

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety In Committee held on the 17 November 2022 as a
Virtual Meeting via Microsoft Teams**

Members Present:

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

In Attendance:

Lauren Edwards	Executive Director of Therapies & Health Sciences
Hywel Daniel	Executive Director for People (In part)
Gethin Hughes	Chief Operating Officer
Debbie Bennion	Deputy Executive Director of Nursing
Sallie Davies	Deputy Executive Medical Director
Cally Hamblyn	Assistant Director of Governance & Risk
Louise Mann	Assistant Director Quality, Safety & Safeguarding
Chris Beadle	Head of Health, Safety & Fire
Stephanie Muir	Assistant Director, Concerns & Claims
Sarah James	Deputy Chief Operating Officer
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Agenda

Item

- 1 PRELIMINARY MATTERS**
 - 1.1 Welcome & Introductions**
The Chair **welcomed** everyone to the In Committee meeting of the Quality & Safety Committee.
 - 1.2 Apologies for Absence**
Apologies for absence were received from:
 - Greg Dix, Executive Director of Nursing
 - Kelechi Nnoaham, Executive Director of Public Health
 - Dom Hurford, Medical Director
 - Carl Verrecchia, Care Group Service Director
 - Ana Llewellyn, Care Group Nurse Director
 - 1.3 Declarations of Interest**
No declarations of Interest were received prior to the meeting.

2 MAIN AGENDA

2.1 Patient Falls and Absconsions: Lessons Learnt Report

The Committee Chair advised Members that a meeting had been held with relevant Executive Leads where it was agreed that this and future updates to Committee would focus upon the patient safety aspects of the learning from absconsions and the management of the risks in these areas.

L Mann shared a presentation with Members which outlined the work being undertaken to prevent any further absconsion incidents. The following key points were noted by Members:

- A Health Board wide Absconsions Policy and Strategy were being developed with work being undertaken in the interim to manage the position until the Policy had been finalised;
- Areas of particular concern have been identified and targeted attention will be placed in these areas.
- The lead Executive is the Executive Director of Nursing.
- The action plan that had previously been developed in response to the HSE investigation would be aligned with this piece of work as appropriate.

A detailed discussion was held by Members and it was agreed that a further update would need to be presented to the Committee which provided further assurance on the progress being made.

The Chief Operating Officer also agreed to undertake a review of the processes in place for patients who report to Accident & Emergency with head injuries and then leave the department before they have been seen by a Clinician. G Hughes agreed to present an update at a future meeting of the Committee.

Resolution: The presentation was **NOTED**.

Action: Further update to be presented to the Committee on progress being made with this piece of work

Action: Report to be presented to a future meeting of the Committee outlining the processes in place for patients who report to the A&E department with a head injury and then leave the department before being seen by a Clinician.

2.2 Welsh Risk Pool and Legal Services Annual Review - CTMUHB

S Muir presented the report. Members recognised the challenging resource position in the Concerns Function and the significant impact this is having on the timeliness and ability to respond and manage concerns raised through the Putting Things Right Regulations under redress. It was noted that this position is resulting in cases being transferred and progressed via the claims route resulting in further delays for those raising concerns and increased financial pressures for the Health Board. Members noted that the operational aspects in terms of resourcing is for the Executive Leadership Group to consider, however

the Committee has a role in terms of strategic oversight and assurance that this risk is being managed.

Members noted that the Health Board was comparable with similar sized organisations in regards to the data contained within the report and noted that improvements could be made in relation to learning from incidents.

The Committee Chair extended her thanks to S Muir for presenting the report and advised that the Committee noted the issues being experienced in relation to the closure of redress cases.

Resolution: The report was **NOTED**.

2.3 WAST Patient Experience Report

D Bennion presented the report and highlighted the key matters for the attention of the Committee.

Following concerns raised by Committee Members, a detailed discussion was held in relation to the poor performance against red release at the Princess of Wales Hospital. G Hughes advised that significant work was being undertaken to address the issues and agreed to provide a detailed update to the next In Committee Session.. Members noted that the possibility of an additional session before the next planned meeting in January would be explored.

Resolution: The report was **NOTED**.

Action: Further update to be presented to an In Committee Session on the actions being undertaken to address red release performance at the Princess of Wales Hospital.

3. ANY OTHER BUSINESS

The Committee Chair extended her thanks to L Mann for all of the support she had provided to the Quality & Safety Committee and wished her good luck in her new role.

4. DATE AND TIME OF THE NEXT MEETING

The next In Committee meeting would take place on Monday 30 January 2023 at 2.30pm