

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 15 November 2022 as a Virtual
Meeting via Microsoft Teams**

Members Present:

Carolyn Donoghue	Independent Member & Vice Chair of the Committee (Chair)
Jayne Sadgrove	Vice Chair of the Health Board
James Hehir	Independent Member
Nicola Milligan	Independent Member
Dilys Jouvenat	Independent Member
Patsy Roseblade	Independent Member

In Attendance:

Dom Hurford	Executive Medical Director
Hywel Daniel	Executive Director for People
Lauren Edwards	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Debbie Bennion	Deputy Executive Director of Nursing
Sallie Davies	Deputy Executive Medical Director
Louise Mann	Assistant Director Quality, Safety & Safeguarding
Cally Hamblyn	Assistant Director of Governance & Risk
Sharon O'Brien	Assistant Director of Nursing & People's Experience
Stephanie Muir	Assistant Director of Concerns & Claims
Suzanne Hardacre	Director of Midwifery & Nursing – Children & Families Care Group
Ana Llewellyn	Primary Care, Community and Mental Health - Care Group Nurse Director
Carole Tookey	Planned Care - Care Group Nurse Director
Richard Hughes	Unscheduled Care – Care Group Nurse Director
Jenny Oliver	Governance & Patient Experience Manager
Esther Flavell	Clinical Lead for Mortality Review
Kellie Jenkins-Forrester	Head of Concerns & Business Intelligence
Becky Gammon	Head of Nursing, Professional Standards & Education
Chris Beadle	Head of Operational Health, Safety & Fire
Liza Thomas-Emrus	WISE Clinical Lead (In part)
Shelina Jetha	Maternity & Neonates Improvement Programme Manager (In part)
Emma Samways	NWSSP Internal Audit Services
Gaynor Jones	Royal College of Nursing (RCN) Convenor
Rowena Myles	Cwm Taf Morgannwg Community Health Council
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Observing:

Melanie Barker	Deputy Director of Therapies & Health Sciences (Observing)
Mary Self	Mental Health Care Group Medical Director (Observing)

Agenda Item

1.0

PRELIMINARY MATTERS

1.1

Welcome & Introductions

In opening the meeting, C Donoghue, Committee Vice Chair provided a 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 Vice Chair.

1.2

Apologies for Absence

Apologies for absence were received from:

- Kelechi Nnoaham, Executive Director of Public Health;
- Greg Dix, Executive Director of Nursing;

1.3

Declarations of Interest

No interests were declared

2.0

SHARED LISTENING AND LEARNING

2.1

Patient Experience Story

L Thomas-Emrus shared a presentation with Members which related to the work being undertaken by the Wellness Improvement Service (WISE) which included a patient's experience of using WISE and the positive impact the service had on their health and wellbeing.

The Committee Vice Chair welcomed the presentation and story, which she had found to be very inspirational and uplifting.

D Hurford advised that the service had been very impactful and added there was significant potential scope to expand this service to patients with chronic pain, long term conditions and patients suffering with Mental Health needs. Dr Thomas-Emrus advised that contact is being made with patients in these areas to explore if the service could be of benefit to them.

G Hughes extended his congratulations to the Team for establishing this service quickly and advised that this service could benefit a large proportion of patients on the Health Board's waiting lists who were currently awaiting treatment and procedures. G Hughes added that consideration would need to be given as to how the service could be expanded to help reduce demand in other areas.

R Myles also welcomed the presentation and advised that she found the scheme to be impressive and sought clarity as to whether the service was available across the whole of the Health Board and how patients could access the service. Dr Thomas-Emrus confirmed that the scheme was available across the Health Board and advised that the Team try to target the communities who were more affected by ill health and regularly encouraged GP's to refer into this service. Dr

Thomas-Emrus advised that there was a CTM WISE website which included a 'refer here' button which enabled GP's to refer into the service. Members noted that posters regarding the service were also being displayed within local community areas and GP surgeries.

In response to a question raised by L Edwards regarding onward referrals, Dr Thomas-Emrus advised that the message being communicated is that whilst patients are waiting to see a specialist for their condition, the self-management method would be trialled to see if this improved the condition of the patient, which may result in those patients then not requiring further treatment e.g. Physiotherapy. L Edwards advised that the impact this could have on waiting lists was significant.

In response to a question raised by J Hehir as to whether other potential benefits were being measured, for example, reducing long-term medication use, Dr Thomas-Emrus confirmed that medication usage was being measured and added that whilst the majority of patients wished to take less medication, they also felt anxious about stopping them. Members noted that the Team were working with the Pain Consultant Lead in relation to the possible introduction of group clinics where the aim would be to reduce medication usage.

The Committee Vice Chair extended her thanks to Dr Thomas-Emrus for sharing the excellent presentation and advised that the Committee looked forward to hearing how the service progresses in the future.

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

3 CONSENT AGENDA

3.0 For Approval/Noting

3.1.1 Unconfirmed Minutes of the Meeting held on the 20 September 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 11 October 2022

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

3.1.3 Quality & Safety Committee Terms of Reference

Resolution: The Quality & Safety Committee Terms of Reference were **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 Welsh Ambulance Services NHS Trust Patient Experience Report

Resolution: Members **NOTED** that due to the potentially identifiable information captured within the report, the Welsh Ambulance Services NHS Trust Patient Experience Report would be discussed at the In Committee Quality & Safety Committee taking place on Thursday 17 November 2022 on this occasion

3.2.5 Quality Governance – Regulatory Review Recommendations and Progress Updates

Resolution: The Report was **NOTED**.

3.2.6 Health & Care Standards Annual Report

Resolution: The report was **NOTED**.

3.2.7 National Prescribing Indicator (NPI) Annual Report

Resolution: The report was **NOTED**.

3.2.8 Clinical Education Annual Report

Resolution: The report was **NOTED**.

3.2.9 Clinical Audit Quarterly Report

Resolution: The report was **NOTED**.

3.2.10 Nosocomial Covid-19 Incident Management Programme

Resolution: The report was **NOTED**.

3.2.11 Human Tissue Authority Act Progress Report

Resolution: The report was **NOTED**.

3.2.12 Annual Review 2021-2022 – Welsh Risk Pool and Legal & Risk Services

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 – Risks Assigned to the Quality & Safety Committee

C Hamblyn presented the report and advised Members that work was being undertaken to align risks to the new Care Group model and advised that the Risk Assessment Procedure was also currently out to consultation.

N Milligan made reference to Risk 4080, Failure to Recruit Sufficient Medical and Dental Staff and advised that no update had been provided against this risk since July 2022. N Milligan requested that timeframes be added to the Task & Finish Groups referenced against this risk. D Hurford advised that all risks aligned with Medical and Dental Staffing had now been amalgamated into one Medical Productivity Group risk and advised that whilst explicit timelines had not yet been made for the Task & Finish Groups, some tasks had already been completed with some tasks taking longer to complete. D Hurford agreed to ensure that interim timeframes were captured in the Organisational Risk Register. In response to a concern raised by the Committee Vice Chair, D Hurford advised that work is underway to ensure the same staff were not sitting on multiple groups.

N Milligan made reference to Risk 5267, which related to the risk to the delivery of quality patient care due to difficulty recruiting & retaining sufficient numbers of nurses. N Milligan advised that she was concerned that no reference had been made to the targeted intervention programme and suggested that this be considered in future updates. Furthermore, as this risk amalgamated risks 4106 and 4157 the opened date should reflect the original timeframes, it was also requested that the risk score be reviewed in light of its similarities to risk 4080. D Bennion provided assurance that these actions would be undertaken outside of the meeting.

G Hughes advised that following the alignment of risks to the new Care Group model it is his suggestion that the Executive Leadership Group meet to review the Organisational Risk Register to ensure there is moderation and calibration in terms of narrative and scoring.

P Roseblade advised that she also had concerns in relation to consistency of risk scoring and welcomed the work that would be undertaken to calibrate the whole risk register. In response to a question raised by P Roseblade as to when the review of the backlog of Learning From Events Reports was likely to be completed, S Muir advised that she would be happy to present a progress report to a future meeting of the Committee.

P Roseblade made reference to Risk 4152 which related to the care of patients with mental health needs on the acute wards and advised that reference was made to reducing the scoring with no reference made as to how this would be achieved and what had changed in order to reduce the scoring. C Hamblyn advised that she would ask the risk lead to provide an update in readiness for the next meeting.

P Roseblade advised that it would be helpful if the Committee could have an update at a future meeting on the Welsh Community Care Information System (WCCIS) given the number of risks relating to this as to how the system was working and what further investment was required. A Llewellyn advised that a report was being presented to the Executive Team shortly and added that she would be happy to provide an update to a future meeting of the Quality & Safety Committee.

J Hehir highlighted that there were a number of risks that were subject to financial dependencies, for example, posts pending confirmation, and advised that the risk scoring may require review in terms of the probability of the risk becoming realised. C Hamblyn advised that risk leads have been asked to consider this when updating their risks in terms of any other mitigation in addition to financial resources that are being considered.

The Committee Vice Chair welcomed the work that was being undertaken to develop the Risk Register further.

Resolution: The report was **NOTED**

Action: Medical Director to ensure interim timeframes were captured for the Task & Finish Groups referred to in relation to Risk 4080.

Action: Risk Score allocated to Risk 5267 to be updated and reviewed against the risk score allocated against the medical workforce risk.

Action: Update to be sought from the Risk Lead in relation to Risk 4152, Care of Patients with Mental Health Needs on the Acute Wards as to how the scoring against this risk would be reduced and what had changed to reduce the scoring

Action: Report to be presented to a future meeting of the Committee in relation to progress being made to address the Learning From Events backlog.

Action: Update to be provided to a future meeting in relation to progress being made in relation to the Welsh Community Care Information System.

5.2 Datix Cymru Assurance Report

K Jenkins-Forrester presented the report. Members noted that a review had been undertaken which identified that whilst there was a slight decrease in the numbers of incidents reported this decrease would have been expected following the introduction of a new system with numbers of incidents reported being fairly

consistent to pre pandemic levels. Members noted that there had been a reduction in the numbers of incidents being reported for clinically challenging behaviour, which was in the process of being explored.

D Jouvenat referred to Page 6 of the report which advised that the effective and inefficient extraction of data continued to be challenging and added that a number of reports on the agenda today also highlighted issues with the new Datix Cymru system. D Jouvenat recognised that this area of concern is being addressed nationally and sought clarity as to what progress is being made to address the concerns with the current system. K Jenkins-Forrester advised, that like other Organisations, Cwm Taf Morgannwg Health Board had built their legacy systems to reflect the Board's specifications and metrics. Other reports to Committee have highlighted some of these are currently unavailable, for example the falls investigation tool within Datix Cymru does not capture if a fall is avoidable/unavoidable on conclusion of an investigation. This has been escalated to the All-Wales Group for discussion as to whether this question remains valid and is to be included.

P Roseblade advised that the report referred to a decrease of 50% in incidents reported regarding staff and sought clarity as to whether this was an inputting issue or an extraction of data issue and also whether it related to a staff training issue. K Jenkins-Forrester advised that this related to clinically challenged behaviour incidents and added that a review was being undertaken to determine the reasons behind this and whether further targeted training was required in specific areas.

The Committee Vice Chair advised that it would be helpful if an update could be provided to the Committee at a future meeting to determine the root cause of the issues being experienced.

Resolution: The report was **NOTED**.

Action: Update to be provided to a future meeting determining the root cause of the issues being experienced in relation to the new Datix Cymru System.

5.3 Health, Safety & Fire Sub Committee Highlight Report

D Jouvenat presented the report reflecting that the Datix Cymru concerns already discussed had also been considered at length in the Sub Committee meeting hence the escalation via the highlight report. . H Daniel advised that work is underway with the Chief Operating Officer to determine Care Group attendance at future Sub Committee meetings.

Resolution: The Report was **NOTED**.

5.4 Infection, Prevention & Control Committee Highlight Report

D Bennion presented the report and highlighted that Joint Advisory Group (JAG) Accreditation had been highlighted as an area of concern for escalation by Committee members. G Hughes advised that in relation to JAG accreditation,

the planning process had commenced and the Business Case process was underway with Welsh Government. Members noted that JAG had been made aware of the next phase of the plan and the Health Board were awaiting formal confirmation of feedback from JAG in relation to the plan.

In response to clarification sought by P Roseblade as to whether issues being experienced within the laundry service in relation to reduction of capacity was having an impact on Infection, Prevention & Control, D Bennion advised that whilst she had not been made aware of any issues, she would be happy to confirm the position outside the meeting.

Resolution: The report was **NOTED**.

Action: Confirmation to be provided outside the meeting as to whether reduction of capacity issues being experienced within the laundry Service was having an impact on Infection, Prevention and Control.

6. IMPROVING CARE

6.1 Maternity Services & Neonates Improvement Programme

S Hardacre and S Davies presented the report. Members noted that the Independent Maternity Services Oversight Panel would be standing down their oversight at the end of 2022 and noted that the Team were on target to complete all actions by the end of March 2023. Members noted that a discovery report would now be prepared by the Programme Team for submission to Welsh Government.

The Committee Vice Chair extended her congratulations to the Team for their achievements in enabling the service to be taken out of Special Measures. J Sadgrove echoed the comments that had been made by the Committee Vice Chair and advised that clarity would be required as to what steps would now need to be taken to take the service out of Targeted Intervention and added that she expected focus would now need to be placed on the pace of change within Neonatal Services.

In response to a question raised by J Sadgrove as to what was being done to improve the decline being seen in the old Cwm Taf area in relation to speed and timeliness of booking and whether any lessons could be learnt from Bridgend on this matter, S Hardacre advised that there were multiple booking processes in place and steps were being taken to address these issues. Members noted that a report had been developed as to how the issues could be addressed.

In response to a query raised by J Sadgrove as to when the next MBRRACE report would be available, S Hardacre advised that whilst the national report was launched fairly recently, the local report had not yet been received. S Hardacre added that the Health Board does not appear to be an outlier in any area.

P Roseblade welcomed the format of the report presented which had improved significantly over the last 18 months and highlighted that there were a number of abbreviations contained within the report which had not been explained within the abbreviation section. S Hardacre advised that she would ensure this was addressed for the next iteration of the report.

H Daniel extended his congratulations to S Hardacre and the Team for the work that had been undertaken over the last few years. H Daniel also drew attention to the reference to the Healthcare Inspectorate Wales staff survey which identified a few areas of improvement in relation to staffing. S Hardacre advised that feedback from staff had not been positive and highlighted issues that the Team were already aware of, for example, leadership and culture and the relationships between staff and the senior management team. Members noted that the issues were in the process of being addressed and work was being undertaken with the Peoples Services Team in relation to sickness absence issues.

The Committee Vice Chair advised that the Committee were expecting updates in relation to the processes in place for women experiencing ectopic pregnancies and the Gynaecology Pathway. In response, S Hardacre advised that reports had been prepared and advised that she would be happy to share these at the next meeting.

In concluding the report, the Vice Chair expressed thanks on behalf of the Committee to all those involved for their commitment to improving maternity and neonatal services.

Resolution: The report was **NOTED**.

Action: Abbreviations to be explained in the next iteration of the report.

Action: Updates in relation to the processes in place for women experiencing ectopic pregnancies and the Gynaecology Pathway to be shared at the next meeting.

6.2 Ty Llidiard Progress Report

L Edwards presented the report. Members noted that the National Collaborative Commissioning Unit (NCCU) undertook a supportive visit to the Unit recently where informal positive feedback was received. Members noted that formal feedback was now awaited.

The Committee Vice Chair welcomed the report and advised that she was pleased to see the improvements being made.

In response to a question raised by N Milligan as to whether the reference made to inappropriate behaviour in table 1 related to staff or patients, A Llewellyn provided a response via the meeting chat and advised that Table 1 related to patient safety incidents. The inappropriate behaviour related to young people.

J Sadgrove welcomed the report which she found to be really clear and welcomed the progress that had been set out and the co-production work that was being undertaken with service users particularly in relation to activities. J Sadgrove sought an update in relation to the extensive Estates work that had been identified by the NCCU. Members noted the areas being prioritised.

Resolution: The report was **NOTED**.

6.3 **Quality Dashboard**

L Mann presented the report and highlighted the key matters for the attention of the Committee. Members noted that there were now only two Patient Safety Notices that the Health Board needed to achieve compliance against.

J Sadgrove welcomed the progress that had been made in relation to achieving compliance against Patient Safety Notices and advised that she was pleased to attend the recent launch of the Listening & Learning Framework and welcomed the news that the Welsh Risk Pool were supporting the Health Board in relation to Learning From Events. J Sadgrove thanked L Mann for her commitment to improving the report, which has significantly matured and continues to evolve.

P Roseblade made reference to 'safe to starts' and queried what would happen in the event that a service was deemed not safe to start. C Tookey advised that each unit determines whether they are safe to start by reviewing staffing levels, any incidents that may have occurred overnight and the position of the Accident & Emergency Department in the morning. Members noted the update that no concerns had been escalated by Ward and Senior Nurses indicating that services were not safe to start, and that in the morning meetings assurance was sought that areas were appropriately staffed and that key quality metrics reviewed. R Hughes suggested that a report is provided to the next meeting outlining how the Health Board is further strengthening the quality and safety elements of how the service operates on a day-to-day basis.

J Hehir drew attention to the never event referenced in the report and sought assurance that no harm had come to the patient. Members noted that the patient had been reviewed and would continue to be monitored and noted that steps were being put into place to ensure that an incident like this did not happen again.

In recognising L Mann's imminent departure from the Health Board, the Committee Vice Chair extended her thanks to L Mann for all of the work that she had undertaken in this area and for the support she had provided. The Committee Vice Chair added that she would be sorely missed within the Health Board when she leaves for her new role.

Resolution: The report was **NOTED**

Action: Report to be provided to the next meeting outlining how the Health Board was further strengthening the quality and safety elements of how the service operated on a day-to-day basis.

6.3.1 **First Quality & Safety Report: Mental Health Care Group**

A Llewellyn presented the first Quality & Safety report from the Mental Health Care Group and highlighted the key areas for Members attention.

The Committee Vice Chair made reference to the integrated patient record and questioned what the associated costs and timescales were likely to be. A Llewellyn advised that there had been some challenges in relation to WCCIS, which was the preferred method across Wales and advised that a report was being presented to the Executive Team on this matter for further discussion.

In response to a question raised by N Milligan as to whether there was Trade Union representation on the Quality Improvement Board, A Llewellyn advised that the establishment of this group is in its infancy, however the intention is that invites would be extended to Trade Union representatives in due course as appropriate.

P Roseblade welcomed the report and made reference to the Pereto chart contained on page 4 and added that it was interesting to see the makeup of the incidents that had occurred. A Llewellyn advised that this chart had been key to helping the Team develop their own quality dashboard given that the Health Board's integrated dashboard only required reporting against two of these metrics. J Sadgrove also welcomed the report which allowed for a targeted discussed on Mental Health services at the Committee.

The Committee Vice Chair extended her thanks to A Llewellyn for presenting a very clear and concise report.

Resolution: The report was **NOTED**.

6.3.2 **Care Group Exception Reports**

Members noted that the Integrated Locality Group Legacy Exception reports had been included as appendices to the Quality Dashboard report.

6.4 **Report from the Chief Operating Officer**

G Hughes presented the report and highlighted the challenges that the Health Board continues to face within Ophthalmology, the work undertaken by the Primary Care Team to address the recent cyber-attack on the ADAstra system and the work being undertaken by Teams to strengthen assurance processes in relation to Cancer Services. Members noted that a deep dive into cancer performance would be presented to the Planning, Performance & Finance Committee in December and G Hughes advised that he would be happy to share this with Members for information if required.

G Hughes also extended his thanks to R Hughes and the Team for the reopening of the Minor Injuries Unit at Ysbyty Cwm Cynon. Members also noted the work being undertaken to address ambulance handover delays and the commitment in place from staff to address the issues being experienced.

The Committee Vice Chair advised that she noted the complexities outlined in the report and the work that was being undertaken to address the issues.

P Roseblade advised that whilst she recognised the difficulties in resolving some of these issues, she felt that the report provided reassurance as opposed to assurance and added that the report was not clear on the expected actions and outcome measures, particularly within Ophthalmology. P Roseblade added that whilst she recognised that In Committee updates had previously been provided to the Committee regarding ophthalmology, Independent Members were required to hold the organisation to account as part of their role.

P Roseblade further advised that as there was no update contained within the report in relation to red release it was challenging for Committee Members to be assured that a plan was in place. G Hughes advised that this information was being presented to the Planning, Performance & Finance Committee and added that the same report could be shared with the Quality & Safety Committee if Members would find that helpful. Members noted that work was being undertaken to develop an overarching dashboard for Improving Care. J Sadgrove suggested that further discussion is undertaken outside the meeting on reporting to Planning, Performance & Finance Committee and the Quality and Safety Committee as whilst duplication should be avoided between Committees this should be balanced with Members being provided with sufficient information/evidence to allow for detailed scrutiny and gaining of assurance.

In response to a question raised by D Jouvenat in relation to discharge lounges and what impact these would have on the issues being experienced regarding discharge delays, G Hughes provided assurance that this was a very successful model which used to be in place previously and would be used for patients who were waiting for ambulances to transfer them home. Members noted that this system was already in place at Prince Charles Hospital.

In response to a question raised by R Myles in relation to self-presenting patients and the possible reasons as to why they were self-presenting, G Hughes advised that there were a variety of reasons which included family members conveying their relatives to hospital if they were unable to wait for an ambulance as a result of ambulance delays, with some patients opting to access healthcare through presenting themselves at the Emergency Department directly. L Edwards advised that work was being undertaken to determine why patients were presenting themselves later for treatment, particularly within Stroke Services.

The Committee Vice Chair extended her thanks to G Hughes for presenting the report and added that she was fully appreciative of the work that was being undertaken.

Resolution: The report was **NOTED**.

Action: Further discussion to be undertaken outside the meeting on reporting to Planning, Performance & Finance Committee and the Quality and Safety

Committee as whilst duplication should be avoided between Committees this should be balanced with Members being provided with sufficient information/evidence to allow for detailed scrutiny and gaining of assurance

6.5 **WHSSC Quality & Patient Safety Committee Chairs Report**

D Jouvenat presented the report and advised that reassurance was provided to WHSSC that the Quality & Patient Safety Committee Chairs Reports were being shared with the Health Board's Quality & Safety Committee. The Committee Vice Chair advised that she was pleased to hear that positive feedback was shared in relation to Cwm Taf Morgannwg.

Resolution: The report was **NOTED**.

6.6 **Learning from Mortality Reviews**

D Hurford advised Members that the Health Board had a very robust mortality review process in place.

E Flavell presented Members with the report and highlighted the key matters for Members attention.

The Committee Vice Chair welcomed the report and queried whether more staff would be needed to undertake this work moving forwards. D Hurford advised that all Doctors were given Supporting Professional Activities (SPA) time to undertake other pieces of work and added that a mandate would be introduced which would mean that every Doctor would need to undertake one mortality review as part of their SPA each year and advised that this would be cost neutral to the Health Board.

J Hehir advised that mortality reviews were helpful in regards to duty of candour as the reviews would identify what had happened and that lessons had been learnt and shared, which would help in time to reduce the number of concerns being received.

In response to a question raised by P Roseblade as to what process was in place for the review of discharge notes to determine whether they were accurate, D Hurford advised that the reviews were undertaken by the Medical Examiner service who review whether the discharge was appropriate or not.

Resolution: The report was **NOTED**.

6.7 **Quality Strategy**

L Edwards presented the Quality Strategy and advised that an earlier draft had previously been endorsed by the Committee. Members noted that some typographical errors had been identified prior to the meeting which would be addressed.

Resolution: The Quality Strategy was **ENDORSED**

6.8 **Civica – People's Experience Feedback System**

S O'Brien presented the report which provided an update on progress made to date in relation to the implementation of the Civica system.

In response to a question raised by N Milligan in relation to the heat map and the benchmark that had been set of 85, J Oliver advised that this was a benchmark being used across Wales and advised that this needed to be considered in the context of the number of surveys that had been completed.

N Milligan advised that if the heat map was taken at face value, it showed that the Health Board was failing to meet the fundamentals of care and added that it was not evident what the Health Board were doing to address some of the issues identified. S O'Brien advised that an action plan can be entered into the system which could be updated by staff and would enable observation of progress being made against the action plan. S O'Brien added that whilst the feedback responses from patients was improving, the use of the system to record patient feedback needed to be maximised.

In response to a question raised by P Roseblade as to the reasons behind the poor data recorded during September, J Oliver advised that the Health Board was very much reliant on engagement from patients and families and added that alternative methods for requesting feedback were being considered.

J Hehir advised that moving forwards it would be helpful if a run rate could be included in the report to help identify themes and issues. S O'Brien advised that the report had been presented to the Committee to highlight the potential of the system and added that regular updates would be presented to the Committee on progress made.

Resolution: The report was **NOTED**.

6.9 Peer Review of Urgent Care (Out of Hours and UPCC) In CTMUHB

A Llewellyn presented the report.

Resolution: The report was **NOTED**.

6.10 Ward Based Nursing Assurance Report

R Gammon presented the report and highlighted the key matters for the attention of the Committee.

N Milligan advised that she was pleased to hear that plans would be shared with ward and departmental staff as appropriate and sought clarity as to how compliance around documentation would be measured. R Gammon advised that the welsh nursing care record had not yet been rolled out to all areas and added that steps would need to be taken to move away from paper-based documentation and there would be a need to ensure that everyone was using the same documentation.

The Committee Vice Chair extended her thanks to R Gammon for presenting the report.

Resolution: The report was **NOTED**.

6.11 Welsh Ambulance Services NHS Trust Patient Experience Report

Due to the potentially identifiable information within the report, members noted that this report would now be discussed at the In Committee session taking place on 17 November 2022.

7. ANY OTHER BUSINESS

P Roseblade referenced the recent learning from Healthcare Inspectorate Wales (HIW) following a visit to a site in Aneurin Bevan Health Board and noted the lessons identified particularly in terms of controlled drugs and sought assurance from the Health Board as to the use and management of this area of activity via a report to the next meeting

Action: Report to be presented to the next meeting in relation to the position regarding the use of controlled drugs.

8. HOW DID WE DO IN THIS MEETING TODAY?

The Committee Vice Chair advised that she would be happy to receive comments outside the meeting as to how Members felt the meeting went today. 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.

P Roseblade advised that noting the comments made by G Hughes earlier in the meeting in relation to sharing of reports that had been presented to other Committee's, it was important that duplicate reports were not shared between Committee's and added that the Quality & Safety Committee would require assurance on Quality & Safety issues as opposed to performance issues. Members noted that this would be discussed further outside the meeting.

Action: Discussion to be held outside the meeting in relation to duplication of reports to Committee meetings

9. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 1.30pm on Tuesday 24 January 2023.