

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Quality & Safety Committee held on the 16 March 2021 as a Virtual  
Meeting via Microsoft Teams**

**Members Present:**

Jayne Sadgrove	Independent Member (Chair)
Maria Thomas	Vice Chair
Dilys Jouvenat	Independent Member
James Hehir	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member

**In Attendance:**

Gareth Robinson	Chief Operating Officer (Interim)
Nick Lyons	Executive Medical Director
Kelechi Nnoaham	Executive Director of Public Health (In Part)
Hywel Daniel	Executive Director of Workforce & OD (Interim)
Georgina Galletly	Director of Corporate Governance (In part)
Marcus Longley	UHB Chair
David Jenkins	Independent Advisor to the Board (Observing)
Louise Mann	Assistant Director of Quality & Safety
Dom Hurford	Deputy Medical Director (Interim)
Julie Denley	Director of Primary, Community & Mental Health Services
Gaynor Jones	Royal College of Nursing Convenor
Chris Beadle	Head of Health, Safety & Fire
Rowena Myles	CTMUHB Community Health Council (In part)
Paul Dalton	Head of Internal Audit (In part)
Sara Utley	Audit Wales
Alison Cobley	Head of Nursing, Bridgend ILG (In part)
Jane O'Kane	Neonatal Service Improvement Director
Valerie Wilson	Director of Midwifery, Gynaecology and Sexual Health
Anthony Gibson	Integrated Locality Group Director – Bridgend
Carole Tookey	Integrated Locality Group Nurse Director – Rhondda Taf Ely
Sarah Spencer	Integrated Locality Group Director – Merthyr & Cynon
Lesley Lewis	Integrated Locality Group Nurse Director – Merthyr & Cynon
Clare Williams	Director of Planning & Partnerships (Interim) (In Part)
Emma Walters	Corporate Governance Manager (Secretariat)

## Agenda Item

### 1 **PRELIMINARY MATTERS**

#### 1.1 **Welcome & Introductions**

The Chair **welcomed** everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted by the Chair.

#### 1.2 **Apologies for Absence**

Apologies for absence were received from Greg Dix, Fiona Jenkins and Stuart Hackwell.

Members **noted** that K Nnoaham would need to leave the meeting by 10.00am and G Galletly would need to leave the meeting at 11.00am.

#### 1.3 **Declarations of Interest**

No declarations of Interest were received prior to the meeting.

### 2 **CONSENT AGENDA**

The Chair advised that questions had been sought in advance of the meeting on consent agenda items only. Members **noted** that a summary of questions and answers that had been provided had been circulated and would also be included as an appendix to the minutes. The Chair explained the Committee referral process to Members of the Committee.

#### 2.0 **For Approval/Noting**

##### 2.1.1 **Unconfirmed Minutes of the Meeting held on the 19 January 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

##### 2.1.2 **Unconfirmed Minutes of the In Committee Meeting held on the 19 January 2021**

A question was raised by an Independent Member prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The minutes were **APPROVED** as a true and accurate record.

##### 2.1.3 **Environmental Policy**

Resolution: The Environmental Policy was **APPROVED**.

#### **2.1.4 Medicines Management Vaccine Policy**

Resolution: The Medicines Management Vaccine Policy was **APPROVED**.

#### **2.1.5 Handling Persistent & Serial Complaints Policy**

Questions had been raised by Independent Members in relation to the Policy, which are included in Appendix 1 together with the responses provided.

The Chair advised that a response had not been provided in relation to a question that had been raised by P Roseblade. P Roseblade confirmed that the question she had raised was seeking assurance that the Chair and the Chief Executive would be made aware of the implementation of this policy in case a Complainant had informed Assembly Members of their concerns. Assurance was provided to P Roseblade that the Chair and Chief Executive were regularly updated on any matters that may require escalation to Welsh Government.

Members **noted** that engagement had now been undertaken with the Community Health Council in relation to the content of the policy and **noted** that the policy had been amended to reflect that in the absence of the Chief Executive, authorisation of the use of the policy could be undertaken by the Deputy Chief Executive.

Resolution: The Policy was **APPROVED** subject to minor amendments being made.

#### **2.2.1 Committee Action Log**

Questions had been raised by Independent Members in relation to the Action Log, which are included in Appendix 1 together with the responses provided.

The Chair advised that a response had not been provided in relation to one question raised in relation to the Action Log entry 20/091 and invited N Lyons to provide a verbal update. N Lyons advised that the work had been re-scoped to take into consideration the need to review neonatal staffing levels and added that further work on this would be undertaken over the next month.

Resolution: The Action Log was **NOTED**.

#### **2.2.2 Quality & Safety Committee Forward Work Programme**

Resolution: The Forward Work Programme was **NOTED**.

#### **2.2.3 Welsh Ambulance Services Trust Patient Experience Report December 2020**

A question was raised by an Independent Member prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The report was **NOTED**.

#### **2.2.4 Leave No-One Behind Report**

A question was raised by an Independent Member prior to the meeting, as outlined in Appendix 1 together with the response provided.

Resolution: The Leave No-One Behind Report was **NOTED**.

#### **2.2.5 Clinical Audit Quarterly Update**

Questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses provided.

Resolution: The Clinical Audit Quarterly Update was **NOTED**.

#### **2.2.6 Update on the Policy Improvement Plan Review**

Resolution: The report was **NOTED**.

#### **2.2.7 Medical Device Alert MDA 2020/19 Abbott Trifecta Value Prosthesis**

Resolution: The report was **NOTED**.

#### **2.2.8 Peer Review Systematic Anticancer Therapies (First Round) – 6 Monthly Update Report**

Resolution: The report was **NOTED**.

#### **2.2.9 CTMUHB Response to the CHC Briefing Paper on Maternity Services in Wales**

Questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses provided.

Resolution: The report was **NOTED**.

#### **2.2.10 Vaccination Update**

Question were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses provided.

Resolution: The report was **NOTED**.

### **3. MAIN AGENDA**

#### **3.1 Matters Arising not considered within the Action Log**

There were no further matters arising identified.

#### 4. **CO-CREATE WITH STAFF AND PARTNERS A LEARNING & GROWING CULTURE**

##### 4.1 **Shared Listening and Learning – Patient Experience Story**

A patient story was presented by Alison Cobley, Head of Nursing, Bridgend ILG which set out the experience of a lady who had sadly lost her husband to Covid-19.

Members expressed their thanks to A Cobley for sharing the story which they found to be very powerful, touching and very moving. Members recognised that the story had shown the commitment from staff within the Health Board and had highlighted the caring way in which they provided services to patients.

J Sadgrove asked for the Committee's thanks to be extended to the relative for the work they continued to undertake within the Health Board.

Resolution: The Patient Story was **NOTED**.

The Chair advised that agenda item 5.1 was to be discussed next as K Nnoaham was leaving the meeting at 10.00am.

#### 5. **WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELL-BEING AND PREVENT ILL HEALTH**

##### 5.1 **Covid-19 Update**

K Nnoaham updated the Committee on the pandemic response highlighting the following key points:

- Daily Infection Rates, Positivity Rates and Cumulative Rates.
- The effectiveness of Lockdown arrangements
- Hospital admission rates and Critical Care admissions
- The uptake of testing in the Health Boards population.
- Progress of the Vaccination Programme.

The Committee **noted** the improvements made in a number of areas, including daily infection rates, cumulative rates and positivity rates and **noted** the recent cluster of cases identified within the Merthyr Tydfil area, which the Joint Enforcement Team was currently in the process of addressing.

The Committee **noted** there had been an increase in infection rates in under 25 year olds and a decrease in infection rates in over 90 year olds. Members **noted** that there had been a reduction in Healthcare acquired infections together with a reduction in admissions to Intensive Care.

In response to a question raised by J Hehir, K Nnoaham advised that he expected to see an increase in infections following the reopening of schools and added that at present it was difficult to determine whether this would be the start of a third wave of infections. K Nnoaham added that in relation to long covid, he

expected this to have more of an impact on covid recovery within community services as opposed to elective admissions into hospitals.

In response to a question raised by R Myles regarding the cluster identified within the Merthyr Tydfil area, K Nnoaham advised that work had been undertaken by the Communications Team to ensure messages were being conveyed to encourage residents not to lose discipline.

C Williams provided Members with an update in relation to progress being made against the Vaccination Programme. Members **noted** that over 90% of Group 5 and 50% of Group 6 patients had received their first doses of the vaccine and **noted** that the Health Board was on target to meet the target of vaccinating Group 5-9 patients by mid-April. Members **noted** that positive feedback had been received from patients and staff in relation to the reopening of Community Vaccination Centres. Members **noted** that the current Did Not Attend rate was 3%.

Members **noted** that work continued to be undertaken in relation to the identification of unpaid carers and the more vulnerable areas of our communities, such as the homeless and traveller communities, to ensure they received their vaccinations.

In response to a question raised by N Milligan in relation to concerns raised in relation to safety of the vaccine, C Williams confirmed that discussions had been held with the Communications Team regarding positive messaging and added that key messages were being developed which would be shared with vaccinators to alleviate any concerns raised by patients.

In response to a question raised by R Myles, C Williams confirmed that the Learning Disability Teams were in the process of identifying Learning Disability patients within three categories to determine the most appropriate way of delivering their vaccines. J Denley added that positive feedback had been received on the progress made to date.

Members expressed their thanks to the Team for the success of the roll out of the vaccination programme and for all of the hard work that was being undertaken by teams across the Health Board.

Resolution: The Covid-19 update was **NOTED**.

#### **4. CO-CREATE WITH STAFF AND PARTNERS A LEARNING AND GROWING CULTURE**

##### **4.2 Assurance on Risks assigned to the Quality & Safety Committee**

G Galletly presented Members with the report which had been considered previously by the Health Board and Audit & Risk Committee.

Members **noted** that a discussion had been held at the Digital & Data Committee in relation to the timing of the reports being presented to Committees which meant that Committees were not reviewing the live risk register. G Galletly recognised this and added that significant improvement had been made over the last few months regarding the process, but the new process for risk identification and escalation needed to mature. Members **noted** that further work would be required on maturity and learning to enable a more live risk register to be shared with Committee members.

G Galletly advised that a robust review of risks on the register had been undertaken over the past month and added that a significant amount of progress would be seen in the report being presented to Board at the end of March. J Sadgrove expressed the importance of the Committees receiving the most up to date version of the risk register moving forward and added that it would be helpful if the Team could consider a realignment of the timings of reports to be received by the relevant committees prior to Board.

P Roseblade made a number of comments in relation to some of the risks contained on the register, including the risk relating to Deprivation of Liberty Standards (DOLS) which had been on the risk register since 2014 and had been given the same risk rating as the risk relating to there being not enough public toilets at the Princess of Wales Hospital. P Roseblade advised that she felt that these risks should not be rated the same and noted that work remained in calibration of risks across the Health Board in this regard

P Roseblade also commented on the asbestos risk being downgraded despite there being no mention of whether the asbestos had been removed. P Roseblade added that the cover report highlighted that the risk relating to handover delays would be added to the register but she could see no evidence of this being added. G Galletly extended her thanks to P Roseblade for her comments which would be taken on board.

M K Thomas advised that whilst she recognised the amount of work that had been undertaken to date, it needed to be recognised that in the absence of the Board Assurance Framework, reporting of risks to Board would need to be undertaken via the Organisational Risk Register and Integrated Performance Dashboard.

In relation to DOLS, Members **noted** that reporting of DOLS risk was being undertaken at the Safeguarding Executive Group which reported annually into the Quality & Safety Committee. J Sadgrove questioned how the Committee could be assured on this if reporting was being undertaken retrospectively on an annual basis. N Lyons advised that a discussion would be held with L Mann outside of the meeting regarding the process and would provide feedback at the next meeting.

H Daniel made reference to the fire risks contained within the register and added that in the context of the recent incidents that had been experienced in relation to fire, the Health, Safety & Fire Committee would be undertaking a further

review of fire risks. J Sadgrove extended her thanks to staff who had dealt with the incident in a prompt and effective way.

J Sadgrove thanked G Galletly for presenting the report and added that a more up to date risk register would be required at future Committee meetings to help inform discussions.

Resolution: The recommendations in relation to New Risks and updated risks were **NOTED**.

Action: Discussion to be held outside of the meeting between N Lyons and L Mann to determine the most appropriate process for providing the Committee with assurance in relation to DOLS risks.

## **6. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE**

### **6.1.1 Maternity & Neonates Improvement Programme Update**

J O’Kane and V Wilson presented the report which provided an update with regard to the Independent Maternity Services Oversight Panel (IMSOP) review and associated improvement relating to Health Board Maternity services and Neonatal services. This is in the context of the Royal College of Gynaecologists (RCOG) review of Health Board Maternity services (January 2019) and with the IMSOP programme of work extending to formally include Neonatal Unit (NNU) services in 2020.

M K Thomas extended her thanks to J O’Kane and V Wilson for presenting the report and added that she recognised whilst further work was required good progress had been made which provided her with assurance.

In response to a question raised by N Milligan in relation to recommendation 707 on page 19 of the report and the timelines for completion, V Wilson advised that the recommendation could not be closed until the piece of equipment was on site and in use. Members **noted** that the equipment had been ordered and was awaiting delivery and installation.

G Galletly noted the approach outlined by V Wilson in welcoming ‘fresh eyes’ to ensure good scrutiny and quality assurance in managing the backlog of serious incidents and advised that the Committee could take great assurance that officers are focussing on this piece of work in this way.

J Sadgrove welcomed the external support being provided in relation to the review of the backlog of Serious Incidents and welcomed the report which indicated that significant progress had been made. J Sadgrove extended her thanks to the Team for the hard work undertaken.

Resolution: The update on the Maternity and Neonates Improvement Programme was **NOTED**.



## 6.6 Committee Annual Self-Assessment Questionnaire Response

G Galletly presented the report which was being presented in a new format. Members **noted** that focus would be placed on improving the quality of reports coming forward to Committee meetings and that training would be provided to staff in report writing to ensure reports were clear and concise and highlighted the risks and the decisions that needed to be made. In support of this, G Galletly encouraged all IMs to ensure they provide feedback to Executives on the clarity of the reports submitted.

J Sadgrove welcomed the approach being taken and added that the report provided a coherent view of the current position and the steps required for further improvement. J Sadgrove extended her thanks to G Galletly and the Team for the work that had been undertaken.

Resolution: The Committee Annual Self-Assessment Questionnaire Response was **NOTED**.

## 6.2 Integrated Locality Group (ILG) Reports – Report from the Chief Operating Officer Identifying Themes and Trends

G Robinson presented the report which provided an overarching update in relation to a number of issues including Follow Up Outpatients Not Booked, Holding Ambulances at Emergency Departments and themes identified across the Integrated Locality Groups.

P Roseblade made reference to appendix one of the report which stated that 'the deterioration in the overall position has not been as great as perhaps might have been expected, emphasising the good work that has been carried out through new ways of working'. P Roseblade suggested that a more appropriate form of words could have been chosen to reflect the deterioration.

In response to a question raised by J Sadgrove in relation to the proposal to source additional support from Community Optometrists, J Denley advised that some progress had been made in relation to resolving IT issues which should hopefully resolve the concerns regarding infrastructure and added that Community Optometrists were eager to provide more support. G Robinson advised that this would be addressed further within the Elective Care Recovery Programme.

In response to a question raised by N Milligan in relation to what steps were being taken to improve testing and testing ability to help improve patient flow, G Robinson advised that there were national issues in relation to access to rapid swab testing which was unlikely to improve in the near future and added that clear pathways had been put into place to ensure patients were kept safe and well cared for, with steps being taken to move patients through the pathway whilst awaiting results.

M K Thomas sought clarity as to whether the Committee should have sight of the improvement plans that had been developed so that assurance could be

provided on the key strategic issues. G Robinson advised that the Elective Care Plan would be shared within the next two weeks and the Unscheduled Care Improvement Programme was also in the process of being developed. Members **noted** that discussions would need to be held as to the most appropriate governance routes for each piece of work.

P Roseblade raised a number of concerns and questions in relation to the report and following discussion G Robinson **agreed** to discuss the questions raised with P Roseblade outside of the meeting. In relation to the concerns raised regarding ambulance handover data, it was agreed that future reports should be triangulated to ensure consistency and accuracy of reporting. G Robinson also **agreed** to present the Improvement Plan to the next meeting of the Committee.

G Jones provided Members with assurance that a patient with a NEWS score of nine would not be left waiting in an ambulance for two hours or more and added that she has daily discussions with staff at Prince Charles Hospital who had raised concerns regarding the delays experienced with swab test results.

Resolution: The Chief Operating Officers report was **NOTED**.

Action: G Robinson to discuss the concerns and questions raised by R Roseblade outside of the meeting

Action: G Robinson to share the Unscheduled Care Improvement plan at the next meeting of the Committee.

### **6.2.1 Merthyr Cynon ILG Quality & Safety Report**

L Lewis presented the report item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Merthyr Cynon ILG Quality & Safety Report was **NOTED**.

### **6.2.2 Bridgend ILG Quality & Safety Report**

A Gibson presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Bridgend ILG Quality & Safety Report was **NOTED**.

### **6.2.3 Rhondda Taf Ely Quality & Safety Report**

C Tookey presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Rhondda Taf Ely ILG Quality & Safety Report was **NOTED**.

#### 6.2.4 Primary Care Quality & Safety Report

J Denley presented the item drawing the Committees attention to the pertinent points identified within the report.

Resolution: The Primary Care Quality & Safety Report was **NOTED**.

M K Thomas advised that in relation to the increase in suicides that had been highlighted, particularly within the Merthyr & Cynon ILG report, a report on Suicides is presented annually to the Population Health & Partnerships Committee. M K Thomas added that the themes identified in all three ILG reports in relation to Datix issues and falls and pressures damage would require improvement plans which would need to be presented to the Committee.

In response to a question raised by P Roseblade in relation to the reduction in reporting of never events and serious incidents that had been referenced in the Bridgend ILG report, A Gibson advised that this specifically related to the spike seen in the previous month regarding HCAI Covid and did not relate to the overall Serious Incident Reporting process.

In response to a question raised by J Sadgrove regarding the Royal College Peer Review of Ophthalmology, N Lyons confirmed that a date for commencement of the review had not yet been given.

J Sadgrove **noted** that all three ILG's were awaiting the implementation of the Once for Wales system and added that she anticipated that the CIVICA and Contact First systems would help with patient care moving forward.

#### 6.3 Patient Safety Quality Dashboard

L Mann presented the report drawing the Committees attention to the pertinent points identified within the report.

D Jouvenat advised that she was pleased to see that general infection rates had reduced as a result of the controls that had been put into place as a result of Covid and questioned whether this improvement was likely to continue. L Mann advised that she expected this to be included in the learning from covid improvement journey.

In response to a question raised by N Milligan in relation to the establishment of a pressure damage group, L Mann advised that an update will be included in the next report. Members **noted** the importance of pressure ulcer reporting locally in addition to organisationally and **noted** that the new Director of Improvement would be responsible for exploring cross organisational concerns.

J Sadgrove welcomed the suite of reports that had been presented which was now providing the Committee with a view of quality and safety issues for each area and extended her thanks to colleagues for bringing the information together.

Resolution: The Patient Safety Quality Dashboard was **NOTED**.

**6.4 Quality Governance – Regulatory Review Recommendations and Progress Update**

Resolution: The Report was **NOTED**.

**6.5 Mortality Review Progress Report**

Resolution: The Mortality Review Progress Report was **NOTED**.

**7. ANY OTHER BUSINESS**

No items were identified.

**7.1 Committee Highlight Report to Board**

Members **noted** that this would be drafted outside of the meeting.

**8. DATE AND TIME OF THE NEXT MEETING**

The next meeting would take place at 10.00am 18 May 2021.