Agenda Item Number: 3.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB) Quality & Safety Committee held on the 16 March 2023 as a Virtual Meeting via Microsoft Teams

Members Present:

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

In Attendance:

Sallie Davies	Deputy Medical Director
Lauren Edwards	Executive Director of Therapies & Health Sciences (In part)
Hywel Daniel	Executive Director for People (In part)
Gethin Hughes	Chief Operating Officer (In part)
Dom Hurford	Medical Director (In part)
Julie Denley	Deputy Chief Operating Officer
Greg Dix	Executive Director of Nursing
Cally Hamblyn	Assistant Director of Governance & Risk
Stephanie Muir	Assistant Director of Concerns & Claims (In part)
Suzanne Hardacre	Director of Midwifery
Sarah Fox	Head of Midwifery & Gynaecology (In part)
Gwion Williams	Service User (In part)
Ana Llewellyn	Primary Care, Community and Mental Health - Care Group Nurse Director
Carole Tookey	Planned Care - Care Group Nurse Director
Emma James	Unscheduled Care – Care Group Nurse Director
Kellie Jenkins-Forrester	Head of Concerns & Business Intelligence
Chris Beadle	Head of Operational Health, Safety & Fire (In part)
Gaynor Jones	Royal College of Nursing (RCN) Convenor (In part)
Sara Utley	Audit Wales (In part)
Vanessa Davies	Healthcare Inspectorate Wales
Lisa Love-Gould	Clinical Director of Allied Health Professionals (In part)
Stephen Sarasin	Clinical Director, Planned Care
Alex Brown	Clinical Director, Unscheduled Care (In part)
Melanie Barker	Assistant Director of Therapies & Health Sciences
Hannah Wilton	Chief Pharmacist
Kathrine Davies	Corporate Governance Manager

Observing:

Mark Abraham	Head of Commissioning Mental Health and Learning Disabilities

Agenda Item

1.0 PRELIMINARY MATTERS

1.1 Welcome & Introductions

In opening the meeting, J Sadgrove, Committee 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 Committee Chair.

1.2 Apologies for Absence

Apologies for absence were received from:

- James Hehir, Independent Member

1.3 Declarations of Interest

No interests were declared

2.0 SHARED LISTENING AND LEARING

2.1 Listening & Learning Story

S Fox and G Williams shared the Listening & Learning Story with Members of the Committee. G Williams shared their experience of using the Gynaecology Services whilst transitioning as a Transgender patient and highlighted issues in relation to communication from staff whose responses appeared to be dismissive. G Williams advised that they received a genuine and caring response following the concerns raised. Members noted that following the concerns raised, consideration had been given to amending the name of the department and the patient had met with Clinicians virtually to discuss concerns so that lessons could be shared across the department.

The Committee Chair and D Jouvenat extended their thanks to G Williams for sharing their story, which had highlighted how important it was to speak out.

G Dix advised that he was the Executive Lead for LGBTQ matters within the Health Board and added that the Health Board had recently launched its Trans Toolkit for the Trans Community and Staff. G Dix advised that he would welcome a discussion with G Williams outside the meeting so that they could share any reflections as to whether the toolkit could be strengthened further. G Williams welcomed the invitation to discuss further.

The Committee Chair expressed her apologies for the experiences that G Williams had faced, however, recognised how by sharing their lived experience it was helping to change things within the Health Board. G Williams advised that they appreciated the effort and the care that had been provided in relation to listening to the concerns that had been raised.

Resolution: The Listening & Learning Story was **NOTED.**

Action: Discussion to be held with G Williams outside the meeting in relation to the Trans Toolkit to determine whether the toolkit could be strengthened further.

2.2 Care Group Spotlight Presentation – Mental Health & Learning Disabilities

A Llewellyn shared the presentation with Members which provided an overview of recent and legacy Healthcare Inspectorate Wales inspections that had been undertaken on the Mental Health Services within the Health Board. Members noted that key themes had been identified and in response a robust improvement programme was now in place to address the issues raised.

The Committee Chair extended her thanks to A Llewellyn for presenting the comprehensive report.

P Roseblade thanked A Llewellyn for the report and for being so candid in her presentation, she also drew attention to the request for support in relation to the Single Care record and sought clarity as to what support was required. A Llewellyn advised that it would be helpful if Independent Members could support the decision making required in relation to the implementation of the Welsh Community Care Information System (WCCIS) and added that multiple systems were in place at present which was challenging. Members noted that the Team were working to mitigate the risk.

The Committee Chair advised that extensive discussions had been held on this important matter at the Digital & Data Committee and the Mental Health Act Monitoring Committee and added that having a single care record for patients within Mental Health was vital and until this was in place the Health Board would continue to run at risk which was why this had been escalated to the risk register. Members noted that a discussion was held at the Digital & Data Committee as to whether there were existing systems within the Health Board which could be rolled out further if progress was not made with WCCIS.

J Denley advised that she was pleased to learn of the discussions held at Digital & Data Committee and advised that the digital ambitions for the Health Board were significant given the challenging financial positon being faced by the organisation and highlighted the importance of a single integrated clinical system within Mental Health. The Committee Chair advised that this was a fundamental system which the Committee fully supported and suggested that the Committee highlighted this matter as an area for escalation in the Committee Highlight Report to Board.

P Roseblade advised that whilst she agreed that implementation of a single care record was a priority and that this would be an exceptionally good use of funding, it was not within the Independent Members remit to dictate how funding was distributed across the Health Board and added that this would be the responsibility of the Executive Team. The Committee Chair advised that it was the Committee's role to highlight areas of risk to the Board and it would be the risk that the Committee would highlight to the Board. D Jouvenat agreed with the approach suggested.

G Dix advised that this issue had been discussed a number of times by the Executive Team when working through the priorities within the financial plan recognising also the frequency that it has also been identified as an area of concern within e Healthcare Inspectorate Wales Reviews, in this regard he welcomed the inclusion of this issue within the alert/escalate section of the Committee Highlight Report to Board. The Committee Chair added that patients were being treated with partial information available within their records which was a significant risk that needed to be mitigated.

C Donoghue acknowledged A Llewellyn's candid reflections of the impact of moving staff to other areas to address immediate issues in a particular area and how these decisions need to be considered in terms of their residual impact.

Following discussion, the Committee Chair welcomed the work that had been undertaken in relation to legacy reporting and sought clarity as to whether learning was being shared in relation to the issues identified. A Llewellyn confirmed that learning was being shared and added that the Care Group structure provided a positive vehicle for delivery.

In response to a question raised by the Committee Chair in relation to whether the Improving Care Board (ICB) had now been set up and into which forum this would report into, A Llewellyn advised that the first meeting of the ICB had been held and work-stream leads had now been identified. Members noted that the Care Group Quality, Safety and Risk Experience Group would also maintain oversight of the activity being undertaken by the ICB and added that Healthcare Inspectorate Wales reviews was a standing item on the agenda for the Care Group Quality, Safety & Risk Experience meetings.

Resolution: The presentation was NOTED.

Action: Following discussion, it was agreed that regular reports on this matter would be presented to the Committee.

Action: The risk relating to the implementation of the Welsh Community Care Information System to be highlighted as a matter of escalation to the Board within the Committee Highlight Report.

Action: Mental Health In-Patient Improvement Progress Reports to be presented to future meetings from May 2023 onwards.

2.3 Care Group Spotlight Presentation – Unscheduled Care

E James shared the presentation with Members which provided an update on the following key areas;

- Minor Injury Unit at Ysbyty Cwm Cynon;
- Ambulance Delays and Immediate Release Policy;
- Process for patients with a head injury leaving the emergency department without being seen;

- Healthcare Inspectorate Wales visit to Ward 5 Princess of Wales Hospital; and
- Response to the Health & Safety concerns at Princess of Wales Hospital and fire evacuation simulation.

In response to a question raised by G Jones as to whether there were plans in place to move the Minor Injuries Unit back into their original area which had been purpose built for the unit, E James confirmed that this was a priority area for the team to address to ensure the service was being delivered from the appropriate space. S Sarasin advised that if the unit was moved back into its original area, discussion would need to be held in relation to the location of the fracture clinic. The Committee Chair recognised how many dependencies there were in relation to service location.

E James advised that significant improvement had been made in relation to ambulance delays and immediate release protocols with a significant amount of work undertaken with clinical leads across sites in relation to the key principles of the immediate release policy. P Roseblade commented on the high level data that had been included in the presentation in relation to ambulance handover performance and advised that the Committee would need to see the data for each individual hospital which showed the numbers for requested for immediate release and number agreed. Following discussion, E James agreed to circulate this information to Members outside of the meeting and agreed to include the data in future iterations of the report.

In relation to patients that did not wait following attendance at the Emergency Department with a head injury, E James advised that a review had been undertaken following assurance being sought by Committee members at a previous meeting. E James confirmed that protocols and principles were in place across all three sites regarding this and steps were now being taken to develop a standardised template across the Health Board.

Members noted the outcome of the Healthcare Inspectorate Wales visit to Ward 5, Princess of Wales Hospital which identified three key areas for immediate assurance, which included medication storage safety, fire risk assessments and access to mandatory training. Members noted that an action plan had now been received which identified a further 16 recommendations and noted that progress against the action plan would be reported to the Care Group Quality, Safety & Risk Experience meeting. E James advised that the Care Group would also be reviewing any open and outstanding actions from previous inspections.

In response to a question raised by N Milligan in relation to compliance for resuscitation and manual handling training, E James confirmed that significant improvement had been made in these areas and further work was being undertaken as to how staff can access and attend training, which included the provision of training within clinical areas. H Daniel advised that there was a number of mandatory training packages that could be undertaken without having to attend a classroom and added that discussions would need to be held with staff as to what training could be undertaken online. H Daniel advised that

there were training capacity issues in place at present and added that discussions were taking place as part of the Integrated Medium Term Plan process in relation to training capacity.

The Committee Chair drew attention to the issues that had been identified in relation to working locks on medication cupboards and fridges seeking clarity as to how this was being addressed across the whole of the Health Board given that this was not the first time this issue had been identified by Healthcare Inspectorate Wales. G Dix advised that this was also an issue across the whole of Wales and added that compliance is now captured as part of the safe to start quality framework and advised that Heads of Nursing were now undertaking quality checks regarding this matter which should hopefully improve the position moving forwards.

A discussion was held in relation to the Health & Safety concerns that had been raised by the Chief Executive of NHS Wales in relation to the management of boarded patients in fire evacuation routes being a breach of health and safety regulations. Members noted that a robust risk assessment had since been undertaken with Health & Safety colleagues and E James advised that whilst it was the ambition of the Care Group to deliver high quality care, there would be occasions where decisions would need to be made in extremis measures where patients may need to be boarded into a non commissioned area.

The Committee Chair advised that this issue had been highlighted as a matter of escalation within the Health, Safety & Fire Sub Committee Highlight report. D Jouvenat advised that a discussion was held at the sub-committee in relation to placement of beds on wards that had not been officially designated as patient bays and a number of concerns were raised by Members regarding this.

N Milligan recognised the challenges faced by the service in terms of balancing risk but expressed her concerns in relation to areas such as fire i.e. the ability to respond effectively to a fire where non-commissioned areas have been utilised. G Jones queried if staff were appropriately trained in evacuation given the low compliance in relation to fire training.

P Roseblade recognised the challenging balance of risk in terms of assessing whether the greatest risk would be on the ward with the boarded patients, patients having to wait longer to be seen within the Emergency Department or for patients who were waiting at home for an ambulance.

H Daniel advised that it was evident that further work was required on this matter from a clinical and Health & Safety perspective and added that there would be a requirement to comply with regulations, with fire exits needing to be kept clear at all times. H Daniel reminded Members that the Health Board has a number of active fire orders placed on some of the Health Board sites and added that he would not feel comfortable as an Executive Director to accept the risk of covering a fire exit and added that in addition to Welsh Government, South Wales Fire & Rescue had also contacted the Health Board in relation to this particular matter. A Brown advised that it would be helpful if there could be a

steer as to what the Health Board would be least comfortable with as an organisation when considering these risks.

In response to a query raised by the Committee Chair as to whether this matter would be discussed again by the Executive Team, G Dix advised that this was an issue recognised by the Executive Team as one that requires monitoring and action in light of the difficult and challenging service decisions that are required to be made on a daily basis.. G Dix welcomed suggestions by colleagues to support any further discussions around mitigating the risk. .

Following discussion, the Committee Chair advised that the Committee would need to formally record its concerns in relation to the risks that the Health Board were trying to manage and added that this would need to be included as an area for escalation in the Committee Highlight Report to Board. The Committee Chair encouraged the Executive Team to continue to consider the position moving forwards.

N Milligan made reference to staff having the confidence to report on any issues they felt uncomfortable with and expressed the importance that staff did not feel threatened when they felt the need to report on any areas of concern.

The Committee Chair extended her thanks to E James for sharing the presentation and added that there would be some items that would require ongoing discussion.

Resolution: The presentation was **NOTED**.

Action: Data to be shared with Members outside the meeting in relation to ambulance handovers to include the data for each individual hospital for the numbers for requested for immediate release and number agreed.

Action: Concerns raised by Committee Members in relation to the boarding of patients in non-commissioned areas to be escalated to the Board within the Committee Highlight Report.

3 CONSENT AGENDA

C Donoghue confirmed that she had received responses to the queries raised prior to the meeting.

3.0 For Approval/Noting

3.1.1 Unconfirmed Minutes of the Meeting held on the 24 January 2023

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

3.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 30 January 2023

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

3.1.3 Children & Young People 16-17 year's Acute Admission Policy

Resolution: The Policy was **APPROVED.**

3.1.4 Chairs Urgent Action – Policy Approvals

Resolution: The Chairs Urgent Action was **APPROVED**.

3.1.5 Independent Member Walkround Protocols

G Dix confirmed that he had received some helpful feedback from C Donoghue and the Executive Team regarding this protocol and advised that some amendments would now need to be made to the report. G Dix agreed to re-circulate the document once amendments had been made.

Resolution: The proposal was **SUPPORTED.**

Action: Report to be re-circulated to Members once amendments had been made.

3.2.1 Committee Action Log

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

3.2.2 Annual Cycle of Business

Resolution: The Annual Cycle of Business was **NOTED**.

3.2.3 Quality & Safety Committee Forward Work Programme

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

3.2.4 Quality Governance – Regulatory Review Recommendations and Progress Updates

The Committee Chair confirmed that some of the areas highlighted within the report had been discussed as part of the care group presentations earlier in the meeting and added that she noted the ongoing reporting of recommendations was a system in development.

Resolution: The Report was **NOTED**.

3.2.5 Clinical Audit Quarterly Report and Clinical Audit Annual Plan

The Committee Chair welcomed the report which identified the ongoing work and the submission of good practice case studies and added that she appreciated the pressures being faced by the Clinical Audit Team.

Resolution: The report was **NOTED**.

3.2.6 Radiation Safety Committee Highlight Report

The Committee Chair welcomed the report and the ongoing compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

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 highlighted the key matters for Members attention.

C Donoghue made reference to Risk 5036 which related to Pathology services unable to meet current workload demands and sought clarity as to whether it was right to reduce the risk score in light of the financial climate. C Donoghue also identified the need to improve the robustness of the mitigating actions for some risks. C Hamblyn advised that engagement had been undertaken with Care Group Leads in relation to risks and of the need to review the risks where the mitigating action had remained stagnant. Members acknowledged that this improvement activity would take time but that there was commitment from the Care Groups to take this forward.

N Milligan drew attention to Risk 4732and 4721 which had not been reviewed for a number of months, and requested that a review was undertaken of both risks.

P Roseblade made reference to Risk 4071 and sought clarity on what was meant by decreased and whether this meant that waits were getting worse for those patients not in the longs waits as priority was being given to the long waiters. P Roseblade also added that she felt the risk needed to make reference to the Welsh Government intervention status in relation to Cancer.

P Roseblade made reference to Risk 4080 and sought clarity as to whether this risk related to Junior Doctors as there was a different risk in relation to Senior Medical Staff that had been de-escalated. P Roseblade also made reference to Risk 4743 and advised that an update had not been provided against this risk since December 2022 and also made reference to Risks 3131 and 4908 where the risk score had decreased even though the key mitigating actions were still

underway. C Hamblyn advised that she would be happy to leave Risks 3131 and 4908 on the register if members did not feel assured in regards to removing them.

The Committee Chair made reference to the Medical Records risk and advised that a draft report in relation to this risk had been received at the Digital & Data Committee and added that she had requested that the risk was revisited in relation to its description and mitigation around quality and safety implications. C Hamblyn confirmed that she had discussed this risk with the risk lead and added that an update would be included in the next iteration of the report.

C Hamblyn agreed to address the queries with the relevant risk leads and the Committee Chair advised that she looked forward to receiving responses outside the meeting.

Resolution: The report was **NOTED**

Action: Responses to queries raised against a number of risks to be shared with Members outside the meeting.

5.2 Health, Safety & Fire Sub Committee Highlight Report

D Jouvenat presented the report and highlighted the matters that had been included in the alert/escalate section, which included concerns raised in relation to low levels of compliance being achieved in relation to staff attending fire safety training sessions. Members noted that the Sub Committee also received two Audit Reports which had been allocated a reasonable assurance rating.

N Milligan advised that in relation to the concerns raised regarding placement of beds, this not only affected patient dignity and safety, but staff safety also. N Milligan added that in the event of a cardiac arrest, the inappropriate placement of beds would likely result in a manual handling incident given that staff would not have the appropriate space to manually handle a patient. N Milligan advised that ensuring the dignity for both patients and staff was vitally important.

In response to concern expressed by G Jones regarding the way in which patients were being cared for, C Donoghue advised that this matter was not being taken lightly by Members of the Board and stressed the need of determining where the greatest risks were. N Milligan recognised the challenges being faced in reaching these difficult decisions but noted that it would be remiss of Members not the raise their concerns. The Committee Chair commented as to whether the balance of risk was right when decisions were being made.

G Jones reiterated her concern that it had been found acceptable to place patients in inappropriate spaces and added that patients needed to be cared for in a safe environment. The Committee Chair stressed that this matter was being taken very seriously and would not be ignored.

G Dix acknowledged that the position was unacceptable and advised that he would be grateful to receive any advice and ideas from Committee Members as to how the risks could be further mitigated in these very challenging times. Members noted that the Heads of Nursing and Assistant Directors of Nursing were regularly attending wards to facilitate difficult discussions with staff in relation to maintaining the safety of patients in the best possible way. G Dix added that he had raised concerns previously at this Committee and the Board in relation to this matter and that he recognised that these difficult decisions when made presented unacceptable standards of care.

N Milligan suggested increased engagement with staff as to how they feel patients could be safely boarded on wards could be initiated, with any suggestions made taken forward.

J Denley advised that these were some of the most difficult discussions that she had been involved in and advised that work was being undertaken in relation to providing a solution, for example, the introduction of the Navigation Hub. Members noted that the Operations Team shared the concerns expressed by Committee Members.

E James advised that she had discussed these concerns with N Milligan last week and advised that the senior team were now present on sites given the concerns raised by staff of the difficult decisions they were having to make. E James provided assurance that patients would not be placed in the recess areas in windows and if boarding was initiated patients would be placed in the middle of the bay.

The Committee Chair recognised the significant concerns highlighted during the discussion and the importance of escalating them to Board through the Committee Highlight Report. The Committee Chair recommended this as an area for consideration at a future Board Development Session.

Resolution: The report was **NOTED.**

6. IMPROVING CARE

6.1 Maternity Services & Neonates Improvement Programme

S Hardacre presented the report and highlighted the key matters for the attention of Committee Members. Members noted that all immediate make safe recommendations had now been achieved, the programme was due to come to an end on 31 March 2023 and that Clinical Quality Improvement Leads were now in place within Maternity & Neonatal services.

In response to a question raised by P Roseblade as to how the first risk on the risk register would be mitigated assuming that no funding would be available given the current financial position for the Health Board, S Hardacre advised that the team had been able to identify alternative ways in relation to redesigning roles and added that the Care Group had identified the majority of the opportunities without requiring additional funding.

In response to a comment made by P Roseblade in relation to some of the data within the report not correlating with other reports on the agenda, for example, the number of concerns and incidents being reported, S Hardacre advised that she would undertake a review of the metrics to ensure that alignment of data was achieved.

The Committee Chair welcomed the ongoing work and the improvements that had been made and advised that she looked forward to receiving further updates on this matter.

Resolution: The report was **NOTED.**

Action: Review to be undertaken of the metrics included within the report to ensure they aligned with data contained within other reports, for example, the number of concerns and incidents being reported.

6.2 Ty Llidiard Tier 4 CAMHS Inpatient Unit Report

A Llewellyn presented the report and advised that there was continued and sustained improvement being made.

P Roseblade welcomed the report which she found to be informative and positive and sought clarity as to what was needed in order to completely de-escalate the service. A Llewellyn advised that there were a number of actions that still required completion and added that the Welsh Health Specialised Services Committee (WHSSC) still had concerns in relation to referrals and the acceptance of referrals, which had been noted in the WHSSC Quality & Patient Safety Committee Highlight report that had recently been received.

The Committee Chair also welcomed the report and advised that it was positive to note that young people were being actively involved in their care. The Committee Chair extended her thanks to staff for all of the work being undertaken to deliver the improvements in the care being provided.

Resolution: The report was **NOTED.**

6.3 Quality Dashboard

S Muir presented the report and highlighted the key matters for the attention of the Committee.

In response to a query raised by P Roseblade regarding the statement made on page 2 of the report regarding a 30 working target, S Muir confirmed that this should read 30 working *day* target.

P Roseblade made reference to paragraph 2.2 on page 5 of the report and the paragraph that commenced with the sentence *This is reflected in that of the 4258 incidents* and advised that she found it difficult to understand what this paragraph was saying. P Roseblade also advised that she thought it had been agreed at the last meeting that the provision of incident data would be paused

until the Datix issues were resolved and added that there were a number of dates contained within the report that said 2021 where it should have read 2022. P Roseblade further highlighted that there were consistency issues within the report in terms of some of the data presented, particularly in relation to absconsions, where in one section it advises that these were increasing and in another section it states that they were decreasing.

S Muir committed to reviewing the points raised by P Roseblade with the team. K Jenkins Forrester advised that in relation to paragraph 2.2 contained on page 5 of the report, she would review the wording of this section and added that in relation to absconsions, she believed that the overall trend was that these incidents were decreasing, but again would review the position to confirm this was the case.

G Dix advised that the Team had reflected on discussions held at the last meeting in relation to the content and format of the report and advised that the length of the report had reduced significantly since the last meeting. G Dix added that the report would be amended further ahead of the next meeting with more detail included within the report in relation to service to board reporting. G Dix welcomed the further comments made during today's meeting and invited any further comments from Independent Members regarding the content of the report.

In relation to a query raised by the Committee Chair in relation to the specific Community Pharmacy Form referenced on page 7 of the report, and whether the form was going to be changed to include the harm field, K Jenkins-Forrester advised that this issue had been escalated on an All Wales basis and confirmed that the form would now be amended from 1 April 2023.

The Committee Chair made reference to the Delivery Unit Dashboards which had been appended to the report and advised that these would be considered further during the discussion held in relation to the Care Group Highlight reports.

G Dix made reference to the Welsh Cancer Patient Experience Summary contained within Appendix 2 which highlighted positive reflections as to how some cancer patients felt in relation to the care being provided to them.

The Committee Chair welcomed the significant improvement in compliance in relation to Patient Safety Solutions and extended her thanks to L Mann, the previous Assistant Director of Quality & Safety for ensuring that momentum was taken to address these issues. The Committee Chair added that she looked forward to the ongoing development of the dashboard.

Resolution: The report was **NOTED**

Action: Review to be undertaken to the data discrepancies contained within the report and the wording of paragraph 2.2 on page 5 of the report.

6.3.1 Thematic Spotlight Presentation – Falls and Pressure Ulcers

Members noted that a request had been made to defer this item to the May 2023 meeting of the Committee.

6.3.2 Care Group Highlight Reports

The following updates were received in relation to the Care Group Highlight Reports. Members noted that focus would be placed on the areas of escalation.

Planned Care

The Care Group report for Planned Care was received and noted.

Unscheduled Care

The Care Group report for Unscheduled Care was received noting the change to the 111 process for the Minor Injuries Unit at Ysbyty Cwm Rhondda and that a walk in service would be provided from 1 April 2023. Members noted that an update on progress would be included in the May 2023 Care Group Highlight Report.

C Donoghue welcomed the shared learning that had been undertaken and sought clarity as to what the term Annex B meant. E James advised that Annex B's were the joint learning investigations that were undertaken with colleagues from the Welsh Ambulance Services NHS Trust in relation to delays at the front door. Members noted that this process created an opportunity for learning to be shared across the system in relation to ambulance handover delays and whether any harm had been caused to patients as a result.

Children and Families.

The Care Group report for Children and Families was received and members noted that an options paper has been developed as part of a national review of ITU/HDU cots and a response was now awaited form the Welsh Health Specialised Services Committee. Members recognised the progress made in relation to Post Menopausal bleeding and that a clinic was being held in March to clear the backlog.

Diagnostics, Therapies, Pharmacy and Specialties

The Care Group report was received and Members noted that the Home Office licence in relation to the Parc Prison service was now in place following a significant amount of work undertaken by the Pharmacy Team to achieve Home Office compliance. G Hughes and D Hurford extended their thanks to H Wilton for her dedication and commitment to resolve the licensing issues and members noted that lessons learnt were in the process of being considered.

C Donoghue welcomed the positive feedback that had been received from the recent Human Tissue Authority inspection and was pleased to note that this would be shared as an example of good practice.

In concluding this item, the Committee Chair extended her thanks to C Tookey for all of the support she had provided to the Committee over the last couple of years and wished her all the very best in her retirement.

Primary & Community Care

The Care Group report was received and Members noted that the issues in relation to quality data were discussed earlier in the meeting.

Mental Health & Learning Disabilities

The Care Group Highlight report was received. Members noted that the areas highlighted within the alert/escalate section were discussed earlier in the meeting.

The Committee Chair advised that the Committee had noted the areas for escalation and added that Members would expect to receive updates on progress at the next meeting.

6.4 Report from the Chief Operating Officer

J Denley presented the report and highlighted the key matters for the attention of the Committee. G Hughes advised that the Health Board continued to have no declines in red release of ambulances and extended his thanks to the Emergency Department Teams for the work undertaken to achieve this position. The Committee Chair advised that a detailed discussion was held earlier in the meeting in relation to balancing risk against quality of care. P Roseblade welcomed the positive news in relation to red release performance.

In response to a query raised by C Donoghue as to whether a review was required by the Committee in relation to the deterioration in performance in skin and lung cancer, G Hughes provided assurance that the pathway in relation to lung cancer was robust and there were no concerns at present. In relation to skin cancer, G Hughes advised that he was confident that the Team had plans in place to address the position. G Hughes added that the two areas which were of concern were Lower GI and Urology and advised that a significant amount of activity had been undertaken in relation to endoscopy bookings where a number of changes had been made in relation to internal efficiency and leadership roles within Urology. Members noted that it would take time to embed the changes made in order to improve performance.

G Hughes advised that there were significant concerns in relation to delayed transfers of care from the Health Board's Hospital sites and added that Welsh Government were now leading a piece of work with Local Authority colleagues as to how this could be addressed. G Hughes advised that the Health Board

would need to consider how it could further engage with Local Authority colleagues in light of the challenges being faced.

P Roseblade sought clarity as to what Independent Members could do to support this position. G Hughes advised that it would be helpful if a discussion could be held with the Political Leaders within the Local Authorities to make them aware of the impact upon our population. The Committee Chair advised that it may be helpful to have a further discussion on this at Board Development and that she would discuss this proposal with the new Chair.

The Committee Chair advised that she was pleased to see the reduction in waiting times within Paediatric Neurodevelopmental services as a result of the investment made.

The Committee Chair extended her thanks to J Denley and G Hughes for presenting the report.

Resolution: The report was **NOTED.**

Action: Committee Chair to have a discussion with the new incoming Health Board Chair in relation to Discharge Delays and whether this could be a future topic for discussion at a Board Development Session.

6.5 Stroke Services Progress Report

L Edwards presented the report and highlighted the key matters for the attention of the Committee. Members noted that Healthcare Inspectorate Wales had recently undertaken a visit to Ward 5 and whilst positive feedback was received, it was noted there was still a significant amount of work required.

P Roseblade made reference to the action plan which appeared to be quite optimistic in relation to completion dates. P Roseblade advised that transparency was required and if a completion date could not be achieved and suggested that dates be struck through with a new date identified. P Roseblade also proposed that it would be helpful if each of the actions could be linked to the Quality Improvement Measures where applicable.

In response to a query raised by P Roseblade as to whether the arrangement with Bristol for 24/7 access to thrombectomy was definitely going to commence, L Edwards advised that whilst there had been some recruitment issues, it was expected that this service would go live and should make a significant difference to thrombectomy rates.

G Hughes advised that there had been significant success in achieving an increase to Level B in relation to Stroke Sentinel National Audit Programme (SSNAP) at Prince Charles Hospital as a result of the Team working really hard to maintain access to a stroke bed at the hospital. Members noted that the back door remained challenging, particularly at Ysbyty Cwm Rhondda. G Hughes extended his thanks to L Edwards for her leadership in this matter.

The Committee Chair welcomed the report and the progress that had been made to date.

Resolution: The report was **NOTED.**

Action: Future iterations of the action plan to reflect realistic target dates for completion and each action to be linked to the Quality Improvement Measures where applicable.

6.6 Mortality Indicators and Mortality Reviews

S Davies presented Members with the report and highlighted the key matters for the attention of the Committee. Members noted that as of April 2023, community deaths would now need to be reported in addition to Hospital deaths and noted that the position would need to be monitored to determine what impact this would have on the team who were already stretched in terms of capacity.

In response to a query raised by the Committee Chair, S Davies confirmed that a review would be undertaken to identify whether there were any thematic lessons for learning and where focus needed to be placed moving forwards.

Resolution: The report was **NOTED.**

6.7 RADAR Committee Highlight Report

Members noted that this report would be presented to the next meeting once it had been presented through internal governance processes.

Resolution: The update was **NOTED.**

7. ANY OTHER BUSINESS

There was no other business to report.

7.1 HIGHLIGHT REPORT TO BOARD

C Hamblyn advised that given the time constraints it would not be possible to produce a written Highlight Report for the March Board meeting. It was therefore agreed that a verbal update would be provided to the Board in relation to the matters requiring escalation, with the written report being presented to the May meeting of the Board.

7.2 HOW DID WE DO IN THIS MEETING TODAY?

A discussion was held in relation to how Members felt the meeting went today. The following key points were noted:

- It was felt that there had been enough time in the meeting to discuss all that was needed to be discussed;

- Sufficient time had been given to priority issues at the start of the agenda which had enabled Members to spend less time on the papers that had been included later on in the agenda;
- It was important that Members guard themselves from repetition, with a number of reports containing the same issues. It was important to have the right discussion at the right time;
- Presenters need to be more succinct when presenting reports, and highlight just one or two main points from the report;
- Discussions had been held previously in relation to duplication and sharing of the same report at various committees. It was felt that this demonstrated triangulation and that shared work was being undertaken alongside shared learning;
- It was felt the Care Group Highlight Report section worked well.

The Committee Chair advised that she felt a stronger feeling of service to Board reporting from today's meeting with the voices from front line staff heard much more clearly. The Committee Chair advised that this would continue to be developed further so that the use of Committee Members time could be used more effectively. The Committee Chair advised that it was evident that all members of staff were committed to identifying solutions with not one member of staff being complacent. The Committee Chair extended her thanks to all staff for their efforts and added that she did not underestimate the challenges being faced by everyone.

8. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 9:00am on Tuesday 16 May 2023. An In Committee session would also be held on Monday 27 March 2023 at 2:00pm.