Agenda Item Number: 3.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB) Quality & Safety Committee held on the 24 May 2022 as a Virtual Meeting via Microsoft Teams

Members Present:

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

In Attendance:

Greg Dix	Executive Director of Nursing
Emrys Elias	Health Board Chair
Gethin Hughes	Chief Operating Officer
Georgina Galletly	Director of Corporate Governance
Hywel Daniel	Executive Director for People
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Nicola Bresner	Healthcare Inspectorate Wales
Rhys Jones	Healthcare Inspectorate Wales
Anthony Gibson	Director, Bridgend Integrated Locality Group
Carole Tookey	Nurse Director, Rhondda Taf Ely Integrated Locality Group
Dom Hurford	Medical Director (In part)
Suzanne Hardacre	Director of Midwifery
Debbie Bennion	Deputy Director of Nursing (In part)
Lydia Thomas	Head of Quality & Patient Safety (In part)
Richard Hughes	Nurse Director, Merthyr & Cynon ILG
Gaynor Jones	RCN Convenor
Daniel Price	Chief Officer, Cwm Taf Morgannwg CHC
Febe Ashley	Welsh Government
Lauren Edwards	Executive Director of Therapies & Health Sciences
Chris Beadle	Head of Operational Health, Safety & Fire
Paul Dalton	Internal Audit (In part)
Richard Jones	Consultant Anaesthetist (In part)
Esther Flavell	Consultant Anaesthetist (In part)
Vanessa Jones	Acute Deterioration Lead (In part)
Stephanie Muir	Head of Legal Services (In part)
Bryany Tweedale	Maternity Services (In part)
Sara Utley	Audit Wales
Emily Howell	Audit Wales
Bethan Cradle	Lead Infection, Prevention & Control Nurse (In part)
Sarah Morgan	Deputy Lead Infection, Prevention & Control Nurse (In part)
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Agenda Item

1.0 PRELIMINARY MATTERS

1.1 Welcome & Introductions

In opening the meeting, the Chair provided a bilingual **welcome** to all those present, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted by the Chair.

1.2 Apologies for Absence

Apologies for absence were received from:

- Kelechi Nnoaham, Director of Public Health;
- Rowena Myles, Cwm Taf Morgannwg Community Health Council
- Louise Mann, Assistant Director of Quality & Safety;
- Sallie Davies, Deputy Medical Director

1.3 Declarations of Interest

C Donoghue declared that she was Chair of the Welsh Wound Innovation Centre which had been referenced within the Pressure Damage report at agenda item 3.2.8. G Dix also declared that he was a Board Member of the Welsh Wound Innovation Centre.

2.0 SHARED LISTENING AND LEARING

2.1 Patient Experience Story

R Jones and V Jones shared a presentation on Sepsis which included an associated Patient Story.

In response to a query raised by P Roseblade as to what happens with the patients where the Paramedics had not recognised that there was a risk of sepsis in this time critical environment, R Jones advised that the Welsh Ambulance Services NHS Trust (WAST) do use NEWS scoring and had been informed to pre-alert a patient who had a NEWS score of 5 with suspected infection. Members noted that NEWS scoring was already being effectively used within Community Hospitals and by the District Nursing Teams.

N Milligan advised that there was quite a lot of disparity across the three sites in relation to Sepsis, with Prince Charles Hospital having lower compliance compared to the Royal Glamorgan and Princess of Wales Hospitals, and added that there was also a disparity on outreach team provision across the three DGH sites, with PCH not having the same level of Band Seven staff and no 24 hour service. N Milligan sought clarity as to how much of an impact this disparity had on the outcomes of the compliance within the Emergency Department and what steps were being taken to address this. V Jones advised that there were a

number of staff within the PCH Outreach Team who had progressed into other roles and added that the Team were now up to 5 WTE following successful recruitment. Members noted that there was one member of staff who was due to return to work after shielding and it was hoped that that 24 hour service could be provided by the end of the year. V Jones advised that compliance within the PCH Emergency Department was improving and added that once the Team were able to provide a 24 hour service this would enable the outreach team to provide more education and training.

G Hughes confirmed that the Critical Care 24 hour outreach was established at PCH and advised that recruitment continues to be undertaken. G Hughes added that a training programme on deteriorating patients was in place within clinical settings and via virtual sessions with plans in place to get to a fully functioning 24/7 outreach team.

G Hughes sought clarity as to what support was required to ensure the work being undertaken on Sepsis was rolled out across the Health Board and added that an analysis would need to be undertaken as to how many sepsis cases were being identified compared to the number of cases that the Health Board would expect to see. G Hughes also sought clarity as to whether there was confidence that all sepsis cases were being identified, or whether there were any cases that had been missed.

R Jones advised that it would be difficult to find out the patients who were unknowns and added that the Team were now seeing 75 sepsis forms being reported per month compared to seven forms per month previously. R Jones advised that to help improvements in sepsis compliance, the role of the Acute Deterioration Lead was key in terms of co-ordination across the Health Board alongside engagement of front line staff, senior leaders and senior clinical staff.

R Hughes advised that Outreach and Critical Care have been brought together as a whole group as part of one of the Improvement Board work-streams for Merthyr & Cynon ILG.

The Chair extended her thanks to R Jones and V Jones for sharing the presentation.

Resolution: The presentation was **NOTED.**

2.1.1 Sepsis Compliance Improvement Plan

E Flavell presented the report.

The Chair made reference to the areas outside of the Emergency Department where the sepsis bundle had not been completed within one hour and sought clarity as to where these areas featured within the improvement plan, for example, fracture clinic. E Flavell advised that it would be difficult to separate out the details in relation to fracture clinic as fracture clinics were part of the Emergency Departments across a number of sites. Members noted that a review

was being undertaken of compliance rates within ITU and Labour Ward to determine why bundles had not been completed within the hour given the Intensive Nursing support in place in these areas.

D Hurford advised that a deep dive of sepsis incidences across the Health Board had been undertaken which identified significant variation. Members noted that issues had been identified in the way in which data was being coded within Emergency Departments and Acute Medical Wards and noted that training packages were being provided in these areas.

In response to a query raised by the Chair as to what 'Home' meant, D Hurford advised that this related to patients who had been referred into the Health Board from the Community by their GP.

The Chair extended her thanks to E Flavell for presenting the report.

Resolution: The Report was **NOTED.**

3 CONSENT AGENDA

The Chair advised that a number of questions had been raised against some consent agenda items.

The Chair advised that some reports contained on the consent agenda had action plans and improvement plans attached to them and advised that she assumed that the Committee would be provided with assurance on the progress being made against these plans at future meetings. In relation to agenda item 3.2.6, G Galletly confirmed that progress against the action plan was being routinely monitored by the Audit & Risk Committee and added that she would be happy to provide further updates to the Quality & Safety Committee if required.

3.0 For Approval/Noting

3.1.1 Unconfirmed Minutes of the Meeting held on the 22 March 2022

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

3.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 24 March 2022

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

3.1.3 Quality & Safety Committee Annual Report

Resolution: The Report was **APPROVED**.

3.2.1 Committee Action Log

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

3.2.2 Committee Annual Cycle of Business

Resolution: The Report was **NOTED**.

3.2.3 Quality & Safety Committee Forward Work Programme

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

3.2.4 Quality & Safety Committee Annual Self-Assessment

Resolution: The Report was **NOTED**.

3.2.5 WHSSC Quality & Patient Safety Committee Chairs Report

Resolution: The Report was **NOTED**.

3.2.6 Audit Wales/ Healthcare Inspectorate Wales Joint Review of Quality Governance – Summary of Progress made – April 2022

Resolution: The report was **NOTED**.

3.2.7 Welsh Ambulance Services NHS Trust – Patient Experience Report

Resolution: The report was **NOTED**.

3.2.8 Community Acquired Pressure Ulcer Improvement Plan Update and Measurement Strategy

Resolution: The report was **NOTED**.

3.2.9 Quality Governance – Regulatory Review Recommendations and Progress Updates

Resolution: The report was **NOTED**.

3.2.10 Controlled Drug Accountable Officer Annual Report

Resolution: The report was **NOTED**.

3.2.11 GAP Analysis Children's Community Nursing Service

Resolution: The report was **NOTED**.

3.2.12 GIRFT Review of Cwm Taf Morgannwg University Health Board February 2022

Resolution: The report was **NOTED**.

3.2.13 Human Tissue Authority Act Progress Report

Resolution: The report was **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. GOVERNANCE

5.1 Organisational Risk Register – Risk Assigned to the Quality & Safety Committee

G Galletly presented the report and advised Members that the Board would now be receiving a Board Assurance Framework at future meetings as opposed to the full Organisational Risk Register report. Members noted that Committees would continue to receive the full version of the Risk Register.

P Roseblade made reference to the number of fire risks contained within the risk register and advised that she would find it helpful if a briefing could be developed on all of the risks associated with fire. H Daniel confirmed that Health, Safety & Fire risks were discussed in detail at the Health, Safety & Fire Sub Committee alongside a comprehensive Fire Safety Report. Following discussion, the Chair suggested that it may be helpful if the Committee could be presented with an Annual Report from the Health, Safety & Fire Sub Committee which included an update on fire risks contained on the risk register.

P Roseblade made reference to the emerging risk that had been identified in relation to Neurology which had already been scored at 20 with consideration being given to increasing the score further which would almost take the risk to a catastrophic level. P Roseblade sought clarity as to when there would be an evaluation of this risk. Members noted that this risk had been flagged by an ILG and a review was in the process of being undertaken to determine whether this was a Health Board wide issue. G Hughes confirmed that the Team were working through the detail of the impact of this risk and were identifying what the mitigating actions were. G Hughes added that he was going to undertake a piece of work with ILG colleagues to look at risk scoring and impact of mitigations to ensure there was consistency in place.

P Roseblade requested that a review of risk 816 was undertaken given that the risk had been on the risk register for some time. N Milligan also requested that a review was undertaken of Risk 3698 as no updates had been provided against this risk since November 2021. G Galletly agreed to undertake a review outside the meeting.

R Hughes advised that the Merthyr & Cynon ILG had established a Risk and Compliance Group to undertake a review of risks, what was being measured and to ensure SMART objectives were in place and target dates were achievable. Members noted that a review of high risk categories would be undertaken initially.

C Donoghue advised that she had a number of specific questions which she would send through by email and welcomed the review that was being undertaken by G Hughes in relation to risk scoring and mitigating actions.

The Chair advised that she had found the emerging risk section extremely helpful and added that she was pleased to see that it correlated with the information contained within the Chief Operating Officer's report.

Resolution: The report was **NOTED.**

Action: Health, Safety & Fire Sub Committee Annual Report to be presented to a future meeting of the Committee. Annual Report to include a summary of all the fire risks contained within the risk register

Action: Review to be undertaken outside the meeting regarding risks 816 and 3698 which had both been on the risk register for some time.

5.2 Concerns, Redress, Claims & Inquests – Actions arising from Internal Audit & Welsh Risk Pool

S Muir presented the report.

P Roseblade expressed concern that the changes being made in terms of the Operating Model had been listed as a reason as to why most actions remained outstanding. P Roseblade added that the Operating Model was going to take time to resolve and advised that she felt unsure whether it was reasonable to leave the actions unaddressed for a long period of time. S Muir provided assurance that actions had not been totally paused with work ongoing in a number of areas. Members noted that there would be some areas of work which would need to be realigned once the new operating model was in place, for example, Standard Operating Procedures.

G Galletly advised that she had previously alerted Members of the Committee that the position was likely to get worse before the position improved and advised Members of the ambition to realign how concerns were being managed, with the ambition to achieving as much early resolution as possible. Members noted that resources would need to be realigned as part of the new operating model which would be quite a significant shift. G Galletly advised that the position would be closely monitored and added that the Committee would be kept up to date on progress.

In response to a query raised by C Donoghue in relation to the Complaints Manager post, G Galletly advised that the current post holder was on long term sick leave at present.

The Chair extended her thanks to S Muir for presenting the report.

Resolution: The report was **NOTED.**

5.3 Health, Safety & Fire Sub Committee Highlight Report

D Jouvenat presented the report and highlighted the key issues for Members attention.

In relation to the matter that had been escalated to the Committee which related to the Health & Safety Executive Review of an incident that occurred at Maesteg Hospital, the Chair advised that she understood a Health, Safety & Fire Sub Committee In Committee discussion would be required on this matter with further escalation to the Quality & Safety Committee if required.

In response to a question raised by N Milligan as to who would be providing Fire Training to Senior Managers following the retirement of the Senior Fire Officer, C Beadle confirmed that the Senior Fire Officer post had been submitted to the Vacancy Control Panel for approval and added that mitigations had been put into place for existing Fire Officers to deliver the training if there were any delays to the recruitment process.

H Daniel advised that significant changes were being made to the recruitment process with just one offer letter being provided as opposed to a conditional and unconditional offer letter which should help to address some of the recruitment delays that were being experienced.

Resolution: The report was **NOTED.**

6. IMPROVING CARE

6.1 Maternity Services & Neonates Improvement Programme

G Dix presented the report and highlighted the key matters for Members attention. Members noted that the Gynaecology Pathway issues had now been resolved.

In response to a question raised by P Roseblade as to when improvements were likely to be made in relation to Clinician training compliance, S Hardacre advised that in relation to Gap and Grow Training compliance, the CTG training leads had undertaken a review of reasons for non-compliance and had identified that this was as a result of sickness and annual leave. Members noted that compliance had now improved to 90% with further improvement expected to be achieved by August 2022.

Resolution: The report was **NOTED.**

6.1.3 RCOG Recommendations Closure Report

G Dix presented the report which was recommending closure of the Royal College recommendations.

The Chair advised that this was a momentous moment in which Members needed to pause to reflect on the incredible amount of effort that staff have put in to getting us to this place and for improving services for the benefits of families, women and babies. The Chair added that this had been a very long journey with a phenomenal amount of work undertaken and advised that the Committee would like to convey its thanks to staff for this achievement.

The Chair advised that there was still some work to be undertaken and advised that that Committee would continue to monitor the progress being made.

Resolution: The Committee recommended Board approval of the closure of the Royal College Recommendations.

6.1.1 Presentation of PREMS (Patient Reported Experience Measures)

B Tweedale shared a presentation with Members which outlined the work that had been undertaken in relation to Patient Reported Experience Measures.

The Chair extended her thanks to B Tweedale for sharing the presentation which outlined the innovative, energetic and evolving programme of work that had been undertaken.

Resolution: The presentation was **NOTED.**

6.1.2 Maternity Services Self-Assessment Against Ockenden 2022 Recommendations

S Hardacre presented the report which considered the actions and recommendations that had been identified in the Ockenden report.

The Chair extended her thanks to S Hardacre for providing a very helpful overview of the Health Board's position in relation to the Ockenden Review and added that she was pleased to see that work was being undertaken collaboratively across Wales to share the learning.

In response to a question raised by C Donoghue as to whether women who have complex pregnancies were currently being given a named Consultant, S Hardacre advised that good progress had been made in this area and named Consultants were now in place.

In response to a question raised by C Donoghue as to what the strategy was in relation to the recruitment of Advanced Neonatal Nurse Practitioners, S Hardacre

advised that recruitment was being addressed by the Neonatal Improvement workstream.

Resolution: The report was **NOTED**.

6.1.4 Metrics Report

S Hardacre presented the report.

In response to a question raised by P Roseblade regarding the possible reasons behind the increase in incidents during February and March 2022, S Hardacre advised that she believed this may have coincided with the changeover to the new DATIX Cymru system. S Hardacre provided assurance that all moderate and above incidents were being reviewed weekly as part of the Multi Professional Risk and Governance meetings and added that the Team had been working hard to decrease the backlog of incidents that had not been closed on the old DATIX system. Members noted that it was expected that numbers would stabilise over the next month.

In response to a comment made by P Roseblade as to the apparent clustering of total numbers of stillbirths at Prince Charles and Princess of Wales Hospitals, with occurrences increasing/decreasing at the same time, S Hardacre advised that she would need to interrogate the data further outside the meeting to determine the reasons behind this. Members noted that the Team were looking to implement a Stillbirth Review Forum which would enable Clinicians to interrogate stillbirth data in more detail to determine whether there were any patterns being seen. Members also noted that the Team were also looking to introduce a Rainbow Baby Clinic which provided service users with continuity of care so that they only have to explain their history once. S Hardacre confirmed that system issues, which included workforce implications, would be considered as part of the thematic analysis.

In response to a question raised by the Chair in relation to perineal tears and whether the Team ensured that patients who give birth at Tirion are appropriate given the number of quite serious tears being experienced, B Tweedale advised that the Team were currently reviewing the outcomes for Tirion Birth Centre and were benchmarking transfer times and rates against nationally recognised rates. Members noted that the Team would be presenting an annual report via risk and governance processes which could include some of this information.

In response to a question raised by J Hehir, B Tweedale advised that she was unaware of any concerns relating to patients feeling that they were being treated differently on the basis of their race/ethnicity. B Tweedale advised that the Team were hoping to undertake a piece of work in relation to concerns to try to identify any learning on a thematic basis.

The Chair advised that she welcomed the work being undertaken on the dashboards which looked at comparator units across the country and advised

that this would underpin the scrutiny undertaken by the Committee moving forwards.

The Chair advised that at the next meeting the Committee would be seeking assurance in relation to the pace of change and improvements within the Neonatal Service, including the sharing of learning and joint working across Maternity & Neonates.

Resolution: The report was **NOTED.**

Action: Focus to be placed at the next meeting on progress being made in relation to pace of change and improvements being made within Neonatal Services and joint working.

6.2

Quality Dashboard

L Thomas presented the report and highlighted the key issues for Members attention.

The Chair welcomed the report and advised that she was pleased to hear that there was now momentum in place in relation to addressing the outstanding patient safety solutions.

The Chair advised that it was helpful to have the Delivery Unit Dashboards included as appendices to the report also to provide context and comparator information.

Resolution: The report was **NOTED.**

6.2.1 **Spotlight Report on Patient Falls**

D Bennion presented the report.

P Roseblade advised that she did have concerns regarding patient falls rates and sought clarity as to when the proposed Falls Strategy would be in place and what the target improvement was for the prevention of falls. In relation to the Strategy, D Bennion advised that the first Strategy Group meeting would be held in June and it was anticipated that the Strategy would be developed and launched by September. In relation to targets, D Bennion advised that targets would need to be set for each individual area as there were some areas who were at high risk of falls, for example, Mental Health.

The Chair advised that the Committee looked forward to seeing the new Strategy and Policy in due course.

In response to a concern raised by C Donoghue as to the number of areas of work which require a Committee or a Group to be established and whether there was capacity and resource available to deliver these pieces of work, G Dix provided assurance that even though there were significant improvement

programmes being undertaken within the organisation, these did not involve the same groups of staff. Members noted that the ICTM Team were also supporting teams to undertake key pieces of work and noted that support was also being provided by Allied Health Professional colleagues which would relieve some pressure on nursing teams.

The Chair advised that the Committee welcomed the Multi-Disciplinary Team working that was in place to address the quality and safety issues and extended her thanks to D Bennion for presenting the report.

Resolution: The report was **NOTED.**

6.3 Report from the Chief Operating Officer

The Chair advised that the Chief Executive had made a specific request that the Committee received an update in relation to Cancer performance and the associated patient harm in relation to Cancer. The Chair had also advised that she had requested for specific updates to be presented to future meetings on Ty Llidiard and added that she felt this needed the same level of focus that had been given to Maternity.

G Hughes presented the report and highlighted key areas contained within the Cancer Annual Report also. Members noted that specific pieces of work were being undertaken to address issues regarding Unscheduled Care Performance and Ambulance Handover delays, CAMHS, Ophthalmology and the resilience of the Pathology service. In relation to CAMHS, G Hughes suggested that the Committee may find it helpful to receive a Deep Dive into CAMHS at a future meeting.

G Hughes provided a detailed update to Members in relation to Cancer Performance. The following key points were noted:

- Ongoing validation was being undertaken on the April performance which was sitting at 50.2% against the 62 day target;
- CTM UHB has a much higher proportion of cancer diagnosis in comparison to the whole of Wales. The mortality associated with cancer within the Health Board's population was also higher;
- The impact of the Covid Pandemic was significant, with patients presenting later with much more advanced disease often through the Unscheduled Care pathway;
- A two year recovery plan was in place for cancer services in order to achieve the 62 day compliance target. Phase one included a plan to achieve 70% compliance against the 62 day target by the end of the financial year. Members noted that an update on individual tumour site trajectories would be included in the next Chief Operating Officer report;
- There were challenges in relation to outpatient capacity in Pathology and some Imaging specialities, particularly access to Endoscopy for GI pathways;
- Some improvements were being seen in CT Diagnostics, with waiting times reduced down to three weeks;

- Additional evening sessions were being held to reduce the backlog of patients waiting in breast services, with successful recruitment undertaken into key clinical posts;
- Support was being provided by Cardiff & Vale UHB in relation to the provision of additional sessions to help reduce pathways;
- The All Wales Cancer Network was supporting the Health Board with three key pieces of work, which included focus on the Urology pathways, lower GI pathways and tracking processes to ensure patients were being managed effectively;
- Harm reviews continued to be undertaken for patients waiting over 104 days for treatment.

In relation to Ty Lidiard, L Edwards confirmed that a briefing would be presented to the June In Committee Quality & Safety Committee with regular update reports being presented to the Committee from July onwards.

P Roseblade sought clarity as to how the collegiate review into sepsis that was being undertaken by the Merthyr & Cynon ILG linked with the wider review that was being undertaken within the Health Board. R Hughes advised a review was being undertaken by the ILG to determine what was being done differently at Prince Charles Hospital in relation to the delivery of education so that learning could be shared across other sites. P Roseblade advised that she still felt that there was an element of duplication here given the presentation shared earlier in the meeting.

P Roseblade made reference to the issuing of the Regulation 28 to the Health Board that had been reported in the Welsh Ambulances Services NHS Trust (WAST) report but had not featured in any of the reports on the agenda for today's meeting. D Bennion advised that this related to the failure to escalate an identification of sepsis and added that an action plan was in place to address this. D Bennion advised that she would be happy to share the detail with P Roseblade outside the meeting if required.

Resolution: The report was **NOTED.**

6.3.1 Planned Care Recovery Presentation

G Hughes shared a presentation with Members which outlined the programme governance and the approach being taken in relation to Elective Care Recovery.

The Chair extended her thanks to G Hughes for sharing the impressive analysis of the position and extended her thanks to G Hughes for the energetic approach and the focus being placed on creating capacity to deliver things differently to enable patients to be seen more quickly.

Resolution: The presentation was **NOTED.**

6.3.2 Cancer Services Annual Report

G Hughes presented the report.

Resolution: The report was **NOTED.**

6.4 INTEGRATED LOCALITY GROUP REPORTS

6.4.1 Primary Care Report

J Denley presented the report and highlighted the key matters for the attention of the Committee, which included an update on Dental Services and GP Practice Sustainability.

Resolution: The update was **NOTED**.

6.4.2 Bridgend ILG Report

A Gibson presented the report and highlighted the key issues for awareness.

P Roseblade once again made reference to the WAST report which identified that there were only 5 out of 30 red releases approved and added that she could not see this referenced within the ILG report. P Roseblade expressed the importance of the Committee being presented with all of the information. A Gibson advised that this data had been included in previous reports and extended his apologies for this not being included in this report. Members noted that work was being undertaken in relation to ensuring the escalation process was more robust to ensure that no ambulances were being delayed. G Hughes advised that work was being undertaken with Local Authority colleagues in relation to creating a different model of intermediate care on the Glanrhyd site.

Resolution: The report was **NOTED**.

6.4.3 Merthyr & Cynon ILG Report

R Hughes presented the report.

Resolution: The Report was **NOTED**.

6.4.4 Rhondda Taf Ely ILG Report

C Tookey presented the report. Members noted that positive feedback from the Community Health Council had recently been received following a visit they undertook at Ysbyty Cwm Rhondda. Members noted that Healthcare Inspectorate Wales were undertaking a review of Mental Health Discharge and it was hoped that learning could be shared at a future meeting of the Committee.

Resolution: The report was **NOTED.**

6.5 Stroke Services Progress Report

L Edwards presented the report and advised that Healthcare Inspectorate Wales were currently on site at the Princess of Wales Hospital undertaking a National planned review on Stroke Services.

The Chair advised that she looked forward to receiving future updates on Stroke Services and highlighted the related issue of the WAST conveyance of patients to hospital which impacted on the ability to treat patients in a timely way, which was a whole system issue. L Edwards advised that the Health Board was seeing more patients self-presenting at sites which were not specialist stroke sites which added to the complexity of the situation.

Resolution: The report was **NOTED.**

6.6 National Nosocomial Covid-19 Programme – CTM Update

C Tookey presented the report. The Chair extended her thanks to C Tookey for the work that she had undertaken in this area.

Resolution: The report was **NOTED.**

6.7 Response to 'Improving Care, Improving Lives' National Care Review for Inpatients with a Learning Disability

Members received the report. In the absence of J Denley who had to leave the meeting early it was agreed that the report would be deferred for discussion at the next meeting.

Resolution: The report to be deferred to the July meeting for further discussion.

6.8 Infection, Prevention & Control Committee Highlight Report

S Morgan presented Members with the report which highlighted a matter of escalation to the Quality & Safety Committee in relation to concerns regarding the central decontamination facility at the Princess of Wales site and concerns relating to JAG accreditation.

G Dix advised that he was concerned regarding the decontamination facilities across the Health Board and advised that the Health Board had some old decontamination facilities across sites which would require capital investment. Members noted that a report had been shared with the Executive Team in relation to the capital investment required. G Dix advised that he would keep the Committee updated on progress. The Chair advised that the Committee shared the concerns raised by G Dix.

N Milligan commented that there seemed to be a theme identified in relation to lack of medical attendance at Committee meetings and advised that this needed to be addressed moving forwards.

Resolution: The Report was and **NOTED**.

7. ANY OTHER BUSINESS

There was no other business to report.

8. HOW DID WE DO IN THIS MEETING TODAY?

The Chair advised that she would be happy to receive comments as to how Members felt the meeting went today outside the meeting. The Chair advised that further reflection was required as to the number of items contained on the agenda to ensure that items receive adequate discussion.

9. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 9am on Tuesday 19 July 2022.

10. CLOSE OF MEETING