

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**DRAFT 'UNCONFIRMED' MINUTES OF THE MEETING OF THE
QUALITY & SAFETY COMMITTEE, HELD ON
18 NOVEMBER 2020 VIRTUALLY VIA MICROSOFT TEAMS**

PRESENT:

Jayne Sadgrove	- Independent Member (Chair)
Maria K Thomas	- Independent Member
Dilys Jouvenat	- Independent Member
Nicola Milligan	- Independent Member
Paul Griffiths	- Independent Member

IN ATTENDANCE

Greg Dix	- Executive Nurse Director
Alan Lawrie	- Executive Director of Operations (In part)
Kelechi Nnoaham	- Executive Director of Public Health (In part)
Georgina Galletly	- Director of Corporate Governance/Board Secretary
Hywel Daniel	- Interim Executive Director of Workforce & Organisational Development (OD)
Nick Lyons	- Executive Medical Director (In part)
Marcus Longley	- Health Board Chair
Julie Denley	- Director of Primary, Community & Mental Health Services
Gaynor Jones	- Royal College of Nursing Convenor (In part)
Louise Mann	- Assistant Director of Quality & Safety
Rowena Myles	- Cwm Taf Morgannwg Community Health Council
Chris Beadle	- Head of Health, Safety & Fire
David Jenkins	- Independent Advisor to the Board
Sara Utley	- Audit Wales
John Murray	- Deloitte (Observing)
Uschi Turoczy	- Creative Writing Facilitator (In part)
Esyllt George	- Arts & Health Co-ordinator (In part)
Emma Samways	- Internal Audit
Stuart Hackwell	- Integrated Locality Group Director – Rhondda & Taff Ely
Sarah Spencer	- Integrated Locality Group Director – Merthyr & Cynon (In part)
Lesley Lewis	- Integrated Locality Group Nurse Director – Merthyr & Cynon (In part)
Anthony Gibson	- Integrated Locality Group Director – Bridgend
Amie Symes	- Head of Quality & Patient Safety (Observing)
Emma Walters	- Corporate Governance Manager (Committee Secretariat)

PART A. PRELIMINARY MATTERS

QSC/20/134 **AGENDA ITEM 1.1 WELCOME AND INTRODUCTIONS**

J Sadgrove (Chair) **welcomed** everyone to meeting, and advised that as a result of diary commitments, there were a number of colleagues who would need to leave the meeting early, therefore the running order of the agenda had been changed slightly.

J Sadgrove **commenced the meeting** by paying tribute to Mark Simons, who had sadly passed away recently. J Sadgrove advised that Mark had been a regular attendee at the Committee for some time and had made some excellent contributions. To pay tribute to Mark and his family, J Sadgrove invited Members of the Committee to take part in a one minute silence.

J Sadgrove welcomed Uschi Turoczy and Esyllt George to the meeting. Members **NOTED** that Uschi Turoczy was a creative writing facilitator and was attending the meeting to present a patient story following a visit she had made to Ysbyty's Seren to meet with a patient, hear his story and turn his words into a poem.

J Sadgrove also **welcomed** Amie Symes, Head of Quality & Patient Safety who was observing today's meeting.

J Sadgrove advised that a Question and Answer process had been implemented prior to the meeting and added that the Questions & Answers received had been included in Admincontrol and had also been circulated outside of the meeting.

QSC/20/135 **AGENDA ITEM 1.2 APOLOGIES FOR ABSENCE**

Apologies had been received from Dom Hurford, Assistant Medical Director for Quality & Clinical Effectiveness and Ana Llewellyn, Integrated Locality Group Nurse Director - Bridgend Locality.

QSC/20/136 **AGENDA ITEM 1.3 DECLARATIONS OF INTEREST**

There were none.

AGENDA ITEM 5.4.1 DELIVERY UNIT REVIEW OF OPHTHALMIC DIAGNOSTIC AND TREATMENT CENTRE (ODTC) – PROGRESS REPORT

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

A Lawrie presented the report and advised that the report identified that the Delivery Unit had been commissioned to undertake a review of the self-assessment, with a review undertaken against three areas of assurance. Members **NOTED** that an action plan had been developed, with a number of recommendations now marked as complete, with some recommendations which were close to completion.

Members **NOTED** that two areas of concern had been identified, one of which was the development of an agreed vision for Ophthalmology and the second being the interface with Primary Care.

Members **NOTED** that management changes and changes to the operating model, together with the Covid pandemic, had impacted some of the progress made and **NOTED** that it had now been agreed that Ophthalmology Services would be hosted by the Bridgend Integrated Locality Group by 1 December 2020.

Members **NOTED** that a review had also been instigated by the Royal College of Ophthalmology. Members **NOTED** that Terms of Reference for this review had been developed and were currently in the process of being reviewed by the Royal College. In response to a question raised by P Griffiths as to the likely start date of this review, N Lyons advised that service reviews usually commenced within three months of receipt of Terms of Reference which meant that the review was likely to commence in January 2021, with findings reported in March 2021. Members **NOTED** that the Terms of Reference for the review had been included as a separate agenda item.

In response to a question raised by G Jones in relation to the current position regarding the appointment and training up of Nurse Injectors, A Lawrie advised that an update on staffing had been included in the action plan and added that slow progress had been made in appointing staff.

Members **RESOLVED** to: **NOTE** the report and **ENDORSE** the Improvement Plan.

QSC/20/138

AGENDA ITEM 5.4.2 DELIVERY UNIT REVIEW ON CARDIOLOGY TO CARDIAC SURGERY FOLLOW UP – PROGRESS REPORT

A number of comments and questions were received prior to the meeting, as outlined in Appendix 1 together with the responses provided.

A Lawrie presented the report and advised that the implementation of the new operating model had impacted on the focus being placed on this matter. Members **NOTED** that whilst some progress had been made, further progress was required and A Lawrie requested that a more detailed update was presented to the Committee at its next meeting. J Sadgrove **AGREED** to receive a more detailed update at the next meeting (**added to the forward work programme**).

In relation to the question raised prior to the meeting regarding the ICT issues experienced regarding the merger of Patient Administration System (PAS) systems and the Welsh PAS (WPAS) interface, J Sadgrove confirmed that this issue had already been added to the agenda for the Digital and Data Committee.

Members **RESOLVED** to: **NOTE** the update provided.

QSC/20/139

AGENDA ITEM 5.5 RATIONALE FOR THE OPENING OF THE FIELD HOSPITAL AND ASSURANCE RECEIVED BY GOLD TO INFORM THE DECISION

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

A Lawrie presented the report and advised that the report highlighted the background as to why the field hospital had been opened, which largely related to the capacity constraints being experienced within the District General Hospitals and Community Hospitals. Members **NOTED** that the report identified the work being undertaken in relation to Medical and Nurse staffing, with a group of GP's who were keen to work at the field hospital providing medical cover. A Lawrie advised that Therapy input was also in place.

Members **NOTED** that positive experiences were being received by patients at the hospital and **NOTED** that all mitigation standards had been worked through with building control and the Fire Safety Team in relation to Estates issues.

M K Thomas advised that she now felt assured that all risks had been mitigated and added that she also felt assured in relation to the governance processes as all issues had been dealt with via gold command.

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

QSC/20/140

AGENDA ITEM 5.2.2 MERTHYR CYNON ILG QUALITY & SAFETY REPORT

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

L Lewis presented the report and provided Members with an update against the following key areas:

- In relation to the Covid outbreak at Prince Charles Hospital, as of yesterday there had been 142 cases that make the case definition of an outbreak. There had sadly been 35 deaths. Members **NOTED** that whilst cases were rising, the outbreak was being managed whilst the Hospital remained open;
- There had been a small outbreak at Ysbyty Cwm Cynon, with 6 cases reported, and sadly one associated death;
- There was a 15 point action plan in place which was being scrutinised three times weekly;
- The Hospital were seeing a large number of community acquired Covid-19 infections;
- Additional resource was now in place to enable the closure of historical serious incidents;
- There had been two serious incidents reports in relation to Ambulance Delays and a meeting had been held with the Welsh Ambulance Services NHS Trust to address the issues;
- There were seven serious incidents reported in relation to Mental Health. These related to a Covid outbreak at Marsh House where 27 patients contracted Covid, with three associated deaths;
- In relation to Concerns, whilst the target was not being met at present, significant progress was being made in relation to the closure of historical outstanding concerns. Members **NOTED** that 11 concerns had been closed this month, with 36 remaining open, 24 of which were within the 30 day response target.

In response to a number of questions raised prior the meeting, S Spencer provided Members with an update on the Harm Review process, which was being implemented on a phased approach. Members **NOTED** that a review had been undertaken of 12 hour breaches, where no harm had been identified to these individuals. Members **NOTED** that a Cancer Harm Review process had commenced, with validation currently being undertaken with Clinicians. A Merthyr & Cynon ILG Harm Review Panel was in the process of being established, with the harm review process being embedded into the Multi-Disciplinary Team function and clinical care delivery.

In response to a question raised by M K Thomas in relation to the process for Quality & Safety Committee moving forwards, S Spencer advised that the embedding of Harm Reviews would be reported into the Clinical Service Groups and then into the ILG Quality reports, which were then being reported to the Committee. M K Thomas advised that the Committee would be interested in having sight of the improvement plan **(added to the action log)**.

P Griffiths sought clarity as to what extent the Health Board looked wider than CTM in relation to the establishment of the harm review process and added that there still seemed to be some inconsistency across ILG reporting. S Spencer advised that a discussion had been held with the Clinical Director of Cancer Services as to the processes that were being followed in other Health Board's. N Lyons assured Members that the approach being taken was correct and added that clinical ownership of this piece of work was key.

L Lewis advised that the Quality Dashboard contained information from all three ILG's, with certain areas being reported on collectively. L Lewis assured Members that ILG's were not working in isolation.

M K Thomas also reminded Members that a Quality Governance Framework was in place, which had changed slightly following the establishment of the ILG's and added that there would be an assurance group below the Quality & Safety Committee which would provide further assurance to Committee Members.

M K Thomas sought clarity as to whether there was adequate resource in place, across all three ILG's, to manage the backlog of Serious Incidents. Members **NOTED** that a number of staff who had been shielding had been trained to undertake Root Cause Analysis and a review would need to be undertaken of skill mix within the Team to ensure they have the skill set to undertake this work. M K Thomas thanked L Lewis for the update and advised that the Committee would need to be made aware if additional resource was required.

G Dix advised that Welsh Government were in the process of revising the Serious Incident Framework which was due to be published shortly. G Dix advised that the backlog of Serious Incidents would need to be addressed and hopefully, with better guidance from Welsh Government, the Health Board would have clarity on what should and should not be reported.

Members **NOTED** that a meeting had recently been held with Welsh Ambulance Services Trust (WAST) Nurse Directors where a discussion was held in relation to some patient stories. J Sadgrove advised that WAST had shared a presentation with the Health Board and requested that this presentation was shared with Committee members for information. J

Sadgrove added that this may require a discussion at a future meeting of the Committee **(added to the forward work programme)**.

J Sadgrove extended her thanks to the Team for the update and for the detailed responses provided.

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

QSC/20/141 **AGENDA ITEM 4.0 LISTENING FROM AN IMPROVEMENT STORY**

J Sadgrove welcomed U Turoczy and E George to the meeting and invited U Turoczy to read out the patient story.

Following the story, J Sadgrove advised that Uschi had read out the story incredible well and added that she had found the story very moving. G Dix also extended his thanks to Uschi for sharing the story which was articulated extremely well. Members **NOTED** that this story would also be shared at the November Board meeting.

M K Thomas advised that the story really expressed the connectivity between Arts and Patient Care and added that the Arts could have a positive impact on the wellbeing of patients.

G Galletly also extended her thanks to U Turoczy for presenting the story and advised that she would ask the Communications Team to get in contact so that the work being undertaken could be promoted **(added to the action log)**.

CONSENT AGENDA – FOR APPROVAL/NOTING

Members **NOTED** that there were no items which needed to be moved onto the main agenda.

QSC/20/142 **AGENDA ITEM 2.1 TO RECEIVE THE UNCONFIRMED MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2020**

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

The minutes of the Quality & Safety Committee held on 8 September 2020 were **received** and **confirmed** as an accurate record of the meeting.

Members **RESOLVED** to:

- **APPROVE** the minutes of the meeting held on 8 September 2020.

QSC/20/143 **AGENDA ITEM 2.2 QUALITY & SAFETY COMMITTEE ANNUAL REPORT 2019/2020**

Members **RESOLVED** to: **ENDORSE FOR APPROVAL BY BOARD**, the Quality & Safety Annual Report 2019/2020

QSC/20/144 **AGENDA ITEM 2.3 ONCE FOR WALES CONCERNS MANAGEMENT SYSTEM**

Some questions and comments were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses.

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

QSC/20/145 **AGENDA ITEM 2.4 HEALTH, SAFETY AND FIRE SUB COMMITTEE TERMS OF REFERENCE (TOR)**

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

Members **RESOLVED** to: **APPROVE** the Terms of Reference for the Health, Safety & Fire Sub Committee.

QSC/20/146 **AGENDA ITEM 2.5 AMENDMENT TO THE STANDING ORDERS – QUALITY & SAFETY COMMITTEE TERMS OF REFERENCE (TOR)**

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

Members **RESOLVED** to: **ENDORSE FOR BOARD APPROVAL** the amendments to the Health Board Standing Orders.

QSC/20/147 **AGENDA ITEM 2.6 COMMITTEE ACTION LOG**

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

Members **RECEIVED** the Action Log and **RESOLVED** to: **NOTE** the Action Log.

QSC/20/148 **AGENDA ITEM 2.7 POLICY MANAGEMENT IMPROVEMENT PLAN (CLINICAL AND NON CLINICAL POLICIES)**

A number of questions were raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the response provided.

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

QSC/20/149 **AGENDA ITEM 2.8 NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) LEGAL & RISK SERVICES – IMPACT & REACH REPORT**

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

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

QSC/20/150 **AGENDA ITEM 2.9 COVID 19 LESSONS LEARNT REPORT**

A number of questions were raised prior to the meeting, as outlined in Appendix 1 together with the responses provided:

Members **RESOLVED** to: **NOTE** the Report.

QSC/20/151 **AGENDA ITEM 2.10 SHARED LISTENING & LEARNING FORUM**

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

Members **RESOLVED** to: **NOTE** the Report.

MAIN AGENDA

QSC/20/152 **MATTERS ARISING NOT CONSIDERED WITHIN THE ACTION LOG**

There were no matters arising.

GOVERNANCE, PERFORMANCE AND ASSURANCE

QSC/20/153 **AGENDA ITEM 5.1 COVID-19 UPDATE**

K Nnoaham presented Members with the latest update in relation to the Covid-19 position and provided the following key updates:

- The fire break had a positive impact on the numbers of positive cases, with Rhondda Cynon Taff (RCT) and Merthyr in day 14 of consistent day to day reductions and Bridgend in day 11 of consistent day to day reductions;
- In relation to age specific patterns, the most infections were being seen in young to middle age adults in Bridgend, and middle age to older adults in RCT and Merthyr;
- In relation to Test Turnaround Times, 93% of staff tests were being returned in 48 hours;
- Each Hospital outbreak was being analysed and assessed, with a report being presented to Gold Command showing a deteriorating position across all three District General Hospital sites;

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- In the last two weeks, critical care occupancy had risen in RGH and PCH, and had fallen in Princess of Wales (POW). The rise in RGH and PCH was possibly linked to community acquired infections;
- There had sadly been 28 deaths in Cwm Taf Morgannwg week ending 28 October. Members **NOTED** that it was unlikely that Covid deaths had peaked, as deaths were currently significantly lower compared to the first peak.

J Sadgrove extended her thanks to K Nnoaham for presenting the update and advised that the Board were receiving regular weekly updates on the current position. J Sadgrove sought clarity as to the latest position regarding a vaccination. K Nnoaham advised that there had been two vaccine platforms that had passed the phase three clinical trials, with the next step being to gather safety data which would be submitted to the regulators. Members **NOTED** that Welsh Government had suggested that the first vaccines could possibly be delivered from 1 December to priority groups, which included patients and staff in care homes. Members **NOTED** that discussions were being held at Gold Command in relation to whether there was sufficient workforce in place to deliver the vaccine. Members **NOTED** that approval had now been given for Healthcare Support Workers to assist with administering the vaccine.

K Nnoaham advised that an update received this morning indicated that there may be challenges with the Pfizer vaccine which had to be stored at a certain temperature. This was a national issue and may be challenging in terms of delivery of vaccines to care homes.

M K Thomas advised that she was pleased to see the vaccination programme that had been submitted and sought clarity as to why there had been a deterioration in the number of infections being seen across all three hospital sites. K Nnoaham advised that there would be a number of factors attributed to this, including how many infections were from known/unknown contacts and how many staff had been infected.

R Myles sought clarity in relation to the Pfizer vaccine and questioned whether the allocation to Wales would be on a per capita basis. K Nnoaham confirmed that this was correct and added that it was hoped that the Astra Zeneca vaccine would be approved soon as there were more vaccines available.

Members **RESOLVED** to: **NOTE** the update provided.

QSC/20/154

AGENDA ITEM 5.1.1 QUARTER 3 & QUARTER 4 PLAN IMPLICATIONS ON POTENTIAL HARM

N Lyons presented Members with a verbal update and advised that a Planned Care Taskforce had been established to consider innovative ways

of delivering planned care moving forward. J Sadgrove advised that the Committee would welcome a more comprehensive update report at the next meeting **(added to the forward work programme)**.

Members **RESOLVED** to: **NOTE** the update provided.

QSC/20/155

AGENDA ITEM 5.1.2 PRIMARY CARE COVID-19 MORTALITY REVIEW – UPDATE REPORT

N Lyons presented the report and advised that a significant amount of work was being undertaken on Mortality Reviews, with the Team now looking at Advanced Care Planning to deliver the most optimal care in the last days of a patient's life.

J Denley added that this was an area that Care Homes currently find it difficult to deliver, with skill sets being quite variable across care homes. Members **NOTED** that this had been noted by the National Primary Care Strategic Board.

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

QSC/20/156

AGENDA ITEM 5.2 INTEGRATED LOCALITY GROUP – QUALITY & SAFETY REPORTS

A number of questions had been raised in general by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses provided.

Rhondda Taff Ely Integrated Locality Group Report

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

S Hackwell presented the report and highlighted the following key points:

- In relation to Covid-19, the ILG had implemented its 15 point Covid Action Plan, with compliance being monitored across Ysbyty Cwm Rhondda (YCR) and Royal Glamorgan Hospital (RGH) sites;
- There had been an alteration made to the RGH admission guidance a month ago and the Hospital had been assisting Merthyr Cynon and Bridgend with some of their flows;
- The 46 deaths associated with the outbreak had been reviewed internally, and would now be subject to a mortality review;
- There had been no new outbreaks at YCR for 28 days;
- Work was continuing to be undertaken in relation to embedding the Quality Governance Framework. A Quality, Safety & Risk Group had been held within the ILG;

- Healthcare Inspectorate Wales/Audit Wales were planning on undertaking a return visit this month and had already attended some meetings that had taken place within the ILG;
- Cancer Harm Reviews had commenced, 12 hour ED reviews were ongoing, with further work to be undertaken on RTT and FUNB responses;
- Further progress should be made moving forwards in relation to the development of the Dashboard now that the Information post had been filled within the ILG;
- Risks and mitigations were being reviewed, with the majority of risk now being stratified;
- There had been an increase in concerns and enquiries, which was strongly linked to the changes that had been made to visiting guidance. Members **NOTED** that this would have an impact on the 30 day response target and a phased approach would be put into place to improve the position.

J Sadgrove extended her thanks to S Hackwell for presenting the report and for providing a detailed response to the questions raised prior to the meeting. J Sadgrove added that the level of individualised ILG data had been really helpful to the Committee also.

M K Thomas sought clarity as to when the Once for Wales System was likely to be in place, given the concerns raised in relation to the use of Datix. G Dix advised that the first element of the system, the Complaints Management System should be in place by the end of March 2021, with the remaining modules being rolled out throughout the year

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

Bridgend Integrated Locality Group Report

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

A Gibson presented the report and provided an update against the following key points:

- A Covid outbreak had been declared at Princess of Wales (POW) on 5 October and on the Llynfi Ward at Maesteg Hospital on 7 November. The ILG were in the process of working toward implementation of the 15 point improvement action plan;
- As of today, there were 77 positive cases, 66 of which were on covid recovery. There had been 205 cases in total associated with the outbreak, and 57 deaths linked to the outbreak. Mortality reviews had commenced on the patients who had sadly passed away;
- There had been significant challenges at POW in relation to the creation of Red, Amber, Green areas and thanks were extended to

Rhondda Taff Ely (RTE) ILG colleagues for helping the Bridgend ILG create space;

- Patient movement and staff movement were both areas of challenge, with each move being risk assessed;
- The Cancer Harm Review process had commenced, with the first meeting being held yesterday. In relation to Follow up Outpatients Not Booked (FUNB) harm reviews, focus had been placed on two areas, one of which was Cardiology, which had been completed;
- The Quality Dashboard continued to evolve across all three ILG's, with trend data now starting to be seen;
- The number of complaints received remained within formal variation with an improvement now being seen in response times. There were 33 open serious incidents which were being progressed by Investigating Officers;
- Following concerns raised at the last meeting in relation to rising C Difficile rates at POW, Antimicrobial ward rounds had now increased and the position had now improved;
- There remained ongoing issues in relation to environmental ligature points. The Health Board had made a commitment to invest non-discretionary capital for the completion of these works;
- In relation to leadership and culture issues on the Llynfi Ward at Maesteg Hospital, an action plan had now been developed, however, the work had not been concluded as the ward had been closed due to the Covid outbreak;
- The Child & Adolescent Mental Health Services (CAMHS) had been placed into internal enhanced monitoring. A dedicated CAMHS manager had been appointed to manage the position;
- Further work needed to be undertaken in relation to reporting of risks within Clinical Service Groups.

In relation to the Ligature works, Members **NOTED** that it was hoped that all works would be completed by 2022. M K Thomas requested sight of a report that provided assurance to the Committee that the ligature works were being undertaken. A Gibson **AGREED** to provide this to the Committee and **AGREED** to ensure that a detailed action plan was included with future reports (**added to the action log**).

In response to a question raised by P Griffiths in relation to 22 patients experiencing harm within Urology and the timescales when patients families would be contacted advising them of the harm, A Gibson advised that it would be difficult quantify the risk of harm and added that once harm was identified, this would get reported into the Datix system and a discussion held with the patients concerned. N Lyons advised of the need to ensure Duty of Candour is taken into consideration during this process.

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

QSC/20/158 AGENDA ITEM 5.2.4 QUALITY DASHBOARD

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

L Mann presented the report which reported data up until end of September 2020. The following key points were **NOTED**:

- The report focussed mainly on secondary care measures;
- Complaints and Serious Incidents numbers were returning to their pre Covid level at this reporting period;
- The current organisational concerns response rate was 65% (set against a target of 75%);
- In relation to Incident Themes & Trends, a review of Falls was being undertaken to determine whether there were any areas of concerns;
- There had been an increase in Serious Incident reporting which related to Covid Healthcare acquired infections and unexpected death by suicide or trauma;
- There had been an increase in C Difficile rates across Cwm Taf Morgannwg, with an increase in community acquired C Difficile being reported by the Infection, Prevention & Control Team, who were under a significant amount of pressure at present;
- 61 compliments had been received during September. The use of Have Your Say cards had increased and real time reporting had commenced in some 'green' areas.

J Sadgrove extended her thanks to L Mann for presenting the report and welcomed the increasing accuracy and validity of data. J Sadgrove added that improved timeliness of data would be welcomed by the Committee. M K Thomas added that consistency was required across ILG's in relation to provision of information that was accurate and up to date.

In response to a question raised by M K Thomas as to whether the Team felt there was enough resource in place to address the backlog of Serious Incidents, L Mann advised that she felt given the additional support that had been recruited into the Directorate, there was enough resource in place. Members **NOTED** that the majority of the team had been deployed to the mass testing project and further redeployment of the central nursing team to Ysybty'r Seren to support patient care may be required.

P Griffiths also raised concerns in relation to resource, particularly within the Infection, Prevention & Control Team, and advised that issues had been experienced in the past in relation to recruiting staff at the right level with the appropriate skills. Members **NOTED** that there was a national recruitment issue in relation to Infection, Prevention & Control Nursing, which had greatly been impacted by the Covid-19 pandemic, particularly within the Community setting.

G Dix advised that in relation to timeliness of data, there were issues with reporting timelines which impacted on the ability to provide the most up to date data. J Sadgrove requested that a review was undertaken of the timing of future Committee meetings to ensure the Committee was as best informed as it could be **(added to the action log)**.

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

QSC/20/159

AGENDA ITEM 5.2.5 PRIMARY CARE QUALITY & SAFETY REPORT

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

J Denley presented the report. The following key areas were highlighted:

- National work had commenced in relation to the scope of a clinical governance model for Primary Care;
- Key risks identified in the report included Dentistry, which was a high risk area for Covid, with services gradually being brought back into place. The availability of PPE supplies continued to remain a challenge nationally. There was also a growing risk associated with children with severe dental needs who required secondary care treatment. The Team had been asked to undertake a full assessment of this risk

In response to a question raised by J Sadgrove regarding FFP3 masks, J Denley advised that the position had not improved since the report had been written, however, she remained confident that a national solution would be found.

In response to a question raised by M K Thomas, J Denley confirmed that information on the metrics and improvement work being undertaken by the Team would be reported to a future Committee meeting.

R Myles advised that the report identified that the number of concerns and complaints received in relation to GMC Primary Care was quite low, which she had found to be surprising given the number of concerns that had been received by the Community Health Council. J Denley advised that this may be as a result of patients not wanting to make a formal complaint, which was not unique to Cwm Taf Morgannwg.

J Sadgrove extended her thanks to J Denley for presenting the report.

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

QSC/20/160

AGENDA ITEM 5.3 MATERNITY SERVICES UPDATE

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

G Dix presented the report and provided Members with an update against the following key areas:

- There were 20 recommendations remaining open out of the original 79, most of which primarily related to Leadership & Culture. It was hoped that the leadership and culture work would be completed by the middle of February, depending on the Covid-19 position;
- The analysis of the culture questionnaire had now been made available, which identified some positive feedback and some areas of concern. A new culture survey to staff would be launched shortly;
- The questionnaire identified that whilst staff felt safe to report incidents through Datix, staff still felt concerned when involved in the reporting of serious incidents. Further work needed to be undertaken on timely Datix feedback from Managers to staff members, which was consistent across the Health Board and not just within Maternity;
- In relation to Clinical Reviews, the women that had been part of the initial morbidity review would be receiving their first letter from the Independent Maternity Services Oversight Panel (IMSOP) shortly. Support was in place for women and their families;
- Stillbirth and Neonatal reviews were ongoing. A Neonatal Improvement Director and Neonatal Improvement Manager had been appointed, with N Lyons taking on the role of Senior Responsible Officer moving forwards for Neonatal Services. N Lyons advised that a significant number of actions remained in place following the Neonatal Peer Review undertaken in 2019 and added that a progress report would be presented to the next Committee **(added to the forward work programme)**;
- The backlog of complaints had now reduced, with very few being re-opened. The Serious Incident backlog was still being worked through.

D Jouvenat made reference to the action plan contained within Appendix 1 and the statement made under point 4 to 'potentially develop Women's weekly (and informal weekly newsletter). D Jouvenat questioned whether there were only female staff working in this area. G Dix advised he would look further into this.

P Griffiths made reference to staff still having some concerns on their involvement in Serious Incidents and questioned whether this was based on any evidence. G Dix advised that it was not known how many staff had provided these comments, however, about 30% of staff did not feel supported which was concerning. G Dix added that it would be helpful to see the analysis of the next culture questionnaire and suggested that a points prevalence study could be undertaken after December to determine whether the position had improved.

J Sadgrove extended her thanks to G Dix for presenting the update and also welcomed the analysis of the questionnaire.

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

QSC/20/161

AGENDA ITEM 5.4.3 HEALTHCARE INSPECTORATE WALES AND AUDIT WALES JOINT REVIEW INTO QUALITY GOVERNANCE

G Galletly presented the report and advised that the report provided an update on the planned follow up review following the joint review undertaken this time last year. Discussions were being held with colleagues to ensure that they were sighted on the scope of the review.

Members **RESOLVED** to: **NOTE** the report

QSC/20/162

AGENDA ITEM 5.4.4 DELIVERY UNIT MANAGEMENT REVIEW OF PATIENT SAFETY INCIDENTS AND CONCERNS

Some comments and questions had been raised by Independent Members prior to the meeting, as outlined in Appendix 1 together with the responses provided.

L Mann presented the report and advised that there had been 18 recommendations which the Health Board were required to improve on. Members **NOTED** that following a review of the recommendations as a result of the new Operating Model, there were only four recommendations which remained open.

Members **NOTED** that the Quality Governance Framework needed amendment as a result of the new values and behaviours and **NOTED** that the revised framework would be presented to the next Quality & Safety Committee.

Members **NOTED** that recruitment was being undertaken into the Director of Quality Improvement role and that some of the central team had been disaggregated into Merthyr Cynon and Rhondda Taff Ely ILG's to provide them with more support.

Members **NOTED** that the new set of Values & Behaviours would help to ensure staff have the right skills to manage incidents and noted that the new Values & Behaviours would need to be embedded into the organisation. Datix training had commenced, alongside a revised Serious Incident and Root Cause Analysis training tool.

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

QSC/20/163

AGENDA ITEM 5.6 ORGANISATIONAL RISK REGISTER – QUALITY AND SAFETY RISKS

G Galletly presented the report and advised that that an updated organisational risk register report was being presented to Management Board later today and to the Audit & Risk Committee in December, with the updated report containing Rhondda Taff Ely locality data and the domains discussed at Board Development session.

Members **NOTED** that Internal Audit would be undertaking a review of Risk Management which would be reported in December and the joint review being undertaken by Healthcare Inspectorate Wales and Audit Wales would also be reviewing Risk Management processes.

Members **NOTED** that there were a number of risks relating to workforce and the impact this had on service delivery. There were also some risks on the register which related to ligature works. G Galletly advised that there were a number of risks which stated that action plans were to be developed and added that she would ensure these were updated for the next meeting.

J Sadgrove welcomed the report and the significant progress that had been made.

Members **RESOLVED** to: **APPROVE** the Organisational Risk Register and the assessment and management of individual risks.

QSC/20/164

AGENDA ITEM 5.7 UPDATE ON FOLLOW UP OUTPATIENTS NOT BOOKED TO INCLUDE AN UPDATE ON THE OPHTHALMOLOGY POSITION STATEMENT

A number of questions were raised by Independent Members prior to the meeting as outlined in Appendix 1 together with the responses provided.

S Hackwell presented the report and advised that the issues relating to the Macular Clinics had now been resolved, however, issues still remained in place regarding the Glaucoma service, as at present the Health Board did not currently have a Glaucoma Consultant in post, with a Consultant being utilised from another Health Board.

Members **NOTED** that the Macular Root Cause Analysis had been approved and **NOTED** that another Macula Consultant had been recruited. Members **NOTED** that the Glaucoma Root Cause Analysis was now progressing. Members **NOTED** that Ophthalmology remained a key risk and that a request had been made for a Royal College Review to be undertaken of the service.

Agenda Item 2.1.1

J Sadgrove advised that the Committee had been concerned about Ophthalmology for some time and welcomed the review that would be undertaken by the Royal College. J Sadgrove expressed the importance of ensuring that improvements were being made and added that the Committee would continue to receive regular updates on this matter.

M K Thomas sought clarity as to what improvement plans were in place for Optometry. S Hackwell advised that there were a number of Optometrists who were keen to support the Health Board with the work required in relation to Glaucoma, however, there were ICT issues which needed to be resolved. Members **NOTED** that an update would be provided in the next iteration of the report.

P Griffiths advised that the Committee had been concerned in relation to harm issues for some time and welcomed the appointment of the Ophthalmology Governance Nurse. In response to a question raised by P Griffiths, S Hackwell advised that he would ensure the next iteration of the report included an update on patient engagement and how patients were reacting to the current position **(added to the action log)**.

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

QSC/20/165

AGENDA ITEM 5.8 HIGHLIGHT REPORT FOR THE HEALTH, SAFETY & FIRE SUB COMMITTEE

C Beadle presented the report which identified the key issues discussed at the last meeting.

D Jouvenat advised that as Chair of the Sub Committee, she would like to extend her thanks to C Beadle and the Team for all of the hard work that had been undertaken. Members **NOTED** that there was one area which required escalation, which related to resources within the fire safety team, with the Team experiencing significant staff shortages at present. Concerns had particularly been expressed on the impact this had on the provision of training, fire training in particular.

C Beadle advised that the Fire Safety Team was quite small, with the Team being down to two Fire Officers at one stage as a result of staff sickness. Members **NOTED** that the work being undertaken across the Estate in relation to redesign had impacted on the resource available and funding had now been allocated to increase the resource within the Team.

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

QSC/20/166 **AGENDA ITEM 5.9 SPECIALIST COVID MORTAILITY REVIEW OVERSIGHT GROUP DRAFT TERMS OF REFERENCE**

Members **RESOLVED** to: **NOTE** the draft Terms of Reference.

QSC/20/167 **AGENDA ITEM 5.10 IMPROVING SERIOUS INCIDENT MANAGEMENT IN CTM: REVISED SERIOUS INCIDENT TOOLKIT AND SERIOUS INCIDENT TEAM**

A Symes presented the report and advised that a snapshot review had been undertaken by the Delivery Unit, with several recommendations made. As a result, the Serious Incident Toolkit had been amended and shared with the Delivery Unit for comment. Members **NOTED** that the Toolkit was being presented to Management Board later today and the Committee were being asked to approve the toolkit in principle, subject to Management Board approval.

Members **RESOLVED** to: **APPROVE** in principle the Serious Incident Toolkit.

ITEMS FOR INFORMATION

QSC/20/168 **ITEMS FOR INFORMATION**

The Committee received the following items for information:

- CTMUHB Ombudsman Report;
- Committee Forward Work Plan 2020/2021
- Committee Highlight Report to Board

QSC/20/169 **ANY OTHER URGENT BUSINESS**

There was no other business to report.

QSC/20/170 **DATE AND TIME OF NEXT MEETING**

The next meeting would take place at 1.30pm on 19 January 2021.

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J Sadgrove, Chair

Date.....