

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 22 September 2021 as a Virtual
Meeting via Microsoft Teams**

Members Present:

Jayne Sadgrove	Independent Member (Chair)
Dilys Jouvenat	Independent Member
James Hehir	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Carolyn Donoghue	Independent Member

In Attendance:

Greg Dix	Executive Director of Nursing
Gareth Robinson	Chief Operating Officer (Interim) (In part)
Hywel Daniel	Executive Director for People
Fiona Jenkins	Executive Director of Therapies and Health Sciences (Interim)
Georgina Galletly	Director of Corporate Governance
Dom Hurford	Executive Medical Director (Interim) (In part)
Julie Denley	Director of Primary, Community & Mental Health Services
Louise Mann	Assistant Director of Quality & Safety
Chris Beadle	Head of Health, Safety & Fire
Gaynor Jones	Staff Side Representative
Emma Samways	Internal Audit
Ana Llewellyn	Bridgend ILG Nurse Director
Sallie Davies	Deputy Medical Director
Sara Utley	Audit Wales
Valerie Wilson	Director of Midwifery, Gynaecology and Sexual Health
Jane Armstrong	Clinical Director of Primary Care
Kevin Duff	Head of Strategic & Operational Planning
Stuart Hackwell	ILG Director, Rhondda Taff Ely ILG
Lesley Lewis	Nurse Director, Merthyr & Cynon ILG
Febe Ashley	IMSOP
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Agenda Item

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

In opening the meeting, the Chair provided a bilingual **welcome** to all those present, 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

No apologies for absence were received prior to the meeting.

1.3 Declarations of Interest

No additional 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 no questions had been received prior to the meeting. The Chair explained the Committee referral process to Members of the Committee.

In response to a question raised by J Hehir regarding the Ionising Radiation Protection Policy and when the Committee would be receiving a report from the Radiation Safety Committee, F Jenkins advised that she would be happy to provide a highlight report from the Radiation Protection Committee on a six monthly basis. Members **noted** that this would be added to the forward work programme.

In response to a comment made by P Roseblade in relation to the forward work programme, G Galletly **agreed** to ensure regular updates on Stroke and Ophthalmology were added to the programme moving forwards.

Action: 6 Monthly Highlight reports from the Radiation Protection Committee to be added to the forward work programme.

Action: Regular updates on Ophthalmology and Stroke to be added to the forward work programme.

2.1 For Approval

2.1.1 Unconfirmed Minutes of the Meeting held on the 9 August 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 16 August 2021

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

2.1.3 Ionising Radiation Protection Policy

Resolution: The report was **APPROVED**.

2.1.4 Pharmaceutical Needs Assessment

Resolution: The report was **APPROVED**.

2.2 For Noting

2.2.1 Committee Action Log

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 WHSSC Quality & Patient Safety Chairs Report

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. IMPROVING CARE

4.4 Prince Charles Hospital (PCH) Improvement Programme Progress Report

L Lewis presented the report which provided the Committee with an overview of the Improvement Programme of work being undertaken at Prince Charles Hospital.

In response to a point of clarity requested by G Jones, L Lewis confirmed that an appointment had been made into the Band 6 role within the Paediatrics Emergency Department team and not the Band 7 role.

In response to a comment made by N Milligan regarding the review of records that were being undertaken and the need to ensure staff did not feel that concerns were being looked for if no concerns had been raised, L Lewis advised that as part of assessing the competency for staff training, a review of records needed to be undertaken. L Lewis added that there was no intention for a separate audit on records to be undertaken. Members **noted** that staff were fully involved in this process.

C Donoghue queried how the situation had arisen for the service to not know that these competencies were in place and whether staff would now work towards achieving these competencies or whether the model would now always be a consultant led model. L Lewis advised that the service had been running for 10 years, with the Emergency Nurse Practitioner model being developed over time. Members **noted** that competency requirements had changed over time and L Lewis agreed that the service should have kept up to date on this matter and added that this would now be a key area of development for the team. G Jones clarified that the members of staff this related to were highly competent and had always kept a portfolio which had been signed off by a Consultant. G Jones added that the issues related to the staff now needing to complete the Agored course. Members **noted** that the competencies would still need to be signed off as part of the governance framework. G Dix advised that there would be a requirement to determine as to why the required completion of the Agored training was not identified and added that he had asked the senior team to re-evaluate the portfolios.

In response to a concern raised by J Hehir as to whether moving the minor injuries unit into the Emergency Department would have an impact on patient experience and exacerbate the challenges, L Lewis advised that a review of the patient group had been undertaken and the closure of the unit at Ysbyty Cwm Cynon resulted in roughly 20 attendances a day into Prince Charles Hospital. Members **noted** that the staff had been transferred into PCH and would be additional to the staffing model.

Members **noted** that there were challenges in relation to space, with a review being undertaken of available space which could be used whilst awaiting the reopening of the Ysbyty Cwm Cynon Minor Injuries Unit. Members **noted** that there were a number of patients attending the Emergency Department who required major or ambulatory care which had resulted in a number of patients waiting on trolleys in the Minors area. G Robinson added that the additional staff had allowed for patients to be treated more quickly and confirmed that estates issues were in the process of being addressed.

In response to a question raised by N Milligan in relation to the patients waiting on trolleys in the minors area, L Lewis confirmed that Healthcare Inspectorate Wales had not advised that patients could not wait on trolleys in the majors area. Members **noted** that HIW had raised concerns in relation to Infection, Prevention & Control and pathways for flow in regards to patients waiting on trolleys in majors which resulted in a decision being made to close the corridor

to manage the flow. Members **noted** that there were patients presenting to the minor injuries unit who required majors support. G Robinson advised that the decision that had been made was felt to be the safest option for patients and added that the risks continued to be reviewed on a daily basis.

L Lewis provided Members with an update in relation to the Healthcare Inspectorate Wales inspection that had recently been undertaken of the Emergency Department at Prince Charles Hospital. Members **noted** that issues had been identified in relation to the completion of hard copy medical notes, pathways into hospital, overcrowding, management of risk and Infection, Prevention and Control issues in relation to cleanliness. Members **noted** that an action plan was immediately put into place as a result of the findings and **noted** that daily checklists had been put into place in respect of Infection, Prevention & Control issues.

G Dix advised that discussions had been held with the Deputy Medical Director at Public Health Wales and Improvement Cymru colleagues regarding the pathway issues that had been identified. Members **noted** that Improvement Cymru would now be working alongside staff to address this issue. Members **noted** that the Chief Nursing Officer and Welsh Government had been fully briefed of the position and **noted** that an immediate make safe plan had been submitted to HIW last Friday. Members **noted** that the Health Board were now awaiting the final report from HIW and **noted** that the Committee would be kept updated on progress in this area.

J Sadgrove advised that the Board recognised the pressures that the team were under and the Committee had **noted** that that overcrowding of the Emergency Department had been included on the risk register. J Sadgrove added that the Committee would need to be assured that the make safes required had been or were in the process of being put into place and requested that the final report was presented to the Committee once received. Members **noted** that Healthcare Inspectorate Wales had indicated that their report was likely to be published Mid-November and **noted** that an additional meeting may need to be convened to discuss this in detail.

In response to a question raised by G Jones as to what was being done to support staff during this time, some of whom were very upset and under considerable pressure, L Lewis advised that support was being provided to teams via their Team Leaders and senior teams. G Robinson added that Healthcare Inspectorate Wales fed back that staff were very supportive and compassionate and added that steps were being taken to ensure leadership teams were making themselves visible to staff in order to provide them with the support they require. H Daniel added that consideration was being given to leadership and culture aspects, some of which were historical, and advised that the senior team were fully committed to supporting the team and working together with trade union partners to support staff.

J Sadgrove recognised the need to support each other during these challenging and difficult times in order to get the best possible outcomes for patients and

staff and requested that the Committee's good wishes were extended to staff who were working hard to resolve this really difficult issue.

G Dix advised that the next iteration of the Quality Governance Framework would need to ensure clarity was included in relation to leadership visibility across all of our areas and would need to identify how assurance and governance processes could be strengthened in clinical areas to ensure robust ward to Board reporting was in place.

Resolution: The report was **NOTED**.

Action: Final report of the Healthcare Inspectorate Wales Review to be presented to a future meeting.

Action: The Committee's good wishes to be extended to staff who were working hard to resolve this really difficult issue.

4.1 **Maternity Services & Neonates Improvement Programme Update**

V Wilson and S Davies jointly presented the report.

In response to a question raised by N Milligan in relation to the Clinical Director Leadership Support Package in which progress was stated as unknown, S Davies advised that discussions were being held with the Clinical Director as to what further development was required and what the service would like to see from them as a leader.

In response to a question raised by N Milligan as to how steps were being taken to ensure every member of staff felt valued, and not just those who received a thank you card, V Wilson advised that the Head of Midwifery ensures there is visibility of the senior team in each acute setting, the team regularly builds on what was being done well via the assurance process and regular meetings were being held with staff to discuss the improvements that had been made.

P Roseblade commented on the Neonatal Deep Dive risk which had a rating of Very High and a trend of green and on a downward trend which she found to be surprising. S Davies advised that whilst the escalation had occurred, a number of the actions were already being addressed in terms of the concerns raised, and added that the team were working at pace and decreasing the risks rapidly.

G Dix advised that the Team were now moving into a transformational phase which meant that governance in relation to reporting would become lighter. Members **noted** that that Team had been asked to develop a new Neonatal and Maternity Assurance Framework as a result of the changes in reporting and **noted** that the Board should have very clear visibility and assurance of maternity and neonates metrics moving forwards. Members **noted** that the Team had also been asked to produce a framework for the whole of Wales.

In response to a question raised by J Hehir as to whether there was sufficient capacity within Maternity and Neonates to address concerns and complaints, G Galletly advised that as stated at the last meeting, a Learning Framework was in the process of being developed and it was hoped more clarity would be available regarding this by the end of the financial year. In terms of learning, V Wilson advised that the Maternity Team had been working over the last 18 months on reviewing population health and MBRRACE.

J Sadgrove extended her thanks to V Wilson and S Davies and their teams for the immense dedication and effort being made to improve services for patients and added that the Committee recognised the improvements that had been made to date.

Resolution: The report was **NOTED**.

4.2 Delivery Unit Report and Management Response – Maternity Serious Incidents

L Mann presented the report.

In response to a question raised by P Roseblade in relation the statement made within recommendation 4 regarding new investigators infrequently requiring additional guidance, L Mann advised that support was provided to investigators who are required to undertake investigations infrequently and therefore require refreshed guidance and continued support.

J Sadgrove welcomed the report and the comprehensive set of responses to the recommendations that had been made and added that progress would continue to be monitored in relation to the outstanding Serious Incidents. L Mann provided assurance that work continued at pace in this area and added that a further update would be presented to the next meeting.

Resolution: The report was **NOTED**.

Action: Further update on progress to be presented to the next meeting.

4.3 CAMHS Progress Report

A Llewellyn presented the report.

D Jouvenat provided assurance to members that the national issues being experienced within CAMHS were being discussed at the WHSSC Quality & Patient Safety Committee.

P Roseblade advised that she would welcome some further discussion outside the meeting in relation to Mental Health and CAMHS services to enable her to gain a better understanding of these service areas. G Galletly confirmed that arrangements were in the process of being made to support Independent

Member visits to CAMHS which would hopefully improve the understanding of this service area.

In response to a question raised by P Roseblade in relation to leadership issues and whether HR support was in place to address this, A Llewellyn advised that in addition to a governance structure that was in place, the Team were receiving significant support from the Workforce and Organisational Development Team.

In response to a question raised by P Roseblade as to whether the action plan that had been developed would be shared with Committee Members, A Llewellyn confirmed that the action plan had previously been shared at In Committee and added that she would be happy to share again.

In relation to a question raised by P Roseblade as to what was driving the inconsistencies and significant variation in the reported incidents, A Llewellyn advised that an explanation was provided to the Committee regarding these variations in the previous In Committee report and added that this detail could not be included in this report as a result of the information being potentially patient identifiable.

J Hehir sought assurance as to whether the welcomed drop in the number of incidents during July and August was accurate. A Llewellyn advised that this related to the point made by P Roseblade above and added that specific information on this could not be included in this report due to the information being potentially identifiable.

J Sadgrove extended her thanks to A Llewellyn for presenting the report and for the ongoing work being undertaken in this area and advised that the Committee **noted** the progress made and the risks that had been outlined.

Resolution: The report was **NOTED**.

4.5 Stroke Services Update

F Jenkins presented the report.

J Sadgrove extended her thanks to F Jenkins for the comprehensive report and welcomed the plans that had been put into place.

In response to a question raised by P Roseblade in relation to door to needle times and how the lengths of time patients were waiting for an ambulance could be addressed alongside the effect this had on the patients ability to recover from a stroke, F Jenkins advised that the sooner a patient can be thrombolysed the better and added that messages needed to be cascaded within communities that stroke is an emergency and the sooner a patient presents to hospital the better if they are suspected as having a stroke.

In response to a comment made by P Roseblade in relation to references made within the report regarding a seven day service, F Jenkins added that the service

needed to move towards a seven day model of care, with a sufficient rota in place to enable cover for a seven day service. Members **noted** that a review was currently being undertaken as to whether this could be implemented.

In response to a question raised by P Roseblade as to the one thing that could improve the outcome for patients who have had strokes, F Jenkins advised that appropriate management of atrial fibrillation would be one of the key drivers. Members **noted** that two out of three patients who have strokes end up with a disability and one in three patients who present with a stroke will pass away. F Jenkins added that patients also need rapid access to a Hyper Stroke Unit alongside access to good rehabilitation services.

In response to a question raised by J Hehir as to the impact the transfer of stroke patients from Royal Glamorgan Hospital to Prince Charles Hospital had on ambulance handover times, F Jenkins advised that if a patient was suspected as having a stroke they were immediately taken to Prince Charles Hospital. Members **noted** that there were some cases where it was unclear as to whether a patient was having a stroke which meant that after initially being taken to Royal Glamorgan, they then needed to be transferred to Prince Charles for treatment.

J Sadgrove made reference to appendix 1 and advised that she did not get a feel for the number of patients involved. F Jenkins advised that numbers of patients are small, particularly at the Princess of Wales Hospital and added that a high percentage could be achieved from small numbers. Members **noted** that data was not lacking within stroke but information sitting behind the data was lacking.

Resolution: The update was **NOTED**

5. ANY OTHER BUSINESS

The Chair extended her thanks for all the contributions that had been made in the meeting today.

6. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 14:00pm Wednesday 22 November 2021.

7. CLOSE OF MEETING