undertaken a follow up inspection which had been a positive experience and **NOTED** that a follow up letter had been received from the HTA advising that they expected the Health Board to complete the final CAPAs by end of June.

Members **NOTED** that alongside the CAPA work, work had also been undertaken on Human Tissue Authority Reportable Incidents (HTARIs) which were now being reported in the same way as serious incidents and it was expected that the Health Board would be in compliance by end of June also. Members **NOTED** that the Care of Deceased Project Board continued to monitor the position closely and update reports would continue to be provided to the Quality, Safety & Risk Committee. James Hehir commented on the letter received from the HTA outlining the June deadline and added that clarification would need to be sought quickly as to whether the deadline could be extended to August. John Palmer **AGREED** to provide an update to the next meeting regarding the timeframe (Added to Action Log).

Following discussion, Members **RESOLVED** to:

- **NOTE** the report and the actions undertaken by the Team.

QSR/19/043 **PARTNERSHIP DIGNITY VISIT (PDV) OLDER PEOPLE'S MENTAL HEALTH**

Alison Davies presented the report which shared the findings and provided assurance that any remedial actions had been undertaken, following the Partnership Dignity Visits (PDVs) undertaken on 17 October 2018 to Ward 35, Prince Charles Hospital and further visits undertaken on 16 November to Ward 7, Ysbyty Cwm Cynon, St David's and Seren Wards, Royal Glamorgan Hospital, where actions had been identified.

Members **NOTED** that the revised governance arrangements in Mental Health Services had been effective and that the report contained actions that had been taken to address the findings. Members **NOTED** that the visits had been undertaken as a result of the report received by the Board on issues identified from the Tawel Fan review in North Wales in order to gain assurance on how services within the Health Board were being managed.

Dilys Jouvenat advised that she was pleased to see that all patients were being cared for in safe and dignified environment. Maria Thomas expressed her thanks to the Mental Health Team who had worked hard to ensure appropriate quality governance arrangements were in place.

Members **RESOLVED** to:

- **NOTE** the findings of the Partnership Dignity Visits.

QSR/19/044 **UPDATE ON FOLLOW UP OUTPATIENTS NOT BOOKED**

John Palmer presented the report which provided Members with an update on the actions being taken to address the follow up appointments not booked (FUNB) position across all specialties; and provide reassurance that there were programme arrangements in place to see this work through effectively.

Members **NOTED** that a reduction in the number of FUNBs was seen in the last quarter of 2018/19, (reduction of 20,000) and it was **NOTED** that a financial resource of £250k had been received at the end of the last financial year which enabled the Health Board to outsource 6,000 ophthalmology patients.

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Members **NOTED** that it had been identified that a number of risks had been identified for ophthalmology patients who needed to be seen quickly and there was a need to make an assessment of the level of risk, which would not be known for a few more weeks.

Members **NOTED** that issues identified would be reported as Serious Incidents and the Welsh Government would also be notified if required. John Palmer advised that he would present an assessment to the Committee as soon as it was known whether patients had come to any harm as a result.

John Palmer advised that Health Boards across Wales were undertaking this exercise and the Health Boards FUNB numbers were smaller than other Health Boards. Members **NOTED** the plan to reduce to 10,000 FUNBs by year end.

Greg Dix welcomed the report which he found to be helpful and questioned whether the Health Board had a view as to how many patients were time critical past their see by date and asked whether clinical teams risk assess their waiting lists. John Palmer confirmed that clinical teams were focused on this matter and a review of every single case note was being undertaken.

Maria Thomas advised that the Committee had been assured that programme arrangements were in place and requested an update on clinical risks to be presented to a future meeting (**Added to Action Log and Forward Look**).

Members **RESOLVED** to:

- **NOTE** the report;
- **NOTE** the possible clinical risks and **REQUESTED** an update report be presented to a future meeting.

### QSR/19/045 **OPERATIONAL HEALTH, SAFETY & FIRE UPDATE REPORT**

Chris Beadle presented the report which provided an update with all key issues affecting the Health Board on the management of Health, Safety & Fire.

Members **NOTED** that in relation to the Health & Safety Executive (HSE), a review of the compliance notice issued against occupational health dermatitis case would be undertaken in September. Members **NOTED** that there were outstanding HSE notices specifically in relation to the Princess of Wales site, one of which related to dynamic air mattresses, which had now been complied with and the other related to incident management arrangements.



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Chris Beadle advised that the HSE had decided not to extend this notice to the former Cwm Taf UHB area and instead issued the Health Board with a Notification of Contravention.

Members **NOTED** that the HSE also raised concern in relation to the management of violence and aggression within the Emergency Department in the Princess of Wales Hospital. Members **NOTED** that all actions identified had been addressed.

In relation to Manual Handling, Members **NOTED** that work had been undertaken on Demand & Capacity and **NOTED** that staff who had transferred over from Abertawe Bro Morgannwg UHB were 85% compliant. Members **NOTED** that training dates for CTMUHB had been planned up to 31 March 2020. Chris Beadle advised that in addition to the 96 workplace assessors within the former Cwm Taf UHB, Cwm Taf Morgannwg had a further 150 Manual Handling Coaches in the Bridgend area. In relation to the ProAct Audit, a five year capital replacement plan was now in place and would be presented to the Capital Planning Group for funding.

Members **NOTED** that delays had been experienced within the NHS supply chain which meant that Arjo had not been awarded the servicing and maintenance contract for hoists in a timely manner which meant that the Health Board was running a risk of equipment being in breach of service specifications. Members **NOTED** that this issue had been escalated to Executive Directors and that the NHS Procurement chain was now aware that these needed to be processed in timely way.

Members **NOTED** that a Bariatric Group had been set up, chaired by John Palmer, where a discussion was held in relation to the management of bariatric patients and how patients could be evacuated from buildings. Members **NOTED** that consideration was being given to having Royal Glamorgan Hospital as the dedicated site for bariatric patients.

In relation to Violence & Aggression, Members **NOTED** that clinically challenging behaviour continued to remain the biggest area of challenge and **NOTED** that a Task & Finish Group had been set up to address the issue. Members **NOTED** that a new NHS Collaborative Document Obligatory Responses to Violence in Healthcare was launched in November 2018 and it was envisaged that this would become a Welsh Health Circular in the future.

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Chris Beadle advised that there were two active fire notices in place, one relating to Prince Charles Hospital and the other relating to Princess of Wales Hospital, which had been inherited from the former Abertawe Bro Morgannwg University Health Board.

Members **NOTED** the notice had been reissued to Cwm Taf Morgannwg UHB with additional time given to comply with the notice as a result of a significant amount of building work that would need to take place.

James Hehir welcomed the report which was very clear and questioned whether there were any areas of good practice at Princess of Wales Hospital which the whole health board could learn from. Chris Beadle advised that manual handling compliance had been very positive.

Maria Thomas advised that the Committee had been assured that through the work of the sub groups there were actions in place to mitigate the fire risks inherited.

Members **RESOLVED** to: **NOTE** the contents of the report.

### QSR/19/046 **UPDATE REPORT ON SERIOUS INCIDENTS AND SERIOUS COMPLAINTS**

Members **NOTED** that the Concerns report had been presented to Board last week and that the report would be strengthened as part of the work being undertaken on the Quality & Governance Framework.

Members **NOTED** that concerns had been raised in relation to over-crowding and capacity within the three A&E Departments and it was **NOTED** that additional operational support had been put into place at Prince Charles Hospital to enable Senior Nurses to be released to focus on Quality and Patient Experience. Members **NOTED** that a review of patient experience within A&E had been undertaken and would be presented to a future meeting (**Added to Action Log and Forward Look**).

Members **RESOLVED** to:

- **NOTE** the update.

### QSR/19/047 **UPDATE ON QUALITY & GOVERNANCE IN HEALTHCARE BILL**

Alison Davies presented Members with an oral update and advised that the Quality & Governance in Healthcare Bill was legislation being brought forward by Welsh Government which was a proposal to introduce Duty of Quality, which consisted of the following areas:

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- Duty of Quality – focus would be placed on developing a system of quality standards
- Duty of Candour – this would replace NHS Bodies at organisational level and would require providers to follow process when adverse outcomes were experienced
- Citizens Voice – this would involve broadening the scope of Community Health Councils.

Members **NOTED** that the Duty would apply to all functions not just clinical functions and further information would be required as to how reporting into the Act would be undertaken. Members **NOTED** that an update would be presented to a future meeting (**Added to Action Log and Forward Look**).

Members **RESOLVED** to:

- **NOTE** the update provided.

### QSR/19/048 **DIRECTORATE EXCEPTION REPORTS**

The Committee received 11 Directorate exception reports. The following key updates were received:

#### **Children & Young People/CAMHS**

Members **NOTED** that HIW had undertaken an inspection at Ty Llidiard in May and positive verbal feedback had been received, with written feedback to follow. Members **NOTED** that the unit was accommodating and caring for a number of highly challenging young people. Rowena Myles advised that the Community Health Council had also visited the unit and that a report had been developed.

#### **Radiology**

Members **NOTED** that in relation to IRMER, a final response had been submitted to HIW outlining the audit evidence against two action plans. John Palmer advised that the absence of a Quality Governance Manager had been strongly highlighted by the Directorate and Members requested that an update was provided to the Team to advise that work was being undertaken to strengthen governance structures.

*Nicola Milligan left at 12.10pm.*

#### **Therapies**

Members **NOTED** the report. John Palmer advised that there were no major risks relating to Therapies and advised that the Podiatry Team had been invited to meet with the Minister for Health and social Services.

### Primary Care & Localities

Alan Lawrie advised that a discussion had been held at the recent Board meeting in relation to the number of falls that had occurred at Ysbyty Cwm Rhondda. Members **NOTED** that a number of actions had been taken in order to address this.

Members **NOTED** that there were issues relating to resourcing of the Lymphoedema service as a result of an increase in referrals being received. Members **NOTED** that discussions would be held in relation to Demand & Capacity planning and Maria Thomas requested an update at the next meeting regarding progress made to address the position (**Added to the Action Log**).

*Hywel Daniel left at 12.15pm.*

### Medicines Management

Alan Lawrie advised that the Directorate were reporting a shortage of drugs, with up to 100 drugs being in short supply. Members **NOTED** that this could either be related to Brexit or a manufacturing issue. Alan Lawrie advised that the Team were working hard to manage supply and manage alternative to supply and added that this was the most significant risk within the Directorate. Members **NOTED** that no incidents had been reported as yet in relation to shortage of medicines.

### Mental Health

Alan Lawrie advised that there were two issues within Mental Health, one being anti ligature issues and issues relating to access to historical data relating to incidents which was significant risk.

### Corporate Risk

Members **RECEIVED** and **NOTED** the report.

### Workforce

Members **RECEIVED** and **NOTED** the report.

### Facilities

John Palmer advised that there had been some disruption to switchboard services which had mainly been reported by GPs. Members **NOTED** that a deep dive was being undertaken to look at alternative technology to assist with queueing.

Members **NOTED** that the Health Board had been reported as an exemplar organisation in relation to ISO Compliance.

### Pathology

John Palmer advised that there had been an incident in relation to a locum in histopathology who had worked in the Health Board with some questions raised in relation to 29 cases of potential mis-diagnosis. Members **NOTED** that an update would be presented to a future meeting (**Added to Action Log**).

### Surgery

John Palmer advised that the dynamics between Wards 6, 7 and 8 continue to be challenging with a clinical summit being held to discuss the way forward.

John Palmer apologies for the non-submission of the exception reports for Acute Medicine and Obstetrics & Gynaecology which had been prepared but submitted late.

John Palmer advised that the Finance, Performance & Workforce Committee had referred their concerns raised in relation to Medical Staffing within A&E to the Quality Safety & Risk Committee and added that a report would be presented to a future meeting (**Added to Action log and Forward Look**).

Members **RESOLVED** to:

- **NOTE** the report and the actions that had been undertaken to date
- **NOTE** that a report will be received in the future.

### QSR/19/049 **COMMITTEE FORWARD WORK PLAN**

Members **NOTED** that a discussion on the forward work plan would be held next week with a suggestion being made of submitting a smaller number of Directorate Exception reports to each meeting to enable more scrutiny to be undertaken.

### **ITEMS REFERRED FROM/TO OTHER COMMITTEES**

Members **NOTED** that Internal Audit reports in relation to Patient Experience and Annual Quality Statement had been referred to the Committee by the Audit Committee.

### **PART 4. ITEMS FOR INFORMATION**

### QSR/19/050 **ITEMS RECEIVED FOR INFORMATION**

Members **RECEIVED** and **NOTED** the following items for information:

- Healthcare Inspectorate Wales Reports on:

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- Maternity Services
- Community Health Council (CHC) Visits
- Internal Audit Report on Patient Experience
- Internal Audit Report on Annual Quality Statement.

Members **RESOLVED** to:

- **NOTE** the reports.

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### **PART 5. OTHER MATTERS**

#### **Any Other Business**

Greg Dix advised that Legionella had been found in several water outlets at the Princess of Wales Hospital. Members **NOTED** that a good response had been received from all parties involved and the position was being monitored by the Infection, Prevention & Control Committee. Members **NOTED** that an update report would be presented at the next meeting (**Added to the Action Log and Forward Look**).

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### **DATE AND TIME OF NEXT MEETING**

The next meeting would take place at 2pm on 9 July 2019.

.....  
**Maria K Thomas, Chair**

**Date.....**