

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 19 July 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

In Attendance:

Greg Dix	Executive Director of Nursing
Louise Mann	Assistant Director of Quality & Safety
Emrys Elias	Health Board Chair
Sarah James	Deputy Chief Operating Officer
Georgina Galletly	Director of Corporate Governance
Hywel Daniel	Executive Director for People
Julie Denley	Director of Primary, Community & Mental Health Services
Nicola Bresner	Healthcare Inspectorate Wales
Rhys Jones	Healthcare Inspectorate Wales
Ana Llewellyn	Nurse Director, Bridgend Integrated Locality Group
Carole Tookey	Nurse Director, Rhondda Taf Ely Integrated Locality Group
Stuart Hackwell	Director, RTE ILG
Jane Armstrong	Clinical Director of Primary Care
Sarah Fox	Head of Midwifery & Gynaecology
Sallie Davies	Senior Nurse Quality & Risk (Observing)
Claire Ellis	Deputy Assistant Medical Director, Clinical Audit (Observing)
David Morgan	Deputy Assistant Medical Director for Clinical Audit
Richard Hughes	Nurse Director, Merthyr & Cynon ILG
Gaynor Jones	RCN Convenor
Lauren Edwards	Executive Director of Therapies & Health Sciences
Chris Beadle	Head of Operational Health, Safety & Fire
Robert Foley	Head of Operational Flow
Paul Dalton	Internal Audit (In part)
Stuart Baines	Clinical Specialist Radiographer (In part)
Christian Smith	Lead Informatics Nurse (In part)
Stephanie Muir	Head of Legal Services (In part)
Sara Utlej	Audit Wales
Febe Ashley	Independent Maternity Services Oversight Panel
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;
- Gethin Hughes, Chief Operating Officer;
- Dom Hurford, Medical Director
- Suzanne Hardacre, Director of Midwifery
- Anthony Gibson, Director, Bridgend Integrated Locality Group

1.3 Declarations of Interest

No interests were declared

2.0 SHARED LISTENING AND LEARNING

2.1 Patient Experience Story

S Baines shared a presentation with Members which provided an update on the GP Chest X Ray Hot Reporting Project.

R Myles extended her thanks to S Baines for the informative presentation and sought clarity as to how much education was in place to encourage patients to visit their GP when they think they have a medical issue. S Baines advised that a significant piece of work was required in relation to encouraging patients to present to their GP earlier which would help to drive down the staging severity and added that vague symptom clinics were in operation.

C Donoghue extended her congratulations to S Baines and his Team for the fantastic innovation. In response to a question raised by C Donoghue as to how sustainable the project was, S Baines advised that whilst the current position was challenging particularly in terms of staffing pressures, he felt that the Team were robust enough to continue the project.

In response to a question raised by P Roseblade as to whether this project was being undertaken across all sites within the Health Board, S Baines advised that the project was not currently being undertaken at the Princess of Wales Hospital and added that discussions were being held in relation to expanding the service

into Princess of Wales which would require a Business Case to be developed in order to roll the project out.

G Dix and H Daniel both welcomed the presentation and extended their thanks to S Baines and the Team for the work that had been undertaken on this project.

J Sadgrove sought clarity as to how a pipeline of Radiographers could be built to enable them to undertake the masters qualification, S Baines advised that once investment had been made into the Princess of Wales site which would enable all staff to be able to report, then more staff would be able to undertake the qualification.

The Chair extended her thank to S Baines and his team for the excellent piece of innovation.

Resolution: The presentation was **NOTED**.

2.2 Digitisation of the Nursing Care Record

C Smith shared a presentation with Members.

D Jouvenat extended her thanks to C Smith for the presentation which she had found to be interesting and welcomed the work being undertaken. In response to a question raised by D Jouvenat as to whether the systems had improved outcomes for patients, C Smith advised that focus was being placed on implementing the system at present and added that a review would be undertaken at the next stage as to whether this had improved outcomes.

In response to a question raised by J Hehir as to the level of confidence in place regarding security of the system, C Smith advised that as the system was hosted by Digital Healthcare Wales assurance could be provided that systems were as secure as they could be.

In response to a question raised by E Elias as to whether there was a space on the system to document the emotional elements of care, C Smith advised that there was a space on the system to document the communications that had taken place with patients and their relatives.

In response to a question raised by E Elias regarding the 8% of staff who advised that they would prefer to go back to using paper records and whether this was age related, C Smith advised that age range data was not available and added that there were some staff who had been less confident in using the system and had become more confident once they had received support and training on system use. E Elias welcomed the Multi-Disciplinary Team approach that was being taken.

The Committee Chair welcomed the improvements being made and extended her thanks to C Smith for sharing the presentation. The Committee Chair advised that it appeared that users had welcomed the system and seemed keen

to be involved in the design of particular aspects of the system which she encouraged further exploration of.

Resolution: The Presentation was **NOTED**.

3 CONSENT AGENDA

The Committee Chair made reference to the following items which had been included on the consent agenda:

- The Welsh Health Specialised Services Committee Quality & Patient Safety Committee Chairs report which made reference to Ty Llidiard;
- The Putting Things Right Annual Report which made reference to the work that had been undertaken to improve completion of Learning From Events Reports;
- The Clinical Audit Report which made reference to funding restraints in this area which would need to be noted by the Committee;
- The Individual Patient Funding Request Annual Report and the difficulties that had been experienced in securing a clinical representative to join the panel. The Committee Chair requested an update for the next Committee meeting via the action log;
- The Community Health Council (CHC) National Surveys and Quality Monitoring Reviews report – The Committee Chair advised that the Health Board had recently received some CHC Newsletters which could be circulated to Members. Members noted that the Committee Chair had requested that a report was developed for the next meeting which provided a thematic review of the feedback that had been given by the CHC to determine what steps have been taken in response to the feedback provided;
- Incident Management Framework – The Committee Chair welcomed the encouraging uptake of Root Cause Analysis Training;
- National Nosocomial Covid-19 Programme Update – The Committee Chair welcomed the progress being made in relation to the review.

In response to a question raised by P Roseblade regarding reference made within the Action Log regarding the Spotlight Report on Community Acquired Pressure Damage, G Dix confirmed that whilst the main improvement programme of work related to community acquired pressure ulcers, work was also being undertaken in relation to inpatient acquired pressure ulcers and confirmed that an update on progress had been included in the Quality Dashboard.

3.0 For Approval/Noting

3.1.1 Unconfirmed Minutes of the Meeting held on the 24 May 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 15 June 2022

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

3.1.3 Facilities Policy – Security Policy

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 WHSSC Quality & Patient Safety Committee Chairs Report

Resolution: The Report was **NOTED**.

3.2.5 WHSSC Quality & Patient Safety Committee Annual Report

Resolution: The Report was **NOTED**.

3.2.6 Putting Things Right Annual Report

Resolution: The report was **NOTED**.

3.2.7 Infection, Prevention & Control Committee Highlight Report

Resolution: The report was **NOTED**.

3.2.8 Quality Governance – Regulatory Review Recommendations and Progress Updates

Resolution: The report was **NOTED**.

3.2.9 RADAR Committee Highlight Report

Resolution: The report was **NOTED**.

3.2.10 Clinical Audit Quarterly Report

Resolution: The report was **NOTED**.

3.2.11 Individual Patient Funding Request Annual Report

Resolution: The report was **NOTED**.

3.2.12 Learning Disabilities 6 Monthly Progress Report

Resolution: The report was **NOTED**.

3.2.13 Community Health Council National Surveys and Quality Monitoring Reviews

Resolution: The report was **NOTED**.

3.2.14 Incident Management Framework – Listening, Learning & Improving Safety

Resolution: The report was **NOTED**.

3.2.15 National Nosocomial Covid-19 Programme – CTM Update

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.

The Committee Chair made reference to the late submission of the report and advised that it was felt that it would be best to have the most current position as possible as opposed to reviewing the report that had been submitted to the last Board.

P Roseblade made reference to Risk 4887 and advised that whilst she understood that the probability of the risk occurring could be reduced, she could not understand how the consequence of the risk could reduce. G Galletly advised that she would seek confirmation from the Director of Digital as to why the consequence had changed.

P Roseblade advised that she was pleased to see that the risk relating to ligature points had reduced as a result of the works being completed. The Committee Chair advised that whilst the capital works had been completed, there was still some Estates work to complete.

M Milligan made reference to Risk 4721 and advised that she felt unclear as to what the mitigation was in relation to this risk. N Milligan also made reference to Risk 1113 which had been on the risk register for 8 years which advises that there is no change to the risk mitigation or risk score, despite a workforce plan being implemented in May 2021.

The Committee Chair made reference to the new risk which related to the care of Obstetrics and Gynaecology patients and advised that there did not seem to be any action proposed. G Galletly advised that she would respond to Committee Members outside the meeting regarding the queries raised.

C Donoghue advised that whilst she felt assured regarding the overall format of the report, she had a number of queries regarding the report which she would inform G Galletly of outside the meeting.

Resolution: The report was **NOTED**.

Action: Response to be provided to Committee Members outside the meeting regarding the queries raised against some of the risks.

6. IMPROVING CARE

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

J Denley presented the report.

The Committee Chair extended her thanks to J Denley for presenting the comprehensive report and advised that there was significant Ministerial interest in this area. Members noted that a Ministerial visit had been undertaken to Swansea Bay University Health Board to review service provision and a briefing should be made available to the Health Board next week regarding this.

R Myles extended her thanks to J Denley and advised that she understood that recruitment issues were being experienced across a range of professional areas. J Denley confirmed that recruitment of nursing staff and Psychology staff had been challenging. R Myles welcomed the involvement of commissioners who were monitoring the position.

The Committee Chair requested a further update on this matter in 6 months.

Resolution: The report was **NOTED**.

Action: Progress report to be presented to the Committee in six months.

6.2 Maternity & Neonates Services Improvement Programme Highlight Report

G Dix presented the report.

P Roseblade commented on the statement made by G Dix that some of the target dates had slipped against some of the actions and advised that it would be helpful if new completion dates could be identified.

P Roseblade made reference to the data contained on page 7 of the report in relation to neonatal term admissions which seemed quite poor at Princess of Wales (POW) compared to Prince Charles Hospital (PCH) who were above average and sought clarity as to why this was. S Fox confirmed that both POW and PCH were at the 6% mark which was the national average and added that quarterly reviews were being undertaken through governance processes to monitor the position and advised that this wasn't an area of concern for the Team.

In response to a query raised by C Donoghue in relation to Clinical NLS training which was stated in the report as being overdue, S Fox confirmed that the Team were on target to achieve the 95% compliance rate and consideration was being given to what Midwives would be put forward to undertake the full day training session.

In response to a query raised by the Committee Chair as to whether there were plans in place to address the third and fourth degree tears compliance, S Fox confirmed that this matter was discussed at the Team's audit meeting and a request was made to the service for their improvement plan which they were happy to provide.

In response to a question raised by the Committee Chair in relation to incident reporting and the increase that had been seen in the levels of moderate harm incidents, S Fox advised that all moderate and above harm risks would be assessed within 48 hours within an aim to close them in three months. Members noted that the reason for the increase was related to the numbers of incidents that remained open and noted that the actual numbers reported and level of harm remained stable. The Committee Chair advised that it would be important to recognise that the presentation of the dashboards was evolving.

S Davies highlighted that a new risk had been added to the Highlight Report for Neonates which related to future staffing which was being seen as a high risk. Members noted that a report was in the process of being prepared for consideration by the Executive Team.

Resolution: The report was **NOTED**.

Action: Revised target dates to be identified against actions where target dates have slipped.

6.2.1 Prince Charles Hospital Neonatal Deep Dive Review Update

S Davies presented the report.

In response to a query raised by N Milligan as to why nurses were up to date with their Neonatal Life Support training when Clinicians were not, S Davies advised that this related to a data capture issue and advised that it was expected the data would be improved for the next iteration of the report.

In response to a question raised by N Milligan in relation to whether any further work had been undertaken in relation to the Shift Co-ordinator role, S Davies advised that the team had been informed that there was no funding available to support this post and added that the team were now in the process of developing a staffing options report. G Dix advised that he believed that there would be opportunities to address workforce issues in light of the new care group model with a potential opportunity to develop joint roles and share resources between both units.

Resolution: The report was **NOTED**.

6.2.2 NHS Delivery Unit Findings Report: CTMUHB Maternity & Neonatal Services Serious Incidents Assurance Review & Board Systems and Processes for Reporting, Management and Review of Patient Safety Incidents

L Mann presented the report.

P Roseblade extended her congratulations to all staff involved for the tremendous amount of work that had been undertaken to achieve closure. P Roseblade sought clarity as to what the benefits of the new operating model would be for Maternity & Neonates. G Dix advised that there would be a number of benefits which would include there being one leadership team in place and more streamlined governance processes. Members noted that the work that had been undertaken over the last few years would be consolidated and noted that having a Director of Midwifery who has responsibility for Neonatal Services would be very unique across Wales.

The Committee Chair extended her thanks to the Delivery Unit for the support they had provided in addressing these historic concerns and added that she was pleased that the Health Board had reached this position in the journey.

Resolution: The report was **NOTED**.

6.3 Quality Dashboard

L Mann presented the report and highlighted the key areas for Members attention.

In response to a query raised by P Roseblade as to the reasons why medication errors were now reducing, L Mann advised that some work had been undertaken by the Medicines Management Team on medicines safety and added that the Team do respond quickly to any errors that occur. L Mann advised that a Deep

Dive on Medication Errors had previously been presented to the Committee and suggested that a further review of the position could be undertaken in the future.

In response to a question raised by P Roseblade as to what other reasons were behind the increase in Length of Stays in addition to Delayed Transfers of Care, L Mann advised that this partly related to flow issues within social care and added that there was further work that the Health Board could do to improve the position.

In response to a concern raised by P Roseblade regarding the update provided regarding Patient Safety Alert PSA008 which didn't appear to have any urgency to it in terms of resolving, L Mann advised that Patient Safety Alerts were being discussed weekly at the Quality & Patient Safety Team meetings and added that this alert required a national solution and advised that a statement had been received from the Delivery Unit as to why compliance could not be achieved. Members noted that since the last Committee compliance had been achieved against two other Patient Safety Alerts.

In response to a question raised by N Milligan as to the reasons behind the increase in falls where harm has occurred which had nearly doubled, L Mann advised that a new incident module had been implemented which did not provide an accurate picture in relation to the data being presented and advised that work was being undertaken to address this issue. Members noted that D Bennion continued to lead a piece of work on patient falls.

N Milligan made reference to the increasing numbers of absconding patients during April and May and questioned what lessons were being learnt from this. G Dix advised that an update would be provided via the Integrated Locality Group Quality & Safety reports.

The Committee Chair welcomed the progress made against the Patient Safety Alerts and Patient Safety Notices and advised that she would find it helpful if the Delivery Unit Dashboards could be included as appendices to the Quality Dashboard moving forwards.

C Donoghue made reference to the Spotlight Report at Appendix 1 which highlighted the issues regarding dignity of patients whilst waiting in an ambulance, particularly in relation to nutrition. R Hughes advised that a number of discussion had been held regarding the pressures being faced across Wales in relation to the monitoring of patient dignity and it had been agreed that a consistent approach was required across Wales.

The Committee Chair made reference to Appendix 2 which contained an update in relation to Learning From Events Reports and sought clarity as to what the current position was. S Muir advised that in relation to the 38 cases which were potentially for permanent deferral, all actions had now been undertaken and a response had been submitted to the Welsh Risk Pool. Members noted that the Health Board had engaged with the Welsh Risk Pool throughout the process.

In response to a question raised by P Roseblade as to whether the Health Board would not suffer from a deferral now that the majority of cases had been accepted by the Welsh Risk Pool, S Muir advised that she would be unable to comment on this until a meeting had been held with the Welsh Risk Pool to discuss the submissions further.

In response to a question raised by P Roseblade as to whether any lessons could be learnt from other Health Board's regarding their processes, S Muir advised that there had been issues in relation to the use of Datix and issues relating to older claims. G Galletly added that this was a complex area which she would be happy to provide an update to Committee Members on outside the meeting and added that the Welsh Risk Pool were being very supportive, particularly as there were now a number of measures in place to capture learning from a very early stage.

The Committee Chair extended her thanks to L Mann for presenting the report and asked Members to consider what areas they would like future spotlight reports to concentrate on.

Resolution: The report was **NOTED**.

Action: Delivery Unit Dashboards to be appended to the Quality Dashboard moving forward.

Action: Committee Members to reflect on what areas they would like future Spotlight Reports to focus on.

6.4 Ty Llidiard Progress Report

L Edwards presented the report.

The Committee Chair advised that she was aware that D Jouvenat was well briefed on the concerns as she was also a member of the Welsh Health Specialised Services Quality & Patient Safety Committee.

The Committee Chair advised that there was positive work being undertaken in this area and requested that the Committee were kept regularly updated on the matter.

Resolution: The report was **NOTED**.

6.5 Report from the Chief Operating Officer

S James presented the report.

In response to a query raised by C Donoghue, S James confirmed that whilst there had been some slippage, the mobile Endoscopy Unit was now operational. Members noted that the Integrated Locality Group had been asked to develop a

slippage plan to determine how much activity had been lost and how much activity would be prioritised.

P Roseblade welcomed the focus that was being placed on Ophthalmology and suggested that it would be helpful if the updated action plan could be shared with Members in due course.

G Dix made reference to the Emergency Unit Improvement programme which would be a significant piece of work to undertake moving forwards. Members noted that the Emergency Departments were critically overcrowded for the majority of the time which compromises staff and patient safety and dignity of care. G Dix added that staff regularly struggle to provide the level of care they want to provide which was really concerning and advised that there were patients being placed in un-commissioned areas, which increases the numbers of patients on our sites which in turn increases the risk. S James advised that significant pressures were in place across all Health Board's in Wales and advised that there was some confidence in place that improvements would be made. S James advised that she had noticed a difference in staff morale within the Emergency Department over recent weeks which was concerning.

G Jones welcomed the meeting that had been held with Clinicians to discuss the issues being experienced and questioned whether nursing staff had also been met with. S James confirmed that the meeting had been attended by Service Managers, Emergency Department Consultants and Nursing staff. In response to a question raised by G Jones as to whether conversations had been held with staff working on the ground who were all extremely upset regarding the situation, S James confirmed that regular meetings were being held with staff.

The Committee Chair requested that the communication and listening issues that had been identified needed to be addressed and S James confirmed that she would discuss communication issues with the Integrated Locality Groups. G Jones advised that staff morale was really low at the present time with no indications being given that they felt the position was improving.

E Elias advised that noting the concerns raised by G Jones regarding staff morale, an email had also been shared from staff outlining their concerns from a staff and patient perspective which resulted in him undertaking a visit to the Emergency Department at Princess of Wales Hospital alongside G Dix and G Hughes. A discussion was held with staff and patients regarding quality of care and patient flow delays. Members noted that a piece of work was being undertaken with Social Care colleagues to address some of the patient flow delays being experienced and noted that there were also some national pieces of work being undertaken in relation to potential changes to models of care.

R Myles commented that there seemed to be whole system issue here and sought clarity as to what was causing the increased demand within the Emergency Department especially at this time of year. Members noted that the inability for patients to obtain an appointment with their GP was an area of

concern which was resulting in more patients presenting at the Emergency Department.

The Committee Chair advised that R Myles had raised an important question, a question that had been debated widely within the Health Board and requested that a focussed discussion on this matter was held at the next meeting of the Committee as a spotlight report.

Resolution: The report was **NOTED**.

Action: Updated Ophthalmology Action Plan to be shared with Members in due course.

Action: Communication and listening issues with staff working in the Emergency Departments to be discussed with the Integrated Locality Group

Action: Spotlight Report to be presented to the next meeting of the Committee on the pressures being experienced within the Emergency Departments.

6.6 INTEGRATED LOCALITY GROUP REPORTS

6.6.1 Rhondda Taf Ely ILG Report

C Tookey presented the report and highlighted the key matters for Members attention.

P Roseblade advised that she was sad to read of the loss of two doctors who had sadly passed away and added that she was concerned to read that recruitment would not be completed until the end of the year.

Resolution: The update was **NOTED**.

6.6.2 Merthyr & Cynon ILG Report

R Hughes presented the report and highlighted the key issues for awareness.

Resolution: The report was **NOTED**.

6.6.3 Bridgend ILG Report

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

Resolution: The Report was **NOTED**.

6.6.4 Primary Care Quality & Safety Report

J Armstrong presented the report.

The Committee Chair made reference to section 2.8 of the report which referred to dental contractors and queried whether this should have referred to Optometrists. J Armstrong confirmed that this did relate to Optometrists and not dental contractors.

N Milligan highlighted that Church Street Dental Practice in Merthyr Tydfil had issued letters to patients advising that they will now only be accepting patients privately. J Armstrong agreed to review and confirm the position outside the meeting and advised that they may not be accepting any new NHS work as opposed to none at all.

Resolution: The report was **NOTED**.

Action: Confirmation to be provided outside the meeting regarding the position with Church Street Dental Practice in Merthyr Tydfil and whether they are accepting any NHS patients.

6.7 Quality & Performance of Service Provision HMP and Young Offenders Institute Parc

J Denley presented the report. Members noted that as a result of sickness absence interim Healthcare support had been put into place which would help to prepare and align governance processes.

Resolution: The report was **NOTED**.

6.8 Dental Contract Reform

J Denley presented the report and advised that the significant risks relating to the pace of the reform had been acknowledged by Welsh Government.

The Committee Chair advised that this was a matter of concern particularly as access to dental services was not easy at present and requested that J Denley kept the Committee updated on developments in this area.

Resolution: The report was **NOTED**.

6.9 Development of a Quality Strategy

L Edwards presented the report and advised that she would be happy to receive feedback on the proposal outside the meeting.

Resolution: The report was **NOTED** and **ENDORSED**.

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 20 September 2022.

10. CLOSE OF MEETING