

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Quality & Safety Committee held on the 18 May 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
Hywel Daniel	Executive Director for People (In part)
Greg Dix	Executive Director of Nursing & Midwifery
Fiona Jenkins	Executive Director of Therapies & Health Science
Marcus Longley	Health Board Chair
Louise Mann	Assistant Director of Quality & Safety
Dom Hurford	Deputy Medical Director (Interim)
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Gaynor Jones	Royal College of Nursing Convenor
Chris Beadle	Head of Health, Safety & Fire
Rowena Myles	CTMUHB Community Health Council
Jane O'Kane	Neonatal Service Improvement Director (In part)
Valerie Wilson	Director of Midwifery, Gynaecology and Sexual Health (In part)
Rhys Jones	Healthcare Inspectorate Wales
Anthony Gibson	Integrated Locality Group Director – Bridgend
Ana Llewellyn	Integrated Locality Group Nurse Director – Bridgend
Stuart Hackwell	Integrated Locality Group Director – Rhondda Taf Ely (In part)
Carole Tookey	Integrated Locality Group Nurse Director – Rhondda Taf Ely (In part)
Sarah Spencer	Integrated Locality Group Director – Merthyr & Cynon
Lesley Lewis	Integrated Locality Group Nurse Director – Merthyr & Cynon
Zoe Ashman	Head of Quality & Safety, Merthyr Cynon ILG (In part)
Emma Samways	Internal Audit
Linda Prosser	Programme Director (In part)
Anna Pepper	Senior Project Manager (In part)
Debbie Bennion	Deputy Executive Nurse Director (In part)
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Corporate Governance Manager (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.

The Chair advised Members that this would be the last meeting for Maria Thomas prior to her retirement at the end of this month. The Chair extended her thanks to Maria for the contributions she had made during her time as Committee Member and as Committee Chair and on behalf of the Committee wished Maria all the very best in her retirement. Maria extended her thanks to Committee Members and attendees for the support they had provided and added that she looked forward to hearing and seeing how the Health Board develops moving forwards.

The Chair advised that an In Committee meeting would be held after the public part of the meeting to discuss sensitive items in which individuals could be potentially identifiable.

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

Apologies for absence were received from Georgina Galletly, Director of Corporate Governance.

#### 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.

Members **noted** that there were two questions which remained unanswered, one which related to an item on the action log (reference QSC/20/091) which would be addressed outside of the meeting, and the other which related to Agenda Item 2.2.11, (Out of Hours Services) which D Hurford would provide an update on later in the meeting.

P Roseblade advised that she would welcome a discussion outside of the meeting in relation to the Controlled Drugs Accountability Report, in relation to licencing

and Workforce implications in particular. N Lyons **agreed** to discuss with P Roseblade outside of the meeting.

Action: Discussion to be held outside of the meeting between P Roseblade and N Lyons in relation to the Controlled Drugs Accountability Report, licencing and Workforce implications in particular.

## **2.1 For Approval**

### **2.1.1 Unconfirmed Minutes of the Meeting held on the 16 March 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 March 2021**

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

### **2.1.3 Quality & Safety Committee Annual Report 2020/2021**

Resolution: The Quality & Safety Committee Annual Report 2020/2021 was **APPROVED**.

### **2.1.4 Clinical Audit Policy and Strategy**

Resolution: The Clinical Audit Policy and Strategy 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 Controlled Drugs Local Intelligence Network Annual Report**

Resolution: The report was **NOTED**.

### **2.2.4 Infection, Prevention & Control Committee Highlight Report**

Resolution: The Report was **NOTED**.

### **2.2.5 Infection, Prevention & Control Annual Report**

Resolution: The Report was **NOTED**.

## **2.2.6 Welsh Health Specialised Services Committee Chairs Summary Report**

Resolution: The reports were **NOTED**.

## **2.2.7 RADAR Committee Highlight Report**

Resolution: The report was **NOTED**.

## **2.2.8 Research & Development Six Monthly Update**

Resolution: The report was **NOTED**.

## **2.2.9 WAST Patient Safety & Experience Highlight Report February 2021**

Resolution: The report was **NOTED**.

## **2.2.10 Clinical Audit Forward Plan 2020/2021**

Resolution: The report was **NOTED**.

## **2.2.11 Covid-19 Related Mortality Rate in Care Homes**

Resolution: The report was **NOTED**.

## **2.2.12 Human Tissue Authority Compliance Update Report**

Resolution: The report was **NOTED**.

## **2.2.13 Human Tissue Authority Annual Report**

Resolution: The report was **NOTED**.

## **2.2.14 Cancer Services Annual Report**

Resolution: The report was **NOTED**.

## **2.2.15 Highlight Report from the Facilities Directorate**

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

Z Ashman, Head of Quality & Safety, Merthyr & Cynon ILG, presented Members with a patient story which related to the experiences of a daughter of a patient who was admitted to hospital during the Covid-19 pandemic. The story highlighted communication failures that had occurred along the patient's pathway which had been deeply upsetting for the family at such a difficult and worrying time. Members valued the story being shared and were keen to learn of the improvements being implemented to prevent reoccurrence.

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

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

C Hamblyn presented Members with the report and advised that this was the version that was presented to Board at its March 2021 meeting. Members **noted** that comments had been taken on board in relation to the timelines of receiving reports at Committee meetings prior to Board and **noted** that the Organisational Risk Register would now be presented to every Management Board, prior to being presented to Committees and then Board.

Members **welcomed** the revised process and requested that the most latest update regarding the risks were shared with Members outside of the meeting. The Chair advised that she had some points of detail which she would share with C Hamblyn outside of the meeting.

In relation to 4106 and 4157, C Hamblyn confirmed to N Milligan that the register had been updated to reflect that the Strategic Workforce Group did not meet until May.

Resolution: The report was **NOTED**;  
The Committee **ENDORSED** the proposals for the revised reporting cycles.

Action: Latest update regarding risks to be shared with Members outside of the meeting.

### 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.

J Sadgrove extended her thanks to K Nnoaham for the presentation and sought clarity as to what more could be done to prevent people from being vaccine

hesitant. K Nnoaham advised that appropriate messaging was important and needed to be encouraging.

In response to a question raised by M K Thomas as to what plans were in place from a public health perspective to address the inequality gap in 40-49 year olds, K Nnoaham advised that consideration was being given to whether vaccine availability was not fitting in with the work patterns of this age group and added that discussions held at the Vaccination Committee indicated that a geographical analysis of the data would need to be undertaken to determine whether the lower uptake related to deprived areas.

In response to a question raised by N Milligan regarding some issues that had been experienced in rearranging an appointment, K Nnoaham **agreed** to discuss this further with the Vaccination Teams.

In response to a question raised by R Myles regarding the increased transmissibility of the Indian variant and whether this was because of the virus itself or as a result of people's lifestyles, K Nnoaham advised that the increased transmissibility was as a result of the intrinsic quality of the virus and added that the more people mix, an increase in transmission rates would be seen.

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

Action: Discussion to be held with the Vaccination Teams in the difficulties being experienced by some members of the public in relation to rearranging appointments

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

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

V Wilson and J O Kane presented the report which provided Members with an update with regard to the Independent Maternity Services Oversight Panel (IMSOP) Review and associated improvements relating to the Health Board Maternity and Neonatal Services.

Members **noted** that whilst positive feedback had been received from the Delivery Unit and Welsh Government in relation to the improvements made against Serious Incident reporting, IMSOP had raised some concerns verbally in relation to medical input and had advised that they would be keen to visit the Health Board to test the embedment of the recommendations across hospital sites. Members **noted** that a written summary of these concerns was in the process of being developed.

M K Thomas provided assurance to Members that a detailed discussion was held at the Maternity Improvement Board last week on the progress being made against the reviews and the need for clinical leadership within Obstetrics in particular moving forwards.

In response to a question raised by P Roseblade in relation to the figures reported against the serious incident backlog, V Wilson advised that whilst the overall total would always be 43, there should be a reduction in the number of serious incidents requiring review on a weekly basis. In relation to a query raised in relation to the incidents requiring Neonatal review, Members **noted** that part of the reasons for revisiting these was as a result of there being some element of neonatal care which required neonatal input.

J Sadgrove **welcomed** the Multi-Disciplinary Team approach that was now being taken, particularly from an Obstetrics position, and added that she was pleased to hear that a plan was in place which clearly showed the progress being made. In response to a question raised by J Sadgrove, V Wilson provided assurance that the detailed action plan included milestones and added that whilst a number of actions would have been completed, there were some actions which remained at results stage and other longer term actions, for example, actions related to culture and engagement.

In response to a question raised by J Sadgrove regarding the alignment being made to the Targeted Intervention maturity matrix, V Wilson confirmed that discussions were being held with IMSOP regarding alignment and Members reflected on discussions which had also been held at Board Development on this matter.

J Sadgrove extended her thanks to V Wilson and J O Kane for presenting the report and for all of the work that had been undertaken to date, with significant progress being made.

Resolution: The report was **NOTED**.

## **6.2 Integrated Locality Group (ILG) Quality & Safety Reports – Report from the Chief Operating Officer identifying Themes and Trends**

G Robinson presented the report which provided an overarching update on themes and issues within the remit of the Chief Operating Officer.

In response to a question raised by M K Thomas in relation to the restarting of services and the assurances required on the planned care recovery programme, G Robinson **agreed** to provide an update to the next Quality & Safety Committee in relation to the programme from a quality perspective.

In response to concerns raised by N Milligan in relation to Personal Protective Equipment and the issues being experienced in providing adequate clear masks to staff who are hard of hearing, G Robinson advised that whilst he was not aware of this issue, he will investigate further outside of the meeting.

In response to a question raised by D Jouvenat in relation to increasing attendances at the Emergency Departments and whether this was as a result of patients having difficulty in securing an appointment with their GP, S Hackwell advised that an increase in attendance was being seen across the whole Health



Board system, with GP's seeing an increase in consultations also. Members **noted** that this may be as a result of patients now choosing to escalate their health issues following the easing of restrictions.

Following a comment made by P Roseblade in relation to ambulance handover delays, it was **agreed** that future iterations of the ILG reports would need to identify the steps that had been taken to address these issues. P Roseblade added that in relation to the seven red release requests, she found it concerning that there were only two instances where ambulances were released, particularly as not releasing an ambulance on time would have significant impact on stroke patients.

In response to a question raised by R Myles in relation to the increased acuity of patients presenting to the Accident & Emergency departments, J Denley confirmed that in theory it was the role of 111 to assess the acuity of patients prior to presenting to hospital and added that a proposal would shortly be presented to Management Board in relation to the introduction of local Clinical Flow centres who would oversee the Welsh Ambulance Services NHS Trust (WAST) 111 calls.

Resolution: The Report was **NOTED**.

Action: Update on the Planned Care Recovery Programme from a quality perspective to be presented to the July meeting of the Committee.

Action: G Robinson to investigate the issues being experienced in relation to the provision of adequate clear masks to staff who were hard of hearing.

Action: Future ILG reports to identify the steps being taken to address the ambulance handover delay issues.

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

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

M K Thomas **welcomed** the report and **noted** that the ILG had now taken on the management of Children and Young People Services. In response to a question raised by M K Thomas in relation to the improvement work being undertaken regarding pressure ulcers and falls and when the Committee would be likely to see the results of the improvements being made, A Llewellyn advised that a Falls Lead was in the process of being recruited and this post would be used as a mechanism for sharing learning.

In response to a question raised by M K Thomas in relation to the concerns reported by all three ILG's regarding lack of granularity regarding Datix reporting, A Llewellyn advised that the Once for Wales Datix Incident Module would be implemented in July 2021 and added that the incident module would



enable granularity. Members **noted** that a central team was in place who were currently working on the data fields.

In response to a question raised by J Sadgrove regarding the Once for Wales system and whether historical information would be transferred, D Bennion advised that two linked systems would be run initially whilst steps were being taken to move historical data over onto the new system.

In response to a question raised by P Roseblade in relation to concerns raised by the ILG regarding access to Ophthalmology risks on the Once for Wales system, A Llewellyn advised that engagement was being undertaken with Rhondda Taf Ely (RTE) ILG colleagues in relation to managing legacy issues and learning lessons.

In response to a question raised by P Roseblade relating to issues being experienced regarding access to concerns data for services that had recently transferred over into the ILG, A Llewellyn advised that the data was manually being obtained at present from RTE ILG colleagues whilst the hierarchies were being reset on the Datix system. Members **noted** that the central team had access to all of the data being stored.

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

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

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

A discussion was held in relation to the patient story that had been shared earlier in the meeting. S Spencer advised that the Team were deeply saddened to hear of the experiences of this family and confirmed that the level of care received was not to the standard that they are committed to delivering within the service. S Spencer confirmed that steps were being taken to create an environment to enable people to deliver the best possible services. Members **noted** that steps were being taken to improve the way in which concerns responses were being addressed by front line clinicians and team members. P Roseblade advised that the story had been difficult to listen to and added that more reflection was required in regards to the impact comments can have on patients and their families. R Myles echoed the comments made by P Roseblade and added that she was pleased to hear that the issues were being addressed.

In relation to paragraph 2.3, P Roseblade requested further information outside of the meeting in relation to the process for requesting additional funding for posts.

K Nnoaham made reference to patient falls and advised that the Health Board had the highest rates of hip fractures compared to the rest of Wales. K Nnoaham advised that whilst he welcomed the development of the Falls Strategy he remained concerned that there were no metrics in place currently for falls and

added that consideration would need to be given to what was happening within the community. In response to a question raised by K Nnoaham as to when the Falls Strategy would be in place, J Sadgrove suggested that a discussion would need to be held amongst the Executive Team regarding this and suggested that the Executive Team comes back with a proposal to the Committee on this matter.

In response to a request made by M K Thomas, L Lewis **agreed** to include an update in a future iteration of the report on the work being undertaken on Psychosis and the single point of access.

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

Action: Further information to be provided to P Roseblade outside of the meeting in relation to the process for requesting additional funding for posts.

Action: Executive Team discussion to be held in relation to the Falls Strategy and when this was likely to be in place. A proposal to be presented to a future meeting of the Committee on this matter.

Action: The work being undertaken on Psychosis and the single point of access to be included in a future iteration of the report.

### 6.2.3 Rhondda Taf Ely Quality & Safety Report

S Hackwell presented the item drawing the Committees attention to the pertinent points identified within the report.

M K Thomas **welcomed** the report and the consistency of reporting which is now being seen across all three ILG's. In response to a question raised by M K Thomas regarding the reintroduction of visiting, S Hackwell advised that this was being welcomed by patients and their families and added that the position would be kept under review.

In response to a comment made by M K Thomas in relation to keeping the Committee up to date on progress being made across the Emergency Departments, S Hackwell advised that a Business Case for a Sustainable Emergency Department model would be presented to Management Board shortly.

In response to question raised by M K Thomas regarding the inspection undertaken of Seren Ward by Healthcare Inspectorate Wales, S Hackwell advised that he would be happy to share the full report at a future meeting.

M K Thomas **requested** an update on the Crisis Care Review to be presented to a future meeting and welcomed the Infection Prevention Control award that had been won by the Locality Nurse Director.

In response to a request made by J Sadgrove, S Hackwell **agreed** to present the Committee with an update at a future meeting on the legacy work being undertaken in relation to Ophthalmology Follow Up Outpatients Not Booked.

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

Action: Healthcare Inspectorate Wales review of Seren Ward to be presented to a future meeting of the Committee.

Action: Update on the Crisis Care Review to be presented to a future meeting.

Action: Update to be presented to a future meeting on the legacy work being undertaken in relation to Ophthalmology Follow Up Outpatients Not Booked.

#### 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**.

#### 6.3 Update on Suicide Prevention

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

In response to a question raised by P Roseblade regarding primary care involvement in relation to identifying people at risk, L Mann confirmed that there was a gap in relation to representation from Primary Care colleagues which would continue to be addressed.

Resolution: The report was **NOTED**.

#### 6.4 Patient Safety Quality Dashboard

L Mann presented the report.

J Sadgrove **welcomed** the report which was comprehensive and requested that this report was taken at the start of the agenda at the next meeting to enable a fuller discussion to be held.

In response to a request made by M K Thomas, J Sadgrove **agreed** that it would be helpful if the Committee could have an update report on medication errors at a future meeting.

Resolution: The Report was **NOTED**.

Action: Report to be taken at the start of the agenda at the next meeting to enable a fuller discussion to be held.

Action: Update on medication errors to be presented to a future meeting of the Committee.

## 6.5 Nosocomial HCAI

G Dix presented the report and advised that confirmation had now been received that transmissions within the Health Board were in excess of 2000 patients which meant that under the national framework the Health Board would now be required to undertake a review of all patients. Members **noted** that a standardised approach would need to be taken across Wales and **noted** that other Health Board's had now increased their primary investigator resource. N Lyons added that this piece of work would need to be undertaken proportionately and effectively and a team would need to be put into place to undertake this review.

M K Thomas requested that the Health Board ensured that it investigated once and investigated well and requested that the Committee were kept fully up to date on the progress being made.

Resolution: The Report was **NOTED**.

Action: Updates to be presented to the Committee at future meeting in relation to progress being made regarding Nosocomial HCAI reviews.

## 6.6 Urgent Care Improvement Programme Update

L Prosser presented the report which provided an update in relation to the establishment of an Urgent Care Programme and the progress being made.

J Sadgrove **welcomed** the report which was very well described and sought clarity as to how the risks relating to the programme not being supported or resourced as a result of poor design were being managed. L Prosser advised that one of the areas that required improvement was analytical capacity and added that discussions were being held with the Chief Information Officer as to how this could be improved. G Robinson added that a decision had been made to not launch the programme at the same time as the Elective Recovery plan due to staff being under significant pressure at the present time.

In response to a question raised by M K Thomas, L Prosser confirmed that work would be undertaken by the Primary and Community Group in relation to Delayed Transfers of Care and working with partners to improve patient flow.

J Sadgrove **welcomed** the report and advised that a discussion would be held at the next agenda planning meeting in relation to further updates and frequency of reporting.

Resolution: The Report was **NOTED**.

Action:

Discussion to be held at the next agenda planning meeting regarding further updates and frequency of reporting.

## **6.7 Nursing Assurance Report**

G Dix presented the report which provided an update on Ward Quality Assurance within the Health Board.

In response to a question raised by P Roseblade, G Dix confirmed that audits were generally carried out by Ward Nurses in addition to peer audits being undertaken.

Resolution: The Report was **NOTED**.

## **6.8 Stroke Quality Improvement Update**

F Jenkins presented the report and advised that the Population Health & Partnerships Committee had requested that the Quality & Safety Committee closely monitors Stroke Services moving forwards from a quality perspective. Members **noted** that discussions were being held in relation to the future of stroke service provision moving forwards in order to provide better care for patients. F Jenkins **agreed** to present a verbal update to the July meeting and a further report to the September meeting outlining the progress made.

Resolution: The Report was **NOTED**.

Action: Verbal update on Stroke Quality Improvement to be presented to the July meeting with a written update to be presented to the September meeting.

## **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 20 July 2021.