

# Quality & Safety Committee

Tue 19 January 2021, 13:30 - 16:30

Virtually via Microsoft Teams

## Agenda

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13:30 - 13:30

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### 1. PRELIMINARY MATTERS

Information Jayne Sadgrove

#### 1.1. Welcome & Introductions

Information Jayne Sadgrove

#### 1.2. Apologies for Absence

Information Jayne Sadgrove

#### 1.3. Declarations of Interest

Information Jayne Sadgrove

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### 2. CONSENT AGENDA

#### 2.1. FOR APPROVAL

##### 2.1.1. Unconfirmed Minutes of the meeting held on 18 November 2020

Decision Jayne Sadgrove

For approval

- 📄 2.1.1a Unconfirmed Minutes QSC 18 November 2020 QSC 19 January 2021.pdf (20 pages)
- 📄 2.1.1b Appendix 1 QA Summary Draft Unconfirmed Minutes QSC 18 November 2020 QSC 19 January 2021.pdf (21 pages)

##### 2.1.2. Unconfirmed Minutes of the meeting held on 22 December 2020

Decision Jayne Sadgrove

For approval

- 📄 2.1.2 Unconfirmed In Committee Minutes QSC 22 December 2020 QSC 19 January 2021.pdf (2 pages)

##### 2.1.3. Revised Quality & Patient Safety Governance Framework

Decision Greg Dix

## Questions Submitted by Independent Members

**Comment:** The revised Framework November 2020, on the forward it still has Sharon photo needs to be changed to Paul Mears.

**Answer:** I have already sent our new CEO the QGF to offer inclusion in the revised version as these are the comments of our previous CEO. I did not want to replace Sharon's photo without the accompanying words of Paul as he may wish to add his own. I did not receive a response in time for submission but I will immediately replace both the photo and the foreword as soon as I receive them.

**Question:** Page 6 What is Quality Governance - there is a mention of commissioned services should there also be a reference made to hosted services to close the governance loop. However noted they are mentioned on page 23

**Answer:** I can strengthen earlier in the document

**Question:** Should there be an inclusion in this report in the appendix, in a diagrammatic form of the groups that sit under the Q&SC who will undertake the assurance work.

**Answer:** There is a governance structure chart at Figure 7 (pg 22) indicating where the ILG's are positioned. This does not contain all the assurance groups that report in to Q&S. I can add this if it is required.

📎 2.1.3a Quality Governance Framework December 2020 QSC 19 January 2021.pdf (4 pages)

📎 2.1.3b CTMUIHB Quality Governance Framework Nov 2020 FINAL V2 QSC 19 January 2021.pdf (44 pages)

### 2.1.4.

#### Quality & Safety Committee Annual Cycle of Business

*Decision*

*Georgina Galletly*

For approval

📎 2.1.4a Quality & Safety Committee Cycle of Business - Cover Paper QSC 19 January 2021.pdf (2 pages)

📎 2.1.4b Quality Safety Committee Cycle of Business QSC 19 January 2021.pdf (4 pages)

### 2.2.

#### FOR NOTING

#### 2.2.1.

##### Action Log

*Information*

*Jayne Sadgrove*

📎 2.2.1 Committee Action Log QSC 19 January 2021.pdf (4 pages)

#### 2.2.2.

##### Policy Management Improvement Plan - Clinical and Non Clinical Policies

*Information*

*Georgina Galletly*

## Questions Submitted by Independent Members

**Question:** Could we have an update on the pace of completion in our March meeting following the review at end of January.

**Answer:** Yes – an update on the Policy Improvement Plan review in January will be added to the Forward Work Programme for inclusion at the March meeting. Formal Policy Management Improvement Plan updates have also been built into the Committee Cycle of Business.

**Comment:** In the March update requested by Maria, it would be helpful to have assurance that there is a process to ensure that clinical policies will be regularly checked and updated to ensure alignment with national guidelines as they evolve and change.


**Answer:** There are two parts to this assurance.

1. Clinical policies are reviewed every 2 years as routine (this is a standard timeframe for most clinical policies as national revisions occur at relatively long intervals). We are putting in place a system of recording all agreed CTM clinical policies alongside the corporate policies.

Work is ongoing and the development of a secure but easily accessible IT system is being discussed. Having policies is fine as long as they can be accessed and implemented easily. This is part of a much wider HB view on IT provision.

2. Audit team are introducing the AMaT system (1st in Wales to adopt – widely used across England) as a method of collating all National Guidelines, NICE policies and specialist Society documents – allows us to review weekly the incoming policies and guidelines and prioritise and identify areas of focus.

New relevant policies can then be easily communicated to relevant teams to review old and new guidelines to inform and update as necessary.

 2.2.2 Policy Management Improvement Plan QSC 19 January 2021.pdf (3 pages)

### 2.2.3.

#### Quality & Safety Committee Forward Work Programme

*Information* Georgina Galletly

 2.2.3 Forward Look QSC 19 January 2021 QSC 19 January 2021.pdf (8 pages)

### 2.2.4.

#### Medicines Management Committee Highlight Report

*Information* ALAN LAWRIE

**Question:** Could we include in the forward look six monthly reviews.

**Answer:** Quarterly update reports have been included in the annual cycle of business/forward work programme

**Question:** 2.3 Medicine Shortages ( within report ) - should we agree an alert system if we are experiencing shortages due to E.U exit or COVID impact, where the Q&SC will be in the loop for reporting to Board.

**Answer:** We have a well-established alert system in Wales for managing medicines shortages, as stated in the report, if there are any remaining risks after the mitigating actions have been put in place we can report these up to Q&SC.

Medicines management manage the medicines shortages through raising awareness with all clinical staff both in acute and primary care, where required we will advise on appropriate alternative products of the same medicine type or a different formulation etc, or rarely will have to implement new guidance to actively and safely manage changing the medicine.

Medicines shortages are not new we have been experiencing these for a number of years and will continue to do so outside of COVID or the EU exit, reassuringly the EU exit has currently not impacted medicines shortages.

We can provide a report to Q&SC on the medicines shortages alerts demonstrating that actions have been taken if further assurance is required.

**Comment:** The digital risks in 2.2 relating to the lack of provision for Bridgend ILG and the known issue of links to archived rather than current policies should be flagged to the Digital and Data Committee, which is building an overview of system issues and risks.

**Answer:** Aware of the risk here. Looking at wider IT structure across CTM as a matter of urgency with Paul Mears.

Awareness and high concern for Bridgend ILG IT accessing SBUHB by default and not CTM. Also document access on SharePoint is raising significant concerns due to lack of ease of access and difficulty searching for, and finding, relevant documents. Advice has been sought from ICT lead as to whether it is appropriate for this to be escalated to the Digital and Data Committee.

The E-Business Team works quite closely with Medicines Management on the Medicines Management pages and its redevelopment and hasn't been aware of any issues to do with our CTM related pages although this is being checked with the Team for completeness.

It looks like this issue relates to the legacy of the Bridgend Boundary Transition where Bridgend ILG colleagues default to the (now) Swansea Bay UHB intranet rather than ours which means that ICT would need to advise on this element related to the ICT SLA with SBUHB.

 2.2.4 MMEC Highlight Report QSC 19 January 2021.pdf (7 pages)

### 2.2.5.


#### Update from the Listening & Learning Forum (to include the Terms of Reference)

*Information* Greg Dix

**Question:** 6 ( within report ) Reporting and Assurance - under the third bullet point, should any escalation or concerns that need alerting go through the Q&SC to the Board. To close the Governance loop ?

**Answer:** The TOR are currently in draft. I would welcome any feedback from committee members. The reporting arrangements for this group is to Management Board – I agree that a health governance system would include a feedback loop to Q&S through to Board. I will amend.

 2.2.5a Listening & Learning Referral QSC 19 January 2021.pdf (3 pages)

 2.2.5b Shared Listening & Learning Forum TOR QSC 19 January 2021.pdf (6 pages)

### 2.2.6.

## Staff Incident Reporting Feedback

Information *Greg Dix*

**Question:** There will be a need for an update on the concerning issues and position to ensure improvement and learning is implemented and shared. What is the recommended timescale for this to come back to QSC? Can it be included in the Forward look.

**Answer:** The improvement will be instant because the system does not allow incidents to be moved to final approval without the feedback field being completed.

In relation to the quality of the feed back this is a longer piece of work, which includes the need to develop a mechanism for assessment within the Health Board. My suggestions is that an update report is provided in 6 months, which will outline the process and as well as the outcome of any assessment.

**Question:** It is helpful to have this data and analysis. There is more feedback given than anticipated which is welcome. However as the paper sets out there is room for improvement, in particular in Merthyr & Cynon. Can this data be provided to ILGs for them to include in their regular reports as part of their culture change programme, embedding our values?

**Answer:** The report has been shared with the ILGs via the Heads of Quality & Safety.

As a result of the changes in the system no incident will be given final approval or closed without the feedback field being completed. This may result in incidents becoming stuck in the system i.e. staying in investigation in progress. Therefore monitoring is required in relation to the number of incidents in this status as well as the length of time. A breakdown of the number is currently included in the Weekly executive patient safety report, which is shared with the Localities. This information will also form part of the development of Locality and Service Group dashboards over the 4 weeks within the RLDatix system.

 2.2.6 Feedback from Incident Reporting QSC 19 January 2021.pdf (5 pages)

### 2.2.7.

#### Quality Impact Assessment of Services Being Stood Down

Information *Lyons Nick*

 2.2.7 CTMUHB Covid 19 Surge Plans Service Suspension Quality Impacts QSC 19 January 2021.pdf (5 pages)

### 2.2.8.

#### Community Health Council Briefing - Living with Coronavirus: Health and Care Services During Winter

Information *Greg Dix*

 2.2.8 CHC briefing paper re public feedback Nov 20 (v2) QSC 19 January 2021.pdf (5 pages)


### 2.2.9.

#### Community Health Council Briefing - Maternity Services in Wales: What CHCs have heard during the coronavirus Pandemic

Information *Greg Dix*

**Question:** Learning and further developments referred to, is this being picked up or has it already as part of the Maternity Improvement plan.

**Answer:** This was a CHC paper based on feedback from women from across Wales it wasn't specific to our HB but we wanted to include what had been undertaken in CTM in response to the all Wales feedback,. The maternity learning is ongoing as part of the maternity improvement plan.

 2.2.9 CHC briefing paper maternity service feedback QSC 19 January 2021.pdf (6 pages)

### 2.2.10.

#### Welsh Ambulance Services NHS Trust Patient Experience Highlight Report November 2020

Information *Greg Dix*

**Question:** Is the improvement work needed from this report in respect of concerns around A&E waits being incorporated into the unscheduled care plans.

**Answer:** A&E waits are a primary focus of the department, site and ILG on a daily basis. Systems are in place to ensure where waits do occur, the safety of the individual patient is monitored appropriately. We recognise the need to further improve our performance in this area. An Unscheduled Care Improvement Programme is in development, led by the Interim Chief Operating Officer which will mobilise in February 2021. This will deploy recognised best practice throughout the entire pathway aimed at

improving key safety measures (including ambulance handover, ED waiting time, length of stay), patient experience and overall performance.

It is important to recognise how hard the staff are working within the departments in a difficult situation where our sites are constantly juggling and changing beds between COVID and non-COVID depending on the daily demand. Unfortunately, at times this does manifest as patient flow delays within the ED that can have a knock on effect onto ambulances being delayed on arrival.

 2.2.10 WAST Patient Safety Experience Report CTMUHB QSC 19 January 2021.pdf (15 pages)

### 2.2.11.

#### **Audit Wales Operating Theatre Department Review - Referral from Audit & Risk Committee**

*Information* **ALAN LAWRIE**

To note for information

**Question:** Improvement work clearly needed to implement outstanding recommendations to improve the quality and safety of patient care. Is this something that can be thought through while services are suspended due to COVID?

**Answer:** There have been several reviews undertaken by Audit Wales in regard to Theatre Utilisation and Performance both within the former Cwm Taf areas and also in Bridgend when it was part of ABMUHB.

This follow up audit was designed to assess progress over the past 5 to 6 years. It is clear from the follow up review that progress has been made in a number of key areas , both in regard to performance of the theatres , but also more importantly in regard to safety.

It would be fair to say that the Acute Divisions in the two previous organisation didn't however make enough progress overall. This progress has been halted even further through both the pandemic challenges and also the introduction of the new operating model , where responsibility for certain surgical specialties and the theatres overall have changed both in terms of clinical and managerial leadership.

The key outstanding recommendations on page 6 in paragraphs 10 to 12 are however crucial to take forward and will very much be part of the planned care recovery programme as well as the quality governance systems within the Clinical Service Groups. This work on quality dimensions will not be halted as a result of the pandemic and in fact is even more relevant given the impact that Covid, the use of PPE and guidance on surgical procedures has had in the operating environment

The ILG Directors of Operations, their Clinical Service Group Managers for Surgery and the associated Clinical Directors are well sighted on the work that is needed and follow up back to the Q&S committee will be made regularly through the ILG reports

 2.2.11 Audit Wales Operating Theatre Department Review QSC 19 January 2021.pdf (26 pages)

### 2.2.12.

#### **Internal Audit Follow Up Review - Head & Neck Position Statement - Referral from Audit & Risk Committee**

*Information* **ALAN LAWRIE**

To note for information

 2.2.12 IA Head Neck Directorate Position Statement - Final QSC 19 January 2021.pdf (8 pages)

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## 3.

### **MAIN AGENDA**

#### 3.1.

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

*Discussion* **Jayne Sadgrove**

To note for assurance

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## 4.

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

#### 4.1.

### Shared Listening & Learning - Patient Experience Story


*Discussion*                      *Greg Dix*

To note for assurance

#### 4.2.

### Assurance on Risks Assigned to the Quality & Safety Committee

*Discussion*                      *Georgina Galletly*

 4.2a Organisational Risk Register - November 2020 QSC 19 January 2021.pdf (5 pages)

 4.2b Appendix 1 - Organisational Risk Register - Risks Rated 15 and Above - H....pdf (10 pages)

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## 5.

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

### 5.1.


#### Covid-19 Update - To follow

*Discussion*                      *Kelechi Nnoaham*

### 5.2.

#### Learning Disability Services Covid Reflections

*Discussion*                      *Julie Denley*

 5.2a LD Services Covid Reflections QSC 19 January 2021.pdf (2 pages)

 5.2b SBUHB LD Covid-19 Response Update QSC 19 January 2021.pdf (6 pages)

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## 6.

# PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE

### 6.1.


#### Maternity Improvement Programme Update

*Discussion*                      *Greg Dix*

#### 6.1.1.

##### Improving Quality & Preventing Reoccurrence

*Discussion*                      *Greg Dix*

 6.1.1 Maternity Improving Quality & Preventing Recurrence QSC 19 January 2021.pdf (7 pages)

#### 6.1.2.

##### Resilience in the Workforce in Maternity Services

*Discussion*                      *Greg Dix*

 6.1.2 Resilience in the Workforce in Maternity Services QSC 19 January 2021.pdf (9 pages)

### 6.2.



#### Integrated Locality Group Quality & Safety Reports

*Discussion*

### **6.2.1.**

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

*Discussion*                      *gibson anthony*

-  6.2.1a Bridgend ILG Quality & Safety Report QSC 19 January 2021.pdf (12 pages)
-  6.2.1b Bridgend ILG Quality Dashboard Dec 20 amended QSC 19 January 2021.pdf (2 pages)

### **6.2.2.**

#### **Rhondda Taff Ely ILG Quality & Safety Report**




*Discussion*                      *Stuart Hackwell*

-  6.2.2 RTE ILG QS January 2021 Final 11.01.21 QSC 19 January 2021.pdf (13 pages)

### **6.2.3.**

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

*Discussion*                      *Sarah Spencer*

-  6.2.3a Merthyr Cynon ILG QS Report QSC 19 January 2021.pdf (10 pages)
-  6.2.3b Appendix 1 Merthyr ILG Quality Dashboard Dec 20 QSC 19 January 2021.pdf (2 pages)
-  6.2.3c Appendix 1 Copy of Merthyr Cynon December Data 2020 (003) QSC 19 January 2021.pdf (24 pages)

### **6.2.4.**

#### **Primary Care Quality & Safety Report**



*Discussion*                      *Julie Denley*

-  6.2.4 Primary Care Quality & Safety Report QSC 19 January 2021.pdf (8 pages)

### **6.3.**

#### **Patient Safety Quality Dashboard (including an update on the Future of the Quality Dashboard)**

*Discussion*                      *Greg Dix*

-  6.3a Quality Dashboard Report QSC 19 January 2021.pdf (26 pages)
-  6.3b Appendix 2 231120 SBAR Quality Dashboard v5 QSC 19 January 2021.pdf (5 pages)

### **6.4.**

#### **Neonatal Services - An Update of Perinatal Mortality Review**

*Discussion*                      *Lyons Nick*

-  6.4 NNU PMRT QSC 19 January 2021.pdf (6 pages)




### **6.5.**

#### **DELIVERY UNIT REPORTS**

### **6.5.1.**

#### **Delivery Unit Action Plan - Cancer Services**

*Discussion*                      *Nick Lyons*


-  6.5.1a Delivery Unit Action Plan Cancer Services QSC 19 January 2021.pdf (6 pages)
-  6.5.1b Annex 1 - DU CTMUHB Cancer Services findings report QSC 19 January 2021.pdf (3 pages)
-  6.5.1c Annex 2 CTMUHB DELIVERY UNIT ACTION PLAN QSC 19 January 2021.pdf (5 pages)

### **6.5.2.**

#### **Update Report – Delivery Unit Report – Cardiac Waiting Times Follow Up**

*Discussion*                      *ALAN LAWRIE*

 6.5.2a Cardiology Follow Up Review QSC 19 January 2021.pdf (3 pages)

 6.5.2b Action plan to DSU Cardiac Surgery Waiting Time Review rewrite 07 January QSC 19 January 2021.pdf (4 pages)

## 6.6.

### Resetting Operating Framework - Quality Implications of the Quarter3/Quarter 4 Plan

*Discussion*

*Lyons Nick*

 6.6 Resetting Operating Framework QSC 19 January 2021.pdf (8 pages)

## 6.7.

### Royal College of Anaesthetists & Royal College of Surgeons Invited Service Review on the Intensive Care Service for General Surgery Patients at Princess of Wales

*Discussion*

*Lyons Nick*

 6.7a RCoA RCS joint review update QSC 19 January 2021.pdf (3 pages)

 6.7b RCoA action plan updated 5.1.21 QSC 19 January 2021.pdf (11 pages)

## 6.8.

### Update on Follow Up Outpatients Not Booked - Ophthalmology

*Discussion*

*Lyons Nick*

 6.8a Ophthalmology Position Statement Jan v3 QSC 19 January 2021.pdf (8 pages)

 6.8b Terms of Reference for Ophthalmology Service Review (002) QSC 19 January 2021.pdf (2 pages)

## 6.9.

### Update on Follow Up Outpatients Not Booked - Verbal Update

*Discussion*

*ALAN LAWRIE*


## 6.10.

### Infection, Prevention & Control Committee Highlight Reports

*Discussion*

*Greg Dix*

 6.10a Highlight Report for IPCC - July 2020 QSC 19 January 2021.pdf (4 pages)

 6.10b Highlight Report for IPCC - Nov 2020 QSC 19 January 2021.pdf (4 pages)

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## 7.

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### ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY

## 7.1.

### Update on Covid19 Nursing Workforce Plan to Support Increased Capacity

*Discussion*

*Greg Dix*

 7.1 Nursing Workforce Paper QSC 19 January 2021.pdf (11 pages)

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### ANY OTHER BUSINESS

*Discussion*

*Jayne Sadgrove*

## 8.1.

### Committee Highlight Report to Board



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DATE AND TIME OF NEXT MEETING