Quality & Safety Committee

Tue 19 November 2024, 14:00 - 17:00

Virtually via Microsoft Teams

Agenda

14:00 - 14:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information *Carolyn Donoghue, Independent Member/Committee Chair*

1.2. Apologies for Absence

Information *Carolyn Donoghue, Independent Member/Committee Chair*

1.3. Declarations of Interest

Information *Carolyn Donoghue, Independent Member/Committee Chair*

14:05 - 14:35
30 min

2. SHARED LISTENING & LEARNING

2.1. Listening & Learning Story - Care of the Elderly Dare to Dream Music Sessions

Discussion *Catherine Theron, Head of Nursing*

2.2. Spotlight Presentation - Sexual Safety and Safeguarding Briefing Paper

Discussion *Richard Hughes, Deputy Director of Nursing*

2.2 Sexual Safety QSC 19 November 2024.pdf (8 pages)

14:35 - 14:35
0 min

3. CONSENT AGENDA

Information *Carolyn Donoghue, Independent Member/Committee Chair*

The Chair will ask if there are any items from the Consent Agenda (Item 9) that Committee Members wish to bring forward to the main agenda for discussion

14:35 - 14:40
5 min

4. MAIN AGENDA

4.1. Action Log

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

4.1 Action Log QSC 19 November 2024.pdf (11 pages)

4.2. Matters Arising not contained within the Minutes or Action log

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

14:40 - 15:20
40 min

5. SETTING THE SCENE - SERVICE DELIVERY

5.1. Report from the Clinical Executives

Discussion *Clinical Executive Directors*

5.1 Clinical Executive Directors Report QSC 19 November 2024.pdf (12 pages)

5.2. Care Group Highlight Reports

Discussion *Care Group Leads*

- Children & Families
- Unscheduled Care
- Planned Care
- Mental Health & Learning Disabilities
- Primary Care & Communities
- Diagnostics, Therapies, Pharmacy & Specialties

5.2a Highlight Report from the Children Families Care Group QSC 19 November 2024 v2.pdf (7 pages)
5.2a Appendix 1 -MatNeo Dashboard Highlight Slide October 2024 QSC 19 November 2024.pdf (10 pages)
5.2b USC Care Group-Highlight Report QSC 19 November 2024.pdf (9 pages)
5.2c Planned Care Highlight Report QSC 19 November 2024.pdf (7 pages)
5.2d MHLD Highlight Report QSC 19 November 2024 (002).pdf (9 pages)
5.2e PCC highlight report QSC 19 November 2024.pdf (12 pages)
5.2f DTPS Highlight Report QSC 19 November 2024.pdf (11 pages)

15:20 - 16:25
65 min

6. GOVERNANCE, RISK AND ASSURANCE

6.1. Organisational Risk Register - Risks Assigned to the Quality & Safety Committee

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

6.1a Org RR Nov 24 - Cover Paper QSC.docx (7 pages)
6.1b Appendix 1 - Org RR Nov 24 to QSC.xlsx (6 pages)

6.2. HMP Parc and Young Persons Unit A Year on

Discussion *Lucie Williams, Care Group Nurse Director*

6.2 HMP Parc QSC 19 November 2024.pdf (10 pages)

6.3. Healthcare Inspectorate Wales Action Plan Tracker

Discussion *Greg Dix, Executive Director of Nursing/Deputy Chief Executive*

6.3a HIW Tracker Inspection Improvement Plans QSC 19 November 2024.docx (8 pages)
6.3b Copy of HIW Inspections Tracker_19.11.2024 QSC 19 November 2024.xlsx (12 pages)

6.4. Coroners Cases/Inquests

Discussion *Nigel Downes, Assistant Director of Quality & Safety*

6.4 Inquest Report 2024-11-19 QSC 19 November 2024.pdf (6 pages)

6.5. Duty of Candour Annual Report

Discussion *Nigel Downes, Assistant Director of Quality & Safety*

6.5a Duty of Candour Annual Report cover paper QSC 19 November 2024.pdf (4 pages)
6.5b Duty of Candour Annual Report 2023-2024 QSC 19 November 2024.pdf (8 pages)

6.6. CTMUHB Welsh Risk Pool and Legal & Risk Services Annual Review 2023-24

Discussion *Nigel Downes, Assistant Director of Quality & Safety*

- 6.6a Welsh Risk Pool Annual Report 2023-24-Cover Paper for QSC 19.11.24.pdf (5 pages)
- 6.6b 202409Sept01_Letter to CEO - CTMUHB.pdf (2 pages)
- 6.6d WRP-LARS Annual Review 2023-24 English.pdf (91 pages)

6.7. Covid 19 Inquiry - Verbal Update

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

16:25 - 16:40
15 min

7. DELIVERING OUR PLAN

7.1. Patient Safety, Quality & Experience Dashboard

Discussion *Nigel Downes, Assistant Director of Quality & Safety*

- 7.1 Patient Safety & Quality Dashboard Report QSC 2024-11-19 Final.pdf (23 pages)

16:40 - 16:45
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 18 September 2024

Decision *Carolyn Donoghue, Committee Chair/Independent Member*

- 8.1.1 Unconfirmed Minutes Quality & Safety Committee 18 September 2024 QSC 19 November 2024.pdf (19 pages)

8.1.2. Unconfirmed In Committee Minutes of the meeting held on 18 September 2024

Discussion *Carolyn Donoghue, Committee Chair/Independent Member*

- 8.1.2 Unconfirmed Minutes Quality & Safety In Committee minutes 18 September 2024 QSC 19 November 2024.pdf (3 pages)

8.2. FOR NOTING

8.2.1. Committee Annual Cycle of Business

Information *Cally Hamblyn, Assistant Director of Governance & Risk*

- 8.2.1a Cover Report Committee Annual Cycle of Business QSC 19 November 2024.pdf (4 pages)
- 8.2.1b Appendix 1 Quality Safety Committee Cycle of Business QSC 19 November 2024.pdf (4 pages)
- 8.2.1c Appendix 2 CTMUHB QSEC Cycle of Business - Final Draft 25.9.2024.pdf (4 pages)

8.2.2. Committee Forward Work Programme

Information *Cally Hamblyn, Assistant Director of Governance & Risk*

- 8.2.2 Quality & Safety Committee Forward Work Programme QSC 19 November 2024.pdf (5 pages)

8.2.3. Quality, Safety & Experience Committee Terms of Reference

Information *Cally Hamblyn, Assistant Director of Governance & Risk*

- 8.2.3 Cover Report TOR QSE Committee QSC 19 November 2024.pdf (4 pages)

8.2.4. National Collaborative Commissioning Unit Quality Improvement and Assurance Service Annual Position Statement

Information

8.2.4a QAIS APS 2024 QSC 19 November 2024.pdf (11 pages)
8.2.4b QAIS APS 2024 (1) QSC 19 November 2024.pdf (77 pages)

8.2.5. Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report

Information

8.2.5a JCC Quality and Patient Safety Committee QSC 19 November 2024.pdf (5 pages)
8.2.5b Appendix 1 - Summary of Services Escalation.pdf (10 pages)

8.2.6. Clinical Policies Highlight Report

Information *Dom Hurford, Executive Medical Director*

8.2.6 Clinical Policies Highlight Report QSC 19 November 2024.pdf (4 pages)

8.2.7. Safeguarding & Public Protection Annual Report

Information *Greg Dix, Executive Director of Nursing/Deputy Chief Executive*

8.2.7a Safeguarding Annual Report Cover Paper QSC 19 November 2024.pdf (4 pages)
8.2.7b Safeguarding Annual Report 2023-24 v2 QSC 19 November 2024.pdf (26 pages)

8.2.8. Prescribing Annual Report

Information *Dom Hurford, Executive Medical Director*

8.2.8a Prescribing Annual report 2024 QSC 19 November 2024.pdf (4 pages)
8.2.8b Appendix Annual Prescribing Report NPI 2024 QSC 19 November 2024.pdf (41 pages)

8.2.9. Clinical Audit Quarterly Report

Information *Dom Hurford, Executive Medical Director*

8.2.9 Clinical Audit Quarterly Report QSC 19 November 2024.pdf (7 pages)

8.2.10. Clinical Education Annual Report

Information *Greg Dix, Executive Director of Nursing/Deputy Chief Executive*

8.2.10a Clinical Education Annual Report 2023-24 QSC 19 November 2024.pdf (4 pages)
8.2.10b Final Clinical Education annual report 23-24 QSC 19 November 2024.pdf (80 pages)

8.2.11. Antimicrobial Resistance Report

Information *Dom Hurford, Executive Medical Director*

8.2.11 Antimicrobial Resistance Report QSC 19 November 2024.pdf (6 pages)

8.2.12. Organ Donation Committee Annual Report

Information *Dom Hurford, Executive Medical Director*

8.2.12 Organ Donation Committee Annual Report QSC 19 November 2024.pdf (5 pages)

8.2.13. Access to Medicines Committee Annual Update

Information *Dom Hurford, Executive Medical Director*

8.2.13 Access to Medicines Annual Update QSC 19 November 2024.pdf (6 pages)

16:45 - 16:55
10 min

9. CLOSE OUT BUSINESS

9.1. Any Other Business

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

9.2. Highlight Report to Board - Verbal

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

9.3. How did we do in this meeting - Verbal

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

This provides an opportunity for Board Members to reflect on the meeting and in doing so may find it helpful to consider the following questions:
Is there anything we should do more or less of?
Have we managed our time well and allowed open and balanced discussion?
Have we considered our values and acted in a way that supports embedding our values across CTM? Have we maintained a strategic focus?
Have we received sufficient assurance from a range of sources?
Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals

9.4. Identification of Future Spotlights and Thematic Presentations

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

16:55 - 16:55
0 min

10. PRIVATE/IN COMMITTEE SESSION

There have been no items identified for In Committee discussion on this occasion

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16:55 - 17:00
5 min

11. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 21 January 2025 at 9:00am on Microsoft Teams.

Agenda Item
2.2

Quality & Safety Committee

Sexual Safety and Safeguarding Briefing Paper

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Richard Hughes, Deputy Executive Director of Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Deputy Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Executive Safeguarding Group	31/10/2024	Discussed and agreed

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation /Background

1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) is currently addressing concerns regarding sexual safety across its facilities and services. Aligned with the national picture across health and social care in Wales, recent data analysis and ongoing initiatives have highlighted the need for a comprehensive and consistent approach to reporting, managing, and preventing sexual safety incidents within the health board. This briefing will provide the committee with an overview of the current situation, background information, key issues assessment, and improvement recommendations.

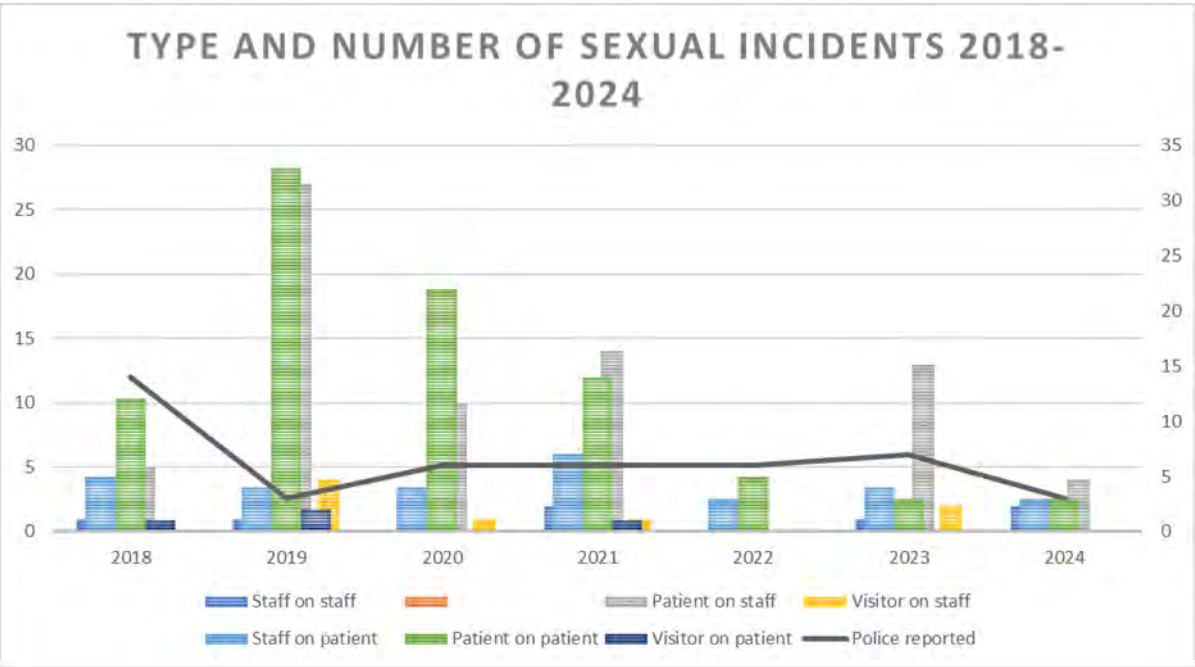
2. Specific Matters for Consideration

2.1 CTMUHB has been collecting data on sexual safety incidents since 2018, with the most recent data available up to September 2024. Analysis of this data reveals several important trends and patterns:

2.2 Incident Types and Frequency:

From 2018 to 2024, CTMUHB recorded a total of 214 sexual safety incidents across its facilities. These incidents can be categorised as follows (fig.1.0):

a. Staff-on-staff incidents: 7 cases
b. Patient-on-staff incidents: 73 cases
c. Visitor-on-staff incidents: 8 cases
d. Staff-on-patient incidents: 30 cases
e. Patient-on-patient incidents: 92 cases
f. Visitor-on-patient incidents: 4 cases



(Fig1.0)

The data shows significant fluctuations in the number of incidents reported each year. For instance, there were 24 total incidents reported in 2018, which increased dramatically to 71 in 2019 before decreasing to 37 in 2020. This variability in reporting raises questions about potential underreporting and inconsistencies in the reporting process.

2.3 Location and Speciality:

The incidents occurred across various CTMUHB facilities, including Prince Charles Hospital (PCH), Royal Glamorgan Hospital (RGH), Princess of Wales Hospital (POW), and several community hospitals. Adult Mental Health services appear to be the most affected area, with a significant number of incidents reported in these settings.

2.4 Victim and Perpetrator Profiles:

The data indicates that patients are the most frequent victims of sexual safety incidents, followed by staff members. In terms of perpetrators, patients are most often implicated, followed by staff members, visitors, or other individuals. Gender analysis of the incidents reveals that female victims are more prevalent, while male perpetrators are more commonly reported. However, it's important to note that incidents involving both genders as victims and perpetrators have been recorded.

2.5 Reporting and Referrals:

Of the 271 incidents recorded between 2018 and 2024, 45 were reported to the police. However, there are concerns about the accuracy of this data due to variations in recording methods. The health board has made 52 safeguarding referrals related to these incidents during the same period.

2.6 Policy and Governance:

Currently, CTMUHB does not have a dedicated Sexual Safety policy. However, the health board is participating in a national steering group to develop an All-Wales approach to sexual safety management and oversight. Existing policies that partially address sexual safety issues include:

- CTMUHB Professional Concerns Policy
- Speaking up Safely
- CTMUHB Domestic Abuse Policy
- CTMUHB Procedure for NHS staff to raise concerns

2.7 Multi-agency Collaboration:

CTMUHB is part of the Multi-agency Safeguarding Hub (MASH), which facilitates collaboration with police and other agencies to address safeguarding concerns. This partnership is crucial for the effective

management of sexual safety incidents, particularly those requiring law enforcement involvement.

3. Key Risks / Matters for Escalation

3.1 Incident Reporting and Data Management:

The current system for reporting and managing sexual safety incidents appears to be fragmented and inconsistent. The significant fluctuations in annual incident numbers suggest potential issues with underreporting or inconsistent reporting practices. The lack of a standardised reporting pathway may contribute to this problem, with incidents being reported through various channels, including HR, safeguarding, line management, and external partners. The upcoming implementation of a new DATIX safeguard module presents an opportunity to streamline and standardise the reporting process. This could address underreporting issues and improve data accuracy, particularly for professional concerns.

3.2 Policy and Governance Framework:

The absence of a specific Sexual Safety policy is a significant gap in CTMUHB's governance framework. While existing policies partially address sexual safety issues, a dedicated policy would provide clear guidance on reporting, managing, and preventing sexual safety incidents. The work being led by the People Directorate and the health board's participation in the national steering group to develop an All-Wales approach is a positive step towards addressing this gap.

3.3 Incident Patterns and Risk Areas:

The data reveals that Adult Mental Health services are particularly vulnerable to sexual safety incidents. This suggests a need for targeted interventions and enhanced safety measures in these areas. The high number of patient-on-patient and patient-on-staff incidents also indicates a need for improved risk assessment and management strategies for patient interactions.

3.4 Staff Training and Awareness:

Given the prevalence of incidents involving staff (both as victims and perpetrators), there appears to be a need for enhanced staff training on recognising, reporting, and managing sexual safety incidents. This should include guidance on supporting colleagues and patients who have experienced such incidents.

3.5 Multi-agency Collaboration:

While CTMUHB's involvement in MASH demonstrates a commitment to collaborative safeguarding, there may be room for improvement in

information sharing and consistent approaches across agencies. The discrepancies in police reporting data highlight the need for better coordination between health services and law enforcement.

3.6 Support for Victims:

The data does not provide clear information on the support provided to victims of sexual safety incidents. Developing comprehensive support services for both staff and patients affected by these incidents should be a priority.

3.7 Prevention Strategies:

The recurring nature of incidents, particularly in certain areas like Adult Mental Health, suggests a need for more effective prevention strategies. This could include environmental design considerations, enhanced supervision in high-risk areas, and improved risk assessment protocols. A new duty under the Equality Act 2010 requires employers to take reasonable steps to prevent sexual harassment of their employees. From (26 October 2024), employees can expect their employers to take reasonable steps to protect them from sexual harassment as a new duty comes into force.

3.8 Gender Considerations:

The gender analysis of incidents highlights the need for gender-sensitive approaches in both prevention and response strategies. While female victims are more prevalent, it's important to ensure that support and reporting mechanisms are accessible and appropriate for all genders.

3.9 Confidentiality and Professional Concerns:

Implementing the new DATIX safeguarding module presents an opportunity to address concerns about confidentiality, particularly in cases involving professional concerns or staff-on-staff incidents.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A More Equal Wales

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Briefing report on current situation and proposed measures inline with existing resource.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 Committee is asked to NOTE this briefing paper and the collaborative approach between Patient Care and Safety with the People Directorate in informing measures and interventions for CTMUHB.

6. Next Steps

6.1 Develop and implement a comprehensive Sexual Safety policy aligned with the All-Wales approach, providing clear guidance on reporting, managing, and preventing incidents across CTMUHB facilities.

6.2 Standardise reporting pathways across HR, safeguarding, and line management channels, including guidance on involving external partners. Implement the new DATIX safeguarding module to capture all sexual safety incidents and facilitate confidential reporting.

6.3 Enhance staff training and awareness through mandatory sessions on recognising potential incidents, reporting procedures, and supporting affected individuals. Provide specialised training for high-risk areas such as Adult Mental Health services.

6.4 Improve risk assessment and management protocols, particularly in high-risk areas. Implement environmental safety measures and develop specific strategies for Adult Mental Health services.

6.5 Working with colleagues from the People Directorate, establish a Sexual Safety Working Group to oversee policy implementation, monitor incident trends, and drive continuous improvement. Enhance multi-agency collaboration, strengthening partnerships within the Multi-agency Safeguarding Hub (MASH).

6.6 Improve data analysis and reporting, conducting regular in-depth analyses to identify trends and areas for improvement. Develop a standardised reporting format for the Quality and Safety Committee.

6.7 Enhance support services for staff and patients affected by sexual safety incidents, ensuring confidential access to counselling and other necessary resources. Implement targeted prevention strategies for high-risk areas.

6.8 Address gender considerations in prevention, reporting, and support mechanisms, ensuring they are accessible to all. Monitor and address gender-based patterns in incident reporting and outcomes.

6.9 Improve confidentiality measures in all incident reporting and management aspects, particularly for cases involving staff members.

Implementing these recommendations will enhance CTMUHB's approach to sexual safety. This will ensure a safer environment for patients and staff and align the health board with national. Regular review and adaptation of these measures will be required to maintain their effectiveness and respond to evolving challenges in sexual safety within healthcare settings.

ACTION LOG QUALITY & SAFETY COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at November 2024)
7.1	November 2021 January 2022	Quality Dashboard Future hot topics to be presented to the Committee via the Quality Dashboard in relation to Pressure Ulcers and the Deep Dive being undertaken on Thrombosis. Spotlight report to be presented to the July meeting in relation to Medication Errors	Assistant Director of Quality & Safety	January 2024	Proposed for Closure - Completed Spotlight report on Community Acquired Pressure Damage presented to the March 22 meeting. Completed. Spotlight report on Patient Falls presented to the May 22 meeting. Completed. Spotlight Report on Medication Errors included in the Quality Dashboard report to the July 22 meeting. Completed. Spotlight on Thrombosis to be agreed. – Deputy Nurse Director has suggested that this is closed given that the Committee has received regular reports on Stroke Services.
2.1	24 January 2023	Listening & Learning Story Presentation to be shared at a future meeting in relation to the wider piece of work	Executive Director of Nursing	January 2024	Proposed for Closure - Completed An update on Volunteer Services activities is included in the patient experience section of the Quality & Patient Experience

		being undertaken in relation to the Volunteer Service.			Dashboard. The Executive Director for Nursing therefore considers that this action can be closed.
6.3	16 May 2024	Infection, Prevention & Control Strategy Implementation Plan to be presented to the Quality & Safety Committee on an annual basis for monitoring of progress	Executive Director of Nursing	May 2025	Proposed for Closure – Completed Added to the Annual Cycle of Business for May 2025
7.1	16 May 2024	Patient Safety, Quality & Experience Dashboard Lessons learnt and identified themes from Public Services Ombudsman Reviews to be presented to a future meeting.	Assistant Director of Quality & Safety	18 September 2024 Now 21 January 2025	In progress This was due be presented to the September Quality & Safety Committee. This will now be presented to the meeting taking place on 21 January 2025 as part of the Quality Dashboard report
7.2	16 May 2024	Nursing & Midwifery Plan Periodic updates to be presented to the Committee in relation to progress being made against the Nursing & Midwifery Plan	Care Group Nurse Director	May 2025	Proposed for Closure – Added to the forward work programme This item has been included on the forward work programme with next update due May 2025.
2.1	23 July 2024	Listening & Learning Story Review to be undertaken to determine why a decision had been made by the Bed Manager to not move the patient into one of the vacant	Care Group Nurse Director	August 2024	In progress Response provided from E James and S'O Brien and shard with G Jones and Committee Members by email on 23 August 2024. Further assurance sought

		beds, as opposed to this decision being made by the staff working on the ward.			by Committee Members who felt response did not address the concerns raised Further response shared with the Committee Chair by email. Awaiting confirmation that Committee Chair is happy with response provided or whether further assurance is required.
5.1	23 July 2024	Report from the Clinical Executives Cover report to be developed to accompany the AMaT report being presented to future meetings to explain the data being presented	Executive Director of Nursing/Deputy CEO	19 November 2024	Proposed for Closure – Superceded The AMaT report is no longer going to be included with Clinical Executives Report as data contained within it is being captured within other reports
5.2b	23 July 2024	Unscheduled Care Group Highlight Report Thematic Review undertaken in relation to identifying the themes and trends around the 15 Nationally Reportable Incidents to be presented to a future meeting Analysis to be undertaken on locally reportable incidents to determine whether numbers would increase or	Care Group Nurse Director	19 November 2024	Proposed for Closure - Completed An update on this has been included in the Highlight report being presented to the meeting taking place on 19 November 2024

		remain the same as the data for nationally reportable incidents			
5.1	18 September 2024	Clinical Executives Report Spotlight Presentation to be presented to a future meeting of the Committee in relation to the work being undertaken to address sexual safety issues within healthcare settings	Deputy Director of Nursing	19 November 2024	Proposed for Closure - On agenda This item is on the agenda for the meeting taking place on 19 November 2024
5.1	18 September 2024	Clinical Executives Report Staff Vaccination Audit Plan to be presented to a future meeting of the Committee	Executive Director of Public Health	19 November 2024	Proposed for Closure – Completed An update has been included in the Clinical Executives report which is on the agenda for the 19 November 2024 meeting
5.2c	18 September 2024	Diagnostics, Therapies, Pharmacy & Sciences Care Group Highlight Report Discussion to be held with the Haematology Service what the alternative plan would look like for addressing Haematology Follow Ups Not Booked position if the request for additional funding was not successful.		19 November 2024	Proposed for Closure – Completed Response received and shared with Committee Members by email on 2 October 2024

5.2e	18 September 2024	Unscheduled Care Group Highlight Report Discussion to be held outside the meeting in relation to the most appropriate level of detail that could be provided to Committee Members in relation to the risk highlighted within the alert/escalate section and in what forum this should be presented in order to provide the Committee with assurance, for example, In Committee session.	Director of Corporate Governance & Board Secretary	19 November 2024 Now 21 January 2025	In progress Further discussion held at the In Committee session held on 18 September where is was agreed that further detail would be shared with Members outside the meeting in regards to this matter. Following agreement with the Committee Chair, it was agreed that a further update on the steps taken to address the issues would be included in the January iteration of the Unscheduled Care Group Highlight report.
6.1	18 September 2024	Organisational Risk Register – Risks Assigned to the Quality & Safety Committee Review to be undertaken of the updates provided against Risks 4906 and 5755 and an update to be provided to P Roseblade outside the meeting.	Director of Corporate Governance & Board Secretary	19 November 2024	Proposed for Closure – Completed Email response shared with Members by the Director of Corporate Governance on 1 October 2024
6.3	18 September 2024	Update on Dental Services Confirmation to be provided outside the meeting as to	Director of Operations, Planned Care	19 November 2024	Proposed for Closure – Completed Response received and shared with N Milligan and

		whether the cancellation of non-urgent community dental clinics would increase the waiting time and cause further harm to the children who were waiting			Committee Members by email on 1 October 2024
7.1	18 September 2024	Patient Safety, Quality and Experience Dashboard Confirmation to be provided outside the meeting as to how Duty of Candour was being monitored for Primary Care GP's in relation to incidents	Assistant Director of Quality & Safety	19 November 2024	Proposed for Closure – Completed The monitoring of Primary Care Duty of Candour is included in the Duty of Candour Annual Report which is on the agenda for the 19 November 2024 meeting.
7.1	18 September 2024	Patient Safety, Quality and Experience Dashboard Duty of Candour process and other compliance pathways to be discussed at a future Board Development session.	Director of Corporate Governance & Board Secretary	19 November 2024	Proposed for Closure Topic has been added to the list of topics for scheduling into future Board Development Programme
9.3	18 September 2024	How did we do in this meeting Consideration to be given to scheduling in an annual development session into all Committee's Annual Cycles of Business where focus could be placed on areas such as the Quality Dashboard, Duty of Candour etc.	Director of Corporate Governance & Board Secretary	19 November 2024	Proposed for Closure Director of Corporate Governance & Board Secretary has emailed the Committee Chair with the proposed approach to discuss this further at a Development Session with the full Board, as agreed with the Health Board Chair.

2.1 CLOSED ITEM	18 September 2024	Current position - Health Visiting Services Bridgend Action plan to be presented to a future meeting of the Committee.	Director of Midwifery	21 January 2025	In progress The action plan will be shared with Members at the meeting taking place on 21 January 2025.
2.2 CLOSED ITEM	18 September 2024	CCTV Cameras – Prince Charles Hospital Mortuary Department Further assurance to be provided that no abnormal activity or incidents had occurred during the time of the reported issues.	Deputy Medical Director	19 November 2024	Proposed for Closure - Completed Further assurance provided to Committee Members by email outside the meeting
PREVIOUSLY REPORTED Completed Actions					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at November 2024)
7.3	23 January 2024	CTM Quality Strategy Work Plan Update Consideration to be given outside the meeting as to whether the work being undertaken on Healthcare Pathways and the Ward Accreditation Programme needed to be added to the plan as positive examples	Executive Director of Therapies & Health Sciences	16 May 2024 Now 23 July 2024	Completed Report received at the July 2024 meeting of the Committee.

		Review to be undertaken as to the most appropriate time to present the next update to the Committee			
2.1	14 March 2024	Listening & Learning Story – Acute Oncology Service Inequity of service across sites to be considered as part of the work being undertaken in relation to the development of the Acute Clinical Services Plan	Executive Director of Nursing/Deputy Chief Operating Officer	16 May 2024	Completed Acute Oncology Team attended the Operational Management Board on 4 September 2024 to discuss this matter
2.1	14 March 2024	Listening & Learning Story – Acute Oncology Service Team to attend a future meeting of the Operational Management Board to discuss the operational issues experienced in detail.	Executive Director of Nursing/Deputy Chief Operating Officer	16 May 2024	Completed Acute Oncology Team attended the Operational Management Board on 4 September 2024 to discuss this matter
5.2c	16 May 2024	Diagnostics, Therapies, Pharmacy and Sciences Care Group Highlight Report Spotlight report to be presented to a future meeting in relation to the introduction of an Occupational Therapist into the Clinical Team based at the Navigation Hub, which	Clinical Director, Allied Health Professionals	18 September 2024	Completed This was presented to the meeting held on 18 September 2024

		had resulted in the prevention of conveyance of patients into hospitals by providing care in the patient's homes			
5.2e	16 May 2024	Primary Care and Communities Care Group Highlight Report Detailed update to be provided at a future meeting in relation to progress being made against the plan to address the waiting list position for special care dentistry	Chief Operating Officer	18 September 2024	Completed This was presented to the meeting held on 18 September 2024
5.2e	16 May 2024	Primary Care and Communities Care Group Highlight Report Update to be presented to a future meeting in relation to progress being made to address training in Care Homes	Care Group Nurse Director	18 September 2024	Completed This was included in the Highlight Report presented to the 18 September 2024 meeting.
5.2f	16 May 2024	Planned Care Group Highlight Report CTM Escalation Policy to be presented to a future meeting for information and awareness	Chief Operating Officer	18 September 2024	Completed This has been added to the forward work programme. A review of the Escalation Policy is in the process of being undertaken. The Policy is likely to be available in early 2025 where it can then be made available to Members

5.1	23 July 2024	Report from the Clinical Executives List of hot topics discussed at the Clinical Directors day annual programme to be shared with Members	Deputy Medical Director	August 2024	Completed List of hot topics shared with Members by email on 23 August 2024
5.2d	23 July 2024	Primary Care and Community Care Group Highlight Report Trajectory to reduce the waiting lists for dental services to be shared with Members outside the meeting	Chief Operating Officer	18 September 2024	Completed This was included in the report presented to the meeting held on 18 September 2024
6.1	23 July 2024	Organisational Risk Register – Risks assigned to the Quality & Safety Committee Update to be provided outside the meeting in relation to the Public Health Funding risk. Update to identify how much reduction in funding there had been and what the impact would be of this reduction.	Executive Director of Public Health	18 September 2024	Completed Update shared with Members by email on 5 September 2024
6.2	23 July 2024	Mortality Reviews and Mortality Indicators Further interrogation of the data to be undertaken to determine why Rhondda Cynon Taff had the most	Executive Director of Public Health	July 2024	Completed Explanation shared with Committee members by email on 23 July 2024 by the Executive Director of Public Health.

		people living in the comparatively smallest region with the highest death rate National report on avoidable mortality to be shared with Members outside the meeting			
6.9	23 July 2024	Quality Impact Assessment Appendix to be circulated to Members as a separate document as it was difficult to read on the Admincontrol system	Head of Corporate Governance & Board Business	August 2024	Completed Document shared with Members by email on 22 August 2024
8.1	23 July 2024	Mental Health In-Patient Improvement Progress Report Future reporting requirements to be confirmed by the Committee Chair outside the meeting.	Committee Chair	January 2025	Completed Agreed at the agenda planning session held on 6 August 2024 that these reports would move to six monthly (next report due January 2025)

Agenda Item
5.1

Quality & Safety Committee

Clinical Executive Directors Update Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	1. Richard Hughes-Deputy Executive Director for Nursing and Midwifery 2. Dom Hurford-Executive Medical Director 3. Lauren Edwards-Executive Director for Allied Health Professionals and Health Sciences, 4. Philip Daniels-Executive Director Public Health
Cyflwynydd yr Adroddiad / Report Presenter	• Greg Padmore-Dix-Executive Director for Nursing and Midwifery • Dom Hurford-Executive Medical Director • Lauren Edwards-Executive Director for Allied Health Professionals and Health Sciences, • Philip Daniels-Executive Director Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	• Greg Padmore-Dix-Executive Director Nursing and Midwifery/Deputy CEO • Dom Hurford-Executive Medical Director • Lauren Edwards-Executive Director for Allied Health Professionals and Health Sciences, • Philip Daniels-Executive Director Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AHPs	Allied Health Professionals
ONS	Office National Statistics
HIW	Healthcare Inspectorate Wales
POW	Princess of Wales
PCH	Prince Charles Hospital
RCT	Rhondda Cynon Taf
SDEC	Same Day Emergency Care
ENT	Ear, Nose & Throat
CTM R&D	Cwm Taf Morgannwg Research & Development
IG	Information Governance
CTMUHB IG	Cwm Taf Morgannwg University Health Board Information Governance
DPO	Data Protection Officers
DHCW	Digital Health and Care Wales
HBs	Health Boards
NDR	National Data Resource
MMR	Measles, Mumps and Rubella
PPE	Personal Protective Equipment

1. Situation / Background

1.1 This paper aims to provide assurance to members of the Quality & Safety Committee in respect of the successes and challenges faced as highlighted by each of the four Clinical Executive Directors.

- Greg Padmore-Dix Executive Director Nursing, Midwifery & Patient Care/Deputy CEO
- Dom Hurford-Medical Director
- Lauren Edwards-Executive Director of AHPs and Health Science
- Philip Daniels-Executive Director of Public Health

Additional information and assurance against the quality metrics, together with Patient Experience activity continues to be reported to the committee through the Quality, Safety & Patient Experience Dashboard.

2. Specific Matters for Consideration

2.1 Executive Director Nursing, Midwifery & Patient Care / Deputy CEO

Harm-free care agenda integrated as part of Improving Care Board (ICB)

The harm-free care agenda in Cwm Taf Morgannwg University Health Board (CTMUHB) encompasses inpatient falls, healthcare-associated pressure damage, and hydration and nutrition. Each area has a steering group of practitioners supported by iCTM quality improvement specialists. These groups implement strategies, share knowledge, and develop solutions to enhance patient safety and care quality.

A governance structure has been established to oversee harm-free care initiatives. The steering groups will report quarterly to the ICB and provide bi-annual updates to the Quality and Safety Committee (QSC). The Deputy Executive Director of Nursing leads the agenda, with the Executive Director of Nursing as Senior Responsible Officer. The Assistant Director of Nursing chairs the steering group activities. Through this approach, CTMUHB aims to reduce avoidable inpatient falls and pressure damage, improve patient hydration and nutrition, enhance staff competence in harm prevention, and develop a culture of improvement in patient safety

2.1.2 Response to Princess of Wales incident

The nursing, clinical, and operational staff exhibited exceptional resilience and collaboration in response to the critical incident at Princess of Wales Hospital. Their prompt and coordinated efforts facilitated the secure transfer of patients throughout the organisation, including to Ysbyty George Thomas (YGT) and

Royal Glamorgan Hospital (RGH). Staff effectively established new ward environments and worked in unison to uphold patient safety during the transfer process, thereby demonstrating the organisation's capacity to manage critical situations with proficiency.

2.1.3 Florence Nightingale Foundation (FNF) Academy in CTMUHB

The Cwm Taf Morgannwg University Health Board (CTMUHB) has significantly reduced patient boarding, attributed to the concerted efforts of personnel across various departments, particularly within Unscheduled Care. This improvement results from enhanced coordination among teams, more effective management of patient flow, and the introduction of targeted interventions. The initial success of the Strategic Transformation of Acute Medicine Projects (STAMP) has been instrumental in this progress, contributing to the optimisation of acute medicine services and the enhancement of patient flow at Prince Charles Hospital.

These efforts have reduced the need for boarding and enabled early de-escalation in instances where boarding has been necessary to alleviate acute pressure in the emergency pathway. The staff have shown remarkable dedication in implementing new processes and working collaboratively to transfer patients to appropriate wards quickly. This approach has improved patient experiences, decreased waiting times, and resulted in more effective use of hospital resources. While challenges still exist, the progress made so far is encouraging and reflects the health board's commitment to enhancing the quality and efficiency of patient care throughout its emergency pathways.

2.1.4 Present Challenges

The implementation of Restorative Clinical Supervision for nurses in CTMUHB is confronted with several challenges as it advances through the years 2024 and 2025. Principal among these challenges is the necessity to secure sufficient time for staff to engage in supervision sessions, particularly in the context of persistent service pressures. Moreover, it is essential to ensure the consistent availability of trained supervisors across all departments and to address any potential resistance to change from staff who may be unfamiliar with the restorative approach. Additionally, the health board must manage the logistical complexities associated with scheduling and coordinating supervision sessions across multiple locations and shifts, all while maintaining uninterrupted service delivery.

CTMUHB has developed a structure and blueprint for the roll-out of Restorative Clinical Supervision and is now focusing on implementation for 2024/25. This involves training sufficient supervisors, establishing a robust booking system, and integrating supervision into existing work patterns. The health board must also address the need for ongoing evaluation and refinement of the programme

to ensure it meets the needs of nurses and aligns with organisational objectives.

2.2.4 Development of the Nursing Associate Role

The development of the nursing associate role in Wales has progressed significantly, with CTMUHB actively participating in discussions and planning with other Health Boards and the NHS Wales Executive throughout 2024 and 2025. These collaborative efforts have focused on establishing a standardised approach to the role across Wales, addressing potential challenges in implementation, and ensuring alignment with existing nursing structures. The structure for the nursing associate role has been developed, and a blueprint for roll-out has been agreed upon.

CTMUHB, along with other Health Boards, is now working on the implementation phase for 2024/25. This includes developing training programmes, identifying placement opportunities, and establishing clear career pathways for nursing associates within the existing workforce. Challenges include integrating current staffing models, ensuring appropriate supervision and support, and developing a robust competency framework. The implementation process also involves collaboration with higher education institutions to develop suitable educational programmes and qualifications for the role.

Section 3 Medical Directorate

This section of the paper provides an overarching update on the achievements and current challenges within the remit of the Medical Directorate.

3.1 Achievements

This section covers the following achievements:

- Mortality Board
- Welsh Pharmacy Awards

Mortality Board

We are collaborating with the mortality Team to finalise a standardised mortality dashboard. The goal is to establish a consistent process for mortality scrutiny with key information regularly reported to a Mortality Board that we aim to institute in the new year.

Welsh Pharmacy Awards

In September, representatives from CTMUHB attended the Welsh Pharmacy Board Pharmacy Awards.

The Community Pharmacy Team were shortlisted for the Chemist and Drugs Training and Development Award for the delivery of our Pharmacist Independent Prescriber Peer Network Initiative.

One of our Independent Community Pharmacy Contractors was shortlisted for the Independent Community Pharmacy of the Year.

We had two shortlisted entries in the Sustainability in Healthcare Awards: Our Primary Care Medicines Management Team's work around ONS prescribing and our Primary Care Medicines Management Team's Respiratory work on De-prescribing and reducing carbon footprint

Jointly with Cardiff and Vale UHB our Community Pharmacy team were shortlisted in the Substance Dependency Category for our joint pilot to supply community pharmacy teams with sexual health testing kits and associated resources alongside our BBV service

CTMUHB Deputy Director of Pharmacy, received the Royal Pharmaceutical Society's Special Recognition Award, recognising her leadership work in community pharmacy and 'unwavering dedication, relentless pursuit of excellence, and the profound impact they have had and continue to have within pharmacy and beyond over the last 25 years'.

A huge thanks and congratulations to all involved.

Areas of Focus

- Mental Health Rehabilitation service
- Haematology

Mental Health Rehabilitation service

Significant challenges have led to a period where our rehabilitation services did not have a doctor managing them. Due to the paucity of availability a decision was taken to pause admissions into these three rehab wards. This delay had the potential to create acute admission issues if our rehab beds could not be used to decant acute meds into them.

Due to previous HIW concerns associated with unplanned discharges from acute wards this was a concern for us. As this was a temporary pause, we did not feel it met the threshold to raise a Llais Service Change notification.

Thanks to the hard work of the leadership in Mental Health, after 2 weeks we were able to re-open Pinewood for rehabilitation admissions. This was due to temporarily re-balancing our medical workforce's roles across the acute services and rehabilitation settings. The service is still fragile while the team develop more sustainable plans.

Haematology Senior Staffing

Senior medical staff sickness in Haematology means the service is currently under extreme pressure. Steps have been taken by the team to ensure that those patients with the most pressing needs are still being seen to minimise Clinical risk. A locum consultant has been appointed. Funding issues has also meant potential employment opportunities for trainees is not currently possible.

As part of the arrangements for the decant of the top floor in POW the haematology day unit in POW has been moved and combined with the day unit in PCH. This will help with the staffing issues and ensure better senior clinical supervision.

Section 4 Executive Director AHP and Health Science

Successes

Health Scientist Wins Mentor of the Year 2024

Owen Williams, Specialist Cardiac Physiologist, has been named as Mentor of the Year 2024 by Swansea University. Owen was nominated by the students from Swansea University. The students gave such positive feedback about Owen in all three areas of the feedback form, demonstrating the level of support provided to the students and the appreciation of this support.

Falls Prevention Service

As part of our education offer, our falls team recently piloted engagement at an inter-generational level. The engagement included:

- Visits to local schools with a focus on education of falls risks and how to make the home environment safer for children's families. Attendance at these events has been fantastic, with over 300 people having attended the community education sessions since May 2024. Feedback from the sessions is overwhelmingly positive, with requests to extend this to schools across the heath boards footprint.
- Delivery of falls prevention education to care staff at residential and nursing homes across RCT and Merthyr to help prevent falls for those on the higher levels of the clinical frailty scale. Since May, staff from 10 different residential and nursing homes across RCT and Merthyr have benefited from the care home education sessions. Attendees ranged from care home managers, carers to domestic staff. Confidence levels were measured before and after training. Prior to education delivery, confidence to prevent falls was rated as 6.4/10 on average. Post education it was 9.2/10, showing a 43.7% increase in confidence.
- Education has also been delivered to 2 cohorts of staff as part of the Cwm Taf Social Care Workforce Development Programme.

SDEC - Speech and Language Therapist Service (SLTs)

SLTs support people with communication impairment, and difficulty eating drinking and swallowing. Swallowing problems can be frightening and sometimes patients with swallowing problems present to the emergency department requiring intervention to prevent choking, malnourishment and aspiration.

An example of a patient who benefited from this service is a patient who presented to the emergency department with swallowing difficulties. Two months earlier, they experienced airway swelling treated with adrenaline and steroids.

The Patient was assessed by SLT clinically and displayed signs of difficulty, refusing to eat or drink due to anxiety about food. An objective swallow assessment with a flexible nasendoscope (FEES) revealed normal swallow function and no risk with oral feeding. This allowed for her immediate discharge with outpatient ENT follow-up for reflux management and prevented unwarranted hospital admittance, testing and possible enteral feeding due patient's anxiety.

PIPYN Programme

Following the success of the Welsh Government funded PIPYN pilot in Merthyr, the PIPYN team have received additional investment from the Rhondda and Taff clusters to spread and scale the service. The programme supports young children and families to access free support around building healthy family habits. PIPYN includes topics such as eating healthier on a budget, meal planning, affordable food, good shopping habits, healthy recipes, screen time, active play, family play and much more. The additional investment was only made possible through cluster level collaboration as part of the of the new accelerated cluster development.

The PIPYN programme in Rhondda and Taff commenced this month and aims to support Children age 3-7 years & their families, by taking a whole systems approach to support healthier environments, as well as deliver a family-based intervention. PIPYN is an 8-week group-based programme tailored to individual family's needs through agenda setting sessions.

Evaluation of the programme to date demonstrate an improvement in knowledge, skills and confidence with regards to healthy behaviours, physical activity and practical cooking skills. Further analysis will be undertaken by Public Health Wales and a 12-month local evaluation has been commissioned.

AHP Advancement

AHPs continue to celebrate the quality of care they provide with a selection of posters and abstracts being selected for a range of conferences: CTM R&D conference, Macmillan National conference, AHP National conference.

Challenges/Risks

Our AHPs and healthcare scientists have been significantly impacted by the critical incident declared at the Princess of Wales Hospital, as have professional groups. Despite the challenging context, these teams have gone above and beyond to ensure swift and flexible responses to maintain the safety of patients and colleagues.

Section 5 Population Health Management (PHM)

Successes:

- PHM Unit has successfully re-established the segmentation data flow after sudden processor company closure
- All implementation projects in primary care successfully completed (Taff's Well, South Cynon, North Cynon, Bridgend West)
- Further primary care PHM projects starting
- Planned inclusion of a multimorbidity index
- Active participation in national inequalities Board and collaboration with ABUHB

Challenges:

One of the biggest challenges to full progression of a PHM approach in CTM is the constraints faced by information governance. This is multifaceted:

- The PHM work has by necessity focussed to date on primary care (as the data controllers). IG conversations have therefore taken place between CTMUHB IG and the DPO Service Manager and IG team at DHCW (who cover IG for primary care practices), facilitated by the PHM Unit in the Public Health Team. Where the PHM Unit is driving the agenda and supporting interventions, this leads to a circuitous route of IG approval and has been onerous in terms of time and personnel resource. At this stage, where primary care is set to further use PHM approaches, this workload is set to increase, potentially leading to the need for more IG support going forward, and an agreed approach.
- In order to fully embed and utilise PHM, the ultimate goal is for HBs to be able to use the NDR to access and analyse data for their populations. However, this is likely a few years off still (timescale unclear) and until we have a national framework in place, we will need to operate at a local level and are constrained by the national legislation around information governance and data protection.

Health Protection

The Vaccination and Immunisation Strategic Plan Implementation Audit started on 7th November 2024 and will progress through November and December. Therefore, the audit report will be available in the New Year.

The audit has the following objectives and will have a specific focus on MMR, Hepatitis B and Pertussis vaccination programs:

1. The Health Board has suitable operational plans in place to implement its Vaccination and Immunisation Strategic Plan.
2. Appropriate structures, resources and processes are in place to ensure accountability for effective delivery and implementation of the strategic plan.

3. There is ongoing work with partners to ensure effective communication with the population, including vulnerable people and underserved communities and internally with staffing groups. Support and information are provided for delivery and equity for the uptake of vaccines.
4. There is regular monitoring and reporting of progress against plans and targets at various levels within the Health Board, with actions taken to address areas of underperformance.

Recent data has shown some good progress on the Hep B/C elimination programme. Key highlights include that:

- The Hepatitis B vaccination uptake rate in children reaching their first birthday in 23/24 has been consistently above 95% and CTMUHB consistently has the highest vaccination rates across Wales each quarter. However, Hepatitis B vaccination uptake in at risk populations still need improvement.
- The rate of Hep C testing has increased significantly in HMP Parc from 34% in March to 58% as of September, with 80% of men in the prison being offered a test within the last 12 month. There is ongoing work to meet the targets of 90% receiving a test and 100% being offered the test.
- Hep C testing in populations using substance misuse services although increasing is still substantially below pre-pandemic levels. Work is ongoing to determine the reasons for this and to improve accuracy of reporting.
- There is ongoing work to review the Hep B/C annual report and October release of the BBV Progress to Elimination Information Tool to understand where inequalities or gaps remain around Hepatitis B and C in CTM and where actions still need to be taken.

There is work ongoing within the Health Board and wider partners around Monkeypox/High Consequence Infection Disease preparedness. This work includes addressing gaps in any protocols, procedures as well as PPE availability, training and testing across relevant health professionals.

4. Key Risks / Matters for Escalation

All challenges have been highlighted under each section of the report from each of the four clinical Executive Directors.

Assurance is provided that all matters outlined within this report are being addressed through each of the four reporting teams led by the respective Clinical Executive Director

3. Assessment

Objectives / Strategy

Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	Creating Health Inspiring People Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	Growing Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please lit below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	Quality of patient care is at the forefront of improvements and decisions made and individual quality impact assessments are completed at the right time by the right team. This report is presented for information and noting purposes.
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Quality of patient care is at the forefront of improvements and decisions made and individual quality impact assessments are completed at the right time by the right team. This report is presented for information and noting purposes. If required this report can be made available in Welsh and other languages upon request
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Providing high quality, safe care is vital to the reputation of the health board. This report covers items as a broad update for assurance to the members of the Quality & Safety Committee however, under the directorship and leadership of the four Clinical Executive Directors who hold joint responsibility for this report, there is a collective strive and dedicated commitment to protect the health board's reputation.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

4.1 Quality and Safety Committee members are asked to NOTE the contents of this paper with the updates provided for assurance by the four Clinical Executive Directors

5. Next Steps

5.1 Quality and Safety Committee members will continue to receive regular updates to each meeting for assurance, awareness of successes and challenges together with any identified risks.

Agenda Item
5.2a

Quality & Safety Committee

Highlight Report from the Children & Families Care Group

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Suzanne Hardacre, Director of Midwifery & CYP Nursing Mohammed Elnasharty, Medical Director Carl Verrecchia, Service Director
Cyflwynydd yr Adroddiad / Report Presenter	Suzanne Hardacre, Director of Midwifery & CYP Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CPHVA	Community Practitioners and Health Visitors Association
CTMUHB	Cwm Taf Morgannwg University Health Board
IT	Information Technology
MAM	Maternity Acuity Manager
PCH	Prince Charles Hospital
PoW	Princess of Wales
QSE	Quality Safety & Experience
RCT	Rhondda Cynon Taff
SCPHN	Specialist Community Public Health Nurse

1. Introduction

1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Children and Families Care Group at its meeting on 24th October 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Care Group highlight report is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Children & Families Care Group Quality, Safety and Experience Meeting (QSE) will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Provide evidence based and timely advice based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Children and Families Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

3. Highlight Report

Alert / Escalate	• Health Visitor Industrial Action ends 31st October 2024. There is a recovery plan in place. Care Group Improvement and Oversight Board meet monthly (last meeting 10th October). Weekly partnership meetings continue. • Temporary closure of Maternity and Neonates at PoW. Re-opening delayed due to roof repairs until early 2025. Women and pregnant people contacted from w/e 25.10.24. Staff engagement session 24.10.24. Daily regional meetings continue to monitor flow and acuity. Sickness (short and long term) being managed, well-being support for teams working across all Health Boards in place and continued Monitoring of impact across other service areas (Paediatrics and Neonates) also in place. Service re-opening plans being prepared.

	• Loss of paediatric ward 18 to accommodate adult patients due to PoW roof repairs. Capacity plans and Quality Impact Assessments in place.
Advise	• A review of acute play services across children and young people services has been completed. The report is due to be received imminently with recommendations for development of a Play Strategy. • Challenges with Aneurin Bevan University Health Board (ABUHB) maternity transfers of care being monitored carefully as ABUHB has a paperless digital system. Risk assessments and mitigation in place. • Inequity of service provision within special schools across CTMUHB. Monthly Multi-professional work underway to develop a model of nursing for special schools with local authority colleagues. • A modified delivery plan agreed for 2024-25 season for the delivery of nursery Fluenz. Mixed model in place (nursery schools and community sessions). Demand and capacity work underway to review and develop a sustainable model for 2025-26 onward. • Implementation of Healthy Child Wales 2 has been extended nationally by a further six months
Assure	• Additional capacity at PCH created by developing a transitional care model with support from neonatal and paediatric colleagues to support during the closure. Introduction of a Maternity Acuity Manager 'MAM' role supporting. • School Nursing - Improvement plan in place, first service improvement board met 25th October. Focused work in partnership with trade union and well-being teams in place. • Emergency call bell system works and improvements in PCH paediatrics now completed. • Health Visiting Bridgend records will transfer from digital to paper from 1st November due to cessation of access to the clinical portal hosted by Swansea Bay University Health Board. This now aligns record keeping across all areas of the service within CTMUHB. • Caesarean Section Surveillance Infection Rates (CSSI) received for PCH, PoW and Nationally. Briefing paper and improvement plan received at Children and Families Care

Group Quality, Safety and Experience Meeting on 24th October).

- Introduction of Smart phones for health visitors across Rhondda Cynon Taff (RCT) and Merthyr will enable standardisation of equipment across the Health Board

- 14 Newly Qualified Midwives started in post. Welcome programme (3 weeks) completed and are now in clinical practice.

Risk Register
In the November iteration of the Organisational Risk Register the C&F Care Group have de-escalated the following risks from the Organisational Risk Register:

- 5755 – Princress of Wales Air Handling Unit and electrical infrastructure for Labour Ward and Neonatal Unit. This risk has been reduced from a score of 16 to a 4 as with work underway and the areas decommissioned whilst this is concluded the risk has reduced significantly.

- 2808 - Waiting Times/Performance: ND Team. This risk has been reduced from a score of 16 to a 12. Waiting lists are being managed and reported regularly through the care group OMB and ND improvement board and reported nationally. The team are doing everything within their capability to deliver improvements and are with Welsh Gov support showing an improved trajectory to March 2025. Due to the improved trajectory the likelihood score has been reduced.

A review of the following risks are underway to assess escalation to the Organisational Risk Register the following risks:
- Risk ID 5922 – Staffing and Capacity
- Risk ID 5763 – Lack of Special School Nurses/Unfullfilled SLA
- Risk ID 5903 – Unfunded Continuing Care Packages / Unfilled packages.

Inform	• Infant Feeding strategy nearing completion. Final draft and implementation plan received. • 53K awarded, joint peer support project between CTMUHB and ABUHB to promote National breastfeeding Helpline and increase breastfeeding rates in areas of lowest initiation. Rhondda has been identified in CTMUHB. • Accredited peer support education for 14 mothers delivered the Breastfeeding Network. This provides a robust quality assurance mechanism for training standards and supervision. • First Milk Matters training for non-health board staff. • The Children's Ward at Prince Charles Hospital opened a new bereavement room in September. Room created with kind donations from '2 Wish'. • Children and families have voted to rename the children's Ward at Princess of Wales Hospital 'Caterpillar Ward'. • Leadership and culture plan for Specialist Community Public Health Nurses (SCPHN) being developed. • 'The Behaviour Garage' facilitated a session with clinical nursing and midwifery leaders within the Care Group on 16th October. Psychological and behaviour safety focus. • Lone worker audits underway across Children and Young People directorate. Results to be shared at next Care Group QSE meeting in December. • Two Health Visitors presenting at Community Practitioner and Health Visitors Association (CPHVA) & Unite conference in November. Four further places supported for SCPHN practitioners to attend. • Early Pregnancy Assessment Unit at PoW relocated to Bridgend Clinic. • Baby Loss Awareness week celebrated across the Care Group and Health Board 9-15th October, culminating in annual 'Wave of Light' service with our people and families who have experienced a loss. • SMARTphones procured to standardise Information Technology (IT) across health visiting services across CTMUHB

	• E-Consent pilot commencing imminently within school nursing for childhood immunisations. • Flooring at Antenatal Clinic PoW replaced • Quality Improvement and Population Health (Maternity) update completed by Consultant Midwife; available for review by Committee Members on request
Appendices	• Appendix 1 – Maternity and Neonatal Metrics

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: • Creating Health • Inspiring People • Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: • Growing Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below: • Culture and Valuing People • Leadership • Learning, Improving and Research
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: • Timely • Equitable • Efficient • Effective

	• Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not a policy or guideline
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not a policy or guideline
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is asked to NOTE the highlights outlined in section 3 of this report.

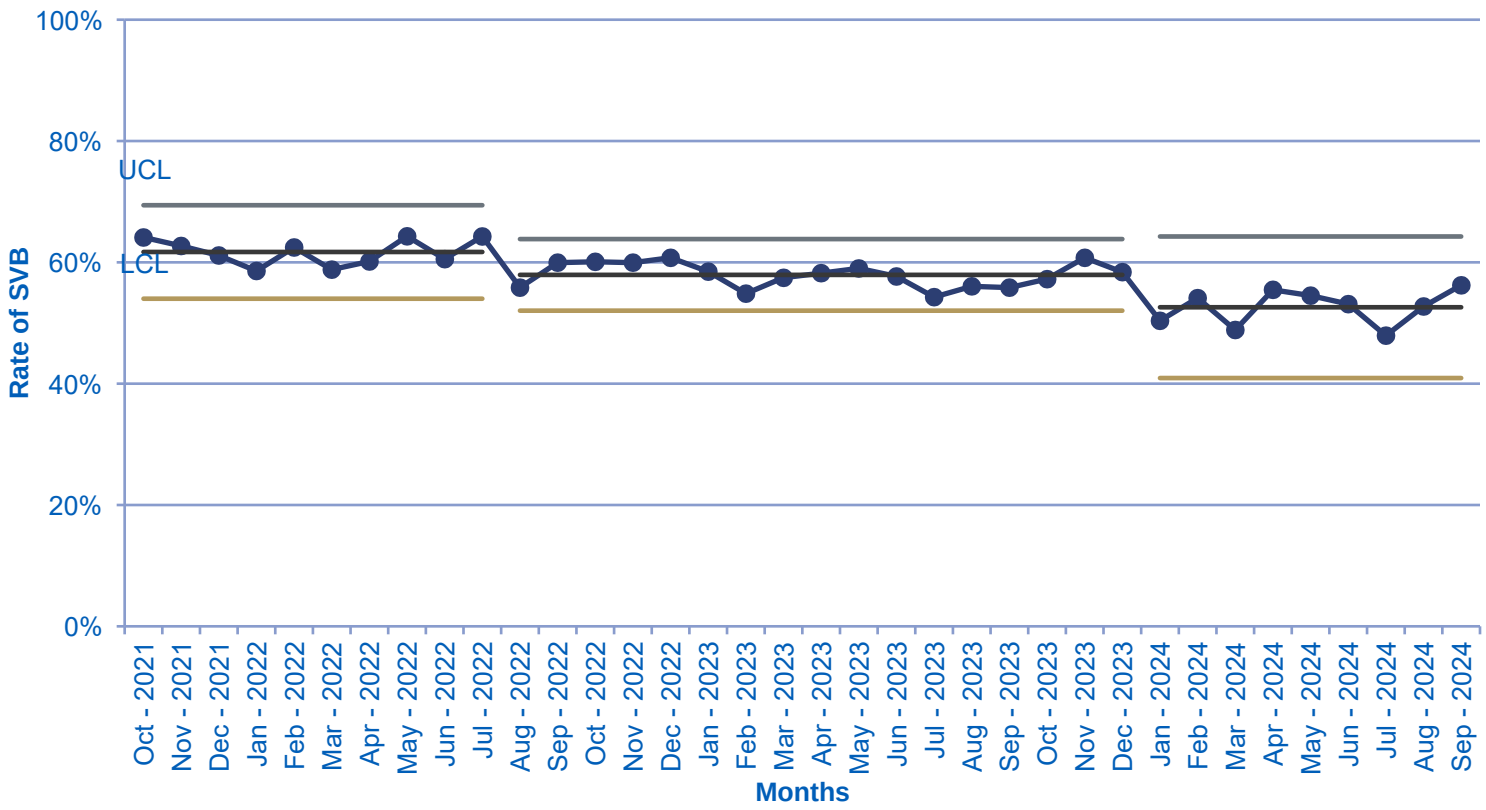
Quarterly Maternity Metrics

October 2024

(Data Source: Maternity Dashboard and QlikSense.)

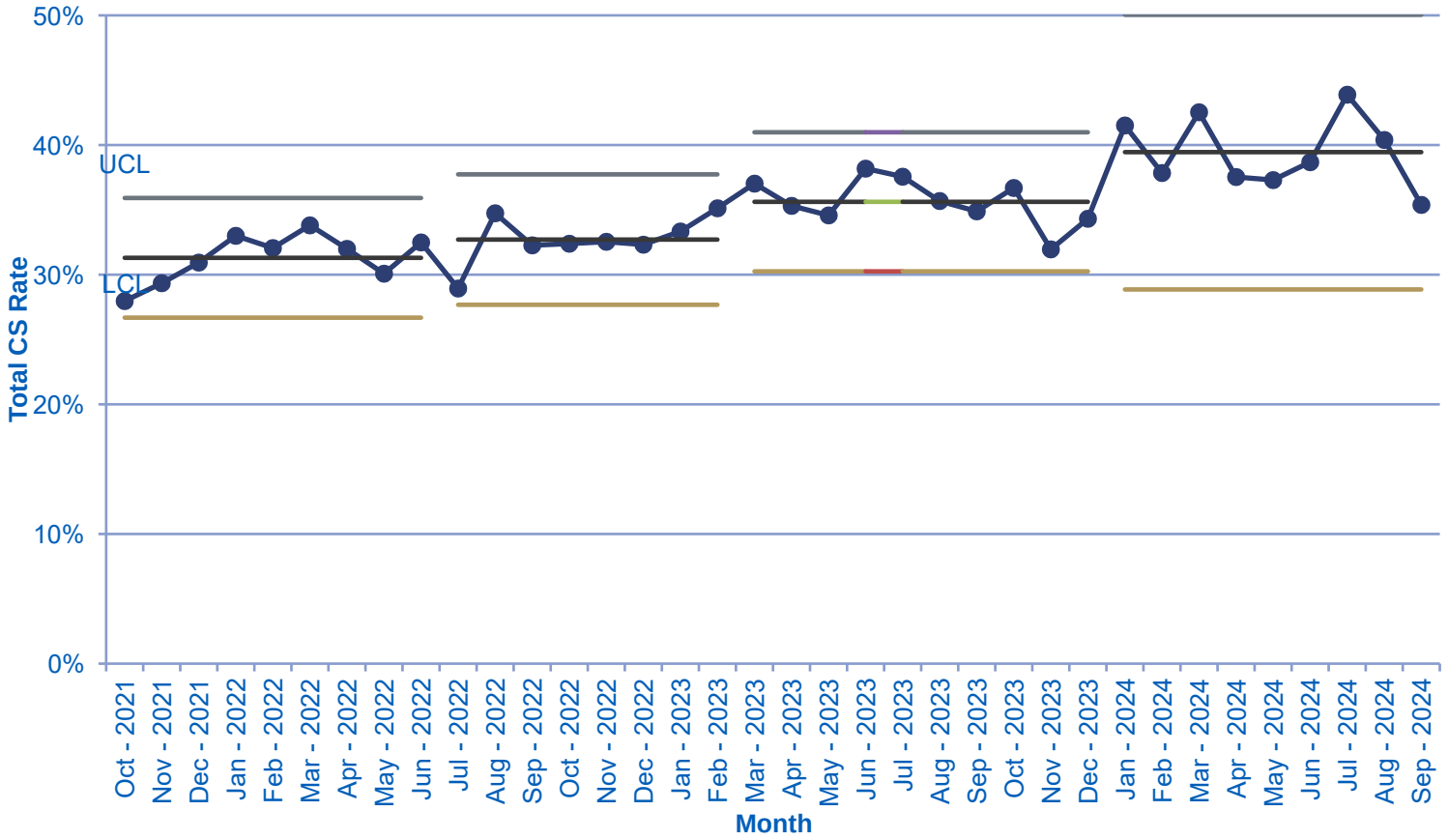
Data shown are for October 2021 to September 2024 unless otherwise indicated. It should be acknowledged that due to the POW closure, data for September 2024 should be interpreted with caution.

Spontaneous Vaginal Births October 2021- September 2024



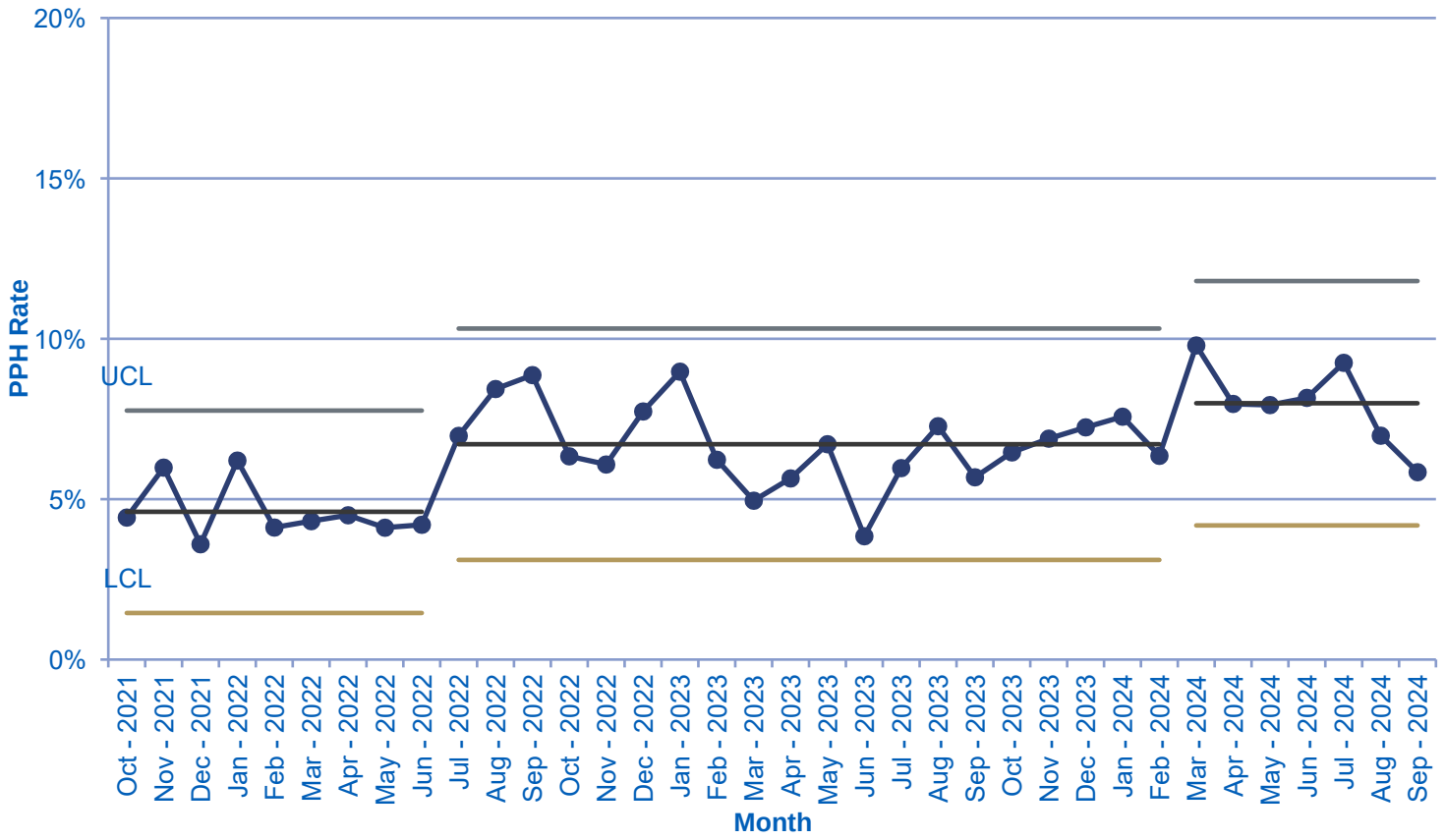
The median rate of spontaneous vaginal births decreased in August 2022 from 62% to 58%, then further decreased in January 2024 to the current median of 52%.

Caesarean Sections: total rate for CTM October 2021- September 2024



The median total CS rate rose in July 2022 from 31% to 33%, then again in March 2023 to 36%, with a further increase in January 2024 to the current median of 40%.

PPH 100ml-1499ml October 2021- September 2024



The median rate of PPH 1000-1499ml rose in July 2022 from 4.6% to 6.7%, with a further increase in March 2024 to 7.9%.

This should be interpreted in the context of significantly rising intervention rates, particularly category 2 caesarean births, which are the group most likely to experience PPH.

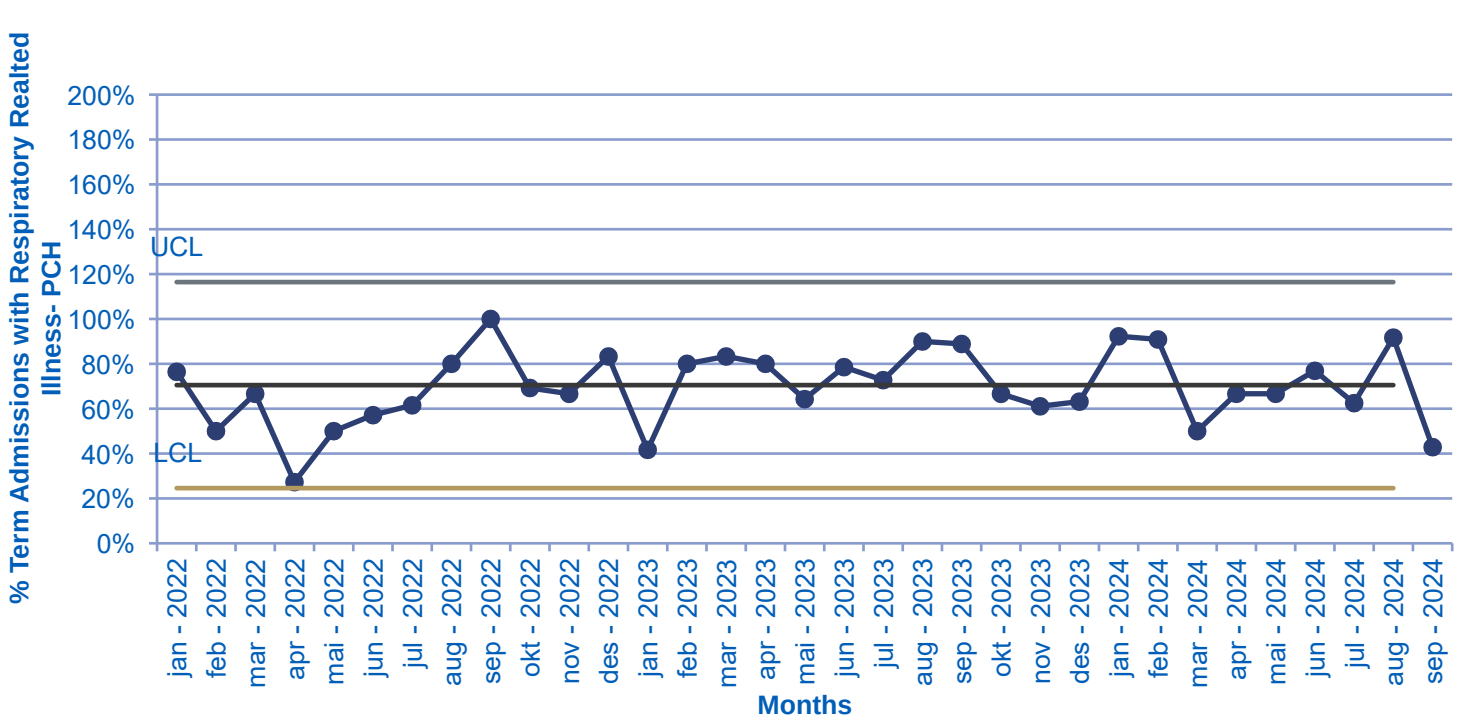
Quarterly Neonatal Metrics

October 2024

(Data Source: Neonatal dashboards – PCH & POW)

Data shown are for January 2022 to September 2024 for PCH and August 2024 for POW unless otherwise indicated.
PCH and POW Data Collated Separatley

Term Admission- Respiratory- PCH

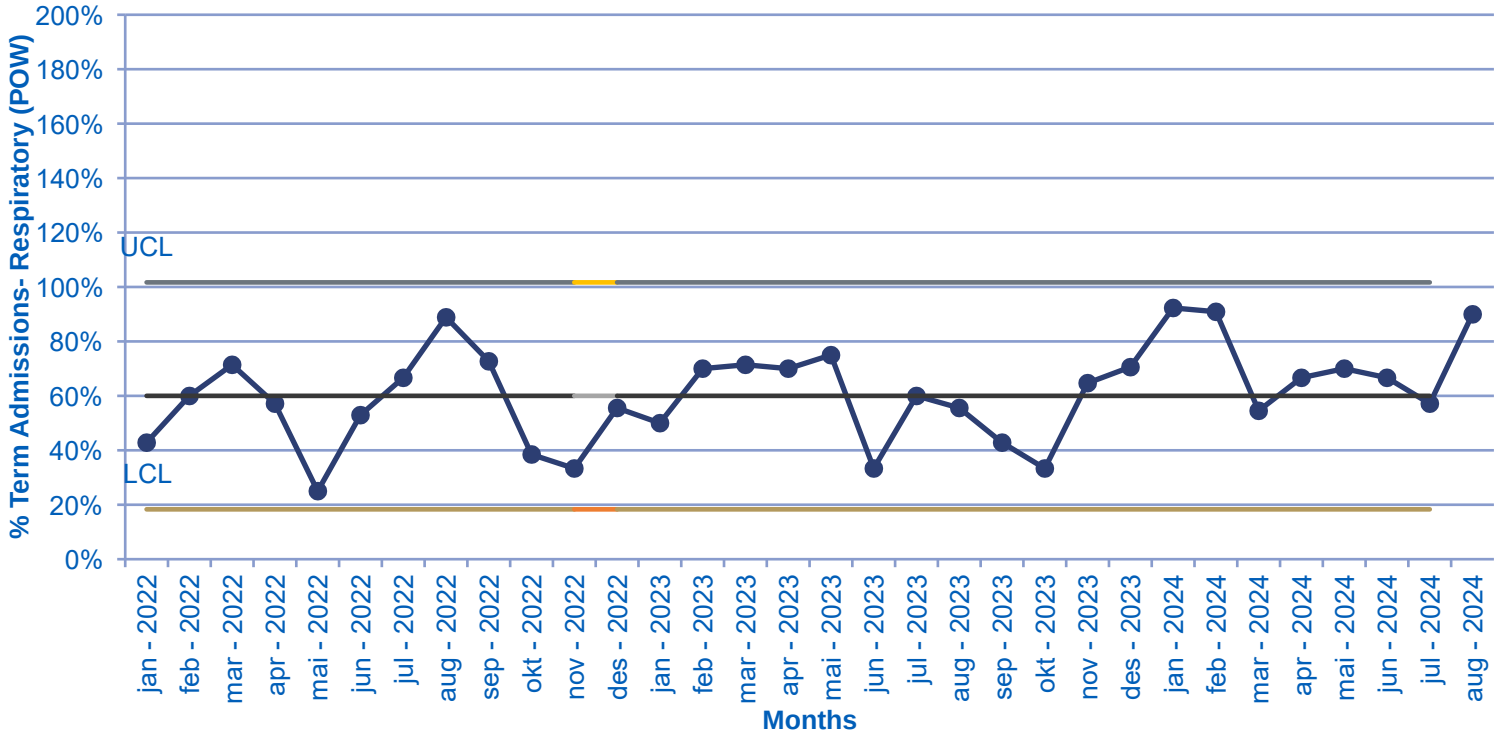


Reason for Term Admission- Respiratory

- Consistently the primary reason for admission.
- Rate remains stable.
- Median 72%

Term Admission- Respiratory- POW

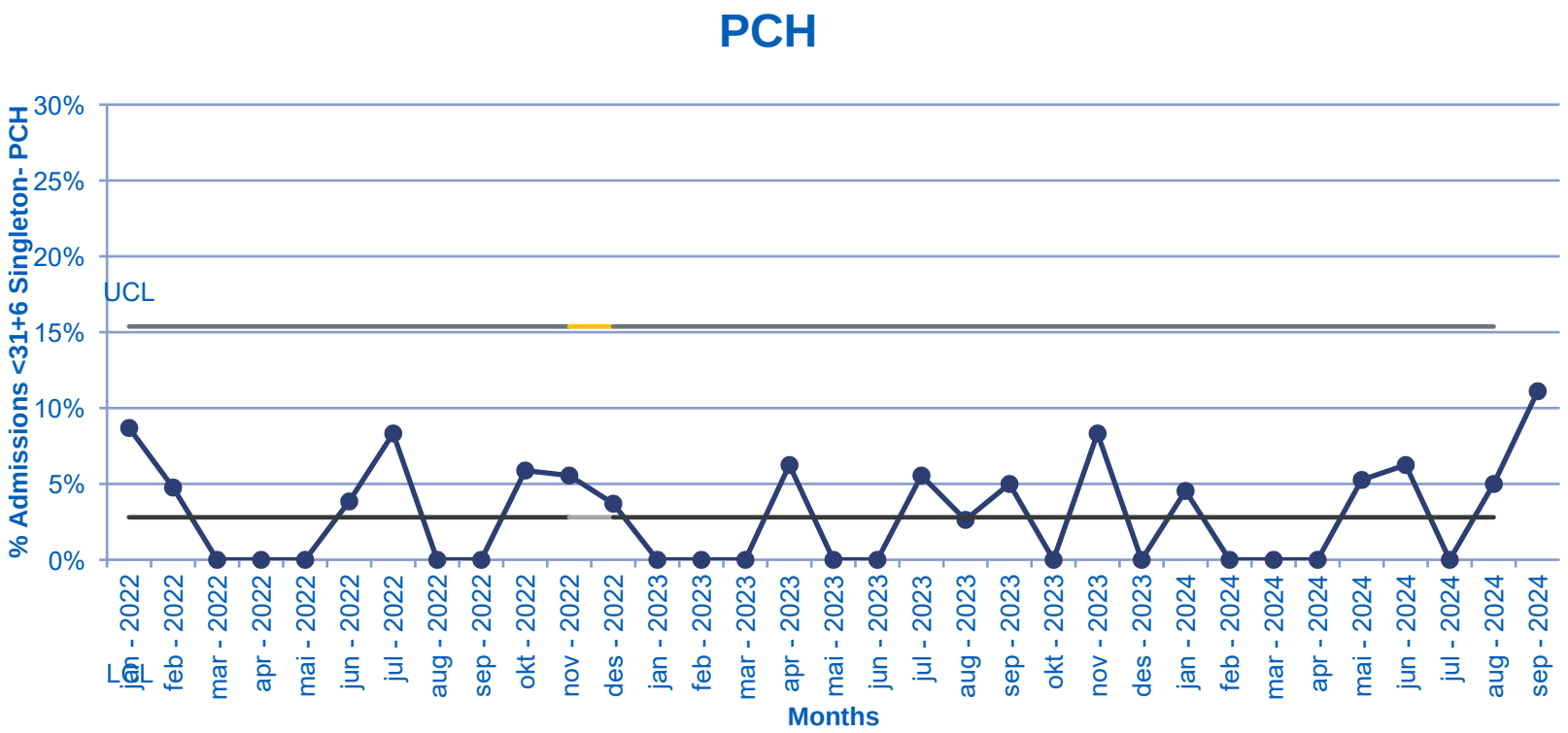
POW



Reason for Term Admission- Respiratory

- Consistently the primary reason for admission.
- Rate remains stable.
- Median 60%

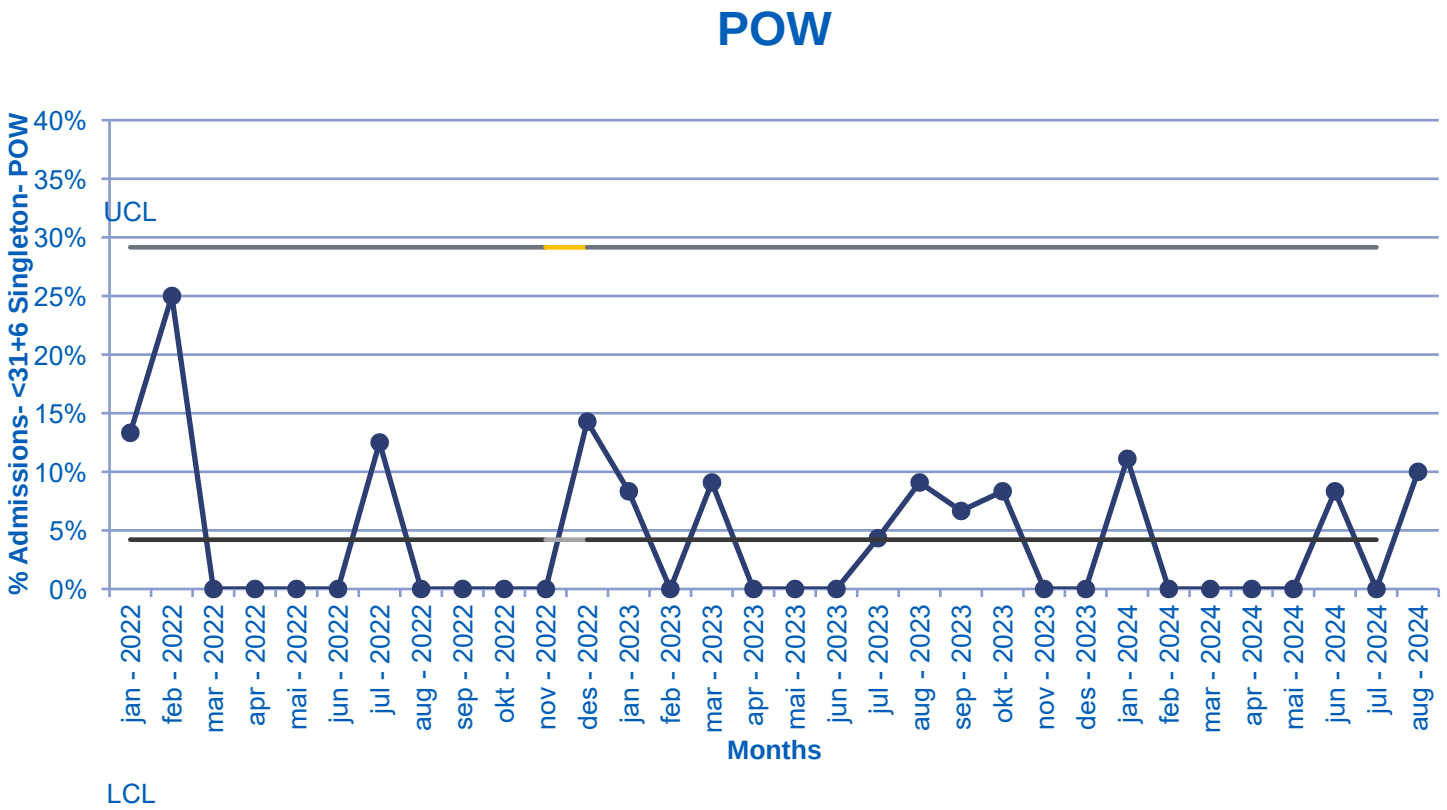
Exception Reportable Births- <31+6 Singleton- PCH



Exception Reportable births- PCH

- Rate remains stable.
- 'Deep dive' recommendation to review all exception reportable births- this is not currently consistent. Has previously been managed by PeriPrem- this will now need to be absorbed into 'business as usual'.
- Recommencing exception reportable birth reviews- similar to ATAIN, decide as an MDT if birth in our unit was avoidable or un avoidable- share and collate any direct learning.

Exception Reportable Births- <31+6 Singleton- POW



Exception Reportable births- POW

- Rate remains stable.
- 'Deep dive' recommendation to review all exception reportable births- this is not currently consistent. Has previously been managed by PeriPrem- this will now need to be absorbed into 'business as usual'.
- Recommencing exception reportable birth reviews- similar to ATAIN, decide as an MDT if birth in our unit was avoidable or un avoidable- share and collate any direct learning.

Targeted Improvements- Neonatal Metrics

Term Admissions- Respiratory	Exception Reportable Births
Themes and trends from ATAIN reviews to be reviewed monthly- targeted work to be implemented based on findings ie. early admission when adapting to newborn life/escalation/communication- to help form targeted improvements.	Close monitoring on data over the next few months, ensure trend does not rise further. Note: cot capacity across Wales has been difficult over the last few months with demand for cots sometimes outweighing capacity- possibly contributing to rise in admissions
Wider public health initiative- ensuring optimum maternal health prior to pregnancy/birth.	Review of each exception reportable birth to be re-instated across the HB (Neonatal Deep Dive recommendation)- previously with held as PeriPrem funded by Welsh Government.
Mat/NeoSSP 'Baby Care Bundle' re-launched in CTM with appointment of new 'champions' ensuring all babies have 4 key elements of care within the 1st two hours of life to assess if there is a reduction in term admissions: ✓ Skin to Skin ✓ Initiate the first feed ✓ Temperature check ✓ Risk assessed for NEWTT (Neonatal Early Warning Track and Trigger Tool)	Targeted QI work to be initiated from any themes/trends collated from exception reportable birth reviews. Collaborative working with tertiary centre link Consultant Neonatologist from C&V for expertise and support. NB: Closure of POW will likely affect data on the PCH site over the next 2-3 months.

Agenda Item
5.2b

Quality & Safety Committee

Highlight Report from the Unscheduled Care Group
Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma James, Unscheduled Care Nurse Director Alex Brown, Unscheduled care Medical Director & Victoria Healey, Head of Quality & Patient Safety
Cyflwynydd yr Adroddiad / Report Presenter	Emma James, Unscheduled Care Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Quality & Safety Committee	07/10/2024	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
Q&S	Quality & Safety
HIW	Healthcare Inspectorate Wales
USC	Unscheduled Care Group
ED	Emergency Department

AMaT	Audit Management and Tracking System
IPC	Infection prevention control
UHW	University of Wales Hospital
ANTT	Aseptic non touch technique
AMU	Acute Medical Unit
ANP	Advanced Nursing Practitioner
COTE	Care of the Elderly
ACE	Acute care of the elderly unit
MRI	Magnetic resonance imaging
OCP	Operational Change Policy
WAST	Welsh Ambulance Services NHS Trust

1. Introduction

1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Quality, Safety, Risk and Experience meeting on 7th October 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Quality, Safety, Risk and Experience meeting is to provide assurance to the Care Group and the Health Board's Quality & Safety (Q&S) Committee on the provision of safe and high-quality patient care and experience to the population we serve.

2.2 The Committee is requested to NOTE the report

3. Highlight Report

Alert / Escalate	Following the full structural survey of the roof of the main building at POW on 9th October 2024 revealing a serious deterioration to the roof that will require a substantial programme of replacement the USC team supported by many other teams have begun the complex work of transferring patients to alternative settings, within POW, in the community, or to another CTM hospital. We have currently relocated Respiratory and Gastroenterology from the affected area and are working through multiple options to relocate the stroke ward. The safety and wellbeing of patients and staff remains our priority and we have committed to keeping all those affected by the required changes informed.

Advise	Complaints have been transferred to a central quality governance team within the organisation since February 2023. This has ensured that we maintain equity, consistency and strengthen resilience. USC compliance with the 30 day target has slightly decreased in September 2024 from 89% to 88%. This is due to the high acuity and changes within the senior nursing leadership teams which had a negative impact on response times. Currently there are 18 open complaints and 3 over the 30 day compliance. This is a decrease from 30 to 18 open complaints since the last report. The USC leadership team have provided a commitment to support, improve trajectories and have developed a mechanism to escalate when clinicians and nurses are unable to achieve 30 day compliance. This has been closely monitored by the USC Senior Leadership Team which has resulted in a significant improvement. During October's QSRE meeting analysis of concerns and incidents are being triangulated. Ensuring that there is targeted intervention when any themes or trends have been identified. WAST joint investigation framework thematic review – Within the last committee report reference was made to a thematic review being undertaken by the patient safety team relating to the 15 historic NRI cases due to WAST's inability to send resources to support 999 calls in the community. This has now been completed and I would like to invite them to a future committee to present their analysis and recommendations. Ward 19 Respiratory at RGH as part of some of the ward moves related to POW critical incident, has relocated to ward 3 RGH. This has alleviated some of the environmental concerns and has resulted in improvement in the environmental audits on AMaT. AMaT A high- level report has been produced to give an oversight of the outstanding actions on AMaT allowing the Directors to drill down specific areas. The compliance for all areas within the USC care group to highlight areas which require improvement is available on request. Following review of the AMaT actions for USC by the corporate team and a re-fresh of the outstanding actions from September 2024, these are now discussed as part of each acute sites Safe to Start morning meeting. On review common themes included Fluid Balance completion and Pain Scores. In response to this Senior Nurses are targeting training with the relevant areas with support from the Outreach and Pain teams, 2 bespoke

	workstations were undertaken in August as well as Senior Nurse and Ward manager spot checks. 2 further workstations are planned for 28th November 2024. There are no outstanding AMaT actions for the PCH Acute Site as of the 30th September 2024 - there is a rigorous approach to daily assurance checks by either the HoN or Lead Nurse. For RGH and POWH as part of their ward assurance the Lead and Senior Nurses are reviewing AMaT at a minimum of once a week to ensure compliance with the audits and action plans. Support and education has been put in place for ward managers to utilise existing systems to raise estates work as large amount of actions pertaining to estates issues. Fluid balance compliance has improved, weekly audits continue and bespoke training by the outreach team is being completed. A standardised 1:1 template for ward managers up to Heads of Nursing, AMaT audits are a standing agenda item.
Assure	The Emergency Department (ED) national PREM survey continues to have excellent service user engagement, with the patient experience team providing a monthly report via CIVICA. This patient feedback is reviewed by the department leads and actions are undertaken accordingly with positive and constructive feedback shared. We continue to have the best engagement with this survey pan wales which allows us to develop themes and key work streams and to share 'you said, we did' feedback with service users.  • PCH- The qualitative data found only 17% of all respondents commented on long waiting times. This is a further improvement from August 2024 by 3%.

- Whilst reviewing the data gathered from the last 5 months, cleanliness remains a theme identified by respondents. Overall there remains an improvement, however this month 1% more respondents commented on cleanliness.
- Staffing levels remain a persistent theme, the comments submitted express, that the public feel staff are "rushed off their feet" and that more staff would equal lesser waiting times. For reference the number of comments have doubled this month.
- A further noticeable improvement surrounding communication exists, although there remains some uncertainty for respondents around the triage process and the management of their expectations, the waiting room slides will aim to improve this.

ED Nurse recruitment across both PoW and RGH departments has been hugely successful. Following a successful invest to save bid we have now successfully recruited into over 90% of the posts with the remaining awaiting to be shortlisted. This will create parity across the three departments in CTM in relation to staffing levels, with the ability to ensure a band 7 is in charge 24/7 to support senior decision making and patient safety. The USC Nurse Director is committed to reviewing the three ED nurse staffing levels using the RCN Best Tool to ensure this is maintained.

Inform

Stroke Services Progress report

Stroke Quality Improvement Measures - August 2024		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	45	31	N/A	76
	No. of patients within 4	17	0		17
	% Compliance	**37.8%**	**0.0%**		**22.4%**
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	7	3	N/A	10
	No of patients within 45	0	0		0
	% Compliance	**0.0%**	**0.0%**		**0.0%**
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	47	32	N/A	79
	No. of patients within 1	29	21		50
	% Compliance	**61.7%**	**65.6%**		**63.3%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	47	32	N/A	79
	No. of patients within	27	25		52
	% Compliance	**57.4%**	**78.1%**		**65.8%**
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	47	32	N/A	79
	No. of patients within	30	14		44
	% Compliance	**63.8%**	**43.8%**		**55.7%**
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	98	73	13	184
	No. of patients with	32	17	1	50
	% Compliance	**32.7%**	**23.3%**	**7.7%**	**27.2%**

- During August, 16.9% (17 out of 76) of stroke patients were admitted directly to an acute stroke unit (ASU) within 4 hours. The ability to admit within 4 hours remains difficult due to site pressures, patients presenting to RGH, and number of patients presenting outside of core stroke hours
- None of the 10 eligible patients were thrombolysed within 45 minutes, however all 10 patients were thrombolysed. Main factor to not achieving this KPI was that all 10 patients presented outside of stroke service hours.
- 63.3% of patients (50 out of 79) had a CT scan within an hour. Our performance continues to remain fairly high in relation to this KPI. We have ongoing WAST support taking patients to CT during handover delays. Challenges still remain with timely triage of self-presenters to the stroke pathway and the management of patients attending outside of stroke service hours are contributing to the number of patients not having a scan within one hour.
- 65.8% (52 out of 79) of stroke patients treated in August were seen by a specialist stroke physician within 24 hours of arrival at the hospital. Out of the 35 patients who did not have a specialist stroke review within 24 hours, 26 of these patients presented at the weekend when there is no specialist service. Further restrictions for achieving this was patients self-presenting to RGH, as well as patients presenting with atypical stroke symptoms.

What actions are we taking to improve our service?

- A locum consultant has now started at PCH with very positive feedback from all members of the multidisciplinary team. A further locum (12 months fixed term) is due to start on 18th November to cover a post that has been vacant for a number of years. This will be the first occasion in a significant period of time when the health board will have 5 Stroke Consultants.

- ACP workforce and SSNAP co-ordinator proposal has been submitted and awaiting Care Group feedback to support expanding the workforce to enable 7-day stroke provision at PCH and POW sites. Currently unable to identify investment funding due to challenging in year position.

- The impact of Brainomix AI software (reporting for CTs and CT angiograms) continues to be monitored. Review of 6-month data shows 119 CTAs completed, which is a significant increase compared to previously. Data is taken through the Stroke Operational and Programme Board to review in high level detail. The Clinical Director will present the overall data

	at the Planning, Performance & Finance (PPF) Committee meeting. • CT perfusion can now be undertaken at PCH and RGH. POW has had the software installed and training where possible is underway. The full impact will not be seen for CT perfusion until workforce is expanded to support the new pathways. Review of data shows with the use of CTP, there could potentially be an 80% increase for thrombolysis which the current workforce could not manage. • Regional meetings with C&V are now set back up from 8th October. The regional clinical lead role still remains vacant. • Internal review of stroke future services is underway.
Appendix	Nil

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below: Culture
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality	Person Centred
	If more than one applies please list below: Safe Timely

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial*	There is no direct impact on resources as a result of the activity outlined in this report.	
	People	

5. Recommendation

5.1 The Quality & Safety Committee is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
5.2c

Quality & Safety Committee

Highlight Report from the Planned Care Quality, Safety, Risk & Experience (QSR&E) Committee meeting

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sharon O'Brien, Nurse Director, Planned Care
Cyflwynydd yr Adroddiad / Report Presenter	Sharon O'Brien, Nurse Director, Planned Care
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
SEW	South East Wales
QSRE	Quality, Safety, Risk and Experience
Q&S	Quality & Safety
PoW	Princess of Wales
RGH	Royal Glamorgan Hospital
FUNB	Follow up not booked
TEP	Treatment Escalation Plans
LoS	Length of Stay
PROMS	Patient Reported Outcome Measures
LI.H.P	Llantrisant Health Park
JAG	Joint Advisory Group
SEW	South East Wales

1. Introduction

1.1 This report had been prepared to provide the Quality & Safety Committee with details of the key issues considered by the Planned Care Group, Quality, Safety, Risk & Experience Group. This meeting was scheduled for 14th October 2024 however it was stood down due to the Health Board declaring a Critical Incident due to water ingress in PoW. Updates were provided by each Directorate Lead Nurse via their slide set and these have been used to produce this Committee report.

1.2 Key highlights from the meeting are reported in section 3.

2.1 Purpose of this Meeting

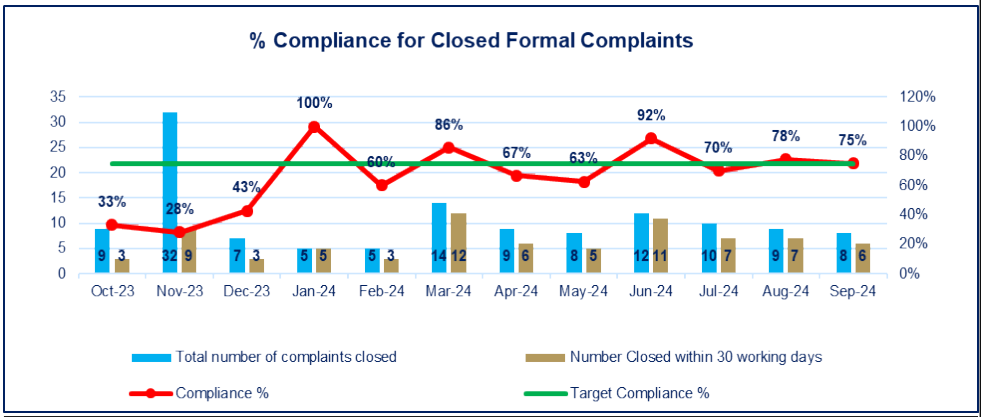
The purpose of the Planned Care/Surgery Quality, Safety, Risk & Experience Group (QSRE) is to provide assurance to the Care Group and the Health Board's Quality & Safety (Q&S) Committee on the provision of safe and high quality patient care and experience to the population we serve

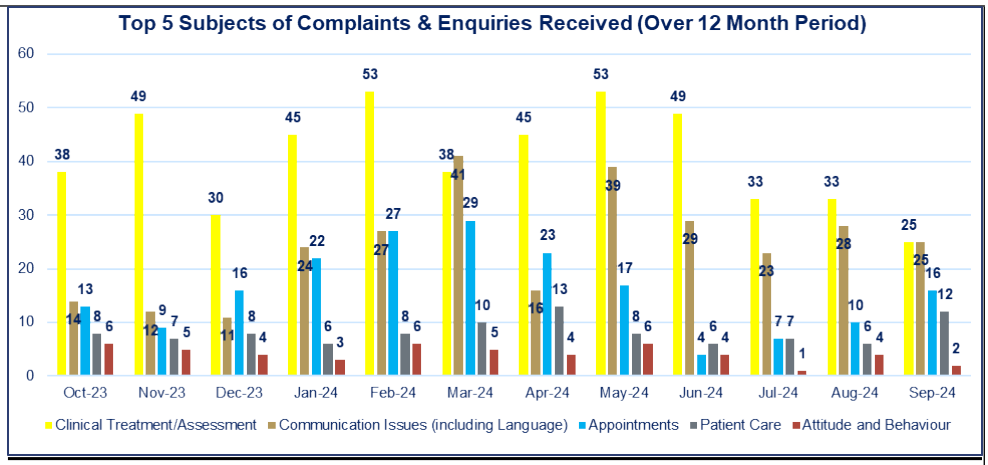
2.2 The Planned Care/Surgery QSRE Group will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Provide evidence based and timely advice to the Planned Care Group, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Planned Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

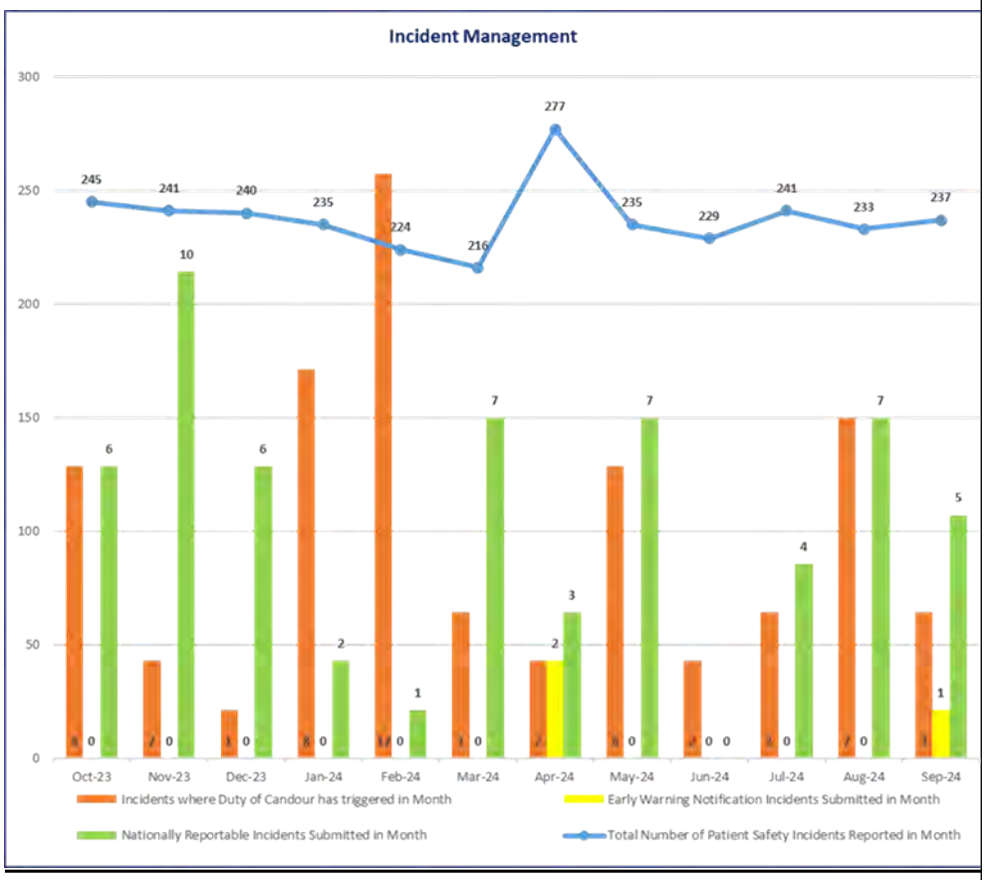
3.0 Highlight Report

Alert / Escalate	Health Board Critical Incident due to water ingress in Princes of Wales Hospital (PoW) Planned Care was significantly impacted over an immediate 2 week critical incident period due to the following: • Closing of 7 operating theatres and recovery area in PoW • Immediate decant of Intensive Care Unit into the Ophthalmology Theatres in PoW.

	• Closing of the endoscopy suite in PoW & redirecting activity to RGH • Moving 1 x Trauma ward & 2 x surgical wards & the workforce to RGH • In hospital move of Trauma Rehab ward in PoW of a ward in newer phase 2 of the building • In hospital ward moves within the Royal Glamorgan Hospital (RGH) to accommodate the transfer of PoW and services delivered. Impact on Planned Care Services • Elective orthopaedic surgery • Elective planned surgery for all specialities Mitigation • Scoping of additional capacity within RGH and external providers and redeploying the POW workforce accordingly. • Decisions regarding additional modular theatres within CTMUHB. • Focusing on recovery planning in relation to location of service delivery, and clinical models.
Advise	<u>Complaints Management Oct 23- Sept 24</u> 



Incidents – Care Group Overview (Oct 23 - Sept 2024)



	Aug 24 & Sep 24 NRI Data NRI's **reported** to NHS Wales Exec during Aug & Sep 2024: **12** in total:- **2** x Avoidable pressure damage (1 x POW / 1 x RGH) **1** x infection outbreak (COVID-19) ward 9 RGH **9** x Opthalmology – FUNBs **TOTAL NRI's Open** for Planned Care = **36** (increase of 4 since last QSRE) **7 x Avoidable PUs identified at Panel remain open (all General Surgery)** **5 x POW** (1 x ward 8; 1 x ward 9; 3 x ward 11) **2 x PCH** (ward 7) • Continued focus on reducing the amount of open incidents on Datix across the 3 sites, with a focus on RGH and PoW. • Large number of open incidents relating to ophthalmology & cancer harm review outcomes. • Treatment Escalation Plans (TEPs) to be piloted on ward 6 in PCH on the back of concerns highlighted in Incident Rapid Reviews. Senior Nurse working with the Senior Nurse Acute Deterioration & outreach to implement.
Assure	Perfect Fortnight for Elective Orthopaedic Athroplasty Focused on change in pre-op patient education (Joint School) Increasing physiotherapy workforce to 6pm each day on the ward. Ethos from ward staff and consultants to early mobilisation post op with aim of same day or next day discharge. Outcomes include: • 31 elective admission to 'perfect fortnight ward • 8 all day lists, 88% achieved with average of 4 joints per day (100% of planned) • 23 of 31 patients, or 75% were discharged on the same day OR after 1 day in hospital • Average LoS for week one is 1.4 days (previous was 5 days for hip, 3 days for knee Jan – Jul 2024) • Staff capturing PROMs (Oxford hip and knee scores) – but not yet reviewed • Next steps: staff experience/patient stories • Full analysis and report will be produced following the post programme review

Inform	• Endoscopy are piloting VR Google minds – a Virtual Reality Programme to provide training in the department. Ongoing discussions with finance to discuss the funding of this Programme permanently Llantrisant Health Park (Ll.H.P) • More detailed work has been undertaken to process map the arthroplasty and outpatient (day case) pathways for the unit. • The LHP team have been developing nurse competencies framework for outpatient surgery, in order to standardise process across CTMUB. Using best practice and already published evidenced based documents. • A standardised preoperative questionnaire has been developed by SEW Regional Arthroplasty Programme Board, led by one of the LHP clinical team. This has now been agreed and is going to the Programme board for approval. • Work with the clinical teams on the patient pathway, in particular for Endoscopy has occurred to support the design layout (ensuring JAG compliance). • Clinical Lead has been appointed for LL.H.P
Appendices	Nil

2. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
AnsawddYdych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality*Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	No	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

3. Recommendation

3.1 The Committee is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
5.2d

Quality & Safety Committee

Highlight Report from the Mental Health and Learning Disabilities Care Group

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Lloyd Griffiths, Head of Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Ana Llewellyn, Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AMAT	Audit Management and Tracking system
BCUHB	Betsi Cadwaladr University Health Board
CHC	Continuing Health Care
CQC	Care Quality Commission
HIW	Health Inspectorate Wales
IPC	Infection Prevention and Control
LA	Local Authority
MHA	Mental Health Act
MHLD	Mental Health and Learning Disability
MHU	Mental Health Unit
NRI	Nationally Reportable Incident
OMB	Operational Management Board
OPMHS	Older Peoples Mental Health Services
PICU	Psychiatric Intensive Care Unit
POW	Princess of Wales Hospital
PPPF	Care Group Planning Performance People and Finance Meeting
QSRE	Quality Safety Risk and Experience Meeting
RGH	Royal Glamorgan Hospital
RN	Registered Nurse
SLA	Service Level Agreement
SRU	Supported Recovery Unit
SSP	Student Streamlining Project
SON	Statement of Need
HCSW	Healthcare Support Worker

1. Situation /Background

1.1 This report had been prepared to provide the Committee with details of the key issues considered by the MHLD Care Group at its QSRE meeting on 09/10/2024

1.2 Key highlights from the meeting are reported in section 3.

2. Specific Matters for Consideration

2.1 The purpose of the Care Group is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

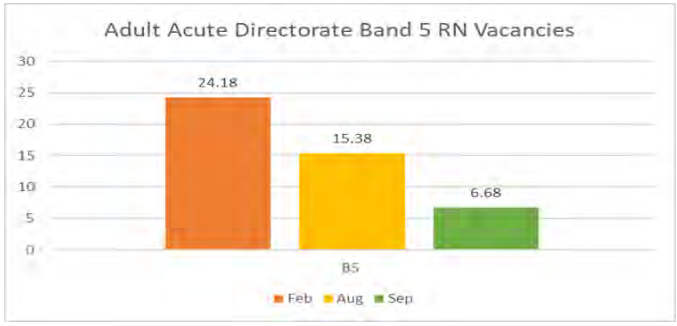
2.2 The MHLD Care Group QSRE Board will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Provide evidence based and timely advice to the MHLD Care Group, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the MHLD Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

3. Key Risks / Matters for Escalation

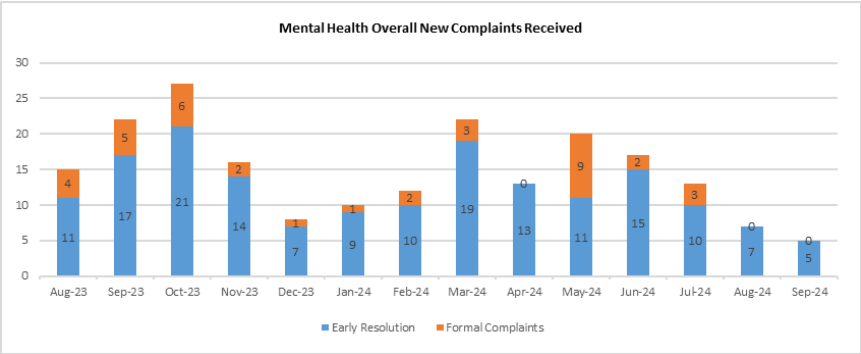
Alert / Escalate	• There is a significant shortfall in medical staffing across the Care Group's Rehabilitation wards and Outreach and Recovery Teams. This is having a significant impact on MHA tribunals which led to a recent HIW written query and poor patient experience with potential delays to discharges and transfers to less restrictive placements. The clinical teams are working with patients, families and advocates to minimise the impact on patients. A consultant has been moved from adult inpatient services to maintain rehab services; however, medical staffing remains fragile across the whole of Adult MH services. The Care Group is planning a full demand and capacity review of the medical workforce to ensure that medical capacity is aligned to the areas of highest need.

	• The HoN has been working with the Business Intelligence Manager in the Patient Care and Safety team on the development of a Quality Dashboard. However this has been delayed due to difficulties migrating existing data in Datix Cymru, therefore the Care group's incidents are still aligned to the former locality structure making reporting and thematic analysis more difficult. This has been escalated to the Assistant Director of Nursing for Quality and Safety. • There is a bedroom in SRU, a locked rehabilitation ward in Ysbyty George Thomas, which has been de-commissioned due to flooring issues and ligature risk. This is now delaying the repatriation of patients in CHC funded private placements at considerable financial cost. The Care Group is prioritising a capital SON to complete the work required.
Advise	• The Care Group is managing a number of door failures and other broader estates challenges. An internal process has been developed to collate, record and escalate estates risks so that there is robust oversight. There is significant delay on replacement of doors and in the interim the risk is being managed via additional environmental checks and use of additional staffing for enhanced engagement and observation where required. The previously escalated magnetic door challenges at Ty Llidiard have been resolved with Estates progressing an SLA for ongoing maintenance. A capital funded scheme to replace some doors is about to commence. • The Inpatient Improvement Board continues to meet, latest meeting is scheduled for 15/11/2024. The programme has been refreshed to align with the National Inpatient Improvement Programme from which key deliverables are now becoming clearer. Of the 40 recommendations of the HIW Discharge Review, only 2 remain open; • Recommendation 19 Clinical Record System - A business case has been approved and Welsh Government have agreed funding. A programme board will oversee the implementation.

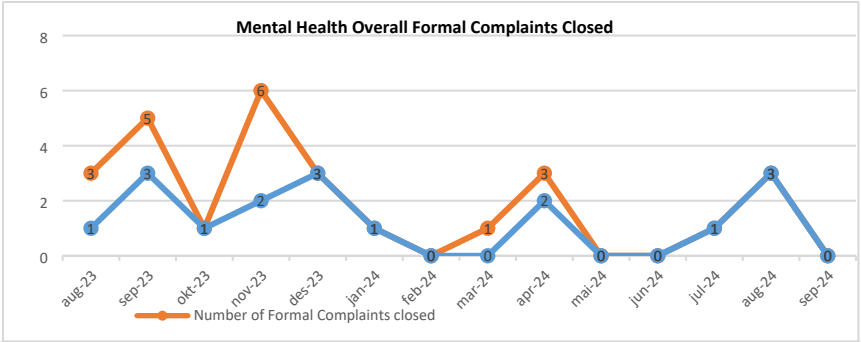
	• Recommendation 36 Policies and Procedures - The timescale for the completion of the policies and procedures action has slipped, however, 11 policies were ratified at OMB on 30/10/24 with firm plans for the remaining 12 to be ratified at the next OMB in November. • There has been considerable improvement in Registered Nurse (RN) recruitment which has previously been escalated to committee. Posts that had been difficult to fill are now being filled through student streamlining and external recruitment. There are a number of factors that have positively influenced this, including; changes to shift patterns, bed numbers and operating models. The increase in the ratio of band 6 to band 5 RNs in RGH, as recommended in the nursing establishment review, is now complete with 5 out of the 6 successful applicants recruited externally. The table below shows the progress made in band 5 RN recruitment in the Adult Acute Directorate which previously had the most RN vacancies in the Care Group.  • The Care Group has successfully recruited a number of former nursing agency staff to substantive posts and are working with the HB Recruitment and Retention leads to better understand the drivers for these staff to take up substantive posts in order to inform a strategy and campaign to further recruit agency staff substantively.
Assure	• IPC issues continue to be prioritised within the Care Group. Estates issues have been identified across all areas and the Care Group. A new process for escalation has been introduced meaning that if any jobs booked with estates have not been completed within a set time they will be escalated to the Directorate Service Manager and further escalated to Care Group level if necessary. The “back to basics” focus on Hand Hygiene and Bare Below the Elbow (BBE) guidance led by the Senior Nurses has had

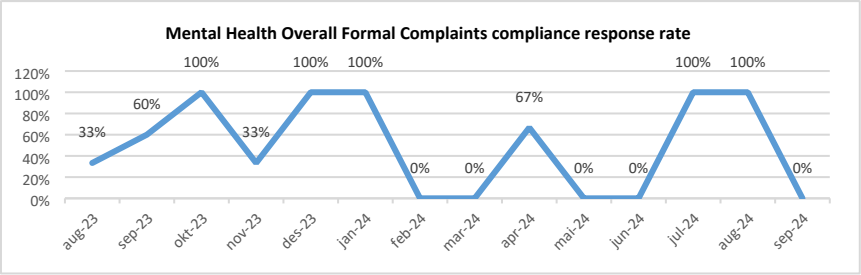
an impact with improved audit results, for example, 100% BBE in Ward 2 Angleton Clinic during an IPC audit in October and improvement noted in IPC Training compliance across all inpatient areas.

- The number of complaints received by the Care group during this reporting period was lower than the mean (18 per month over the last 2 years), during this period there was 7 received in August and 5 in September. There were no formal complaints received during this period with all 12 complaints received being closed as early resolution.



As there were no formal complaints received complaint closure compliance in the Care Group was 100%.

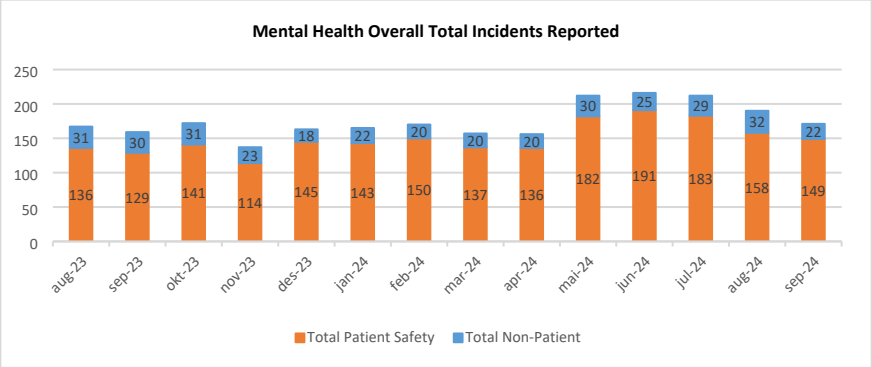




At the end of September there were 3 open formal complaints (down from 5 at the end of July, with a 2-year mean of 7). Of these, 2 are on track to close with the timescale with 1 delayed due to waiting for an expert opinion, this delay has been

reported several times and has now been escalated to the Medical Director.

- The Datix incidents reported this period, 206 in August and 188 in September, were consistent with the 2-year mean of 195. There was a decrease in this reporting period compared to last which is largely due to the reduced acuity in OPMHS and PICU.



- There are 5 open NRIs (down from 6 since the last report, the 2-year mean is 5).

  There was 1 new NRI reported during this period.

- All the MHLD wards are now using AMAT. Compliance with ward audits as of the end of October is shown below.

Project	No. audits	Current compliance	Improvement	Overdue actions
Health & Safety	2	G 95.3%	➤	1
Health and Care Standards	2	G 98.1%	▲	4
Infection Control	9	G 97.8%	▲	1
Medicines Management	2	G 97.8%	▲	0
Patient Safety	20	A 84.7%	▲	42

  There are 42 overdue actions in the Patient Safety category, up from 34 in the last reporting period which are causing the amber grading. Of these 42, 33 are RAG rated green with 8 RAG rated as amber, these relate to IPC estates issues and a NEWS audit on 1 ward which have been escalated to the ward manager to be addressed within the next month. Performance against these audits is monitored in the individual directorate's QSRE meetings.

  There is 1 red rated action related to the issues in the bedroom in SRU as described above.

- In January 2024 the Secretary of State for Health and Social Care commissioned the CQC to carry out a rapid review of

	Nottinghamshire Healthcare NHS Foundation Trust following the murder of 3 people, this was published in August 2024. The Care Group undertook a review of the key learning from the review and completed a self-assessment of CTM Adult Mental Health services. An action plan to ensure that the Care Group is meeting the recommendations of the report has been initiated. This will be monitored through the Care Group QSRE.
Inform	• A HCSW at St David's OPMHS ward in RGH, has won iCTM's SimplyDo Idea of the Month for September. The idea is to add an extra shelf in patients' wardrobes, saving the health board buying cardboard hangers that are not fit for purpose. • The Care Group's Veterans Mental Health Team recently contributed to a series of podcasts featuring the experience of veterans who have gone through treatment, the podcasts can be found on www.veteranswales.co.uk
Appendices	Nil

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Growing Well Living Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below: Culture and valuing people Learning, improvement and Research Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* /	Effective
	If more than one applies please list below:

Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient Person centred Equitable Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Choose an item.	

5. Recommendation

5.1 The Committee is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
5.2e

Quality & Safety Committee

Highlight Report from the Primary Care and Communities Care Group

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	In Confidence
Awdur yr Adroddiad / Report Author	Leanne Davies, Head of Nursing for Primary Care and Communities
Cyflwynydd yr Adroddiad / Report Presenter	Leanne Davies, Head of Nursing for Primary Care and Communities
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

ACT	Acute Clinical Team
ANP	Advanced Nurse Practitoner
BI	Business Intelligence
CAV UHB	Cardiff and Vale Health Board
CHC	Continuing Health Care
CNS	Clinical Nurse Specialist
CTM	Cwm Taf Morgannwg
DLN	Discharge Liason Nurse
DN	District Nurses
GA	General anaesthetic
HB	Health Board
HPDS	Health protection delivery service
FNC	Funded Nursing Care
F2F	Face to face
GPOOH	GP out of hours
HMPPS	HM Prison and Probation services
IV	Intravenous
LA	Local Authority
LES	Locally Enhanced Service
LMC	Local Medical Committee
LNW	Lymphoedema Network Wales
LTP	Long term plan
NRI	Nationally Reportable Incident
OPD	Out Patients Department
OD	Organisational Development
HPDS	Health protection delivery service
PCC	Primary Care and Community Services
PGD	Patient Group Directive
PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
RTE	Rhondda & Taff Ely
SPC	Specialist Palliative Care
WAST	Welsh Ambulance Service Trust
WGOS	Welsh General Ophthalmic Services
WTD	Working Time Directive
YB	Y Bwthyn
YBN	Y Bwthyn Newydd
YGT	Ysbyty George Thomas
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. Introduction

1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Quality, Safety, Risk and Experience Primary Care and Communities Care Group at its meeting on the 31st October 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Care Group is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Primary Community Care Group QSRE Board will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Provide evidence based and timely advice to the Primary Community Care Group, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Primary Community Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

Highlight Report

Alert / Escalate	<u>Dental (GDS & Salaried Dental Services)</u> Dental Practice in Hirwaun provided 3-month notice to cease providing NHS dental services, affecting access to approx. 2,000 patients, practice due to close end November. Follow-up meeting to be held on 7th November to discuss recycling activity from this contract/recurrent budget from previous reductions. All practices contacted to ascertain if any require any additional activity/funding. If funding can be recycled to existing contracts, this will increase access to NHS dental care, including access to those from the closed contract.

	<u>HMP Parc Prison</u> Changes to prison demographics/provision: currently the health care team are reviewing service provision to adapt to legislation changes (reduction of standard determinate sentences from 50% of their sentence to 40%) and requests from HMPPS to change the proportion of the prisoners who are housed in Parc. These imposed changes have a huge effect on the staffing models and service provision.
Advise	<u>All Hazards Health Protection Service</u> All Hazards Health Protection Service - renamed to CTM UHB Health Protection Delivery Team Substantive positions within the HPDT have now been recruited to but there has been a limited uptake of bank staff looking for short term work to cover winter campaigns. Further work with Nurse bank to re- advertise and increase communications for bank vaccinators as a priority. If unable to recruit this will pose a risk to patient and staff vaccinations campaigns. <u>Community Hospitals</u> YCC, Medical cover remains ongoing concern, Directorate manager working on workforce planning and additional ANP cover. Accreditation audits to be undertaken Ward 2 YCC on 04th November 2024 and Ward C3 YCR on 05th November 2024. <u>Outpatients Maesteg</u> Nursing staffing deficits continuing resulting in cancellation of clinics. Plan agreed for service to move over to planned care to achieve streamlining of all outpatient services and stability of staffing. Delay in confirmation date for move is resulting in ongoing cancellations and negative impact on the service delivery. <u>Dental (GDS & Salaried Dental Services)</u> CAV UHB want to transfer comprehensive care paeds GA lists back to CTM [complex needs]. Issue escalated to planning team. Some patients are being bounced back to CTM that require treatment under GA. Risk that patients will come to harm if patients are being bounced between the HBs for treatment during this time. Planning colleagues to pick up discussions with counterparts in CAV HB following this being escalated. Since critical incident with roof at POW, adhoc lists that were scheduled for the end of October have been pulled. As a result of the paeds ward in RGH being converted to an adult ward, the two weekly regular lists the service had have also been pulled until

further notice. Adhoc lists in PCH are still going ahead with one taking place on 24th October and one due to take place on 21st November. However, PCH is now at 100% list utilisation so it is unlikely that the service will access any more lists. This will have a significant impact on waiting times. A paper has been drafted to look at alternative options to manage this service/list.

GP OOH

There have been more telephony failures in the past month. This has resulted due to the changeover to a new cloud-based system.
STP: Business continuity phones that will allow calls to be made in the event of a telephony failure.
LTP: Commissioning of an alternative telephony service. This risk is on the risk register.

As workers, the GP workforce will now need to comply with WTD. This could impact the number of hours GPs are able to be rostered and subsequently impact shift fill. We are currently mapping those GPs with employment elsewhere who may be affected by this WTD regulation. This risk is on the risk register.

HMP Parc Prison

Integrated Services: to develop a coordinated care model that integrates mental health, neurodiversity and substance misuse programs to provide holistic treatment for prisoners. A review of how secondary care services are provided within the prison is underway to understand the use of remote clinics and assess potential for further in-reach services.

Optometry

WGOS 4 Updates- schemes are aimed at reducing referrals into HES or taking patients from HES waiting lists.

a) Medical Retina filtering (Wet AMD) commenced 2nd September; scheme rolled out to additional providers who have completed the National Training. Scheme treats approx. 20 p/m and avoids inappropriate referral into HES.
b) WGOS 4 Glaucoma Filtering; Anticipated that 134 patient p/m will go through pathway and prevent onward referral into HES where appropriate.
c) HB has submitted bid to receive transformation funding for regional co-ordinator/staffing to support identification of patients form Ophthalmology lists to transfer to primary care practices providing WGOS4 services
d) Consultant connect being considered to improve referrals/ shared care between practice and HES-

looking to see how sharing scanned images and videos can be sent to support WGOS pathway development.

<u>Specialist Services</u>
Lymphoedema Service breaches on LNW guidelines for routine (12 weeks) and urgent referrals (4 weeks). Significant waiting list of new referrals and number of national concerns raised. CTM is a national outlier in terms of breaches.

Action continues to address these breaches; the waiting list remains at a high number but positive progress is being made to address these issues. Additional staff recruited to increase clinic availability.

<u>District Nursing</u>
Business Intelligence dashboard is being developed in liaison with our informatics team due to difficulties in obtaining accurate data. This is taking a significant amount of time due to issues accessing CIVICA scheduling data by our BI team and data quality issues.

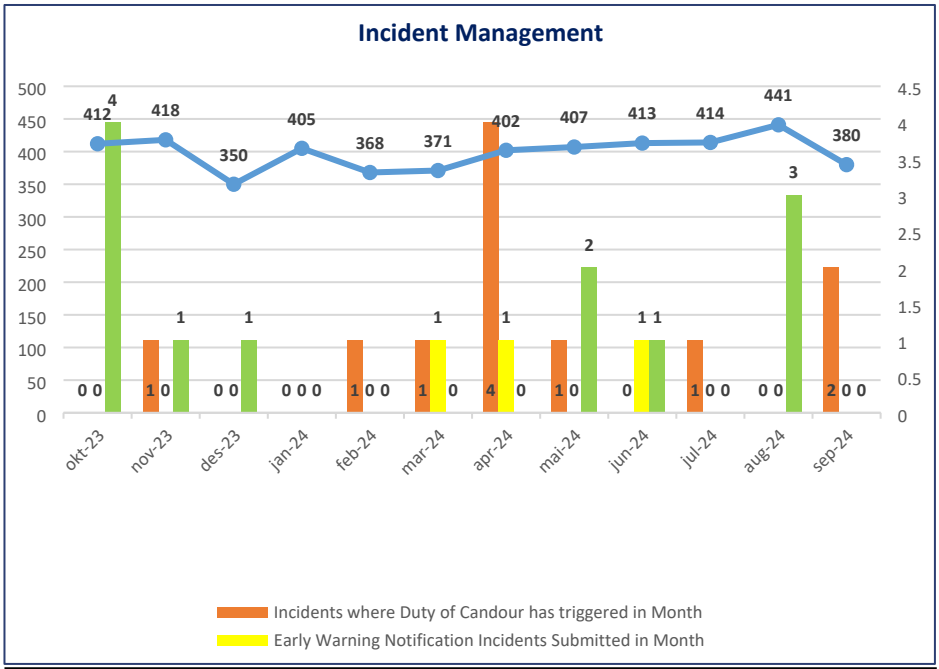
Bridgend DN work is being operationally led around redesigning the DN SPOA to be more consistent with the rest of CTMUHB. This work has significant workforce implications which are being worked through with People Services. Risk assessment completed.

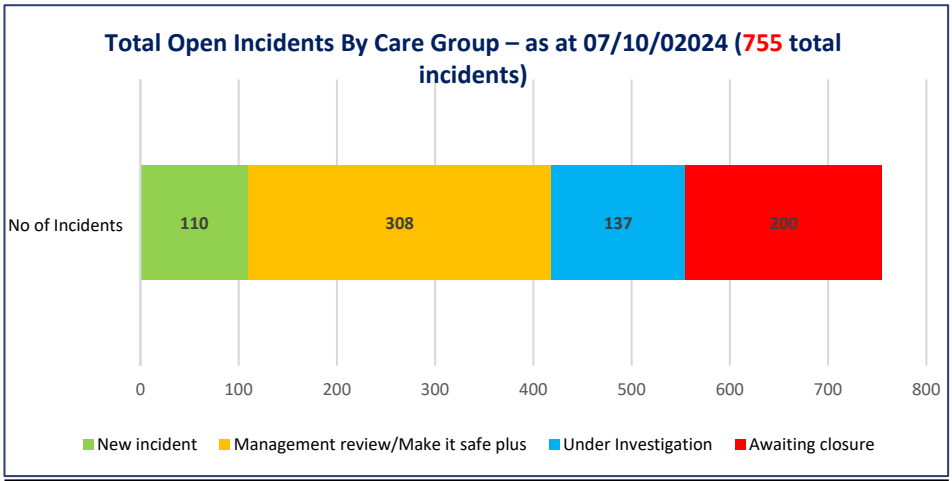
<u>Specialist Services</u>
Wound Clinic Service work continues with antimicrobial pharmacists to utilise PGDs for initial antibiotic cover, which will then be followed up by prescriptions completed by antimicrobial pharmacists upon swab result.

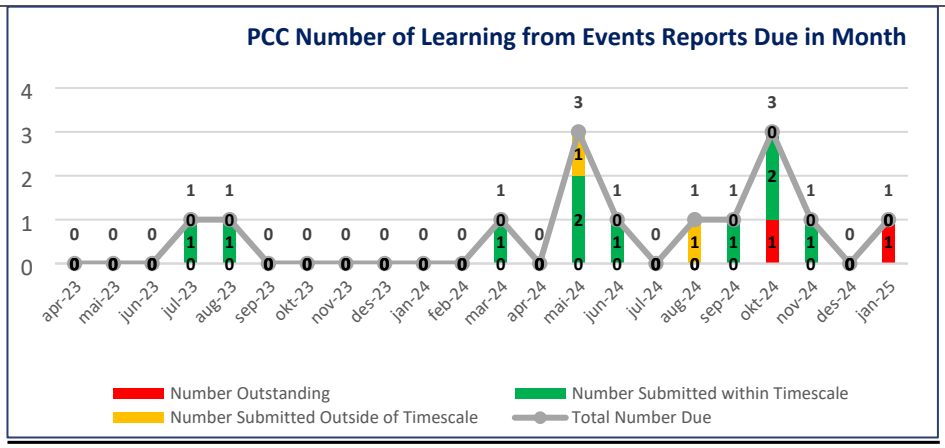
Redrafted Wound Care LES to be presented to LMC regarding proposed changes for agreement – this has been delayed due to ongoing work with antibiotic cover which has been a priority.

Assure

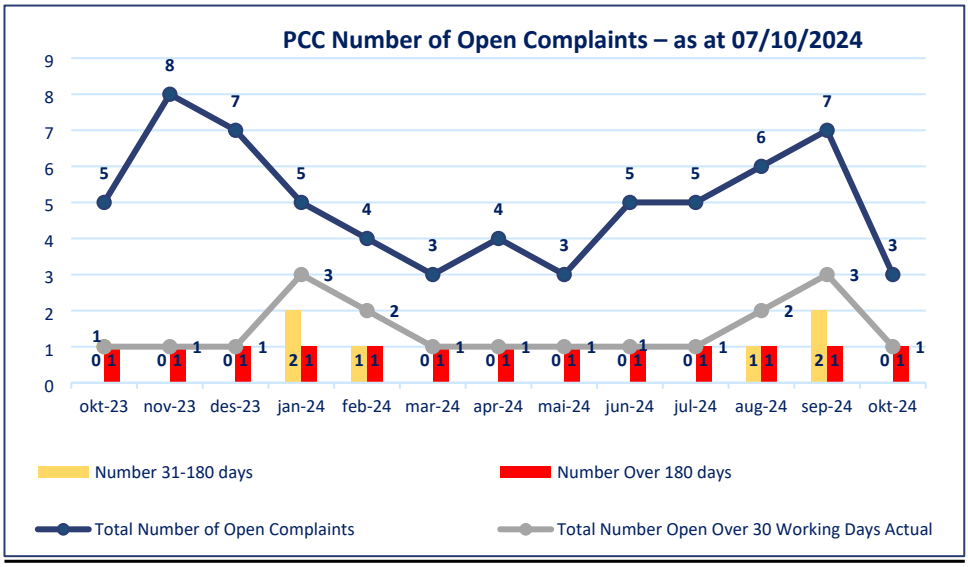
Incident Management







Concerns



AMAT

Audit overview

Audit	Frequency	Compliance over last 6 periods						Current	Improvement
POINT REVIEW: Fire Safety Management Audit	M	98.7%	98.6%	98.7%	98.6%	98.2%	99.5%	100.0%	
POINT REVIEW: Presentation (uniform) audit	M	99.5%	99.0%	97.3%	99.3%	99.0%	99.2%		
Environmental audit	M	100.0%	Nil	100.0%	Nil	100.0%	100.0%		
POINT REVIEW: Documentation and Record Keeping Audit (V6)	M	96.6%	97.2%	97.8%	96.3%	98.8%	97.1%		
POINT REVIEW: Glucose Monitoring Audit	M	95.8%	96.4%	100.0%	100.0%	93.8%	100.0%		
POINT REVIEW: Infection Prevention & Control audit, & Environmental Audit (V2)	M	94.2%	95.8%	95.0%	94.3%	96.7%	96.8%		
POINT REVIEW: Wristband audit (V2)	M	98.1%	96.1%	94.2%	99.1%	96.9%	95.6%		

ACT
Patient feedback forms implemented and response from service users are very satisfied.

CHC & FNC
Number of breaches identified for retrospective claims from March 2024, actions implemented over recent months to address these and now working on the next cohort.

No CTM nursing homes in escalating concern or increased enhanced monitoring.

Discharge Liason Service
Recruited into an 8a Secondment for six months to ensure leadership and direction and allow greater focus to be placed on the service across the Directorate.

GP OOH
Fit testing has been actively rolled out to the clinical workforce in order for the service to be fully compliant with the Mpox and Measles pathway. More sessions are planned for November December.

A pathway is being developed in conjunction with PHW and CTMUHB Vaccination service around the vaccination of any confirmed Mpox contacts during the OOH period (Sat and Sun). The pathway is still a work in progress.

HMP Parc Prison
Significant progress continues in providing health care services within HMP/YPU Parc. While challenges remain, the foundation for a robust health care delivery system that prioritises the well-being of the patients is in place.

A visit to HMP Parc was conducted by the Resuscitation Department to review the provision of medical emergency equipment and the training requirements. The assessment aimed to determine the adequacy of available resources and identify areas needing improvement to ensure the health and well-being of both prison staff and patients.

Inform	ACT Kath Palmer Vice Chair visiting Trem y Mor November 14th afternoon. CHC & FNC Nurse assessors currently redeployed into DGH sites to support with critical incident. Community Hospitals Ward 21 in POW now reallocated to Ward 3 Angleton – excellent team working across a range of services resulting in smooth transition for patients and staff. Discharge Liason Service Support being provided in YGT within current resource which is adding additional challenges to the team. Additional resource requested by directorate manager to support the impact of the critical incident in POW. GP OOH A change of process within WAST now requires all patients who are declared suitable for an ambulance down grade to be seen F2F. Previously this decision could be made following a remote consultation. This may see an increase in the numbers of green/amber2 conveyances as CNH clinicians will no longer be able to downgrade remotely. Training has been rolled out to residential home staff to take vital signs. This will then enable LA care homes to access the professional line in the Navigation Hub. This will then reduce the number of calls from LA care homes to WAST and potentially decrease the number of inappropriate conveyances. HMP Parc Prison There is a high incidence of medication errors being reported within the incident management system. A high prevalence of nursing agency usage accounts for these errors. A review of the governance arrangements are in place to include the introduction of a medication scrutiny panel within Parc which will enable us to provide assurance that medication errors are managed effectively with an aim to reduce the number of medication errors through a continued focus on reduction of risk, shared learning and monitoring of trends and themes.

	SPC Excellent feedback from many families in mortality reviews regarding care in YBN and YB palliative care in patient units and staff commended on their roles. Both Community Hospitals and Palliative care service delivery performance and financial position reported on workforce dashboard and discuss in monthly workforce meetings.
Appendices	Nil to add

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below: Ageing well Dying Well Growing Well
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research If more than one applies please list below: Culture and valuing people Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: Efficient Person centred Equitable Timely Safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

4.1 The Quality & Safety Committee is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
5.2f

Quality & Safety Committee

Highlight Report from the DTPS QSRE

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Huw Carson, Principal Pharmacist, Governance and Medication Safety
Cyflwynydd yr Adroddiad / Report Presenter	Dr Sally Bolt, Medical Director DTPS
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of AHPs and Health Science

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A		

Acronyms / Glossary of Terms	
AHP	Allied Health Professionals
CDs	Controlled Drugs
CT	Computed Tomography
DHCW	Digital Health and Care Wales
DI	Designated Individual
DTPS	Diagnostics, Therapies, Pharmacy & Sciences
FUNB	Follow Up Not Booked
HTA	Human Tissue Authority
ISO	International Organisation for Standardisation
LIMS	Laboratory Information Management System
NOUS	Non-Obstetric Ultrasound Scan
MRI	Magnetic Resonance Imaging

MH&LD	Mental Health & Learning Disabilities
OOH	Out Of Hours
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
QSRE	Quality, Safety, Risk & Experience
RGH	Royal Glamorgan Hospital
SDEC	Same Day Emergency Care
SLT	Speech and Language Therapist
SLA	Service Level Agreement
UKAS	United Kingdom Accreditation Service
USC	Urgent Suspected Cancer

1. Introduction

1.1 This report had been prepared to provide the Committee with details of the key issues considered by the Diagnostics, Therapies, Pharmacy & Sciences (DTPS) Quality, Safety, Risk and Experience (QSRE) Group at its meeting on 21st October 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Care Group QSRE meeting is to ensure delivery of workplace health and safety standards and safe, high-quality care to the population we serve, including prevention through public health, primary and secondary care. The purpose of this report is to provide assurance regarding these matters to the Quality and Safety Committee.

2.2 The Diagnostics, Therapies, Pharmacy and Sciences Care Group Quality, Safety, Risk and Experience meeting (QSRE) will:

- Put the needs of patients, carers, colleagues and the public at the centre of all its business.
- Provide evidence based and timely advice to the Care Group based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Diagnostics, Therapies, Pharmacy and Sciences Care Group in relation to the arrangements for safeguarding patients, colleagues and the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health and Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

3. Highlight Report

Alert / Escalate	<u>Radiology</u> • Corporate Risk 5590 - Supply of Technetium may be stopped for a period of 4 weeks, potentially up to 10 weeks, due to supply issues. This will affect the urgent suspected cancer (USC) patients being scanned, having the most impact on breast surgery. This is a national issue. Mag Trace can be used as an alternative but is more costly and felt to be inferior by the operating surgeons. • Corporate Risk 4152 – Backlog of imaging across all modalities, the £200k non-recurrent funding comes to an end November 2024. Ongoing recruitment issues and 3.8 WTE staff training as sonographers, which reduces capacity but supports longer-term position. Additional pressure from obstetrics regarding changes to protocols, having a negative impact on non-obstetric ultrasound (NOUS) due to the additional time/resource going into obstetric scanning, without additional resource. The additional funding required for the maintenance plan is in the NOUS business case. Currently training a Midwife Sonographer also. We will be reviewing at the end of October with a view to reducing the current risk score. • Capacity issues have been identified out of hours (OOH) for CT/X-Ray, staffing model not currently meeting demand and changes to patient presentations, which requires PAT sliding in the main. Additional funding required for staffing resource to maintain a safe and resilient service OOHs. A paper has been submitted outlining the requirements. In the meantime, we are using overtime to bolster the shifts which are most affected, particularly with changes to patient movement due to the POW site issues. The out of hours model will be reviewed following this paper. <u>Pathology</u> Impact on pathology services – POW decant: there are a number of significant risks across pathology in relation to staff resource. The decant of wards from POW will bring additional workload to pathology, as currently pathology services for POW are provided by SBU under SLA. At this point it is difficult to establish what pathology workload will look like from the additional POW wards, however, if the workload is significant this is going to impact the delivery of CTM pathology services. A number of issues have already been highlighted and are being worked through by the team: ▪ Centralisation of the Haematology Day unit to PCH – some patients are already submitting complaints regarding the

	difficulties of travelling to PCH, some patients are refusing to travel. ▪ Provision of point of care testing (POCT) equipment and training has been highlighted as an issue, POCT services at POW were previously delivered by SBU. ▪ Additional surgical specimens from POW will need to continue to be referred to SBU, there are already complexities around this process. ▪ Staff transferred across from POW will require transfusion training – additional training burden for the transfusion practitioners. A QIA is being undertaken with all pathology departments to better understand the risks to patient care and staff. The senior leadership team are involved in conversation and any immediate concerns will be escalated through silver/gold command meetings. <u>Healthcare Science</u> <u>Backlog for Medical Illustration</u> ▪ Demand is consistently exceeding available capacity. ▪ This is impacting on patient care due to increased waiting times for referrers waiting for images ▪ Currently, urgent work is being prioritised through a triage process undertaken by the Head of Service. ▪ Options to reduce waits include funded overtime, outsourcing, and review of referral criteria compliance. ▪ A short-term solution to omit download waiting list through funded overtime between November and January has now been developed. Funding will be sought to implement this plan. ▪ A review of referral compliance is being undertaken to inform long-term solutions to sustain service.
Advise	<u>Therapies</u> Delay in the funding for AHP neonatal workforce being allocated to therapies budget is resulting in continued resource gap in meeting BAPM standards, as the service is not staffed to meet the clinical needs of neonates. <u>Clinical Engineering - Management of Beds</u> ▪ Regular meetings are being held to discuss issues around increased demand and future risks of decreased supplies due to stock age within the Bed Management Service. ▪ Regular meetings are being held between CTM and the external provider to ensure maintenance processes are being followed and escalated as previously agreed. This will ensure that any maintenance work undertaken is proportionate to the age and condition of the bed stock.

A three-year Bed Management Strategy is to be developed to demonstrate long term options for providing this service along with the impacts of proposed changes. Cognisant of staff capacity, it is recognised that the development of strategy will need additional support. This support has been agreed in principle and further work is now being undertaken to develop the scope and timeline for this work.

Radiology

- Additional CT mobile in situ from 23/09/24 for 8 weeks to reduce CT waiting times and alleviate pressure on the DGHs. Since operationalising, the overall waiting list has reduced from 3469 patients awaiting a scan, with 1434 patients breaching over 8 weeks to 2592 patients awaiting a CT scan, with 864 patients breaching over 8 weeks. The current changes in patient pathways due to the site issues at POW require the movement of activity from RGH. Some of this can be done in POW, but due to increased staffing demands in RGH, we are needing to transfer some scanning from RGH to LHP.

Medicines Management

- Controlled Drugs licences: Supply licences are now in place in PCH and POW, with RGH pending. This means we are in a position to resume supply to our sites outside the acute hospital sites, pending possession licences being granted. The dental team have started this process and have had 2 of their 5 sites inspected. GP Out of Hours were the first to obtain their licence, so normal service has now been resumed. The Community Drug and Alcohol Teams' clinics remain outstanding. Dispensing for this patient cohort has been taken on by dispensaries on acute sites in order to maintain compliance with legislation. This is having a significant impact on workload in the acute sites and we are working with MH&LD Care Group to ensure that possession licences are obtained as soon as possible.
- PCH: The automated dispensing cabinet in the Emergency Cupboard needs to be moved due to damage in its current location. Colleagues are working to resolve this issue and identify a new suitable location.
- YCR: OCP of pharmacy services is ongoing
- HMP Parc: there is a second early release day on 22nd October. A significant increase in the number of releases are planned on the single day. For context, the usual release profile is around 5-10 per week, so this poses a significant pressure on the team in HMP Parc to prepare and manage release. Planning has allowed mitigation of

some of this risk, and the Parc team are being supported by the wider medicines management team.

Pathology

Microbiology: The Microbiology service continues to struggle with staff resource, recruitment and retention (exit interviews are being undertaken), increasing the pressures on the remaining staff. The Microbiology leadership team are reviewing options to stabilise the service, which include discussions with Public Health Wales to ensure the continued provision of a safe and effective service.

LIMS 2.0: This has previously been escalated to the organisational risk register. The project timeframe is tight and there are significant concerns regarding the resource required to deliver this project safely within expected timeframes. User acceptance testing (UAT) phase has been throughout September and October, where Health Boards across Wales have had to commit resource to complete UAT. This has been a challenge for CTM in terms of staff resource commitment. In addition, a significant number of defects have been found during the testing. DHCW have recognised that UAT will not be completed by the end of October and a proposal has been made to extend UAT to the end of January 2025. This would mean that go live for CTM would be October 2025, as opposed to June 2025. This brings with it a set of new risks as the current contract ends September 2025, there is potential that CTM would then be operating on an unsupported system. The CTM implementation would be further away from SBU, which adds risk regarding patients that receive input across hospital sites and HB boundaries, (POW pathology is still provided by SBU which will introduce risks around the safe referral of samples.

Clinical Haematology: There were 2 weeks in September where there was no new patient (NP) capacity due to sickness and annual leave. We have since employed a locum consultant who has picked the NP capacity and staff have returned from leave. FUNB figures are looking slightly better for August and September (increase was reported in August Q&S report).
POW has impacted NP capacity in PCH as staff have had to reduce their NP clinics to support the increased day unit work. We are considering a further locum who will be based in PCH. This will allow the substantive team to pick back up full NP clinics.
The service is extremely fragile and any reduction in staff capacity will have the potential to impact patient care.

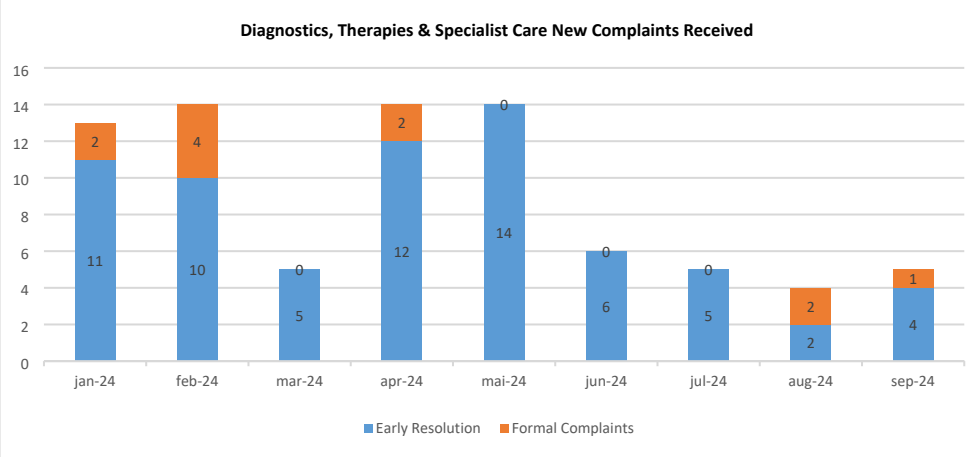
Impact of MES Reform on Mortuary Services: New regulations came into force on September 9th, whereby all non-

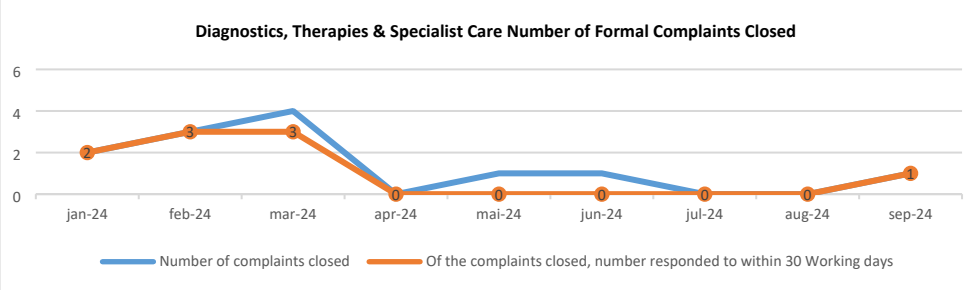
	coronial deaths will now be independently scrutinised by the Medical Examiner Service. This has resulted in a number of administrative changes to the death certification process, leading to increase length of stay for the deceased. This has already impacted on capacity at the RGH site, where we have had to transfer to other body stores to create sufficient capacity. This introduces risks around HTA compliance. There is also concern that this will impact capacity moving into the winter months, as this is a period of increased pressure for mortuary services. A meeting has been requested with the MES to raise concerns. <u>Healthcare Science</u> <u>Datix Risks</u> ▪ Currently there is no DTPS access to Health Science risks through Datix, as this has not been set up following the move on April 1st and risks remain with former care group's owners. ▪ The consequence of this is there is no generation of monthly risk reports to update DTPS QSRE and, where needed, onwards escalation. ▪ A meeting was held with Patient Care & Safety Team on 16th October 2024 to describe what Health Science Services needed for their risks to be moved and aligned to DTPS structure, to discuss the complexity of this work, and the options for moving the Health Science risks to DTPS. ▪ A follow up meeting will be scheduled within the next two weeks to progress the movement of Health Sciences into DTPS Datix structure so that new risks are recorded into the correct governance structure and that plans are developed to move legacy risk into DTPS structure.
Assure	Radiology • The NOUS waiting list has reduced from 8129 patients awaiting a scan October 2023, with 5085 patients breaching over 8 weeks to the current wait of 3181 patients awaiting a scan, with 425 patients breaching over 8 weeks. This is a significant improvement from 1088 patients breaching over 8 weeks in August. • The MR waiting list has reduced from 2930 patients awaiting a scan October 2023, with 897 patients breaching over 8 weeks to the current wait of 1544 patients awaiting a scan, with 36 patients breaching over 8 weeks. We have seen a 75% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac MRI.

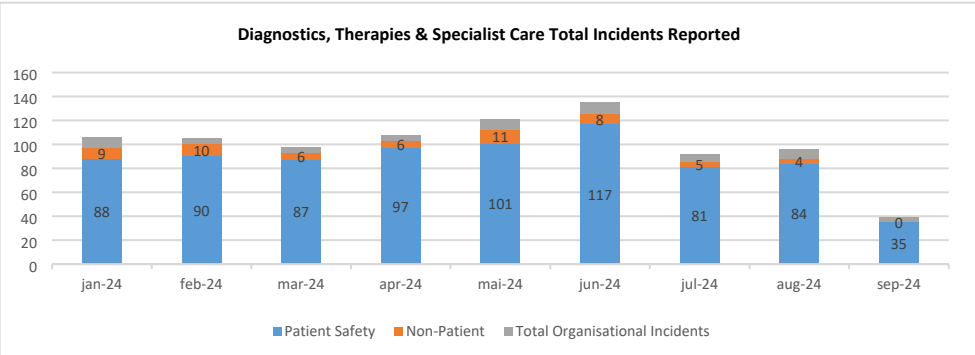
	Medicines Management CD audits: Target= 100%Current figures for completion of CD audits are: • PCH: 100% [Previous Quarter 9%] • POW: 98% [Previous Quarter 71%] • RGH: 81.6% [Previous Quarter 71%] • YCR/YCC: 100% A huge improvement from previous quarter. This was previously highlighted and a new system introduced to increase figures. Error management: Following error with midazolam in a paediatric patient, Medicines management teams developed/contributed to a 7 minute briefing and a midazolam safety memo. These were developed to inform medical/nursing/pharmacy teams around the use of midazolam buccal and reducing risk of errors on discharges on paediatric wards Pathology Dermatology incidents: There has been an increase in incidents reported relating to dermatology samples. Non-urgent dermatology samples are outsourced currently and there have been a number of concerns around the quality of sample processing and reporting (from the outsourcing company) raised by CTM dermatology consultants. This was recognised as a risk for Pathology, and as a result an alternative outsourcing provider for dermatology samples has now been sourced, implemented from 1st October. Incidents will continue to be monitored to ensure the new provider is meeting the needs of our dermatology service users and patients.
Inform	Radiology • Radiology Staff Survey/Roadshows undertaken on 5 sites – 186 staff responded with a clear theme of safety and work pressure issues during Out of Hours. The results are currently being analysed, with discussions ongoing with workforce and OD regarding necessary input. Some immediate make safes have been made as mitigating actions. Medicines Management • Positive story seen from Medicines Management around how the anticoagulation service supported patient • Homecare capacity: Number of patients per WTE admin staff (1025) is greater than all other Health Boards (next greatest number is 886 patients per WTE admin staff). This limits the Health Board's capacity to implement additional Homecare services. This will be included in the planning programme for 25/26

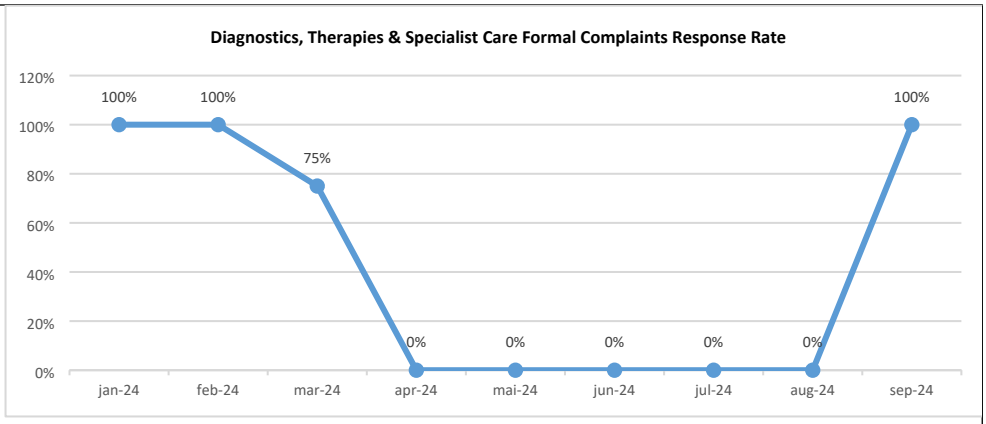
UKAS:
The Pathology department has been recommended to transition to ISO 15189:2022, therefore maintaining UKAS accreditation. This is subject to and independent decision maker, which is normal practice. The next assessment will now be May 2025.

DTPS Complaints Received and Compliance







	 NB For April to August, no formal complaints were received, so no response needed. The system displays this as zero %.
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required at this point
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality: NEUTRAL Outcome for Welsh Language: NEUTRAL/	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The committee is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
6.1

Quality & Safety Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	October 2024	RISKS REVIEWED
Operational Management Board	October 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	11th November 2024	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 4th November 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
Risk Management Approach

2.8 To date 754 members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. In addition to this number training has also been provided to the Joint Commissioning Committee Senior Leadership Team during this period and their feedback is captured in the evaluations at 2.1.4.

2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:

- 30th September – 2nd October 2024 – 7 attendees

2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.11 96 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.77 out of a maximum score of 5.

2.12 100% of the 96 attendees providing formal feedback found that:

- The session provided the right amount of information.
- They gained more confidence and knowledge in risk management having attended.
- They would recommend this training to a colleague.

2.13 98% of the 96 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.

2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:

- *Really helpful to help shape the risk culture in the JCC*
- *It was good to see how Datix is used to report risks as I am a newer member of staff and haven't used it before. It was also interesting to see how different people respond differently to risks from the pictures of the boats in the river as it shows how risks can be seen differently in real life situations*
- *Covered exactly what I needed for risk and my knowledge has expanded.*
- *Provided just enough information, without overloading.*
- *The descriptions of risks vs incidents was really clear, the practical walk through Datix was really useful for me as I've not used it before. I would recommend this session to all my colleagues.*
- *Perfect level of information and good length of session. Generated good level of discussion and food for thought.*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Estates Directorate

- Datix Risk ID 5932 - Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1. New risk escalated, current risk score of 20.
- Datix Risk ID 5961 - Remedial roof works to resolve the water ingress at POWH. New risk escalated, current risk score of 16.

Corporate Governance Directorate

- Datix Risk ID 4885 - Failure to deliver and sustain effective Policy Management System and Process. New risk escalated, current risk score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Primary Care & Community

- Datix Risk ID 5417 - Paediatric Dentistry - General Anaesthetic (GA) theatre list. Risk score increased from a 16 to a 20 because as a result of the issues with the POW, all paediatric GA lists have been cancelled for the service, this relates to the 2 x regular GA lists in RGH and any ad hoc list allocated through the 642 process.

Risk Score Decreased

Diagnostics, Therapies, Pharmacy & Specialties

- 5730 - No Health Board MRI Pacemaker Service. This risk has been reduced from a 16 to a 9 this period as the MRI service for patients with pacemakers now in place at Prince Charles Hospital.
- 4152 – Backlog for Imaging in all modalities / areas and reduced capacity. This risk has been reduced from a 16 to a 12 at present as non-recurrent schemes in place which have brought NOUS, MRI and now CT with additional capacity being delivered/ this is dynamic and may increase the risk again when the schemes stop if capacity does not meet demand.
- 5755 - Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit. This risk has been reduced from a 16 to a 4 as with work underway and the areas decommissioned whilst this is concluded the risk has reduced significantly.
- 2808 - Waiting Times/Performance: ND Team. This risk has been reduced from a 16 to a 12. Waiting lists are being managed and reported regularly through the care group Operational Management Board and ND improvement board and reported nationally. The team are doing everything within their capability to deliver improvements and are with Welsh Government support

showing an improved trajectory to March 2025. Due to the improved trajectory the likelihood score has been reduced.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

There were no risks escalated to the Organisational Risk Register that were closed this period.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence							
	5			3337 3993 4080	5276 5932		
	4			5820	4908 4907 4885 5761 5961	5646 5579 5658 5691	4491 4071 4103 3826 5590 5462 5821 4632 5417
	3						4691
	2						
	1						
CxL		1	2	3	4		5
		Likelihood					

3.5 EMERGING RISKS

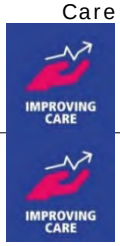
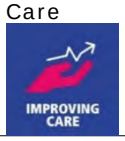
Planned Care – Care Group

In the September 2024 iteration of the Organisational Risk Register, the Planned Care - Care Group Senior Leadership Team were undertaking a risk assessment relating to inequalities in orthopaedic paediatric services aligned to the risk identified by the Wales Orthopaedic Network (National Clinical Strategy for Orthopaedic Surgery). It was anticipated that this risk once assessed and a mitigating action plan developed will be escalated to the Organisational Risk Register as appropriate, however this risk has now been resolved as a joint consultant appointment is being made with Cardiff & Vale University Health Board.

Pathology Risk - Diagnostics, Therapies, Pharmacy and Specialties & Digital & Data

Risk assessments are underway in terms of the sustainability of pathology services and the delivery of a digital cellular pathology solution for the Health Board. Once the assessments are complete they will be considered for escalation to the Organisational Risk Register as appropriate.

3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory *(since the last report received by the Board)*
1a	Sufficient capacity to meet elective demand	Improving Care 	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	20	
1b	Sufficient capacity to meet emergency demand		Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	20	
2.	Ability to deliver improvements which transform care and enhance outcomes	Improving Care 	Executive Dir. Of Nursing, Midwifery / Executive Medical Director	Quality and Safety	16	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality	Safe
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

5.1 The Committee are asked to:

- Review the risks escalated to the Organisational Risk Register at Appendix 1.
- Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
2	5932	Executive Director of Finance Executive Lead for Estates	Central Corporate Estates	Assistant Director of Planning - (Capital and Estates), Strategic and Operational Planning	Sustaining Our Future	Environmental / Estate / Infrastructure	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	**IF:** the Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof area at the POWH. Then: there is a risk of collapse of the roof coverings which could result in the roof coverings failing through the roof void into occupied clinical/non clinical areas and externally from the edges of Phase 1. This risk increases in adverse weather with additional loading on the roof. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	Command structure established to manage the critical incident following identification of roof structure failings. Immediate mitigations being considered under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from top floor phase 1 POW site and to maintain quality of care and patient safety 2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. 3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport Workforce Digital Facilities Patient Safety Communication In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roofs.	Removal of Roof Coverings at the POWH site in accordance with the recommendations in the structural engineering report of 9th Oct 2024. Contractor identified. Programme being developed which will firm up timeframes. Costs yet to be determined until as dependent on programme.	Planning, Performance & Finance Committee Quality & Safety Committee Health, Safety & Fire Sub Committee	20	C5xL4	10 (C5xL2)	New risk escalated to the Organisational Risk Register in November 2024	23.09.2024	21.10.2024	30.11.2024
3	5417	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Paediatric Dentistry - General Anaesthetic (GA) theatre list	**If...** Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA. **Then...** the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024. **Resulting in...** 1. children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction, 2. a further increase in the number of children requiring GA, due to long waits for assessment more children need GA when assessed, conversion rate has jumped form 48% to 80%. Children can only wait 8 wks form assessment to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment.	Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present as an urgent case in Accident and Emergency if left untreated.	Update November 2024 - Due to the issues with the POW estate, all paediatric GA lists have been cancelled for the service, this relates to the 2 x regular GA lists in RGH and any ad hoc list allocated through the 642 process. The backlog of children needing assessment is over 750+ [children cannot be assessed if the GA does not take place within a 9-10 week window, otherwise re-assessment is needed). Referrals continue to be submitted by dental practices with children requiring GA for dental treatment. The backlog is going to increase significantly over the coming months without any GA lists available in CTM. There are also children now being flagged as urgent requiring GA but there are no lists available to treat these patients apart for the HB CEPOD list, which comes with its own challenges in terms of access and suitability for children. The only mitigating option is being explored to identify an alternative provider [within a neighbouring Health Board] to deliver this service on a temporary basis to reduce the backlog and provide a service until the regular lists can be resumed in RGH, funding will be required to support this action. The likelihood of this risk has now been increased to a 5.	Quality & Safety Committee	20 Risk score increased from a 15 to a 20 in November 2024	C4xL5	9 C3xL3	↑	20.04.2023	06.11.2024	31.12.2024
4	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	**IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey. **Then:** the Health Board's ability to provide high quality care will be reduced. **Resulting in:** Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Specialty specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require review regularly have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	**Elective/ Planned Care - •** Critical incident declared at Princess of Wales on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. **Unscheduled Care** - Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. • There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. • Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	↔	13.7.2023	29.08.2024	31.12.2024
5	5821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	IF: CTM is unable to secure a new contract with an alternative commissioned provider; Then: CTM residents will have no access to secondary care immunology provision. Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.	Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024. CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GP's have been informed of the challenges currently experienced with immunology provision and delays can be expected.	Update November 2024 - Work ongoing to work through short term contract offer with aim to finalise and gain approval. This service would deliver assessment and first line treatment for urgent cases. Meeting with a provider 6th November. Also to be discussed at next primary care commissioning meeting so updated comms can go out to GPs	Planning, Performance & Finance Committee Quality & Safety Committee	20	C4xL5	4 (C4xL1)	↔	08.07.2024	01.11.2024	31.12.2024
6	4632	Executive Director of Therapies and Health Sciences.	Unscheduled Care Group	Head of Strategic Planning and Commissioning	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	**IF:** changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM **THEN:** avoidable strokes may not be prevented, patients who suffer a stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care **RESULTING In:** higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/carer experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and increased carer burden when discharged to the community.	• Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes. • ToR and membership of Strategy Group updated. • Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway • Board briefing to ensure all sighted to challenges • Quarterly briefings to Quality and Safety Committee • Performance data regularly presented to Performance, Planning and Finance Committee • Strong CTM input to regional and national Stroke Programme Boards • Unified, evidence-based pathway developed for thrombolysis • Preparations progressing to prepare for 24/7 thrombectomy service at Bristol and updated RCP guidance on thrombolysis and thrombectomy • Designated senior operational lead for performance and improvement leadership for stroke pathway	Update November 2024 Risk reviewed by SMT, stroke services options appraisal has been submitted to Executive Leadership Group. The Stroke consultants within CTM cover Stroke services on two acute sites (POWH and PCH). They also provide a 1:8, seven-day stroke on-call advice service. However, due to vacancies and maternity leave within the consultant workforce the ratio for the on-call rota is currently 1:3 to mitigate gaps. There are currently 4.0 WTE stroke consultants and 4.8 WTE CNS in post across CTM, broken down as follow: • PCH - 2.0 WTE consultants with 1.0 WTE vacancy • PCH - 2 WTE Clinical Nurse Specialist • POWH - 2.0 WTE consultants with an additional 0.6 WTE agency locum Consultant • POWH - 2.8 WTE Clinical Nurse Specialist The Stroke consultants at POWH also have a GIM on call commitment on a 1:21 rota, comprising of weekday evening and full weekend day cover resident cover with non-resident overnight cover. The service becomes increasingly more fragile from September 2024 when one consultant at PCH will be commencing maternity leave for a 12-month period, from July they will also be coming off the on-call rota. This will leave just 3 substantive consultants undertaking a 1:6 rota with a 50% less workforce, as well as leaving just one consultant at PCH from September which will significantly impact being to deliver a safe and sustainable stroke service at PCH. In order to try and mitigate this, a locum Consultant started at PCH on Tuesday 27th August to cover maternity leave, with a second fixed term locum due to start at the end of October, this will allow adequate time for the care group to work through more sustainable options.	Quality & Safety Committee	20	C4xL5	12 (C4 x L3)	↔	11.05.2021	05.11.2024	31.12.2024
7	5590	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Radiology Service Manager	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Radiopharmaceutical Business Interruption	**IF**: CTMUHB Radiology Department are unable to procure radiopharmaceuticals as per Service Level Agreement with CAV. **THEN** patients will not receive the necessary imaging **RESULTING IN** delayed diagnosis/treatment/intervention and poor outcomes for patients and potential litigation .	Weekly Business Contingency meetings with all Health Boards. WG directive is to share capacity regionally. Clinical stratification of patient priority - USC i.e. imaging at Princess Of Wales. Use of Mag Trace or alternative for SNLB - Breast Services	Update November 2024 - 07/11/24 Further shortage of Technescan HDP until 11/11/24 impacting Isotope provision, particularly bone scans. The Reactor in Poland restarted 31/10/24. Confi rmation received that the usual levels of supply will reinstated by 11/11/24. No change to risk score.	Quality & Safety Committee	20	C4xL5	4 C4xL1	↔	23.10.2023	21.08.2024	16.09.2024
8	5276	Director of Digital	Central Support Function - Digital and Data	Pathology Directorate Manager	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025,	**IF:** the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. **THEN:** operational delivery of pathology services may be severely impacted. **RESULTING IN** potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update November 2024: UAT has been extended and resulting in a 2 month delay to go live, however the end date of December 2025 is non-negotiable. Activity to understand the consequences of the delay such as dependencies on other projects such as ePMA are being investigated.	Digital & Data Committee Quality & Safety Committee	20	C5xL4	5 (C5xL1)	↔	26.10.2022	31.10.2024	15.01.2025
9	4071	Chief Operating Officer Planned Care - Care Group	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer Pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigours monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update July 2024 - risk ongoing, mitigation continues to be : ongoing increased scrutiny of pathways, focused work with urology, Gynae and colorectal, enhanced monitoring with Velindre Cancer Centre. Update November 2024 - Performance is improving, however, CTM are still not meeting the set Trajectory so the risk remains.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	↔	01.04.2014	4.11.2024	31.12.2024

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
12	4103	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Sustainability of a safe and effective Ophthalmology service	**IF:** The Health Board fails to sustain a safe and effective ophthalmology service. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Sustainability of a safe and effective Ophthalmology service	Measure and OOTC DU reviews nationally. - Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, OOTC's, weekend clinics). - On going monitoring in place with regards RTT impact of Ophthalmology. - In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward. - Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms. - Additional services to be provided in Community settings through ODTC (January 2020 start date). - Intravitreal injection room x2 established with nurse injectors trained. Follow up appointments not booked being closely monitored and outsourcing enactioned. Regular updates re follow up appointments not booked being monitored by Management Board / QASR (patient safety issues) and Finance, Performance and Workforce Committee (performance issues). Reviewing UHB Action Plan in light of more recent WAO follow up review of progress. Primary and Secondary Care working Groups in place. Ophthalmology Planned care recovery group established overseeing a number of service developments: WLI clinics, outsourcing of Cataract patients, development of an ODTC in Maesteg Hospital, implementation of Glaucoma shared care pathway, implementation of Diabetic Retinopathy shared care pathway, regional work streams, trial of new Glaucoma procedure (IMS), streamlining pathways. Quality and Performance Improvement Manager post created to provide dedicated focus, detailed demand and capacity analysis being undertaken. All patients graded according to the WG risk stratification R1, R2, R3. Additionally, several specific waiting lists are further risk stratified to ensure that the highest risk patients are prioritised.	Update April 2024 Previous high risk areas of the injection/macular clinic and the diabetic retinopathy service are now in a much better position with significant delays mostly eliminated. They remain vulnerable and work is ongoing to try and make them more robust and sustainable. CTMUH B did not have a substantive glaucoma consultant from 2017 to 2023. The glaucoma service is top of the list of services to fix but in the process of fixing it, we are going to come across many, many cases of avoidable vision loss. Aside from the human cost of avoidable blindness, there is a large financial and reputational risk to the HB. The glaucoma service is currently at score of 25 on risk matrix - catastrophic consequences (blindness in high volume of patients) (5) x almost certain to occur (5). This needs to be the highest priority area in ophthalmology for the HB. Cataracts and eye casualty are ongoing problem areas but are less urgent clinically than the risks outlined below. Major risks in ophthalmology at present 1) Glaucoma - glaucoma causes irreversible vision loss due to damage to the optic nerve. a. high volumes of long waiting patients. Many not seen for several years. Increasing Sis with severe harm as long-waiters finally being seen b. 1,000 patients on the stage 4 glaucoma patients awaiting surgery, some for > 1 year. This is the highest risk glaucoma population. Patients are generally listed for surgery when medical treatment does not work - these patients are at high risk of vision loss with such long delays. Mitigating factors – we have 2 substantive glaucoma consultants, 1 locum consultant. Community glaucoma scheme and WGOS4 will allow some low risk patients to be monitored in the community Immediate actions: meeting next week to formulate plan for stage 4 patients Need decision on funding for diagnostic hub to increase capacity in glaucoma service 2) Medical retina a. Long delay for new appt. Few dedicated medical retina appointments. 2) Inappropriate discharge by outsourcing company in April 2019. a. ~3000 patients discharged after notes review by outsource company in April 2019. b. Was noted that many of these patients had sight-threatening disease and should not have been discharged. Some patients with ocular cancer received a discharge letter. c. Sample of 350 records reviewed in 2021 - ~50% were appropriate discharge. 22% not appropriate. 23% uncertain. d. Initial plan was to review all notes of all discharged patients to ascertain if discharge was safe – this work still outstanding Update August 2024 - risk ongoing, no new updates in addition to those reported in April 2024, to be reviewed in September 2024. Update November 2024 -risk reviewed and remains unchanged.	Quality & Safety Committee	20	C4 x L5	12 C4 x L3	↔	01.04.2014	04.11.2024	31.12.2024
13	5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Adult weight management service - Insufficient capacity to meet demand	**If** there is insufficient capacity within the adult weight management service to meet the demand **Then** patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years. **Resulting in** missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update August 2024 - Current mitigations remain in place: Pathway redesign and Demand and Capacity (D&C) oversight- Pathway redesign: 74% of level 3 patients identified as suitable for group education, this group delivery model is in progress, which has resulted in an 50% increase in annual capacity compared to the original service model of 1: 1 MDT treatment. Despite this efficiency demand exceeds capacity. D&C: Real time validation of waiting lists ensures appropriate signposting according to service specification, alongside implementation of partial booking. Referral rates continue at approx. 100/mth with service capacity of 40/mth. A business case to propose an expansion of the staffing model is in progress, and is due for completion by the end of Q3. Update October 2024 - risk reviewed and current mitigation as described in August 2024 update remains in place.	Quality & Safety Committee People & Culture Committee Population Health & Partnership Committee	20	C4x4L5	8 - (C4xL2)	↔	07.06.2023	16.09.2024	14.11.2024
15	3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department (ED) Overcrowding	**IF:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Failure to deliver Emergency Department Metrics**,** Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. -Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. -Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update November 2024. The USC SMT reviewed current ambulatory pathways and the site based clinical teams are in the process of developing an SOP relating to fit2sit. We continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Quality statement baseline assessment has been completed, part of this work, will result in the development of an overcrowding score which should help reduce the risk of harm with overcrowding in the emergency department. 1. Currently developing a standardised approach to our huddle capture and reporting. 2. Proof of concept has been completed with engagement from operational and clinical stakeholders. 3. Move to development of software project. 4. This will support a consistent approach to recording and reporting escalation levels across all our acute sites. 5. USC Dashboard which provides daily and ongoing trend data for performance metrics I Emergency Care. 6. Developing data intelligence Emergency department acuity levels, including risk stratification and also clinical frailty score for all attendances in each of our Emergency Departments. 7. CTM IMTP describes development of a predictive data model to enhance current systems (we already have predicted attendance) This remains an ongoing risk for all 3 sites and is reviewed regularly as implementation of targeted improvement takes place. Nurse establishments are being reviewed to ensure safe staffing. With sustained high level of escalation, risk rating to remain at 20. C4, likely hood 5.	Quality & Safety Committee Planning & Performance Committee	20	C4x4L5	12 (C4xL3)	↔	24.09.2019	05.11.2024	31.12.2024
16	5961	Executive Director of Finance Executive Lead for Estates	Central Corporate - Estates	Estates Directorate	Sustaining Our Future	Environmental / Estate / Infrastructure	Remedial roof works to resolve the water ingress at POWH.	IF: the Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof areas at the POWH Then: water ingress will continue to be a problem. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	Command structure established to manage the critical incident following identification of roof structure failings. Immediate mitigations to vacate 1st floor wards & depts. of Phase 1 being managed under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from top floor phase 1 POW site and to maintain quality of care and patient safety 2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. Decant plan agreed 15th Oct. 3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport, Workforce, Digital, Facilities, Patient Safety, Communication In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roofs.	Removal of Roof Coverings at the POWH site in accordance with the recommendations in the structural engineering report of 9th Oct 2024. Contractor identified. Programme being developed which will firm up timeframes. Costs yet to be determined until as dependent on programme.	Planning, Performance & Finance Committee Quality & Safety Committee Health, Safety & Fire Sub Committee	16	C4x4	8 (C4xL2)	New risk escalated to the Organisational Risk Register in November 2024	21.10.2024	21.10.2024	30.11.2024
17	4885	Director of Corporate Governance / Board Secretary	Corporate Governance	Corporate Governance	Improving Care Sustaining our Future	Quality / Complaints / Assurance / Patient Outcomes	Failure to deliver and sustain effective Policy Management System and Process	IF: the Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation. Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if if there are inconsistent or varying versions of a policy available.	The Policy for the Development, Review and Approval of Organisational Wide Policies is extant and sets out the process to follow. Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance & Risk for non clinical policies. SharePoint Intranet page acts as document library.	Explore available options to automate the process including a filing portal and automatic prompting. Explore if the process for the policy on policies for Non Clinical written control documents could be simplified. Review the policy library linked to the SharePoint site Produce a baseline position as to the status of all non clinical written control documents Timeframe - September 2025 Risk escalated as likelihood of increased due to the capacity constraints impacting the teams ability to undertake the mitigating actions required.	Quality & Safety Committee	16	C4x4	8 (C4xL2)	New risk escalated to the Organisational Risk Register in November 2024	26.10.2021	22.10.2024	31.12.2024
18	5691	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	CCTV System Failure in Prince Charles Hospital	**IF:** Major CCTV security management platform (SMP) headend and camera outage at PCH. Unable to live view live data images at the security control centre. NVR recording function is not available to record data images. The outage is also linked with the PCH site refurbishment scheme. The Capital Major Projects team advise that the new (SMP) headend server is not part of the PCH scheme as there is no funding for it. **THEN:** As a consequence this presents a site security with very limited site surveillance available to identify site incidents and provide evidence of criminal activity and crime. **RESULTING IN:** The ground floor, first floor and external site areas require the roll out of (124) new CCTV cameras as part of the PCH refurbishment scheme and the existing old (SMP) headend server does not have the functionality and capacity to accept these additional cameras therefore the contractor TD are unable to roll out the new cameras on site until a new SMP is installed. Risks to the PCH site, patients and staff safety risk. Site risk of theft, property damage and personal injury/assault.	Incident meeting held by Facilities with Digital ICT, Estates, the system contractor and Capital Major Projects team who are managing the PCH site Major project scheme to review the faults and aim to resolve the issue.	Update October 2024 added in red to August update - The Estate CCTV system contractor attended site and identified the root cause of the system failure and restored the PCH security management system headend and power to the majority of existing site cameras. The outcome and recommendation from the system contractor, Capital Major Projects team and TD s is that there is further CCTV system replacement and upgrade of hardware and software work to be undertaken. The existing Security Management Platform (SMP) which is the headend control system is old and not fit for purpose and requires replacement and upgrading. Until the (SMP) headend is replaced, the GF/FF contractor will also be unable to fully install the (124) new site GF/FF scheme CCTV cameras and a 'moderate' risk of future system failure remains until this work is completed. A specification and estimate of cost of a new (SMP) headend has been completed and funding has been approved. Waiting for a contractor to be allocated the work and an installation date to install the SMP system. Following a recent tender process a supplier has been awarded the contract and the work to install the security management platform(headend) is due to commence in November 2024. Security Systems Risk Assessments A rolling programme of security vulnerability risk assessments is being undertaken out at a number of sites that include the suitability, compliance and provision of current CCTV and control of access systems and where systems may require replacing and upgrading or where site system provision is inadequate. Where there is a requirement for replacement/upgrade or additional systems further work is then required with support from Estates and Digital Services to complete the system technical specifications before a statement of need is provided to the Operational Capital Group for replacement or new works and security hardware/software scheme funding.	Health Safety & Fire Sub Committee Quality & Safety Committee Planning, Performance & Finance Committee	16	C4x4	C3x4 12	↔	31.01.2024	23.10.2024	02.12.2024
19	5761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Cross Health Board Data Sharing	IF: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMUHB have asked for alternate options for a quicker solution and timescales to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting.	Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems – this has been an issue for some time. ABUHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by C&V and AB to get the work done. There was a strong commitment from Pan-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting. As of March 2024, the update from DHCW is that they working on delivering the open architecture to support sharing documents and diagnostic results. Update November 2024 - - DHCW have confirmed they are anticipate the work will be undertaken in March next year to resolve this issue. CTM have reiterated the specific issues that need resolving. Risk remains the same until DHCW complete this work.	Quality & Safety Committee Digital & Data Committee	16	C4x4	8 C4xL2	↔	26.04.2024	28.10.2024	01.01.2025
20	5658	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Creating Health Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of Dietetic service provision to Princess of Wales (POW) Critical Care	**If** there is no dietetic service to POW critical care... **Then** this will impact on the safe and effective provision of nutrition and hydration to critically ill patients.. **Resulting in** poorer nutrition provision and increased rated of malnutrition, which in turn lead to increased risk of infection, dependency on mechanical ventilation, poorer patient outcomes, increased length of stay and longer rehabilitation and recovery times following critical care. In addition to increased health utilisation costs, inequity of service provision across CTM critical care units, and non compliance with national standards and guidance as highlighted in critical care peer	At present there is no dietetic provision to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Update October 2024 - The Planned Care - Care Group is currently undertaking a full gap analysis of the ITU service in line with the national ITU standards (GPIC) and will update the risk. No significant incidents of harm have been identified within the service due to the current dietetic position, but that this will be kept under review.	Quality & Safety Committee People & Culture Committee - Workforce aspect	16	C4x4	8 (C4xL2)	↔	19.12.2023	23.09.2024	21.11.2024
21	5646	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	The impact of "Right Care Right Person" approach.	**IF:** South Wales Police (SWP) implement Right Care Right Person. **Then:** In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis or with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S136 Mental Health Act. **Resulting in**: Increased risks to our staff and the people who use our services	Multi-agency planning meetings have been arranged to review policies. This is an emerging picture and one which the Health Board are developing a fuller mitigation against, it is also a picture which has a gradual phased roll out over the next year. Nurse Director for the Care Group will be drafting a report for Operational Management Board later in the month but timelines have not allowed for this at submission to the Organisational Risk Register.	Update October 2024 - Risk reviewed no change Phase 2 commenced 16/09/24 - no significant issues reported. Lunch and Learn sessions completed for Health Board staff. Management of Patients Who Walk out of A Healthcare Setting Policy + Absent Without Leave (AWOL) & Missing Patient Policy MHLD Care Group revised to reflect RCRP. Phase 3+4 due to be implemented Feb 2025.	Quality & Safety Committee Mental Health Act Monitoring Committee	16	C4x4	12 (C3XL4)	↔	08.12.2023	29.10.2024	31.12.2024

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
22	5579	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Head of Nutrition and Dietetics, Therapies, PCH	Creating Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	**If** there is no children and young person's weight management service **Then** the Health Board will be unable to support children and young people to manage their overweight and obesity **Resulting in** non-compliance with national standards and pathways, significant risk to patients with increase in childhood obesity rates, obesity related conditions, healthcare costs and no improvement in the health of the most disadvantaged.	Some Level 1 weight management service exist across the Health Board, namely PIPYN (3-7yrs Merthyr only) and Henry (0-5 CTM wide), these programmes are currently fixed term funded until end March 24. There is no level 2 - multicomponent service or level 3 - specialist MDT service. An option appraisal for the introduction of a children and families weight management service has been undertaken.	Update October 2024: Meeting between DTPS, public health, planning, children and families care groups and growing well strategy leads on 17/10/24. Agreed model of care for CYP WMS and priority areas are level 1 and level 3 for business case. Agreed to develop a phased approach over 3 years. Next steps are wider engagement with care groups and refining the current business case to reflect decisions within the meeting. Business case to be developed for early Q4.	Population Health & Partnerships Committee Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	13.10.2023	24.10.2024	12.12.2024
23	4907	Executive Nurse Director / Deputy Chief Executive	Central Support Function - Quality Governance (Concerns & Claims)	Assistant Director of Concerns and Claims	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Redress cases efficiently and effectively	**If:** The Health Board is unable to meet the demand for the predicted influx of Covid19 related, FLINB Ophthalmology Redress/Claim cases **Then:** the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right. **Resulting in:** Risk to quality and safety of patient care, resulting from poor management of cases. Financial impact to the Health Board from Redress cases which have been poorly managed and consequently proceed to claim.	Controls are in place and include: * Regular reports run on all Redress cases, with monitoring by the Head of Legal Services & Legal Services Manager The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.	Update October 2024: Over the summer, all Redress cases have been reviewed by the senior staff member allocated overtime; with priorities identified for each case. The Legal Services team is currently depleted of staff, by 4 Claims Investigation Officers and 2 Legal Administrative Staff, which is due to sickness levels and members of staff leaving the organisation. This is having an effect on the workload of the Legal Services team. Staff members are being managed and supported appropriately through the Managing Attendance at Work Policy. The recruitment process of staff is also underway and the team are/have temporarily recruited agency staff to address the issues identified above, relating to management of legal cases. The agency staff recruited/to be recruited are: • 2 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of February 2025; • 2 legal agency (solicitors) are being recruited, to cover the immediate gap in case management of Redress and Inquest cases. It is anticipated they will commence in November 2024 – for an initial period of 2 months. Legal cases continue to be monitored and escalated through the weekly Q&S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality & Safety. It is proposed that both Datix ID 4907 & 4908 are amalgamated as one for the next ARC meeting as both the risks relate to Legal Services/Concerns and are of the same nature of risk.	Quality & Safety Committee	16	C4xL4	8 (C4xL2)	↔	02.11.2021	04.11.2024	31.12.2024
24	4908	Executive Nurse Director / Deputy Chief Executive	Central Function - Patient, Care and Safety	Assistant Director Quality & Safety	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Legal cases efficiently and effectively	**If:** The Health Board was unable to sustain ongoing funding for the two temporary Legal Services Officers **Then:** the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right. **Resulting in:** Risk to quality and safety of patient care, resulting from lack of capacity to management cases in a efficient and effective manner, which could result in failure to comply with the WRP procedures resulting in financial penalties	The Health Board are developing an action plan in response to the Welsh Risk Pool review, which includes the reviewing structures and workloads New operating model in respect of quality, safety and governance almost fully implemented. New systems and processes, including escalation, implemented to assist to effectively manage cases. The Assistant Director of Concerns & Claims, Head of Legal Services and Legal Services Manager are all carrying case loads to help mitigate this risk. The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.	Update October 2024: The Legal Services team is currently depleted of staff, by 4 Claims Investigation Officers and 2 Legal Administrative Staff, which is due to sickness levels and members of staff leaving the organisation. This is having an effect on the workload of the Legal Services team. Staff members are being managed and supported appropriately through the Managing Attendance at Work Policy. The recruitment process of staff is also underway and the team are/have temporarily recruited agency staff to address the issues identified above, relating to management of legal cases. The agency staff recruited/to be recruited are: • 2 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of February 2025; • 2 legal agency (solicitors) are being recruited, to cover the immediate gap in the management of legal cases. It is anticipated they will commence in November 2024 – for an initial period of 2 months. Legal cases continue to be monitored and escalated through the weekly Q&S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality & Safety. It is proposed that both Datix ID 4907 & 4908 are amalgamated as one for the next ARC meeting as both the risks relate to Legal Services/Concerns and are of the same nature of risk.	Quality & Safety Committee	16	C4xL4	8 (C4xL2)	↔	02.11.2021	04.11.2024	31.12.2024
30	4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	**If:** the CTMUHB fails to recruit sufficient medical and dental staff. **Then:** the CTMUHB's ability to provide high quality care may be reduced. **Resulting in:** a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Establishment of medical workforce productivity programme • Work to understand workforce establishment vs need • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs -Improving induction and development of new doctors	Update November 2024 - The Critical Incident relating to the POWH Roof has resulted in the MWPP PEG and Framework being stepped down temporarily. The Strategic Workforce Planning Team note that; • Discussions have been ongoing with NWSSP regarding international recruitment and no plans agreed but the prospect of Mental Health recruitment is being followed up for Jan 2025. • Reviewing with the Executive Medical Director the use of Fixed Term Contracts and how we improve the approach and limit risks. •Exploring how we improve attraction for 'hard to fill' posts and more targeted campaigns. • Session booked with MH CG to develop their employee value proposition so that we can advertise with clear messages for internal and external recruits what it is like to work in MH and what we can offer. • In the process of developing a 'once for CTM' job description template. This will go to MWPP Framework for comment and approval – this has been slightly delayed due to POW critical incident. • Working with Retinue to identify costs/savings plans to reduce agency costs and where possible to align to substantive recruitment activity.	Quality & Safety Committee People & Culture Committee	15	C5 x L3	10 (C5xL2)	↔	01.08.2013	31.10.2024	31.12.2024
31	3993	Executive Director of Strategy & Transformation	Central Function - Planning Project Risk	Head of Capital, Strategic and Operational Planning	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Fire Enforcement Notice - POW Theatres.	**IF:** The Health Board fails to meet fire standards required in this area. **Then:** the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised. **Resulting in:** potential harm, risk of fire. Possible further enforcement in the form of prosecution.	Storage room obtained on ward 16 to store theatre equipment to ensure evacuation corridor is kept free for evacuation. Staff training on lift evacuation. Closed storage cupboards purchased for safe storage of equipment. "safe" areas identified with Senior Fire officer for storage of equipment in corridors. Weekly meetings to discuss and plan building work necessary to meet requirements of the enforcement notice. Enforcement notice has been extended to December 2023. A meeting has been arranged with FKS in November with plans with a view to gaining a further extension. Need to plan for drop in theatres to mitigate work commencing	Update November 2024: Following the identification of risks with the hospital roof in POW, the first floor of the Hospital has had to be vacated to allow the remedial roofing works to take place. As a result, this has emptied the Theatre template and will therefore make the current FEN invalid. Discussions are underway with SWF&RS to determine next steps as the intention is to complete all Fire Enforcement Works in this area earlier than scheduled due to area now being unoccupied.	Quality & Safety Committee Health, Safety & Fire Committee	15	C5xL3	8	↔	31.01.2020	04.11.2024	31.01.2025
34	3337 Linked to RTE Risk 4813 and M&C 4817. Also linked to 4804.	Chief Operating Officer Director of Primary Care and Mental Health Services	Central Support Function: Digital & Data Mental Health Care Group	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	~~Lack of a Single Electronic Patient Record in Mental Health Services~~ ~~Use of Connecting Care (previously known as WCCIS) in Mental Health Services~~	**If:** Mental Health Services do not have a single integrated clinical information system that captures all patients details. **Then:** Clinical staff may make a decision based on limited patient information available that could cause harm. **Resulting In**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board. 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTMUHB staff who currently use WCCIS via local authority over to CTMUHB WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new MHLD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update October 2024 - risk reviewed, no change A business case has been put together with another Health Board o bring a single patient record system into the Care Group. The business case has been approved and Welsh Government have agreed funding. A programme board will oversee the implementation.	Quality & Safety Committee	15	C5xL3	6	↔	07.11.2018	29.10.2024	31.12.2024
35	4691 Linked to RTE Risks 4803, 4799, 3273 and 3019.	Chief Operating Officer	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	New Mental Health Unit	**IF**: Mental health inpatient environments fall short of the expected design and standards. **Then**: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. **Resulting in**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation – Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 – 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023	Update March 2024 - Still Awaiting a feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing this at present. No change to risk score at this stage. Update October 2024 - Risk Reviewed no change. Risk will be transferred to new MHLD Service Director when the post holder commences in late November.	Quality & Safety Committee	15	15 (C3xL5)	6 (C3xL2)	↔	15.06.2021	29.10.2024	31.12.2024
36	5820	Executive Director of Public Health	Public Health - Health Protection	Health Protection Team	Improving Care & Creating Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	**IF** as a result of the reduced allocation of Health Protection resource the Health Protection Team has insufficient resources to deliver a safe and sustainable service. **THEN** there may not be sufficient resources to deliver all elements of vaccination and immunisation (which is the first line of defence against infectious disease) in accordance with the NIF. The health board response to infectious disease or environmental hazards will also be significantly hindered and work to address gaps in equity of access will be limited. **RESULTING in** avoidable harm to patients in vulnerable groups and harm to the public as a result of insufficient health protection interventions delivered. This also poses a reputational risk as a consequence	Governance structure agreed in Health Protection. Health Protection Board established. Recruitment underway to Health Protection structure. A series of planning workshops with partners agreed to review resources available, develop Health Protection strategy and highlight ongoing gaps	A workforce structure has been approved by ELG and work to identify gaps is ongoing which will be reviewed once recruitment is complete. Work with partners is ongoing to reduce inefficiencies and develop A collaborative Health Protection (HP) plan based on all resources available to ensure priorities can be clearly defined and delivered. Work with CTM finance is needed to ensure the HB allocation is maximised to support HP priorities. Welsh Government discussions are ongoing with regards to the reduced allocation N/B - Whilst this risk is not scored at a level of 15 and above - the Executive Lead considers this risk to be of a contentious nature that should be escalated to the Board via the Organisational Risk Register. Update November 2024: Risk mitigations and scores reviewed with no change at this stage. This risk will be reviewed in the next 2 months when more recruitment is complete and the Health Protection strategic plan has been circulated more widely. Next review scheduled for the 31.1.2025.	Population Health & Partnerships Committee Quality & Safety Committee	12 Please see note in column J	C4xL3	8 (C4xL2)	↔	01.07.2024	01.11.2024	31.01.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
5730	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	No Health Board MRI Pacemaker Service	IF there is no MRI pacemaker service THEN patients that require urgent imaging for serious conditions e.g. cauda equina, stroke and Unscheduled Care can not be imaged using the appropriate modality RESULTING IN poor patient outcomes, (life limiting conditions where alternative imaging (CT,US does not answer the clinical question)	Care Group director discussing situation with cardiac team to resource and support this service provision. Escalation to Clinical and Medical Directors as appropriate. Prince Charles Hospital site will offer the service as cardiac physiologist available.	Pacing defib to be purchased - Capital Statement of Need ongoing. Update August 2024 - Defibrillator ordered and should be arriving w/c 26th August 2024. DTPS Care Group have been working on a new policy to allow Patients with a Conditional Cardiac Implantable device to access MRI scans in CTM (which will initially be at Prince Charles Hospital) . This has required considerable work between Radiology, Cardiology and Cardiac Physiology Teams. Care Group Medical Director has been chair of this working group. DTPS Care Group have now pulled together a policy document which is just being finalised with support and help from the appropriate teams. As soon as the defibrillator arrives they will be planning to run the service at PCH within the next fortnight on Monday, Wednesday and Friday afternoons with support of Cardiac Physiology, Cardiologist and Radiology. Whilst they have not had the service consultant Radiologist input has been given to suggest other imaging options. No Harm has been recorded to patients as a result of not having this service at present. Update November 2024 - Update November 2024 - The current service set up the only accepts USC outpatients due to the service only being funded for 3 afternoons per week on one site. There is an ongoing need to expand this service to another site and to allow booking of urgent patients. Ongoing discussions around expansion and funding to accommodate this.	Planning, Performance & Finance Committee Quality & Safety Committee	9 Risk Score reduced from a 16	4	The risk score has been reduced as the MRI service for patients with pacemakers now in place at PCH but limited and does involve transporting patients when service is required. This risk will continue to be managed by the DTPS Care Group.
4152	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Back log for Imaging in all modalities / areas and reduced capacity	**If:** there is a backlog of imaging and reduced capacity **Then:** waiting lists will continue to increase. **Resulting in** delay and diagnosis and treatment. Due to the Covid-19 outbreak, all routine imaging has stopped and there is reduced capacity for imaging of USC sand Urgent patients.	Due to the Covid-19 outbreak, all routine imaging was curtailed in line with recommendation for the lockdown periods, resulting in reduced capacity for imaging of Urgent Suspected Cancer (USC) and Urgent patients. It is likely to take many months or even years to get back to a pre-Covid state without additional planned care recovery financial support. However, the Welsh Government (WG) target is to return within the 8-week standard for all patients by March 2024. Cancer waits have been prioritised and are now being undertaken within around 2 weeks with the exception of CT scans which are still around 4 weeks at present.	Update November 2024 - Risk reduced at present as non recurrent Schemes in place which have brought NOUS, MRI and now CT with additional capacity being delivered/ This is dynamic and may increase the risk again when the schemes stop if capacity does not meet demand.	Quality & Safety Committee	12 Risk Score reduced from a 16	4	Update November 2024 - Risk reduced at present as non recurrent Schemes in place which have brought NOUS, MRI and now CT with additional capacity being delivered/ This is dynamic and may increase the risk again when the schemes stop if capacity does not meet demand. This risk will continue to be managed by the DTPS Care Group.
5755	Chief Operating Officer	Improving Care	Environment /Estate/ Infrastructure	Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit	**If** the Air handling unit or the electrical system backups fail for the labour ward and neonatal unit template in POW. **Then** we do not have assurance that our backup systems will maintain critical equipment including ventilators, anaesthetic machines, pumps etc. and key life preserving equipment during clinical procedures. **Resulting in** harm to patients and potential for life changing consequences for mothers and babies.	All equipment is being assessed for battery backup. Emergency scenario planning will be arranged with Strategy team as a priority. A Project plan is in place with support from Corporate Planning. Weekly planning meetings held with teams and external stakeholders including WAST, JSS, Network. Neighbouring Health Boards have been informed, meetings between Care Groups arranged. FAQs to staff are out, one to one meetings with affected colleagues taking place, meetings with community midwives / ANC staff underway. FAQs external to women and birthing people are out, drop in sessions underway for any one with any concerns.	Service Director for Children and Family Care Group has confirmed that they now know through the project and deeper assessment of the equipment batteries that they will sustain power for a minimum of 2 hours to give time for emergency electrician to attend. Since the risk was added the Care Group have looked at their contingency plans which currently now would lessen the consequence and impact of the risk as well as the likelihood of occurrence. The Care Group did not have confirmation of these points when the risk was first assessed. On this basis they would reduce the consequence score to 4 from a 5 in terms of the target score. This update will be reflected in the September iteration of the Organisational Risk Register. Risk reviewed and with work underway and the areas decommissioned whilst this is concluded the risk has reduced significantly.	Planning, Performance & Finance Committee Quality & Safety Committee	4 Risk Score reduced from a 16	2	Risk reviewed and with work underway and the areas decommissioned whilst this is concluded the risk has reduced significantly. Weekly meetings continue with all stakeholders are scheduled to review all risks associated with the closure. Risk deescalated as a result of the remedial action underway. This risk will continue to be managed by the DTPS Care Group.
2808	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Waiting Times/Performance: ND Team	IF: The Neurodevelopment service does not have capacity to achieve the WG assessment target (80% of assessments to commence within 26 weeks of referral) and to follow up patients in a timely way, due to demand exceeding capacity Then: Patients will wait excessive periods to reach a diagnosis and children on medication that require titration and monitoring may not be able to be seen within the appropriate timeframes Resulting in: Delays in appropriate treatments being commenced, delays in accessing support e.g. in school following a diagnosis, delay in being effectively titrated, risks associated with delays in medication monitoring	3.5 wte AHP/Nurses successfully appointed, starting June/July 2024 Demand and capacity modelling completed. Merging of Community and ND waiting lists to enhance capacity has taken place. Capacity available should meet demand following 3.5 wte commencing in post. However, this does not account for the average 20% increase in referrals accepted each year. This also doesn't address the backlog of patients already on W/L. (SBAR developed and presented at OMB seeking 2.0 wte B7 AHP for 2 years to clear backlog. SBAR also submitted for PCR monies) NDIP funding for 24/25 awaiting final agreement (funds to include WLI clinics, additional overtime for A4C staff, medicine costs and ADOS training).	Update August 2024 - Risk reviewed and currently remains at 15. Additional staff have been recruited as part of the Neurodevelopment improvement plan (WG funded), however, from September onward the capacity will meet the current demand. Backlog clearance plans will help us start reducing to below 104 weeks by end of March 2025. Risk will be reviewed again at end of October to update risk score. Update November 2024 - Waiting lists are being managed and reported regularly through the care group OMB and ND improvement board and reported nationally. The team are doing everything within their capability to deliver improvements and are with Welsh Gov support showing an improved trajectory to March 2025.	Quality & Safety Committee	12 Risk Score reduced from a 16	6	Risk reviewed - waiting lists are being managed and reported regularly through the care group OMB and ND improvement board and reported nationally. The team are doing everything within their capability to deliver improvements and are with Welsh Gov support showing an improved trajectory to March 2025. Due to the improved trajectory the likelihood score has been reduced. This risk will continue to be managed by the DTPS Care Group.

	A	B	C	D	E	F	G	H	I	J	K
1	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	No risks proposed for closure from the Organisational Risk Register this period.										

Agenda Item
6.2

Quality & Safety Committee

HMP Parc and Young Persons Unit - A Year on

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Steffan Gwynne, Directorate Manger, Prison Healthcare
Cyflwynydd yr Adroddiad / Report Presenter	Lucie Williams, Nurse Director, Primary Care & Community Services Care Group
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Prison Healthcare SMT Meeting	02/09/2024	Approved

Acronyms / Glossary of Terms	
ACCT	Assessment, Care in Custody and Teamwork
AMAT	Audit Management and Tracking
BBV	Blood Borne Virus
BCBC	Bridgend County Borough Council
CAMHS	Child and adolescent mental health services
DIC	Death in Custody
ESR	Electronic Staff Record
HCSW	Healthcare Support Worker
HIW	Healthcare Inspectorate Wales
HMP	His Majesty's Prison
HMPPS	His Majesty's Prison and Probation Service
HSCNA	Health and Social Care Needs Assessment
IPC	Infection Prevention and Control

PDR	Personal Development Review
PPO	Prison and Probation Ombudsman
SWP	South Wales Police
TUPE	Transfer of Undertakings (Protection of Employment)
VP	Vulnerable prisoner
YPU	Young Persons Unit

1. Situation /Background

1.1 This report outlines the progress made with providing health care services within the prison since the 15th December 2022. It evaluates service delivery, key achievements to date and future recommendations aimed at enhancing the quality of care for prisoners.

1.2 Located in Bridgend, Parc was the first prison to be built in the UK under the private finance initiative and opened in November 1997. Parc is a Category B prison that holds a complex population including children aged 15–17 years, young adults, life-sentenced prisoners and those who have committed sexual offences.

1.3 The prison has an operational capacity of circa 1,810 prisoners, this represents a 6% increase in the prison population over the last 12 months. A comparison in the turnover of prisoners being admitted to Parc for April 2023 and April 2024 shows an increase in activity of 50%.

1.4 The prison population is split into three main areas:

- Main Prison;
- YPU Unit – 60 spaces dedicated to children and young people;
- VP Unit – for those on remand or convicted of sexual offences;

1.5 G4S was awarded a 10 year manage and maintain contract for Parc in June 2022, which includes the day-to-day operational management of the prison. CTMUHB have been the providers of primary healthcare since the 15th December 2022 following a change from G4S Health as the existing health care providers.

2. Specific Matters for Consideration

2.1 CTMUHB will aim to deliver high quality, safe, effective and patient centred care, offering broadly equivalent service access to that which is available to our patients in the community, whilst operating within the constraints and restrictions associated within a secure establishment.

2.2 Service Delivery

2.3 Since the initiation of CTMUHB led health care services within the prison, the focus has been on developing a comprehensive health care program designed to meet the physical and mental health needs of the prisoner population. Key services implemented include:

2.4 General medical services that provide all aspects of care including referral, assessment, diagnosis and treatment. The primary care nursing and pharmacy services also support the delivery of general medical services within the prison;

2.5 Nurse led community based clinics providing ongoing services for those prisoners with chronic illnesses. In addition to local services, the prisoners have access to local specialist community services e.g. palliative care services;

2.6 Pharmacy services are provided from the onsite pharmacy dispensary, on the wings, and within the healthcare setting. All prescriptions are clinically screened by a pharmacist and medications are dispensed both in possession and not in possession, as appropriate, for the prisoners. The pharmacy team also process and supply stock medication;

2.7 The pharmacy team provide advice and support regarding medication management to prisoners and the wider multi-disciplinary team as well as providing support to the drug testing team, processing prescription requests from prisoners, managing the pharmacy shop, and communicating with community teams and/or other prison estates to support transfers and releases;

2.8 Psychological assessments, crisis intervention, and ongoing therapy for the prisoners with mental health and learning disability issues are provided jointly via the primary care nursing team and by the mental health in-reach services;

2.9 CAMHS support is provided to meet the emotional and mental health needs of all the children accommodated on the YPU Unit, it is delivered via the main CAMHS service within secondary care;

2.10 The health care team provide integrated clinical and psychosocial services, in conjunction with Dyfodol (a specialist substance misuse service); to support the rehabilitation of drug and alcohol users.

2.11 An onsite general dental and optometric service provides all aspects of care including assessment, advice, treatment, referral, and discharge;

2.12 Working with the main prison operator, the health care team will advise on operational risk assessments (e.g. cell sharing) and undertake a medical screening to assess the prisoners fitness to transfer;

2.13 The health care team will attend all new ACCT reviews for all prisoners who are identified as being at risk of suicide or self-harm.

2.14 In addition, the healthcare team will advise on the suitability of prisoners transfer into the Care and Support Unit (Segregation) and complete an appropriate clinical review within two hours of the prisoner's transfer (when the health team are on duty). An appropriate clinician will have daily contact with a prisoner to continually assess their health and wellbeing;

2.15 An unscheduled care service is also provided with a response nurse available at all times. The health care team will respond to emergency requests for clinical assistance and assess whether the prisoner needs an emergency transfer to hospital;

2.16 The health care team will undergo a medical assessment of all admissions to the prison (including those returning from court, hospital visits and transfers) to assess their physical and mental health needs at the time and to determine whether there are any clinical needs that require review;

2.17 Discharge planning is undertaken by the healthcare team for all prisoners released from the prison, including those attending court or being transferred to another establishment;

2.18 The healthcare team work in partnership with Public Health Wales and the Health Promotion team in relation to prevention, education opportunities are explored to raise awareness about personal health, hygiene and chronic disease management.

2.19 Key achievements

2.20 In order to provide the services within the prison, the following achievements have been accomplished since CTMUHB have provided the health care provision:

2.21 Workforce Improvements

2.22 An extensive TUPE programme, working alongside People Services colleagues, to ensure that all G4S Health staff were provided with suitable CTMUHB job descriptions and terms and conditions. In addition, the All Wales nursing uniforms were provided across the clinical teams;

2.23 The identification of the need to further improve the services provided within the prison with the appointment of key leadership roles, namely the Principal Pharmacist and Clinical Lead Nurse Manager. In addition to this, following completion of PDRs, the roles and responsibilities for the four Nurse Team Leaders were agreed and put in place;

2.24 A review of all staffing rosters across nursing and pharmacy (and the introduction of HealthRoster) was undertaken to ensure safe staffing levels are delivered where possible and compliance with the roster policy;

2.25 A HCSW competencies framework has been introduced, which has enabled additional HCSW services which were previously undertaken by the registered nurses;

2.26 As of 1st July 2024, a Prison Healthcare Directorate has been established within the Primary Care and Community Services Care Group. The new directorate, structure at *Appendix A*, with a dedicated Directorate Manager and Lead Nurse, will provide appropriate management support for the clinical team (in line with other prison establishments) and strengthen the partnership working with HMPPS and G4S to improve the services provided within the prison.

2.27 A dedicated governance manager has been employed to support the team and provide oversight to the senior leadership team of all governance risk and issues.

2.28 All staff added to ESR and provided access to all mandatory and statutory training opportunities in line with all CTMUHB staff;

2.29 Improved Governance Arrangements

2.30 As part of the change in health provision, CTMUHB has introduced the Quality framework into the prison including the Duty of Candour, rapid review meeting, Putting Things Right guidelines for concerns and incident reporting using the All-Wales Datix reporting system. As part of the ongoing continuous improvement work, a weekly Datix incident scrutiny panel has been introduced so that themes and trends are understood and actions are agreed for further improvement.

2.31 In line with CTMUHB processes, documentation, IPC and standards of care audits are now being reported via AMAT.

2.32 In the event of a Death in Custody (DIC), the health care team take appropriate action following the incident, which includes a rapid review and action plan, if appropriate. The health care team support and provide evidence for all HIW and PPO reports following the DIC. This process has been reviewed and each action plan is shared and adopted by the Health Board.

2.33 Monthly multi agency safeguarding meetings have been established with representation from Health, G4S, BCBC and other interested parties (e.g. SWP) to ensure that safeguarding processes are reviewed and improved.

2.34 An ongoing review of the governance arrangements are in place including the introduction of new terms of references and attendance for key meetings such as the Prison Healthcare Operational Group, the Prison Healthcare Assurance Board and the HMP/YPU Parc Partnership Boards.

2.35 Due to the fact the pharmacy dispensary holds stock controlled drugs, a review of all controlled drug processes was required to ensure that the Home Office licence was granted in order that stock controlled drugs could be held and processed onsite. The first licence under CTMUHB was secured in February 2023 and the licence was successfully renewed in early 2024.

2.36 There are weekly governance meetings with the senior leadership team and quality and safety leads to ensure all aspects of governance are monitored.

2.37 Improved Service Provision

2.38 As part of the ongoing work to reduce unnecessary officer escorts or time outside of the prison, the health care team have agreed pathways with secondary care services to utilise in-reach services and provide onsite clinics where possible. To date, sexual health now provide services on site alongside existing services such as physiotherapy and podiatry. In addition to this, the diabetes team undertook clinics on site whilst providing training to the practice nurses who now provide an in-house service.

2.39 The health care team have also invited services into the prison to review services so that new pathways can be developed. At present, the team are working through action plans following visits from the tissue viability nurse and resuscitation teams. In addition to

this, the health care team are working with the BBV Project team as part of the WHO target to eliminate hepatitis B and C as a public health threat by 2030, with the aim to offer all prisoners testing and treatment where appropriate.

2.40 In addition to links with clinical services, the ability to link in with corporate services have identified and improved services for both staff and prisoners at Parc. Recent visits and inspections by the Health & Safety Coordinator has enabled improvements such as the action cards to be used when prisoners attend the Princess of Wales Hospital.

2.41 In addition to improvement in service provision, within the constraints of the prison regime health promotion events are held. A recent example was the over 55 year old event that brought together health professionals, community organisations, and prisoners aged 55 and above to foster an environment of health awareness and education. The event had various interactive sessions that focused on vital health topics such as nutrition, chronic disease management, mental health resources, and physical activity tailored for older adults.

2.42 As part of the health service model review, a Health and Social Care Needs Assessment (HSCNA) has been commissioned to better understand the health needs of the resident population in Parc and to assess the extent to which the current need and demand for health and social care in the prison establishment were being met. The HSCNA is due to be published in October 2024 and an action plan for improvements required will be developed as a result.

3. Key Risks / Matters for Escalation

3.1 Following the progress made, there remains challenges:

3.2 Staffing Shortages: difficulty in recruiting and retaining qualified personnel has constrained our ability to meet the increasing healthcare demands and increased the use of bank and agency staff to maintain safety within the prison;

3.3 Prison operational staffing challenges: any fluctuations in operational staffing levels and resulting regime changes, can pose challenges to health care resource allocation and service delivery;

3.4 Integration of health services: whilst various services have been established, efforts to integrate them into a cohesive health care strategy continue to require attention.

3.5 Prison estate issues: navigating the physical environment of the facility can pose barriers for staff to provide health care. The need for appropriate and increased space requirements with suitable IT and network capabilities can restrict service expansion and improvement.

3.6 Changes to prison demographics/provision: currently the health care team are reviewing service provision to adapt to legislation changes (reduction of standard determinate sentences from 50% of their sentence to 40%) and requests from HMPPS to change the proportion of the prisoners who are housed in Parc. These imposed changes have a huge effect on the staffing models and service provision.

All of the above challenges are monitored and managed through the appropriate governance/assurance meetings.

3.7 Future Developments:

3.8 To continue enhancing healthcare services in Parc, the following developments are proposed:

3.9 Staff Recruitment and Training: increase efforts to recruit additional health care staff and provide ongoing training to current staff focused on the different elements of prison health care. Discussions have commenced with the Clinical Director for ED regarding the possibility of developing a bespoke training programme to enable staff to treat more prisoners on site and reduce the need to transfer to an emergency department;

3.10 Staffing Model: as part of the HSCNA and in response to the DIC action plans, a review of the current staffing model is underway to review the nursing and pharmacy staffing model provided at the prison;

3.11 Integrated Services: to develop a coordinated care model that integrates mental health, neurodiversity and substance misuse programs to provide holistic treatment for prisoners. A review of how secondary care services are provided within the prison is underway to understand the use of remote clinics and assess potential for further in-reach services.

3.12 Continuous Improvement Plans: regularly evaluate healthcare outcomes and processes to identify opportunities for further enhancements and ensure compliance with health care standards. The pharmacy team are in process of working with iCTM to review current practices and to identify possible changes that will improve the staff experience whilst reducing errors and incidents as part of the medication hatch review;

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Ageing well, Dying well, Growing well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales A healthier Wales
Dolen i Hwyluswyr Ansawdd	Learning, Improvement & Research

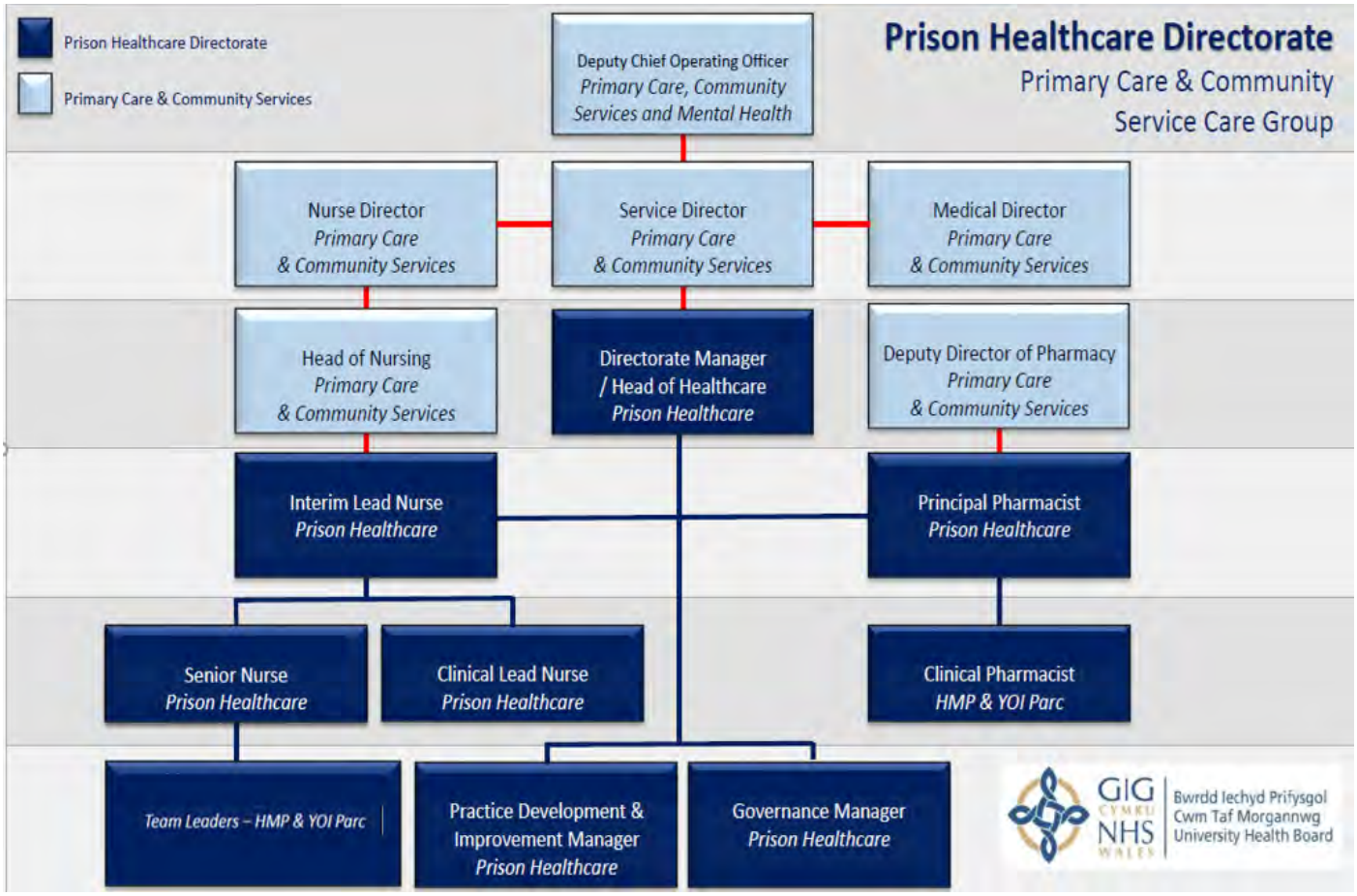
(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	If more than one applies please list below: Culture and valuing people Data to knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* Link to Domains of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Equitable
	If more than one applies please list below: Safe, Timely, Person Centred, Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: *Position paper – no changes suggested at present*
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: *Position paper – no changes suggested at present*
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Quality & Safety Committee is asked to NOTE the report.

Appendix A


Prison Healthcare Directorate
Primary Care & Community Services
Deputy Chief Operating Officer
Primary Care, Community Services and Mental Health
Prison Healthcare Directorate
Primary Care & Community Service Care Group
Nurse Director
Primary Care & Community Services
Service Director
Primary Care & Community Services
Medical Director
Primary Care & Community Services
Head of Nursing
Primary Care & Community Services
Directorate Manager / Head of Healthcare
Prison Healthcare
Deputy Director of Pharmacy
Primary Care & Community Services
Interim Lead Nurse
Prison Healthcare
Principal Pharmacist
Prison Healthcare
Senior Nurse
Prison Healthcare
Clinical Lead Nurse
Prison Healthcare
Clinical Pharmacist
HMP & YOI Parc
Team Leaders – HMP & YOI Parc
Practice Development & Improvement Manager
Prison Healthcare
Governance Manager
Prison Healthcare
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
6.3

Quality & Safety Committee

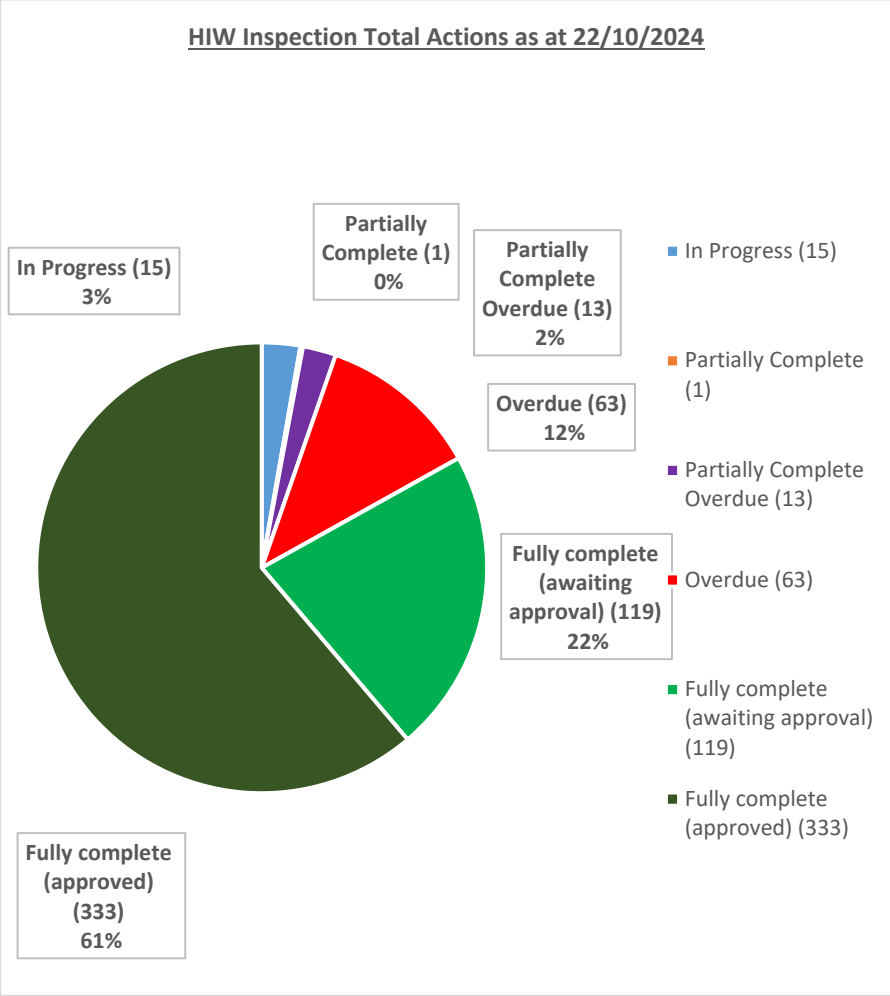
HEALTHCARE INSPECTORATE WALES IMPROVEMENT PLAN TRACKER REPORT SEPTEMBER 2024

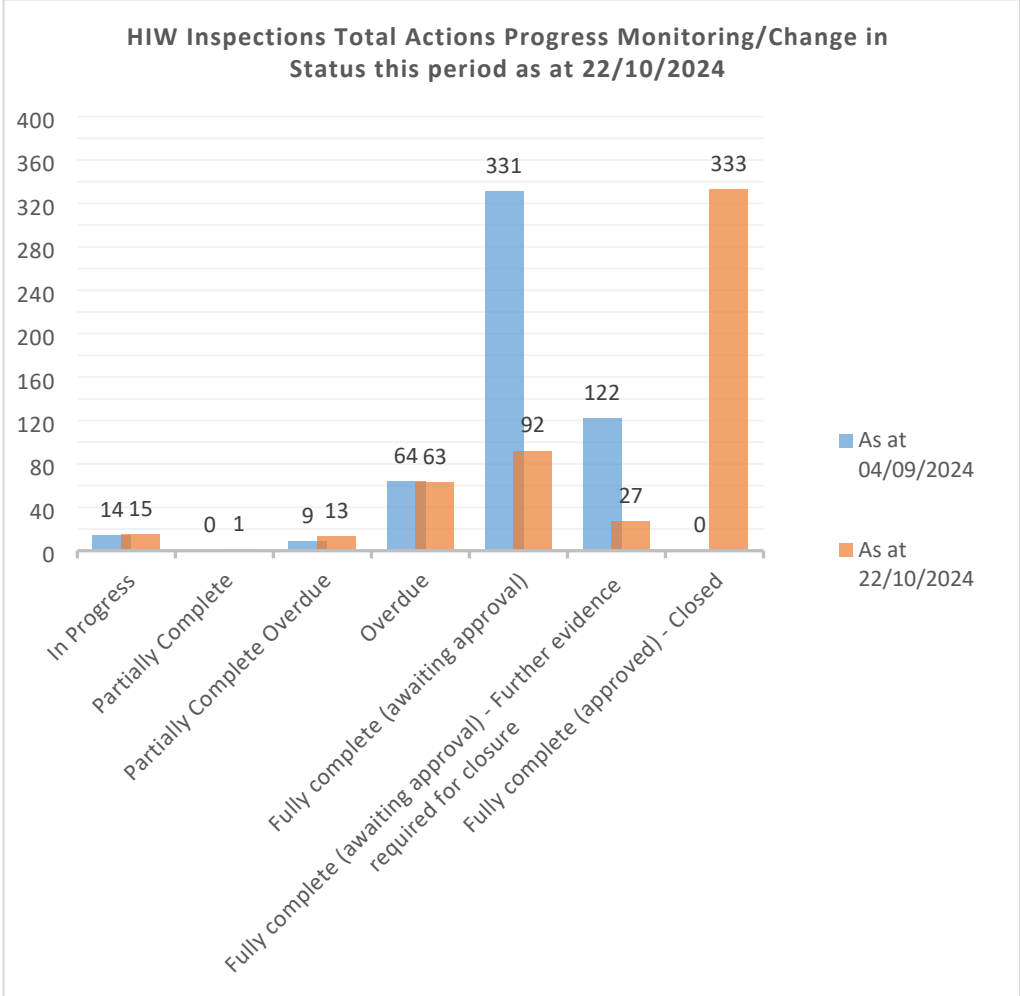
Dyddiad y Cyfarfod / Date of Meeting	19th November 2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire Brown- Head of Quality Assurance and Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

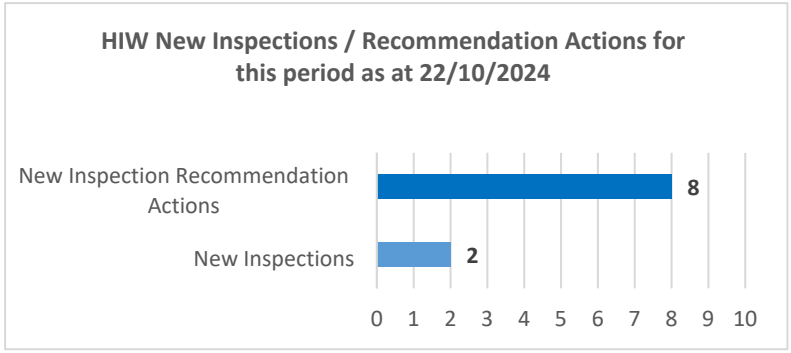
Pwrpas yr Adroddiad / Report Purpose	For Noting

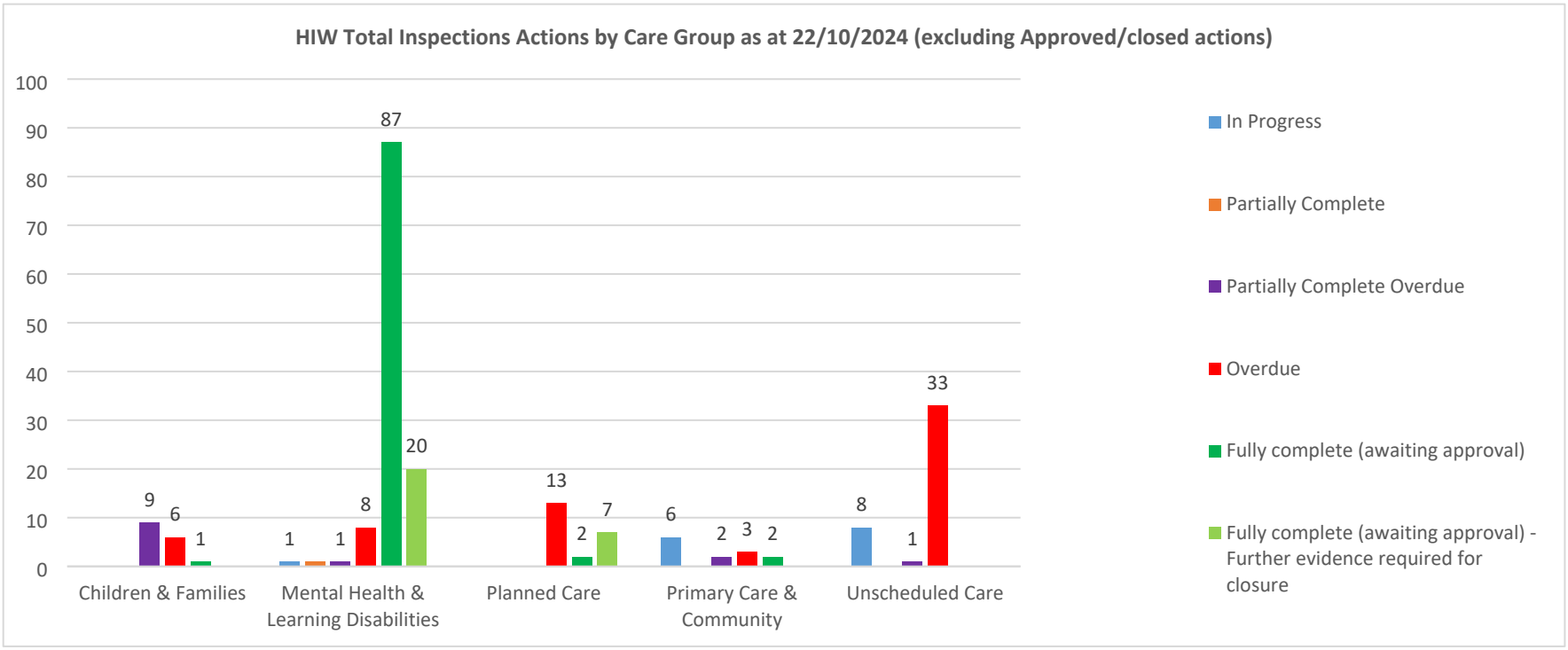
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
HIW	Healthcare Inspectorate Wales
AMaT	Audit Management and Tracking


HIW Inspection Total Actions as at 22/10/2024
In Progress (15) 3%
Partially Complete (1) 0%
Partially Complete Overdue (13) 2%
Overdue (63) 12%
Fully complete (awaiting approval) (119) 22%
Fully complete (approved) (333) 61%
In Progress (15)
Partially Complete (1)
Partially Complete Overdue (13)
Overdue (63)
Fully complete (awaiting approval) (119)
Fully complete (approved) (333)


HIW Inspections Total Actions Progress Monitoring/Change in Status this period as at 22/10/2024
400
360
320
280
240
200
160
120
80
40
0
14 15
0 1
9 13
64 63
331 92
122 27
0 333
In Progress
Partially Complete
Partially Complete Overdue
Overdue
Fully complete (awaiting approval)
Fully complete (awaiting approval) - Further evidence required for closure
Fully complete (approved) - Closed
As at 04/09/2024
As at 22/10/2024


HIW New Inspections / Recommendation Actions for this period as at 22/10/2024
New Inspection Recommendation Actions
8
New Inspections
2
0 1 2 3 4 5 6 7 8 9 10


HIW Total Inspections Actions by Care Group as at 22/10/2024 (excluding Approved/closed actions)
100
90
80
70
60
50
40
30
20
10
0
9
6
1
1
1
8
87
20
13
2
7
6
2
3
2
8
1
33
Children & Families
Mental Health & Learning Disabilities
Planned Care
Primary Care & Community
Unscheduled Care
In Progress
Partially Complete
Partially Complete Overdue
Overdue
Fully complete (awaiting approval)
Fully complete (awaiting approval) - Further evidence required for closure

1. Situation /Background

1.1 The purpose of this report is to update the Quality & Safety Committee on progress against the open actions held on the Healthcare Inspectorate Wales (HIW) tracker of the accepted improvement plan(s) submitted to HIW following their Inspection(s) across the organisation for the timeframe from 5th September to 22nd October 2024.

1.2 All open and live HIW inspection improvement plans are now recorded on AMaT however due to areas requiring further development within the system there is still a significant element of manual inputting of Data in order to present this report. The request for system changes to support the use of AMaT to track and manage improvement plans for HIW have been submitted to the AMaT team and are in the process of being developed. Work is needed in terms of system development and also in collaboration with each Care Group to cleanse the data contained within the Tracker.

1.3 The Assistant Director of Governance & Risk met with each Care Groups during August and it has been agreed that Care Groups will transition to using the AMaT system for reporting following the September submission. Following the September submission, the Head of Quality Assurance and Compliance offered support to Care Group Leads to facilitate independent inputting of updates into AMaT. Some positive progress has been made, particularly in the Mental Health and Learning Disabilities Care group in providing further evidence to provide assurance to support the full closure of historic Inspection Actions.

2. Specific Matters for Consideration

2.1 The HIW tracker continues to be a live document and each iteration evolves as actions are completed or the date surpasses as well as following the submission and acceptance by HIW of new inspection improvement plans. Therefore, members will note some changes and progress on the actions which remain as open as they transition to closed/completed actions throughout this and future reports.

2.2 Care Groups are responsible for providing regular updates on the improvement plans within their care group portfolios in order that the tracker can remain live and up to date ensuring all actions are completed in a timely manner. Reminders are sent out in advance of reporting deadlines to encourage and request further updates from Care Groups. There has been a notable improvement in engagement from leads to close long-standing inspection actions that required further evidence to support the governance and assurance of inspections. Engagement across care groups

following the on-going critical incident has, understandably been reduced with all Care Groups providing assistance and management of patient movement across the Health Board. Further encouragement and engagement support will be offered in the coming weeks to ensure each Care Group continues to use AMaT to update and evidence the completion of their Inspections Actions.

2.3 As previously described, a data cleanse has commenced of the inspections and actions in an attempt to remove completed historic actions as well as review actions that may again be historic but not measurable or attainable. There has been significant engagement by the relevant Care Groups to provide evidence in support of fully closing these outstanding actions down as reflected in the dashboard graphs at the beginning of this report.

In the Mental Health and Learning Disability Care Group on-going work has enabled the Quality Assurance and Compliance team to document sufficient evidence supporting the closure of a large number of out-standing actions which will be reflected in the next report if approved.

2.4 A breakdown of the status position with regards to all actions up to the 22nd October 2024 is detailed below.

- A total of 544 actions are reported with a further breakdown of the stages towards compliance reported in *table 1* located in the dashboard at the beginning of this report.

2.5 New Inspections / Actions

- There were 2 new Improvement Plans and 8 actions added this period.

2.6 Healthcare Inspectorate Wales request regular three-monthly updates on all improvement plans where ongoing or outstanding actions remain following the initial submission of the improvement plan, these are updated by the responsible Care Group and submitted to HIW following Executive Director Review and sign off.

3. Key Risks / Matters for Escalation

3.1 As outlined above, the HIW actions tracker will continue to be updated with a targeted focus on actions where the action agreed due by date has passed or no update has been received. Cleanse of the trackers will continue in order to update and remove historic actions and complete out of date actions however this work has already taken a substantial step forward in

the past month due to ongoing engagement with nominated Care Group leads.

3.2 Where actions are reported as complete/closed the Care Groups are responsible for ensuring the supporting evidence is available to support the closure and completeness of such actions. The introduction of the Audit Management and Tracking system (AMaT), whereby Care Groups are able to update independently directly into the system will support a more effective and efficient process by which the reviews can be updated.

3.3 Ongoing AMaT system developments and requests are continuing in order to deliver a system and process that is required for improved governance. Some small system changes have been completed by the developers which is allowing the team to further adapt the way we capture and analyse the data.

3.4 Continued engagement is required from Care Groups to continue to update and cleanse the current and historic Inspection actions to make analysis more meaningful. The on-going critical incident has understandably been the priority of Care Group leads during the past few weeks, however moving forward the team will continue to work with Care Groups to continue to evidence the hard work on-going to complete outstanding actions and provide sufficient assurance.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-acten.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory*	Whole-systems Perspective
	If more than one applies please list below:

Guidance (gov.wales))	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Efficient, Equitable, Safe, Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Quality & Safety Committee are asked to NOTE the contents of this report and the activity underway to progress the actions outstanding and ongoing within the improvement plans across the Health Board following HIW Inspections.

6. Next Steps

6.1 The Head of Quality Assurance and Compliance will continue to work with Care Group Leads in order to cleanse and update the tracker independently and streamline the process. Leads will also shortly be receiving a plan for the year moving forward which will outline the update submission deadline dates for each Quality and Safety committee meeting. This will allow a transparent observation and analysis of the process allowing a better understanding of the timelines needed and allow a more organised and systematic approach to the process.

Code	Title	Date of Inspection	Care Group	DoN Lead	Recommendations	Actions
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197	HMP Parc Prison - DIC (Case Reference: CA 09791/CRM0006681)	14.08.2024	Primary Care & Community	Lucie Williams, Nurse Director	3	3
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	HMP Parc Prison - DIC (Case Reference: RD 06379/CRM0006682)	14.08.2024	Primary Care & Community	Lucie Williams, Nurse Director	5	5
Healthcare Inspectorate Wales (HIW)/2017/141	National review of Ophthalmology Services - report published 2017 - 1st update submitted 2019-follow up update submitted December 2022	30.01.2017	Planned Care	Sharon O'Brien, Nurse Director	22	22
Healthcare Inspectorate Wales (HIW)/2020/139	Quality Check Summary Ysbyty Cwm Rhondda [Ysbyty Cwm Rhondda - Ward A1 (Ref: 20030)]	08.09.2020	Primary Care & Community	Lucie Williams, Nurse Director	2	2
Healthcare Inspectorate Wales (HIW)/2021/135	Quality Check Summary Seren Ward, Royal Glamorgan Hospital [Improvement plan - Seren Ward - Royal Glamorgan Hospital (Ref: 20090)]	20.04.2021	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	1	1
Healthcare Inspectorate Wales (HIW)/2021/137	National Review of Mental Health Crisis Prevention in the Community	30.06.2021	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	17	18
Healthcare Inspectorate Wales (HIW)/2021/138	Quality Check Summary Pinewood House [Pinewood House - Quality Check]	20.07.2021	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	2	2
Healthcare Inspectorate Wales (HIW)/2022/129	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital [HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189)]	01.11.2022	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	6	10
Healthcare Inspectorate Wales (HIW)/2022/131	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services [Appendix C - POW Maternity Unit (Ref: 21233)]	22.03.2022	Children & Families	Suzanne Hardacre, Director of Midwifery	7	7
Healthcare Inspectorate Wales (HIW)/2022/133	Hospital Inspection Report (Unannounced) Emergency Department, Princess of Wales Hospital [Appendix A - Immediate Improvement Plan - Princess of Wales Emergency Department (Ref: 3326)]	17.10.2022	Unscheduled Care	Emma James, Nurse Director	1	2
Healthcare Inspectorate Wales (HIW)/2022/36	Hospital Inspection Report (Unannounced) Angelton Clinic, Glanrhyd Hospital [Improvement plan Service Angelton Clinic – Glanrhyd Hospital (Ref: 3171)]	14.11.2022	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	5	5
Healthcare Inspectorate Wales (HIW)/2023/130	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	07.03.2023	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	39	180
Healthcare Inspectorate Wales (HIW)/2023/134	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital [Appendix A - Immediate Improvement Plan - PCH, E Dept & C D Unit - 31 July 01 & 02 August 2023 (Ref: 3399)]	31.07.2023	Unscheduled Care	Emma James, Nurse Director	2	2
Healthcare Inspectorate Wales (HIW)/2023/140	HMP Parc Prison	16.05.2023	Primary Care & Community	Lucie Williams, Nurse Director	7	7
Healthcare Inspectorate Wales (HIW)/2023/155	National Review of Patient Flow - a journey through the stroke pathway	07.09.2023	Unscheduled Care	Emma James, Nurse Director	50	50
Healthcare Inspectorate Wales (HIW)/2023/156	Hospital Inspection Report (Unannounced) Paediatric Ward, Princess of Wales Hospital [Appendix C - Princess of Wales Hospital, Paediatric Ward 25 & 26 September 2023 (Ref: 03421)]	25.09.2023	Children & Families	Suzanne Hardacre, Director of Midwifery	2	2
Healthcare Inspectorate Wales (HIW)/2023/157	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	13.11.2023	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	25	26
Healthcare Inspectorate Wales (HIW)/2023/158	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	20.11.2023	Mental Health & Learning Disabilities	Ana Llewelyn, Nurse Director	19	19
Healthcare Inspectorate Wales (HIW)/2023/167	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	31.07.2023	Unscheduled Care	Emma James, Nurse Director	31	36
Healthcare Inspectorate Wales (HIW)/2024/165	Appendix A Immediate Improvement Plan_PCH Maternity Unit 9-11 January 2024 (ref: 03600)	09.01.2024	Children & Families	Suzanne Hardacre, Director of Midwifery	2	27
Healthcare Inspectorate Wales (HIW)/2024/166	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	09.01.2024	Children & Families	Suzanne Hardacre, Director of Midwifery	14	36
Healthcare Inspectorate Wales (HIW)/2024/184	Appendix A - Ysbyty Cwm Rhondda Ward B2 (Ref: 03467)	11.04.2024	Primary Care & Community	Lucie Williams, Nurse Director	3	3

Actions - Status Key

In progress	**Inspection action is in the process of being completed and has not yet reached the deadline.**
Partially complete	**Inspection action is in progress and some of the recommendations have been completed. The deadline has not yet been reached.**
Partially complete (Overdue)	**Inspection action is in progress and some of the recommendations have been met. The deadline has been reached and is now overdue.**
Overdue	**Inspection action deadline has been reached and no recommendations have been completed.**
Fully complete (Awaiting approval)	**Inspection actions have been fully completed and are waiting to be approved to be closed.**
Fully complete (Awaiting approval) - Further Evidence Required	**Inspection actions are considered to be fully completed and are waiting to be approved to be closed, however, as part of the data cleansing exercise it has been identified that further information/evidence is requried to complete closure eg the date of QSRE approval.**

Inspection Code	Date of Inspection	Inspection Title	Recommendation	Reference Number	Action	Care Group	Original Due Date	Current / Revised Due Date	Progress Status	Comments/Updates
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197	14.08.2024	HMP Parc Prison - DIC (Case Reference: 09791/CRM0006681)	Reception screening for any prisoner with known risks such as significant medical history or substance misuse is undertaken by a qualified nurse, to ensure that any concerns regarding health or risks are recognised and acted upon. Entries in the clinical record is made by a named member of staff and is done so contemporaneously where possible.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197/MD1/1	New admissions are now screened by a qualified nurse. A documentation audit to is to be completed and any issues identified to be reported on the Datix management system .	Primary Care & Community	30.09.2024	30.09.2024	Overdue	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Roster to be embedded to evidence RN on duty within admissions. Audit and findings to be embedded.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197	14.08.2024	HMP Parc Prison - DIC (Case Reference: 09791/CRM0006681)	Inter-prison transfers should not be made unless it is clear that a service exists to deliver the health needs of the patient at the appropriate destination, by a confirmed sign off between both prisons heads of healthcare. When arriving at HMP Parc, currently there is no commissioned service for patients with confirmed or suspected ADHD to receive specialist input into care management. CTMUHB commissioners urgently seek to provide a clinical service to HMP Parc that would enable timely assessment and treatment optimisation for prisoners with ADHD.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197/MD2/1	A review of the current processes regarding the inter-prison transfers and the sharing of information between prison healthcare departments to be undertaken in partnership with G4S team. For patients who require ADHD assessments are currently reviewed by mental health services within secondary care. Whilst this is in line with the care provided within Community Services, the team are undertaking a review with Mental Health services to understand any further improvements that could be made to the service. Prison Healthcare Directorate representation included as part of the CTM Regional Neurodivergence Steering and Improvement Board to review current provision and identify work streams to improve services.	Primary Care & Community	31.12.2024	31.12.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Process to be embedded once agreed.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197	14.08.2024	HMP Parc Prison - DIC (Case Reference: 09791/CRM0006681)	CTMUHB commissioners ensure that all contracted services providing any input into the health of the patient are required to maintain records in the main healthcare clinical record system.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/197/MD3/1	Email to be sent to all contracted services to remind them of the importance that when providing any input to the health of a patient that all records are maintained with the clinical system. The requirement to add relevant information in the main healthcare clinical record system (System One) to be included in all future SLA and tender documentations. Healthcare Needs Assessment commissioned to provide baseline for service provision and resulting action plan to address identified recommendations.	Primary Care & Community	31.12.2024	31.12.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Email to be embedded. Specific part of contract to be embedded. Needs Assessment to be embedded and evidence.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	14.08.2024	HMP Parc Prison - DIC (Case Reference: 06379/CRM0006682)	The Head of Healthcare should ensure that all prisoners, by the end of second reception screening, have a full set of baseline clinical observations to act as baseline for staff to monitor for changes from the patient normal values. Reception screening should always involve at least one registered health professional undertaking the assessment with the patient. They should arrange clinical audit of compliance against this standard.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198/MD1/1	New admissions are now screened by a qualified nurse. Audit for 15 admissions to be undertaken to ensure that clinical observations have been undertaken. All staff have been informed that baseline observations must be recorded on admission screening. All staff will be issued with written guidance.	Primary Care & Community	30.09.2024	30.09.2024	Overdue	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Roster to be embedded. Audit to be embedded. Email to be embedded. Guidance shared to be embedded.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	14.08.2024	HMP Parc Prison - DIC (Case Reference: 06379/CRM0006682)	Patients with seizures (full loss of consciousness) without an established diagnosis of the cause of seizures should be treated as a clinical emergency by all healthcare staff, and should receive review urgently by a registered medical practitioner. If none is available onsite, then the patient should be referred to hospital for emergency assessment.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198/MD2/1	Emergency medicine training sessions to be devised and provided to ensure that all staff have adequate skills and knowledge to treat clinical emergencies and to identify those who require referral to hospital for an emergency assessment. All staff have been reminded that any patients reporting seizure activity in the absence of a diagnosis of epilepsy must be referred for an urgent GP appointment. All staff have been informed that the GP must be informed of any patients with a diagnosis of epilepsy have any seizure activity. These patients will be reviewed by the practice nurse.	Primary Care & Community	31.10.2024	31.10.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Attendance record for all staff to be embedded. Email to be embedded. Email to be embedded.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	14.08.2024	HMP Parc Prison - DIC (Case Reference: 06379/CRM0006682)	Healthcare staff should ensure that when reviewing clinical discharge summaries from hospital teams, the information on which they have based their assessment is accurate (for example, in this case, it was incorrect for the consultant neurologist to state this was a single episode of seizure) from the clinical record. These errors or omissions should be alerted to the relevant specialist, so that they can revise the management plan for the patient.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198/MD3/1	Admissions staff to be provided have access to the Welsh Clinical Portal to ensure timely review of discharge summaries. All discharge summaries will be reviewed by a GP and Senior Nurse. The discharge summaries will be checked for accuracy and outstanding actions. Once checked and signed by Senior Nurse and GP they will be scanned onto records. Audit to be undertaken in relation to 10 discharges to ensure all summaries have been checked by the GP and Senior Nurse	Primary Care & Community	31.10.2024	31.10.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Meeting with Digital Health Care Wales w/c 02/09/24. Audit and findings to be embedded.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	14.08.2024	HMP Parc Prison - DIC (Case Reference: 06379/CRM0006682)	Where a hospital letter is requesting potential actions if a future event should occur (e.g. 'refer back to my service should a further seizure occur') this should be flagged on the clinical record as an 'alert', so this potential action / request is visible to all staff.	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198/MD4/1	Admissions staff to have access to Welsh Clinical Portal to ensure timely review of discharge summaries. All discharge letters will be checked by a Senior Nurse and a GP and any requests for actions to be taken if a future event should occur this will be flagged as an alert on medical records.	Primary Care & Community	31.10.2024	31.10.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Register of staff with dates of access provided to be embedded. Audit in number 3 will evidence the findings.
Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198	14.08.2024	HMP Parc Prison - DIC (Case Reference: 06379/CRM0006682)	Clinical teams in other services providing care to prisoners (e.g. psychiatry) should clearly document that they have considered the risk of their prescribing recommendations to general practitioners, where those recommendations increase the risk of worsening of other illness (e.g. increasing risk of seizure). Formal letters of referral and assessment need to be conducted between HMP Parc primary care and In-Reach Psychiatry teams, to ensure that all relevant information on the clinical history of the patient is available to both parties (e.g. to ensure that psychiatric colleagues are aware of risk of seizures, and that these colleagues make recommendations for prescribing that clearly document that risk has been considered in their assessment).	Healthcare Inspectorate Wales (HIW) - Death in Custody/2024/198/MD5/1	Recommendation shared and teams reminded of the importance for enhanced communication and documentation between clinical teams providing care to prisoners at HMP Parc. A task and finish Group to be established to address the recommendation and to improve processes between clinical teams and to identify standardisation for referral and assessment to include patient's clinical history, prescribing recommendations, risk assessment and communication protocols.	Primary Care & Community	30.11.2024	30.11.2024	In progress	October 2024 Update - Added to Tracker as at September 2024 Progress and evidence: Email to be embedded. Findings from the task and finish group to be embedded.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Issues relating to patient referral process. All parties (Welsh Government, NWIS, Ophthalmology Planned Care Board and Health Boards) must work together towards the introduction of electronic patient record/referral system from optometrists directly to secondary care.	Healthcare Inspectorate Wales (HIW)/2017/141/MD1/1	Roll out of OpenEyes has been delayed nationally. Primary Care have worked with the programme team to provide contact details for all optometrists requiring access/relevant training. Enhanced support has been offered by the HB ICT programme and projects team to implement OpenEyes, the national electronic patient record/referral system for eye care which will support closer and integrated working across care settings. A task and finish group has been established, with the clear objective of implementing the system in glaucoma clinics in the UHB's hospitals by the end of March 2023. The programme plan is to then implement e-communications (including e-referrals) between primary and secondary care as stage 2 and to roll out to the other sub specialities in Ophthalmology as stage 3. These are in the local and national plans to be undertaken in the financial year 2023/24. Programme management support has been provided by WG for the 15 months from Jan 2023 to March 2024.	Planned Care	01.03.2023	01.03.2023	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - this is ongoing, due to delays in national EPR/ERS programme. E-referral software under national tender, CTM contributing to DHCW's national working groups to establish necessary minimum standards of ERS. Primary care optometry M365/NHS email rollout progressing (84% live across HB) which will support direct email referral into secondary care (until ERS in place). No recent local progression with EPR rollout beyond glaucoma clinics (no OpenEyes business project manager), await EPR programme updates from DHCW. April 2024 Update - DCHW-led rollout of OpenEyes still delayed, possibility of reopening tender process. OE contract with CTM in place until at least Jan 2025 (currently only Glaucoma clinics live). CTM OpenEyes Business Project Manager no longer in post (contract not renewed past March 31st), significantly impeding further rollout of OE in hospital sites as no defined support/project management. Live trial of OpenEyes in 4 glaucoma community optometry practices ongoing. National DCHW-led rollout of e-referrals also delayed, but local work ongoing to establish single inbox for email referrals from primary care into Ophthalmology. Inbox monitoring rota being established, timeline for launch dependent on primary care NHS email roll out below but expected to be live by August 2024. CTM keen to promote roll out of M365 with community optometry practices following successful pilot - provided DCHW with priority list (focusing on practices involved in shared care/WGOS4) during their rollout of NHS email (rolling out April-Aug). Previous Updates - Stage 1 – to be completed by March 2023. Stages 2 & 3 – BC dependent – objective is to start implementation in first half of 2023/24. December 2023 Update (Date of review: 12/12/23) - Roll out of Open Eyes has been delayed nationally, with CTM & C&V the only 2 HBs live with EPR for glaucoma in hospitals. The programme plan was to implement glaucoma EPR in all hospital sites nationally as stage 1, e-communications (including e-referrals) between primary and secondary care as stage 2 and to roll out to the other sub specialties in Ophthalmology as stage 3; the timeline has been delayed with host changeover from C&V to DHCW. OpenEyes implemented in CTM hospital glaucoma clinics since March 2023. Further work on admin training and integration with hospital digital systems (WPAS & CITO) ongoing. Primary Care have worked with the DHCW programme team to provide contact details for all optometrists requiring access/relevant training, currently focusing on national pilot of NHS email addresses for community optometrists (2 per HB to start) What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	The CHC's National Ophthalmology Review highlighted that some patients felt they had not been provided with sufficient information regarding the reason for their referral. (Patient Referrals - Referral Process) All parties (Welsh Government, NWIS, Ophthalmology Planned Care Board and Health Boards) must work together towards the introduction of electronic patient record/referral system from optometrists directly to secondary care.	Healthcare Inspectorate Wales (HIW)/2017/141/MD2/1	Primary care has produced and shared patient information on CTM social media platforms to explain changes in patient referrals and enhanced services now being delivered in primary care/closer to home. Recent recruitment of additional Optometry Advisor (jan'23) will support practices to improve communication and referral pathways for patients and will support practices where poor quality referrals are flagged. HES updates on waiting times are shared with practices via SEWROC to support conversations with patients and manage expectation.	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - EPR/E-referral - see MD1/1. Implementation plan for rollover of shared-care services to new WGOS4 pathways submitted to WG, with cross-sector discussion meeting planned 20/5/24. Once ratified, comms sessions & newsletter to update primary care optoms on changes will be delivered, as will updated patient service signposting. Dec 23 Completed - new optometry contract phased implementation began Oct'23 2- implementation of EPR across HB remains an ongoing process Dec 23 update The new national optmetry contract will promote fuller conversations between patient and optometrist during WGOS service assessments, with optometrists [ai part of the patient assessment]explaining how risk behaviours can effect their eye health and also enable practitoners to signpost paitents to alternative services where required. EPR is already established within glaucoma clinics within HES . HB is working with national digitlisation programme to launch EPR system across primary and secondary care as a matter or urgency Actions 1. the national contract will be monitored monthly by primary care teams on an ongoing basis as part of the new contract arrangements. 2- the primary & secondary care staff will continue to engage with the national programme/DHCW to support implementation within the HB.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Quality of referrals being sent to rapid access pathway (Patient Referrals – Quality of Referrals) A) Health Boards should consider methods to refine referrals to ensure patients enter the most appropriate care pathway in a timely and efficient manner, avoiding unnecessary visits.	Healthcare Inspectorate Wales (HIW)/2017/141/MD3/1	Primary Care /HES have already established a number of referral refinement schemes within practices in CTM: • Independent Prescribing • Wet AMD • Diabetic Retinopathy • Glaucoma (develop existing service in place	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. Completed: all schemes are now established within CTM April 2024 Update - Ongoing pathways continue to monitor under existing shared-care agreements during the WGOS transition phase. Improved data sharing between secondary and primary care re: patient outcomes within these pathways being scoped. Insufficient admin resources within HES team a significant challenge for this. Currently 1.5wte Band 3-5 admin support committed to these pathways (1.0wte Band 3 post vacancy imminent, but recruitment to replace agreed) further admin support necessary to scale up pathways. WG to identify regional Planned Care Board leads to signpost secondary care to potential funding to support WGOS delivery. New HB-wide glaucoma referral refinement pathway being designed, to be live by Oct '24. Dec 23 update Data for these schemes are reviewed monthly on an ongoing basis by the primary/secondary teams and pan HB team/practice meetings are held regularly to review schemes. All schemes will begin to fall under the new optometry contract through phasing in of new contract / WGOS and monitored by primary care.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Quality of referrals being sent to rapid access pathway (Patient Referrals – Quality of Referrals) B) Health Boards should consider providing educational events/material to raise awareness among optometrists and other relevant staff of local referral pathways.	Healthcare Inspectorate Wales (HIW)/2017/141/MD4/1	Practices are notified when new local referral pathways are introduced and updates circulated to practices. Optometry newsletter to be produced in primary care and circulated 4 times a year. Accelerated Cluster Development will allow closer working for practices within clusters. CTM to hold first event jan'23	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - ACD engagement successful across HB, HB protocol for managing failure to engage being ratified. Local discussion sessions with primary care optometry practices to be delivered once pathway changes finalised over next few months, with newsletter updates. Quarterly ECCG in progress following reinstatement in Dec '23 (next meeting May '24). Monthly cross-sector WGOS planning/implementation meetings between primary & secondary care teams for both Glaucoma and Medical Retina also taking place. Dec 23 update newsletters will continue to be sent to practices via primary care team regarding updates and new referral pathways. There will be ongoing engagement with practices due to the implementation of new contract/WGOS services and communication sent to relevant services ie GMS/pharmacy/secondary care on any relevant changes. Most practices are now engaged with ACD under the new contract obligations and work will continue to engage with those practices not yet engaged. HB ECCG will be the platform for primary care to share updates with secondary care on new contract/WGOS.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Quality of referrals being sent to rapid access pathway (Patient Referrals – Quality of Referrals) C) Health Boards should ensure feedback is provided to optometrists when required relating to quality of referrals sent to ensure learning.	Healthcare Inspectorate Wales (HIW)/2017/141/MD5/1	> 90% of referrals come directly from optometrist with good communication between primary and secondary care. Optometry dept. working with OA developed letter templates to communicate insufficient referral detail to primary care for glaucoma referrals which has improved referral detail.	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - Glaucoma referral refinement pathway to be introduced as above, to further improve referral quality/avoid unnecessary referrals. Dec 23 update the review of quality referrals sent by optometry practices will be an ongoing process
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of feedback provided to optometrists following referral and discharge of patients (Patient Referrals – Communication Following referral) (Discharge patient – Quality of information) A) Health Boards should ensure feedback of diagnosis and a treatment plan is provided to referring optometrists following every referral made to the service, including whether a referral to a low vision service has been made.	Healthcare Inspectorate Wales (HIW)/2017/141/MD6/1	Optometrists are copied into all clinic correspondence for new patients when the referral has come from the optometrist in POWH - this will be done across all sites within CTM.	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - Complete. Dec 23 update this is done by the admin staff across the HB in order to ensure that optometrists are kept up to date with patients status within HES. This will be an ongoing process by the service manager to ensure that when a patient is referred by the optometrist that a copy of the clinic correspondence is sent to them for information. All new starters to be informed of the process.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of feedback provided to optometrists following referral and discharge of patients (Patient Referrals – Communication Following referral) (Discharge patient – Quality of information) B) Optometrists must use the appropriate referral form and ensure that their name and practice address are clearly legible.	Healthcare Inspectorate Wales (HIW)/2017/141/MD7/1	Primary care to work with HES to identify where this is an issue within practices and provide support via OA to ensure appropriate information is shared in the referral. New recruitment OA to undertake referral audits to support this. Optometrists contact details are not always clear on the referral form, internal arrangements being made to monitor the quality and individually feedback to the Optometrists via Local advisor.	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. Dec 23 update this will be an ongoing process. Optometry Advisors will continue to work with both practices and HES to ensure the submission of high quality referrals. Implementation of the EOR system will also support /improve referral process.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of feedback provided to optometrists following referral and discharge of patients (Patient Referrals – Communication Following referral) (Discharge patient – Quality of information) C) Health boards/welsh government must ensure that systems are introduced to improve the amount of information available to optometrists in relation to patients who have been discharged from secondary care.	Healthcare Inspectorate Wales (HIW)/2017/141/MD8/1	The implementation of Open Eyes will provide optometrists with access to patient information that will promote, simplify and improve the quality of referrals and allow optometrists to have sight of all patient data/results/notes to support management of the patient following discharge.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - this is ongoing, due to delays in national EPR/ERS programme. April 2024 Update - EPR rollout delays. December 2023 Update (Date of review 12/12/23) See Item 1What next? By when? By Whom?

Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	CHC reports concerns around lack of information provided within secondary care prior to treatment (Patient Referrals – Communication Following referral) - Health Boards must ensure that patients are provided with adequate information about their condition and proposed care plan prior to any investigation or treatment. This should conform to the principles outlined in GMC guidance on informed consent.	Healthcare Inspectorate Wales (HIW)/2017/141/MD9/1	RCO leaflets provided about consent process in pre assessment Information leaflets provided for any eye emergency care Laser information Cataract information ECLO services Blepharitis leaflets FFA – Information Surgery information leaflets • CMO8: Cosmetic Blepharoplasty • CMO9: Cosmetic Ptosis Surgery • OP01: Cataract Surgery (phacoemulsification) with Monofocal Intraocular Lens Implant • OP02: Blepharoplasty • OP03: Glaucoma Surgery (Trabeculectomy) • OP04: Retinal Detachment Surgery • OP05: Corneal Transplant Surgery • OP06: Correcting a Squint (child) • OP07: Entropion and Ectropion Repair • OP08: Ptosis Surgery (adult) • OP09: Correcting a Squint (adult) • OP10: Ptosis Surgery (child) • OP11: Intravitreal (Anti-VEGF) Injection • OP12: YAG Capsulotomy • OP13: Removing a Chalazion • OP14: LASIK Surgery • OP15: Removal of Pterygium • OP16: LASEK Surgery • OP17: Macular Hole Surgery	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - Additional SLT (glaucoma laser procedure) leaflet being designed, along with procedure counselling guidelines from Glaucoma consultant team, to improve patient experience and laser clinic flow/efficiency. To be discussed in clinical audit meeting in June. Plan for reinstatement of local Glaucoma Patient Education Forums included in business case for potential Glaucoma Diagnostic Hubs at YCC/MCH. Dec 23 update Date of review: 03/08/2023 What next? The health board has a comprehensive selection of patient information leaflets available. In order to ensure that these meet the needs of our patients, these leaflets need to be well stocked and updated nationally through the EIDO programme to ensure that they reflect best practice. Objective to be discussed at directorate meeting to raise awareness to both clinicians and nursing staff about supplying patients with information during their clinical consultations. By when? Weekly review of leaflet stock within clinical area. Objective to be discussed at directorate meeting on 8th August 2023 By whom? Service Manager / Senior Nurse to cascade information to team. Information gathered from the clinical teams regarding what literature is available within the clinical departments. Objective to be discussed at directorate meeting to raise awareness of both clinicians and nursing staff supplying the patients with information during their clinical consultations.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets) A) The Welsh Government should ensure that Patient Administration Systems are capable of providing data on clinician recommended follow-up interval and actual follow-up interval by care pathway.	Healthcare Inspectorate Wales (HIW)/2017/141/MD10/1	Documents and resource related to FUNB patients are shared between the business Informatics and Directorate Management Team by mean of daily downloads. There are a number of status updates reports to include: Total number waiting Patients past target date Patients with a target date Partial booking PIFU Patients with appointments cancelled	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No update received this period. June 2024 Update - High risk Glaucoma waiting list has been clinically validated and patients identified for face to face appointments in July. All patients will either be seen in clinic or virtually reviewed. Service Manager is responsible for monitoring the whole of the FUNB and this is now also being monitored and discussed in the weekly Friday RTT meetings. December 2023 Update (Date of review: 01/01/24) - What next? To continue to monitor the FUNB list across all sub specialties within ophthalmology By when on a weekly basis By whom service manager
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets) B) Health Boards must ensure that care is provided for those (new or follow-up patients) with the greatest health need first, making most effective use of all skills and resources available.	Healthcare Inspectorate Wales (HIW)/2017/141/MD11/1	Patients on the FUNB and New list are all given a HRF and target date. When booking clinics the booking office will filter by target date and HRF ensuring that patients are booked into the most appropriate sub-specialty clinic by priority status. However, we continue to hold significant risk with the FUNB cohort and further resource in terms of validation and capacity is required.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No update received this period. June 2024 Update - Changes to clinic templates already made to accommodate clinically urgent patients. December 2023 Update - this will need ongoing review by the service manager to ensure that the most clinically urgent patients are booked with priority. Ongoing review by the service manager, this practice is currently undertaken in Bridgend but will need to be put into practice in all parts of the HB to ensure a pan CTM approach.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Concerns around set monitoring for follow-up patients (Treatment Timescale – Targets) C) Clinical teams must clearly document the follow-up regime selected for each case. This should be applied consistently according to agreed protocols. The patient should be kept informed of any changes to the plan.	Healthcare Inspectorate Wales (HIW)/2017/141/MD12/1	Clinic outcome forms are routinely completed for each patient to ensure they are placed on the correct FUNB list immediately following the clinic appointment. The directorate recognises that we continue to have shortfalls in our FUNB monitoring practices. A new management team has been appointed and has identified the current practices fall short of the agreed protocols. A Significant review into waiting list management is required to include: Ratio of FUNB capacity to meet demand Extensive validation work to cleanse the FUNB waiting list Duplication of pathways Cross site skills and resource	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No update received this period. June 2024 Update - Validation both clinically and clerically ongoing for high risk patients initially. December 2023 Update - this work will be ongoing to ensure lists re kept up to date and 'clean' at all times. Ongoing review by the service manager to validated and ensure correct ratio of new and follow patients in all clinic templates.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of incident reporting relating to WG patient harm policy A) Health Boards must ensure that there are mechanisms in place to review incident reports to identify potential patterns providing early warnings to more serious system failures.	Healthcare Inspectorate Wales (HIW)/2017/141/MD13/1	A FUNB Standard Operating Procedure has recently been submitted to the Surgical Safety and Quality Governance group for review and approval, this includes: • Identify adults who have not had an ophthalmology follow up appointment(s) booked in a timely manner • Ensure that National Standards for Ophthalmology screening have been met in order to maintain compliance with good clinical practice • To review patient pathway delays and identify the level of harm resulting from avoidable delays. • To identify how much loss of vision represents a loss of function and whether this is as a result of a delay in treatment • To ensure, when harm is established, the application of Putting Things Policy and/or Serious Incident management process. • To ensure there is an appropriate follow-up plan of care in place for each patient reviewed. • To ensure actions are implemented to reduce the risk of a reoccurring delay in the patient's pathway. • To encourage continuous improvement by identifying areas for improvement in FUNB incident reporting.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No update received this period. June 2024 - A bespoke harm review team has been set up within the Quality and Safety team consisting of 1 WTE Band 8a project lead and 1 WTE band 7 clinical investigator funded until March 2025. The team aim to undertake an initial review of all historic new incidents relating to FUNB and take any cases deemed moderate or above to harm review panel for formal ratification on the level of harm and to ensure appropriate commissioning arrangements any investigations required. The team will aim to support for the CSG to develop a efficient process for managing their own clinical incidents once the team is stood down. The team will aim to complete any outstanding investigations for the CSG relating to FUNB, prioritising all overdue NRI's first. The team will aim to update the projects workstream projection in September 2024 to determine the key outputs and the priorities for the remainder of the project. December 2023 Update (Date of review: 12/12/2023) - What next? Band 5 1.0 Vacancy not appointed in to - position being re-advertised on Trac. Position escalated to HON and CSGM to look for support in the short term. CSGM to determine if harm review team funding can be extended past March 2024 as the project is still ongoing. Macular cluster report due by 15/12/2023, good progressing being made towards this but absence of the Band 5 FLO support is stalling the work. By when? Closing date TBC for band 5 position. A/w feedback about alternate staffing to support in the short term. CSGM to feedback if funding can extended and workforce to be reviewed accordingly By whom? Senior Nurse / CSGM September 2023 Update (Date of review: 03/08 /2023) - What next? Vacancies for harm review workforce are currently out to advert. An cluster RCA commissioning meeting is to be arranged within the next 2/52 regarding the macular service and the patients who have experienced moderate and above harm as a result of a follow up not being booked By when? to be reviewed in 2/52 with update. By whom? Senior Nurse. An SBAR for additional harm review workforce was submitted to Planned care recovery and funding was approved in July 2023 for 2 fixed term positions until the end of March 2024. These positions include 1 WTE Band 7 clinical investigator, 1 WTE band 5 governance support officer / family liaison officer. The workforce will be dedicated to support the legacy open NRI's from 2016-Feb 2022 from RTE, as well as the review all legacy and current open incidents under the Ophthalmology service. The workforce will be supporting any commissioned RCA's and will work closely with the clinical and administration teams in the review of action plans and learning from events. Date of review: 08/11/2023 What next? Band 7 1.0 Vacancy filled with 2 individuals job sharing and fixed term until the end of March 2024. Band 5 investigation support officer currently in shortlisting phase - this role to act as the FLO for all, 2 candidates for interview, date TBC. CSGM to determine if funding can be extended further. By when? Interview for band 5 post to take place in the next 2/52. CSGM to feedback if funding can extended and workforce to be reviewed accordingly By whom? Senior Nurse / CSGM.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of capacity/Fragility of services of services due to over-reliance on consultants. Issues relating to lack of capacity, recruitment and lack of investment in services. (Treatment - Capacity) A) Health Boards must proactively develop workforce plans which set out to address any shortfalls in the current service capacity and available facilities to mitigate the risks to patient care. These plans should seek to maximise capacity by making most effective use of the skills of medical and non-medical staff available, as well as available space/facilities.	Healthcare Inspectorate Wales (HIW)/2017/141/MD14/1	a) CTM has a well established optometry department which has a number of experienced, highly skilled and qualified optometrists working across glaucoma, medical retina, DRSS, unscheduled care, paediatric clinics and specialist contact lenses. Recent expansion of the service to include community optometrists on a sessional basis which has increased our capacity across these services whilst additionally improving training to community optometrists to in turn reduce referrals and improve referral quality. Hospital based optometry due to start implementing an optometry laser led pathway to improve SLT and laser capacity in the coming months.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - August 2024 Update - Recruitment in progress for additional permanent non-medical staff to create additional capacity in glaucoma clinics (Band 3 tech, Band 4 tech, Band 8a Optometrist) April 2024 Update - Eye drop instillation by unregistered staff in early implementation phase - nursing team signoff complete, in use. Further short term extension of 2x Band 7 0.3wte Specialist Optometrists providing significant clinic activity in Medical Retina - extended to 30/5/24 but urgent longer term/permanent extension required to maximise clinic output/booking. MOT GIRFT working group on pause following management changeover. Longstanding vacancies in Heads of Optometry and Orthoptic services - recruitment strategy in evaluation, as risk to service development without these posts. Further review is required / Action to be removed and replaced with a subsequent agreed action December 2023 Update (Date of review: 12/ 12 /23) - New clinical policy approved to allow for unregistered staff to instill eyedrops, freeing up registered staff for more skilled tasks/faster clinic flow - implementation imminent. Optometry Dept SBAR demonstrating value of workforce & need for expansion completed. Secured fixed term contract extension for 2 sessional optometrists supporting Medical Retina clinics for next Q (via VBHC), further extension required to maximise clinic planning. MOT workforce working group for GIRFT process due to start in Dec '23, tasked with evaluating non-medic workforce/skill mix and maximising use of MDT (to top of license). Optometrist role expansion into glaucoma laser delivery successful (training, signoff & SOP complete) - SLT WL reduced to 12/52. What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Lack of capacity/Fragility of services of services due to over-reliance on consultants. Issues relating to lack of capacity, recruitment and lack of investment in services. (Treatment - Capacity) B) Health boards must consider ways to work more closely with colleagues from primary care. For example, providing equipment (and training) to optometry practices to allow them to undertake referral refinement and/or assessments on stable patients. This needs to be done in a planned and strategic way under control of the health board.	Healthcare Inspectorate Wales (HIW)/2017/141/MD15/1	b) CTM has funded a community optometrist to complete his medical retina higher certificate with a placement in the medical retina service starting in March 2023. We continue to provide independent prescribing, glaucoma certificate and pre-registration placements to community optometrists. An AMD new referral refinement pathway (CARRDS) is due to be implemented in the coming weeks with in house training of participating local community optometrists. This will allow all new AMD referrals to be triaged in primary care. A DRSS new patient scheme has been implemented over the last few months with low risk DRSS patients reviewed by primary care with additional training. DRSS waiting list has significantly dropped and allowed the majority of DRSS patients to be kept in primary care	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No updates has been received against this recommendation action on this occasion. August 2024 Update - August 2024 Update - AMD referral refinement pathway working well, moving to direct optometrist inter-practice referral 2/9/24 (currently coordinated by hospital team). This will reduce admin burden and shorten turnaround time for patients. April 2024 Update - HIS training/consultant mentoring for higher qualifications for community optometrists (to allow them to deliver enhanced services) in progress, with joint co-hosting with Cardiff University. 5 CTM consultants currently agreed to provide mentoring services over 2024/25. HEIW funding for administrative placement co-ordinator secured, to be advertised asap. December 2023 Update (Date of review: 12/12/23) - Community optom completed funded academic course successfully, placement pending 2024 (delayed due to consultant workload). Community optom post-grad placements widely delayed due to HIS workload/lack of funding - Joint collaboration with Cardiff University to co-host placements in 2024, reducing time intensive burden on hospital site. Funding request for admin placement co-ordinator role submitted to HEIW. AMD community scheme live (June 2023), running well with consultant feedback. What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Health boards should learn from the experiences following progress made in other areas (Treatment – Initiatives to improve Capacity) A) Health Boards must ensure that they fully engage with the Ophthalmology Planned Care Board to aid shared learning from/with staff in other areas.	Healthcare Inspectorate Wales (HIW)/2017/141/MD16/1	Weekly performance meeting have been arranged between the Clinical Service Group Manager (CSGM) and Interim Director of Planned Care to discuss key performance measures and any ad hoc issues which arise. CSGM from other sites are in attendance for shared learning purposes. Any risks we have assessed in the service is held on the corporate risk register which we update regularly with mitigations to reduce the risks. We also provide regular updates on the above to the Quality, Safety and Risk Group, as well as to the Planned Care Recovery Finance Group and the Joint Executive Team Meetings.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No update received this period. April 2024 Update - CD attending national CIN meetings, to develop regional strategies/shared learning. December 2023 Update - No update received.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Health Boards should learn from the experiences following progress made in other areas (Treatment - Initiatives to improve Capacity) B) Welsh Government should consider whether there is a need to develop further approaches to encourage shared learning between health boards as well as more integrated methods to address common themes/issues being experienced across Wales. For example, the introduction of non-medical injectors.	Healthcare Inspectorate Wales (HIW)/2017/141/MD17/1	WG to answer	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No further update, complete. Not marked as fully complete as need QSRE sign off. December 2023 Update - No update received.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	ECLO – Limited capacity/cover (Service Support Staff – Eye Care Liaison Officer) Health Boards should ensure that there is ECLO for their eye care clinics at all times and consideration should be given as to whether one ECLO is sufficient for the eye care service.	Healthcare Inspectorate Wales (HIW)/2017/141/MD18/2	POW – RNIB ECLO coverage 4 days RGH / PCH / YCR – NHS ECLO for RGH, PCH, YCR – coverage 3 days ? Commissioning issue - ask Elizabeth Beadle	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - No further update, complete. Not marked as fully complete as need QSRE sign off. June 2024 - There are currently 2 ECLO's in CTMUHB. December 2023 Update - No update received.
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Concerns raised by staff in relation to a lack of processes in place to submit comments/suggestions to health board management. (Service Support Staff – Eye Care Liaison Officer) Health Boards must ensure that there are methods in place to allow all staff to raise any concerns/suggestions about improvements to service provision they may have. This process should to ensure that feedback is routinely provided to individuals.	Healthcare Inspectorate Wales (HIW)/2017/141/MD19/1	Eye care collab and directorate meeting.	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval)	October 2024 Update - ECCG Meetings now set up on a bi monthly basis from September 2024. Currently led by the Head of Planning until secretariat is appointed, next one booked for 8th November 2024. Proposed for Closure November 2024 August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - Regular meetings being held with next meeting set up for August 9th. Complete 01/12/2023 Dec 23 update Date of review: 12 / 12 /23 ECCG re-established as of 1/12/23, regular directorate meetings ongoing What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	More clarity required in relation to evolving role of optometrist to enable more effective utilisation of optometrists, Welsh Government must provide clarity to health boards relating to Indemnity, resource & finance arrangements, training/qualifications and communication mechanisms.	Healthcare Inspectorate Wales (HIW)/2017/141/MD20/1	This appears to be an action required by WG, though we have answered from a CTM perspective. CTM optometrists are being utilised in multiple areas of ophthalmology such as glaucoma, med retina and corneal specialities and direct WG funding has provided sessional optometrists to work within these areas. Higher level training and qualifications are underway and have been utilised historically and currently. Staff have sourced funding from HEIW in order to gain higher qualifications from The Royal College of Optometrist in order to further develop services (such as the soon to implemented optometry led laser service for glaucoma).	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - August 2024 Update - CTM Optometry presented proposal to develop a Welsh Hospital Optometry forum, at CIN June '24 which was well supported. Initial planning meeting to develop national subgroup reporting to CIN 6/9/24. Heads of Service vacancies (Optometry/Orthoptics) still ongoing. April 2024 Update - CTM Optometry co-authored WG white paper on role of Hospital Optometry in NHS Wales, with specific recommendations on expanding the Welsh hospital optometry workforce and establishing a Hospital Optometry Forum in Wales. To be presented at CIN in May to identify potential resources to implement recommendations nationally, to be followed by local presentation by CTM Optometry at each HB's ECCG over next quarter, to highlight need to develop this workforce across Wales. CTM Optometry collaborated with WIRG, HEIW and ABUHB Optometry on development of UK-wide ESR updates for Optometry. New roles allowing for a defined career progression pathway for optometrists, and more accurate Areas of Work, Occupation Codes and Staff Group approved nationally by NHS Digital in March 2023, to be implemented UK-wide in the National Workforce Data Set June 2024. This will allow the optometry workforce to be more accurately captured by ESR across the NHS, aid in recruitment and offset workforce attrition for Hospital Optometry on a national scale. December 2023 Update (Date of review: 12/12/23) - Optometry SBAR detailing need for hospital optometry workforce expansion in size and clinical role completed. Funding secured from HEIW for 3 hospital optometrists to complete Higher Certificate in Medical Retina qualification (commencing March '24). Optometry-led laser service in situ in RGH, successfully brought laser WL down. What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Additional utilisation of optometrists is required to increase capacity (HDHB) example) and reduce the burden on secondary care. (Utilisation of optometrists) Health boards should consider additional utilisation of optometrists to increase available capacity and reduce burden on secondary care. Health Board will need to ensure that issues are clarified around indemnity, resource & finance arrangements, training and communication, for optometrists.	Healthcare Inspectorate Wales (HIW)/2017/141/MD21/1	See points above. CTM already utilising both hospital and primary care based optometrists in a range of sub-specialities. Primary care pathways and schemes include IPOS or unscheduled care, Glaucoma community monitoring scheme, AMD referrals refinement and DRSS.	Planned Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - Additional 8a optometrist for glaucoma services in recruitment. April 2024 Update - GIRFT MDT working group on pause following management changeover. December 2023 Update (Date of Review: 12/12/23) - As above, await outcomes from GIRFT MDT workforce working group that will be reviewing the workforce. What next? By when? By whom?
Healthcare Inspectorate Wales (HIW)/2017/141	30.01.2017	National review of Ophthalmology Services	Issues in relation to poor relationships between primary and secondary care staff impacting on progress to service developments Health boards must ensure that relevant staff engage with the local Eye Care Group. The group should meet regularly and be chaired by a member of the executive team. A key objective is to improve the working relationships between primary and secondary care staff to foster joint working initiatives.	Healthcare Inspectorate Wales (HIW)/2017/141/MD22/1	Primary/Secondary care have worked collaboratively to implement shared care pathways in Independent Prescribing/Glaucoma/Wet AMD/Diabetic Retinopathy, work continues to improve and develop these services. Health Board to ensure appropriate representation at local ECCG from a primary care management and clinical perspective/HES management and clinical team to enable appropriate scrutiny/oversight on actions taken to support reduction of waiting times/ workforce//new pathways/implementation of open eyes/contract reform developments	Planned Care	01.04.2024	01.04.2024	Fully complete (Awaiting approval)	October 2024 Update - ECCG Meetings now set up on a bi-monthly basis / in addition service managers to attend weekly optometry progress meeting. By when? bi-monthly from September 2024 for ECCG & from October for weekly optometry update meetings By whom? Head of Planning & Partnerships for ECCG until secretariat is appointed. Ophthalmology Service Manager and & Directorate Manager for weekly optometry update meetings. Proposed for Closure November 2024 August 2024 Update - meeting scheduled with Planned Care Care Group leads to seek confirmation as to when this action was completed. April 2024 Update - Good cross-sector representation at ongoing ECCG and local OLG meetings. Dec 23 update - Date of review: 12 / 12 / 23 4 shared-care schemes established with frequent cross-sector contact/consultant input/feedback sessions etc. Consultant Connect implemented for Glaucoma scheme (Nov '23) to allow community optoms direct access to Glaucoma team for advice & guidance. ECCG re-established 1/12/23 with good cross-sector collaboration and attendance. HB Optometry Liaison Group long established - continues bimonthly, with both

Healthcare Inspectorate Wales (HIW)/2020/139	08.09.2020	Quality Check Summary Ysbyty Cwm Rhondda [Ysbyty Cwm Rhondda - Ward A1 (Ref: 20030)]	The Health Board should ensure that the escalation procedure is reviewed.	Healthcare Inspectorate Wales (HIW)/2020/139/MD2/1	A revised Emergency Pressures Escalation Plan has been drafted (9th September 2020) and submitted to the Executive Director of Operations. Once approved, this will be made available on the CTM intranet site.	Primary Care & Community	01.10.2020	01.10.2020	**Overdue**	October 2024 Update - No update has been received against this recommendation action on this occasion. August 2024 Update - The Emergency Preparedness Resilience and Response Manager is following up with Operational colleagues on the development of the Emergency Pressures Escalation Procedure. Draft version is developed and confirmation of approval is being sought. Once confirmed this action will be marked as closed.
Healthcare Inspectorate Wales (HIW)/2021/135	20.04.2021	Quality Check Summary Seren Ward, Royal Glamorgan Hospital [Improvement plan - Seren Ward - Royal Glamorgan Hospital (Ref: 20090)]	The health board must ensure that compliance with mandatory training is completed and kept up to date. Additionally, a process needs to be put in place to ensure future compliance with mandatory training.	Healthcare Inspectorate Wales (HIW)/2021/135/MD1/1	85% of applicable staff groups will be fully compliant with mandatory training in PMVA, ILS/BLS and Fire training. Progress towards this target and future training compliance rates will be managed using ESR and monitored through line management arrangements. Deviation from the proposed improvement trajectory and failure to maintain the target levels of compliance will be escalated at Clinical Service Group Performance Review meetings. Mandatory training compliance to be included as a standing agenda item during line management sessions. Compliance to be reported on and monitored in the Clinical Service Group (CSG) Workforce and Organisational Development meeting and ILG Performance Review meeting.	Mental Health & Learning Disabilities	10.08.2021	10.07.2021	**Partially complete (Overdue)**	October 2024 Update - Closed – developed mandatory training monitoring as part of discharge review. August 2024 - Ongoing monitoring via the MHLD Care Group in relation to compliance Partially Complete. • Training plan was instigated with trajectory for 85 % compliance by 10 July 2021. At time of reporting (10/7/21) compliance is April 21 July 21 ILS 6% ↑64% BLS 0% ↑38% PMVA – Mod D 20% ↑73% PMVA Mod A/B – 41% ↑87% PMVA Mod C 8% ↑67% Fire 50% ↑87% Covid risk assessment 46% ↑80% • PMVA mod A/B&C is time intensive training (6 hours per person) and clinical pressures have delayed completion. Additional pay has been used to release capacity to ensure 85 % compliance by 10th August 2021. • BLS attendance has been impacted by availability of training sessions with ward based model now established to address 19th September 2021 Confirmation received from Brahms Robinson that the whole of the 2021 Seren Ward Action Plan has been completed
Healthcare Inspectorate Wales (HIW)/2021/137	30.06.2021	National Review of Mental Health Crisis Prevention in the Community	Health boards must ensure that clear processes are in place to ensure that physical health assessments and monitoring is undertaken for relevant patients under the Mental Health (Wales) Measure 2010.	Healthcare Inspectorate Wales (HIW)/2021/137/MD3/1	Working group to be established between Primary Care and mental Health to ensure clear understanding of responsibilities for delivery of Physical Health checks with agreed process	Mental Health & Learning Disabilities	01.11.2024	01.11.2024	Partially complete	October 2024 Update - Remains open to discuss at next QSRE. August 2024 - MHLD has one outstanding action to be discussed at next QRSE in September 2024. June 2024 Update - Partially complete, but with outstanding work. Complete by August 2024. Action updated as at May 2024 - An initial meeting was set up between MH and PC AMD to discuss this but meeting did not take place. Ongoing communication between MH&LD MD and PC MD is in place to establish which existing forum this work can best sit to ensure action. Mitigating Actions Dedicated lithium and clozapine clinics are in place across adult and older adult CMHTs that have a consistent standard and ensure follow-up for patients who do not attend. There is an offer of physical health monitoring in all adult and older adult CMHTS. Improving the physical health of people with severe and enduring mental health problems is a priory of the MH&LD Care group, and a Physical Health Monitoring Group reporting through QSRE governance structures is in place. April 2024 Update - Partially complete, but with outstanding work. Complete by August 2024.
Healthcare Inspectorate Wales (HIW)/2021/138	20.07.2021	Quality Check Summary Pinewood House [Pinewood House - Quality Check]	The health board must provide assurance on how it will meet principle nine outlined by the Chief Nursing Officer for Wales for at least two registered nurses to be rostered every shift, or if determined as not necessary, that there must be the ability to deploy a second registered nurse without delay.	Healthcare Inspectorate Wales (HIW)/2021/138/MD1/1	Undertake a review of the night time staffing resource across the rehabilitation service in CTM and develop an options appraisal to address the risk of one registrant by night.	Mental Health & Learning Disabilities	30.11.2021	30.11.2021	**Overdue**	October 2024 Update - No update against this recommendation action has been received on this occasion. October 2023 Update (Date of Review: 20/10/2021) - Further to discussions with the Head of Mental Health Nursing it has been advised that that the CNO principles do not apply to Mental Health Rehabilitation areas. We will however continue to monitor our staffing levels on a daily basis and redeploy staff as necessary to ensure there are safe staffing levels at all times.
Healthcare Inspectorate Wales (HIW)/2021/138	20.07.2021	Quality Check Summary Pinewood House [Pinewood House - Quality Check]	The health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible.	Healthcare Inspectorate Wales (HIW)/2021/138/MD2/1	Review all core competencies across the rehab service with an improvement plan for 85%+ compliance.	Mental Health & Learning Disabilities	30.11.2021	30.11.2021	**Overdue**	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Remains overdue October 2023 Update (Date of Review: 14/10/2021) - It has been agreed with the Senior Nurse and Ward Managers that the following actions will be undertaken immediately to start addressing the training compliance with support from the L&D department: 1) Review hierarchy lists; 2) Ensure Group alignment numbers are correct; 3) Look at appropriate required compliance and accurate records and L&D department will take forward to the subject experts on teams' behalf. Regular meetings with new L&D representatives to address and correct the issues associated with core mandatory training compliance.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must implement a signing in and out book to ensure an appropriate audit trail of medication stock.	Healthcare Inspectorate Wales (HIW)/2022/129/MD1/1	Spot checks to be completed by the Senor Nurse to monitor compliance	Mental Health & Learning Disabilities	28.04.2023	28.04.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must implement a signing in and out book to ensure an appropriate audit trail of medication stock.	Healthcare Inspectorate Wales (HIW)/2022/129/MD2/2	Audit of medication to take place. CTMUHB Homecare visited the team on 20th January 2023 and they have agreed to attend the CMHT monthly for three months and then three monthly to audit and help with stock management checks. The home care team only audit Polar Speed medication (Abilify and Paliperidone). For all other depot medication staff who order these medication will audit at the same time.	Mental Health & Learning Disabilities	28.04.2023	28.04.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must ensure that substantive medical staff are appointed as far as possible to ensure continuity of care.	Healthcare Inspectorate Wales (HIW)/2022/129/MD3/1	The health board will continue in its attempts to recruit substantively into the consultant post. This is against a background of higher demand for posts than the supply of senior medical staff to fill them.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board and local authority should reflect on comments from staff relating to access to care documents and systems	Healthcare Inspectorate Wales (HIW)/2022/129/MD4/1	This is reviewed in monthly performance review meetings with the Senior Team which includes a table on the status on all medical positions in the locality. Progress on recruitment is discussed and there is a focus on having Royal College of Psychiatry Approved Job Descriptions ready for advertisement should a vacancy appear.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board and local authority should reflect on comments from staff relating to access to care documents and systems	Healthcare Inspectorate Wales (HIW)/2022/129/MD4/2	A business case for WICCIS implementation has been written and requires Executive sign off for funding. The Mental Health Care Group have allocated a Project Manager.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must ensure that medical staff complete all safeguarding related refresher training in a timely manner	Healthcare Inspectorate Wales (HIW)/2022/129/MD5/1	All medical staff to attend 'Safeguarding People' Day	Mental Health & Learning Disabilities	28.04.2023	28.04.2023	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - remains overdue Medical staff booked in to attend 'Safeguarding People Completed account through QSRE
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must ensure that Community Treatment Order (CTO) documentation contains all of the required detail	Healthcare Inspectorate Wales (HIW)/2022/129/MD6/1	The MHA team propose to develop an audit tool for CTO MHA statutory documentation and to conduct a CTM wide audit of detention papers for those patients subject to a Community Treatment Order. Compliance will be monitored through our QSRE meetings	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024. Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board must ensure that Community Treatment Order (CTO) documentation contains all of the required detail	Healthcare Inspectorate Wales (HIW)/2022/129/MD6/2	We have asked our IMHA provider and South Wales Advocacy to obtain feedback on our service from patients on a community treatment order (CTO). The MHA team and South Wales Advocacy are working collaboratively to develop a questionnaire. The health boards MHA operational group and Mental health act monitoring committee will be kept up to date on progress.	Mental Health & Learning Disabilities	28.04.2023	28.04.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024. Proposed for Closure November 2024 Fully complete (Awaiting approval) - Further Evidence Awaited The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board and local authority should reflect on the staff feedback comments provided in this report	Healthcare Inspectorate Wales (HIW)/2022/129/MD7/1	A debrief session has been arranged to reflect on the HIW inspection and feedback comments provided in the report.	Mental Health & Learning Disabilities	21.02.2023	21.02.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024 . Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/129	01.11.2022	HIW & CIW Joint Community Mental Health Team (CMHT) Inspection Report (Announced) Bridgend North CMHT, Maesteg Community Hospital (HIW Improvement Plan Service: Bridgend North CMHT (Maesteg Hospital) (Ref: 3189))	The health board and local authority should reflect on the staff feedback comments provided in this report	Healthcare Inspectorate Wales (HIW)/2022/129/MD7/2	The inspection findings will also form part of our local QSRE meetings standard agenda to maintain monitoring of the review	Mental Health & Learning Disabilities	28.04.2023	28.04.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval April 2024. Proposed for Closure November 2024 The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/131	22.03.2022	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services [Appendix C - POW Maternity Unit (Ref: 21233)]	The Health Board should consider consultant job plans that formally allocate a separate consultant to supervise the caesarean section lists and Gynaecology work.	Healthcare Inspectorate Wales (HIW)/2022/131/MD1/1	Business case under development for separate maternity elective theatre case lists to be established. Once finalised will be submitted through Integrated Locality Group structure for consideration.	Children & Families	01.08.2022	01.09.2023	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - Business Case currently on hold as from early September 2024, there will be a temporary closure of the maternity and neonatal units at Princess of Wales Hospital (PoW) to allow for essential maintenance works on both units. This action will be revisited in January 2025. September 2023 Update - new consultant appointments enable 2 sessions of elective work to be staffed by consultant obstetricians. Awaiting 1st consultant to agree job plan 18.09.23 to commence one session a week, moving to 2 session in January 2023.
Healthcare Inspectorate Wales (HIW)/2022/131	22.03.2022	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services [Appendix C - POW Maternity Unit (Ref: 21233)]	Risk assessments are undertaken and recorded in patient records. Medical discussion and decisions are accurately recorded in patient records.	Healthcare Inspectorate Wales (HIW)/2022/131/MD4/1	The specific areas of risk assessment, medical discussions and decisions will be added to the record keeping audit and all service medical staff to participate in this annual audit to drive multi professional improvement in this area.	Children & Families	01.08.2022	01.08.2022	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - Update requested from the Medical Director in the Children and Family Care Group. September Update (Date of Review: 08/09/23) - email sent to Medical Director of care group for advice on how to progress this recommendation.
Healthcare Inspectorate Wales (HIW)/2022/131	22.03.2022	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services [Appendix C - POW Maternity Unit (Ref: 21233)]	The Health Board must ensure that: Additional welfare support is available for KIT staff.	Healthcare Inspectorate Wales (HIW)/2022/131/MD6/1	Workforce team asked for specific resources for KIT staff going forward.	Children & Families	01.06.2022	01.10.2023	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - KIT update to be taken to next Care Group Workforce meeting on the 28th August and the Local Partnership Forum. September Update (Date of Review: 08/09/23) - email sent to care group's People's Services Lead to advice on progress with this recommendation.
Healthcare Inspectorate Wales (HIW)/2022/131	22.03.2022	Hospital Inspection (Announced) Princess of Wales Hospital – Maternity Services [Appendix C - POW Maternity Unit (Ref: 21233)]	The Health Board must ensure that: The backlog of incidents are cleared and consideration of further funding should continue.	Healthcare Inspectorate Wales (HIW)/2022/131/MD7/1	Incident backlog due to be closed by 31.5.22. Service agreed target: All incidents managed and closed within 3 months – using Datix action tracker for ongoing work.	Children & Families	01.06.2022	01.10.2023	**Partially complete (Overdue)**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - Children & Family Care Group just completing a review of the governance arrangements in line with the new incident management framework. Outcome of will be presented to the Maternity and Neonatal Safety Board in September 2024 with an implementation plan. The new arrangements will ensure proportionate review and learning. September 2023 Update - incident report monitored by executive team. Timely review and closure for moderate harm and above incidents but low and no harm process requires further reviewing and dedicated allocation of time.
Healthcare Inspectorate Wales (HIW)/2022/133	17.10.2022	Hospital Inspection Report (Unannounced) Emergency Department, Princess of Wales Hospital [Appendix A - Immediate Improvement Plan - Princess of Wales Emergency Department (Ref: 3326)]	The Health Board must ensure that checks are completed and logged at all times, and that there are robust mechanisms in place to identify and rectify when checks are not completed or logged.	Healthcare Inspectorate Wales (HIW)/2022/133/MD1/1	Plan to work with corporate nursing team to review options of creating a digital solution for audit surveillance and daily checks to further improve oversight of status.	Unscheduled Care	01.02.2023	01.02.2023	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - The USC Care Group are finalising the last AMaT audit for the three Emergency Departments', this will be achieved by Oct 2024 as needs to go through existing governance process' for sign off prior to use. June 2024 Update - We have progressed towards standardised audits on AMaT across the three sites, the ED audit report remains outstanding however we anticipate this will be in place within the next 8 weeks and will provide an update when achieved. July 2023 Update - Working across CTM to ensure standardised audits are implemented.
Healthcare Inspectorate Wales (HIW)/2022/133	17.10.2022	Hospital Inspection Report (Unannounced) Emergency Department, Princess of Wales Hospital [Appendix A - Immediate Improvement Plan - Princess of Wales Emergency Department (Ref: 3326)]	The Health Board must ensure that checks are completed and logged at all times, and that there are robust mechanisms in place to identify and rectify when checks are not completed or logged.	Healthcare Inspectorate Wales (HIW)/2022/133/MD1/2	Work with Care Group Directors of Nursing and Midwifery and Heads of Nursing across the three acute sites and community hospital sites in establishing a consistent model of surveillance and checking practice.	Unscheduled Care	01.12.2023	01.12.2023	**Overdue**	October 2024 Update - An update against this recommendation action has not been received on this occasion. August 2024 Update - The USC Care Group are finalising the last AMaT audit for the three Emergency Departments', this will be achieved by Oct 2024 as needs to go through existing governance process' for sign off prior to use. June 2024 Update - We have progressed towards standardised audits on AMaT across the three sites, the ED audit report remains outstanding however we anticipate this will be in place within the next 8 weeks and will provide an update when achieved.
Healthcare Inspectorate Wales (HIW)/2022/36	14.11.2022	Hospital Inspection Report (Unannounced) Angelton Clinic, Glanrhyd Hospital [Appendix C Improvement plan Service Angelton Clinic – Glanrhyd Hospital (Ref: 3171)]	The health board must ensure that restraints are recorded in patient records and that patient's notes are updated.	Healthcare Inspectorate Wales (HIW)/2022/36/MD3/1	Datix to be submitted and written account of restraint to be documented in patient notes. Restraint forms to be completed and uploaded to Datix. Compliance to be monitored through monthly nursing note audits, ward manager meetings and Quality, Safety, Risk and Experience Group meeting.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/36	14.11.2022	Hospital Inspection Report (Unannounced) Angelton Clinic, Glanrhyd Hospital [Appendix C Improvement plan Service Angelton Clinic – Glanrhyd Hospital (Ref: 3171)]	The health board must ensure that all staff are confident in how to deal with a safeguarding referral.	Healthcare Inspectorate Wales (HIW)/2022/36/MD4/1	80% compliance to be achieved for Level 2 and Level 3 Safeguarding Training. Safeguarding to be a standard agenda item in staff meetings to reiterate the process. Safeguarding referral process to be clearly visible in nursing office on both wards.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/36	14.11.2022	Hospital Inspection Report (Unannounced) Angelton Clinic, Glanrhyd Hospital [Appendix C Improvement plan Service Angelton Clinic – Glanrhyd Hospital (Ref: 3171)]	The health board must ensure that patients' risks are regularly updated and recorded in patient records.	Healthcare Inspectorate Wales (HIW)/2022/36/MD5/1	This will be monitored in the Quality, Safety, Risk and Experience Group meeting and closed after 6 months if compliance is maintained and standards upheld.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2022/36	14.11.2022	Hospital Inspection Report (Unannounced) Angelton Clinic, Glanrhyd Hospital [Appendix C Improvement plan Service Angelton Clinic – Glanrhyd Hospital (Ref: 3171)]	The health board must ensure that outcome measures are clearly recorded in patient records.	Healthcare Inspectorate Wales (HIW)/2022/36/MD6/1	Older Peoples Inpatient Mental Health Service Outcome Measures implementation group to be progressed to identify appropriate outcome measure tool which can then be implemented and embedded into the service, in line with the national work led by Improvement Cymru.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Sept Update-Action complete July 2023 Update-Outcome Measures working group established. Additional outcome measures training day arranged for 01/08/2023 with PHW. Appropriate OMs identified.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 1 The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/130/MD1/3	On completion agreed pathway will be communicated to all Nursing and Medical staff across all Mental Health services using the care Group "Communication and Learning Framework" as detailed in Recommendation 40	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 1 The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	Healthcare Inspectorate Wales (HIW)/2023/130/MD1/4	Completion of mental health and physical health checks will be added to the Admission Pathway for all inpatient wards.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	**Fully complete (Awaiting approval)**	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.

Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 2 The health board must ensure that when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD2/2	All staff who are expected to complete clinical risk assessment will receive training in WARRN (nationally recognised) risk assessment and formulation.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 2 The health board must ensure that when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD2/5	Compliance will be reported monthly by the CTP Lead and monitored through the Risk Steering Group. An initial demand and capacity exercise has been completed, with external training provision through Spring 2023. Present compliance is at 69.5 % (from 35 % in Feb 2023) with a trajectory of 80% by end of June 23. There is a programme of ongoing WARRN training delivered by a cohort of clinical trainers. This programme has been developed to ensure that there is capacity to deliver against 100% of anticipated demand annually.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 2 The health board must ensure that when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD2/6	Inpatient units will review paper and electronic archives and systems and remove all risk documentation other than the HB approved Clinical Risk Formulation and Management Plan.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 2 The health board must ensure that when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD2/7	Evidence of routine compliance will be shown through the weekly Ward Manager Audit, which contains a review of risk assessment documentation of a sample of patient records. Mental Health Ward Assurance audits will be added to the Health Board electronic audit system.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023 . Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 3 The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD3/2	The inpatient multi-disciplinary team have developed a formal template for documentation of patient reviews and multidisciplinary discussions. This formalises the necessity to routinely record the MDT opinion of the person's capacity and any need for full Mental Capacity Assessment using the approved Health Board Framework. This will be implemented across the Care Group.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023 . Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 3 The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD3/3	Evidence of routine compliance will be shown through the weekly Ward Manager Audit, which contains a review of MDT documentation of a sample of patient records.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 3 The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD3/7	Audit data will be reported/escalated through Care Group Governance Framework	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 3 The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD3/8	Each clinical area (inpatient and community) will have designated training board/information space for the sharing of learning / local audit/ educational resource, with specific information (leaflets/posters) relating to the right of the carer under the Social Services and Wellbeing Act.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 5 The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members.	Healthcare Inspectorate Wales (HIW)/2023/130/MD5/1	Inpatient units have reviewed paper and electronic archives and systems and removed all care planning documentation other than the HB Inpatient Management Plan and Care and Treatment Plan (CTP)	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 5 The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members.	Healthcare Inspectorate Wales (HIW)/2023/130/MD5/2	The standards around signing reviewed and completed Care and Treatment Plans which are outlined in the HB Care and Treatment Plan (CTP) Policy will be communicated to all appropriate staff through ward training boards and daily safety briefings.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 5 The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members.	Healthcare Inspectorate Wales (HIW)/2023/130/MD5/3	The CTP audit tool has been reviewed, digitised and added to "Audit management and Tracking (AMaT) process. A bi monthly audit programme is underway as a pilot with roll out from July 2023.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 5 The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members.	Healthcare Inspectorate Wales (HIW)/2023/130/MD5/4	Evidence of routine compliance will be shown by adding audit of this standard to the weekly Ward Manager Audit: initial review will be of all admissions for no less than one month or until compliance; and weekly sample of admissions going forward.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 5 The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members.	Healthcare Inspectorate Wales (HIW)/2023/130/MD5/5	Effectiveness of implementation will be evident in audit outcomes and compliance with national reportable KPI. These are monitored through the monthly Integrated Performance meeting chaired by the Care group Service Director and informed by the "Performance Scorecard" that is produced monthly by the MH Performance team.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 6 The health board should review the ward round structure and arrangements in place, to ensure that sufficient time is permitted to adequately discuss all patients.	Healthcare Inspectorate Wales (HIW)/2023/130/MD6/1	A review of ward round arrangements across the Health Board will be undertaken. This will include : Consultation with patients and carers Consultation with the multi-disciplinary team Benchmarking with other mental health services	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 6 The health board should review the ward round structure and arrangements in place, to ensure that sufficient time is permitted to adequately discuss all patients.	Healthcare Inspectorate Wales (HIW)/2023/130/MD6/2	Standards for ward round arrangements will be developed, communicated and implemented across the Care Group. These arrangements will be shared with all staff through Communication and Learning Framework (Recommendation 40). Audit of the process will be fed back to teams and any remedial action will reinforce compliance	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 7 The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD7/1	The Safe Discharge Workstream will develop standardised discharge communication processes across the Care Group.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 7 The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD7/2	In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 7 The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD7/3	The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 8 The health board must ensure that all relevant staff complete appropriate training for timely and effective communication and information sharing relating to the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD8/1	A review of ESR function and recording of mandatory and MH specific training within the MH care group and has developed a universal spreadsheet to enable accurate and consistent reporting of compliance. This was completed in March 2023.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 8 The health board must ensure that all relevant staff complete appropriate training for timely and effective communication and information sharing relating to the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD8/2	Subsequently the care group has rolled out a local training record that will enable accurate reporting of the range of mandatory and MH specific training.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023.. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 8 The health board must ensure that all relevant staff complete appropriate training for timely and effective communication and information sharing relating to the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD8/7	This will also enable reporting of training compliance through monthly Integrated Performance meeting chaired by the Care group Service Director.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 8 The health board must ensure that all relevant staff complete appropriate training for timely and effective communication and information sharing relating to the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD8/8	The care group is developing a Service Improvement Team (SIT) the service lead of which will gather intelligence from the wider Audit programme, unmet need process, wider learning and staff feedback through PADR to develop a training needs analysis (TNA).	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 9 The health board must ensure that minutes are completed for inpatient MDT meetings. This is to ensure an accurate record of attendance, key discussion points and agreed actions are available to all staff.	Healthcare Inspectorate Wales (HIW)/2023/130/MD9/1	4.4 Ensure that arrangements are in place to maintain comprehensive records following formal MDT meetings, discharge planning meetings or others relating to patient care, and ensure these are shared and reviewed by relevant staff.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 9 The health board must ensure that minutes are completed for inpatient MDT meetings. This is to ensure an accurate record of attendance, key discussion points and agreed actions are available to all staff.	Healthcare Inspectorate Wales (HIW)/2023/130/MD9/2	As part of the ward round and multi-disciplinary review (recommendation number 6) the Safe Discharge Workstream will develop standardised approaches for recording multi-disciplinary meetings across the Care Group.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 9 The health board must ensure that minutes are completed for inpatient MDT meetings. This is to ensure an accurate record of attendance, key discussion points and agreed actions are available to all staff.	Healthcare Inspectorate Wales (HIW)/2023/130/MD9/5	The Safe Discharge Workstream have agreed standards for format of content of ward round and MDT meeting to record attendance, key discussion points and agreed actions; an agreed template for recording this in the patient notes; and storage and access arrangements for all involved professional across CTM.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 9 The health board must ensure that minutes are completed for inpatient MDT meetings. This is to ensure an accurate record of attendance, key discussion points and agreed actions are available to all staff.	Healthcare Inspectorate Wales (HIW)/2023/130/MD9/6	As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 11 The health board must ensure that patients and, where appropriate, their family, carer and/or advocate are able to provide their views to inform inpatient care and discharge planning. These views and any subsequent actions should be recorded within the patients' notes.	Healthcare Inspectorate Wales (HIW)/2023/130/MD10/1	As part of the ward round and multi-disciplinary review (recommendation number 6) the Safe Discharge Workstream will develop standardised approaches for ensuring that family, carer and/or advocate views are documented across the Care Group.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 11 The health board must ensure that patients and, where appropriate, their family, carer and/or advocate are able to provide their views to inform inpatient care and discharge planning. These views and any subsequent actions should be recorded within the patients' notes.	Healthcare Inspectorate Wales (HIW)/2023/130/MD10/2	In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 13 The health board must ensure that patient records are routinely being updated by staff, to detail what, when and to whom information is being shared with as part of the discharge process.	Healthcare Inspectorate Wales (HIW)/2023/130/MD12/1	As part of recommendation 7 the Safe Discharge Workstream will develop standardised discharge recording and communication processes across the Care Group.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 14 The health board must ensure arrangements are in place to mitigate against the risks associated with expedited patient discharges, ensuring that timely information is shared with relevant community teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD13/1	The oversight of this recommendation will be via the Safe Discharge Workstream. The workstream will define an expedited discharge and develop a procedure for management of expedited discharges to ensure: An Offer of Home Treatment following discharge Formal communication with the Community Mental Health Team by ward manager Those identified as expedited will be escalated to the Clinical Service Group Senior Management Team for scrutiny and learning Review of process and decision making for each case	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 14 The health board must ensure arrangements are in place to mitigate against the risks associated with expedited patient discharges, ensuring that timely information is shared with relevant community teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD13/2	The care group will audit all cases who are considered to have been subject to "expedited discharge" using standards agreed within the procedure.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 14 The health board must ensure arrangements are in place to mitigate against the risks associated with expedited patient discharges, ensuring that timely information is shared with relevant community teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD13/3	Compliance/noncompliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 16 The health board should consider the benefits of reinstating the huddle meetings to help manage the issues with patient flow in and out of the inpatient units.	Healthcare Inspectorate Wales (HIW)/2023/130/MD15/1	The oversight of this recommendation will be via the Access and Alternatives to Admission Workstream. See response to recommendation 15	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 19 The health board must continue to provide HIW with updates on the plans to implement the unified patient clinical records system. This must also include consideration for its inpatient and community services for Child and Adolescent Mental Health Services across the health board.	Healthcare Inspectorate Wales (HIW)/2023/130/MD18/1	The Executive and Board are committed to the implementation of a unified electronic record system for the Mental Health and Learning Disabilities Care Group, which includes Child and Adolescent Mental Health Services.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Overdue	October 2024 Update - Currently in process of drafting a local business case for CTMUHB to move rapidly with our own procurement process to obtain the single clinical record. August 2024 Update - this remains on going. June 2024 Update - Progress to date; In-Patient Matrix devised for all in-patient and rehab units to mitigate risk of inability to access/share current patient information Matrix supports ward staff in and out of hours and gives staff contact numbers of who to contact should the patient come from another locality where a different clinical system is being used. This allows current information to be accessed/shared timely February 2024 Update - It has been decided that WCCIS would no longer be the system implemented and that the Health Board are exploring two system options whilst awaiting a National Solution. December 2023 Update - Status relates to the Implementation of WCCIS Update to be provided to HIW 31/01/1024 The Health Board is working closely with Digital Health and Care Wales and other Health Boards in relation to implementation. However, in light of implementation challenges faced by another Health Board, discussions at a national level are ongoing in relation to the preferred digital solution to a unified patient clinical record system.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 19 The health board must continue to provide HIW with updates on the plans to implement the unified patient clinical records system. This must also include consideration for its inpatient and community services for Child and Adolescent Mental Health Services across the health board.	Healthcare Inspectorate Wales (HIW)/2023/130/MD18/2	A business case has been developed and endorsed by the Executive. There are however challenges with the preferred national system. The Health Board is working closely with Digital Health and Care Wales and other Health Boards as part of the review of the national strategic programme for the Welsh Community Care Information System. The outcome of this review will influence timescales for WCCIS implementation for the Health Board. A CTMUHB WCCIS Workshop is scheduled for 15th June 23 led by MHLD Service Director. CTMUHB WCCIS Programme Board to start from 25th July 23 chaired by the Deputy Chief Operations Officer and Executive Director for Digital. A WCCIS Operational Group will start in July/ August 23 chaired by MHLD Service Director and IT/ Digital Senior manager. WCCIS Implementation Plan timescales for MHLD to be refreshed and presented to WCCIS workshop on 15th June 23.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 19 The health board must continue to provide HIW with updates on the plans to implement the unified patient clinical records system. This must also include consideration for its inpatient and community services for Child and Adolescent Mental Health Services across the health board.	Healthcare Inspectorate Wales (HIW)/2023/130/MD18/3	As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The complet

Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 20 The health board must implement actions to mitigate against risks associated with staff access to clinical records in different teams to patient information in a timely manner.	Healthcare Inspectorate Wales (HIW)/2023/130/MD19/2	In alignment with the Access and Admission workstream and Safe Discharge workstream drivers, process mapping has been undertaken and flow diagrams regarding passing patient information between CMHT and Inpatient for admission and discharge have been completed and shared across the MHLD care Group.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 21 The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010	Healthcare Inspectorate Wales (HIW)/2023/130/MD20/1	"This element of recommendation 21 has been addressed as part of the immediate assurance action plan: 4.1.1 Review discharge letter templates, to ensure they provide sufficient information to patients and other key staff to support a patient following discharge and help maintain their safety and wellbeing".	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 21 The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010	Healthcare Inspectorate Wales (HIW)/2023/130/MD20/2	Aligned with recommendation 6 and recommendation 11 the Safe Discharge Workstream will ensure that there is a standardised approach to communication with patients and where appropriate their family or carers.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 21 The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010	Healthcare Inspectorate Wales (HIW)/2023/130/MD20/3	In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Reorganisation of the MHLD Care Group in progress
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 21 The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010	Healthcare Inspectorate Wales (HIW)/2023/130/MD20/5	In alignment with the work undertaken by the High quality records workstream , the inpatient units are now using a uniform template for electronic discharge letters and recording, storage and circulation if also uniform This has also been adapted for OA Services to ensure parity across inpatients and CMHTs.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 21 The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010	Healthcare Inspectorate Wales (HIW)/2023/130/MD20/6	As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 23 The health board must ensure that discharge summaries are completed and sent out to the patients' GP and other relevant services involved in the post discharge care and treatment, within a week of the discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD22/1	The oversight of this recommendation will be via the Ward Assurance Group. This standard is explicit within the Health Board Procedure (MH40) standard and is monitored through a process audit of all discharges within 24 hours (ward manager) and Bi weekly document review (Senior Nurse). This audit will be included in the Health Board electronic audit tool	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 24 The health board must ensure that patients are followed up within three days post discharge from mental health units, in line with national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD23/2	This standard is explicit within the Health Board Discharge Procedure (MH40) standards.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 24 The health board must ensure that patients are followed up within three days post discharge from mental health units, in line with national guidance.	Healthcare Inspectorate Wales (HIW)/2023/130/MD23/4	The High Quality Clinical Records Workstream will provide solutions for the monitoring of discharge follow up by community teams using different record systems.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 25 The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/130/MD24/8	The inpatient units have developed staffing escalation processes to ensure effective support to those staff who have responsibility for safe staff decision making on a shift by shift basis. These will be reviewed to ensure a consistency of approach across all inpatient units.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 25 The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/130/MD24/9	A review of nursing establishments across the inpatient units is underway. This will be informed by present best practice guidance and the principles that have been developed by the ongoing All Wales Mental Health Nurse staffing programme.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 25 The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/130/MD24/10	Alternative approaches to recruitment and retention will be explored including: •Recruitment events •Skill mix review •Exploration of Band 4 roles •Overseas recruitment •HCSW to registered nurse training pathways	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 25 The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/130/MD24/11	The care group will monitor staffing, recruitment and retention issue s and the effectiveness of the approaches detailed through a monthly Nursing Staffing and Workforce meeting.	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 25 The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	Healthcare Inspectorate Wales (HIW)/2023/130/MD24/12	Workforce issues such as vacancies and sickness are reported , by clinical service group at monthly Integrated performance meeting	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation pending ratification at Inpatient Improvement Board on 21/11/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 26 The health board should undertake a community workforce capacity and demand review, to ensure relevant community teams are sufficiently resourced to manage their patient caseloads.	Healthcare Inspectorate Wales (HIW)/2023/130/MD25/1	"The oversight of this recommendation will be via the Care Group Strategic Transformation Board. The Health Board will undertake a demand and capacity review of the community teams and will consider •Referral pathways •Utilisation of local resources •Thresholds for access to community teams •Caseload numbers and acuity •Skill mix •Workforce wellbeing"	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation ratified as completed by the Inpatient Improvement Board on 17/10/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 26 The health board should undertake a community workforce capacity and demand review, to ensure relevant community teams are sufficiently resourced to manage their patient caseloads.	Healthcare Inspectorate Wales (HIW)/2023/130/MD25/2	The demand and capacity review will include engagement with staff working within community teams within the health board, as staff experience, engagement and feedback is an essential part of a compassionate leadership approach to service review.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Recommendation ratified as completed by the Inpatient Improvement Board on 17/10/2023
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 27 The health board must provide an update on the status of the Merthyr Cynon CRHT assessment facilities within PCH.	Healthcare Inspectorate Wales (HIW)/2023/130/MD26/3	The current room has been stripped of ligature points as far as is reasonably practicable but is not an anti-ligature environment so is reliant on risk assessment and observation of the patient.	Mental Health & Learning Disabilities	30.09.2023	30.09.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 27 The health board must provide an update on the status of the Merthyr Cynon CRHT assessment facilities within PCH.	Healthcare Inspectorate Wales (HIW)/2023/130/MD26/4	Hand held panic alarms have been ordered and will be delivered to Crisis Team w/c 12th June 23	Mental Health & Learning Disabilities	30.09.2023	30.09.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 27 The health board must provide an update on the status of the Merthyr Cynon CRHT assessment facilities within PCH.	Healthcare Inspectorate Wales (HIW)/2023/130/MD26/5	The Care Group is working closely with colleagues at Prince Charles Hospital as part of the estates planning processes and an update on substantive arrangements for unscheduled/crisis assessment will be provide to HIW assessment 30 Sept 2023.	Mental Health & Learning Disabilities	30.09.2023	30.09.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. Status relates to the substantive arrangements for unscheduled/crisis assessment in PCH
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 28 The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD27/1	As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 28 The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD27/2	In alignment with the Access and Admission workstream and Safe Discharge workstream drivers, process mapping has been undertaken and flow diagrams regarding passing patient information between CMHT and Inpatient for admission and discharge have been completed and shared across the MHLD care Group.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 28 The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD27/3	In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 28 The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD27/4	The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 28 The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	Healthcare Inspectorate Wales (HIW)/2023/130/MD27/5	This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM .	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. February 2024 - Reorganisation of MHLD Care Groups has commenced with shadow directorates from 01/02/2024. December 2023 Update - Reorganisation of the Mid D Care Group in progress
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 29 The health board must take action to ensure there is sufficient medical capacity across all mental health teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD28/2	The care Group Medical Director is leading on the development and progress of a Medical Workforce Productivity Committee with the purpose of developing a pan care Group medical workforce plan to ensure the delivery of safe High quality care. "This programme of work is focusing on: •Medical recruitment •Medical retention •Design of new roles •Monitoring of job planning •Management of vacancies"	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 29 The health board must take action to ensure there is sufficient medical capacity across all mental health teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD28/3	"Medical Workforce Productivity Group is now established with CTM wide membership and terms of reference agreed and following first meeting in May 2023. Workstreams agreed for •Recruitment and retention •Unplanned care •Diverse workforce and Vacancy rates agreed as the Initial Outcome measure"	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 29 The health board must take action to ensure there is sufficient medical capacity across all mental health teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD28/5	The care group will monitor staffing, recruitment and retention issues and the effectiveness of the approaches detailed through a monthly Medical Staffing and Workforce meeting.	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 29 The health board must take action to ensure there is sufficient medical capacity across all mental health teams.	Healthcare Inspectorate Wales (HIW)/2023/130/MD28/6	Workforce issues such as vacancies and sickness are reported , by clinical service group at monthly Integrated performance meeting	Mental Health & Learning Disabilities	31.07.2023	31.07.2023	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 31 The health board must consider the need to undertake a review of the capacity and demand of the mental health therapy services, and whether the establishment is correct to meet the demand.	Healthcare Inspectorate Wales (HIW)/2023/130/MD30/5	The remaining demand and capacity review will include engagement with staff working within each of the Therapies disciplines, as staff experience, engagement and feedback is an essential part of a compassionate leadership approach to service review. This review will conclude in the development of a MH Therapy workforce proposal for consideration.	Mental Health & Learning Disabilities	31.03.2024	31.03.2024	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting. February 2024 Update - Consultant Clinical Psychologist is leading on this action from a psychological therapies perspective and the recommendation is on track to be completed by 31/03/2024.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 31 The health board must consider the need to undertake a review of the capacity and demand of the mental health therapy services, and whether the establishment is correct to meet the demand.	Healthcare Inspectorate Wales (HIW)/2023/130/MD30/10	AHP and psychological therapies in acute services have a long tradition of offering training placements to clinical psychology trainees, counselling psychology trainees, art psychotherapy trainees and psychology undergraduate yearlong placements students. This has created additional capacity to ensure a tiered approach to working with people in acute care. This additional capacity has enabled more patients to be offered protocol based psychological interventions.	Mental Health & Learning Disabilities	31.03.2024	31.03.2024	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 31 The health board must consider the need to undertake a review of the capacity and demand of the mental health therapy services, and whether the establishment is correct to meet the demand.	Healthcare Inspectorate Wales (HIW)/2023/130/MD30/11	For the wider nursing team training on Compassionate Care, and Psychologically Informed Practice has been arranged and delivered to the RMN and HCA workforce in acute services, while further training is being planned and commissioned with a third sector provider to deliver ASSIST suicide prevention training to the workforce by October 31 2023	Mental Health & Learning Disabilities	31.03.2024	31.03.2024	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 32 The health board must consider the staff feedback highlighted in this report and consider undertaking a training needs analysis for inpatient and community staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	Healthcare Inspectorate Wales (HIW)/2023/130/MD31/2	In addition to the core learning skills for mental health staff and informed by the outcome of the wider In-patient Improvement workstreams a full training needs analysis will be completed to identify further opportunities for skills development.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 32 The health board must consider the staff feedback highlighted in this report and consider undertaking a training needs analysis for inpatient and community staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	Healthcare Inspectorate Wales (HIW)/2023/130/MD31/4	In light the scale of improvement required, in addition to the organisational mandatory and statutory training requirement, the Mental Health care group are focusing only on a core set of Mental Health specific skills including WARRN, CTP and PMVA training, and any Mental Health Act /statutory training that is immediately identified through on going learning.	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 32 The health board must consider the staff feedback highlighted in this report and consider undertaking a training needs analysis for inpatient and community staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	Healthcare Inspectorate Wales (HIW)/2023/130/MD31/6	The Care Group will focus on increased compliance within the time scale 31 August 2023 review, but outside this will revisit the fuller training needs analysis this in 12 months' time (31 May 2024) with a fuller understanding of the lessons from the Inpatient improvement work streams.	Mental Health & Learning Disabilities	31.08.2023	31.05.2024	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 33 The health board must ensure that all staff across the mental health services are aware of how to access support, and that timely access to occupational health and well-being support is available to staff when required.	Healthcare Inspectorate Wales (HIW)/2023/130/MD32/2	"The Care Group will: •Establish a programme of Wellbeing Activists in each team to work as champions for this agenda. •Implement the learning from the Ty Lisiland and Maternity Services improvement work on staff engagement •Work with people services and occupational Health to determine blockages to assess service and possible mitigants •Develop mechanisms to demonstrate appreciation and celebrate success •Seek to understand the root causes of staff distress and explore solutions"	Mental Health & Learning Disabilities	31.08.2023	31.08.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 33 The health board must ensure that all staff across the mental health services are aware of how to access support, and that timely access to occupational health and well-being support is available to staff when required.	Healthcare Inspectorate Wales (HIW)/2023/130/MD32/3	The care group uses a range of methods to seek feedback and input form the staff group. A programme of

Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 36 The health board must provide HIW with an update on the progress of the ongoing work to review and update the mental health service policies and procedures, and when the health board wide documents will be implemented. This must include how this will be shared with all staff across the mental health services as a whole.	Healthcare Inspectorate Wales (HIW)/2023/130/MD35/1	The oversight of this recommendation will be via the Policies Group. The newly established Policy Review group will have an operational scope to: •Review & RAG of all existing MH Policies to establish priorities rating •Develop a policies plan with trajectories for addressing the backlog •To progress for sign off at Care Group level •Maintenance of a register of policies for review Following agreement of ToR at April 2023 Care Group Quality Safety Risk and Experience Group.	Mental Health & Learning Disabilities	01.06.2024	01.06.2024	Overdue	October 2024 Update - remains ongoing, to discuss further at QSRE. August 2024 Update - •21 policies in date (up from 16 in July). •6 pending ratification, awaiting comments by 2nd Sept, I will then progress. •36 under review (17 have slipped completion dates from June/July to Sept/Oct/Nov 24) as below: June 2024 Update - Though all policies and procedures are now under review by the expert groups, the changes caused by the restructure is causing added complication as teams and services and moved and merged across locality (e.g. MH Liaison SOP). February 2024 Update - Remains in progress December 2023 Update - The HB has revised its process for the ratification of policies which will lead to more timely ratification and will enable all policies and procedures to be ratified by 01/06/24. There are 39 expired MH policies/ procedures. These have been prioritised for updates. The Mental Health Policy Review Group will monitor this review schedule at each meeting. In the interim the Mental Health Policy group has directed the clinical teams to work with the most current version each Clinical policy.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 36 The health board must provide HIW with an update on the progress of the ongoing work to review and update the mental health service policies and procedures, and when the health board wide documents will be implemented. This must include how this will be shared with all staff across the mental health services as a whole.	Healthcare Inspectorate Wales (HIW)/2023/130/MD35/2	Mental health policies will follow the agreed organisational process for ratification. All NH specific policies were reviewed by 1 June 2023 and of the 49 MH specific policies - Review underway 4 in date and approved 13 Expired 32. With an agreement that those that require updating will be completed by 1st June 2024. The 32 expired policies have been prioritised with consideration of patient safety, present best practice and clinical impact and a review schedule has been developed with this in mind. The Mental Health Policy group will monitor this review schedule at each meeting through an agenda item. In the interim the Mental Health Policy group has directed the clinical teams to work with the most current version each Clinical policy. On completion agreed policies will be communicated to all Nursing and Medical staff across all Mental Health services using the care Group "Communication and Learning Framework" (recommendation All current and ratified policies will be live on the Mental Health Policies page on the staff internet site SharePoint.	Mental Health & Learning Disabilities	01.06.2024	01.06.2024	Overdue	October 2024 Update - 21 policies up to date, 31 under review, 12 awaiting approval. August 2024 Update - • 21 policies in date (up from 16 in July). • 6 pending ratification, awaiting comments by 2nd Sept, I will then progress. • 36 under review (17 have slipped completion dates from June/July to Sept/Oct/Nov 24) as below:
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 37 The health board must ensure that risk registers are reviewed, and that consideration is given to risk identification and risk management processes. This must include assuring itself that key staff are adequately trained in identifying risks and their management.	Healthcare Inspectorate Wales (HIW)/2023/130/MD36/1	The oversight of risk registers will be dually via the Care Group Quality Safety Risk and Experience Group and the Performance, Planning and Finance Group. Accountability for the management of risk registers at Clinical Service Group will be via operational leaders	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 37 The health board must ensure that risk registers are reviewed, and that consideration is given to risk identification and risk management processes. This must include assuring itself that key staff are adequately trained in identifying risks and their management.	Healthcare Inspectorate Wales (HIW)/2023/130/MD36/2	The organisational risk register includes risk with a score of over 15. The organisational risk register has been reviewed across the Health Board. Aggregate workforce shortage and training risks are included for CTM. Specific Mental Health risks including clinical records and environmental risks are recorded on the organisational risk register. Risk registers with scores over 12 are monitored at Care Group level via Quality Safety Risk and Experience Group – (see Appendix 1 for governance arrangements), and all other risks are monitored via the Clinical Service Group performance arrangements. The Head of Quality and Safety will lead an operational care group governance meeting to monitor compliance with Putting Things Right, action plans and risk review timescales. Agenda item in performance meeting at senior nurse level in order to encourage escalation and culture of owning risks and mitigation as local level.	Mental Health & Learning Disabilities	30.11.2024	30.11.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 38 The health board must consider how it can audit the process in place for social worker identified incidents, which are documented within Datix, and that feedback, learning and actions are shared with them as applicable.	Healthcare Inspectorate Wales (HIW)/2023/130/MD37/1	The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group. The Mental health Governance lead will establish a working group with the Lead Nurses and Local Authority heads of service to develop a mechanism for multi-agency incident reporting.	Mental Health & Learning Disabilities	30.06.2023	31.10.2024	In progress	October 2024 Update - Completed. August 2024 Update - No update received this period. February 2024 Update - Update from Business Intelligence Team that they have explored ways for a social worker to be able to access the incident module of Datix, however a solution has not been found. Action agreed: SOP to be developed to describe the process for feedback, learning and actions to be shared with social workers as applicable. Previous Update - The Mental Health Care Group is exploring a way for social workers to be able to report incidents directly through Datix with the Health Board Governance Tteam and ICT team. This has been delayed by issues with allowing non HB personnel access to HB and NHS systems and organisational changes to the CTM governance and Datix teams. In the meantime, a process for reporting and feeding back
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 39 The health board must ensure that any staff who report incidents via Datix are provided with feedback, including any actions taken and learning identified.	Healthcare Inspectorate Wales (HIW)/2023/130/MD38/1	"The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group. Following rollout of new 'Datixweb' functionality, datix reviews cannot be closed without providing the reporter with feedback. Monitoring of incident closures will be via the Quality, Safety, Risk and Experience Group."	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/130	07.03.2023	Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board (Ref: 2023061)	Recommendation 40 The health board must ensure that there is a process in place to share learning or actions identified following incidents are cascaded across all teams within its mental health services.	Healthcare Inspectorate Wales (HIW)/2023/130/MD39/1	"The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group. The Mental Health Care Group will develop a Communication and Learning framework that entails: •A Standard operational Policy for cascade/escalation of information Ward/Board/Ward (attached Appendix 6) •Bimonthly Quality, Safety, Risk and Experience (QSRE)meetings where learning is shared between all Clinical Service group (CSG) senior teams •Monthly CSG QSRE for escalation and dissemination of wider learning by Senior Nurses amd MDT. Monthly "Clinical Lead" meetings for escalation and dissemination of wider learning to ward managers and Team leaders •Monthly team/ward meetings for escalation and dissemination of wider learning, and sharing of local Quality improvement and audit information. This will be an universally agendad meeting with action points noted. •7 minute briefings /LAGER used as a mechanism to share learning in team/ward meetings; safety briefings on wards; and to individual staff email accounts. •Each clinical area (inpatient and community) will have designated training board/information space for the sharing of learning / local audit/ educational resource •quarterly Post Grad learning Sessions to enable Multi-disciplinary Shared learning	Mental Health & Learning Disabilities	30.06.2023	30.06.2023	Fully complete (Awaiting approval)	October 2024 Update - QSRE date of approval November 2023. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSRE meeting.
Healthcare Inspectorate Wales (HIW)/2023/134	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix A - Immediate Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with details of the action taken: • to improve mandatory staff training compliance in respect of resuscitation training • to promote patient safety in the interim until compliance has improved	Healthcare Inspectorate Wales (HIW)/2023/134/MD2/1	Cwm Taf University Health Board acknowledges that compliance for mandatory resuscitation training is not where we want it to be in order that Patient Care and Safety can be assured in the event of a patient collapse - Current Training Compliance:- ED •Registered Nurse ILS compliance is currently 38.24% and HCSW BLS is 2.78% as demonstrated in attached training needs analysis. •An 8a Senior Nurse for Professional Education has been appointed (July 2022) as part of the new ED Workforce Model agreed following the HIW review in September 2021. •A Training Needs Analysis has been undertaken and a Study Plan has been developed for all Registered Nurses and HCSWs Registered Nurses-the Resuscitation Team have agreed to undertake bespoke ILS and PILS training monthly with 12 spaces being allocated monthly HCSWs - the Resuscitation Team have agreed to undertake bespoke BLS training monthly for ED -8 spaces As an interim measure to ensure patient safety until compliance has improved the senior nurse for ED will have oversight of the roster to provide assurance that each area has an ILS trained nurse on shift. CDU - Registered Nurse ILS currently 70.6% this should also translate to BLS being achieved at 70.6% which was a data entry error to be immediately rectified by the resuscitation team via ESR. There are only 5 further nurses requiring training in order to meet 100%. Training is in line with the PDR process "Have your Conversation"; training compliance is aligned to the Achieve Programme process.	Unscheduled Care	01.11.2023	30.06.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - CDU BLS - 94%, ILS 40%. ED BLS - 80% ALS 65% (CDU- Clinical Decisions Unit- (BLS) Basic Life support (ILS) Immediate Life Support (ED) Emergency Department (BLS) Basic Life support (ALS) Advanced Life Support.) February 2024 Update - CDU compliance ILS 60% (RN), BLS 68% and ED compliance ILS 43.75% , BLS 76%. It is important to note the RN's undertake ILS training and therefore BLS is not required - ESR Mandatory Training requires updating. Please note there has been 10 wte New Starters in the last 6 weeks, hence reducing the compliance rate - there is a plan to improve. Partially Completed – review date June 2024 (new recruitment has reduced trajectory of compliance-as described). Previous Update - 65% compliance aim November 2023 with 100% compliance February 2024.
Healthcare Inspectorate Wales (HIW)/2023/140	16.05.2023	HMP Parc Prison	HMP Parc Prison should ensure that there is a robust mechanism to ensure that drug monitoring bloods are organised in a timely fashion especially for immunosuppressant drugs.	Healthcare Inspectorate Wales (HIW)/2023/140/MD2/1	A review of the current GP management process to be undertaken . To implement a robust process ensuring that bloods required due to drug monitoring are undertaken in a timely manner and results are reviewed appropriately.	Primary Care & Community	31.08.2023	31.08.2023	Partially complete (Overdue)	October 2024 Update - Discussion with Head of Healthcare within HMP Parc, chaser email sent to GP contractors to request update on process with implementation of recommendation. September 2024 Update - email send from head of Health care to GP contractors August 2024 - ongoing with Pharmacy lead and GP in HMP parc
Healthcare Inspectorate Wales (HIW)/2023/140	16.05.2023	HMP Parc Prison	HMP Parc Healthcare must ensure that all medication recommended is supplied.	Healthcare Inspectorate Wales (HIW)/2023/140/MD7/1	A work stream to understand the correct process and to develop robust process to ensure recommended medication is supplied. This will include- flow chart to be drafted and implemented with a process how staff/ patients access medication in a timely manner. Implementation of critical medication policy. Any process developed will need to consider all stages, pharmacy from the perspective of supply and staff on the wings for administration. Consideration needed regarding prescribing as it may be that in some circumstances an interim prescription for an alternative formulation etc may be required.	Primary Care & Community	31.08.2023	31.08.2023	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. September 2023 Update - No update received August 2024 Update - Ongoing with Pharmacy lead and GP in HMP parc.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should engage with each other, to learn from the good patient education practices taking place across Wales. This could help the shared learning with themselves and with GP practices in their localities, to educate patients of the risks for a stroke, to help reduce the number of strokes across Wales.	Healthcare Inspectorate Wales (HIW)/2023/155/MD1/1	CTM UHB continues to work in partnership with Cardiff and Vale UHB in the Regional Network for stroke services and have collaborated on cross-health board workshops to share and learn from good practice for service development, including patient education. The Health Board will continue to engage in the national network for stroke to ensure that we work together with other Health Boards across Wales to develop and share good practice and learning for the benefit of our patients and teams. Work continues in our GP Practices to target patients at increased risk of stroke and we continue to build on this as part of CTM2030 and our Acute Clinical Services Plan. Governance and reporting have been refreshed and strengthened, with learning fed back through the CTM UHB Stroke Operational Group and Stroke Performance Board into the Stroke Strategy Group for implementation across the Health Board area.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - This work is ongoing and forms part of long term engagement and partnership working via the stroke programme board. Revised Due Date - Ongoing across 2024/25 Ongoing across 2023/24
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Public Health Wales should consider the development and promotion of a national campaign to raise stroke awareness and its prevention in Wales alongside its Act FAST campaign. This should include raising awareness of stroke prevention within black and minority ethnic communities and the impact of health inequalities and socio-economic deprivation.	Healthcare Inspectorate Wales (HIW)/2023/155/MD2/1	This action is led by PHW however, CTM UHB will continue to engage with PHW, the Stroke Association, and other Health Boards through the national network in order to support the development and implementation of a campaign by PHW. Updates will feed through to the CTM UHB Stroke Strategy Group to ensure continued support.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - "This action is led by PHW however, CTM UHB will continue to engage with PHW, the Stroke Association, and other Health Boards through the national network in order to support the development and implementation of a campaign by PHW. Updates will feed through to the CTM UHB Stroke Strategy Group to ensure continued support. Revised Due Date - Ongoing across 2024/25 Ongoing across 2023/24
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards and PHW should work closely with Black and minority ethnic communities and people affected by socio-economic deprivation, to understand the specific issues they face with their increased risk of stroke and in accessing preventative care and ensure ongoing engagement with them to support better health outcomes.	Healthcare Inspectorate Wales (HIW)/2023/155/MD3/1	CTM UHB will continue to engage with PHW and Health Boards across Wales through the national network to support a co-ordinated approach to effective engagement with Black and minority ethnic communities and people affected by socio-economic deprivation, to understand the specific issues they face. Listening to all our communities and increased engagement is a key part of the CTM UHB Organisational Strategy Action Plan.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - "CTM UHB will continue to engage with PHW and Health Boards across Wales through the national network to support a co-ordinated approach to effective engagement with Black and minority ethnic communities and people affected by socio-economic deprivation, to understand the specific issues they face. Listening to all our communities and increased engagement is a key part of the CTM UHB Organisational Strategy Action Plan." Revised Due Date - Ongoing across 2024/25 Ongoing across 2023/24
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must communicate with each other to establish the good practices taking in place in some hospitals for the robust management of patient flow. This includes the implementation of effective action plans to manage daily discharges, which remain active throughout the day, and in planning for subsequent days.	Healthcare Inspectorate Wales (HIW)/2023/155/MD5/1	Significant work is ongoing to ensure the robust management of patient flow. Each site has a well-established daily Safe2Start meeting which provides assurance around site based escalation, staffing, patient safety and clinical priorities. The meeting allows the identification of clinical priorities, including stroke patients, and time frames for movement to appropriate inpatient beds. All patient flow constraints are discussed and risk is shared across the acute inpatient wards and community sites in order to balance risk within the Emergency Department. This remains an action focused meeting, with clear ownership and delivery prior to the afternoon meeting. As part of this work, under the 6 Goals national programme, the Safe2Start template has been revised to include SAFER, Red2Green and both internal and external delay metrics. There was a delay in launching the new template due to access required into SAFECARE to display nurse staffing levels, this is being worked through by informatics colleagues with the new template expected to be completed and implemented by November 2024. We have introduced Electronic Whiteboards on every ward that track each stage of discharge and highlights any blockages in the process. This information is an integrated tool across health and social care partners. As part of this work, we have also developed Optimise, a programme of work under the national 6goals programme to focus on value added care for patients, including a multi-professional approach to patient flow and Discharge to Recover then Assess (D2RA) pathways.	Unscheduled Care	01.11.2023	01.11.2023	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - This work is ongoing and forms the central part of the stroke programme board - this is discussed in every other Q&S committee as part of the board update.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must review and consider timelier processes of prescribing take home medication and obtaining this promptly from pharmacy to minimise discharge delays. This should include planning well in advance of the scheduled time for discharge (such as the day before).	Healthcare Inspectorate Wales (HIW)/2023/155/MD6/1	CTM UHB is aware that consideration needs to be given to dedicated specialist pharmacist support as part of our review of the Stroke Pathway. The Pharmacy Team are involved in conversations to improve communication regarding estimated dates of discharge and full MDT involvement/use of eWhiteboards, which includes planning the day before for potential discharges. Pharmacy colleagues are also part of the site based Safe2Start meetings, so they are aware of potential discharges across the acute sites early to prevent potential delays.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - CTM UHB is aware that consideration needs to be given to dedicated specialist pharmacist support as part of our review of the Stroke Pathway. The Pharmacy Team are involved in conversations to improve communication regarding estimated dates of discharge and full MDT involvement/use of eWhiteboards, which includes planning the day before for potential discharges. Pharmacy colleagues are also part of the site based Safe2Start meetings, so they are aware of potential discharges across the acute sites early to prevent potential delays.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should consider the benefits of dedicated 'discharge phlebotomy slots' for managing the necessary blood tests, to assist with effective and timelier discharge.	Healthcare Inspectorate Wales (HIW)/2023/155/MD7/1	Currently, there is variation in the service provided across the CTM UHB footprint. In Princess of Wales Hospital, phlebotomy is provided through an SLA with Swansea Bay UHB. Prince Charles and Royal Glamorgan Hospitals' phlebotomy services are provided through CTM UHB. Further conversations will take place through the Stroke Programme Board/Operational Group to ascertain the feasibility of starting. Robust data would be required to evidence the implementation of this action which as yet we do not have and so this has not yet been progressed.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this action is not being progressed as - Currently, there is variation in the service provided across the CTM UHB footprint. In Princess of Wales Hospital, phlebotomy is provided through an SLA with Swansea Bay UHB. Prince Charles and Royal Glamorgan Hospitals' phlebotomy services are provided through CTM UHB. Further conversations will take place through the Stroke Programme Board/Operational Group to ascertain the feasibility of starting. Robust data would be required to evidence the implementation of this action which as yet we do not have and so this has not yet been progressed. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider the benefits of Improvement Cymru's Real Time Demand Capacity methodology, and whether this would have a positive impact to implement (or to pilot) within all hospitals to help manage timelier patient flow.	Healthcare Inspectorate Wales (HIW)/2023/155/MD8/1	Within Prince Charles Hospital there was a trial of the RTDC model with some positive effect supported by Improvement Cymru. There is a national move towards the North Bristol Trust model of continuous flow, which has been explored by the USC Group as an option which may have a positive impact on patient flow. We are currently collaborating with NHS Exec colleagues on the roll out of this, with the site planned for proof of concept being Royal Glamorgan. In order to undertake this piece of work, we need to understand the breakdown of our speciality demand and so informatics colleagues are supporting this piece of work which will be developed as an improvement project once relevant base line data is available.	Unscheduled Care	01.02.2024	31.12.2024	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - we remain in collaboration with the NHS exec on this however as an organisation we do not yet have predicted demand modelling available to us which constrains our ability to progress this work.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should reflect on their patient flow processes and consider whether improvements can be made with predictive methodology for demand in each of their hospital sites, such as with medical and surgical admissions.	Healthcare Inspectorate Wales (HIW)/2023/155/MD9/1	CTM UHB has significant experience of using predictive methods to enhance patient and system outcomes. In building on this as part of the development of an USC Dashboard, which is now embedded for operational use, and the future development of an ED Electronic Whiteboard/Viewer, there is the ability to start to inform the USC leadership team around their predicted demand. Later developments will allow the breakdown of this into speciality and also to further explore surgical demand data. The Health Board continues to build on its use of data to enhance the provision of business intelligence on offer at all levels of the organisation, in order to scrutinise the demand and flow of patients through the system. These additional developments have been built into the Informatics IMTP proposals for 2024/2025.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. Revised Due Date - In 2024/25 timescale dependent on resource availability Timescale in 2023/24-exact timescale dependent on resource availability August 2024 Update - CTM UHB has significant experience of using predictive methods to enhance patient and system outcomes. In building on this as part of the development of an USC Dashboard, which is now embedded for operational use, and the future development of an ED Electronic Whiteboard/Viewer, there is the ability to start to inform the USC leadership team around their predicted demand. Later developments will allow the breakdown of this into speciality and also to further explore surgical demand data. The Health Board continues to build on its use of data to enhance the provision of business intelligence on offer at all levels of the organisation, in order to scrutinise the demand and flow of patients through the system. These additional developments have been built into the Informatics IMTP proposals for 2024/2025.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should consider whether a daily senior nursing/ clinical oversight for each directorate could be implemented to facilitate clinical issues with flow. This may help ensure staff are making timely progress to discharge patients, challenge medical staff to undertake key tasks where necessary, and help expedite any outstanding clinical patient needs. In addition, to commence planning for patient discharge on subsequent days.	Healthcare Inspectorate Wales (HIW)/2023/155/MD10/1	See also response to Rec 5. Within the USC Group and under the umbrella of the national 6 Goals programme, there is a significant focus on patient flow, aligned to SAFER, Red2Green and right patient, right time, within work stream 3. Part of this work includes the implementation of a standardised process around board and ward rounds, with senior nursing and clinical teams having direct involvement with information relating to internal and external delays as part of this being captured on an electronic whiteboard which feeds into the afternoon Safe2Start site based meeting. This piece of work is Optimise and focuses of value added care. This work is ongoing and is large scale transformation with a detailed project plan and times lines for implementation that are monitored via Results Board	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - a proposal has been shared with the board for extension of the CNS workforce with Senior nurse oversight. this requires resource allocation. November launch - full implementation 24-25

Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards and WAST should engage with people to better understand the barriers to them accessing, or choosing, from the range of healthcare services available in Wales. Once the barriers are understood, this in turn, could be used to influence service design.	Healthcare Inspectorate Wales (HIW)/2023/155/MD11/1	Listening to our communities and understanding their experiences is a key part of the CTM UHB Organisational Strategy Action Plan. As part of CTM2030 and our Acute Clinical Services Plan there will be multiple opportunities to engage with our communities in order to influence service design.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Listening to our communities and understanding their experiences is a key part of the CTM UHB Organisational Strategy Action Plan. As part of CTM2030 and our Acute Clinical Services Plan there will be multiple opportunities to engage with our communities in order to influence service design.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should seek assurance that their MIUs and ED departments ensure all reception staff have received up to date Act FAST training, and they are competent with this. In addition, that appropriate escalation process is in place if a receptionist is or is not sure a patient may be suffering with a stroke.	Healthcare Inspectorate Wales (HIW)/2023/155/MD12/1	Due to significant changes within CTM in relation to a large scale OCP process with multiple changes to staff groups and lines of reporting the review of current training in relation to Act FAST training has not yet taken place. This is scheduled to start in the next month with an aim for completion by September. There is also a national e-triage system being implemented which may prevent the need for this in future, as stroke symptoms are built in as part of 'red flagging' leading to an appropriate clinical triage category for patients who are symptomatic of a stroke.	Unscheduled Care	01.10.2024	01.10.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this work remains a focus and is part of ongoing discussions as programme board - Due to significant changes within CTM in relation to a large scale OCP process with multiple changes to staff groups and lines of reporting the review of current training in relation to Act FAST training has not yet taken place. This is scheduled to start in the next month with an aim for completion by September. There is also a national e-triage system being implemented which may prevent the need for this in future, as stroke symptoms are built in as part of 'red flagging' leading to an appropriate clinical triage category for patients who are symptomatic of a stroke. Revised Review - August 2024. Ongoing implementation. Review March 2024 [illegible]
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	WAST and all health boards must work collaboratively to identify a consistent approach to ensure handover of stroke patients is made within the Welsh Government 15-minute target. This is to ensure that time critical investigations and treatment are undertaken promptly.	Healthcare Inspectorate Wales (HIW)/2023/155/MD13/1	Collaborative working with WAST continues as part of the CTM UHB Stroke Programme Board/Stroke Operational Group to collaboratively identify and implement a consistent pathway for stroke patients, both confirmed and query arriving at our emergency departments. In addition, we are currently reviewing our nurse specialist provision in order to create capacity to better support the early handover of stroke patients and transfer directly to time critical investigations.	Unscheduled Care	01.10.2024	31.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - collaborative work with WAST in relation to patient pathways is ongoing.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Welsh Government should work collaboratively with WAST, health boards and social care providers to evaluate and strengthen the current processes in place to improve flow through health and care systems, with a concerted focus on the analysis of flow, the bottlenecks impeding flow and the issues with achieving timely discharge.	Healthcare Inspectorate Wales (HIW)/2023/155/MD14/1	This action remains ongoing as stroke and flow performance indicators continue to form part of regular performance meetings with Welsh Government, resulting in scrutiny and discussion. In addition, CTM UHB is working with the NHS Wales Executive Performance and Assurance Directorate regarding stroke performance and the nation review of self-presenters. Recently reviewed data (as per below *table removed for AMaT purposes*), shows a decrease in patients self-presenting to CTM for Stroke, which in theory should enable a more efficient stroke pathway across PoW and PCH where we have stroke provision.	Unscheduled Care	01.10.2024	01.10.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - This action remains ongoing as stroke and flow performance indicators continue to form part of regular performance meetings with Welsh Government, resulting in scrutiny and discussion. In addition, CTM UHB is working with the NHS Wales Executive Performance and Assurance Directorate regarding stroke performance and the nation review of self-presenters. Recently reviewed data (as per below *table removed for AMaT purposes*), shows a decrease in patients self-presenting to CTM for Stroke, which in theory should enable a more efficient stroke pathway across PoW and PCH where we have stroke provision.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that ED staff undertake the triage of patients within the 15-minute target time. Where this has not been possible, it should be clearly documented 'why not' within the patient's clinical record.	Healthcare Inspectorate Wales (HIW)/2023/155/MD15/1	Triage within 15 minutes is a national tier one target and quality metric that we always strive to achieve. If not possible, additional resource is allocated to mitigate where possible. Any delays in triage is captured via ED huddles and site management patient safety reports, which are escalated to the Flow Manager of the day and the Exec on call to explore mitigations and actions to reduce any delays. Implementation of e-triage will minimise delays as patients will self-triage and be clinically prioritised following this. If triage times are starting to escalate then additional nursing resource is allocated to support.	Unscheduled Care	01.10.2024	01.10.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Triage within 15 minutes is a national tier one target and quality metric that we always strive to achieve. If not possible, additional resource is allocated to mitigate where possible. Any delays in triage is captured via ED huddles and site management patient safety reports, which are escalated to the Flow Manager of the day and the Exec on call to explore mitigations and actions to reduce any delays. Implementation of e-triage will minimise delays as patients will self-triage and be clinically prioritised following this. If triage times are starting to escalate then additional nursing resource is allocated to support. Ongoing targeted improvement
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that medical staff who carry the bleep for stroke alerts recognise the urgency of both thrombolysis and non-thrombolysis stroke calls. A patient may still be symptomatic whilst out of the thrombolysis window but may still be within the thrombectomy time frame. This is particularly important if a referral tertiary centre is relatively close to the ED.	Healthcare Inspectorate Wales (HIW)/2023/155/MD16/1	Significant work is ongoing within CTM UHB to review the clinical workforce required to review stroke patients within the ED. Work continues to ensure we have the right workforce with the right skills and attributes to support early recognition and treatment of stroke. Patients eligible for thrombectomy are described in the thrombectomy pathway, which forms part of teaching given to junior doctors and the stroke CNS team who carry the bleep for stroke alerts. The Unscheduled Care Group have developed a case for change to create additional ACP capacity to support urgent stroke alerts and more timely progress through the stroke pathway.	Unscheduled Care	01.01.2025	01.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Case submitted to Board in January 2024 and rejected - Significant work is ongoing within CTM UHB to review the clinical workforce required to review stroke patients within the ED. Work continues to ensure we have the right workforce with the right skills and attributes to support early recognition and treatment of stroke. Patients eligible for thrombectomy are described in the thrombectomy pathway, which forms part of teaching given to junior doctors and the stroke CNS team who carry the bleep for stroke alerts. The Unscheduled Care Group have developed a case for change to create additional ACP capacity to support urgent stroke alerts and more timely progress through the stroke pathway. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should review the provision of the CNS or ANP stroke specialist service at each acute site and consider how they can maximise their availability throughout the stroke service.	Healthcare Inspectorate Wales (HIW)/2023/155/MD17/1	Within CTM, a review of the CNS Stroke workforce has been undertaken with recommendations made to significantly increase the workforce but it is recognised that this requires significant additional resource. This paper has been refreshed to develop an ACP workforce over extended hours to support early recognition and treatment of stroke patients. Ongoing workforce modernisation is underway to ensure we have the right workforce with the right skills and attributes looking after our patients.	Unscheduled Care	01.01.2025	01.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - case submitted to Board in January 2024 - Within CTM, a review of the CNS Stroke workforce has been undertaken with recommendations made to significantly increase the workforce but it is recognised that this requires significant additional resource. This paper has been refreshed to develop an ACP workforce over extended hours to support early recognition and treatment of stroke patients. Ongoing workforce modernisation is underway to ensure we have the right workforce with the right skills and attributes looking after our patients. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards should ensure that EDs track and monitor all patients arriving at hospital with a suspected stroke (by ambulance and self-presenting), to drive improvement on assessment times, so people can commence on the stroke pathway in a timely manner.	Healthcare Inspectorate Wales (HIW)/2023/155/MD18/1	Work is underway to develop a patient alert system embedded in the Electronic White Board that will allow stroke wards to track and monitor suspected stroke patients from the Emergency Department. This is in an early development phase and development and progress is monitored via the 6 Goals Programme Board.	Unscheduled Care	01.01.2025	01.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - remains ongoing with digital team - Work is underway to develop a patient alert system embedded in the Electronic White Board that will allow stroke wards to track and monitor suspected stroke patients from the Emergency Department. This is in an early development phase and development and progress is monitored via the 6 Goals Programme Board. January 2025
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that all relevant staff within EDs are trained and are competent to use the ROSIER assesment tool. In addition, that staff are consistently using a validated tool, such as ROSIER, to enable prompt differentiation with strokes or stroke mimics, such as TIA.	Healthcare Inspectorate Wales (HIW)/2023/155/MD19/1	Work is ongoing within the USC Group to streamline processes and ensure the domains of quality are met across the organisation, with a focus on equity of treatment and patient outcomes. There is a comprehensive stroke pathway that are working to replicate on other sites working in collaboration with stroke teams and other relevant stakeholders to support standardisation where possible to ensure compliance with the ROSIER assessment tool.	Unscheduled Care	01.10.2024	31.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this remain a priority - Work is ongoing within the USC Group to streamline processes and ensure the domains of quality are met across the organisation, with a focus on equity of treatment and patient outcomes. There is a comprehensive stroke pathway that are working to replicate on other sites working in collaboration with stroke teams and other relevant stakeholders to support standardisation where possible to ensure compliance with the ROSIER assessment tool.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that ED staff fully and clearly complete the clinical diagnostic assesment tool for stroke	Healthcare Inspectorate Wales (HIW)/2023/155/MD20/1	As part of ongoing work within the USC Group, actions are being developed to streamline processes and ensure the domains of quality are consistently met, with a focus on equity of treatment and patient outcomes. There is a comprehensive stroke pathway in place that we are working to replicate across all sites. This work is being done in collaboration with stroke teams and other relevant stakeholders to support the standardisation wherever possible and appropriate. This will ensure compliance with completing the clinical diagnostic tool for stroke.	Unscheduled Care	01.10.2024	31.01.2025	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - USC Care Group continue to work towards equity across our sites and this forms part of stroke programme board discussions.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that the reason for delayed brain imaging is monitored and analysed for possible stroke patients to ensure scans are completed in a timely manner in line with NICE guidance.	Healthcare Inspectorate Wales (HIW)/2023/155/MD22/1	The work of the CTM UHB Stroke Operational Group is ongoing in its analysis of the stroke pathway through from arrival at hospital front door to discharge. All breaches are reviewed to identify learning and any associated actions. The work of the group will include implementation of processes to monitor delays in the pathway for scans and actions to address.	Unscheduled Care	01.01.2024	01.01.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this work is continuous - The work of the CTM UHB Stroke Operational Group is ongoing in its analysis of the stroke pathway through from arrival at hospital front door to discharge. All breaches are reviewed to identify learning and any associated actions. The work of the group will include implementation of processes to monitor delays in the pathway for scans and actions to address. Revised Due Date - Ongoing - 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that all possible stroke patients who are clinically appropriate for thrombolysis, receive treatment in a timely manner.	Healthcare Inspectorate Wales (HIW)/2023/155/MD25/1	Within CTM UHB stroke pathway, all patients presenting inside of the thrombolysis window (Code 1 stroke) are to be reviewed by the medical registrar, Stroke CNS and Stroke Consultant on arrival. In hours, the target is to administer thrombolysis within the 45 minute guideline. There are delays out of hours due to waiting for Everlight to report CT scans. Work is ongoing to develop a more robust stroke Consultant rota with other Health Board colleagues and discussions are ongoing around resuming the regional Stroke Consultant rota. This would enable us to avoid Everlight delays by stat reporting by the stroke Consultants.	Unscheduled Care	01.10.2024	01.10.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - USC Care Group continue to explore regional solutions however this remains multifaceted and complex - Within CTM UHB stroke pathway, all patients presenting inside of the thrombolysis window (Code 1 stroke) are to be reviewed by the medical registrar, Stroke CNS and Stroke Consultant on arrival. In hours, the target is to administer thrombolysis within the 45 minute guideline. There are delays out of hours due to waiting for Everlight to report CT scans. Work is ongoing to develop a more robust stroke Consultant rota with other Health Board colleagues and discussions are ongoing around resuming the regional Stroke Consultant rota. This would enable us to avoid Everlight delays by stat reporting by the stroke Consultants. Revised Due Date - 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must explore the options available to improve the process for prioritising stroke patient admissions to acute stroke wards within the four-hour target, to help maximise their clinical outcome.	Healthcare Inspectorate Wales (HIW)/2023/155/MD28/1	As part of the Stroke Programme Board/Stroke Operational Group, there is ongoing transformation work around patient flow and prioritisation of stroke patients to meet the 4 hour target. This is a key improvement metric within CTM UHB and work will continue around exploring more extensive ring fencing of beds, early identification, and pull of patients from the Emergency Department. This work needs to be supported by workforce modernisation, digital enablers and resource allocation. A task and finish group has delivered a single pathway for patients self-presenting at RGH to transfer to the Stroke unit at PCH this in continuously monitored and re/evaluated as required.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this work is ongoing as was a focus as part of the recent 'reset fortnight' - As part of the Stroke Programme Board/Stroke Operational Group, there is ongoing transformation work around patient flow and prioritisation of stroke patients to meet the 4 hour target. This is a key improvement metric within CTM UHB and work will continue around exploring more extensive ring fencing of beds, early identification, and pull of patients from the Emergency Department. This work needs to be supported by workforce modernisation, digital enablers and resource allocation. A task and finish group has delivered a single pathway for patients self-presenting at RGH to transfer to the Stroke unit at PCH this in continuously monitored and re/evaluated as required.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Ring fenced stroke beds are frequently used for non-stroke patients, which may impact on a new stroke admission to ED. Therefore, health boards must explore how a ring fenced stroke bed can be maintained, to help ensure the best outcome for a stroke patient following their arrival at ED.	Healthcare Inspectorate Wales (HIW)/2023/155/MD29/1	As above, this continues to be a priority for CTM UHB, with non-stroke patients identified via a ward/board round, inputted into the electronic white board, and moved to the appropriate inpatient area. Ring-fenced capacity is identified at the twice daily cross site bed meetings and forms part of the out of hours and weekend planning cycle of the HB. Work is underway to better understand the risks/benefits of more extensive ring-fencing of stroke beds.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this continues to be a priority - As above, this continues to be a priority for CTM UHB, with non-stroke patients identified via a ward/board round, inputted into the electronic white board, and moved to the appropriate inpatient area. Ring-fenced capacity is identified at the twice daily cross site bed meetings and forms part of the out of hours and weekend planning cycle of the HB. Work is underway to better understand the risks/benefits of more extensive ring-fencing of stroke beds.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must review their therapies staffing models to ensure there are sufficient resources and staff in place to adequately manage the rehabilitation and recovery of stroke patients in line with NICE guidance.	Healthcare Inspectorate Wales (HIW)/2023/155/MD31/1	Current therapies workforce data is being captured, with a review of therapy workforce provision to explore the best models for therapy provision. This is linked to recommendation 38 regarding need for funded 7 day service. In order to achieved this, a case for resource to expand ESD is being developed.	Unscheduled Care	01.01.2024	01.01.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Current therapies workforce data is being captured, with a review of therapy workforce provision to explore the best models for therapy provision. This is linked to recommendation 38 regarding need for funded 7 day service. In order to achieved this, a case for resource to expand ESD is being developed. Revised Due Date - 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider the need for psychological support for people with stroke, and that adequately trained staff can provide this support to help effectively manage patient recovery.	Healthcare Inspectorate Wales (HIW)/2023/155/MD32/1	This service is fragile in CTM UHB and historical funding was for the north of the CTM footprint only, excluding Bridgend. The national withdrawal of the funding for the Community Neurorehabilitation service combined with maternity leave for a senior psychologist has led to the temporary cessation of the neuropsychology service to ESD patients within CTM. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this remains ongoing - This service is fragile in CTM UHB and historical funding was for the north of the CTM footprint only, excluding Bridgend. The national withdrawal of the funding for the Community Neurorehabilitation service combined with maternity leave for a senior psychologist has led to the temporary cessation of the neuropsychology service to ESD patients within CTM. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider introducing the provision of sufficient seven-day therapies services to comply with NICE guidance, to help improve patient flow by supporting a seven-day discharge for patients, and to help meet targets as highlighted within SSNAP.	Healthcare Inspectorate Wales (HIW)/2023/155/MD33/1	CTM UHB currently offers a 5 day clinical model. A 7 day clinical model remains the ambition for the health board but requires identification of significant financial resource. This is linked to the response to recommendation 36. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this remains ongoing - CTM UHB currently offers a 5 day clinical model. A 7 day clinical model remains the ambition for the health board but requires identification of significant financial resource. This is linked to the response to recommendation 36. The Health Board remains committed to the ongoing development of the stroke pathway and consideration will be given to this aspect of the service as part of any redesign/investment opportunities.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must ensure that stroke rehabilitation environments are appropriate and are adequate to meet the needs of patients.	Healthcare Inspectorate Wales (HIW)/2023/155/MD34/1	Risk assessments have been submitted as part of the Health Board stroke action plan. Current rehabilitation space is sub-optimal and review of the stroke pathway includes detailed consideration of the environment and we are actively exploring options to address this. This action has been recognised as a risk and is regularly reviewed.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - we continue to review this as a risk -Risk assessments have been submitted as part of the Health Board stroke action plan. Current rehabilitation space is sub-optimal and review of the stroke pathway includes detailed consideration of the environment and we are actively exploring options to address this. This action has been recognised as a risk and is regularly reviewed.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must work collaboratively with social workers and social care providers to ensure that delays in arranging or holding Best Interest Meetings are minimised, to ensure timely and effective hospital discharge for patients to improve flow.	Healthcare Inspectorate Wales (HIW)/2023/155/MD39/1	As part of the DZRA improvement programme, a task and finish group was set up to improve delays in the overall Mental Capacity Act process, including Best Interest meetings and associated Court of Protection proceedings. A training programme has been rolled out across social care and the Health Board. Delays are monitored though EWB and escalated as previously outlined. Timescales have been collaboratively agreed across health and social care of a 21 day maximum assessment period for Pathway 3 patients, which include MCA processes.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - significant work ongoing under the optimise project to address MCA challenges with supported intervention from Head of nursing to maintain training and standards on their sites.
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must develop and strengthen Home First services across Wales to benefit the people who need this across Wales, and to help manage the issues with patient flow through health and social care systems.	Healthcare Inspectorate Wales (HIW)/2023/155/MD40/1	Implementation of D2RA in CTM UHB has widely promoted the increase of Home First pathways. Awareness and engagement sessions have been held with nearly 500 staff. Key questions to increase update for Pathway 1 are included on board round guidance as well as guidance on selection of pathway. We continue to monitor the volume of home first pathways, with a balance to bed based pathways with the trend shown below (*table removed for AMaT purposes).	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this is ongoing - implementation of D2RA in CTM UHB has widely promoted the increase of Home First pathways. Awareness and engagement sessions have been held with nearly 500 staff. Key questions to increase update for Pathway 1 are included on board round guidance as well as guidance on selection of pathway. We continue to monitor the volume of home first pathways, with a balance to bed based pathways with the trend shown below (*table removed for AMaT purposes).
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Welsh Government, health boards and local authorities must work collaboratively to consider the options of improving the accessibility to care in the community, such as domiciliary care.	Healthcare Inspectorate Wales (HIW)/2023/155/MD41/1	A targeted improvement plan has been created through the Integrated Discharge Delivery Board that also reports directly in the 6GUEC board, the Integrated Adults and then into the Regional Partnership Board. Specific improvement has been identified for accessibility for intermediate care, domiciliary care and care homes. This action plan escalates activity highlighted through the market stability statement published by the region. A PoCD action plan addressing community delays has been collaboratively agreed with all partners. A work programme in line with WG guidance for Enhanced Community Care has been set up under an Integrated Director.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this is ongoing but being prioritised - "A targeted improvement plan has been created through the Integrated Discharge Delivery Board that also reports directly in the 6GUEC board, the Integrated Adults and then into the Regional Partnership Board. Specific improvement has been identified for accessibility for intermediate care, domiciliary care and care homes. This action plan escalates activity highlighted through the market stability statement published by the region. A PoCD action plan addressing community delays has been collaboratively agreed with all partners. A work programme in line with WG guidance for Enhanced Community Care has been set up under an Integrated Director."
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must consider their discharge lounge services and whether they are utilised efficiently and effectively to support timely discharge to improve patient flow.	Healthcare Inspectorate Wales (HIW)/2023/155/MD42/1	The USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges. Planned/predicted discharges are identified through the cross site bed meetings, in addition they form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required.	Unscheduled Care	01.01.2024	01.01.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this remains ongoing and requires capital funds - The USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges. Planned/predicted discharges are identified through the cross site bed meetings, in addition they form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health board must identify the hospital sites that do not have a discharge lounge service and should consider the benefits of implementing this service on improving patient flow.	Healthcare Inspectorate Wales (HIW)/2023/155/MD43/1	As above, the USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges across our sites. Planned/predicted discharges are identified through the cross site bed meetings and form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required.	Unscheduled Care	01.01.2024	01.01.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update -As above, the USC group continue to review inpatient bed base and patient flow to better understand the requirement for discharge lounges across our sites. Planned/predicted discharges are identified through the cross site bed meetings and form part of the out of hours and weekend planning cycle. There is a discharge lounge in place in POW and we are exploring the feasibility of further discharge lounges on the other two sites, recognising that capital and revenue investment would be required. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/155	07.09.2023	National Review of Patient Flow - a journey through the stroke pathway	Health boards must assure themselves that ward staff are promptly declaring a fully completed patient discharge within the electronic patient systems once they have left the ward. This is to enable patient flow managers to see that a bed as become available, to help manage timely patient flow.	Healthcare Inspectorate Wales (HIW)/2023/155/MD44/1	The electronic Whiteboard developed under the 6 Goals programme allows the site management team to see when a discharge has completed. As part of ongoing improvement to the system, there is an ambition for future versions to include a 'push report' that would notify the site team that a patient has been discharged.	Unscheduled Care	01.10.2024	01.10.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this work is ongoing with digital colleagues - The electronic Whiteboard developed under the 6 Goals programme allows the site management team to see when a discharge has completed. As part of ongoing improvement to the system, there is an ambition for future versions to include a 'push report' that would notify the site team that a patient has been discharged. Ongoing 2024/25
Healthcare Inspectorate Wales (HIW)/2023/156	25.09.2023	Hospital Inspection Report (Unannounced) Paediatric Ward, Princess of Wales Hospital [Appendix C - Princess of Wales Hospital, Paediatric Ward 25 & 26 September 2023 (Ref: 03421)]	The health board should display information on healthy eating and smoking cessation.	Healthcare Inspectorate Wales (HIW)/2023/156/MD2/1	Health promotion board on display on Childrens ward. Healthy diet and smoking risks, with signposting for additional advice and support will be added to the health promotion board.	Children & Families	31.12.2023	31.08.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - refurbishment of area now complete. Awaiting display boards and once in situ this action will be completed. May 2024 Update - The above iteration was actioned December 2023- However the childrens ward is currently undergoing refurbishment of the painting and decorating in the area new display boards are being purchased and the health promotion elements of the action will be a priority on completion of the estates works. New timescales added. December 2023 Update - In progress 12/12/23 - Doctors have been assigned poster presentation for health promotion. Nursing staff completed this action Dec 2023. Health promotion boards on smoking cessation and healthy eating completed on health promotion board 22/12/23
Healthcare Inspectorate Wales (HIW)/2023/157	13.11.2023	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	The hospital communal gardens areas must be tidied and maintained to provide a more pleasant and appealing environment for patients.	Healthcare Inspectorate Wales (HIW)/2023/157/MD1/1	The Facilities department have a schedule for garden maintenance works within Angelton Clinic. This will be carried out in the Spring where plants and bulbs will be planted. The Angelton team have also been working closely with the third sector organisation Mental Health Matters who have and will continue to support the maintenance and gardening. This will also provide an opportunity for the patients to be involved as a therapeutic activity.	Mental Health & Learning Disabilities	01.04.2024	01.04.2024	Fully complete (Awaiting approval)	October 2024 Update - QSIRE date of approval June 2024. Proposed for Closure November 2024 August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Action updated as at May 2024 - Completed 10/05/2024, see Appendix 8 In Progress Estimated Completion Date April 2024 See Appendix 1
Healthcare Inspectorate Wales (HIW)/2023/157	13.11.2023	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	The health board should ensure the provision of gym and exercise equipment to support patient health promotion and improvement.	Healthcare Inspectorate Wales (HIW)/2023/157/MD2/1	Angelton Clinic has a dedicated Physiotherapist. We have identified an area within Angleton Clinic to be used to support physical exercise, patient health and promotion. Appropriate equipment has been identified and is in place.	Mental Health & Learning Disabilities	28.12.2023	28.12.2023	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed 28/12/2023 See Appendix 2
Healthcare Inspectorate Wales (HIW)/2023/157	13.11.2023	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	The health board should consider reinstating the hospital's dedicated wheelchair accessible vehicle to promote timely patient care.	Healthcare Inspectorate Wales (HIW)/2023/157/MD3/1	Angleton Clinic has always had access to a Wheelchair accessible vehicle however unfortunately it was involved in an accident and wasn't repairable, a replacement is on order.	Mental Health & Learning Disabilities	28.12.2023	28.12.2023	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed 28/1[2]/2023 See Appendix 3

Healthcare Inspectorate Wales (HIW)/2023/157	13.11.2023	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	The health board must undertake measures to improve mandatory Welsh language training compliance.	Healthcare Inspectorate Wales (HIW)/2023/157/MD4/1	Welsh Language Awareness training levels to reach a minimum of 85% whilst working toward 100% Ward 1 is currently 100% Ward 2 is currently 78.5%	Mental Health & Learning Disabilities	01.01.2024	01.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. April 2024 Update - Ward 1= 92% Ward 2=91.18% Previous Update - In Progress Estimated date for completion January 2024 See Appendix 4
Healthcare Inspectorate Wales (HIW)/2023/157	13.11.2023	Appendix C - Improvement Plan: Angelton Clinic, Glanrhyd Hospital (Ref: 03445)	The health board must ensure that hospital systems and processes can be suitably filtered to extract ward specific data to support effective supervision, governance oversight and shared learning.	Healthcare Inspectorate Wales (HIW)/2023/157/MD24/1	The incident management system Datix Cloud IQ can be filtered down to show specific data relating to areas, incident type and severity. The Head of Nursing is working with the Patient Care and Safety Business Intelligence officer to ensure all Lead Nurse, Senior Nurse and ward Managers have access to and training on Datix dashboards.	Mental Health & Learning Disabilities	31.01.2024	10.07.2024	**Overdue**	October Update 2024 - Requiring updates to national system. August 2024 Update - The HoN is working with the Business Intelligence Manager in the Patient Care and Safety team on the development of a Quality Dashboard, the mapping of the new Care Group structure is complete and we are awaiting implementation. June 2024 Update - Working with Corporate and Patient Care Safety to align DATIX to new structure. Action updated as at May 2024 - Update10/05/2024 The Head of Nursing continues to work with the Datix team regarding this action. The new care group structures have created some delay. Revised completion date set for 10/07/2024. April 2024 Update - In progress. Work is ongoing between the head of nursing and the Datix team. Previous Update - In Progress Due for completion end of Jan 2024
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board should review the shared bedrooms and consider updating the rooms to allow patients the privacy of their own room.	Healthcare Inspectorate Wales (HIW)/2023/158/MD1/1	The Health Board has reviewed the current ward environment. With consideration of the ward footprint, clinical need and bed capacity within the Adult Mental Health Directorate it is not possible at present to provide a fully single bedroom inpatient provision. To mitigate potential impact of the present arrangements the nursing teams ensure that all shared rooms are single sex, with identified curtained private space for each person. The specific need for single rooms is identified at point of admission/assessment, with consideration of individual need i.e., gender, sexual orientation, or physical need/risk, and care plan developed as required. The nursing team identify patients who wish to have shared rooms e.g. for company. If requested, an individual room will be provided when available and if there is no other	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board should consider the gender balance of staff and ensure that there are enough male staff present on each shift.	Healthcare Inspectorate Wales (HIW)/2023/158/MD2/1	The Health Board undertakes a fair and equitable recruitment process; in order to ensure that all staff are employed based on the qualities, values, skills and the experience they demonstrate during recruitment. It is, of course, not lawful to discriminate or make such decisions based on gender. The Royal Glamorgan Hospital (RGH) Senior Nursing team work across adult and older persons wards and will support each ward to ensure that there is an optimal skill, and when possible, gender mix. All shift requirements are monitored at the daily staffing "huddle" to identify particular issues and ensure that safety needs are adequately met i.e. that there are adequate Prevention and Management of Violence and Aggression (PMVA) trained staff on shift. Daily Huddle Documentation; Evidence 1 There is opportunity to alter staff skill and when necessary, gender mix to address needs of an individual e.g. If patient is sexually disinhibited or targeting staff due to gender. In extremis the Senior Nursing team can call on staff from across the care group i.e. Princess of Wales and CAMHS Mental Health wards, and there have been examples of	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure a more robust application of the health boards no smoking policy and the framework supporting it.	Healthcare Inspectorate Wales (HIW)/2023/158/MD3/1	It is a priority of the Health Board to support the communities we work with to make positive decisions about their health, and we maintain a commitment to support all patients and staff to give up smoking. Since the "Smoke-free Premises and Vehicles (Wales) Regulations 2020" came into force in the Mental Health Unit (MHU) in September 2022, smoking on there has been prohibited. Following implementation, the significant challenges this presented to individuals who found smoking cessation measures to be ineffective or unwelcome were noted, and after discussion with staff and patients the Mental Health Smoking Cessation group agreed that in the RGH MH unit we would create small designated outside smoking areas for restricted use. This seemed to be well received by the patient group, but following an anonymous concern being raised with the Health Inspectorate Wales in summer 2023, this arrangement was halted while the measures were reviewed. Following presentation of a mitigating paper to the Health Board Executive Leadership Group, a "Derogation in compliance" was agreed for a period of six months while the Mental Health Care Group develop options for a permanent solution across all Mental Health sites. It is recognised by the Health Board that this temporarily contravenes the Smoke-free Premises and Vehicles (Wales) Regulations 2020. Mental Health Directorate Smoking Mitigation Paper; Evidence 1.1 Practically, on the RGH MHU, this means that there is an availability of managed smoking sessions at designated times in a space within the footprint of the MHU on the patio/terraces directly off the ward corridor. This is an arrangement that is clearly documented within the care plan of all patients who identify this as being their wish following smoking cessation assessment. The conditions and restrictions of the designated smoking area are made clear to all patients and signposted across the wards. Ash trays are being purchased for designated smoking area, there is a bin currently in place as an alternative. Patio Photo; Evidence 2 Patio Photo; Evidence 3 There is routine discussion within the patient community groups around smoking arrangements and support by the patient groups of self-regulation of cleanliness of such	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that a full review is undertaken on the appropriateness and reliability of the current personal alarm systems used.	Healthcare Inspectorate Wales (HIW)/2023/158/MD5/1	At time of the HIW inspection (November 2023) there was an Standard Operating Procedure (SOP) in place that directed that a dual personal alarm system was in place on the RGH MHU for all clinical staff. This was due to a recent increase in the frequency of incidents whereby the panic alarm failed to activate when tested. MHU Dual Alarm SoP; Evidence 6 A full diagnostic review of the "all call" system was undertaken in November 2023, with the system noted to be returned to a serviceable and operational state. This issue however remains on the Directorate Risk Register for the immediate future and incidents of alarm failure will be reviewed and reported via the Datix system. The SOP also remains in place on the MHU. A review of any activation failures will be undertaken by the MHU Inpatient Senior Nurse and Assistant Directorate Manager for inpatient services for discussion at Directorate Quality Safety Risk and Experience meeting (QSRE) in June 2024. Subsequently a decision will be made by the Adult Mental Health Senior Leadership Team as to whether the Safe System of working for a dual alarm system can be stepped	Mental Health & Learning Disabilities	30.06.2024	30.06.2024	**Overdue**	October 2024 Update - Completed, approved in QSRE. Evidence to follow. August 2024 Update - Update requested. June 2024 Update - Update due in August 2024.
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must address the environmental issues and resolve them in a prompt and timely manner.	Healthcare Inspectorate Wales (HIW)/2023/158/MD6/1	The ward 22 damaged chair, with exposed foam filling which is not compliant with the relevant legislation has been condemned and removed with a temporary replacement now in place. A specialist furniture manufacturer has provided a quotation for new seating within the Interview room and a Statement of Need submitted. Ward 22 Interview Room Photo; Evidence 7 Psychiatric Intensive Care Unit (PICU) missing ceiling tiles have now been replaced. PICU Ceiling Photo; Evidence 8 Water damaged ceiling tiles in the Ward 22 office have all been replaced. There remain 6 water damaged tiles between the lounge & dining room awaiting replacement which have been logged with Estates Department. These have been prioritised by Estates as non-urgent, as they are considered decorative rather than safety sensitive, and the progress on replacement is monitored weekly by the Inpatient Deputy Directorate manager Ward 22 Ceiling Photo; Evidence 9 Ward 22 Ceiling Photo; Evidence 10 After consultation with a specialist furniture manufacturer the Inpatient Senior Nurse confirmed the suitability of the dining chairs currently in place in Ward 22.The dining room chairs are multipurpose and need to be moved between dining room and lounge for group discussions/activities and therefore need to be of a manageable weight. The Adult Mental Health Senior Leadership Team acknowledged that the weight of the current chair would allow them to be picked up and potentially brandished as a weapon, however this risk would not be completely eradicated unless the chairs were of a weight that would disadvantage patients with mobility restrictions and potentially increase risk of injury to staff when moving for cleaning purposes. The [nursing team mitigate risk of furniture being used in this way through individual risk assessment and maintaining observation of these areas when in use. Ward 21 bedroom rails and privacy curtains have been replaced. Ward 21 Curtain Photo; Evidence 11 There are long standing difficulties with inadequacy of wastewater/ sewage capacity within the RGH MHU site. As a result, the PICU Extra Care Area (ECA) utilises a Sani-flo macerator system to move waste from ECA to the main sewage system. This can result in issues when foreign objects are placed in toilet in ECA. Groundwork investigations report that a permanent solution to connect ECA to main sewage system would require extensive excavation works with significant capital spend	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that COSHH equipment is stored correctly.	Healthcare Inspectorate Wales (HIW)/2023/158/MD7/1	All wards on the MHU have flammable lockers where all laundry detergents are stored. It is the responsibility of all Health Board staff to be aware of and undertake their responsibilities when using COSHH materials. The Inpatient Senior Nurse has emailed a reminder to all staff including HCSW about COSSH and requirement re storage. Standards for storage of COSHH materials; Evidence 13 Checks on the environment are undertaken by ward managers as part of weekly environmental checks (Ward Managers Assurance Audit) and matters of concern addressed	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that out of date medication is disposed of appropriately.	Healthcare Inspectorate Wales (HIW)/2023/158/MD8/1	Following the HIW Review in November 2023, all medication cabinets across the MHU were inspected and no further out of date medications were found. Review of all medication dates and returns to pharmacy is monitored through the "Ward Managers Assurance Audit" which is undertaken weekly and monitored by the Inpatient Senior Nurse. Ward Managers Assurance Audit; Evidence 14 The Mental Health Ward Assurance Group are undertaking a process of digitising this audit. The Inpatient Senior Nurse reports Audit outcomes to Directorate Quality Safety	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that MAR charts are fully completed.	Healthcare Inspectorate Wales (HIW)/2023/158/MD9/1	Inpatient Senior Nurse and Mental Health pharmacist will revisit the role of pharmacist technician to ensure that review of MARS charts will be included in their routine checks. An email has been sent by the Clinical Director to all medical team to reaffirm the documentation standards required on clerking and reviewing medication. A sample of MARS charts are reviewed through the "Ward Managers Assurance Audit" which is undertaken weekly and monitored by the Inpatient Senior Nurse. Ward Managers Assurance Audit; Evidence 15 The Mental Health Ward Assurance Group are undertaking a process of digitising this audit. The Inpatient Senior Nurse reports Audit outcomes to Directorate Quality Safety	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that staff comply with the health board policies and guidance on safe and secure storage of medication trolleys and how they are stored on the wards and in clinical rooms.	Healthcare Inspectorate Wales (HIW)/2023/158/MD10/1	Reminder email from Senior Nurse reminding staff of agreed standard Safe Storage of medication; Evidence 16 Security arrangements of medication trolley are reviewed through the "Ward Managers Assurance Audit" which is undertaken monthly and monitored by the Inpatient Senior Nurse. The Mental Health Ward Assurance Group are undertaking a process of digitising this audit. The Inpatient Senior Nurse reports Audit outcomes to Directorate Quality Safety	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that there are more variety of choices for patients with specific dietary requirements.	Healthcare Inspectorate Wales (HIW)/2023/158/MD12/1	All Health Boards in Wales follow a menu which is based on The All-Wales Catering & Nutrition Standards. The Health Board Catering Service works with clinical teams to adapt the patient menus to patient specific requirements. The present patient menu changed in September 2023 to a two-week rolling menu which replaced an 'a la carte' style menu. The new menu was reviewed by the All-Wales dieticians and assessed for compliance with the Catering and Nutrition Standards. The Inpatient Nursing teams seek feedback from patients via the Inpatient Community Group and "Have Your Say" suggestion boxes (which are regularly monitored). This feedback informs discussions with the wider service i.e. Catering and outstanding issues can be escalated to the Adult Mental Health Senior Leadership Team. The Catering Team recognise the need to increase the frequency of the menus reviewed and change, and are currently working on the new menu for 2024.	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must review staffing levels to ensure they meet the demands of the patient group.	Healthcare Inspectorate Wales (HIW)/2023/158/MD15/1	The Mental Health Head of Nursing has recently concluded a thorough nursing establishment review that has considered levels of acuity and demand across the Mental Health Inpatient units. This review acknowledged the changing picture of inpatient work and environments since the last Mental Health inpatient staffing review in 2017 and recognised the challenges of maintaining a motivated and engaged workforce when pressures within these clinical settings are increasing. Using principles drawn from All Wales Mental Health Workstream on the implementation of the Nurse Staffing Levels Act, the report makes recommendations about amendments to skill mix and enhancement of Nursing leadership roles the better to improve opportunities for recruitment and particularly staff retention. The Staffing review report will be presented to the Mental Health Nursing Workforce meeting on 25 January 2024, for consideration by Director of Nursing on subsequent actions. Considerations of staffing levels day to day are a core role of the Ward Managers and Senior Nurse, with all shift requirements monitored initially at the daily staffing "huddle" to identify particular issues and ensure that safety needs are adequately met i.e. that there are adequate staff on shift. Review of clinical need is a dynamic process that involves all members of the Nursing team, and staffing levels are increased in response to increased levels of acuity e.g. 1:1 patient observations to maintain safety or a need for intensive personal care. At this time, there is an organisational acknowledgement of the particular challenges to recruitment of unregistered nurses into Mental Health posts and as a result the Health Board embargo on the use of agency Health Care Support Workers, has been temporarily relaxed for the Mental Health Directorate. While there is a high degree of scrutiny around the use of staff in addition to substantive staff, with appropriate evidence and rationale in place, a request for additional bank	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed

Healthcare Inspectorate Wales (HIW)/2023/158	20.11.2023	Appendix C - Improvement Plan: Royal Glamorgan Hospital, Admissions Ward, Ward 21, Ward 22, and Psychiatric Intensive Care Unit (Ref: 03414)	The health board must ensure that staff vacancies are filled, and future initiatives are explored to encourage recruitment into the hospital.	Healthcare Inspectorate Wales (HIW)/2023/158/MD16/1	Recruitment of band 5 registered nurses remains a challenge and the HB is taking steps to ensure that all vacancies are being filled. The recently completed nursing establishment review has been considered by the Care Group Senior Leadership Team who are currently exploring the financial implications and opportunities of the recommendations. The Head of Nursing is leading on the development of a recruitment and retention plan, which includes actions such as working closely with the local universities to maximise HR opportunities for recruitment	Mental Health & Learning Disabilities	09.01.2024	09.01.2024	Fully complete (Awaiting approval) - Further Evidence Awaited	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - The completion of this action was pre care group reconfiguration and the MHLD are providing confirmation of the closure sign off at the relevant QSIRE meeting. Completed
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HIW)/2023/167/MD5/4	PCH is currently in the process of major construction works to remove and as part of this further applications for Welsh Government funding are being explored to support significant changes to the EU footprint. This will facilitate improved patient clinical areas allowing for improved patient and staff experience.	Unscheduled Care	01.06.2024	31.12.2024	In progress	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - capital work ongoing - PCH is currently in the process of major construction works to remove and as part of this further applications for Welsh Government funding are being explored to support significant changes to the EU footprint. This will facilitate improved patient clinical areas allowing for improved patient and staff experience. Delayed due to major capital works on site to December 2024
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HIW)/2023/167/MD5/6	CTM has implemented a pre-emptive transfer and boarding process to support patient flow, sharing the risk across inpatient areas allowing the de-escalation of risk held in ambulatory care. This reinforces that patient flow is a team approach across the site.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - work ongoing Awaiting date from Welsh Government following a successful bid for Funding. This will supply an extra toilet and showering facilities.
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with an update on the plans to reconfigure the EU footprint to address the environmental and operational challenges identified within the Ambulatory Care area.	Healthcare Inspectorate Wales (HIW)/2023/167/MD5/7	We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area-this will facilitate improved observation of patients within the area to ensure patient care and safety.	Unscheduled Care	01.09.2023	01.09.2023	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - part of ongoing capital plans - We are awaiting capital works to progress to take down a wall partially of the large non-clinical area with the Ambulatory Care Area-this will facilitate improved observation of patients within the area to ensure patient care and safety.
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with an update on the systems in place to improve patient flow through the EU.	Healthcare Inspectorate Wales (HIW)/2023/167/MD11/1	We are currently reviewing through large organisational change, the operational structures that will be key to patient flow and ensure senior leadership is present on site and pan CTM Health Board. Through the 6 goals programme work we are progressing improved patient flow as this is a multi-professional/whole system approach involving our Local Authority colleagues. The E White Board has been introduced across the organisation and this is key to patient flow and implementation of Red2Green as a quality metric for patient care. This will increase bed capacity through more efficient and sustainable processes where we explore value added time, measure internal and external delays and focus on marginal gains in length of stay. Consequently, this will improve flow through EU. As part of this work the senior team are also exploring the continuous flow model to review if this would be suitable for roll out across CTM. The ED Team use the Myrddyn IT System which is monitored by the responsible teams and reviewed as part of the ED Patient Safety Huddles. When it is identified that Triage Times are beginning to increase, there are internal escalation processes in place to ensure timely support and assessment of patients which additional staff being deployed to support. The ED Clinician Team will adopt a Rapid Assessment and Triage (RAT's) model to support any delays in triage, hence there will be senior assessment and streaming at the front door of patients. EU has recently recruited 2.8 wte Patient Flow Coordinators to support timely patient flow and escalation of patient flow delays. The USC group have developed updated Escalation Cards to support actions and provide assurances that ambulance delays are avoided. There are rigorous escalations in place, and when any patient is delayed over 4 hours an internal investigation is undertaken to provide	Unscheduled Care	01.03.2024	01.03.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - this work is ongoing - This work continues to progress via the Optimise Project which formally reports into 6 goals programme board and onto NHS Executive colleagues. This work continues to progress via the Optimise Project which formally reports into 6 goals programme board and onto NHS Executive colleagues.
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with details of the action taken to improve staff compliance with Departmental Fire Safety (EU) and Mental Capacity and DoLS (CDU) training.	Healthcare Inspectorate Wales (HIW)/2023/167/MD29/1	The Senior Nurse for Professional Education is key to progressing this agenda in EU and maintaining a database of training compliance and has developed a training needs analysis template. A plethora of study days, and protected study time for the inclusion of mandatory training and recovery of face to face study time has been provided. Ongoing training dates are in place with an improving picture which is monitored by the Nurse Director at bi-monthly workforce meeting. The Fire Officer has been undertaking bespoke training sessions for the PCH site weekly to improve compliance as part of the resetting post Covid-19 pandemic where training was unavailable as of Aug'23 fire training for staff is as follows:- ED-RN 72.85% HCSW 84% CDU-RN 97.50% HCSW 58.33%	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - There are monthly workforce meetings chaired by the director of nursing to review workforce metrics and as part of this training compliance is reviewed with all areas required to achieve 85% or above within the next 3 months. ED MCA now 77% and fire 81% Monthly training offered to staff for fire, Violence and Aggression and DoLS. Compliance with Fire training and Mental Capacity continues to improve. CDU – MCA training compliance is 77% and Fire is 86%. ED MCA compliance is 56% and Fire is 76% (MCA overall compliance is reduced as a result of a number of newly recruited Registered Nurses and Health Care Support Workers, yet to complete training). There are monthly workforce meetings chaired by the director of nursing to review workforce metrics and as part of this training compliance is reviewed with all areas required to achieve 85% or above within the next 3 months.
Healthcare Inspectorate Wales (HIW)/2023/167	31.07.2023	Hospital Inspection Report (Unannounced) Emergency Unit and Clinical Decisions Unit, Prince Charles Hospital Appendix C - Improvement Plan_31 July 01 & 02 August 2023 (Ref: 3399)	The health board is required to provide HIW with assurance Violence and Aggression, Mental Capacity and DoLS training compliance is effectively tracked for the EU.	Healthcare Inspectorate Wales (HIW)/2023/167/MD30/1	Monthly mandatory training study days and reports now include V & A, DoLs, medications management, safeguarding and MCA training and compliance. Mandatory training compliance is monitored during the 6 weekly Workforce and Business meetings; trends are monitored for improvements, where there is deterioration-action plans are required. V&A compliance is recorded on the Mandatory Training database held by the Senior Nurse for professional Education.	Unscheduled Care	01.04.2024	01.04.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - There are monthly workforce meetings chaired by the director of nursing to review workforce metrics and as part of this training compliance is reviewed with all areas required to achieve 85% or above within the next 3 months. CDU fire is 100% Monthly training offered to staff for fire, Violence and Aggression and DoLS. Compliance with Fire training and Mental Capacity continues to improve. CDU – MCA training compliance is 77% and Fire is 86%. There are monthly workforce meetings chaired by the director of nursing to review workforce metrics and as part of this training compliance is reviewed with all areas required to achieve 85% or above within the next 3 months.
Healthcare Inspectorate Wales (HIW)/2024/165	09.01.2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HIW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HIW)/2024/165/MD1/7	g)Working with finance colleagues to develop a new model for obstetric theatre nursing (releasing midwifery time).	Children & Families	01.02.2024	01.02.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 - activity underway with finance colleagues but pace of progress has been impacted by the temporary closure of the maternity and neonatal units at Princess of Wales Hospital (PoW). Commenced September 2023. Due for completion February 2024. A meeting took place with the lead nurse for Perioperative services and Finance to explore the feasibility for perioperative services to cover emergency and elective theatres 24/7. costings did not align with funding. The financing is now being revised to cover 5 election theatres in the first instance, with meetings being arranged for May 2024
Healthcare Inspectorate Wales (HIW)/2024/165	09.01.2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HIW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HIW)/2024/165/MD1/9	i)Review safe care tool to ensure that red flags according to NICE safe staffing 2015 are included in the tool.	Children & Families	31.01.2024	31.01.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - need to be reviewed at Care Group Workforce Meeting on the 28th August to monitor implementation. Review of safe care tool has been undertaken to ensure that red flags according to NICE safe staffing 2015 are included in the tool
Healthcare Inspectorate Wales (HIW)/2024/165	09.01.2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HIW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HIW)/2024/165/MD1/10	j)Work with the Corporate Communications department to develop a Comms Recruitment strategy to demonstrate the benefits to attract staff to work in CTM UHB.	Children & Families	29.02.2024	29.02.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Work underway in conjunction with the recruitment and retention lead including developing a short video as part of an attraction campaign. There will be a focus on the PCH site.
Healthcare Inspectorate Wales (HIW)/2024/165	09.01.2024	Appendix B Immediate Improvement Plan_PCH Maternity Unit_9-11 January 2024 (Ref: 03600)	Midwifery staffing levels on night shift The health board are required to provide HIW with details of how it will ensure there are sufficient numbers of suitably qualified and trained staff on every night shift within the maternity service.	Healthcare Inspectorate Wales (HIW)/2024/165/MD1/17	q)The team are working with the wider Health Board initiative to ensure maternity services are included as part of 'Safe to Start'.	Children & Families	12.01.2024	12.01.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 - included in 'safe to start' meetings and working with the corporate team to ensure the mat neo template is fit for purpose.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	UNICEF Baby Friendly Initiative The health board must work to achieve the UNICEF Baby Friendly Initiative reaccreditation.	Healthcare Inspectorate Wales (HIW)/2024/166/MD3/1	There are dedicated infant feeding co-ordinators in place across the perinatal services who are working together toward BFI reaccreditation. The service is currently undertaking a number of audits in readiness for re-assessment which is planned for April 2024. Recent PREM data shows that infant feeding experience is positive. The service has implemented a feeding voice partnership.	Children & Families	01.05.2024	01.05.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - In response to a recent positive inspection audit there are a few actions underway. Accreditation being sought in the next couple of months.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes	Healthcare Inspectorate Wales (HIW)/2024/166/MD11/6	Working with finance colleagues to develop a new model for obstetric theatre nursing (releasing midwifery time).	Children & Families	01.03.2024	01.03.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - activity underway with finance colleagues but pace of progress has been impacted by the temporary closure of the maternity and neonatal units at Princess of Wales Hospital (PoW)
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes	Healthcare Inspectorate Wales (HIW)/2024/166/MD11/8	Review safe care tool to ensure that red flags according to NICE safe staffing 2015 are included in the tool	Children & Families	31.01.2024	31.01.2024	Overdue	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - need to be reviewed at Care Group Workforce Meeting on the 28th August to monitor implementation.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes	Healthcare Inspectorate Wales (HIW)/2024/166/MD11/9	Work with the Corporate Communications department to develop a Comms Recruitment strategy to demonstrate the benefits of attracting staff to CTM UHB.	Children & Families	29.02.2024	29.02.2024	Partially complete (Overdue)	October 2024 Update -Update 11/9/24 Filming of staff has commenced, currently on hold due to pressures due to PoW temporary closure. August 2024 Update - Work underway in conjunction with the recruitment and retention lead including developing a short video as part of an attraction campaign. There will be a focus on the PCH site.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Staffing (also detailed in Appendix B) The health board should ensure that operational team leaders work within their clinical area of responsibility and be available to help, guide and support their staff when required. To support staff during times of high acuity or low staffing levels, all specialist roles should be allocated to clinical shifts where necessary. The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes	Healthcare Inspectorate Wales (HIW)/2024/166/MD11/16	The team are working with the wider Health Board initiative to ensure maternity services are included as part of 'Safe to Start'.	Children & Families	12.01.2024	12.01.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 - included in 'safe to start' meetings and working with the corporate team to ensure the mat neo template is fit for purpose.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Visibility of management Based on the negative comments in the staff survey, there should be serious consideration of the allocation of duties to the midwifery staff. This should include daytime shifts for middle managers i.e. band 7 and above on the wards. This will promote an understanding of the problems on the unit, improve communication and create more cohesion.	Healthcare Inspectorate Wales (HIW)/2024/166/MD12/1	Operational and specialist midwives are rostered to support clinical activity.	Children & Families	01.03.2024	01.03.2024	Fully complete (Awaiting approval)	October 2024 Update - Update: 9/24 Agency and bank has been utilised since the inspection to supplement the roster, Rolling advert on trac for midwifery recruitment 17 NQM's have been recruited commencing work in September. August 2024 Update - Update requested from Children and Family Care Group.
Healthcare Inspectorate Wales (HIW)/2024/166	09.01.2024	Appendix C Improvement Plan_PCH Maternity Unit_9-11 January 2024 (ref: 03600)	Datix reporting The health board should undertake a review of the processes for reviewing incidents. The reviewing team should include clinicians and practitioners with the appropriate experience and expertise.	Healthcare Inspectorate Wales (HIW)/2024/166/MD13/1	All moderate and above are reviewed by the MDT and SMDT. A review of all no and low level incidents is underway to explore any emerging themes, trends and ensure that the service is addressing any concern / incident in a robust manner. A wider review of governance process is underway to ensure that there is sustainability and assurance in accordance with the Duty of Quality and Maternity and Neonatal Assurance Escalation Framework. The review was discussed in the Maternity and Neonatal Safety Board in February 2024, the outcome of this work and any recommendations will be presented at the Maternity and Neonatal Safety Board in April 2024	Children & Families	01.04.2024	01.04.2024	Partially complete (Overdue)	October 2024 Update - No update against this recommendation action has been received on this occasion. August 2024 Update - Children & Family Care Group just completing a review of the governance arrangements in line with the new incident management framework. Outcome of will be presented to the Maternity and Neonatal Safety Board in September 2024 with an implementation plan. The new arrangements will ensure proportionate review and learning.
Healthcare Inspectorate Wales (HIW)/2024/184	11.04.2024	Appendix A Immediate Improvement Plan_Ysbyty Cwm Rhondda Ward B2_11-12 April 2024 (Ref: 03467)	Provide HIW with details of the action taken to ensure a call bell system is put in place as soon as possible.	Healthcare Inspectorate Wales (HIW)/2024/184/MD1/1	Discussion with operational estates manager who has confirmed funding has been agreed to replace the system and a plan is in place to replace.	Primary Care & Community	30.06.2024	30.06.2024	Fully complete (Awaiting approval)	October 2024 Update - Call bell system replaced August 2024.. Proposed for Closure November 2024 August 2024 Update - installation date agreed for 27th August.
Healthcare Inspectorate Wales (HIW)/2024/184	11.04.2024	Appendix A Immediate Improvement Plan_Ysbyty Cwm Rhondda Ward B2_11-12 April 2024 (Ref: 03467)	In the interim, provide HIW with details of a robust system where patients are checked regularly to ensure they are safe, and their needs are met.	Healthcare Inspectorate Wales (HIW)/2024/184/MD2/1	Risk assessment in place to provide assurance on reducing the risk of patient needs not being met.	Primary Care & Community	30.06.2024	30.06.2024	Fully complete (Awaiting approval)	October 2024 Update - Completed and ongoing monitoring until new call bell system is in place. Proposed for Closure November 2024 August 2024 Update - partially completed. ongoing monitoring of actions implemented until new call bell system is in place.

Agenda Item
6.4

Quality & Safety Committee

Coroners Cases / Inquests

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence
Cyflwynydd yr Adroddiad / Report Presenter	Nigel Downes, Assistant Director for Quality & Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
UHB	University Health Board

1. Situation /Background

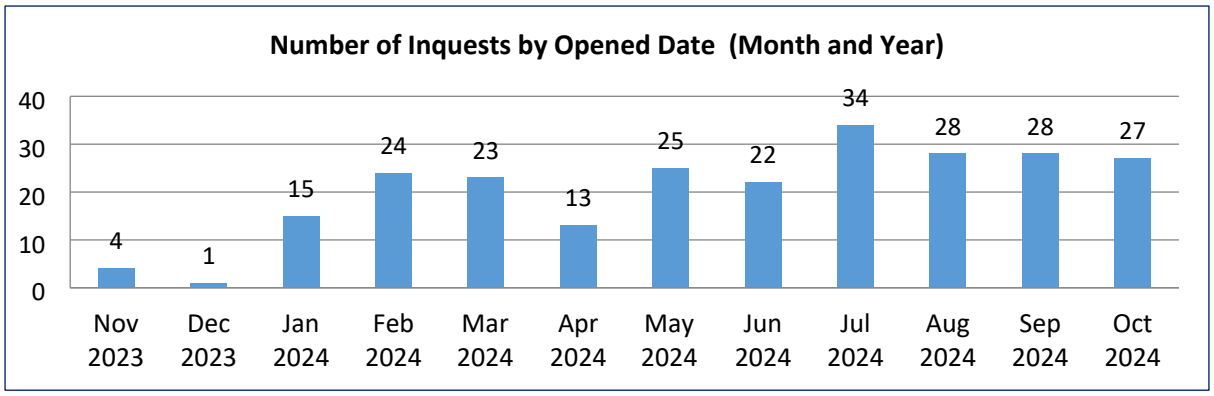
An inquest is a formal investigation by the Coroner to determine how a person died. They are held in certain circumstances, for example if the death was sudden or unexpected.

The purpose of this report is to provide an overview of inquest activity within the Health Board. In addition, the report will outline the plan for future reporting in relation to themes and trends.

2. Specific Matters for Consideration

New Inquests Received

In the time period 01.11.23 to 31.10.24, the Health Board received notification of 244 inquests. A trend graph of the inquests opened during period is provided below.

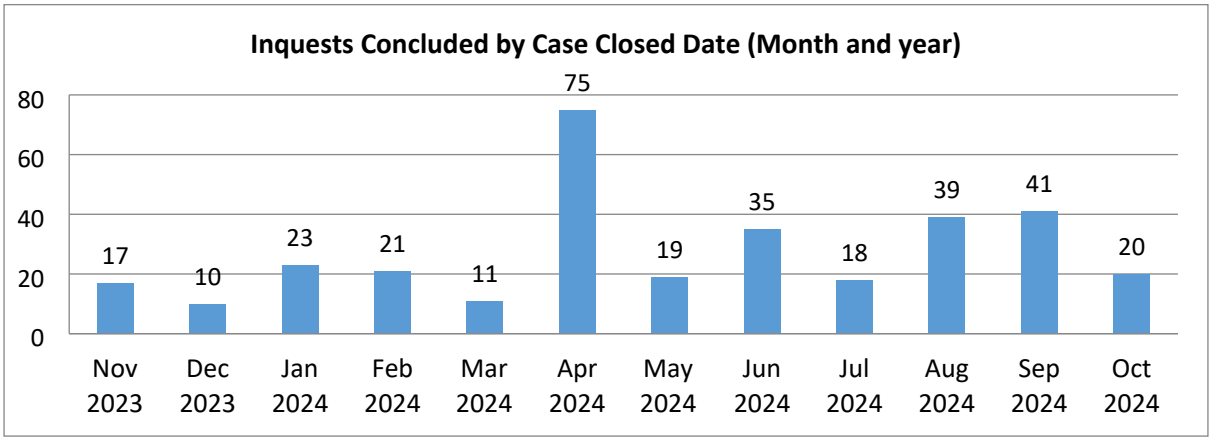


Of the 244, the highest number of the inquests were received for the Unscheduled Care Group. A breakdown of inquests received by Care Group is provided below.

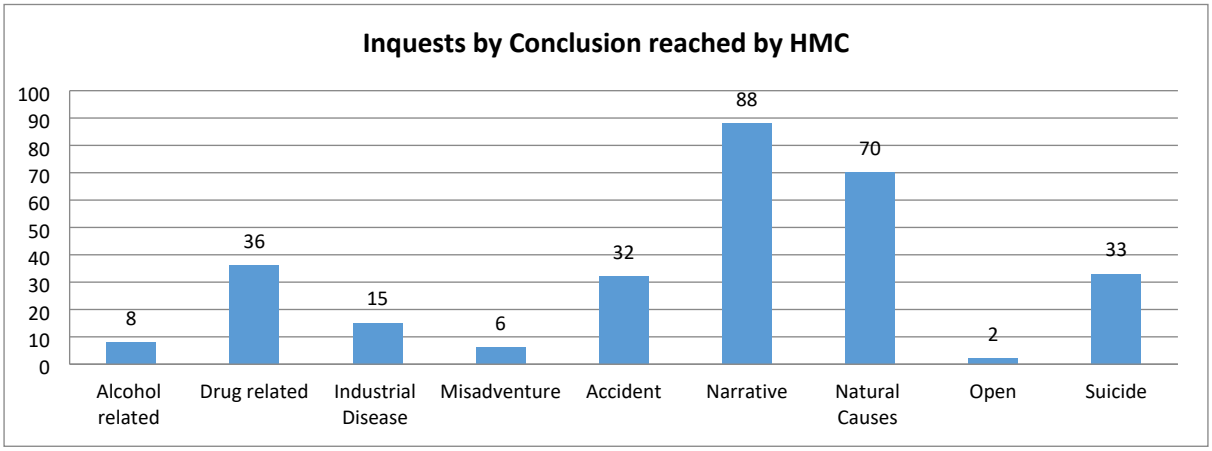
Care Group	Number Received
Community	10
Diagnostics, Therapies & Specialist Care	1
Families & Children	5
Mental Health	66
Planned Care (Surgery)	48
Primary Care	15
Unscheduled Care (Medicine)	99
Total	244

Inquests Concluded

During the same 12 month period, 329 inquest cases were closed on the Health Board's Datix system. A trend graph of inquests concluded during the period is provided below. It should be noted that inquests will not always be opened and closed in the same year.



Of the 329 inquests cases closed on Datix, 39 were discontinued by the Coroner prior to hearing. Of the remaining cases, 82% were concluded with a narrative conclusion (88) or with an outcome of natural causes (70). A further breakdown of the outcome of inquests concluded between the 01.11.23 and 31.10.24 is provided in the chart below.



Regulation 28 Reports

On conclusion of an Inquest, under the Coroners Regulations 2013, the Coroner has the power to make a report to prevent future deaths, referred to as Regulation 28 reports. Between the 01.11.23 and 31.10.24 the Coroner issued 3 regulation 28 reports to the Health Board.

A summary of the matters concerned raised with the regulation reports is provided below:

1. The Health Board accepted that significant learning was required by staff regarding timeliness of escalation and maintenance of fluid balance charts

and recommended that all registered nurses from surgical wards should attend an 'Acutely Unwell study day, before the end of 2023. This 'significant learning' has not been fully rolled out due to resourcing issues. No completion date could be provided to me because the training is not considered to be compulsory.

2. Mental health practitioners are not easily able to access all of a patient's relevant clinical records pending the introduction of a "Once for Wales" solution, for which there is currently no timetable for implementation. Mental health practitioners may not be aware of the existence of all such records, some of which may be in paper. Mental health practitioners in Wales currently have no way easily to access NHS England clinical records. The inpatient hospital team at the Royal Glamorgan Hospital did and does not have access to a clinical psychologist to provide direct assessment and treatment of a patient. The Home treatment team covering Merthyr Tydfil does not have access to a clinical psychologist to provide direct assessment and treatment of a patient. The waiting list for any necessary psychotherapy is months in length.
3. Following an ultrasound scan performed in June 2019, and urgent referral to the Gynaecology Department, there was extensive delay in excess of 22 weeks in attempting to contact the patient with an urgent appointment. The means of contacting the patient for an Urgent Gynaecology appointment was via written correspondence without further consideration of other means via telephone, email, or via G.P. When the G.P re-referred the patient to the Gynaecology Department due to ongoing and worsening symptoms, there was a lack of regard to earlier referrals and the extensive delay that had already occurred and a missed opportunity to escalate the urgency of contact. As a consequence, this resulted a significant delay of 24 months between the urgent referral to Gynaecology Department and eventual diagnosis.

3. Key Risks / Matters for Escalation

The Health Board utilises the Datix Cymru system to record its inquest case management. Over the last 12 months significant developments have been undertaken on an All Wales basis to improve the information that is captured within the Datix Cymru system, specifically in relation to lessons learned. This will enable the Health Board to enhance the reporting arrangements for themes and trends arising from inquests.

From January 2025, the Patient Safety & Quality Dashboard provided to Quality & Safety Committee will include an overview of inquest activity. Whilst new inquest data will form part of the information presented, the primary focus will be on those inquests concluded within the period, with the following key metrics to be included as a minimum:

- Care Group inquest activity
- Coroner's Outcome
- Incident Classification / Category
- Outcome of internal review
- Regulation 28 Reports Issued

- Lesson learned themes and trends

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is asked to NOTE the information outlined above.

6. Next Steps

6.1 Future Patient Safety and Quality Reports to include inquest related information.

Agenda Item
6.5

Quality & Safety Committee

Duty of Candour Annual Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence
Cyflwynydd yr Adroddiad / Report Presenter	Nigel Downes, Assistant Director of Quality & Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Situation /Background

The Health Board is required to provide an annual report which describes how the requirements under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 are being fulfilled. Specifically there is requirement for NHS providers to report annually the arrangements it has in place to meet its obligations under the Act in relation to Duty of Candour, how often the duty has been triggered and improvement actions to prevent further occurrence.

2. Specific Matters for Consideration

This is the Health Board's first report since the Duty of Candour was introduced in Wales on 1st April 2023. The report describes the work undertaken to implement and embed the requirements of the Duty. In addition an overview of the Health Board data for 2023 / 2024 following the introduction of the Duty of Candour is included.

The key areas to note from within the Duty of Candour Annual Report for 2023/2024 are:

- Executive and Operational Lead
- Incident Management Framework reviewed and updated to incorporate the Duty of Candour Requirements
- Dedicated SharePoint Site developed to highlight awareness
- Care Group process established to monitor patient safety incidents where, following an initial management review, harm is recorded as moderate or above
- Duty of Candour dashboards have been developed within the Datix Cymru System to support Care Groups with the operationalisation of Duty of Candour
- Of the 21,815 patient safety incidents reported during 2023/2024, the duty of candour was triggered for 163 incidents.

3. Key Risks / Matters for Escalation

The Health Board continues to make progress in the implementation of the Duty of Candour Statutory Guidance, through the refining of incident management processes and training packages.

The key actions for 2024/2025 include embedding Duty of Candour procedures, improvements in data capture and reporters assessment of harm.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /	Not Applicable
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: Effective, Efficient, Equitable, Person Centred, timely,
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: This report outlines key areas of quality across the Health Board.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	Yes (Include further detail below)
	Activity where performance falls short of the Health Board's quality & safety performance measures may result in impact to the trust and confidence in the Health Boards processes.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

The Quality & Safety Committee are asked to NOTE the content of the report.

6. Next Steps

Improvement actions identified within the report to continue to be monitored via the Quality & Safety Committee and Weekly Quality & Safety Executive Meeting.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

DUTY OF CANDOUR

Annual Report 2023/2024

Head of Concerns & Business Intelligence

DUTY OF CANDOUR ANNUAL REPORT 2023/2024

1. Introduction
2. Triggering Duty of Candour
3. Organisational Requirements
   - 3.1 Candour Preparedness
   - 3.2 Training, Governance and Risks
   - 3.3 Operationalisation
4. Health Board Performance
5. Learning and Improvement
6. Conclusion

DUTY OF CANDOUR ANNUAL REPORT 2023/2024

1. Introduction

The Health Board is mandated to submit an annual report that outlines how it fulfills the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. This report specifically requires NHS providers to delineate the arrangements they have established to comply with their obligations under the Act, particularly concerning the Duty of Candour. Furthermore, the report must detail the frequency with which the Duty of Candour has been enacted and describe the improvement measures implemented to mitigate the risk of future occurrences.
This is the Health Board's first report since the Duty of Candour was introduced in Wales on 1st April 2023. The report describes the work undertaken to implement and embed the requirements of the Duty. In addition an overview of the Health Board data for 2023 / 2024 following the introduction of the Duty of Candour is included.

Health and Social Care (Quality and Engagement) (Wales)
The Health and Social Care (Quality and Engagement) (Wales) Act became law on 1st June 2020 with its full implementation completed in April 2023. The intention of the Act is to:

- support an ongoing, system-wide approach to quality improvement within the NHS in Wales;
- further embed a culture of openness and honesty; and
- help drive continual public engagement in the design and delivery of health and social care services.

The Act reframes and broadens the existing duty of quality on NHS bodies and places an overarching duty on Welsh Ministers in relation to their health functions. It aims to improve and protect the health, care and well-being of both current and future populations of Wales by focusing on:

- Securing improvements in Health Services;
- Implementing a Duty of Candour requiring providers of NHS services to be open and honest with patients and service users when things go wrong;
- Establishing a Citizen Voice Body (LLAIS) for Health and Social Care; and
- The appointment of Vice Chairs for NHS Trusts bringing them in line with Health Boards.

Duty of Candour
From April 2023 it is a legal requirement that all NHS Organisations implement the Duty of Candour whether a person receives care from the NHS, or from a regulated provider of health care services. Promoting a culture of openness, learning and improvement the statutory guidance commits care providers to be open and honest with service users and their families.

Separate work is being taken forward by Welsh Government to establish Regulations that place a duty of candour requirement on providers of independent health care in Wales, using powers under the Care Standards Act 2000.

2. Triggering Duty of Candour

Duty of Candour Statutory Guidance 2023

From April 2023 it is a legal requirement that all NHS Organisations implement the Duty of Candour whether a person receives care from the NHS, or from a regulated provider of health care services. Promoting a culture of openness, learning and improvement the statutory guidance commits care providers to be open and honest with service users and their families.

Separate work is being taken forward by Welsh Government to make Regulations to place a duty of candour on providers of independent health care in Wales, using powers under the Care Standards Act 2000.

Triggering the Duty of Candour

The Duty of Candour comes into effect in relation to an NHS body if it appears to the body that both of the following conditions are met:

- The first condition is that a person (the 'service user') to whom health care is being, or has been, provided by the body has suffered an adverse outcome;
- The second condition is that the provision of the health care was, or may have been, a factor in the service user suffering that outcome

For the purpose of the first condition, a service user is to be treated as having suffered an adverse outcome if the user experiences, or if the circumstances are such that the user could experience, any unexpected or unintended harm that is more than minimal. It should be noted that triggering the duty does not mean that an NHS body accepts a breach of duty of care or qualifying liability.

The Duty of Candour Statutory Guidance 2023 prescribe the actions that must be taken and supports the existing processes for 'Putting Things Right' (the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011) with updates made to the PTR Regulations to include the Candour Guidance.

Organisation Process

The Duty requires NHS bodies to follow a procedure when the duty is triggered, which includes an in-person notification, acknowledgement letter and final response to be completed.

3. Organisational Requirements

3.1 Candour Preparedness

In the preparation for the implementation of the Duty of Candour, the Welsh Government (hosted by NHS Wales Shared Services Partnership) established a Candour Implementation Group to plan and monitor progress in relation to training and education, communication and engagement, and reporting arrangements. Following the implementation date, this Group migrated to the All Wales Duty of Candour Network, which includes representation from all NHS organisations.

Prior to the introduction of the Duty of Candour, the Health Board identified an Executive and Operational Lead, as well as establishing a task and finish group to discuss and plan the operationalisation of the duty The group consisted of both Corporate and Care Group representatives to take forward the internal actions required, including agreement of local processes and identification of training needs.

Significant work was undertaken on All Wales basis to develop the Incident functionality within the Datix Cymru system to ensure the required information for the Duty could be captured for all patient safety incidents reported.

Primary Care

Under the duty the health board, including primary care contractors, are required to capture and report on occasions where the Duty of Candour is triggered. Primary Care providers must notify the Health Board of occurrences where the Duty of Candour is triggered in respect of the health care they provide under contract. The platform for capturing and recording instances where Duty of Candour is triggered is Datix Cymru however contracted services are not mandated to use the Datix Cymru system.

Currently there is a dedicated website that already provides access to the Primary Care Wales Incident Reporting page and the Primary Care National Incident Reporting form. There is now one National website for all contractors within Primary Care to use which provides a consistent mechanism for all contractors to report incidents. To support our Primary Care providers to comply with their duty to report, the Once for Wales Concerns Management System (OfWCMS) Programme Team provide virtual drop in clinics.

3.2 Training and Awareness

An internal communication plan was implemented to highlight awareness of the duty. A dedicated SharePoint site was made available for all staff that highlighted the requirements of the Act. Information leaflets for staff and patients are available to download.

The Health Board Incident Management training programmes been updated to include the Duty of Candour requirements and continue to be delivered across the organisation.

In addition the Welsh Government have developed an e-learning training package for staff which is available via the ESR platform / Digital Learning Wales (annex two). Local ESR data has shown

- 136 successfully completed the e-learning package.
- 271 have enrolled onto the package with 198 of these staff showing as 'incomplete'.
- 72 staff have enrolled onto the package but have not started the learning.
- 1 person has withdrawn from the learning without starting it.

Further work continues to improve take up of the Candour training via the ESR platform.

3.3 Operationalisation

To support the effective implementation of the Duty of Candour the Health Board reviewed and updated the Incident Management Framework along with the Concerns Policy and Procedures.

During 2023/2024, the Health Board made progress in implementing its Care Group operating model, with a focus on embedding Quality & Safety Governance structures. A key development was the establishment of a Central Quality & Safety Governance Team that works in collaboration with Care Groups to develop robust governance frameworks that support clinical services in identifying and addressing adverse events, ensure appropriate support for patients and their families and facilitate continuous improvement through the timely identification of lessons learned.

Each Care Group has established processes to monitor patient safety incidents which, following an initial management review of harm, is recorded as moderate or above. If a patient safety incident is categorised as moderate or above, the Duty of Candour is triggered and the procedure must be followed. The Datix Cymru system must be used to record all activity relating to the patient safety incident including key dates relating to the Duty of Candour.

Duty of Candour dashboards have been developed within the Datix Cymru System to support Care Groups with ensuring the Candour procedure is followed and performance indicators are met.

Newly triggered Duty of Candour incidents are reported at the weekly Patient Safety and Quality Executive Meeting. Further reporting in relation to Duty of Candour is undertaken via the Care Group Quality, Safety and Experience Meetings and the Patient Safety & Quality Dashboard presented to the Quality and Safety Committee.

4. Health Board Performance

During 2023/2024, 3,819 patient safety incidents were graded by the reporter of the incident as moderate or above. Following Manager's Interim Harm Assessment, 3,468 patient safety incidents were downgraded to low harm, no harm or the incident occurred prior to the introduction of the Duty. 478 incidents are awaiting a Manager's Interim Harm Assessment to determine grade of harm. This representations a 91% downgrade rate across the health board. The table below provides a breakdown of the patient safety incidents reported as moderate and above, the manager's harm assessment.

		Reporters View of Harm			
Manager's Interim Harm Assessment		Catastrophic / Death	Severe	Moderate	Total
	Catastrophic / Death	19	2	4	25
	Severe	1	12	7	20
	Moderate	6	21	224	251
	Low	87	118	1890	2095
	None	88	75	1142	1305
	Incident occurred Pre 01.04.24	0	6	44	50
	Total	201	234	3311	3746

During the reporting period, data extraction from the Datix Cymru System has identified that 55 patient safety incidents were graded by the reporter as no or low harm which, following 'Manager's Interim Harm Assessment', were re-graded as moderate harm or above.

The data provided above indicates that further work is required to ensure staff are aware of the classification of harm and reporting requirements.

Duty of Candour Triggered

Between the 01.04.23 and 31.03.24, a total of 21,815 patient safety incidents were reported, of which Duty of Candour was triggered for 163 (0.7%) incidents.

Of the 163 patient safety incidents which triggered the Duty, 87 incidents have been closed. Of those incidents closed, the post investigation harm assessment of 19 (22%) patient safety incidents were deemed as not causing moderate harm or above as a result of healthcare. A breakdown is provided in the table in below.

Post Investigation Harm Assessment	Total
Catastrophic / Death	0
Severe	4
Moderate	64
Low	16

None	3
Total	87

Contracted Services – Primary Care

Contractors within the Primary Care setting, which includes Community Pharmacists, General Medical Practitioners, General Dental Practitioners and Optometrists, are required to submit data to the health board relating to the Duty of Candour in September 2024.

5. Learning and Improvement

The Health Board has established a number of mechanisms for sharing learning and informing improvements as a result of incident management:

- Learning repository hosted on SharePoint
- 6 monthly Health Board Wide Listening & Learning Events
- Assurance Panels for Pressure Ulcer, Inpatient Falls and Medication Incidents
- Establishment of Community of Practice work streams
- Patient Safety Newsletter

6. Conclusion

The Health Board continues to make progress in the implementation of the Duty of Candour Statutory Guidance, through the refining of incident management processes and training packages.

The key actions for 2024/2025 include embedding Duty of Candour procedures, improvements in data capture and reporters assessment of harm.

The ongoing implementation of the Duty of Candour has revealed implications for the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The Minister for Health and Social Services has committed to conducting a comprehensive review of the 'Putting Things Right' process, which is currently undergoing a consultation phase.

Agenda Item
6.6

Quality & Safety Committee

The Welsh Risk Pool and Legal & Risk Services Annual Review for 2023-24

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Richard Hughes, Deputy Executive Director of Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Nigel Downes, Assistant Director of Quality & Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Audit & Risk Committee	17/10/2024	Noted

Acronyms / Glossary of Terms	
CTMUHB's	Cwm Taf Morgannwg University Health Board
LFERs	Learning from Event Record(s)

1. Situation /Background

1.1 The Welsh Risk Pool and Legal & Risk Services Annual Review for 2023-24 provides data specific to CTMUHB's performance regarding clinical negligence matters, personal injury claims, redress cases, and learning assurance. This information allows comparison to the all-Wales position and highlights areas for potential improvement. (Please see appendices to this report).

1.2 Like all Welsh health bodies, CTMUHB is exposed to clinical negligence claims, personal injury matters, and redress cases. The Welsh Risk Pool assumes responsibility for indemnification and reimbursement management in these instances and supervises learning assurance processes aimed at preventing the reoccurrence of such incidents. The Annual Review provides a comparative analysis of CTMUHB's performance in these realms vis-à-vis the national landscape.

2. Specific Matters for Consideration

2.1 Clinical Negligence Matters:
CTMUHB's open clinical negligence cases increased from 284 in 2022-23 to 298 in 2023-24, reflecting the overall upward trend across NHS Wales.

44% of CTMUHB's clinical negligence matters were closed without damages in 2023-24, slightly higher than the all-Wales figure of 40%.

The top three specialities for claims in CTMUHB were:

- Maternity services (22.22% of cases)
- Emergency departments (18.43%)
- Orthopaedics/trauma (10.61%)

These mirror the national trend, though CTMUHB's percentages are higher in each category.

Personal Injury Matters:
CTMUHB had 98 open personal injury matters at the end of 2023-24, a slight decrease from 103 in the previous year.

57% of CTMUHB's personal injury claims were closed without damages in 2023-24, significantly higher than the all-Wales figure of 46%.

Redress Cases:
CTMUHB managed 319 redress cases in 2023-24, representing 27.3% of the all-Wales total of 1,169 cases.

61 cases were closed, 17 were reimbursed, and 240 were ongoing at year-end.

Learning Assurance:
CTMUHB submitted 118 Learning from Events Reports (LFERs) to the National Learning Advisory Panel in 2023-24.

When first presented in March 2024, 21.43% of CTMUHB's LFERs were approved, lower than the all-Wales average of 31.19%.

45.76% of CTMUHB's LFER submissions missed the standard deadline, significantly higher than the all-Wales figure of 27.80%.

3. Key Risks / Matters for Escalation

3.1 No matters for escalation noted

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
	Yes: ☐	No: ☒

Ansawdd*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality*Have you undertaken a Quality Impact Assessment Screening?*	Outcome:	If no, please include rationale below: Annual Report received from Welsh Risk Pool for noting by the Committee
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Annual Report received from Welsh Risk Pool for noting by the Committee
Cyfreithiol / Legal	Yes (Include further detail below)	
Enw da / Reputational	Yes (Include further detail below)	
	Positivity of the Welsh Risk Pool Annual Report which notes the higher-than-average rate of clinical negligence and personal injury matters closed without damages within CTMUHB	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Quality & Safety Committee is asked to: NOTE the report and commend the higher-than-average rate of clinical negligence and personal injury matters closed without damages and explore how these successful defence strategies can be further enhanced.

6. Next Steps

6.1 The Patient Care and Safety Team will review the high volume of redress cases being managed and ensure adequate resources are in place to handle this caseload effectively.

6.2 The Patient Care and Safety Team will develop an action plan to improve the quality and timeliness of LFER submissions, potentially including:
a) Additional training for staff involved in preparing LFERs
b) Implementing a robust internal review process before submission to the Welsh Risk Pool
c) Establishing clear accountability for meeting LFER deadlines

6.3 Schedule a six-month follow-up review to assess progress and the impact on the Health Board's risk profile and financial position for the Committee to consider.

Welsh Risk Pool
Operations Team
Alder House
Alder Court
St Asaph Business Park
Denbighshire
LL17 0JL

Cronfa Risg Cymru
Tim Gweithrediaudau
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Cwrt Alder
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029 21500 760
welsh.riskpool@wales.nhs.uk

Paul Mears
Chief Executive Officer
Cwm Taf Morgannwg University Health Board
via email only

Date: 1st September 2024

Your Ref:

Our Ref: WRP-L&RS Annual Review 2023/24

Dear Paul,

Following review by the Welsh Risk Pool Committee and the Shared Services Partnership Committee, I am pleased to enclose a copy of the Welsh Risk Pool and Legal & Risk Services Annual Review for 2023/24.

The Annual Review outlines the financial position, details the future financial forecast, and summarises the NHS Wales claims & redress caseload. The Annual Review also outlines the work of the Welsh Risk Pool in learning assurance and summarises the progress with Safety & Learning Programmes. The Annual Review further outlines the impact and reach of the Legal & Risk Services teams.

In addition, I have enclosed a supplement to the review, which outlines the key information for your organisation and enables you to consider this against the all-Wales position.

The key message contained in the Annual Review is that the litigation profile continues to rise in a similar way to that seen in other health systems. There has been an increase in the number of Redress cases during 2023/24 and this is attributed to the introduction of the Duty of Candour in Wales. The most frequently occurring clinical specialties which are subject to litigation are maternity services, care in emergency departments & units and trauma & orthopaedic services – and the Welsh Risk Pool will continue to focus on the commonly seen contributory factors which lead to claims and redress cases. The review does identify a reduction across NHS Wales in the approval of learning in cases by the National Learning Assurance Panel. This is coupled with a reduction in the timeliness of the submission of learning. Both of these issues present a risk of the reoccurrence of an incident until suitable actions are implemented and indicate a need for a greater focus by all organisations on the Learning from Events process.

The Annual Review is published as a publicly accessible document. The supplement does contain information about live legal cases which are not yet concluded, and we therefore recommend, as with previous reviews, that the supplement is considered by Board and Committee colleagues in the relevant 'private' section of their meetings. Both myself and members of the team are very willing to attend any meeting where we consider that we can add value in supporting your organisation to interpret the information and help to shape priorities. To arrange attendance at a meeting, please contact the operations team via email at welsh.riskpool@wales.nhs.uk.

If you do have any feedback on the content of the Annual Review or the supplement, please do not hesitate to contact the team.

Yours faithfully,



Jonathan Webb
MSc BA(Hons) CMIOSH SIRM FRSPH MCPara FIIRSM AIEMA ACIEH CertEd
Head of Safety & Learning — Welsh Risk Pool
Pennaeth Diogelwch a Dysgu — Gwasanaethau Cronfa Risg Cymru

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

NHS WALES SHARED SERVICES PARTNERSHIP

Welsh Risk Pool and Legal and Risk Services Annual Review 2023-2024

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Cronfa Risg Cymru
Shared Services Partnership
Welsh Risk Pool Services

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Cyfreithiol a Risg
Shared Services Partnership
Legal and Risk Services

Contents

Our Services..... 5 - 9
Our Leadership Team..... 10 - 12
Welsh Risk Pool Committee..... 12 - 13
Our Highlights..... 14 - 17
Our Caseload..... 18
- Claims and Redress Case Profile..... 18
- Clinical Negligence Matters..... 19 - 26
- Personal Injury Claims..... 27 - 28
- Redress Cases..... 29

Financial Planning..... 30
- 2023/24 Budget Position..... 30 - 32
- Looking Forward - The Forecast..... 33
- Risk Sharing Agreement..... 34 - 35

Welsh Risk Pool Operations..... 35 - 38
Learning Assurance..... 39 - 43
Maternity and Neonatal Safety and Learning Programmes..... 44
- IFS Wales..... 46 - 47
- PROMPT Wales..... 47 - 49
- Community PROMPT Wales..... 50 - 51
- MoNET Wales..... 51 - 42

Decision Making and Consent..... 53 - 55
Enhancing Learning Organisations..... 56
Venous Thrombo Embolism (VTE) Programme..... 57 - 59
Radiology (Unexpected Findings) Review..... 60 - 61
Anti Violence Collaborative Wales..... 62 - 63
Once for Wales Concerns Management System..... 64
- Datix Cymru..... 65 - 67
- Civica Experience Wales..... 67 - 69

Safety and Learning Networks..... 70 - 72
Supporting the Implementation of the Duty of Candour in Wales..... 73 - 74
Putting Things Right Assurance..... 75 - 76
Clinical Negligence Case Management..... 77
- Managing Legal Costs..... 785
- Putting Things Right Case Advice..... 79
- Horizon Scanning the Clinical Negligence Area..... 79 - 80

Supporting the Covid-19 Public Inquiry..... 81
Personal Injury and Prosecution Case Management..... 82
General Medical Practice Indemnity..... 83
Impact and Reach of our Legal and Risk Services..... 85

Foreward



Professor Tracy Myhill, OBE

Chair of NHS Wales Shared Services Partnership

The NHS in Wales undertakes many thousands of consultations, procedures and interventions every year – across primary care, ambulance, hospital-based services and tertiary specialties. The vast majority of patients and their families receive a high standard of care in a timely manner, with good clinical outcomes. The pressure on services, particularly unscheduled care, is well documented and there are a number of initiatives to address the causes of these pressures and to create additional capacity.

Whilst there is much to be celebrated in NHS Wales, on occasion errors do occur or systems & processes fail which can lead to avoidable harm and the possibility of claims or the need for redress payments. When something does go wrong, NHS organisations must have robust processes to implement improvements and share learning. The Putting Things Right Regulations provide a framework for organisations to investigate what has happened, put preventative measures into place where possible, and achieve a satisfactory resolution for any person affected. These Regulations have been the subject of consultation by Welsh Government and the guidance is currently in the process of being reviewed. It is anticipated that the amendments will be introduced towards the end of 2024/25 and the vision is that these will add further value to patients and their families.

The Welsh Risk Pool has a key role in supporting organisations to manage the financial costs associated with claims & redress cases, and to ensure learning is undertaken and shared across Wales. As has been seen in other modern healthcare systems, the clinical negligence litigation profile in NHS Wales is rising – with legal costs continuing to increase more quickly than inflation. The data shows a gradual increase in clinical negligence matters over the last three years and the most frequently occurring clinical specialties are maternity services, care provided in emergency departments and trauma & orthopaedics. There continues to be a decline in the litigation profile of personal injury claims.

The introduction of the Duty of Candour in Wales is attributed for the increase seen in 2023/24 of cases where redress payments are required. The Putting Things Right process in Wales offers a swift resolution to concerns and every case successfully managed in this way avoids a clinical negligence claim being brought.
NHS Wales is proud to have an entirely in-house legal services team which manages clinical negligence and personal injury cases for health bodies and the professional influence of this service achieves considerable savings to the Welsh taxpayer. Where it is right to do so, we settle cases as promptly as possible. Where it is appropriate, we defend matters.

This approach reduces avoidable costs to NHS Wales. During 2023/24 over a third of clinical negligence claims and almost half of personal injury claims were successfully closed with no damages paid.

A key aspect of the work of the Welsh Risk Pool relates to learning assurance – ensure lessons learned are identified and improvements are implemented, both within the service where the claim originated but also more widely across the health service. The learning process is underpinned by a clinically-led panel which scrutinises all cases and recommends whether the learning is sufficient. There has been an reduction in the number of cases which are approved when first presented to the panel and all organisations must consider steps that can be taken to improve the robustness of learning and improvements before being submitted for consideration.

It is pleasing to see that there has been an impact to clinical outcomes and staff views on safety which have been driven by some of the Safety & Learning initiatives which are coordinated by the Welsh Risk Pool. Most notably, the team has been able to gather data which demonstrates an improvement in clinical outcome measures, including APGAR scores for babies which is a good indicator of health at birth.

Additionally we have shown a sustained improvement in safety attitude amongst staff within our maternity services, using a recognised measurement tool. As more data becomes available, we anticipate seeing further sustained improvements. The wide experience of the in-house legal service, in all areas of law affecting modern health bodies, provides rapid and effective advice to leaders throughout the NHS in Wales. As well as dealing with clinical negligence, personal injury cases and managing the General Medical Practice Indemnity scheme, the Legal & Risk Service advises on procurement law, contractual matters, property acquisitions and disposals, representation at inquests and managing patients with complex needs in their care. The service remains flexible and adaptable as alternative models of service provision are implemented which present new challenges to organisations.

I remain very proud of the work done by the Welsh Risk Pool and Legal & Risk Services, working in partnership with colleagues across the NHS Wales and Welsh Government. This report outlines the current financial position and presents a forecast for claims and redress cases. The report also highlights the excellent legal, safety & learning work that the teams do every day. My senior team will be working with every Board in NHS Wales to maximise learning and to improve quality and safety, using the data related to each individual health body.

About Tracy Myhill

Tracy was appointed Chair of NWSSP in 2021 having retired after a 36-year career in the NHS. Tracy's career commenced as a receptionist in Cardiff's Dental Hospital, progressed into the human resources profession, holding roles at local and national level, and to her appointment into Chief Executive roles. She has worked as Chief Executive of the Welsh Ambulance Services University NHS Trust and Chief Executive of Swansea Bay University Health Board.

Our Services



Welsh Risk Pool

Our Services

The Welsh Risk Pool is a mutual organisation which provides indemnity against risk to all Health Boards, NHS Trusts and Special Health Authorities in Wales. Using an approach which considers causal factors of harm and the cost of improvement, the Welsh Risk Pool focusses on Improving Safety Through Learning. By understanding the causes of claims and redress cases, we help organisations to identify improvements which are needed in services to enhance the safety of NHS patients, staff and service users.

Reimbursement

We reimburse health bodies for losses and special payments which arise from claims and redress cases in accordance with the procedures approved by the NHS Wales Shared Services Partnership Committee.

Structured Settlement Management

The Welsh Risk Pool administers all long-term Periodical Payments on behalf of Welsh Government for the duration of a structured settlement incurred by an NHS Wales Health Body. This ensures compliance with a court order in a matter and provides funds for ongoing care and support for claimants who have experienced harm. The Welsh Risk Pool team engage with Claimants and their representatives to ensure the ongoing effective management of the settlement.

Decision Making and Consent

Led by the Welsh Risk Pool, the All-Wales approach to Consent to Examination and Treatment provides a national training solution for clinicians involved in the consent process and provides a library of approved consent information leaflets to support clinicians in ensuring patients are fully informed about the risks and benefits of a proposed treatment or procedure. The Welsh Risk Pool supports organisations to comply with regulatory guidance which recognises that the dialogue between healthcare professionals and patients is essential for safe and effective decision making

Learning Assurance

The National Learning Advisory Panel is a clinically led group which is coordinated by the Welsh Risk Pool and scrutinises the learning from events regarding claims and redress cases to ensure effective local learning is implemented and provides a platform for sharing lessons learned throughout NHS Wales.

Maternity and Neonatal Safety and Learning Programmes

We coordinate the all-Wales approach to obstetric emergency training through PROMPT Wales and Community PROMPT Wales, and to Intrapartum Fetal Surveillance training with 'IFS Wales.' In response to the Maternity and Neonatal Safety Support discovery report, we are developing an innovative training programme for the management of emergencies in neonatal services.

Once for Wales Concerns Management System

We lead the design, implementation and use of the Once for Wales Concerns Management Systems across health bodies and primary care.

- Datix Cymru, which provides consistency in the platform for capturing, investigating and reporting outcomes of concerns.
- Civica Experience Wales, which provides a platform for real time feedback from service users to be collated and analysed quickly and effectively.

Venous Thrombo-Embolism

In response to the causal factors identified in legal cases and reviews, we coordinate an all-Wales approach to the prevention, management, and reduction of harm associated with venous thromboembolism. This aims to improve patient experience and clinical outcomes. We manage two bespoke e-Learning modules to support staff to recognise and manage VTE.

Safety and Learning Networks

We facilitate forums for practitioners in patient safety, concerns management and service user feedback to drive improvement, learn together and share experience and good practice.

Radiology Unexpected Findings

We co-ordinate an All-Wales Radiology (unexpected findings) review and associated work strands that have arisen as a result. The review first commenced in 2019 due to the sustained level of legal cases where a key finding was the failure to act on the report of a radiological examination, resulting in delayed or missed diagnosis. The focus of the review is around achieving use of a national standardised electronic system, to reduce the risk and improve patient safety outcomes.

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Gwasanaethau Cronfa Risg Cymru
Shared Services Partnership
Welsh Risk Pool Services

Putting Things Right Assurance

Assurance reviews are conducted on behalf of Welsh Government in relation to the application by health bodies of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – known as the Putting Things Right (PTR) Regulations, along with analysis of an organisation's compliance with the WRP Reimbursement Procedures. Bespoke training is provided to colleagues dealing with all aspects of PTR matters throughout Wales, to develop and enhance competence in this sector.

Delegated Case Management

We consider the application of the all-Wales Policy on Indemnity and Insurance and advise health bodies in Wales in respect of indemnity arrangements and agreements between parties in the provision of health and care.

Anti Violence Collaborative

We coordinate Anti-Violence Collaborative Wales (AVC), which is a collaboration between all NHS organisations in Wales, the four Welsh Police Forces, the Crown Prosecution Service in Wales and trade unions and staff associations. The partner organisations are signatories to a memorandum of understanding entitled the 'Obligatory Responses to Violence in Healthcare'. The aim of the collaborative is to reduce incidents of violence and aggression against staff and those who utilise NHS Wales services. Where incidents of violence do occur, the AVC aims to ensure an appropriate response in addressing the issues and facilitate appropriate support for those affected by an incident.

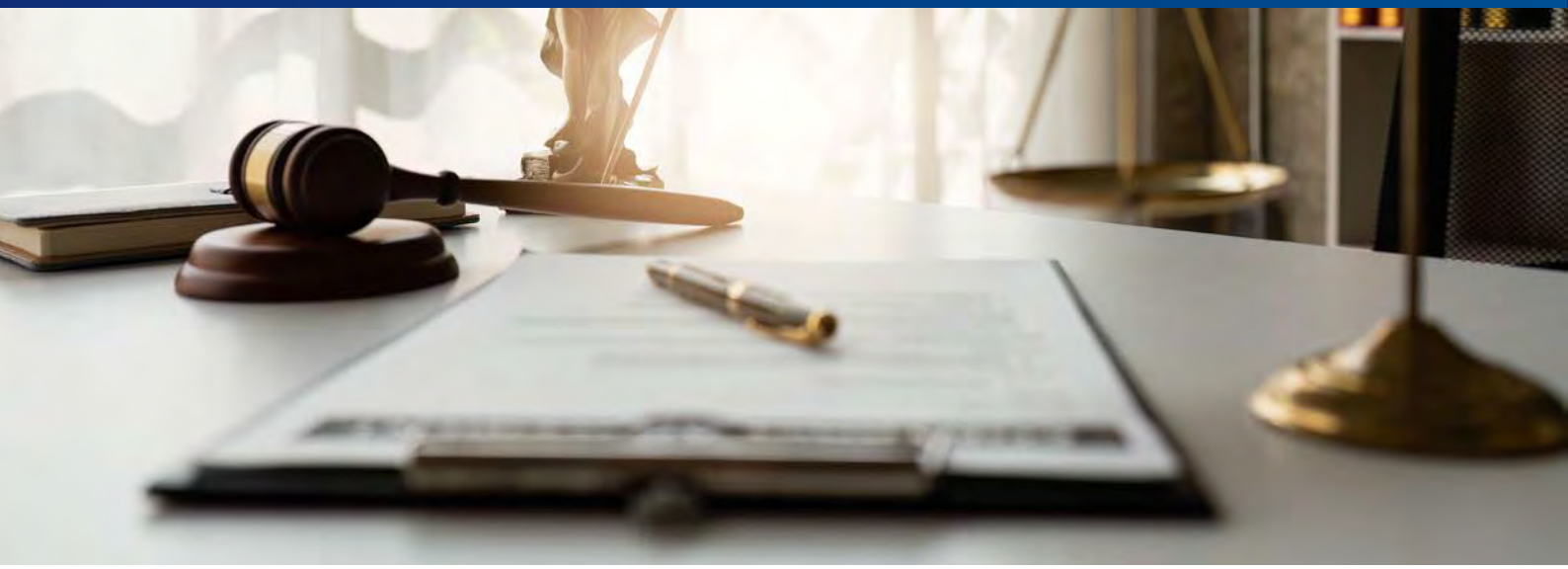
Specialist Investigation Support

We provide support to health bodies regarding complex investigations where the independence of the Welsh Risk Pool adds value. By accessing and utilising the vast experience across NHS Wales, the Welsh Risk Pool can provide independent reviews of cases and, if required, coordinate multi-professional support – including clinical and legal expertise. The Welsh Risk Pool assists health bodies to identify causal factors, system improvements or legal remedy.

NHS Indemnity Enquiries

We consider the application of the all-Wales Policy on Indemnity and Insurance and advise health bodies in Wales in respect of indemnity arrangements and agreements between parties in the provision of health and care.





Legal and Risk Services

Our Services

Legal and Risk Services provides professional legal advice and representation for health bodies and general medical practitioners in Wales. With a breadth of specialist experience, knowledge and understanding of the legal, administrative and policy issues that affect the operation of the NHS in Wales, our teams are able to support organisations in providing safe, efficient and effective healthcare services to the population of Wales.

General Medical Practice Indemnity

A team of highly skilled solicitors with a particular focus and expertise in managing clinical negligence claims arising from primary care practice.

Commercial, Regulatory and Procurement

A team of highly specialised lawyers who support health bodies in managing these issues in a practical and timely manner.

Clinical Negligence

A department of inhouse solicitors and legal support staff who manage the clinical negligence caseload across all health bodies. We aim to handle claims proactively, fairly and consistently.

Complex Patient (Court of Protection)

A team of very experienced healthcare lawyers who provide rapid advice to ensure NHS staff are able to comply with legal requirements and deal with complex legal issues regarding the provision of care and treatment.

Employment

A team of solicitors and legal executives advising on high level strategic policy matters, case management and tribunal hearings.

Putting Things Right

We offer a flexible and hands-on approach to health bodies in dealing with matters under the PTR regulations.

General Healthcare Advice

A wide spectrum of issues can be faced by health bodies and clients. This team draw from the diverse experience within Legal and Risk Services to provide timely advice.

Public Enquiry Support

A team of experienced lawyers who support the collation and presentation of evidence and coordinate legal representation in relation to matters investigated as part of public inquiries.

Inquests

Our inquests team offer full support to our clients, from initial investigations through inquest hearings and beyond, providing guidance on evidence gathering and presentation and coordinating representing for hearings.

Personal Injury and Prosecutions

This team have intimate knowledge of the NHS enabling swift and efficient advice on managing claims and providing expert advice on reducing risks in the workplace, enhancing safety of staff. Where enforcement action is taken against a health body, the team provides support to ensure that evidence is gathered, and the organisation is appropriately represented.

Property Acquisitions, disposals and leases

This highly specialised team work closely with Specialist Estates Services to support all health bodies on matters relating to the NHS Wales estate.



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Gwasanaethau Cyfreithiol a Risg
Shared Services Partnership
Legal and Risk Services

Our Leadership Team



Mark Harris

Mark Harris is the Director of Legal and Risk Services and the Welsh Risk Pool.

Mark has an LLB law degree, an LLM Master's degree in Commercial Law/Marine Affairs and a Postgraduate Certificate in Health Service Management.

Having worked in Legal and Risk for over two decades, Mark has many years' experience of working on a wide array of clinical negligence and general advisory matters. In addition to leading and developing the business, Mark continues to provide legal advice on the wide range of legal conundrums that face NHS bodies in their day-to-day business.



Daniela Mahapatra

Daniela Mahapatra is the Deputy Director of Legal and Risk Services.

Daniela qualified as a Solicitor in 2005., She obtained her LLB Law degree at the University of Wales, Swansea, before moving to Cardiff to undertake the Legal Practice Course. Practicing in employment law, Daniela has advised all health bodies in Wales in complex employment cases.

Committed to developing and supporting the diverse team within Legal and Risk Services, Daniela is also a member of the HPMA Wales Committee - arranging various training events for organisations. Daniela has also taught the Employment Law module on the HRM course at the University of South Wales. Daniela is also a mentor as part of the Coleg Y Cymoedd mentoring scheme.



Jonathan Webb

Jonathan Webb is the Head of Safety and Learning and is the operational lead for the Welsh Risk Pool.

Jonathan is a Registered Paramedic, an experienced Clinical Mentor and has worked in the NHS since 1990.

Prior to joining Legal and Risk Services in 2016, Jonathan was Head of Risk Management in an English Acute Trust and has held a similar role in the Channel Islands. Jonathan's role focusses on overseeing the process of scrutinising and sharing lessons learned from claims and redress cases and assurance of organisational processes for Putting Things Right. Jonathan is also the programme sponsor for the Once for Wales Concerns Management System.



Sarah Watt

Sarah Watt is the Head of Healthcare Litigation, the strategic lead for clinical negligence claims, Putting Things Right and Public Inquiry work.

Sarah has a LLB Law Degree, Law Society Finals Examination pass and Level 5 Qualification from the Institute of Leadership and Management.

Sarah joined Legal and Risk Services in 2003 after working for leading UK healthcare law firms. She became a Team Leader in 2005 and was appointed Head of Healthcare Litigation in 2021. Sarah is particularly experienced in high profile investigations, very high value claims and has the work to support health bodies giving evidence to the coronavirus public inquiry.



Sarah Hookes

Sarah Hookes is the Assistant Head of Safety and Learning and coordinates the Safety and learning Programmes.

A Registered Midwife and trained Nurse, Sarah has over 25 years' experience as a Midwife in North Wales.

Sarah joined the Welsh Risk Pool in 2018 to lead the implementation of PROMPT Wales and remains a key part of the national team. Sarah's role involves the oversight of all of the Safety and Learning Programmes operated by the Welsh Risk Pool – engaging local teams to reduce avoidable harm.



Sue Saunders

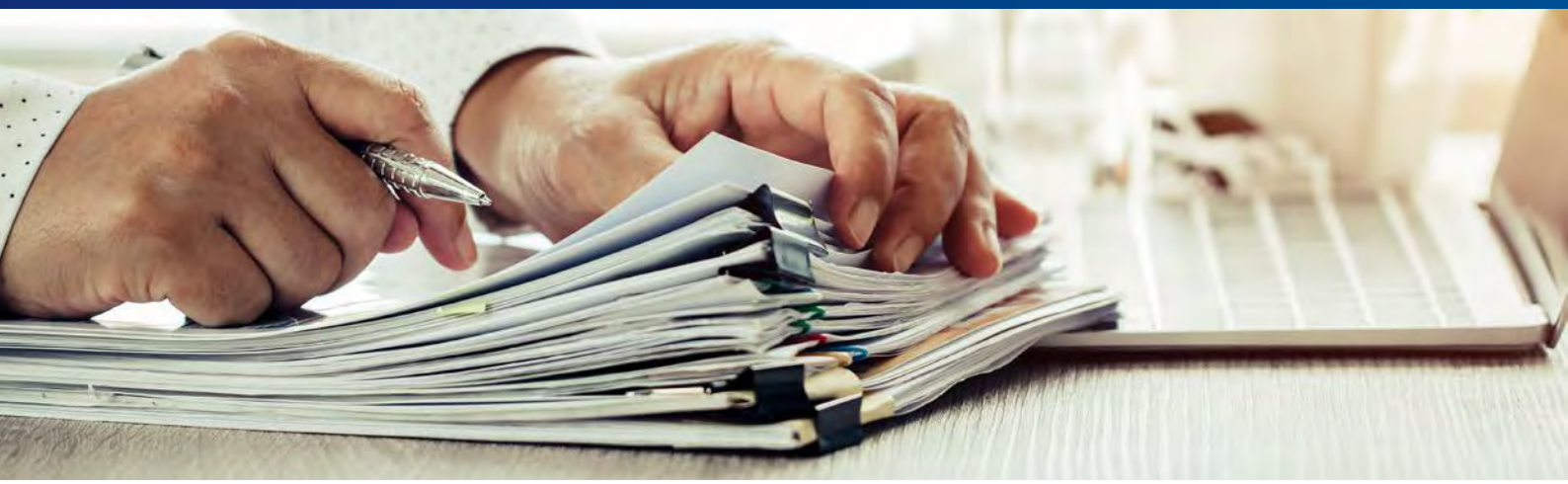
Sue Saunders is the Head of Finance for Welsh Risk Pool and Legal & Risk Services Management Accountant.

A qualified accountant, Sue has many years of experience in NHS accounting and supports health bodies with their financial returns relating to the Welsh Risk Pool to Welsh Government.

The financial functions of the Welsh Risk Pool and Legal and Risk Services are coordinated by the Corporate Finance Team within NHS Wales Shared Services Partnership. Sue is responsible for the Welsh Risk Pool and Legal and Risk accounts.

Chairing the sub-Technical Accounting Group for Welsh Risk Pool matters, Sue ensures that the application of financial principles is consistent throughout NHS Wales.

Welsh Risk Pool Committee



Strategic oversight of the work of the Welsh Risk Pool is provided through the Welsh Risk Pool Committee – which is a sub-committee of the NHS Wales Shared Services Partnership Committee.

The Welsh Risk Pool Committee makes decisions in relation to the reimbursement procedures, workplans for reviews and the reimbursement of claims and redress cases. Membership of the Welsh Risk Pool Committee is drawn from Welsh Government and Executive and Independent Members from NHS Wales Health Bodies. Committee members represent their professions rather than individual organisations and a Terms of References outlines the roles and responsibilities of the group.

Membership of the committee is:

- Chair of Shared Services Partnership Committee *[Chair of WRPC]*
- Welsh Government Finance
- NWSSP Director of Legal and Risk Services
- Managing Director of NHS Wales Shared Services Partnership *[WRP Accountable Officer]*
- NWSSP Medical Director
- NWSSP Deputy Director or Legal and Risk Services
- NWSSP Director of Finance and Corporate Services

And Representatives of:

- Welsh Government Medical Officers
- Health Body Chairs
- Health Body Medical Directors
- Health Body Directors of Finance
- Health Body Audit Committee Chairs
- Health Body Directors of Primary Care
- Health Body Chief Executives
- Health Body Directors of Nursing
- Health Body Directors of Therapies and Health Science
- Health Body Directors of Corporate Governance
- Health Body Directors of Digital Services

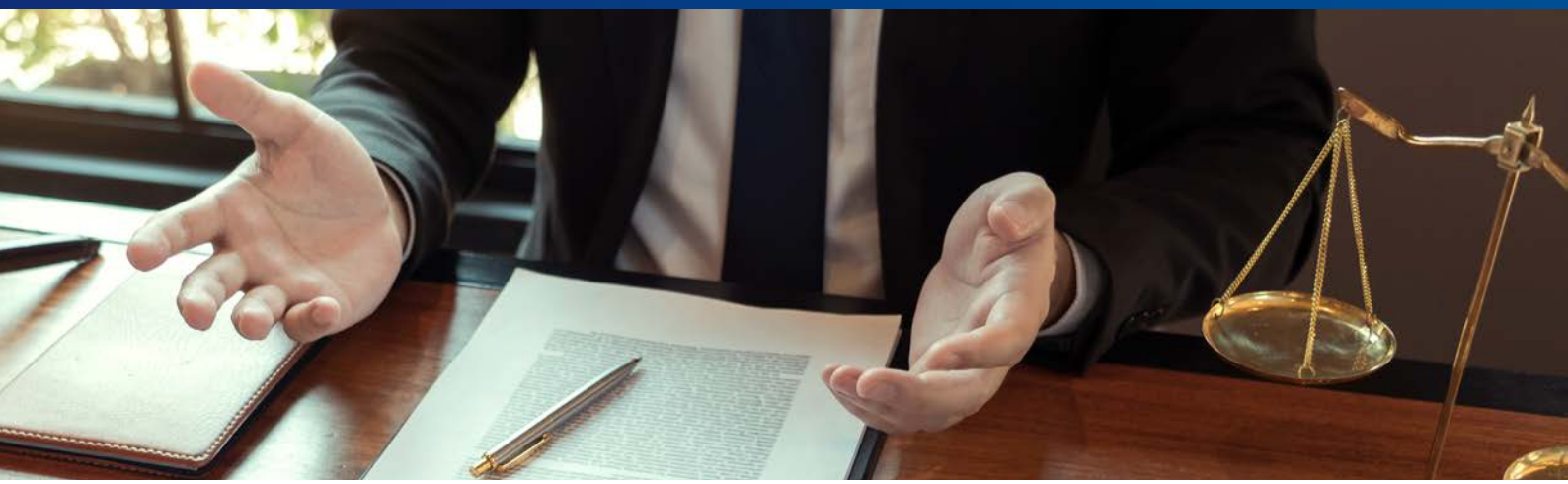
During 2023/24, the Welsh Risk Pool Committee met on six occasions and coordinated the safety and learning workplan and future strategy. 1371 cases were considered by the committee, with a total reimbursement to Health Bodies in 2023/24 of £82,522,000.39. Table.1 outlines the number of cases reviewed and reimbursements approved at each of the meetings during the year.

Welsh Risk Pool Committee 2023/24							
Cases Reviewed & Reimbursements							
Committee Date	May-23	Jul-23	Sept-23	Nov-23	Jan-24	Mar-24	TOTAL
Cases Reviewed	216	216	278	215	243	203	1371
Reimbursement	£17,205,310.67	£10,938,758.24	£9,464,751.09	£9,948,140.48	£23,011,835.29	£11,953,204.62	£82,522,000.39

Table 1: Number of cases review and Reimbursements by WRPC 2023/24



Our Highlights



Welsh Experience National Awards launched. We introduced a national awards programme to recognise, celebrate and share work within the People's Experience sector. The awards are a tribute to individuals and teams that significantly influence the way NHS Wales enhances service user experience, quality and safety irrespective of their work location.

Sarah Morris Winner of CNO Wales Award. Our Senior Safety and Learning Advisor, and Midwife, Sarah Morris was recognised for her work in developing and implementing transformation in emergency skills training.

RCM Award for Excellence in Midwifery Education and Learning. The development of Community PROMPT Wales was recognised by the Royal College of Midwifery for the introduction of a bespoke training programme which, embedded in NHS Wales, has now been adopted internationally.

IFS Wales implemented in all Health Boards. The standardised programme of training in Intrapartum Fetal Surveillance was successfully implemented in all Health Boards in Wales, with over 70 members of faculty who are trained to deliver the programme locally and a process for national quality assurance and support established.

WRP Networks Principles and Workplans Launched. The national networks for patient safety, experience and candour have undergone a review to ensure they meets the needs of the organisations and staff groups they support. A principles document which provides a framework has been supported by Welsh Government and each group has developed a workplan to focus activities between 2024 and 2026.

Civica Experience Wales implemented in all Health Bodies. The bespoke for Wales platform to capture and analyse service user feedback has been successfully installed for all Health Boards and Trusts.

National Service User Feeback Surveys introduced. A governance framework and process for selection, planning and implementation of national surveys has been introduced. The use of Civica Experience Wales to capture and nationally analyse results has been successfully implemented, with information from Emergency Departments collated in 2023/24.

WRP Chairing Anti Violence Collaborative. The Head of Safety and Learning became the Chair of the AVC in 2023, reinvigorating the process following a pause during the pandemic.

Refresh of Obligatory Responses to Violence in Healthcare. The document underpins the agreement between the AVC partners and was updated with guidance documents to support its application and use by organisations.

Introduction of Personal Injury Learning Assurance Panel. The scrutiny of learning continues to form an important part of the WRP work. Following collaboration with the All-Wales Health and Safety Managers' Group, a dedicated panel to examine the learning from non-clinical claims and redress cases has been established.

Consent e-Learning Implementation. A bespoke training package to support clinicians who are involved in the consent process has been rolled out throughout all health bodies and primary care providers in NHS Wales.

National Webinars for Consent to Examination and Treatment. We held three webinars for staff and leaders in health services in Wales to share experience and best practice in ensuring patients are able to give informed consent to a procedure.

Development of All-Wales Endoscopy Consent Information. We worked with national groups from this important specialty to ensure that standardised and detailed consent information is available to patients undergoing these procedures.

IFS Wales team present at British Intrapartum Care Society. We delivered an update on our work in this important area of intrapartum care to an international conference with significant interest from leaders across the UK.

WRP Proud winners of Welsh Language Champion Award. We were recognised for our services in the consent area, where all consent information leaflets are available in a bi-lingual format; enabling patients to choose their preferred language.



Introduction of Digital Stories Platform. We worked with our software suppliers to develop and implement a process to capture and access digital people's stories to support the experience sector and align to the All-Wales Digital Stories Toolkit.

NHS Wales represented at USA Patient Safety Palooza. We presented at the Patient Safety Palooza, outlining the work we are doing to support health bodies in Wales to analyse and triangulate data in relation to workforce and healthcare incidents.

All-Wales Safeguarding Report Platform successfully piloted. We have developed, with the Wales Safeguarding Network, an all-Wales Safeguarding Report Form – which captures the essential data required by NHS staff when making a safeguarding report to a statutory body. This has been successfully piloted by staff in Hywel Dda University Health Board.

Property Team Support Planning for Future Hospitals. The property team acted for a Health Board in relation to a major reporting exercise on all adverse rights at some of its major hospital sites. This will provide the Health Board with a great resource going forward in making its decision about where to locate a new super hospital and how quickly third-party occupation rights can be terminated.

Property Team Support PFI Review. The property team advised a Health Board in relation to a longstanding Private Finance Initiative, enabling it to negotiate the best possible arrangements for future service provision.



Reinforced autoclaved aerated concrete

Property Team Support Urgent Response to RAAC. The property team assisted a Health Board where new premises (where services were to be relocated) were discovered to contain Reinforced Autoclaved Aerated Concrete. This necessitated a tripartite agreement to secure access to the premises being vacated to maintain clinical services.

Property Team assist Health Board to secure Primary Care Premises. The property team recently supported a Health Board on the completion of a purchase of the freehold reversion of a surgery premises. This secured long term access to services for the local community and was completed in the timeframe required by the capital budget process.

Commercial Team support Dispute Resolution. The Commercial Team acted on behalf of three health bodies in resolving a dispute with a local authority. Proactive work ensured a less adversarial approach was taken to the matter and a resolution was reached between the parties. The joint instructions also reduced the overall cost for NHS Wales.

Commercial Team support Health Bodies in striking out claims. The team received separate instructions from two health bodies, each subject to a claim brought by a litigant in person. The team identified the claims were based on similar facts and arranged for the cases to be heard together, resulting in lower legal and counsel fees. We were successful in getting each claim struck out and a cost order against the claimant.

Commercial Team support wide ranging estates procurement. The team assisted four health bodies to complete a tendering exercise for estates refurbishment. This enabled considerable improvement to the building structure and improvements to the energy efficiency of several locations. The framework gives these organisations the opportunity to play their part in addressing the climate emergency and meet European, national, local and organisational targets to reach net zero carbon emissions.

Personal Injury and Prosecutions Team held two successful PI Day Events in 2023/24, receiving great feedback from the participants.



Employment Team expands to meet the needs of clients. 2023/24 has seen the capacity of the Employment Team increase to seventeen staff – enabling it to act in a responsive manner to instructions from clients.

Employment Team Secures Rare Costs Award at the Employment Tribunal. Following protracted litigation and a successful judgment for a Health Board, the Employment Team successfully recovered £97,000 in legal costs from the Claimant. These orders are rarely awarded and only where it can be evidenced that a party has acted unreasonably in bringing or conducting the case. This is a great outcome for the public purse and hopefully acts as a deterrent for those bringing claims without merit.

Employment Team coordinate Successful Conference. Our team arranged the HPMA Employment Law Conference which was a great success. To widen participation, the Conference was held in South Wales on day one and in North Wales on day two. The event included a number of interesting speakers, including the Employment Tribunal, Barristers' Chambers and other organisations.

Employment Team Education Programme Success. We are very proud of our programme of webinars that we have been able to offer to our HR Client contacts within NHS Wales. Tailoring these sessions into a bitesize format to meet the needs of the service the webinars are held regularly and include innovative speakers sharing their knowledge and expertise on a wide range of employment law related topics.



Our Caseload



NHS Wales provides a high standard of care every day and the volume of patients receiving care and treatment continues to rise. The majority of these receive an excellent standard of care, but on occasion errors do occur and these can lead to claims or redress cases. These errors can be caused by mistakes or failures in the processes and systems which underpin the NHS. The Welsh Risk Pool and Legal and Risk Services play an integral role in supporting all health bodies in NHS Wales in dealing with cases.

The litigation profile represents payments which are taken from public funds. However, it is important to recognise that the events which lead to claims and redress cases can involve serious harm to patients, staff and visitors. It is therefore essential that steps are taken to improve processes, education, and learning, sharing outcomes and good practice nationally. The process of learning from events aims to ensure that issues which have led to a claim or redress case are identified and learning or improvements put into place to reduce the potential for repeat events.

Claims and Redress Case Profile

The profile of cases managed by the Welsh Risk Pool and Legal and Risk Services relate to clinical negligence, personal injury and redress matters.

The Welsh Risk Pool administers the risk pooling arrangement and meets the cost of financial losses for claims over £25,000 and all reimbursable expenditure on redress cases. The most significant element of expenditure relates to clinical negligence matters.

Clinical negligence and personal injury claims are managed using the legal processes outlined in the pre-action protocols contained in the Civil Procedure Rules issued by His Majesty's Courts and Tribunals Service (HMCTS) which apply in England and Wales. If proceedings are issued, the conduct of the claim is coordinated by a judge.

Redress cases are conducted using the requirements set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, which are known as the Putting Things Right (PTR) Regulations, and these have a published legal guidance which sets out the expectations required of the parties. The PTR Regulations, and the associated guidance, are currently under review by Welsh Government. The Welsh Risk Pool and Legal and Risk Services are actively supporting and advising Welsh Government and all Health Bodies in that review.

Clinical Negligence Matters

The number of substantive open clinical negligence cases at the end of each financial year provides a useful indicator of the current clinical negligence caseload pressure experienced by NHS Wales. This is shown in Fig.1. These figures do not include cases from the Scheme for General Medical Practice Indemnity, which are managed separately.

As we have previously reported, there was a spike in cases as we approached 2013 because of a rush by Claimants' solicitors to open new cases before new costs rules came into force. We also changed our methodology for opening new cases from 2017/18 - only accepting those with a letter of claim or that fell into the criteria for our early reporting scheme, where we require health bodies to inform us of specific incidents as they occur. Prior to that we accepted matters even if there was not yet a letter of claim, such as pre-action disclosure requests. There was some disruption to the timing of cases brought during and immediately following the pandemic. Considering the impact of the three-year limitation period (the time period that most claims can be brought against a health body), we consider that this impact has now largely subsided. Overall, there has been an increasing trend in the number of cases in the last five years.

Open Clinical Negligence Matters

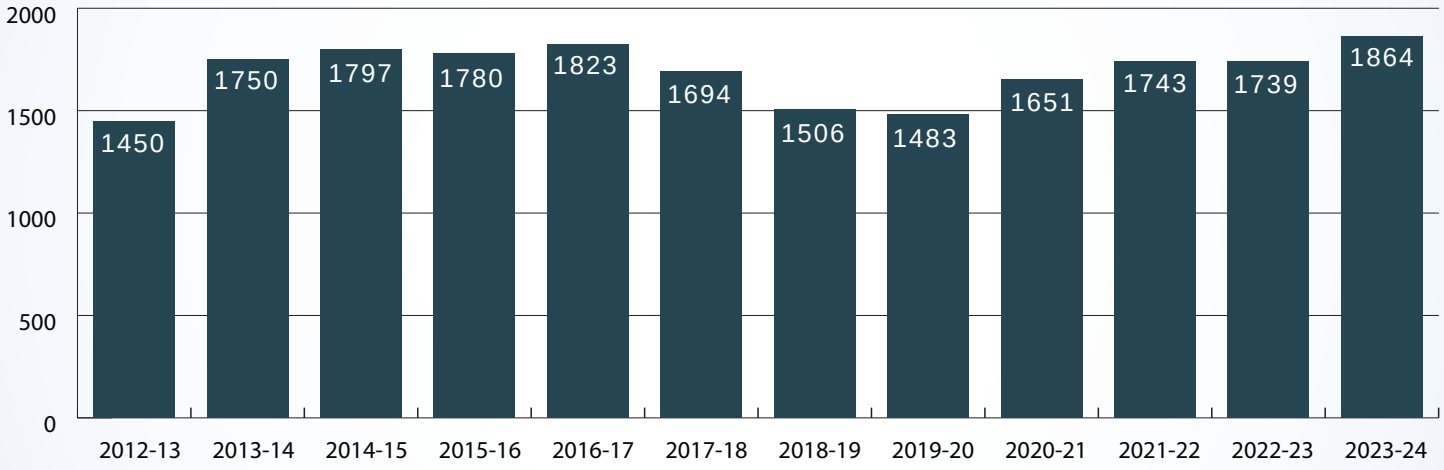


Fig.1 Open Clinical Negligence Matters

An important part of the role of Legal and Risk Services is the careful analysis and investigation of all matters brought against health bodies. We are successful in defending cases where this is possible, which reduces avoidable costs for the Welsh taxpayer. Since we restricted our criteria for opening a matter in the main to those where a formal letter of claim has been received, there has been a slight consequential decrease in the number of cases subsequently closed without damages. Fig.2 outlines the proportion of cases which are closed without damages over the last five years. This shows that we are consistently defending just under half of matters.

Proportion of Clinical Negligence Matters Closed Without Damages Paid

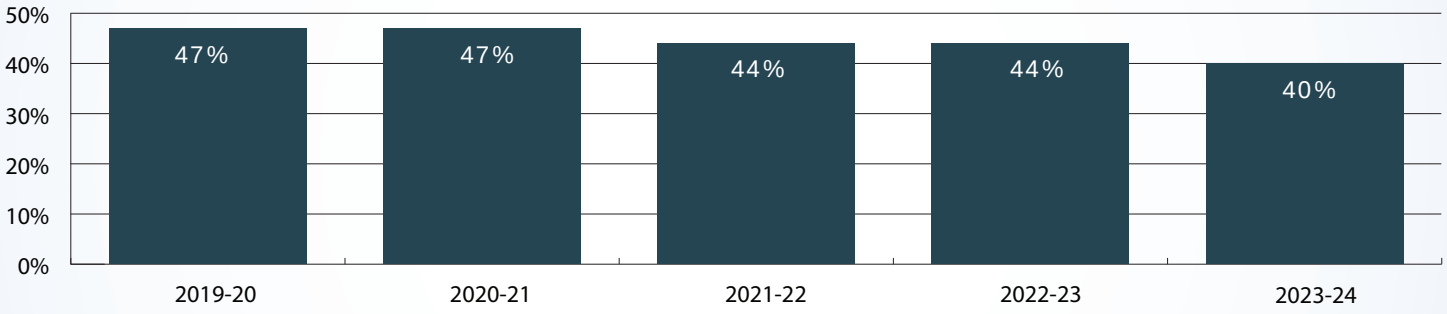


Fig.2 Proportion of Clinical Negligence matters closed without damages paid

Case Successfully Defended

Proceedings were brought against a Health Board by a patient who had undergone following a total laparoscopic hysterectomy and bilateral salpingectomy and oophorectomy (BSO) procedure following a diagnosis of endometrial cancer. Injury was sustained to the ureter when removing the uterus through the vagina and the allegation was that this was negligent. The Claimant alleged that the injury was caused by thermal or heat injury while the surgeon was using a LigaSure device. The Health Board's defence was that the injury was due to significant force being needing to be applied when removing the uterus through the vagina. It was accepted by the parties that applying such significant force was not negligent. Damages were claimed at approximately £450k and the estimated quantum exceed £800k.

The matter was carefully investigated by Legal and Risk Services and clinical experts were appointed to provide advice. At the joint meeting between the Defendant and Claimant Gynaecological Oncology experts, the Claimant's expert changed his opinion. He agreed the injury was most likely caused during the removal of the uterus through the vagina. However, his opinion was that excessive rather than necessary significant force had been applied and that this was negligent.

The trial took place, the claim was dismissed, and judgement was given in favour of the Health Board. The Court found that the treating clinician was a credible witness. The Court preferred the expert evidence of the Heath Board's gynaecological oncologist and found that the Claimant had failed to prove that the surgeon had used excessive force. This led to a significant financial saving.

NHS Wales undertakes a wide range of clinical procedures and provides care and treatment in a wide array of clinical settings. Claims may arise from any clinical contact and the Welsh Risk Pool monitors the distribution of the principal clinical specialties identified in a claim.

The most frequently occurring specialty relating to clinical negligence claims is maternity services, which includes obstetrics and midwifery-led services. These represent 17.91% of all clinical negligence cases managed by Legal and Risk Services during 2023/24, a slight fall on the previous year. This proportion is consistent with the other NHS nations in the UK. The Welsh Risk Pool has invested significantly to work with clinical teams in maternity and neonatal services across NHS Wales to address the causal factors of claims.

The majority of clinical negligence matters relating to maternity services involve harm to a baby and the usual limitation rules do not apply. These cases can therefore take many years to be brought or to be concluded and most of the current maternity services matters being investigated in 2023/24 have an index date of more than four years earlier.

Many patients present to emergency departments, specialist assessment units and minor injury services and there is widespread recognition of the pressure experienced by these services. Claims related to these settings represent 14.13% of all clinical negligence matters being managed by Legal and Risk Services during 2023/24. This proportion is broadly similar to the previous year.

Matters relating to assessment and treatment, including surgery, in orthopaedic and trauma cases have consistently been in the top three specialities in which claims are brought for some time. It is recognised that the number of orthopaedic procedures conducted by NHS Wales every year is very large and the proportion of cases which lead to a claim being brought is very low. There has been a reducing trend in the proportion of claims in this specialty during the last three years and in 2023/24, orthopaedics and trauma surgery represented 9.59% of all cases.

Cases involving radiology, including the interpretation of x-rays, CT-scans and MRI imaging, have increased over the last three years and in 2023/24, this specialty represented 3.01% of clinical negligence claims relating to this specialty. The Welsh Risk Pool recognises international shortages of Radiologists and the work being done by the NHS to digitise more work, to streamline services and reduce delays. Analysis of the challenges relating to radiology reports not being followed up when a patient has left the care of a department, is part of the workplan for the Welsh Risk Pool Committee.

The proportion of matters relating to urology has increased from just over 2% in 2021 to 4.12% in 2023/24. The Welsh Risk Pool team will work with leaders from the specialty across Wales to identify themes or trends in causal factors.

The list of specialities captured by the Welsh Risk Pool and Legal and Risk systems relate to a bespoke list that was first utilised in approximately 2000. With the introduction of a new electronic Case Management System over the next few years, it is anticipated that the speciality data will be published in future using the national NHS Wales list as far as possible and that this will help organisations to extrapolate and use data from a range of performance and quality management sources. Fig.3 outlines the distribution of the top twelve clinical specialties in clinical negligence for 2023/24 and also provides a comparison with the values found in previous years. The ‘other’ category includes the 38 specialties which are included the current Legal & Risk database.

Proportion of Principle Clinical Specialities in Clinical Negligence Matters

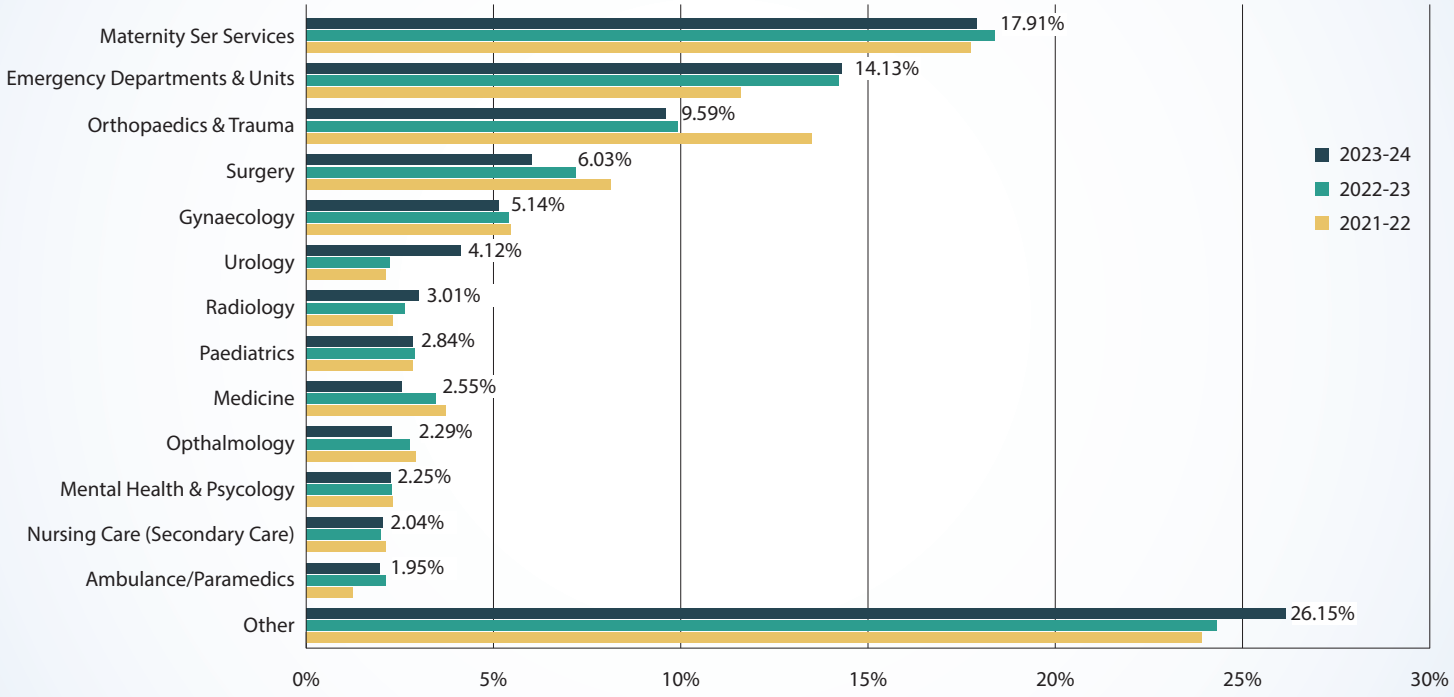


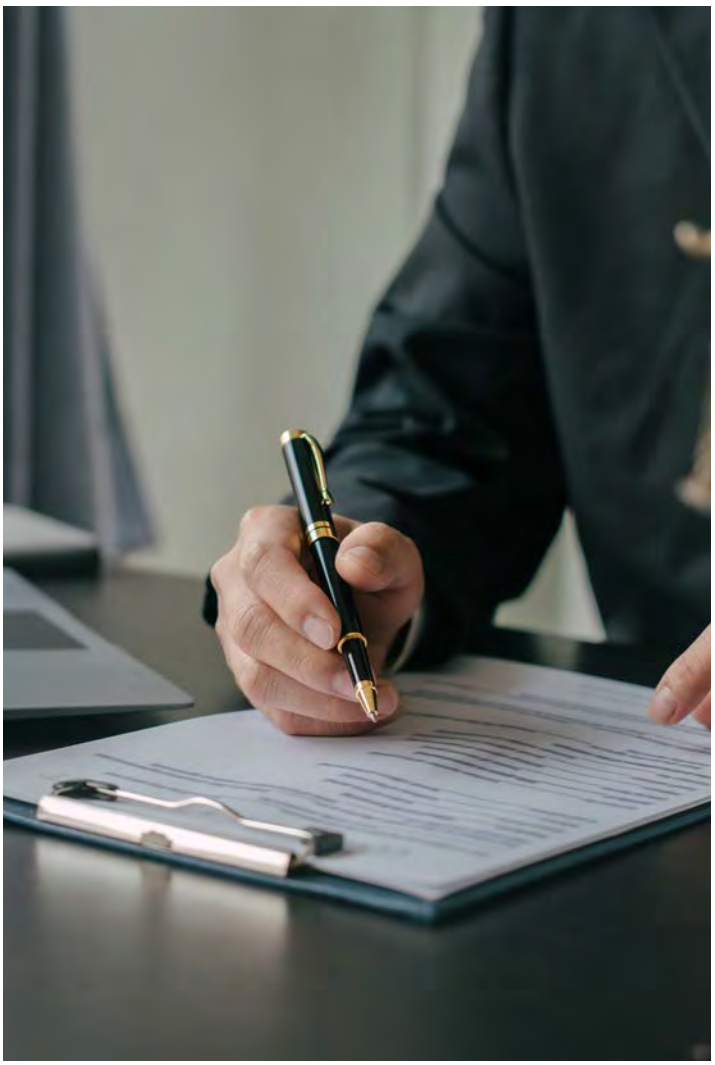
Fig.3 Proportion of Principal Clinical Specialties in Clinical Negligence matters

The categorisation used in the current database has been in place for many years. Legal & Risk Services will be introducing a new Case Management System over the next few years and this will hopefully enable us to adopt the same clinical specialties as those used in quality and performance reports by other NHS Wales organisations. Table.2 provides a breakdown of all principal clinical specialities for cases which were open and being investigated or managed at any time in the last three years. The current database includes a category "Other / Unspecified" which is used to highlight those matters which are still being investigated to determine the appropriate specialty or where the correct specialty is not currently shown within the existing database.



	Total 2023/24	% 2023/24	Total 2022/23	% 2022/23	Total 2021/22	% 2021/22
Total Matters	2356		2278		2250	
Maternity Services	422	17.91%	419	18.39%	399	17.73%
Emergency Departments & Units	333	14.13%	324	14.22%	261	11.60%
Orthopaedics & Trauma	226	9.59%	226	9.92%	304	13.51%
OTHER / UNSPECIFIED	175	7.43%	117	5.14%	124	5.51%
Surgery	142	6.03%	164	7.20%	183	8.13%
Gynaecology	121	5.14%	123	5.40%	123	5.47%
Urology	97	4.12%	51	2.24%	48	2.13%
Radiology	71	3.01%	60	2.63%	52	2.31%
Paediatrics	67	2.84%	66	2.90%	64	2.84%
Medicine	60	2.55%	79	3.47%	84	3.73%
Ophthalmology	54	2.29%	63	2.77%	66	2.93%
Mental Health & Psychology	43	2.25%	52	2.28%	52	2.31%
Nursing Care (secondary Care)	48	2.04%	45	1.98%	48	2.13%
Ambulance / Paramedics	46	1.95%	48	2.11%	28	1.24%
Gastroenterology	36	1.53%	32	1.40%	26	1.16%
Primary Care & General Practice (exl GMPI)	36	1.53%	44	1.93%	47	2.09%
Cardiology	35	1.49%	34	1.49%	32	1.42%
Ear Nose & Throat	34	1.44%	32	1.40%	34	1.51%
Colorectal Surgery	33	1.40%	30	1.32%	17	0.76%
Oncology	33	1.40%	32	1.40%	32	1.42%
Neurology	30	1.27%	29	1.27%	24	1.07%
Neurosurgery	24	1.02%	26	1.14%	25	1.11%
Respitatory	21	0.89%	14	0.61%	8	0.36%
Anaesthetics	18	0.76%	20	0.88%	18	0.80%
Haematology	14	0.59%	13	0.57%	12	0.53%
Podiatry	14	0.59%	9	0.40%	4	0.18%
District Nursing & Health Visiting	13	0.55%	11	0.48%	8	0.36%
Dermatology	10	0.42%	11	0.48%	12	0.53%
Pathology, Histology & Microbiology	10	0.42%	12	0.53%	9	0.40%
Geriatric Medicine	9	0.38%	10	0.44%	10	0.44%
Rheumatology	9	0.38%	8	0.35%	6	0.27%
Cardiothoracic Surgery	7	0.30%	6	0.26%	8	0.36%
Dental	7	0.30%	4	0.18%	11	0,49%
GP out of hours	7	0.30%	8	0.35%	8	0.36%
Maxilofacial	7	0.30%	3	0.13%	10	0.44%
Nephrology	7	0.30%	10	0.44%	11	0.49%
Physiotherapy	7	0.30%	11	0.48%	12	0.53%
Oral & Maxilofacial Surgery	6	0.25%	11	0.48%	10	0.44%
Cytology	5	0.21%	8	0.35%	7	0.31%
Audiology	3	0.13%	2	0.09%	1	0.04%
Genetics	2	0.08%	2	0.09%	2	0.09%
Plastic Surgery	2	0.04%	3	0.13%	3	0.13%
Administration, Estates & Business Services	1	0.04%	2	0.09%	3	0.13%
Genitourinary Medicine	1	0.04%	3	0.13%	3	0.13%
Speech Therapy	0	0.00%	1	0.04%	1	0.04%

Table.2 Breakdown of Principal Clinical Specialties (3 years)



The value of claims gives a useful indication of the impact of litigation on NHS Wales. The cost to the NHS of claims is made of up damages to paid to a claimant, the cost of defending a matter, payment of the legal costs of a claimant in cases in which damages are paid and payments to government agencies such as the Compensation Recovery Unit (CRU) and payments for treatment by the NHS in cases where harm is caused. The collective term for all of these payments is the 'quantum' of a case and Legal and Risk Services carefully estimate quantum in each case, with regular reviews throughout the time that a matter is open.

As part of the analysis of matters, Legal and Risk Services define cases in respect of the probability of settlement. The categories are Remote, Possible, Probable and Certain. The determination for each category is a percentage of the likelihood of the case being settled with damages paid or awarded by a court.

- 0% - 5% Remote
- 6% - 49% Possible
- 50% - 94% Probable
- 95% - 100% Certain

Whilst all cases have the potential for settlement, cases considered Probable or Certain are used to highlight cases which are more likely to result in costs to NHS Wales.

Fig.4 outlines the quantum in clinical negligence claims as at 1st April 2024. Fig.5 outlines the volume of open cases as at 1st April 2024. Table.3 outlines the number and quantum of cases.

This shows that, as outlined in the annual case summary, Maternity Services represents the largest proportion of cases (n=363) and also has a significant level of quantum (£1.5bn). This shows that Maternity Services cases have an average cost of approximately £4.2m whilst the claims involving Emergency Departments have an average cost of £0.5m per case.

The Welsh Risk Pool focusses a considerable amount of time, effort and resource in supporting maternity and neonatal services, as reducing the claim profile by even a small volume has a significant impact on the overall position along with reducing avoidable harm and impact to women and babies. In examining the Probable and Certain cases, where there is a high likelihood of settlement occurring, Maternity Services represent 15.7% of all cases (n=105 of 670 matters), whilst the quantum represents 54.5% of the overall NHS Wales claim profile (n=£439m of £805m). Paediatrics, which include neonatal services, represents 4.2% of all cases (n=28 of 670 matters), whilst the quantum represents 8.9% of all cases (n=£71m of £805m). The Welsh Risk Pool Committee therefore maintains a significant focus on supporting programmes that address the causes of claims in the maternity and neonatal sectors.

Quantum - Clinical Negligence 2023/24

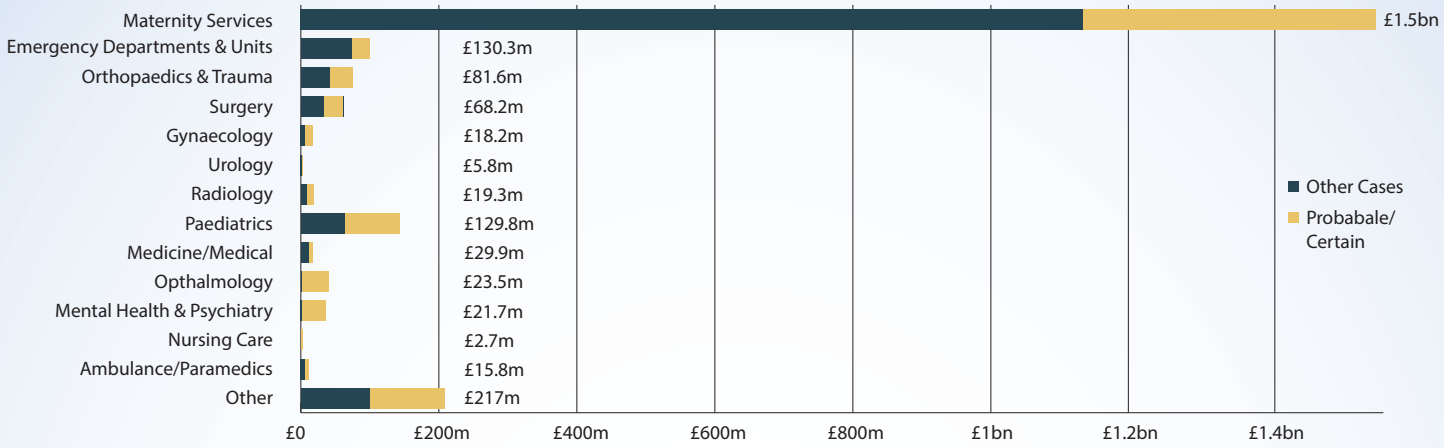


Fig.4 Quantum – Clinical Negligence 2023/24

Proportion of Open Clinical Negligence Cases April 2024

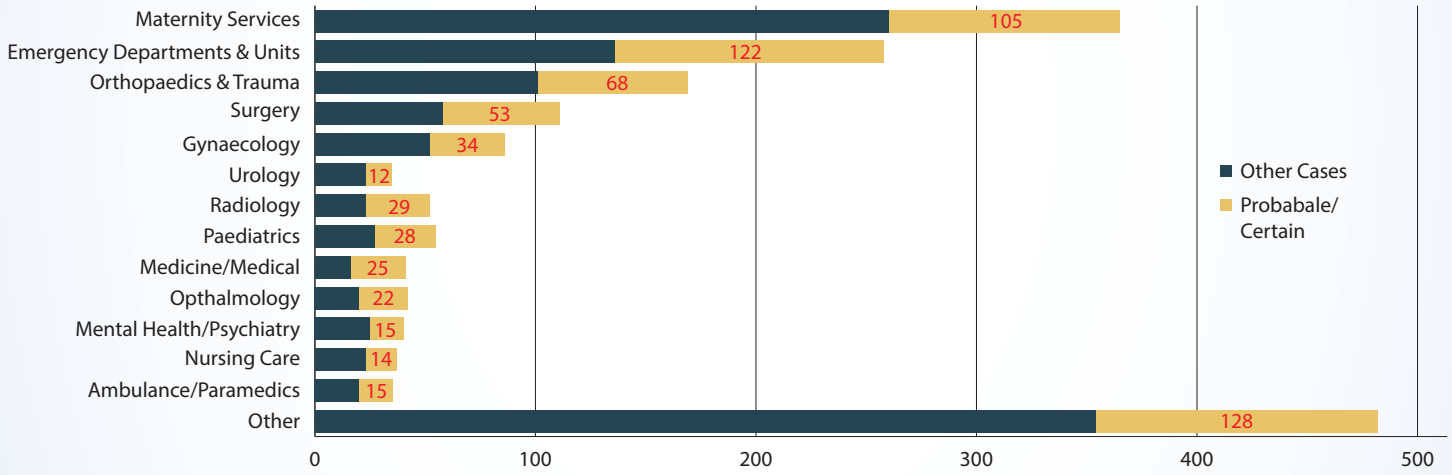


Fig.5 Proportion of open Clinical Negligence Cases Apr 24



	All Cases		Probable/ Certain Cases	
Speciality	Number Cases	Total Quantum	Number Cases	Total Quantum
Maternity Services	363	£1,532,142,557.53	105	£439,209,392.41
Emergency Departments & Units	258	£130,308,245.29	122	£49,792,238.35
Trauma and Ortopaedics	169	£81,609,608.14	68	£37,174,926.40
Surgery	111	£68,243,416.21	53	£30,719,263.55
Gynaecology	86	£18,157,763.04	34	£8,885,188.22
Urology	35	£5,830,848.58	12	£1,607,350.00
Radiology	52	£19,260,776.11	29	£8,930,276.11
Paediatrics	55	£129,791,698.73	28	£71,413,698.73
Medicine/ Medical	41	£29,971,937.50	25	£8,578,702.50
Opthalmology	42	£23,521,145.68	22	£19,858,395.68
Mental Health / Psychiatry	40	£21,689,484.24	15	£18,237,984.24
Nursing Care	37	£2,701,803.12	14	£994,808.12
Ambulance / Paramedics	35	£15,794,992.50	15	£5,911,450.00
OTHER	482	£217,094,094.81	128	£103,997,445.42
TOTAL	1806	£2,296,118,371.48	670	£805,261,119.73

Table.3 Number and Quantum of Clinical Negligence Cases Apr 24



Personal Injury Cases

In addition to claims for alleged clinical negligence, the Welsh Risk Pool and Legal and Risk Services also deal with matters of public liability, occupiers' and employers' liability brought against NHS Wales health bodies.

At the end of 2023/24 there were 412 open personal injury matters against NHS Wales being handled by the Welsh Risk Pool and Legal and Risk Services and there has been a downward trend in personal injury matters over the last ten years. There was a peak in new personal injury matters opening in early 2013 caused by the approach of fixed recoverable costs and a change to the law which limited the grounds on which personal injury claims could be brought.

Fig.6 shows the number of open personal injury matters since 2012/13. This shows a reducing trend in case volumes.

Example Case

A claim was brought by an employee of an organisation who alleged that they were injured when assaulted by a patient. The Claimant was working on the night shift when the patient entered the ward lounge and punched the Claimant and jumped on top of him. The claim proceeded to Trial in 2023 and the Judge dismissed the Claimant's claim – finding that that the employing organisation had implemented reasonable measures to reduce the risk of injuries. The claim therefore failed, and no damages were awarded resulting in a saving of over £20k.

Open Personal Injury Matters

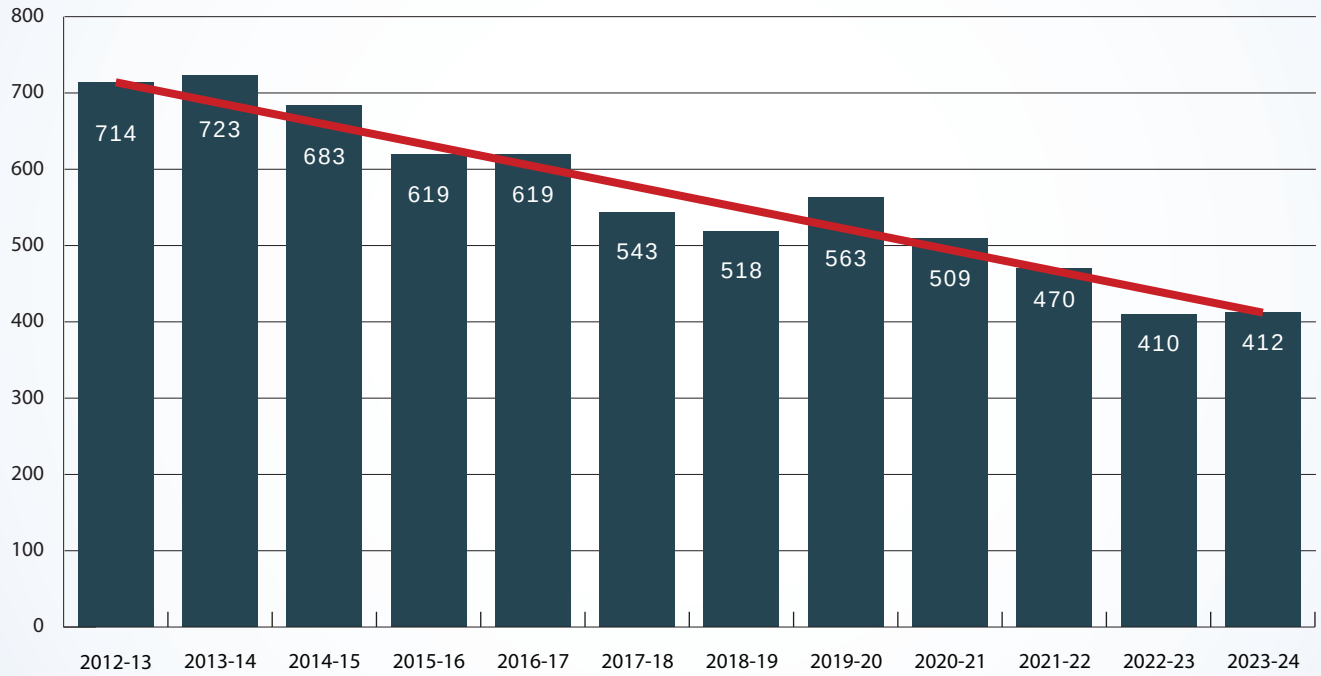


Fig.6 Open Personal Injury matters

Fig.7 shows a continuing positive trend in successfully defended personal injury claims, with almost half of all cases closed without damages being paid.

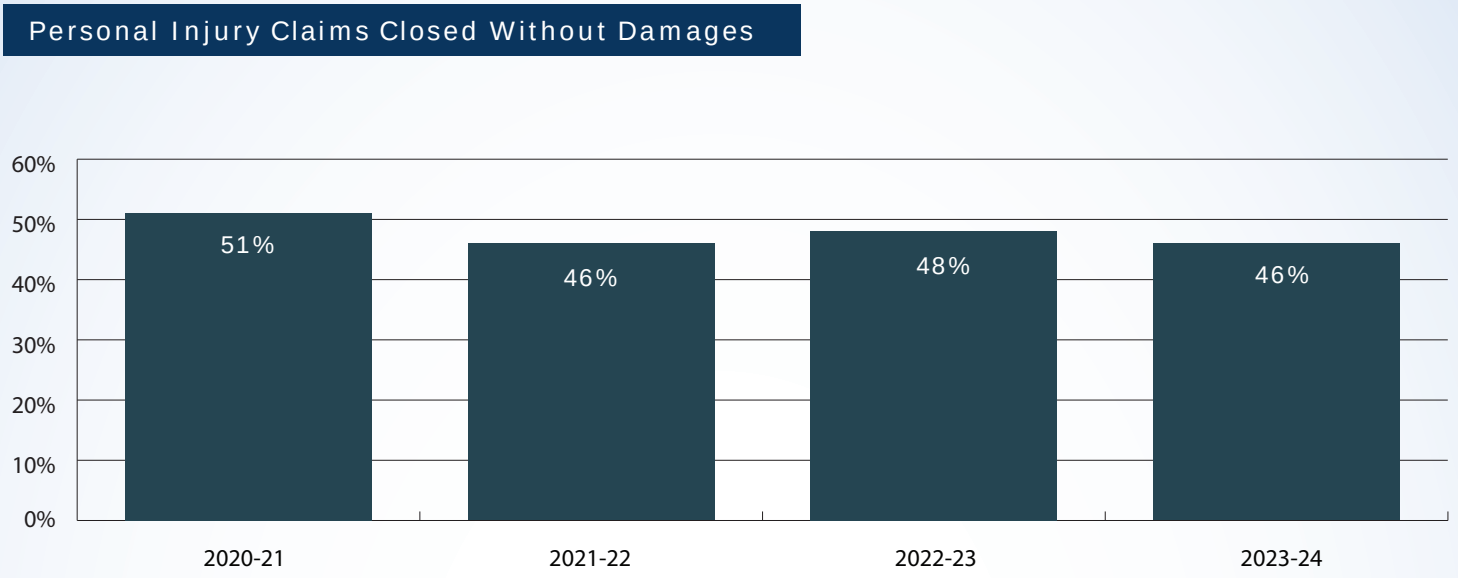


Fig.7 Personal Injury Claims Closed Without Damages



Redress Cases

The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 place duties on health bodies to consider payment of appropriate redress in matters where there is a qualifying liability. The Regulations require health bodies to consider redress in circumstances where harm is alleged, and the likely value of any claim would not exceed £25,000 in damages. Dealing with these cases in this way has a significant impact in reducing the legal costs associated with claims brought in the traditional way and provides an effective resolution for those affected, along with significant savings for the NHS.

Cases that may lead to consideration of redress include incidents reported by staff within organisations and complaints received from service users or their representatives. Health bodies are required to investigate matters and to determine whether there is a qualifying liability. Since 2018, the Welsh Risk Pool has been allocated responsibility for the scrutiny of learning and reimbursement of expenditure incurred by health bodies in relation to redress cases.

Redress cases are managed locally by specialist teams within health bodies. Legal and Risk Services has a specialist team which advises and supports organisations in relation to redress matters. Formal reviews by the Legal and Risk team are required in all cases where a proposed damages payment exceeds £25k, where payments to the UK Government Compensation Recovery Unit exceeds £3k and in all cases where qualifying liability is considered to have been met in a matter relating to the coronavirus pandemic. From 2019, health bodies have been required to provide information on their current caseloads to assist with planning and budgeting. This provides an insight into the progress of matters across NHS Wales.

In 2023/24, a total of 1169 redress cases were being managed by health bodies in NHS Wales. Following a reduction in the overall caseload from during the pandemic. The expected trajectory for redress cases is a continuing increase, as cases which may have been the subject of a claim are addressed through this route. The reduction that has been seen can be attributed to a reduction in incident and complaint investigations during the pandemic and since the Duty of Candour in Wales has come into force, it is expected that the future will see a continued increase in the redress caseload. Fig8. outlines the overall redress caseload over the last five years.

Redress Cases for Last 5 Years

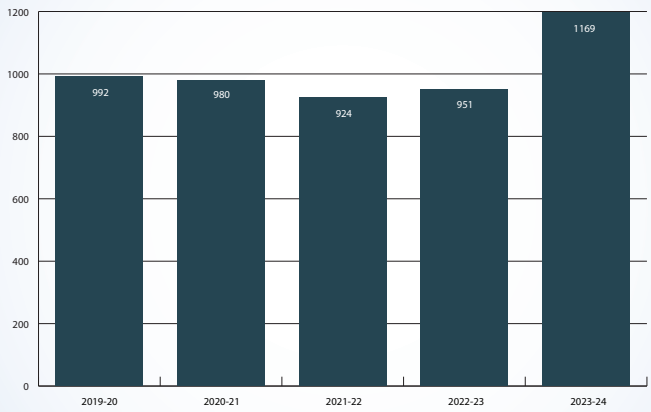


Fig.8 Redress Cases for last 5 years

Considering the clinical speciality to which a redress case relates is a useful indicator of themes and trends. Traditionally, each health body has considered redress cases in relation to its own list of specialties which do not align to provide a national picture. With all organisations now utilising the Once for Wales Concerns Management System to capture and manage redress cases, it is anticipated that a national picture will be available from 2024/25. From case analysis, the most commonly occurring specialities within redress cases continue to be Emergency Department, Orthopaedics, and General Surgery.

Financial Planning



The Welsh Risk Pool receives two funding streams:

» Departmental Expenditure Limit (DEL) to meet the in-year costs associated with settled claims. The DEL is funded by a core allocation provided by Welsh Government from the annual healthcare budget. This is augmented via a risk sharing agreement that involves contributions from each health body using a formula depending on the size, claims experience and risk management standards of an organisation.

» Annually Managed Expenditure (AME) to meet the cost of accounting for the long-term liabilities of claims. This budget is based on in year estimates provided directly to the Welsh Government by the NHS Wales Shared Services Finance team.

The NHS Shared Services Partnership Corporate Finance Team provides oversight, guidance and financial management of the Welsh Risk Pool DEL and AME budgets. Analysis of the current budget and use of financial forecasting tools enables the Welsh Risk Pool to confidently plan for settlement of case in-year and prepare for the likely financial requirements in the ensuing years.

2023/24 Budget Position

The Welsh Government core allocation for the year in 2023/24 was £109.435m for clinical negligence, personal injury and redress cases. A risk share charge of £26.494m was implemented via health bodies at the end of the financial year and a small amount of additional funding was provided by Welsh Government in March to support case progression.

The DEL funding for 2023/24 is outlined in Table.4.

WRP DEL Funding 2023/24	£m
Welsh Government Core	109.435
NHS Wales Risk Sharing Agreement	26.494
Welsh Government Additional Funding	0.037
Total Funding	135.966

Table.4 WRP DEL funding 2023/24

Within the £135.966m outturn for 2023/24, the redress charge was £1.813m compared to £1.503m in 2022/23. Redress reimbursements totalled £1.477M and the redress creditor increased by £336K in year. Increasing expenditure on redress cases is recognised to have a beneficial effect on reducing the number of claims which are brought.

The £26.494m risk sharing agreement contribution for 2023/24 had been notified to health bodies during the budget planning phase and remained unchanged during funding reviews of the year. This enables health bodies to plan more confidently for their available expenditure.

The DEL position for the year for clinical negligence expenditure is outlined in Table.5, along with the 2022/23 comparative:

WRP DEL Expenditure	2022/23 £m	2023/24 £m
Claims reimbursed and WRP Managed Expenditure	131.613	88.721
Redress Reimbursements	2.149	1.477
Periodical Payments	19.395	21.073
Safety and Learning Programmes	0.412	0.448
Clinical Negligence Team Funding	0.550	0.550
Movement on Claims Creditor	(17.392)	23.697
2023/24 expenditure	136.727	135.966

Table.5 WRP DEL expenditure 2023/24

The creditor movement has increased by £23.697m since the beginning of the financial year. There was a significant decrease in the value of reimbursements paid this year compared to last year; £131.613 in 2022/23 compared to £88.721m in 2023/24.

Settled cases are accumulating in the WRP creditor at a faster rate than last year. An element of the balance will relate to settlements towards the end of the financial year where the Health Board or Trust has not yet had the opportunity to submit returns in order to receive reimbursement. The larger remaining balance will relate to cases where approval of the learning plans has been deferred by the Welsh Risk Pool and these are not being resolved by Health Boards and Trusts as quickly as the previous year.

The creditor movement represents the increase or decrease in the total creditor balance since the previous yearend date and the total NHS Wales creditor has increased to £155.594M as at 31/3/2024.

Total provisions have risen to £1.649bn as at 31st March 2024, an increase of £146m in 2023/24. This compares to a £65m increase in provisions for 2022/23.

A profile of the provisions over the last five years is shown in Fig.9 and a breakdown of the provisions is shown at Table.6.

It is important to note that the significant increase in provision values is not entirely related to the increase in case numbers although there has been an increased in claim volumes. The increase in case values is rising at a greater level than the underlying rate of general inflation.

The application of financial adjustments for inflation and the discounting of liabilities to net present value has caused minimal movements this year.

The primary cause of the increase in the value of provisions this year has been due to an accelerated churn from a Remote or Possible probability to a Probable or Certain one. Remote and Possible cases are not recognised in the financial provisions due to the uncertainty of liability and quantum value. They are disclosed as contingent liabilities in the notes to the accounts.

The number of Probable and Certain cases increased from 640 cases to 744 cases over the 12-month period to 31st March 2024. Within this increase, there are 19 more high value cases above £1M compared to the previous year.



WRP Provisions for Last Five Years

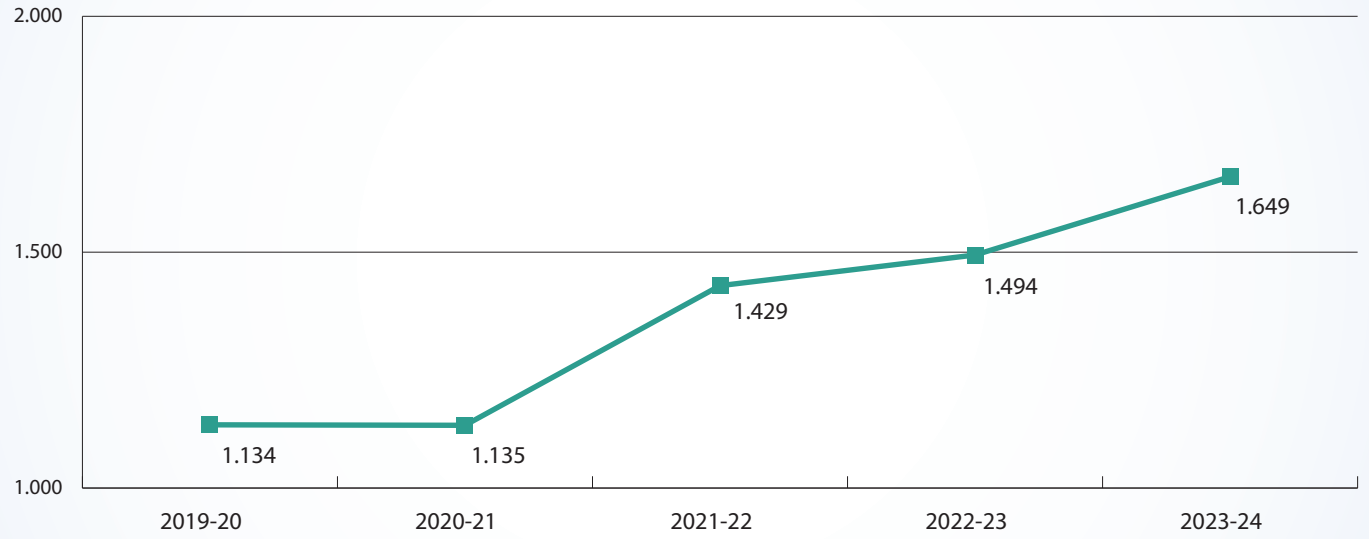


Fig.9 WRP Provisions for last five years

Welsh Risk Pool Provisions	2019/20 £bn	2020/21 £Bn	2021/22 £Bn	2022/23 £Bn	2023/24 £Bn
Probable an Certain Clinical Negligence Cases	0.676	0.646	0.781	0.836	0.948
Probably and Certain Personal Injury Cases	0.005	0.008	0.004	0.004	0.004
Probable and Certain Redress Cases	0.003	0.003	0.002	0.003	0.003
Defence Legal Fees and Others	0.009	0.009	0.009	0.010	0.010
Periodical Payment Orders	0.441	0.468	0.632	0.641	0.685
Total Provisions	1.134	1.133	1.429	1.494	1.649

Table.6 Breakdown of WRP provisions



Looking Forward - The Forecast

When considering the funds needed for future years, the Welsh Risk Pool and Legal and Risk Services categorise all claims and matters by allocating a rating depending on the likelihood of the case settling. The categories include, Remote, Possible, Probable and Certain and these are outlined in Table.7. For budget planning purposes, Probable and Certain cases are included in the forecast.

Assessment of Probability of Settlement	
0% - 5%	Remote
6% - 49%	Possible
50% - 94%	Probable
95% - 100%	Certain

Table.7 Probably of settlement categories

The core DEL funding for the Welsh Risk Pool for 2024/25 is £109.435m.

Planning and forecasting for the Welsh Risk Pool is included in the NHS Wales Shared Services Partnership Integrated Medium Term Plan (IMTP). The current forecast for 2024/25 shows a resource requirement of £139.913m. The difference between the WG allocation of £109.435M and the £139.913M forecast will be met via application of the risk sharing agreement to NHS Wales. The forecast charge for 2024/25 is £30.478M as set out in Table.8.

	2024/25	2025/26	2026/27
3 Year Forecast	£139.913M	£141.381M	£142.649M
Core WG Allocation	£109.435M	£109.435M	£109.435M
Risk Sharing Agreement 2024/25 to 2026/27 (Core Claims Growth)	£30.478M	£31.946M	33.214
Total DEL Forecast	£139.913M	£141.381M	£142.649M

Table.8 Profile of DEL forecast for the next three years.



Risk Sharing Agreement

To support the in-year resource requirements, the Welsh Risk Pool requires contributions from its member health bodies to supplement the core allocation provided by Welsh Government.

The Risk Sharing Agreement provides a formulaic approach to calculating the required contributions and considers the size, claims experience and effectiveness of learning for each organisation.

Each of the five measures are outlined in Table.9.

	Measure	Detail	Weighting
A	HSCS and Prescribing Allocation	Current measure	30 %
B	Claims History	Last 3 years – rolling basis	20 %
C	New Claims transferred from the Service to LARS: Number of New Cases < £25k	Last 12 months	10 %
D	**Claims potentially affecting** next years' spend: 1. **Cases with cash flows < 1** yr 2. PPO Allocation Utilisation	From CN database : 15% Actual Costs : 10%	25 %
E	Management of Concerns and Learning from Events 1. Management of Concerns 2. Learning from Events	Annual WRP Inspections: 7.5% 7.5%	15 %

Table.9 Risk Sharing Agreement Measures

The first measure relates to the HSCS and Prescribing Allocation allocated to an organisation by Welsh Government. This is major indicator of the size and complexity of an organisation.

The claims history is calculated from total reimbursements paid per organisation over the rolling three year period to the end of the previous financial year.

Measure C, cases under £25k, considers matters which could have been resolved through the redress case management system. The data for this is drawn from the Legal and Risk matter database.

The calculation then considers claims likely to affect the next year's expenditure, considering each organisations profile of claims with cash flows, where payments are expected, within the next twelve months. This measure also considers the utilisation of PPOs which is taken from the forecast projections.

The final, and arguably most influential, measure is the Management of Concerns and Learning from Events. Each year the Welsh Risk Pool undertakes inspections of the processes and arrangements in each health body. The Welsh Risk Pool considers whether health bodies have complied with the WRP Reimbursement Procedures, the Once for Wales Concerns Management System and the guidance for the Putting Things Right legislation. The inspection programme was paused due to the pandemic and recommenced in the autumn of 2022/23. Figures from the 2024/25 review will feature in the risk sharing agreement for 2025/26.

In relation to the risk sharing agreement, each organisation receives an individual contribution value which is a percentage of the total contributions required.



Welsh Risk Pool Operations



The Welsh Risk Pool Operations team has responsibility for a number of work areas - including the management of Periodical Payment Orders, handling and responding to NHS Wales Indemnity enquiries and the role of client in legacy Former Health Authority Claims. The team consists of experienced paralegal staff and claims managers.

Structured Settlement Orders

Periodical Payment Orders (PPO's) are generally used in cases where a settlement includes a payment for the provision of long-term care and support for a claimant over a sustained period of time. There may be a lump sum payment made at the time a case is settled, with a legal commitment to make a regular payment for the life of a claimant.

The Welsh Risk Pool is responsible for administering the Periodical Payment Orders for all NHS Wales Health Bodies on behalf of Welsh Government. At the end of 2023/24, 28 cases that had closed and 13 new matters opened – with a total of 145 active PPO matters. PPO payments made in 2023/24 totalled £21,072,575.99.

The calculation of payments is adjusted each year in accordance with a formula outlined in the court order. Indices regularly used to adjust payment are the Retail Prices Index (RPI) and Average Salary and Hourly Earnings (ASHE) index. The payment adjustments are overseen by the NWSSP Corporate Finance Team. Enquiries regarding trusts for the Claimants, payments of accounts or in the event of the death of a claimant are dealt with by the WRP Operations team.

NHS Wales Indemnity Enquiries

Health bodies in NHS Wales are exempt from the majority of the requirements for compulsory insurance and are not permitted to purchase commercial insurance for their core activities. The Managing Welsh Public Money guidance outlines that purchasing commercial insurance would not be cost effective for Health Bodies. Instead of purchasing commercial insurance, health bodies apply NHS Indemnity to their activities and are members of the Welsh Risk Pooling scheme.

The application of NHS Indemnity is complex and is outlined in the All-Wales Policy on Indemnity and Insurance – which is overseen by the Welsh Risk Pool Committee. As the models of healthcare evolve and arrangements between bodies and the private sector increase, the indemnity position is increasingly complex.

The Welsh Risk Pool Operations Team receives enquiries relating to NHS Indemnity and works with appropriate legal, procurement and policy teams to incorporate appropriate provisions into memorandums of understanding, service level agreements and contracts.

During 2023/24 the Welsh Risk Pool received 295 enquiries relating to NHS Indemnity and supported the production of a number of MOUs, SLAs and Contracts in respect of indemnity.

As there is generally no commercial insurance in place, health bodies are unable to provide an enquirer with a certificate of insurance. The Welsh Risk Pool is able to provide a bespoke letter to confirm the indemnity arrangements so that all parties are clear what cover is in place. During 2023/24, the Welsh Risk Pool handled 114 requests for the Employer's and Public Liability confirmatory letter.



Delegated Cases

The Welsh Risk Pool has delegated responsibility for the management of certain claims brought in NHS Wales. The Welsh Risk Pool team occupies the role of client and instructs the relevant legal team to conduct the matter as appropriate. The NWSSP Scheme of Delegation outlines that responsibility for decisions on settlement of delegated cases are devolved to the Director and Deputy Director of Legal and Risk Services and authorisation of payments in delegated cases is allocated to members of the Welsh Risk Pool team and members of the NWSSP Leadership Team.

There are two main types of delegated case:

Former GP Trainee Claims

Former Health Authority Claims are historic matters that involve a liability for a health body in Wales which no longer exists. When NHS Trusts were formed during the mid-1990's, the Health Authorities which they replaced did not transfer their legal liabilities to the new organisation. This means that the Health Boards and Trusts which have subsequently replaced the earlier NHS Trusts do not hold legacy liabilities prior to the establishment of the NHS Trusts. Through its' Establishment Order, Welsh Government has allocated Powys Teaching Health Board (PTHB) with liability for these legacy claims. To reduce the burden on the current Health Board, all Former Health Authority matters are wholly delegated to the Welsh Risk Pool and all costs and payments transacted by the Welsh Risk Pool, whilst PTHB remains the technical defendant.

Former GP Trainee Claims

Former GP Trainee Claims relate to index events prior to the introduction of the General Medical Practice Indemnity Scheme (GMPI) where doctors in training for general practice were employed by Velindre University NHS Trust / NHS Wales Shared Services Partnership as a Single Lead Employer. Liability in these cases is managed by the Welsh Risk Pool directly.

Former Health Authority Cases 2023/24

As part of the governance of these cases, the cases which are closed during a financial year are reported to the Welsh Risk Pool Committee at the end of the year. The information is also shared with PTHB.

Six new Former Health Authority Personal Injury cases were received in 2023/24.

There were no Former Health Authority Cases closed in 2023/2024.

The number of Former Health Authority Personal Injury cases currently open is 12
The number of Former Health Authority Clinical Negligence cases currently open is 1 and this matter is in the process of being settled and will form a PPO.

Former GP Trainee Cases 2023/24

Five new Former GP Trainee cases were received in 2023/2024.

The number of Former GP Trainee Cases closed or discontinued in 2023/2024 was 8.

The number of Former GP Trainee cases currently open is 10.



Learning Assurance



The Welsh Risk Pool plays a key role in assuring that learning is undertaken and implemented following complaints or incidents which result in a redress, personal injury or clinical negligence claim. Sharing the learning across NHS Wales, is a key aim of the Learning from Events Programme.

Doctor, midwife and nursing representatives participate in the LAPs, together with colleagues from governance and legal teams. Medical officers from Welsh Government contribute to each LAP. Multiple clinical specialities are represented, which ensures a widespread sharing of the learning.

A separate LAP has recently been established to review the learning implemented following a personal injury claim. This Panel is fully supported by Health and Safety professionals from across Wales and is already proving to be very successful.

The role of each LAP is to establish whether the learning implemented following each case, provides assurance that a similar incident is less likely to happen again in the future. If the Panel is assured, it recommends that the LFER is approved. If it is not assured, feedback will be provided and approval of the LFER will be deferred until the feedback is addressed. All LAP decisions must be reviewed, approved and ratified by the WRPC. Health bodies will only be reimbursed by the WRP for monies paid in relation to a claim (damages/costs etc), if the LFER has been approved.

The LAP plays a key role in identifying learning themes across Wales. The new WRP VTE Wales Programme to develop an All-Wales approach for the prevention and reduction of harm associated with venous thromboembolism (VTE), arose as a result of the LAP identifying increased VTE case numbers presenting to them.

Themes, trends and cases of interest are also shared in the quarterly newsletter, Doctrina. This has been well received by clinical leaders and disseminated within teams for wider learning.

The WRP Safety and Learning Team have exciting future plans to develop a new Learning from Events Hub. The Hub is a point of reference for the Learning from Events Programme, including data on themes, trends and specialities, cases of note and LFER training guidance and help. Access to the hub will be widened in 2024/25.

The Welsh Risk Pool Reimbursement Procedures provide a structured series of standards by which members of the risk pooling scheme should work. Guidance on each step of the process of Learning from Events and Submission for Reimbursement are best achieved; aiming to reduce the potential for the circumstances which led to a claim occurring from being repeated. The procedures provide a period of four calendar months from when the point when a case is settled to prepare and present learning information.

During 2022-23 and 2023-24, the Learning Advisory Panels have been busy. Meeting monthly in a virtual format, the panels review an average of 60 new cases and re-examine previously deferred or rejected.

Table.10 and Fig.10 outline the number of new cases submitted. This shows a 17% reduction in new cases in 2023/24 compared to 2022/23.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Number New Cases 2023/24	53	46	39	58	63	51	56	50	68	41	29	65	618
Total Number New Cases 2022/23	72	95	76	75	41	65	53	50	72	46	62	39	746

Table.10. New Cases to Panel 2022/23 and 2023/24

New Cases to Panel 2022/23 and 2023/24

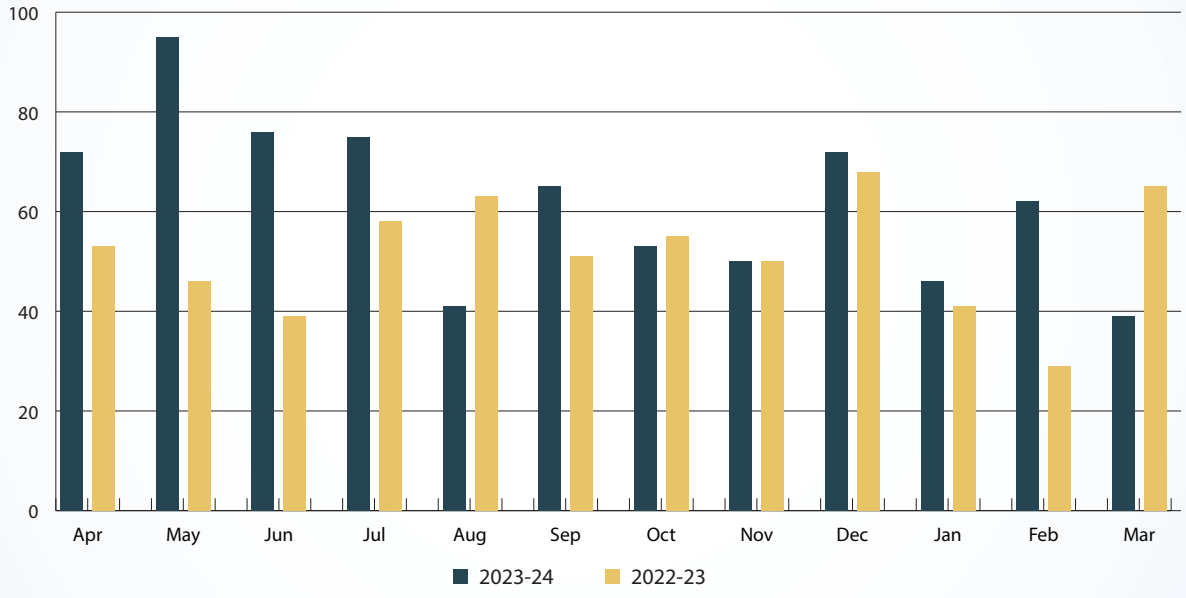


Fig.10. New Cases to Panel 2022/23 and 2023/24

Each case is carefully scrutinised by the panel in order to determine whether the learning adequately addresses the issues identified in the matter.

Where a case is considered to have met the criteria, it is approved and requests for reimbursement from the risk pooling scheme will be accepted from the health body. During 2023/24, a total of 32.2% (n=199) of new cases were approved by the panel.

A case is deferred where the learning is not considered to suitably address the issues identified. If the panel considers that the Learning from Events Report requires further work to identify improvements, it is red deferred and must be reviewed again by the panel. During 2023/24, 28.5% (n=176) of new cases were red deferred. If the panel considers that the LFER addresses the issues within a case but evidence to support the learning is required, it is amber deferred. During 2023/24, 29.3% (n=243) of new cases were amber deferred.

Table.11 outlines the proportion of new cases which were approved, red deferred and amber deferred on a monthly basis during 2023/24. Fig.11. Outlines the proportion which were approved and deferred. To ensure the data is accurate, organisations with fewer than 7 cases presented to the panel during 2023/24 were excluded from this comparison as the proportion approved in these organisations exceeds 80%.

Learning from Events Reports were introduced in 2018 and all organisations have received training and guidance on the preparation and completion of them. The Welsh Risk Pool has introduced innovative strategies such as the Enhancing Learning Organisations programme to support improvement in this area. With increased local scrutiny prior to submission to the Welsh Risk Pool it is anticipated that approval rates can rise to around 70% in all new cases.



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total Number New Cases	53	46	39	58	63	51	55	50	68	41	29	65
Number Cases Approved	27	14	14	14	22	25	14	15	24	9	6	15
Number Cases Red Deferred	16	16	14	19	12	8	7	17	17	12	9	29
Number Cases Amber Deferred	10	16	11	25	29	18	34	18	27	20	14	21
Average Number Approved %	57.67	44.54	29.1	34.05	32.43	56.53	35.46	37.18	35.56	31.88	41.39	31.19
Average Number Red Deferred %	27.35	27.58	37.17	28.69	22.46	13.75	10.7	28.91	26.03	22.18	24.16	36.98
Average Number Amber Deferred %	14.98	27.88	33.73	37.26	45.11	29.72	53.84	33.91	38.41	45.94	34.45	31.83
Total Deferred (Amber+ Red) %	42.33	55.46	70.9	65.95	67.57	43.47	64.54	62.82	64.44	68.12	58.61	68.81

Table.11 Proportion of cases approved and deferred in 2023/24

New Cases to Panel 2023/24 Approved and Deferred

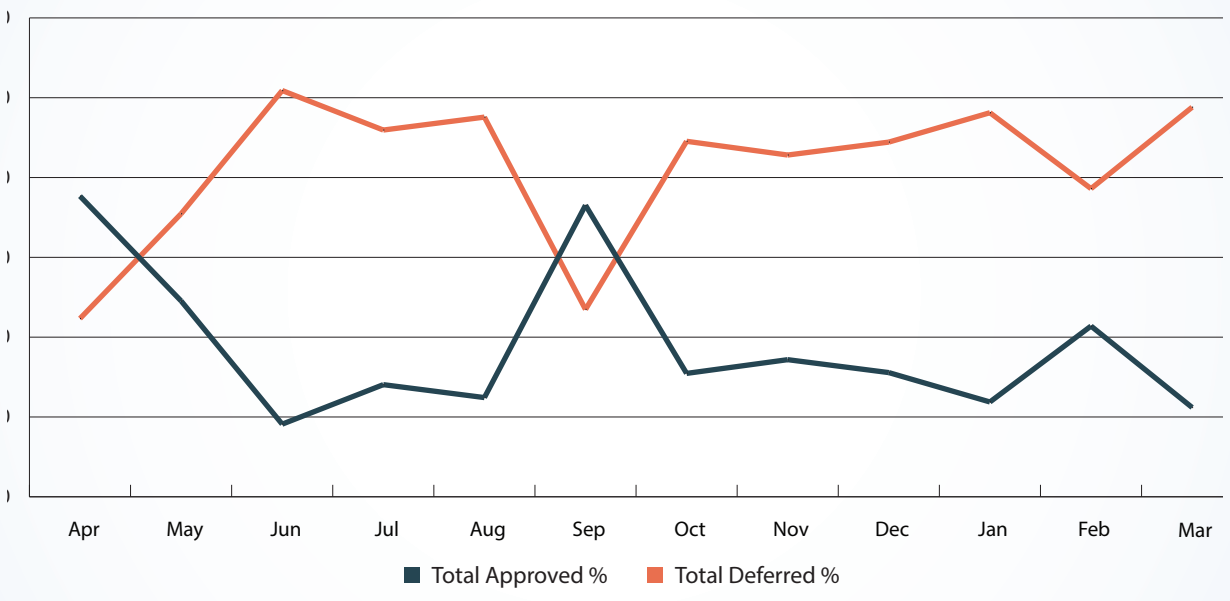


Fig.11 New Cases to Panel 2023/24 Approved and Deferred

In addition to the proportion of cases approved by the panel, the timeliness of the submission of Learning from Events Reports is a key indicator of the effectiveness of local learning strategies. The Welsh Risk Pool Reimbursement Procedures allow a period of four calendar months from the decision to settle a case to submit learning and there are some circumstances where an extension can be applied to this period. The identification of learning should commence as soon as possible once the events which give rise to the claim are known. During 2023/24, 28% (n=169) of LFERs were submitted after the four-month deadline and only 7 cases met the criteria for an extension. This is outlined in Table12. From 2024/25, the Welsh Risk Pool Committee is likely to apply penalties to organisations where there has been a significant delay in LFER submission.

Total Number of LFER Submissions	Number of Missed Standard Deadlines	% of Missed Standard Deadlines	Number of Extensions Granted	Number of Missed Revised Deadlines
608	169	28	7	0

Table.12 Submission of LFERs 2023/24



Maternity Safety and Learning Programmes



Litigation associated with avoidable harm in maternity services continues to represent a significant proportion of the clinical negligence claims profile in NHS Wales. Considering the Probable and Certain cases being managed in 2023/24, where Legal and Risk Services have assessed there is a high probability of settlement, maternity services contributed to 15.7% (n=105) of the clinical negligence cases but make up 54.5% (£439m) of the total quantum or estimated cost to NHS Wales. The Welsh Risk Pool actively works with maternity and neonatal services in Wales to identify the themes which lead to claims arising and to support innovative measures to reduce the causes of harm and improve clinical outcomes.

The foremost aim of the safety and learning programmes is to reduce the avoidable harm experienced by women and babies. All programmes aim to reduce variation in approach and standardise the quality of multi-professional training across Wales, with the overarching aim of improving outcomes and experience for women, babies and families. Our programmes are ‘more than just training’ – with a focus on teamworking and human factors, they are designed to promote best practice in clinical practice and a commitment to continuous improvement.

We have grown our team over the last 12 months to support the sustainability of existing programmes and to propel the development and implementation of our new projects.

The Maternity and Neonatal Safety and Learning Programme Board drives the direction of work and is represented by our own team and key stakeholders from partner organisations, including the Clinical Strategic Network, HEIW, Strategic Midwifery Leaders Advisory Group and Welsh Universities.



Intrapartum Fetal Surveillance - IFS Wales

IFS CYMRU WALES
Cadw Golwg ar y Ffetws yn Ystod Genedigaeth
Intrapartum Fetal Surveillance

Our vision:

A standardised, all Wales training programme in intrapartum fetal surveillance, aiming to improve outcomes for babies and families.

Across the UK, the rate of avoidable brain injury sustained during labour shows little improvement over the years. Through the 'IFS Wales' programme developed and rolled out in 2023, we are aiming to reduce avoidable harm associated with fetal surveillance in labour. Litigation relating to failures in intrapartum fetal surveillance continues to represent a significant proportion of claims expenditure across the NHS and must be addressed. Between April 21 and March 2024, 24 of the 95 clinical negligence maternity cases reimbursed featured intrapartum fetal surveillance as a contributory factor, most of which identified 'failure to escalate' as a theme. This amounted to over £20m in reimbursement payments.

Across the UK there is no standardised approach to training in fetal monitoring, and early in 2023 a Welsh Risk Pool scoping review identified widespread variation in the provision of training across NHS Wales. Noting the high claims profile in this area and recognising the variation in approach to training in Wales, the Welsh Risk Pool Committee asked the WRP Maternity Safety and Learning Team to develop a programme of education and training, based on best evidence, which would meet the needs of maternity services in NHS Wales.

A multiprofessional national team of clinical experts have developed an innovative full day educational programme which aligns with the revised All Wales Intrapartum Fetal Surveillance Standards (Wales Maternity and Neonatal Network, 2022), supporting Health Boards to achieve the Welsh standards related to training.



Consultation with key stakeholders was considered throughout and included a pilot training day where colleagues representing all staff groups, Health Boards and partner organisations came together to experience and to feedback on the programme. Constructive feedback was encouraged and collated, and the final pilot programme reflected the themes identified.

Having considered the findings from the 'Each Baby Counts' programme, the programme has a focus on teamworking and communication, and the impact of human factors is threaded throughout the teaching. The Royal College of Obstetricians and Gynaecologists 'Each Baby Counts' report (2021) recognised the association between good fetal monitoring in labour and the birth of a healthy baby. The data identified that factors relating to fetal monitoring were evident in 74% of the babies who had a poor outcome and the impact of training and human factors featured amongst the leading five themes: risk recognition, education/training, individual human factors, CTG and blood sampling and team communication issues.

Based on the principle that ‘teams that work together, should train together,’ the programme has been designed to be delivered and attended by a multi-professional team. It is a full day programme which is facilitated face-to-face in local Health Board teams by local facilitators who have attended an IFS Wales Faculty Development event. The teaching strategy is an interactive lecture, incorporating group work, discussion and decision making.



The pilot phase was commenced in all obstetric-led units between September 2023 and April 2024. Local faculty teams are supported on their IFS Wales training days throughout this period by at least one member of the National Team. Live participant feedback is available to local facilitation teams and the National Team to facilitate iterative changes where required. The pilot year will conclude with an evaluation inclusive of participant feedback, facilitator feedback and observations from the National Team. The programme will be updated based on best evidence prior to full implementation.

Draft standards have been developed to guide implementation and for Health Boards to aspire to.



PROMPT Wales

CYMRU / WALES
PROMPT
PRactical Obstetric Multi-Professional Training
Hyfforddiant Aml-broffesiynol Ymarferol mewn Obstetreg

Our vision:

To reduce avoidable harm and improve perinatal outcomes, through multi professional training to enhance safety, teamwork and communication

PROMPT Wales (PRactical Obstetric Multi-Professional Training) is an evidence-based training programme which was implemented in NHS Wales maternity services in 2019. Funded by the Welsh Risk Pool, PROMPT Wales is coordinated by a National Team who support local faculty teams to organise and deliver training in their own unit to their own maternity teams.



A set of PROMPT Wales Standards guides Heath Boards with the sustainability of PROMPT Wales. All staff involved in maternity care are mandated to participate in PROMPT Wales training each programme year (September to August). In 2022-23 NHS Wales achieved over 90% attendance, this demonstrating the commitment to the programme by senior leadership teams, facilitation teams and the staff who attend every year.

PROMPT Wales includes scenario-based simulation sessions and workstations where staff have the opportunity to practise clinical skills and management of an emergency with an emphasis on teamworking. The relationship between human factors and safe care is seamlessly threaded throughout the training.

In-situ training tests systems and processes where small changes can be identified which contribute to organisation improvement. Through PROMPT Wales training, teams have embedded the use of algorithms, checklists and proformas to support clinical management and to reduce the opportunity for error.

Responsive to training needs, national data and confidential enquiry, the PROMPT Wales National Team have introduced training in the management of Impacted Fetal Head at Caesarean birth and developed a scenario-based training session on Diabetic Ketoacidosis in pregnancy. These new modules have been very well received by local teams and have evaluated positively.

More recently, PROMPT Wales has been used as a platform to familiarise teams with the importance of psychological safety in the workplace, civility, and the importance of timely escalation. Programmes are refreshed every year and are produced by local teams in collaboration with the national team as part of the quality assurance process.



The national team maintain strong, collaborative relationships with PROMPT Wales facilitation teams in the Health Boards, through national networking events, and regular visits to PROMPT Wales training days. To ensure high quality training is maintained year on year, quality assurance reviews are undertaken each academic year and a report is shared with the Health Board's leadership teams. Excellent practice is celebrated and suggestions for continuous improvement are shared.

To ensure an optimum number of multi-professional faculty is maintained in each obstetric unit, the national team organise annual Faculty Development training. These one-day courses are designed to familiarise local facilitators with the PROMPT methodology to ensure a standardised approach to facilitation and training is received throughout Wales.

As well as being a popular training experience, PROMPT Wales is demonstrating improvements. A safety attitude questionnaire using a validated tool has demonstrated improvement in safety culture pre and post implementation of PROMPT Wales. Additionally, there has been a statistically significant improvement in APGAR scores of less than 7 at 5 minutes in both term and preterm babies, and a reduction in postpartum haemorrhage (PPH) of over 1500mL and 2500mL. We recognise the change in practice in the management of PPH in Wales through the OBS Cymru project but we are pleased to have supported the embedding and sustainability of the OBS Cymru approach to PPH management through PROMPT Wales. We are working with Welsh Government and the Strategic Clinical Network to expedite the development of a national dataset to support the evaluation of the impact of PROMPT Wales, IFS Wales and MoNET Wales.



Evaluating PROMPT Wales

CYMRU / WALES
PROMPT

Vision

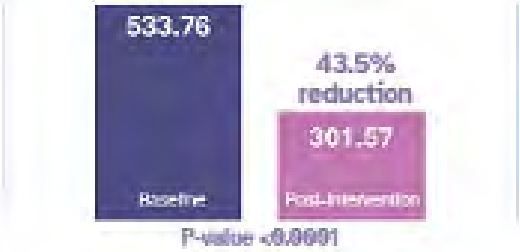
To reduce avoidable harm and improve perinatal outcomes, through multi professional training to enhance safety, teamwork and communication

PROMPT Wales was implemented in maternity services in NHS Wales in January 2019

Baseline data collected	Post-intervention data period
01.04.2017 - 31.08.2018	01.04.2020-31.08.2021

Term APGAR Score <7 at 5 minutes

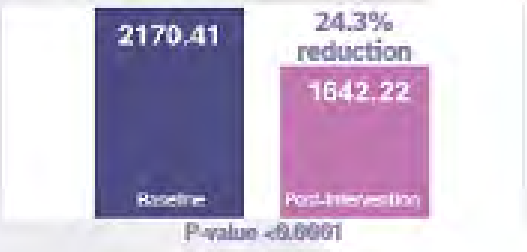
Standardised per 10,000 term, live births



P-value <0.0001

Preterm APGAR Score <7 at 5 minutes

Standardised per 10,000 preterm, live births



P-value <0.0001

Postpartum haemorrhage 1500mL – 2499mL

Standardised per 10,000 women who gave birth



P-value <0.0001

Postpartum haemorrhage ≥2500mL

Standardised per 10,000 women who gave birth



P-value 0.0069

Improvement in staff safety attitude scores pre (2018) and post (2022) implementation of PROMPT Wales





prompt.wales@wales.nhs.uk https://nwssp.nhs.wales/a-wp/prompt-wales/

'Community PROMPT Wales' is an 'all-Wales' maternity safety programme developed by the PROMPT Wales National Team who recognised a need for bespoke training for community teams which addressed the principle of 'teams who work together, should train together.'

Community PROMPT Wales was implemented in September 2021 following a successful 12-month pilot which took place throughout 2020 and participation by all Community Midwives annually has since been mandated by Welsh Government. In the academic year 2022-23, 95% of community midwives participated in Community PROMPT Wales. The training is well received by community teams, in particular in relation to the authenticity to their practice:

> *"…it gives you more confidence because you can go, 'I've been on Community PROMPT Wales.' You know we've had the training. I know it doesn't prepare you for every eventuality but you do feel more empowered…"*

> *"If I have a PPH at a home birth tomorrow, I feel confident knowing what I have to do, and I know I've got the checklists and algorithms."*



The success of this programme has been recognised outside of Wales and the National Team have worked with the PROMPT Maternity Foundation to adapt the resources to enable Health Boards and Trusts throughout the UK to benefit from 'Commun

Training is presented in a way that provides greater fidelity to practice for community teams. Scenarios take place in birth centres or a simulated home birth, GP surgery or clinic setting and focus on managing emergencies in a small team without early access to obstetric support. Midwives, Maternity Care Assistants (MCA) and paramedics train together, promoting positive and respectful working relationships and an understanding of how each team can support each other. Training in settings where emergencies actually happen facilitates the testing of systems and processes, identifying areas for organisational improvement. The impact of the environment and human factors on safe care is threaded seamlessly throughout the training. This is proving a very popular model, with paramedics now members of faculty supporting their local Health Boards, along with paramedic delegates being welcomed onto all courses.

PROMPT training resources have been adapted to reflect practice in the community and Community PROMPT Wales algorithms, checklists and proformas have been embedded into practice in NHS Wales to support teams in the event of an emergency.

The National Team run Community Faculty Development Training for midwives, paramedics and MCAs to ensure a high quality and standardised approach to facilitation is maintained throughout NHS Wales. Quality assurance by the National Team ensures the training is delivered authentically and to a high standard. In 2023 our team were awarded the 'Excellence in midwifery for education and learning' award by the Royal College of Midwives, for the development and implementation of Community PROMPT Wales.

PROMPT Wales and Community PROMPT Wales at Welsh Universities

We are pleased that Welsh universities have embraced PROMPT Wales and Community PROMPT Wales and have introduced the PROMPT principles into their undergraduate programmes to support a seamless transition to practice after qualifying. Lecturers in each institution are trained as PROMPT Wales facilitators to ensure fidelity to the PROMPT model and the all-Wales approach.

The National Team support the universities through sharing of resources and attendance at training days. Elements of PROMPT Wales and Community PROMPT Wales have been provided for student midwives, student paramedics and maternity support workers. Some of the universities run a full course inviting paramedics or medical students to train with student midwives, and a multiprofessional faculty from their local Health Board. Student Midwives are also encouraged to attend a course within a health Board, particularly within their third year.

MoNET Wales - Multi-Professional Neonatal Emergency Training

MoNET CYMRU WALES
Hyfforddiant Amlbroffesiynol Newyddenedigol Brys
Multiprofessional Neonatal Emergency Training

Our vision:

A standardised, all Wales training programme for neonatal services, aiming to enhance teamworking across the perinatal sector and improve outcomes for babies and families.

Effective teamwork and high quality interprofessional training have been identified as key contributors to improving care for patients. With an aim to reduce avoidable harm, improve outcomes for babies and their families, and reduce the claims profile, there is a need for all staff involved maternity and neonatal care to undertake regular, high quality multi-professional training.

In response to findings arising from the Maternity and Neonatal Safety Support Programme (MatNeo SSP) discovery phase in 2023, the Welsh Risk Pool were asked to design a training programme, based on the PROMPT methodology, which would meet the needs of perinatal services in NHS Wales.



Timeline for MoNET Wales

The timescales for the development, piloting and implementation of MoNET Wales are shown in Fig.12.

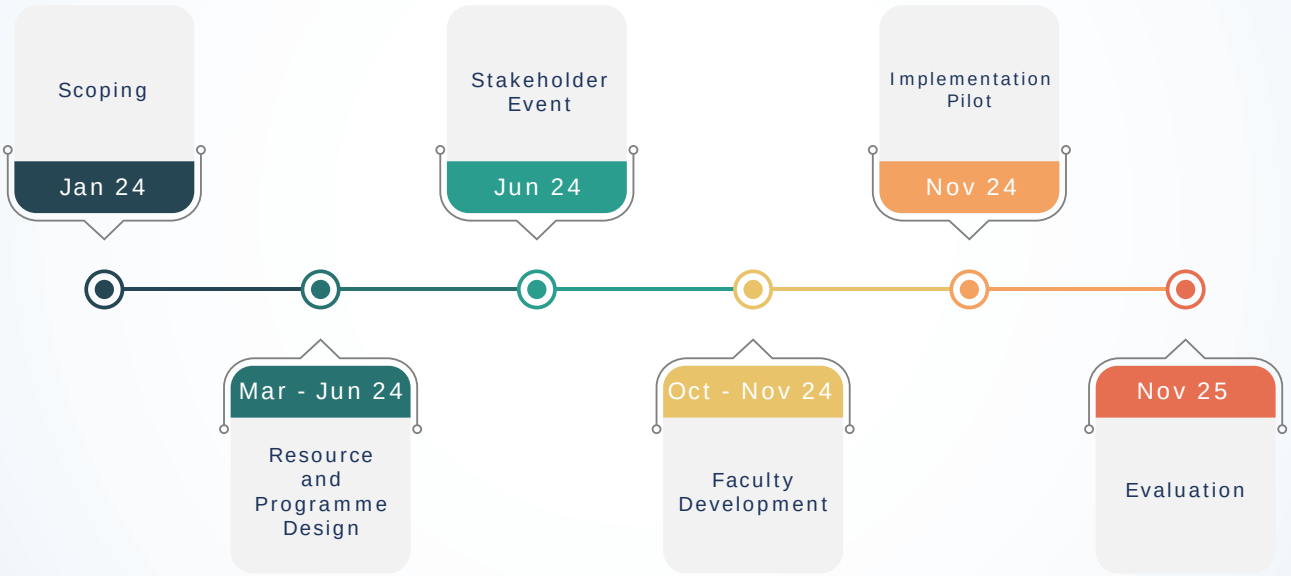


Fig.12 Timescales for the MoNET Wales Programme

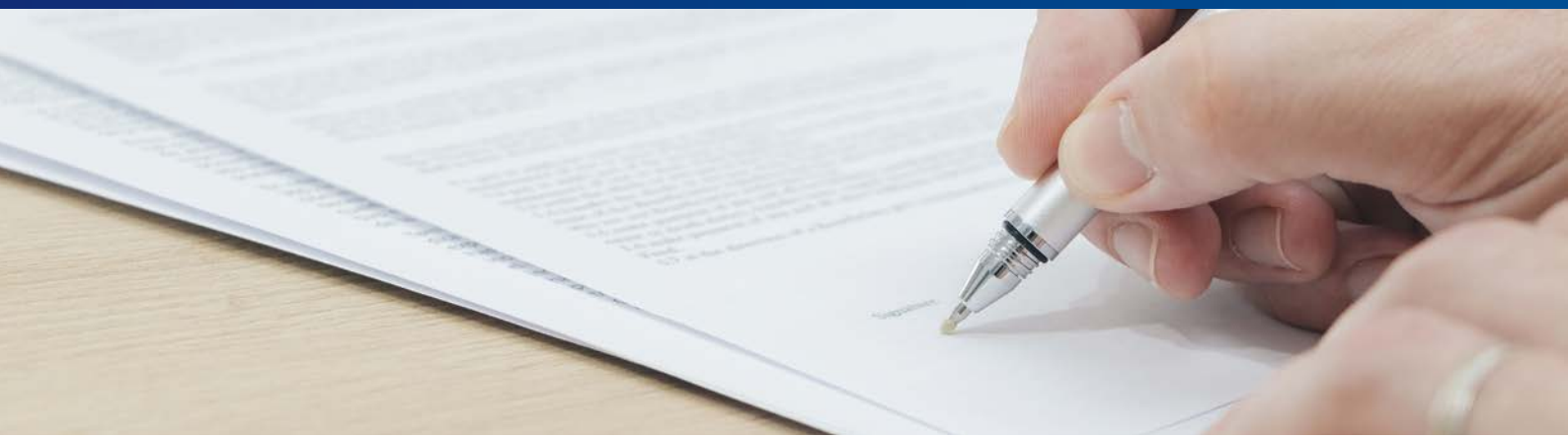
A scoping exercise undertaken by the Welsh Risk Pool to establish current training in neonatal services throughout NHS Wales identified a variation in training provision. Whilst there is high uptake of the Resuscitation Council UK Newborn Life Support Course which focuses on the clinical skill of newborn resuscitation, in-situ training incorporating human factors varied across the sector. Some examples of local training were noted but these are varied, dependent on the goodwill of staff to run them, and therefore are unlikely to been sustained in the long-term. A keenness from neonatal nurses in particular for the whole team to have access to high quality, standardised training in their own units similar to the PROMPT Wales approach was identified.

An innovative training programme and accompanying resources are being developed by the National Team in consultation with key stakeholders. The programme has been branded as 'MoNET Wales.' Interactive presentations and low fidelity, simulation-based scenarios will focus on teamworking, communication, timely escalation and the impact of human factors.

Based on the principle that 'teams that work together, should train together,' the programme is designed to be delivered to the whole team. Some elements of the morning presentations will span both MoNET Wales and PROMPT Wales in recognition of perinatal teamworking, and where possible, midwives, obstetric doctors and obstetric anaesthetists will support MoNET Wales delivery and through participation in training.

MoNET Wales is designed as a full day programme to be delivered face-to-face by a team of local facilitators who will have attended a MoNET Wales Faculty Development event which is planned for October 2024. The programme will undergo a pilot testing day in one unit and will be refined before rolling out the pilot in all neonatal units. It is anticipated that MoNET Wales will be available for Health Boards to implement towards the end of 2024. Robust evaluation will be informed by participant feedback, facilitator feedback and observation of training by the National Team.

Decision Making and Consent



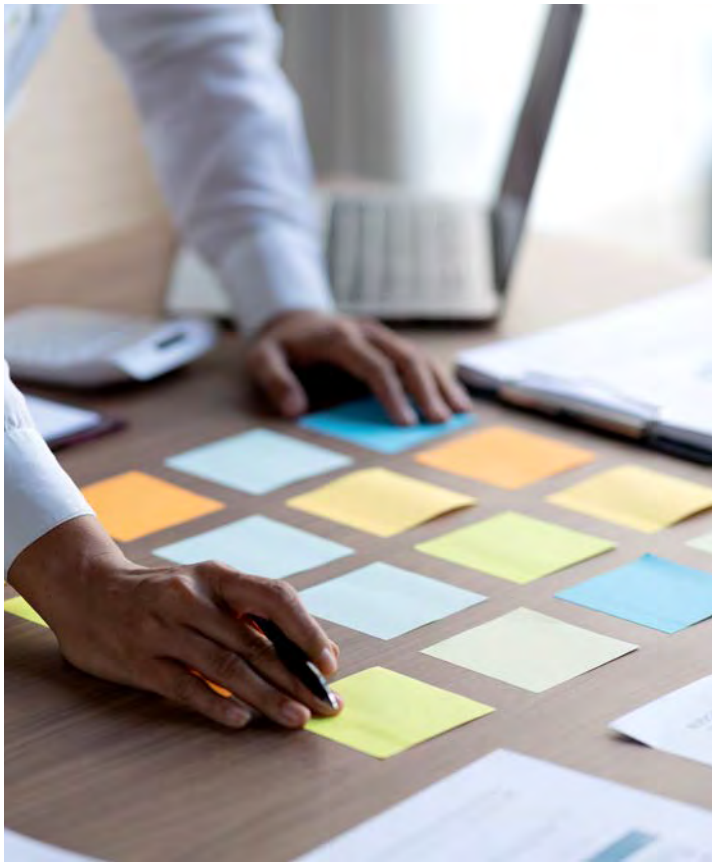
Issues related to the consent process continue to represent a regular feature in claims experienced in NHS Wales. To support organisations in providing information to patients, the Welsh Risk Pool has funded the provision of a library of internationally authored and indemnified consent information for over ten years.

The Welsh Risk Pool supports organisations to comply with regulatory and best practice guidance through the Decision Making and Consent Programme - which recognises that effective dialogue between healthcare professionals and patients is crucial for safe and effective decisions making.

During 2023/24, the programme has undertaken a series of work streams with the implementation of a new e-learning package and consent webinar programme, along with the introduction of a peer review assessment - which underlines the importance of shared decision making, providing practical guidance to inform and improve clinical practice. Further training will be developed, and further resources will be put in place to increase understanding of the legal framework for decision-making provided by the Mental Capacity Act. Thematic concerns about end-of-life decision making raised by the Medical Examiners' Service and HM Coroners continue to highlight the need to improve clinical decision making.

Gwneud Penderfyniadau a Chydsyniad

Decision Making and Consent



All Wales Consent Group

The improvement programme is underpinned by the All-Wales Consent to Examination and Treatment Group, which has representation from all health bodies. This national group has been established to:

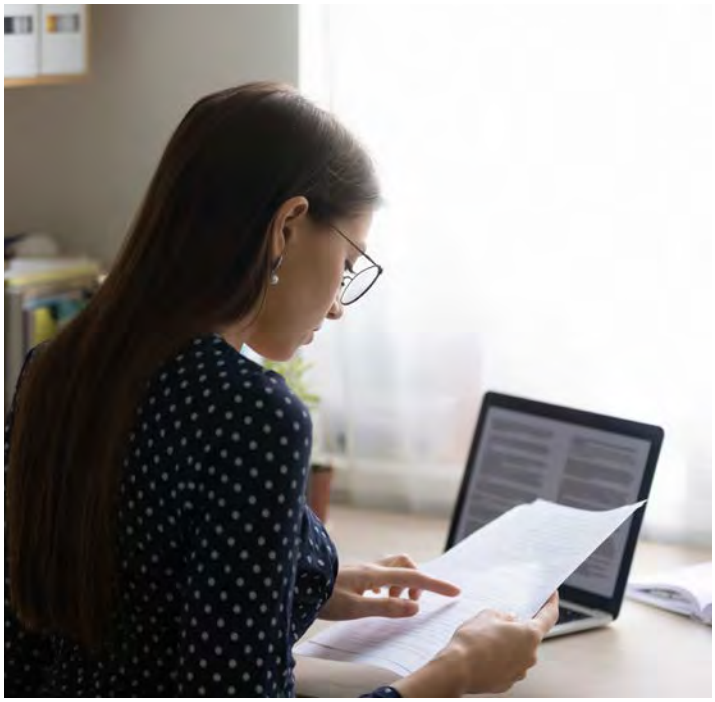
- Coordinate and gain consensus amongst clinicians / Health Boards / Trusts about the Consent to Examination, Treatment and Screening process in Wales.
- Act as an advisory group to the WRP Committee.
- Assist Welsh Health Bodies to provide assurance to their Board's and the WRP that relevant law and national guidance concerning consent is applied correctly.

Library of Consent Information **Leaflets**

The Welsh Risk Pool funds access for all clinicians in Wales to a library of consent information, which is available via an electronic download centre. The library is maintained and updated by the provider EIDO Healthcare, who also provide indemnity in relation to the information contained in the leaflets. The WRP requires organisations to ensure that either EIDO procedure specific patient information leaflets (where available) or procedure-specific patient information leaflets produced by recognised professional bodies or other national bodies, are provided to patients receiving NHS care. Claims relating to consent issues where appropriate information has not been shared with patients may not be reimbursed.

Provision of consent information through the medium of Welsh is an important aspect of the programme. The EIDO download centre provides every available leaflet in a bilingual Welsh / English format and a wide range of other languages are available. Leaflets are available in other accessible formats, such as large print. A number of key leaflets are also provided in EasyRead format – specifically designed for service users with neurodiversity conditions.

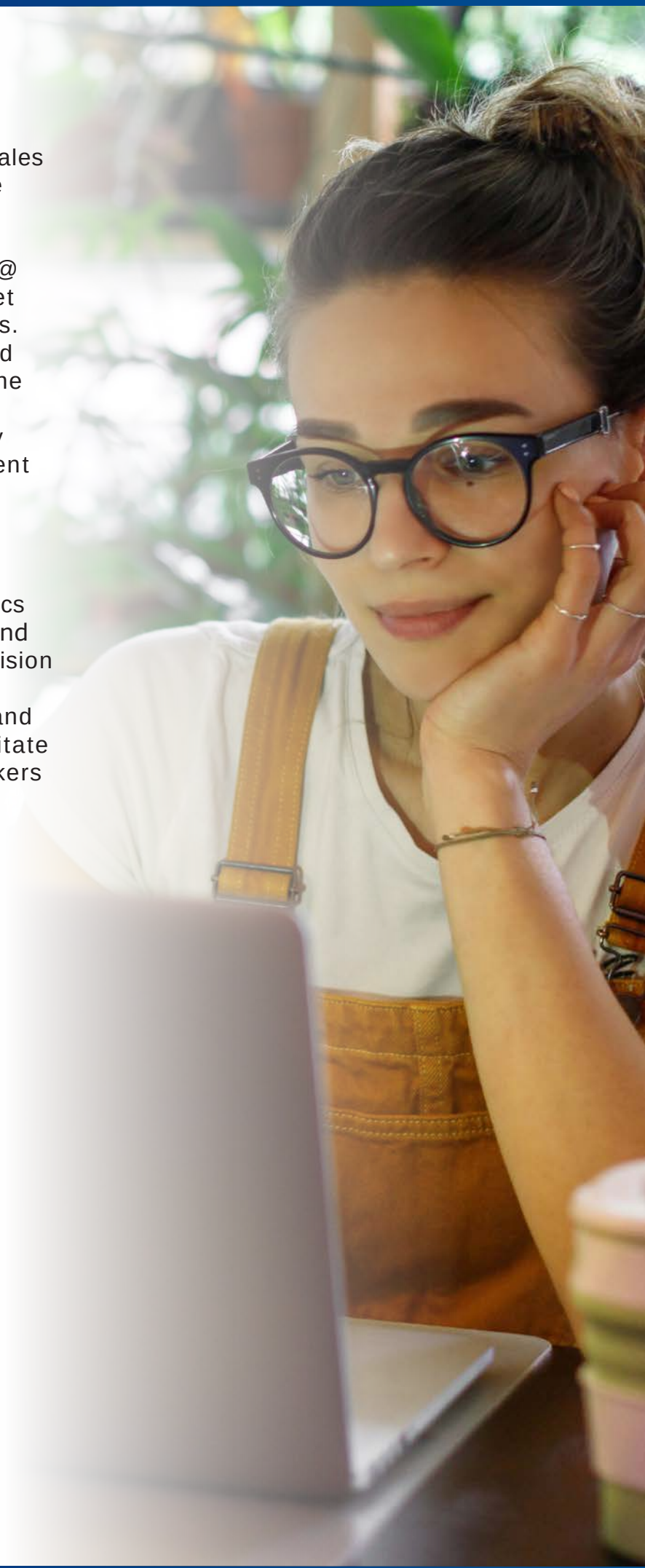
During 2023/24, the Welsh Risk Pool has worked with the library provider and the Welsh Endoscopy Collaborative to review and update a number of consent information leaflets for endoscopic procedures. Key updates include an explanation of shared decision making, more detail on general anaesthesia and new complications. The Collaborative will continue to review the whole endoscopy library and introduce new documents where required. A new platform for the Decision Making and Consent library will shortly be introduced which will also enable organisations to submit locally-produced and approved consent information leaflets into the library – meaning that clinicians can access approved consent information from a single source.



Learning and Development in Consent

The Welsh Risk Pool has developed a bespoke e-learning package for NHS Wales healthcare professionals involved in the consent process. This was introduced into the main learning management systems used in Wales (ESR and Learn@ Wales) and was launched by the Cabinet Secretary for Health and Social Services. The training has been very well received by the clinicians who have completed the e-learning package, who report that it is clinically relevant as it is delivered by Welsh clinicians and complements current national and regulatory guidance.

Webinars are now being held regularly on various topics in relation to consent. During 2023/24 these included the topics "Informed Consent - Getting it Right" and "Decision Making and Consent - No decision about me without me". The webinars always generate considerable interest and discussion regarding the topic and facilitate participants to communicate with speakers during and after the session.



Enhancing Learning Organisations



Following reports from the National Learning Advisory Panel relating to consistent findings in Learning from Events Reports, the Welsh Risk Pool Committee agreed to support the Enhancing Learning Organisations Programme in the autumn of 2023; aiming to support health bodies in Wales to improve their approach to organisational learning and to implement a consistent approach to learning from all healthcare events including claims and redress cases.

The Programme was launched in September 2023 and all organisations were invited to join an oversight group. A small amount of funding was provided by the Welsh Risk Pool to support organisations in identifying and improving learning locally. The funding for each organisation was used in various ways, with plans agreed with senior leadership staff from the Putting Things Right sector by the Head of Safety and Learning. Innovative approaches were taken by a number of health bodies, with the funding used to provide dedicated time for staff to attend Learning from Events training, develop a repository of learning and to provide a central resource to coordinate Learning from Events Reports being the most common approach.

All health bodies actively supported the development of a Learning from Events Framework, aiming to standardise this area. This work was coordinated by the Welsh Risk Pool with helpful input from the NHS Wales Executive. The aim of the programme was to develop and implement an all-Wales Framework for Learning from Events. Whilst this was initiated in respect of the learning from claims and redress cases, it is intended to be a single document to cover the capture and sharing of learning from all types of healthcare events – including complaints, mortality reviews, incidents and coroner's inquiries.

The Learning from Events Framework was presented at the Welsh Risk Pool Committee in March 2024 and the next steps for 2024/25 include supporting adoption of the framework by health bodies with local development and implementation.

VTE Wales



Our vision:

To develop an all-Wales approach to the prevention and reduction of harm associated with venous thromboembolism, aiming to improve the patient experience and outcomes.

VTE CYMRU WALES
Thromboemboleddau Gwythiennol
Venous Thromboembolism

The term venous thromboembolism (VTE) includes deep vein thrombosis (DVT) and pulmonary embolism (PE). A DVT occurs when a blood clot forms in a deep vein in the lower leg, thigh, or pelvis. If a blood clot breaks up it can travel through the bloodstream to the lungs causing a PE.

VTE is the leading cause of preventable death in hospitals with 55-60% cases occurring during or following hospitalisation (Thrombosis UK, 2024). Many such deaths are preventable if patients receive a VTE risk assessment on admission to hospital and are offered appropriate thromboprophylaxis. The latest available data from the Office of National Statistics shows 369 deaths in Wales related to VTE during 2020. VTE also remains the leading direct cause of maternal death (MBRRACE, 2023). A VTE diagnosis can also have a significant long-term impact on the health of an individual, in many cases resulting in lifelong dependency on anticoagulant medication.

In NHS Wales in 2023, 11 claims related to VTE were submitted for reimbursement totalling £6,789,090.61, of which £4,797,728.33 was related to hospital acquired thrombosis (HAT). Delayed or missed diagnosis was the most featured contributory factor, highlighting the importance of a thorough risk assessment, as soon as possible after admission to hospital or by the time of the first consultant review (NICE, 2019). Failure to escalate and medicines management also featured.

Cases presented to the Welsh Risk Pool Committee include matters where there is a failure to recognise the symptoms of a PE or DVT and where there is a failure to complete a thorough risk assessment of a patient on admission. In 2021, having observed an increase in the numbers of redress and clinical negligence cases relating to VTE, the Welsh Risk Pool Committee requested that a review of compliance with the all-Wales VTE Policy was undertaken by the WRP Safety and Learning team. The review identified variation in practice across NHS Wales and issued five recommendations to all Health Bodies to reduce avoidable harm associated with VTE.

The VTE Recommendations:

1. All health bodies within NHS Wales adopt the All-Wales Thromboprophylaxis Policy.

2. All clinical staff undertake All-Wales training, both in relation to the recognition of patients presenting with symptoms of VTE and in the prevention of Hospital Acquired Thrombosis (HAT).

3. All patients receive a documented VTE risk assessment, using a Department of Health Risk Assessment Tool (or similar) on admission, as part of the initial patient clerking.

4. An All-Wales check list for the investigation of a HAT is developed in order to maintain a uniform investigative approach across NHS Wales.

5. VTE risk assessment compliance data and HAT data is shared at appropriate health body governance meetings.

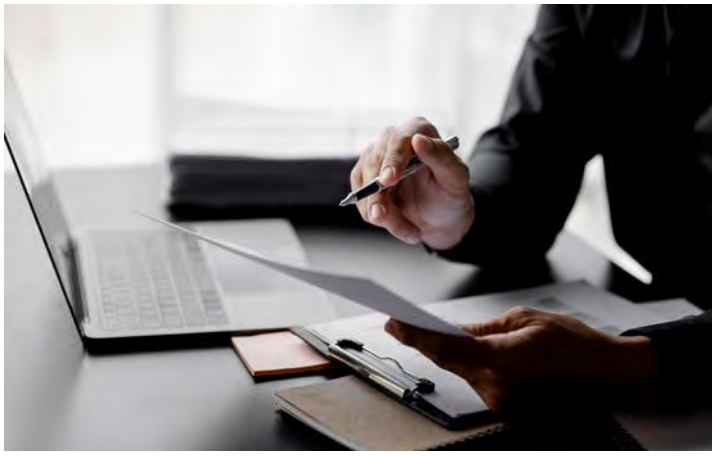
Having also identified a lack of a standardised approach to staff training in VTE detection, prevention and management, the WRP led on the development of 2 e-Learning modules, and these have been available on ESR since 2022 and are scheduled for review by the WRP in 2024.

To establish the current position across NHS Wales in relation to the VTE recommendations, the WRP have recruited a specialist nurse to help coordinate a programme of work - commencing with a scoping review of practice relating to VTE in all organisations. The scoping exercise will review:

- What VTE risk assessment tools are used
- What VTE Patient information leaflets are used
- What system is used to identify potential HATs
- Process for Root Cause Analysis relating to potential Hospital Acquired Thrombosis
- Reporting process for HAT data locally
- Whether thromboprophylaxis features on the theatre safety check list
- Arrangements for Local education and promotion
- Compliance with the VTE e-Learning modules
- Any best practice and quality improvement projects

The findings from the scoping review will inform the programme of work scheduled for 2024, aiming to address any variation identified and work towards an all-Wales approach, whilst remaining cognisant of the bespoke requirements of the different specialities.

The WRP recognises that there is some excellent practice existing in NHS Wales in relation to the prevention, recognition and management of HATs. Direct oversight of the VTE Wales programme will be via a WRP VTE Board - reporting to the Welsh Risk Pool Committee. The WRP VTE Board will have wide representation, including leading clinicians from different specialties and other key stakeholders – aiming to drive improvement in the area.



Timeline for VTE Wales

The VTE Wales programme has developed from an initial review commissioned by the Welsh Risk Pool Committee in 2021 into a Safety and Learning Programme. Fig.13 outlines the timescales and plans for the programme.

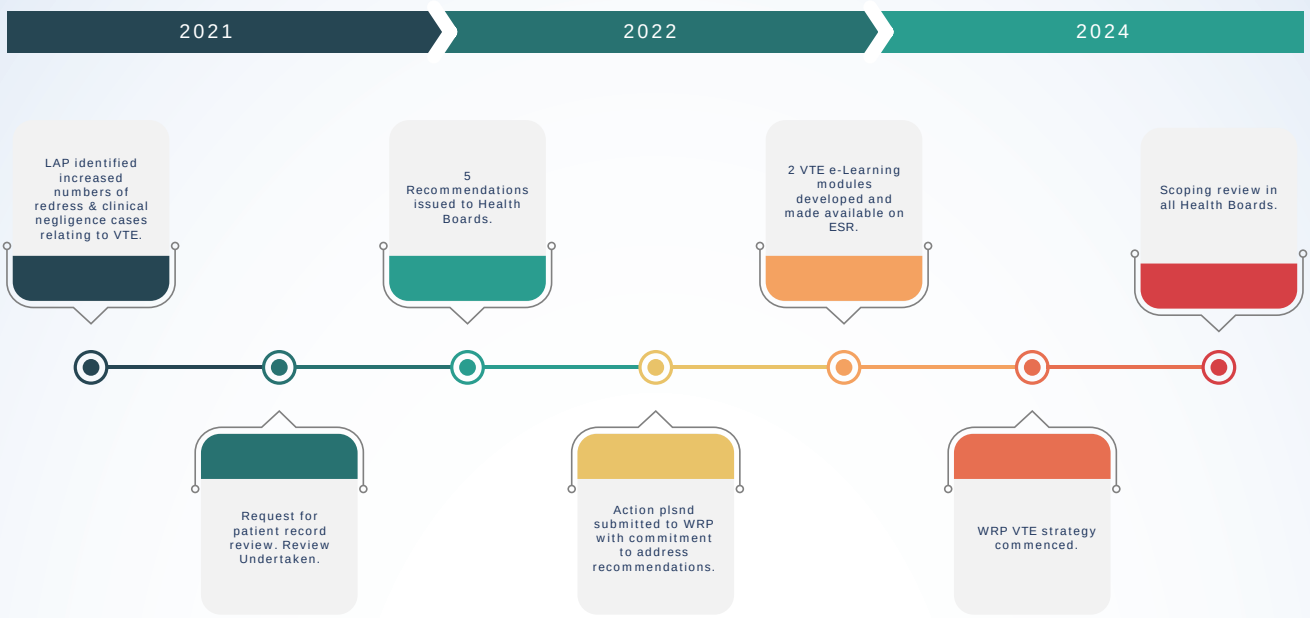


Fig.13 Timescales and Plans for VTE Wales

References

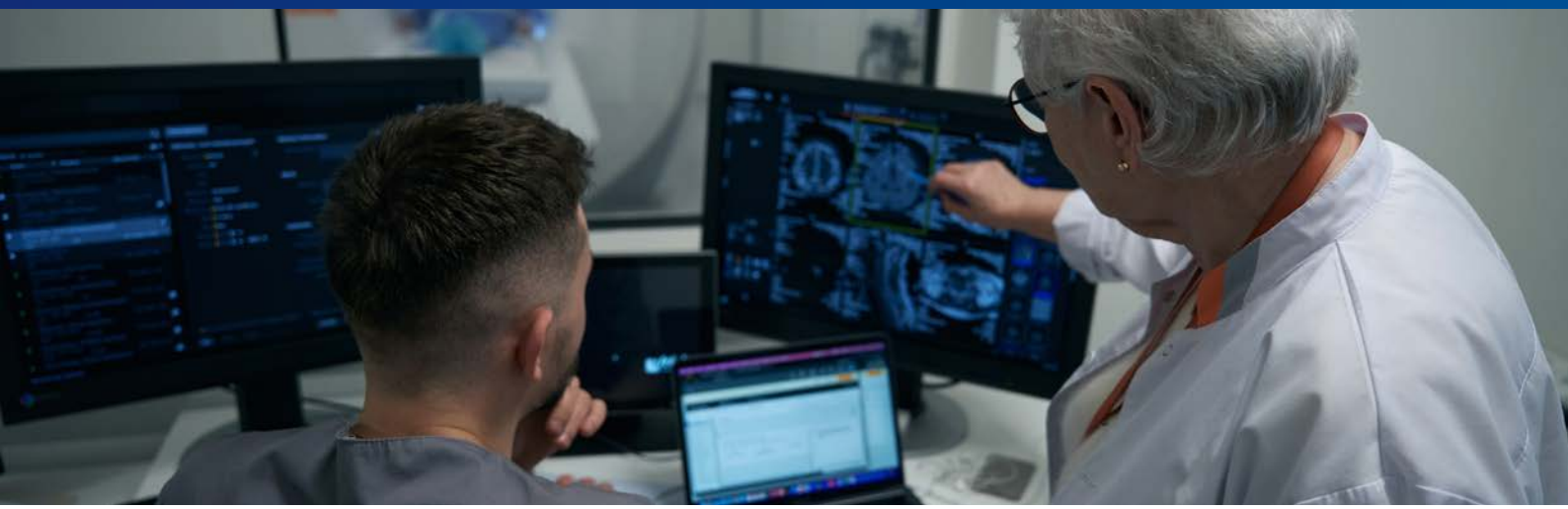
MBRRACE 2023, Saving Lifes, Improving Mother's Care, https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf

NICE 2021, VTE in Over 16's, https://www.nice.org.uk/guidance/ng89/chapter/recommendations

Thrombosis UK 2024, VTE Statistics, https://thrombosisuk.org/thrombosis-statistics.php



Radiology ***(Unexpected Findings)*** Review



We co-ordinate the All-Wales Radiology (unexpected findings) review and the associated work strands that have arisen as a result. The review first commenced in 2019 due to the sustained level of legal cases where the key issue was the failure to act on the findings of a radiological examination - resulting in delayed or missed diagnosis and potential or actual harm to a patient.

Harm can occur in these circumstances for several reasons. One issue that has sadly been seen fairly regularly across Wales is where a patient is seen in an Emergency Department and a radiological examination is undertaken. When these examinations are reviewed by Radiologists, a recommendation for further tests, intervention or follow-up is made but this is not acted upon – usually because the report does not successfully reach the clinician who can take the appropriate action. Patients may present with symptoms at a later date, and when their radiological examinations are reviewed it is sometimes discovered that earlier intervention could have reduced the amount of treatment needed or, in cases of cancer, their condition may have been more treatable if treatment had commenced earlier.

Gwella Diogelwch Trwy Ddysgu

Improving Safety Through Learning

All health bodies in Wales are committed to reducing avoidable harm and the focus of the Welsh Risk Pool review is aimed at achieving a national standardised electronic system, which aims to reduce the risk and improve patient safety outcomes. The review is supported by colleagues from Digital Health and Care Wales who provide software solutions to health bodies.

Reviews of the position in relation to this topic have previously been undertaken in 2019 and 2021. The reviews have noted a transition from paper-based solutions which were considered high risk of error.

A Radiology follow up review took place in Autumn 2023, which included site visits across Wales. The follow-up review identified a range of arrangements in place to manage results across Wales, however these were varied and inconsistent.

The follow-up review consisted of meetings held with radiology and emergency department teams and was clinically led by the NWSSP Medical Director. Lead radiologists and Lead Emergency Department (ED) Consultants were contacted and asked specific questions about the process for recognising, acknowledging, and acting on red flagged results, those with abnormalities and unexpected or incidental findings. The review was also discussed with other ED staff and involved a combination of in-person and virtual discussions between the WRP Assessors and Lead clinicians in both specialities. Additionally, some site visits were undertaken where systems could be demonstrated more easily.

The review took place between August and November 2023 and initial findings showed that broadly speaking there are arrangements in place for managing abnormal results and unexpected or incidental findings, however, these processes are not standardised or consistent and organisations have differing electronic systems.





Following the review a recommendation was made for the development of a national standardised electronic system to reduce the risks and concerns identified. DHCW highlight that work is underway which seeks to procure a Radiology Informatics System for NHS Wales.

The system will be required to support all Services within the "footprint" of the current Imaging service. This includes systems and services that collectively deliver an end-to-end technical solution to support modernisation and innovation of imaging services, with the core scope focusing on electronic requesting and results acknowledgement. The Radiology Informatics System Procurement (RISP) programme has been under way since 2020 and it is anticipated that the rollout and implementation should occur in 2024-2025. The system aims to improve patient safety with an electronic auditable trail from request to result acknowledgements. It is anticipated that there would be improved imaging workflow with a report available electronically to the clinical referred anywhere in the NHS in Wales.

The Welsh Risk Pool Review process has been deemed beneficial and was cited by some organisations as the trigger for moving away from historical paper-based practices. The Welsh Risk Pool Committee is considering the appropriate timescales for a further review.

Anti-Violence Collaborative Wales



Violence and Aggression (V&A) directed towards NHS Wales staff and those who utilise NHS services in Wales is unacceptable and it is recognised that NHS staff are among some of the professions most likely to face aggression while carrying out their duties.

Where violent and aggressive behaviour is displayed, it is imperative that NHS Wales organisations seek the appropriate response to ensure the wellbeing of all concerned. Staff attending the workplace and those who visit the NHS Wales footprint, whether as a patient or for another reason, should do so confident of their safety.

The Anti-Violence Collaborative Wales (AVC) is a collaboration of all NHS Wales organisations, the Police in Wales, the Crown Prosecution Service in Wales and trade union and staff support organisations. Its aim is to support NHS Wales and emergency services organisations to reduce and manage V&A incidents. Facilitating collaboration with Criminal Justice Service partners, NHS Wales bodies, emergency services organisations and Welsh Government, the AVC promotes violence reduction strategies and communication with service users.

In June 2023 Jonathan Webb was appointed as the Chair the AVC. An interim National Advisory Team was created with the aim of managing and driving forward the vision of the collaborative. The Team was created by seconding a NHS Violence and Aggression case manager from a health board, a staff support officer from the Royal College of Nursing and a tactical advisor to the Chair who is an experienced V&A leader from the Welsh Ambulance Services University NHS Trust.

Originally formed in 2017, the AVC has coordinated an Obligatory Responses to Violence in Healthcare framework (ORV), which sets out the aims and process by which all of the AVC partners will collaborate. The work of the AVC in the NHS is underpinned by a Welsh Health Circular, which aims to ensure that the organisations which form NHS Wales fully embed the guidance given within the ORV document. All parties are committed to encouraging the most appropriate response to V&A cases to ensure the safety of NHS staff and others.

The AVC Team has actively refreshed and developed relationships with colleagues within the NHS, police, CPS and staff support organisations and trade unions, a new Terms of Reference was written and meetings for the AVC scheduled through 2023, 2024 and 2025. The Joint Emergency Services Group (JESG) for Wales supported the extension of the work of the AVC to encompass emergency services partner organisations and are proactively working with the AVC to achieve this.

In March 2024 a Senior Safety and Learning Advisor was appointed on a full-time basis to continue the work of the Interim AVC Team following the completion of their secondments. Additionally, a Tactical Advisor to the AVC Chair has been appointed on a sessional basis to further promote and coordinate the work. A number of staff who are experienced in supporting violence and aggression activities, have been appointed to the WRP Safety and learning Pool.

NHS Wales Violence and Aggression case managers operate in all NHS Health Boards, Trusts and Special health Authorities - supporting victims of violence. To achieve this, they work closely with partner agencies, particularly the police services in Wales. The AVC support their work by being represented on the NHS Wales Case Managers Group to better understand the issues faced by the case managers and with a view to working together with other members of the AVC towards a solution in terms of data recording, reporting and support to victims.



NHS Wales Chief Executive, Judith Paget, Chief Constable Pam Kelly QPM (Gwent Police), Chief Constable Amanda Blakeman KPM (North Wales Police), Chief Crown Prosecutor for Wales, Jenny Hopkins with Chair of Anti-Violence Collaborative Wales, Jonathan Webb

The agreement and guidance document for the collaboration, the Obligatory Responses to Violence in Healthcare (ORV) has been refreshed to better meet the needs of the AVC. New operational guides have been written for NHS and police colleagues. These new and refreshed documents are intended to provide the latest practical guidance to operational staff when confronted with an instance of violence and aggression and to reinforce the commitment of AVC partners.

For staff to report violence and aggression incidents easily and confidently, a task and finish group of NHS Wales V&A case managers was established to review the Datix Cymru reporting system. The review looked at the structure and efficacy of the current incident reporting form and the data that is reported on, to identify key trends and areas of risk. Following this review, key changes were made to the V&A incident report on Datix Cymru. The improvements to the system will mean that the V&A case managers and equivalent staff can conduct their investigations into incidents more effectively, and therefore provide even more support to victims of V&A.

Legislation pertinent to the safety of NHS Wales staff and those who visit health establishments has been reviewed and legislation which specifically relates to NHS premises has been identified. Working with colleagues in Welsh Government, the AVC Senior Safety and Learning Advisor is actively exploring the possibility of this legislation being made available to colleagues in Wales.

In 2024 and beyond The Senior Safety and Learning Advisor with cooperation from AVC colleagues, will focus attention on work themes which will enhance safety. These will include understanding the benefits of introducing violence prevention standards to help NHS organisations reduce violence, exploring V&A training for NHS staff and gain further understanding of what legislation may be available for colleagues to utilise when violence occurs in NHS settings.

Once for Wales Concerns Management System



The Welsh Risk Pool hosts the Once for Wales Concerns Management System (OfWCMS) which aims to provide consistency in the capture and analysis of data relating to staff and patient safety and service user feedback.

Procured on an all-Wales basis, the system is actually a collection of individual digital systems which are operated locally and designed, developed and maintained by a central team.

The Welsh Risk Pool continues to work with all health bodies and national groups to ensure that the information governance arrangements and cyber security requirements relating to the Datix Cymru and Civica Experience Wales are firmly in place. During 2023/24 the national Data Protection Impact Assessments have been reviewed and a key piece of work is the definition of roles and responsibilities for data sharing at a national level. There is an effective governance process which oversees OfWCMS.

Programme Board. Commissioned by the Welsh Risk Pool Committee, the OfWCMS is overseen by Programme Board, Chaired by Chief Executive of Velindre University NHS Trust Steve Ham. This provides strategic oversight to the programme and ensures organisations are able to demonstrate readiness for implementation of new functionality.

System Rheoli Pryderon Unwaith dros Gyru

Once for Wales Concerns Management System

Programme Steering Group. Additionally, a Steering Group has been formed which oversees the operational elements of the system.

Content and Governance Group. A Content and Governance Group has also been established to monitor requested for system developments and changes in order to maintain the Once for Wales approach.

Workstreams. Each area of functionality is underpinned by a network of group which represents staff and practitioners related to the element of the system being served by the software. The number of workstreams required varies depending on the stage of implementation. Workstreams created to coordinate procurement, ICT integration and report form design have been stood down as the programme has been live since 2021. A number of the workstreams consist of the membership of the Safety and Learning Networks – which means that there is readily available access to expertise on topics when required. The power of collaboration across NHS Wales in developing the Datix Cymru and Civica Experience Wales systems through the OfWCMS workstreams is overwhelming successful. It has created a system for NHS Wales used by NHS Wales.

Datix Cymru. The Datix Cymru product is a cloud-based software tool with multiple modules that have been adapted, configured and implemented specifically for NHS Wales. In addition to replacing the legacy systems used throughout organisations for handling patient safety, health and safety and complaint records, the system has been configured to support specialist services such as the NHS Wales Medical Examiners service.

Core Functionality of Datix Cymru

Datix Cymru

- Incidents
- Inquest Cases
- Safety Alerts
- Risk Registers
- Complaints
- PALS Enquiries
- Mortality Reviews
- Safeguarding
- Redress Cases
- Claims Management
- Medical Examiners
- Cyber Resilience Reports

Fig.14 Core Functionality of Datix Cymru

The power of the Datix Cymru system enables the creation and configuration of specific Investigation Workflows, which are made available across Wales – delivering consistency in not only data but processes used to determine learning and improvements. This incorporates the Yorkshire Framework of causal factors.

Datix Cymru provide large-scale interactive databases to report, capture, analyse and retain information relating to key parts of the Putting Things Right area. In 2023/2024, over 250,000 new records were opened. Table.13 outlines the breakdown of the records opened.

Datix Cymru Module	Records Opened
Incidents	199,955
Claims and inquests	3758
Redress	680
Feedback	53,499
Mortality	1,138
Medical Examiner	16,509
Total	275,539

Table.13 New Records opened in 2023/24

Datix Cymru Workstreams 2023/24

We have operated a number of dedicated workstreams with the aim of bringing consistency to the development and use of the Datix Cymru system used by all NHS Wales health bodies when handling concerns to investigate and improve quality and safety.

All organisations are represented at each of the workstreams and extensive collaboration, supported by a robust Governance process has led to significant development of the Datix Cymru system:

Mortality Workstream - reviewing the flow of the report form to align with the Medical Examiner report form. Focus on capturing learning consistently across all functionalities is a key agenda item going forward.

Incident Workstream – key pieces of work in 2023/24 include reflection and updating of the duty of candour section to support consistent reporting, user experience and management of the Duty of Candour process. In addition to significant changes to support the Information Governance reporter and management process. The Incident workstream has also commissioned a significant piece of work to develop a Restricted Practice reporting form that aligns to the National Framework.

Intelligent Monitoring Dashboard Data Analysis Workstream – have supported the Candour Network in developing National Candour dashboards, which have been used to support organisations in complying with their duty to report.

Coding Workstream – have reviewed and updated V15 of the national codes. Extensive work is being undertaken to ensure all codes have the appropriate combo linking to ensure accurate reporting across all levels. A key piece of work is to link with chairs of All Wales groups for specific areas such as, Tissue Viability, Infection Prevention Control, Health and Safety etc to gain assurance that the current codes and codes being requested in the future meet the needs of the services.

Safety Alerts Workstream – Two organisations are currently piloting the Safety Alerts system, which will be rolled out across NHS Wales once the pilot is completed. The workstream, which is made up of representatives from all organisations are monitoring and supporting the pilot process.

Risk Workstream – The functionality is current being piloted by one organisation. The workstream, which is made up of representatives from all organisations which are monitoring and supporting the pilot process.

Datix Cymru Developments 2023/24

There have been a number of key developments for Datix Cymru in 2023/24

Active Directory. Datix Cymru was using ADFS system as the authentication tool for users to authenticate into the system – enabling users to log into the software and be allocated appropriate permissions. The migration from ADFS to Microsoft Entra was scheduled to be completed in December 2023 and was completed on time. This was a key programme deliverable for the Programme Board as ADFS will no longer be supported in 2024.

Safeguarding. The Safeguarding reporting and management forms have been developed and successfully piloted in Hywel Dda University Health Board. The Once for Wales Concerns Management Central team will continue to work with the NHS Executive, Public Health Wales and all organisations to standardise and implement this in 2024/2025, with an encrypted email system to support notifications to local authorities.

System Upgrades. The Once for Wales Concerns Management Central team have supported five Datix Cymru system upgrades, in order to improve and enhance system functionality. A robust quality assurance process is followed by the Central Team prior to any new software release to ensure any operational issues are identified before this is signed off and implemented across all NHS Wales Datix Cymru systems.

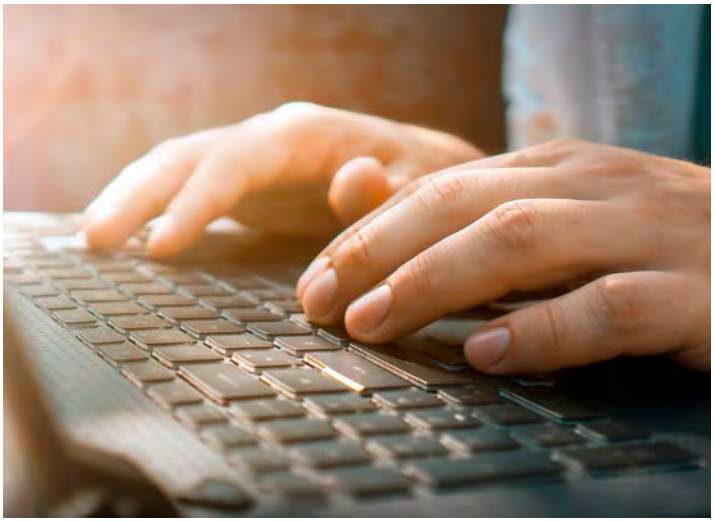
Quarterly System Releases. Updates to the workflows and data fields within the system are implemented on a quarterly basis once the Content and Governance Group have approved the adjustments. The Central Team have continued to deliver the quarterly development workplan on time and on budget.

Supporting Primary Care Services. Bespoke Incident Reporting Forms for Primary Care Providers have been built in all Health Board systems to support the Duty of Candour Implementation and provide easy accessibility, with a dedicated webpage.

National Reporting Functionality. Interim solutions were established following the discontinuation of the UK National Reporting and Learning System and a new portal functionality to transmit data from health bodies to the NHS Wales Executive has been designed and successfully piloted in 2 of the Health Boards, with a plan to roll this out across Wales in July 2024.

All-Wales Coding and Categorisation. The Coding Workstream has continued to enhance the national codes to meet the needs of services and the codes are currently on edition 15. Additionally, work has been completed to combo-link the classification codes to ease selection by staff and improve data accuracy. Standardisation of terminology has also been a major focus to improve accuracy of reporting. A work programme has been developed to continue enhancements.

Business Continuity. A Datix Down process has been developed for NHS Wales, in the unlikely event the Datix Cymru Incident form was unavailable all organisations would still be able to report Incidents.



Civica Experience Wales

The National Health Service in Wales is a large and complex organisation and accurate and detailed service user feedback is crucial to designing and improving innovative health and care services. The Civica Experience Wales platform was introduced as part of the Once for Wales Concerns Management System programme and by the end of 2022 all Health Boards and Trusts in NHS Wales had implemented the Civica Experience Wales system and had invested in dedicated local system leads to support organisation's commitment to collecting, analysing and learning from real-time feedback from users of its services and to manage system and data at a local level.

Civica Experience Wales provides a platform for real time feedback from service users to be collated and analysed quickly and effectively cross health and primary care. The system operates by developing and presenting surveys for completion by services users and utilises a range of contact methods, including SMS text messaging, QR code, Email, Interactive Voice Recognition, (IVR) web-based tools and a dedicated app which can be installed on devices within the organisation.

- Online
- Tablet and Kiosk - IOS and Andriod App *(Online and Offline, Remote, Config, Video)*
- Email - *Survey Links*
- QR Codes / NFC Stickers *(e.g. on posters)*
- SMS: *Survey Links - link to online survey*
  Q&A - Questions and answers as plain text
- Phone: *IVR/IVM*
  Agent (human) calls
- Paper: *Fully managed print and scanning facilities*
  Print to PDF + data entry tool

Sentiment Analysis

The platform includes a powerful data sentiment analysis tool, which enables health service leaders to understand detailed information received from service users, adding the ability to recognise the sentiment behind a response. The sentiment analysis of responses enables very rich information to be drawn from the data input by service users and this enables me to provide our service leadership teams with valuable insight into the experiences of patients and relatives. The graphs and data tools are straight forward for managers to access with minimal training needed.



Fig.16 Example of sentiment analysis of positive and negative feedback

Quantitative data helps health bodies understand ‘what’ but only qualitative data helps you understand ‘why’. The sentiment analysis tool provides functionality to analyse emotion, thematically categorise information and show trends.

Example from the Civica Experience Wales system outlining the powerful sentiment analysis tool is shown in Fig.15 and Fig.16.

Example of Sentiment Analysis of Positive and Negative Feedback

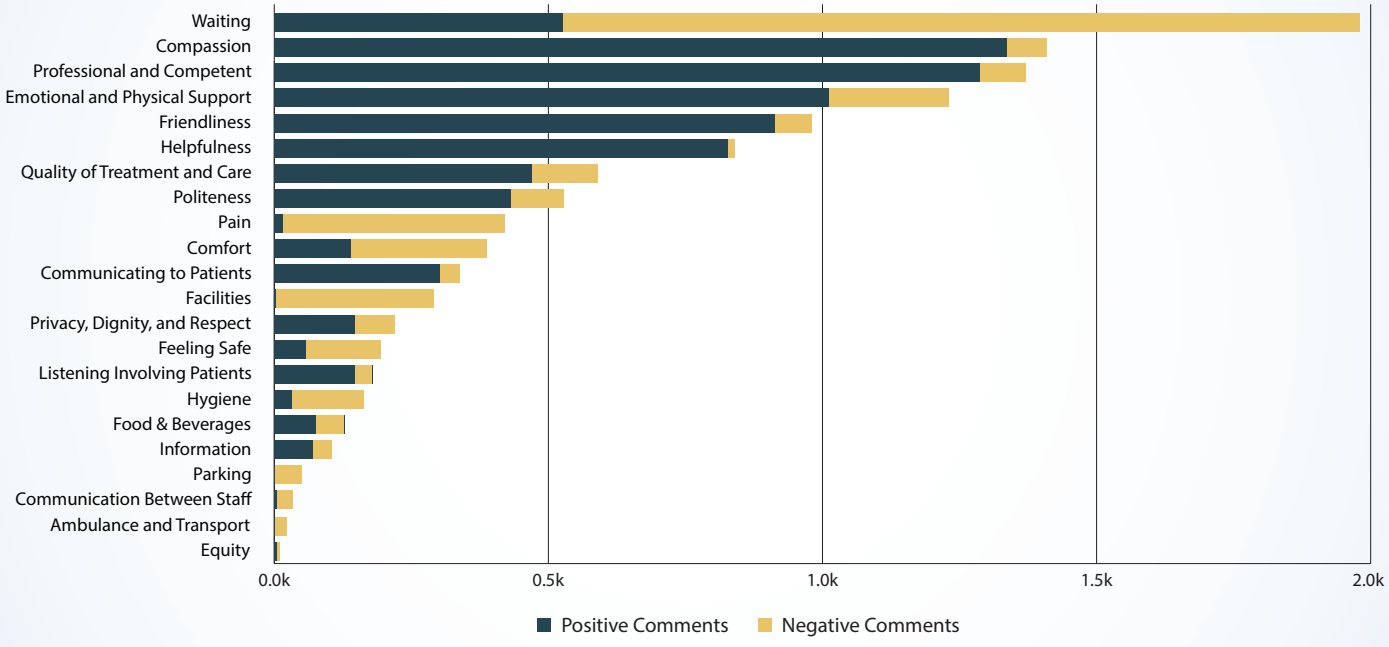


Fig.15 Example of sentiment analysis of positive and negative feedback

Presenting the National Experience Picture

Through the introduction of a common platform, health bodies now have a robust tool to gather feedback from patients, relatives and other users of health and care services across NHS Wales. With all health bodies using one platform, NHS Wales can better support service and quality reviews whilst ensuring a consistent national approach.

With the introduction of the NHS Executive in April 2023, the need for a national analytical platform to capture and visualise the feedback information being collected locally. Therefore, we reconfigured the Civica Experience Wales demonstration system to become a national analytical tool - to collect and analysis national survey feedback data.

In August 2023, working collaboratively with the NHS Wales Executive, organisations Civica Experience System Leads and members of the Service User Feedback Safety and Learning Network, the first national survey was launched. This collects feedback from Emergency Departments across NHS Wales and organisations use a variety of collection methodologies to gather feedback from service users who had accessed Emergency Departments in Wales, with the locally collected information being presented in the national analytical tool. Data collection included SMS text messages, Interactive Voice Recognition (IVR), QR codes and paper surveys. Between 1st August 2023 to 31st May 2024, 17,881 pieces of feedback were received. Analysis of this invaluable feedback via the national analytical platform from local Civica Experience Wales Systems is currently being undertaken.

Learning from the all-Wales feedback is shared with all health bodies and also via the Listening and Learning from Feedback Group, which oversees and coordinates this area of work. In addition, data from the national analytical platform is shared with the NHS Wales Executive to support triangulation of other sources of data through the Beacon dashboard.

An Editorial Board, coordinated by the Welsh Risk Pool has been established to manage the requests for national surveys and to support organisations in planning and implementing national survey information. 2023/24 saw the foundations being laid to support national collaboration, benchmarking and shared learning to improve service user experience by collecting, analysing, reporting on feedback. Going forward the focus will be on evidencing learning and improvement based on the feedback received.

The roadmap for national surveys currently and going forward include is shown in Fig.17.

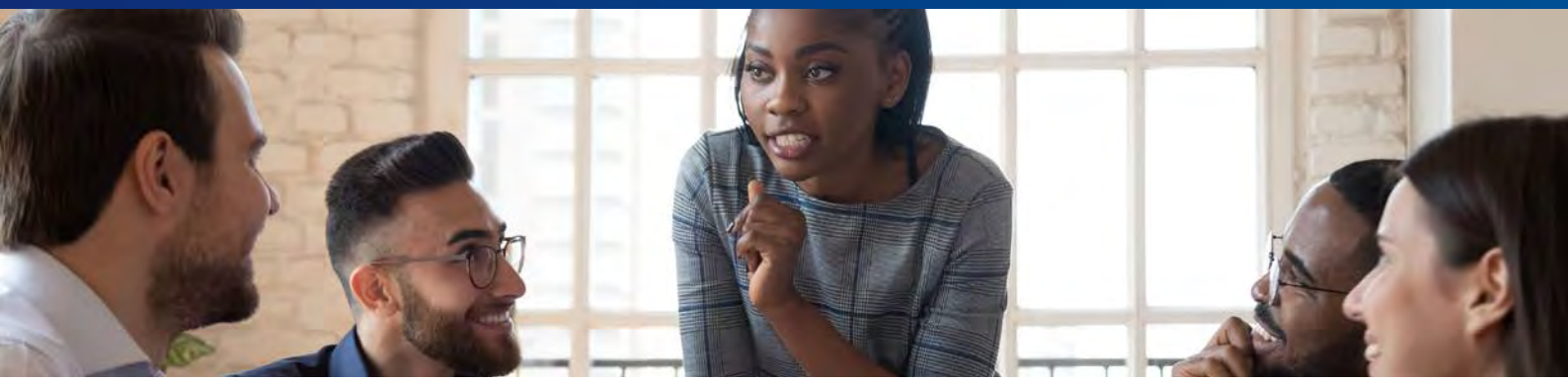
National Survey Topic	Position
Palliative End of Life Care	Live (data capture)
Emergency Department	Live (data capture)
Nosocomial Investigation Survey	Complete
Looked After Children	Designed, launch planned
Mental health 111#2	Designed, launch planned
Maternity and Neonatal	In Development
Enhanced Community Care	In Development

Fig.17 Roadmap for National Surveys

Digital Stories

2023/24 saw the introduction of a key development in the functionality of the Civica Experience Wales system. This involved the development, led by NHS Wales, of a Digital Stories Library, which facilitates the uploading, categorisation by theme, consent management and an audit record for stories. With the appropriate level of consent, as defined by the NHS Executive Digital Stories Toolkit, level 4 consent allows for digital stories to be shared and become accessible across NHS Wales.

Safety and Learning Networks



Groups to facilitate engagement amongst practitioners who work within the NHS Wales Putting Things Right sector have been in place for a number of years. The Welsh Risk Pool Safety and Learning Networks were Since the concept of the Safety and Learning Networks developed in 2018, the forums have gone from strength to strength. Wales has a proud history of collaboration amongst the health bodies within its NHS. Networking is a key aspect of this and there have been successful Networks previously within the patient safety and claims sectors. There are also a number of service-related clinical Networks which offer collaboration and sharing to its participants. The Safety and Learning Networks build on this robust and effective background.

The cohort of Safety and Learning Networks provide a solid framework for engagement and collaboration, helping organisations to achieve consistency and improve compliance with PTR requirements.

A review in 2023, in line with adjustments to the national governance structures for NHS Wales, concluded that the basis of the Safety and Learning Networks is sound and that organisations appreciate the support that the forums offer. A new Safety and Learning Network associated with the introduction of the Duty of Candour was introduced in 2023 which supported organisations to prepare for and implement the new duty. This network continues to support organisations in their delivery and meeting the reporting requirements of the duty of candour.

Co-Chairing a Safety and Learning Network is an excellent development opportunity for staff within health bodies and the Network Co-Chairs Group has been formed to enable sharing of information across the forums and to promote consistency.

Safety and Learning Networks have been established within topic areas where a benefit is anticipated.

- Head of Patient Experience Network
- Complaint Handling Network
- Redress Case Management Network
- Claims Management Network
- Inquest Case Management Network
- NHS Wales Ombudsman Liaison Officer's Network
- Service User Feedback Network
- Candour Network
- Service User Feedback Network
- Network Co-Chairs



Each network has developed a work plan with key aims identified which are linked to local and national safety and learning priorities to enhance the output from each network. Details of the workplans and discussions on delivery of the aims facilitated via the Network Co-Chairs' meeting and feed into the all-Wales Listening and Learning Group (LLFG), which is a national group that coordinates activity of Health Bodies in response to the Welsh Government commissioned report by Keith Evans "The Gift of Complaints". The Head of Patient Experience (HOPE) Network also provides an oversight and advisory role to the cohort of Safety and Learning Networks.

The work of each Network is steered by the Welsh Risk Pool Committee. Any national group or body can ask a Network to consider a piece of work or project in its workplace – which can include the HOPE Network, the Board Secretary's Group, the Executive Director of Nursing Forum, the Listening and Learning from Feedback Group and the Once for Wales Concerns Management System Programme Board or Steering Group. Fig.18 outlines the relationships across the Networks.

Structure of Safety and Learning Networks 2023/24

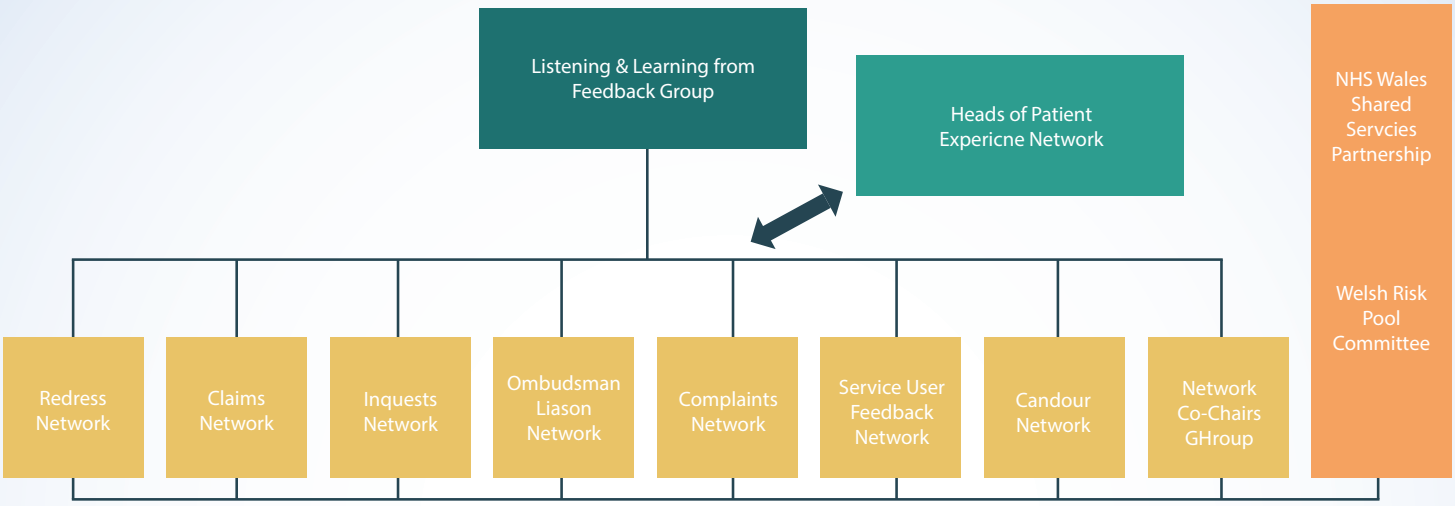


Fig.18: Structure of Safety and Learning Networks 2023/24



The HOPE Network is a key group of senior leaders and includes staff with the Senior Investigation Manager role outlined in the PTR Regulations within their portfolio. It holds Formal and Informal meetings. Formal HOPE meetings include invitations to representatives of national groups (such as Welsh Government, Welsh Risk Pool and NHS Executive) and are intended to provide a platform for organisations to seek views and shape recommendations on policy strategies. Informal HOPE meetings have a section for health body members and excludes the Facilitator and representatives of national groups - enabling a supportive framework to the Network members and provide a safe space for discussion and help members to coordinate their local activities.

The Safety and Learning Networks are involved in and have keys stakeholder roles in projects such as;

- The Service User Feedback Network has been pivotal leaders in the review and refresh of the People's Experience Framework.

- The Service User Feedback Network has been a key stakeholder group in the review commissioned by Welsh Government and undertaken by CEDAR of the national core questions. A new set of National People's Experience feedback questions will be implemented in 2024.

- Heads of Patient Experience Network (HOPE) and the Co-Chairs of the Complaint Handling Network are key stakeholders in the Welsh Government review of the Putting Things Right regulations.

- The Redress, Claims and Inquest Networks has been instrumental in the ongoing development of the Datix Cymru system, along with the development of definitions documents to support consistent reporting and management of cases across Wales.

- The NHS Wales Ombudsman Liaison Officer's Network is taking the learning from the Groundhog Day report and has established a standard agenda item to share learning from published reports and discuss themes. The aim is to agree a national approach to improving processes.

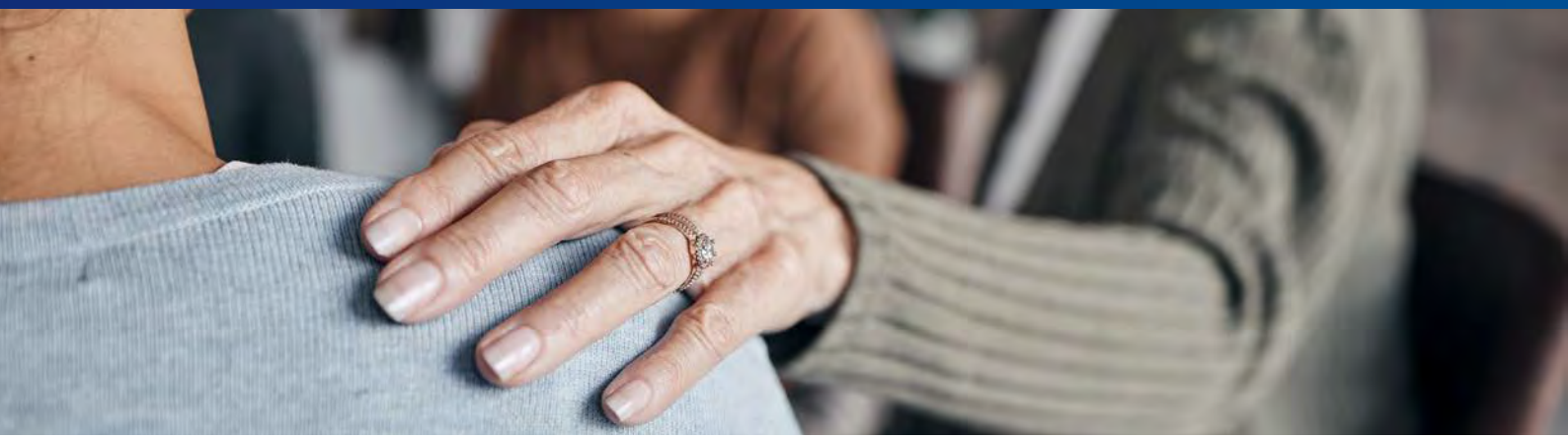
- The Candour Network has developed national dashboards to support organisations to comply with their duty to report.

- The Candour Network is also developing a 'state of nation' report following the completion of a local maturity matrix and a case study library formed from 'real life' candour cases that have been managed during the first year of the duty coming into force.

In recognition and to celebrate the excellent collaboration across NHS Wales, the inaugural Welsh Experience National Awards was held in March 2024 - The awards were a tribute to individuals and teams that significantly influence the way we operate and enhance service user experience, quality and safety irrespective of their work location. The Welsh Experience National Awards encapsulates and celebrates the true spirit of the WRP Safety and Learning Networks, where the principal aim is to provide an opportunity for NHS Wales staff to meet, share and learn.

The Safety and Learning Network meetings remain extremely popular with members and attendance levels are excellent. The Welsh Risk Pool leadership team regularly receive compliments and thanks for providing the network process. As a result of the success of the Safety and Learning Network the WRP have been approached to support the development of a new Safety and Learning Network for Mortality reviews. This network will hold its inaugural meeting in August 2024.

Supporting the Implementation of the Duty of Candour in Wales



In August 2022, the NWSSP Welsh Risk Pool and the Once for Wales Concerns Management System (OfWCMS) Programme Team were commissioned by Welsh Government to support NHS bodies to prepare for the introduction and implementation of the Duty of Candour in Wales, which became a requirement from 1st April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The duty is placed on NHS bodies, (Health Boards, Trusts, Welsh Special Health Authorities and NHS Blood and Transplant in relation to their Welsh functions) and on primary care providers in Wales in respect of services they provide under a contract or arrangements with a Local Health Board.

During the past year there has been a programme of work undertaken to prepare and support NHS bodies in Wales to successfully implement and embed Duty of Candour.

Candour Implementation Group. A WRP-led all-Wales Candour Implementation Group was formed in August 2022, with representatives from each body covering both secondary and primary care services throughout Wales.

A number of Candour Implementation Workstreams were established to support the readiness and implementation for the Duty of Candour.

- Candour Education and Training
- Candour Reporting and Learning
- Candour Comms and Engagement

The group met very frequently and was very well supported, with representation from every health body. Primary care services were actively engaged and support the programmes of work.



Deliverables achieved

- Production and distribution of staff and public awareness videos.
- Production staff and public awareness leaflets.
- Develop and host an accessible platform for the staff awareness information to be shared.
- Coordinate enhancements to the Datix Cymru system to facilitate reporting and managing duty of candour events.
- Review the data reports within the Datix Cymru system to provide NHS bodies to comply with their duty to report annually.
- Design, script, film and publish an advanced specialist Education and Training video for key staff.
- Primary Care engagement - Virtual Drop-in Training Sessions for Duty of Candour:
  - 16 sessions have been held in 2023
  - 23 sessions held and scheduled for 2024
  - A total number of participants have attended to date 465

The WRP Candour Safety and Learning Network was formed in July 2023. With representatives from both secondary and primary care from each Health body and working under the Terms of Reference for Safety and Learning Networks.

The Network has a number of objectives:

- Define the Principles, Quality and Performance indicators for Duty of Candour
- Develop a national data set for dashboards
- Prepare a ‘state of the nation’ report – to be presented to the Executive Directors of Nursing Forum
- Review the Datix Cymru system functionality for Candour
- Plan and actively support engagement of the Primary Care sector
- Develop a Candour case book

Duty to Report

NHS Bodies are required to report on the systems and occurrences where the Duty of Candour has been triggered. The first reports from organisations will be due in 2024/25 and as part of its responsibility to lead the implementation of the duty, the Welsh Risk Pool undertook a validation exercise – examining data from 2023/24 and providing feedback and assurance to organisations.



Putting Things Right Assurance



The Welsh Risk Pool conducts assurance reviews on behalf of Welsh Government and the NHS Executive in relation to the application by health bodies of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – known as the Putting Things Right (PTR) Regulations. The assurance reviews also consider an organisation's compliance with the WRP Reimbursement Procedures.

An Assurance Report is provided to each organisation, along with recommendations for continuous improvement, and is considered by the Welsh Risk Pool Committee. The WRP Assessment is used by the Committee when determining members' contributions to the fund as part of the risk sharing agreement.

The review involves analysis of individual case management against both legal requirements and policy criteria. It also examines compliance with the application of the Once for Wales Concerns Management System workflows and completion of essential data fields. The review further facilitates analysis of the efficacy of the Learning from Events process within the organisation and examines how a health body shares and implements good practice between organisations.



The methodology for assessment has evolved during the last few years in line with national policies. The approach is based on peer-review, with senior leaders selected by the Head of Patient Experience Network joining staff from the Welsh Risk Pool in conducting the assessment. Specialist advisors, including legal specialists, join the assessment team as required. This approach is considered to promote sharing of best practice and enable the assessment team to recognise the application of the areas for assessment in operational practice.

For each area for assessment, the Assessment Team considers the available evidence and report assurance to the organisation using the NHS Wales Internal Audit Assurance Framework.

Following a pause due to the coronavirus pandemic, reviews were recommenced, and field work was undertaken with each health body in NHS Wales during Jan – Mar 2023 with reports published during 2023/24. This review was completed to enable a baseline position to be identified and provide recommendations for improvement prior to the 2024/25 reviews being held. The findings of the reviews were advisory in nature and did not affect individual member contributions.

During 2024/25 reviews are being held in respect of matters handled during Jan-Mar 2023. These are again based on peer-review, with members of the HOPE Network supporting each review.

The review considers:

- The health body's policies and procedures for handling concerns, claims, inquests, redress and incidents.
- The timeliness of complaint investigations.
- The quality of complaint investigations and responses.
- Arrangements for handling concerns about primary care providers.
- The application of the all-Wales workflow within Datix Cymru for concerns.
- Use of internal and external expert opinion.
- Suitability of decisions whether there is a qualifying liability in a matter.
- Arrangements for sharing lessons learned from all matters across the organisation.
- Inquest case management
- Redress case management
- Claims case management

The findings of the reports will be shared with organisations for factual accuracy considerations before action plans are prepared by Health Board's and submitted to the WRP addressing all recommendations made by the Assessment Team. Final WRP Assessment reports will be presented to the Welsh Risk Pool Committee in November 2024 where decisions with regards to individual member contributions will be made.

Clinical Negligence Case Management



Our expert teams of clinical negligence lawyers manage all of the clinical negligence claims made against heath bodies in Wales in respect of secondary health care. The caseload is approximately 1800 cases at any time and the as potential cost to NHS in Wales is many millions of pounds.

The teams aim to act sensitively and fairly towards those injured and their families, investigate allegations of negligence thoroughly and proportionately, defend those claims which are defensible, provide support to NHS staff, and protect the public purse.

We pride ourselves on the close and supportive working relationships we have built with our NHS bodies and healthcare staff over many years. Being "in-house" in NHS Wales means that we are part of one team. This is essential as we are dependent upon the support and co-operation of the claims managers within the NHS bodies, and the NHS staff involved in the claims, to be able to provide an effective, efficient and fair service. We are only able to defend cases to trial if clinicians and nursing staff are prepared to give evidence in court.

We are committed to "All Wales" approaches in respect of the management of clinical negligence claims to ensure consistency and efficiency across Wales. We are streamlining processes to save time, money and to speed up the legal process to benefit patients and save legal costs.

The nature of the legal claims being brought has changed over the last few years. Claims have become more complex. They are more often pursued against more than one NHS body and/or involve more complex medical conditions and surgeries. In addition, the financial value of claims is increasing year on year. Every pound paid in respect of legal costs and damages is a pound taken directly from the NHS budget in Wales and therefore diverted from patient care. Managing claims efficiently and carrying out robust investigations into the validity of claims, is essential.

As part of our management of claims, we occasionally use covert surveillance to help establish the facts, particularly about how a claimant is affected by their alleged injuries or condition. We carefully follow the legal rules about undertaking surveillance, which can involve looking at an individual's social media or directly observing them.

We have continued to use covert surveillance in appropriate cases, and this has led to significant financial savings this year.

Example of the benefits of surveilance

A claimant brought a claim in relation to the care and treatment of an Achilles tendon tear, valuing their case at over £650,000; claiming that they could not walk or stand for a significant period of time and that hills or uneven ground were particularly problematic. However, the expert instructed by the health body was of the view that the Claimant's physical examination was not consistent with these claims. Covert video surveillance was carried out and demonstrated that the Claimant had no significant issues mobilising. They did not walk with a limp and had no difficulty managing hills. Following this evidence being provided to the Claimant and their legal team, an offer of £30,000 was accepted which represented a significant saving.



In addition to managing the clinical negligence claims efficiently and fairly, we assist health bodies and colleagues in the Welsh Risk Pool to identify the pertinent issues in cases – which helps to ensure learning from claims is identified and actioned to prevent future harm to patients, along with reducing the potential for future claims.

Legal Cost Management

In addition to the payment of damages in claims which are settled, or where damages are awarded by a court, we have to pay the legal costs of claimants as well as incurring the costs of defending cases. In the majority of cases, even when we successfully defend a claim, the legal rules mean that we are unable to recover the costs of our defence. Legal costs are ever increasing and represent an important part of the litigation process. Our lawyers work hard to seek reductions to the amounts paid out in legal costs on each claim, and to deliver direct savings to the NHS in Wales as a result.

We have a dedicated 'Costs and Funding Team' which meets regularly with a view to keeping up to date with key developments in costs matters and disseminating this information to the wider legal team and clients. The Team develops office-wide guidance documents and protocols to streamline the way in which costs are handled and provides and arranges training.

We have negotiated fixed fee arrangements with several firms of external Costs Lawyers to assist in dealing with costs matters on behalf of health bodies in Wales at lower rates, and in turn, delivering better outcomes.

One key firm has been accepting instructions to deal with costs matters valued up to £250,000 on a fixed fee arrangement since March 2022. Across that period, the firm has delivered savings of £5,536,689.67 across over 230 costs cases for NHS Wales, with an average saving of almost 18% per bill of costs advised upon. After a period of negotiations, we have recently secured a renewed fixed fee agreement at a significant reduction to that proposed.

Putting Things Right Case Advice

We support health bodies in the management of concerns raised under the Putting Things Right Regulations and provide legal advice, support and training to the local teams who oversee these cases.

All of our lawyers are familiar with the Putting Things Right Regulations, Guidance and processes. We have a cross- team group of lawyers, led by Senior Solicitor Gemma Cooper, who are experts in the law in this area and how this interacts with the Civil Procedure legal processes. We assist health bodies with investigations into concerns raised under the Regulations, the identification of lessons learned and the consideration of issues of qualifying liability and valuation of compensation to be paid by way of Redress. This support is provided in innovative ways tailored to best support individual health bodies including client specific, and All Wales, clinics run by Legal and Risk lawyers.



Being involved in matters early allows us to add value to organisations' decisions regarding the scope of investigations and the evidence to be obtained, facilitating matters being investigated and responded to promptly and appropriately.

We are members of All Wales stakeholder groups and work closely with Welsh Government and the Welsh Risk Pool. We play a key role in the development of the legislation and policy in this area, including the introduction of the Duty of Candour and updates to the Regulations and Guidance embedding Putting Things Right. Additionally, our expertise allows us to provide important assistance and guidance with quality assurance work.

In recognition of the important work that Legal and Risk Services undertakes in this area, our team was this year highly commended in the Welsh Experience National Awards, which served as a tribute to individuals and teams that significantly influence the way in which NHS Wales operates and enhances its patient care.

Horizon Scanning the Clinical Negligence Arena

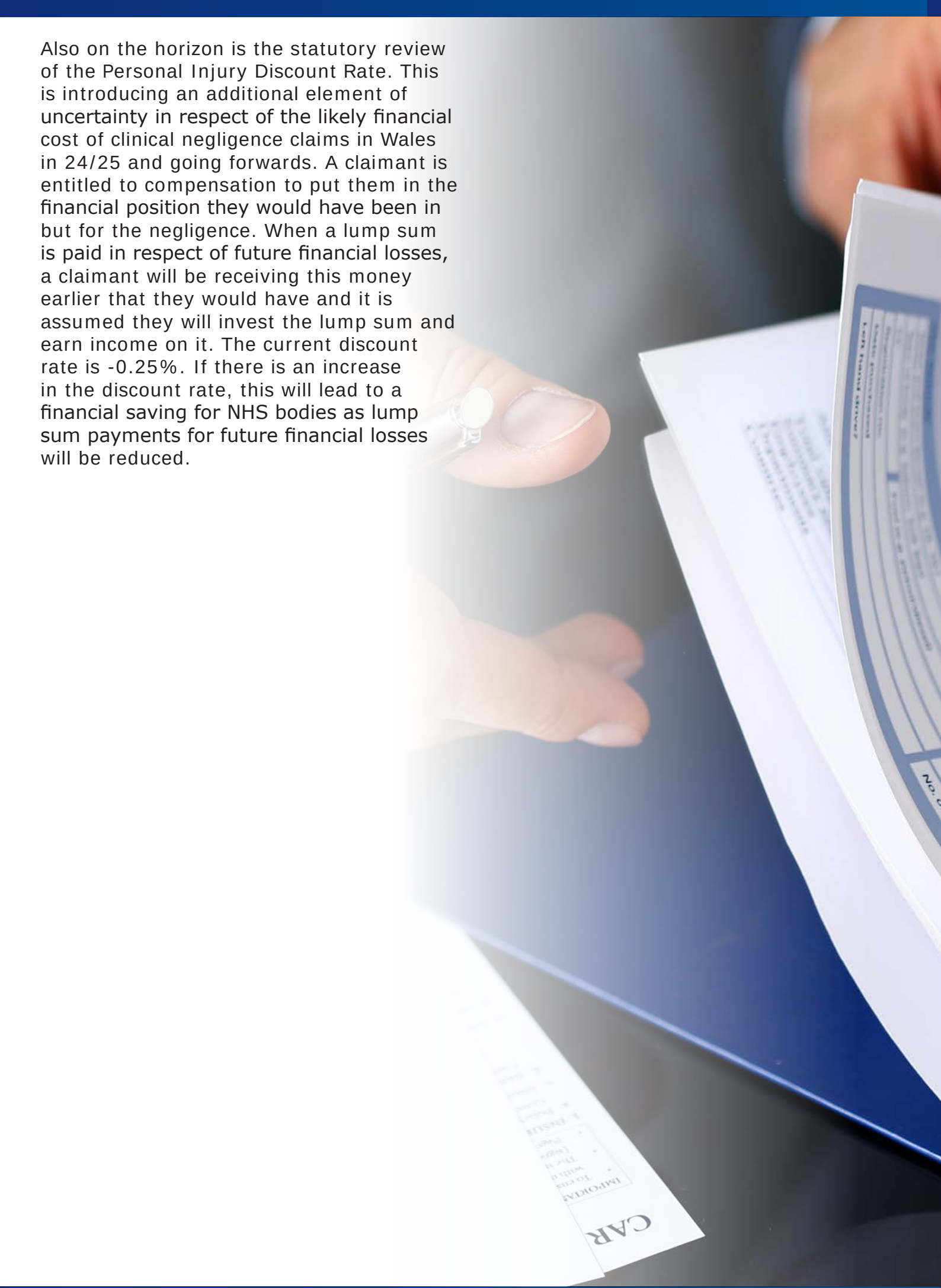
The law governing clinical negligence claims is complex and constantly changing. The depth of legal knowledge and experience in the Clinical Negligence Department ensures we are able to adapt and inform quickly.

We pride ourselves on being prepared for the changes and developments we know are coming and, being able to react quickly to those which are unexpected.

The Supreme Court decision of Paul v Royal Wolverhampton NHS Trust earlier this year significantly narrowed the scope of claims brought by people other than the primary victims of alleged negligence, so called "secondary victims". The decision meant that previously valid claims immediately became invalid. It impacted all those in the NHS dealing with concerns and claims raised by secondary victims and financial reserves. Fast and clear communication to health bodies, and advice on how to communicate the change in position to claimants and their families in as sensitive a manner as possible, was crucial.

Over the next year the long-awaited introduction of fixed recoverable costs in clinical negligence claims valued below £25,000 is expected. However, there remains significant uncertainty regarding the details of the scheme and timing. We have been involved in the national Working Group from the outset and are working with key stakeholders and national groups to ensure the NHS in Wales is prepared.

Also on the horizon is the statutory review of the Personal Injury Discount Rate. This is introducing an additional element of uncertainty in respect of the likely financial cost of clinical negligence claims in Wales in 24/25 and going forwards. A claimant is entitled to compensation to put them in the financial position they would have been in but for the negligence. When a lump sum is paid in respect of future financial losses, a claimant will be receiving this money earlier that they would have and it is assumed they will invest the lump sum and earn income on it. The current discount rate is -0.25%. If there is an increase in the discount rate, this will lead to a financial saving for NHS bodies as lump sum payments for future financial losses will be reduced.



Supporting the UK Covid-19 Public Enquiry



The UK Covid-19 Inquiry has been set up to examine the UK's response to and impact of the Covid-19 pandemic and learn lessons for the future. The Inquiry began on 28 June 2022. Its investigations are organised into Modules. Throughout each of these Modules, the Inquiry hears evidence from witnesses, experts and Core Participants through a series of corresponding hearings. The Public Inquiry is now fully underway with various Modules opened and public hearings held during 2023/2024, including hearings which took place in Wales.

We are advising and representing nearly all health bodies in Wales in respect of the Public Inquiry. A number of Welsh NHS bodies are Core Participants in various Modules, either individually or as part of a group. We have advised and assisted in providing a significant amount of information to the Inquiry Team and over 25 witness statements pursuant to Rule 9 of the Public Inquiries Rules during 23/24. These requests have been very detailed, containing many separate questions and covering wide ranging areas.

The Inquiry is moving at pace and the timescales set for responses from health bodies have been short. The requests have often arrived without notice. In addition, thousands of documents have had to be provided to the Inquiry team by health bodies, each appropriately reviewed, indexed and redacted to hide personal, sensitive or irrelevant data.

We have also supported our clients in respect of the various preliminary hearings that have taken place over the year, and worked closely with witnesses giving evidence at the substantive public hearing in Wales that took place in 2023/24. The pressure this has placed on NHS teams and executives, many of whom have not been involved in any legal processes before, cannot be understimated. At an individual level this has been daunting for some. At an organisational level, there is a risk of diverting resources away from the post pandemic recovery to respond to the Public Inquiry has been challenging. For one of the Welsh health bodies, this has resulted in a senior lawyer being seconded on a fulltime basis, to provide more effective support during the Inquiry.

We have distinct client Public Inquiry teams to ensure regulatory compliance and client confidentiality whilst, at the same time, working together as much as possible to share learning, knowledge and minimise the legal costs incurred by health bodies. We are very proud of the way all teams within Legal and Risk Services have worked together to support both the health bodies, and each other. We have received excellent feedback on the quality of the service provided.

Due to our unique in-house position, and in-depth knowledge of the structure and processes of the NHS in Wales, we have been able to have high level discussions with the UK Inquiry team and make time and cost saving suggestions on behalf of individual clients and also more generally.

Personal Injury Prosecutions Case Management



The skilled Solicitors, Chartered Legal Executives and Paralegal staff in our Personal Injury and Prosecutions Team are dedicated to supporting all health bodies in Wales. With many years of experience in the investigation and defence of personal injury claims brought by staff, visitors to NHS premises and members of the public, the team has also developed considerable skill and experience in supporting health bodies that are the subject of regulatory enforcement action or criminal prosecution.

The claims dealt with can range from relatively low value slip and trip claims to more complex matters such as mesothelioma and incidents resulting in permanent injuries. The team are experts in the investigation of the application of health and safety principles and support health bodies in identifying evidence of reasonable measures taken by organisations to comply with the law.

By conducting as many investigations in house as possible, this reduces the cost burden on organisations for determining the facts of case and ensuring that statements from those involved are suitable for presentation to court.

Where legal representation is required at court hearings, this is coordinated by our in-house team – providing a seamless service to our clients.

The team also provides advice to clients in the following fields:

- Employers and Public liability
- Work related stress
- Bullying and harassment
- Violence and Aggression
- Industrial disease, including
- Asbestos
- Hearing loss
- Object and person manual handling
- Repetitive strain injury
- Defective equipment
- Infection Control
- Slip and trip cases

Our dedicated team work cohesively to deliver an excellent service to our clients, including a bi-annual education day which aims to enhance the experience and understanding of NHS leaders. The team also provides valuable analysis of trends as well as focusing upon learning lessons and giving practical risk management advice in areas that have been identified as vulnerable. We firmly believe that prevention is better than cure.

General Medical Practice Indemnity



Scheme for GMPI

Legal and Risk Services are appointed by Welsh Government to operate the Scheme for General Medical Practice Indemnity (GMPI) and the scheme was launched on 1st April 2019.

GMPI provides clinical negligence indemnity for providers of GP services in Wales in relation to the care, diagnosis and treatment of a patient following incidents which happen on or after 1st April 2019.

The GMPI team aim to resolve any claim for compensation brought by a patient in relation to their clinical care under the NHS as fairly and as quickly as possible. Equally, the team recognises the importance of robustly defending claims where appropriate and protecting GP's, the clinical teams in practices and their reputations.

Full details of the Scheme and Guidance and FAQs can be found on GMPI Website.



Existing Liabilities Scheme

Legal and Risk Services also operate the Existing Liabilities Scheme (ELS), which captures eligible clinical negligence claims made against GP's and practice teams which occurred before the establishment of the GMPI Scheme on 1st April 2019. Matters included in the ELS Scheme only include those where a medical defence organisation, which previously provided indemnity in these cases, has completed an agreement to transfer these liabilities into the scheme.

the GMPI Team

Legal and Risk has established a dedicated Primary Care Clinical Negligence Team that operates all aspects of the Scheme for GMPI and ELS Scheme. Consisting of 12 whole time equivalent staff, these lawyers and paralegal support staff specialise in managing clinical negligence claims against GPs practice staff across Wales and work closely with NWSSP's in-house GP advisors.

The GMPI team was delighted to be shortlisted as a Finalist in the 'Defendant Team of the Year 2022' category of the Personal Injury Awards 2022. The team was also Highly Commended in the 'Listening and Learning Category' NWSSP Staff Recognition Awards 2022.

Learning from Events

A tailored process, developed between the Welsh Risk Pool and the GMPI Team, supports the requirement for GP practices to prepare and present learning from cases where there is a qualifying liability, admissions are made, or a settlement is agreed.

The procedure involves the GMPI Team preparing a Learning from Events Report and coordinating the presentation to the National Learning Advisory Panel. GP Practices are required to help identify and commit to implementing improvements and developments in procedures to reduce the potential for the circumstances which led to the claim from reoccurring.

In 2023/24, the GMPI Team coordinating the development of over 50 Learning from Events Reports.

Supporting GP Practices in Wales

Legal and Risk Services aims to continuously improve the service we offer as part of the GMPI Scheme. We meet regularly with stakeholders and are a member of NWSSP's Primary Care Steering Group which supports the development and delivery of primary care services in Wales.

The GMPI team actively supports GP practices:

We operate an email and telephone helpline used by GP Practice staff and Health Boards across Wales seeking information about indemnity arrangements and support with clinical negligence complaints or claims. The helpline dealt with over 1700 communications in 2023/24.

We support GP Practices to respond to patients' clinical concerns by providing guidance and support on the issues raised. The guidance given by the team follows the NHS Wales Putting Things Right (PTR) concerns procedures. To help gain insight into matters raised, the team seeks input from NWSSP's in-house GP Medical Advisors and feeds back to GP Practices any suggested learning or improvement. The team received approximately 230 new requests to assist GP Practices with patient concerns in 2023/24 and has assisted with approximately 810 GP patient concerns.

We provide all-Wales training sessions and bespoke virtual training to Health Boards and GP's, Trainee GP's and practice teams across Wales.



Impact and Reach of our Legal Services



Legal and Risk Services is formed of a number of teams, who work cohesively to provide support to our clients. We are recognised as an in-house legal practice. Our Solicitors are regulated by the Solicitors' Regulation Authority and our Chartered Legal Executives are regulated by CILEx.

Our teams focus on specific areas of law:

Commercial, Regulatory and Procurement Team

Our Commercial, Regulatory and Procurement Team have an exceptional number of years of experience in dealing with a vast array of legal disputes, overseeing the procurement process and advising on procedural fairness throughout NHS Wales.

The team advise health bodies throughout Wales on all manner of issues, both contentious and non-contentious, which includes Commercial (contractual arrangements) and public law matters (judicial reviews). We also help the NHS understand the complexities of the maze of regulation that exists.

Below is a non-exhaustive list of some of the topics that we are able to advise on:

- Commercial contracts
- Procurement law (Advice on regulations and procedure)
- Procurement documentation (Advice on drafting Invitations To Tender, Pre-Qualification Questionnaires and Specifications)
- Procurement challenges
- Outsourcing treatment and services
- Intellectual Property
- Regulatory law
- Public contract law (including General Medical Services or General Dental Services Contracts)
- Public/Private partnership arrangements
- Judicial Review of decisions
- Commercial Litigation
- Residency disputes
- Disputes between public authorities regarding funding
- Dispute resolution
- Policy drafting
- Construction

» Criminal

» Civil Fraud

» Injunctions

» Defamation

» Transfer of Undertakings and Protected Employees (TUPE)

» Information law (Data Protection and FOI issues).

» Debt collection

» International law (Memoranda of Understanding and Service Level Agreements with foreign governments).

Complex Patient (Court of Protection)

Our Complex Patient team is led by Gavin Knox; a specialist team which is comfortable dealing with highly complex and sensitive clinical situations where a patient's life or liberty might be at stake. Early intervention will often improve outcomes for patients. This may be by helping to ensure health board staff are acting in the best interests of the patient, or by resolving disputes that can in themselves cause distress to the individual.

» Mental Capacity Act and Best Interests for Children - there is a growing need for NHS staff to understand and implement the principles and provisions of the Mental Capacity Act. Our team offers a rapid and reasoned response to any capacity or best interests related query. By engaging early with clinicians, patients and families, we can usually assist in resolving disputes or ethical dilemmas and avoid the need for applications to be made to Court. The same applies to disputes about medical treatment or end of life decisions for children.

» Deprivation of Liberty - The full impact of the Supreme Court decision in Cheshire West, that redefined what amounted to a deprivation of liberty, is still being realised with enormous impact on NHS resources. We help health boards avoid unlawful deprivations and provide representation in the Court of Protection when a patient appeals against their detention.

» End of Life Decision Making (adults and children) - There are no more important decisions than those relating to the end of life. We are regularly instructed where disputes arise between clinicians and patients or their family about what treatment can lawfully be given.

» Mental Health - We help staff navigate the legislation and the difficult conflicts and interfaces with the Mental Capacity Act and Deprivation of Liberty.

» Court of Protection and High Court Applications - Not all issues can be resolved locally and ultimately some decisions need to be made by a Court. Often these can be highly contentious, complex, and emotive cases with the health, liberty or life of a vulnerable adult or child in the balance. We have extensive experience of making applications to both the Court of Protection and the High Court, each with their own particular rules and procedures. We offer a service that aims to resolve disputes quickly and sensitively to preserve therapeutic relationships with patients or families.



The Complex Patient team work on a real-time basis and are often involved in out of normal hours discussions, providing advice to clinicians dealing with these issues on a day-to-day basis. As part of an All-Wales Network the team are using all their specialist knowledge and experience to help Health Board's improve compliance with the Mental Capacity throughout their organisations. The team also work closely with the national group who are responsible for Decision Making and Consent.

In 2024/25 one of the priorities is to help Health Boards to streamline the Discharge process for those patients who lack capacity to make decisions for themselves.

Inquest Team



We have a dedicated team that is able to support health bodies when preparing for and participating in coronial inquiries and inquest hearings.

We support the whole coronial inquiry and inquest process and focus our legal input on those matters which raise complex Human Rights issues - such as suicides, deaths in prison or involving patients in mental health detention, potential gross negligence, or systemic organisational issues.

Our experienced lawyers support health bodies in triaging inquest matters to determine those which will benefit from formal legal input and representation. We also contribute to all-Wales training in coronial processes, evidence gathering and supporting witnesses to give evidence.

Employment Team



Our Employment Team is formed of very experienced lawyers, who work very closely with People and Organisational Development teams throughout NHS Wales. The team has acted for health bodies in a wide and diverse range of Employment Tribunal and County Court cases. The team has also had the privilege of advising on high level strategic policy issues.

The team can help with all types of claims in the Employment Tribunal including, but not limited to:

- Unfair dismissal (conduct and capability)
- Discrimination allegations (disability, sexual orientation, race, age, gender etc)
- Unlawful deduction of wages
- Holiday pay
- Whistleblowing
- Pension
- Agency worker rights
- Doctor disciplinary cases

The team can also help with the with wide range issues facing busy healthcare services:

- Interpretation of policies and procedures on an All-Wales level

- Issues arising out of the employment relationship (including advising on grievances and disciplinary hearings) including termination of employment
- Family friendly policies (i.e. Shared Parental Leave regime)
- Clinician banding appeals
- Severance packages and drafting settlement agreements
- The Transfer of Undertaking (Protection of Employment) Regulations 2006
- Voluntary Early Release Schemes and queries
- Doctor disciplinary issues
- All Wales matters in association with the Welsh Government
- Employment status
- Consultations and Redundancies
- Union Recognition
- Restructures

As well as helping clients to manage cases when things go wrong, the team also works with clients to train Workforce teams and line managers to reduce the risk of claims. Employment law is constantly evolving.

Our Employment team can offer a wide range of educational talks and seminars that can be delivered at our fully equipped premises. We are also able to tailor quarter, half or full day packages at a location to suit our client. Recent topics include:

- Training on the Upholding Professional Standards Policy
- Disciplinary investigations training
- Employment updates
- TUPE training
- Dignity at Work
- Whistleblowing

Following considerable demand, our Employment Team can now offer support and services to primary care GP practices and during 2024/25 will be working with the sector to ensure awareness the services which can be provided.



Property Acquisitions, Disposals and leases Team

Our property team provides advice across the NHS Wales estate, delivering a quality service at competitive rates. The team has extensive knowledge and experience in commercial property and of the NHS Wales estate.

The team works closely with NWSSP Specialist Estates team and undertakes a range of work, which encompasses:

- Leasehold acquisition of offices on behalf of NHS Wales health bodies;
- Lease management, including varying principal lease terms and break dates, as well as general management work (licences to alter etc.) in support of tenant works;
- Freehold sales of surplus commercial and residential properties, including provisions to protect future development rights of adjacent land retained by NHS Wales;
- Freehold acquisitions in connection with large-scale developments by NHS health bodies
- General, one-off property queries on sundry matters, including in the primary care field.



Summary of Tables & Figures

Fig.01: Open Clinical Negligence Matters
Fig.02: Proportion of Clinical Negligence Matters closed without damages paid
Fig.03: Proportion of Principal Clinical Specialties in Clinical Negligence matters
Fig.04: Quantum – Clinical Negligence 2023/24
Fig.05: Proportion of open Clinical Negligence Cases Apr 24
Fig.06: Open Personal Injury matters
Fig.07: Personal Injury Claims closed without damages
Fig.08: Redress Cases for last 5 years
Fig.09: WRP Provisions for last five years
Fig.10: New Cases to Panel 2022/23 and 2023/24
Fig.11: New Cases to Panel 2023/24 Approved and Deferred
Fig.12: Timescales for the MoNET Wales Programme
Fig.13: Timescales and Plans for VTE Wales
Fig.14: Core Functionality of Datix Cymru
Fig.15: Example of sentiment analysis of positive and negative feedback
Fig.16: Example of sentiment analysis of positive and negative feedback
Fig.17: Roadmap for National Surveys
Fig.18: Structure of Safety and Learning Networks 2023/24

Table.01: Number of cases review and Reimbursements by WRPC 2023/24
Table.02: Breakdown of Principal Clinical Specialties (3 years)
Table.03: Number and Quantum of Clinical Negligence Cases Apr 24
Table.04: WRP DEL funding 2023/24
Table.05: WRP DEL expenditure 2023/24
Table.06: Breakdown of WRP provisions
Table.07: Probably of settlement categories
Table.08: Profile of DEL forecast for the next three years.
Table.09: Risk Sharing Agreement Measures
Table.10: New Cases to Panel 2022/23 and 2023/24
Table.11: Proportion of cases approved and deferred in 2023/24
Table.12: Submission of LFERs 2023/24
Table.13: New Datix Cymru Records opened in 2023/24

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Cronfa Risg Cymru
Shared Services Partnership
Welsh Risk Pool Services

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Cyfreithiol a Risg
Shared Services Partnership
Legal and Risk Services

Welsh Risk Pool and Legal and Risk Services Annual Review 2023-24

August 2024

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Designed by NHS Wales Shared Services Partnership Communications

Agenda Item
7.1

Quality & Safety Committee

Patient Safety & Quality Dashboard

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence Kellie.l.jenkins-forrester@wales.nhs.uk
Cyflwynydd yr Adroddiad / Report Presenter	Nigel Downes, Assistant Director of Quality & Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Discussions with key individuals in corporate services and within directorates and localities	Various dates	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PTR	Putting Things Right
PSOW	Public Service Ombudsman for Wales
PALS	Patient Advisory Liaison Service

1. Situation /Background

This presentation of the Patient Safety & Quality Dashboard to Committee provides data from 01.09.24 to 31.10.24 taken from systems on 11.11.24, unless otherwise specified.

Key areas to note in this reporting period are:

- Number of Complaints managed via PTR (formal) remain relatively consistent
- Compliance with the 30 working day target for responding to complaints remains over 80% (Welsh Government target above 75%)
- Reduction in the total number of incidents reported
- The Nationally Reportable Incidents submitted remains relatively consistent

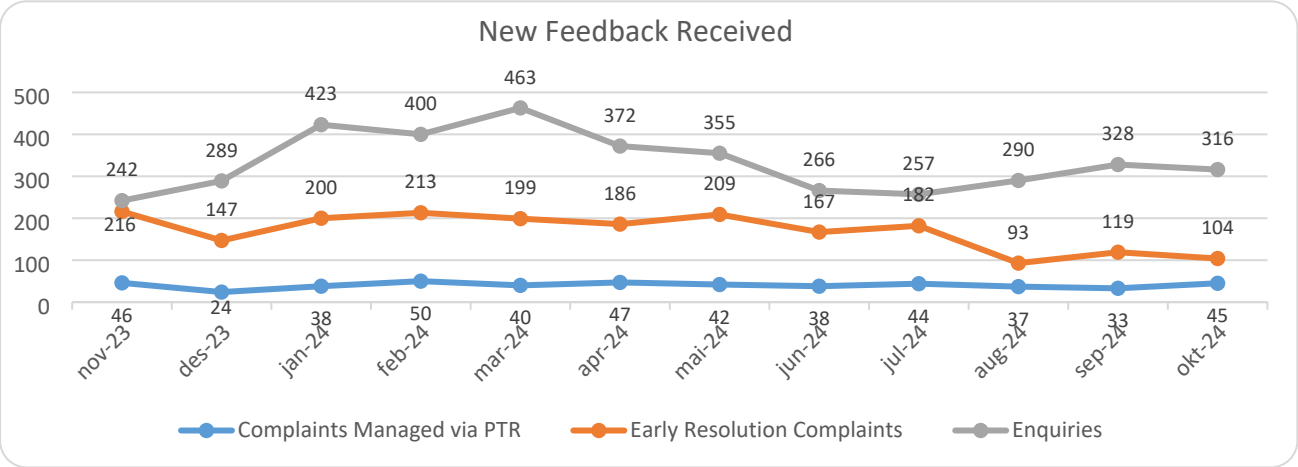
2. Specific Matters for Consideration

2.1 Patient / Service User Feedback

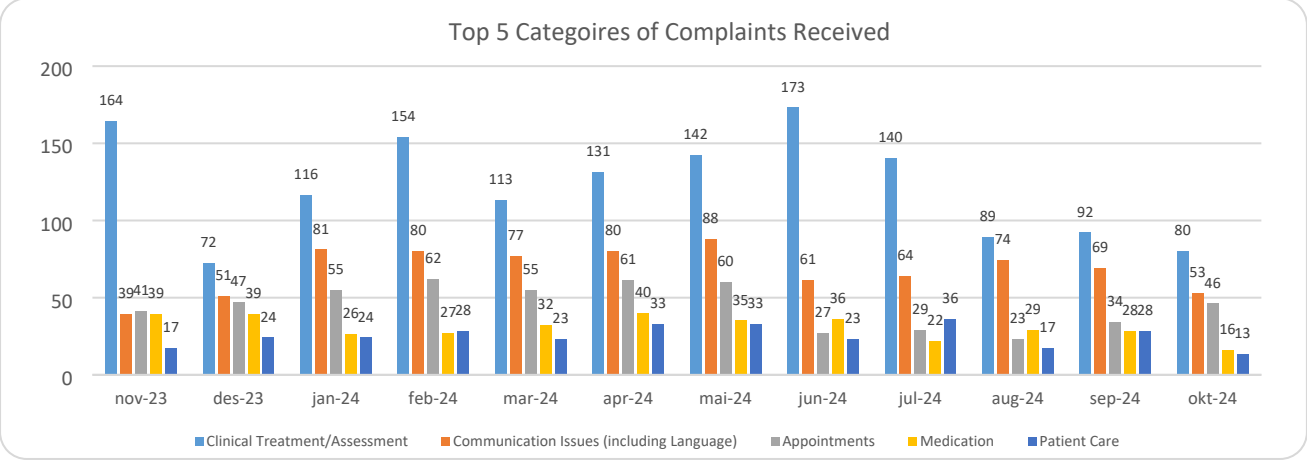
Complaints

New Complaints Received

Between the 01.09.24 and 31.10.24 the Health Board received a total of 301 complaints. Of these, 78 were categorised as formal and managed under the Putting Things Right Regulations (PTR). Whilst the number of formal complaints has remained relatively consistent, the number of early resolution complaints has continued to decrease since August 2024, which partially correlates with an increase in the number of enquires logged during the same period.

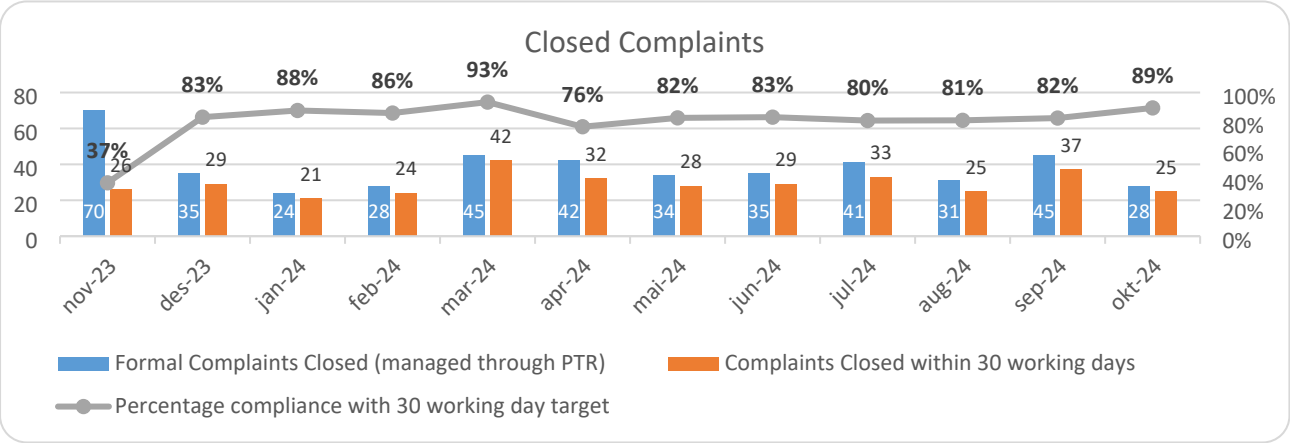


For all feedback (Complaints and Enquiries) received in September and October 2024, the top 3 types of complaints received remain consistent with previous months. These relate to Clinical Treatment / Assessment (172), Communication Issues (122) and Appointments (80).



Closed Complaints

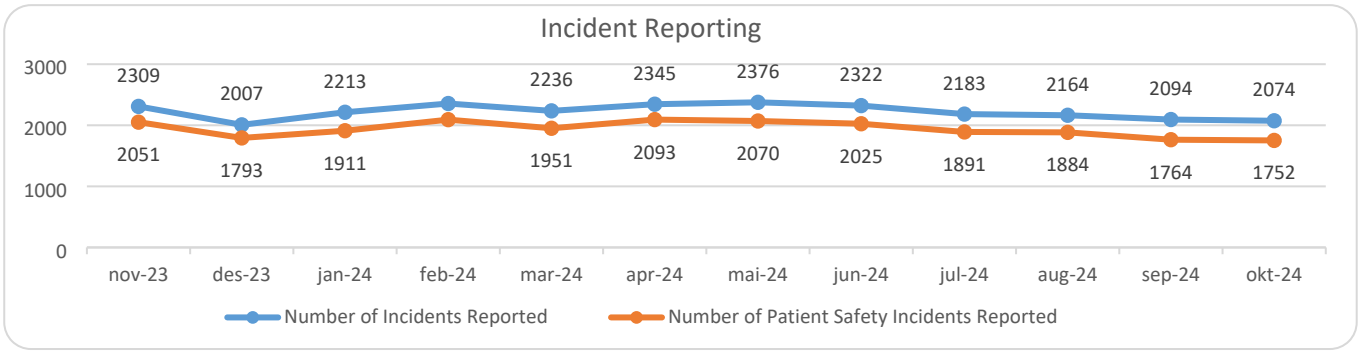
Within the period of 01.09.24 to 31.10.24, the Health Board closed a total of 73 formal complaints (managed through PTR). Compliance has remained over the national target of 75% during the two month period, with the Health Board's internal target of 85% being achieved during October 2024. As at 04.11.24, the Health Board had 72 open formal complaints. Of these, 17 complaints were open over 30 working days. Daily complaints huddles are fully embedded to ensure open cases are reviewed and robust escalation is undertaken.



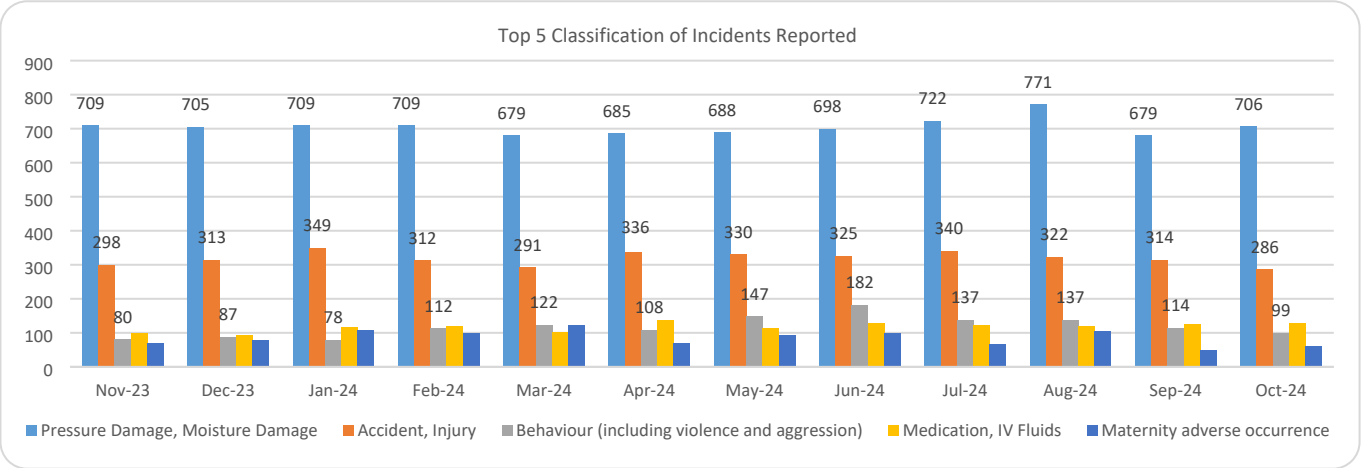
2.2 Patient Safety Incidents

Total Patient Safety Incidents

A total of 4,168 incidents were reported between 01.09.24 and 31.10.24, this represents a decrease of 179 when compared with the previous 2 months (4,347). Comparison with previous years incident reporting has highlighted a similar decrease in the number of incidents reported between September and January. Further analysis is being undertaken to identify specific themes and trends.



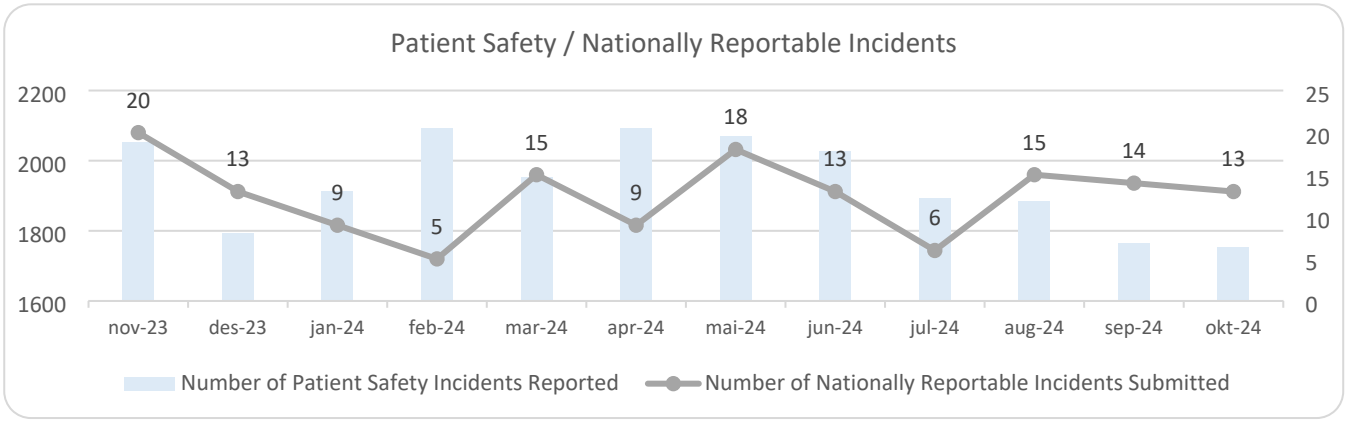
The proportion of incidents reported where the patient is identified as the person affected has remained relatively consistent over the last 6 months period. Of the 4,168 incidents reported, 84% (3,516) were reported as the patient affected.



The top 3 types of incidents reported for September and October 2024, linked to a patient affected incident are: Pressure Damage /Moisture Lesion (1,385), Accident, Injury (600) and Medication, IV Fluids (252). This represents a change in the top 3 classifications of incidents as Medication, IV Fluids has replaced Behaviour (including violence and aggression) during this time period.

Nationally Reportable Incidents

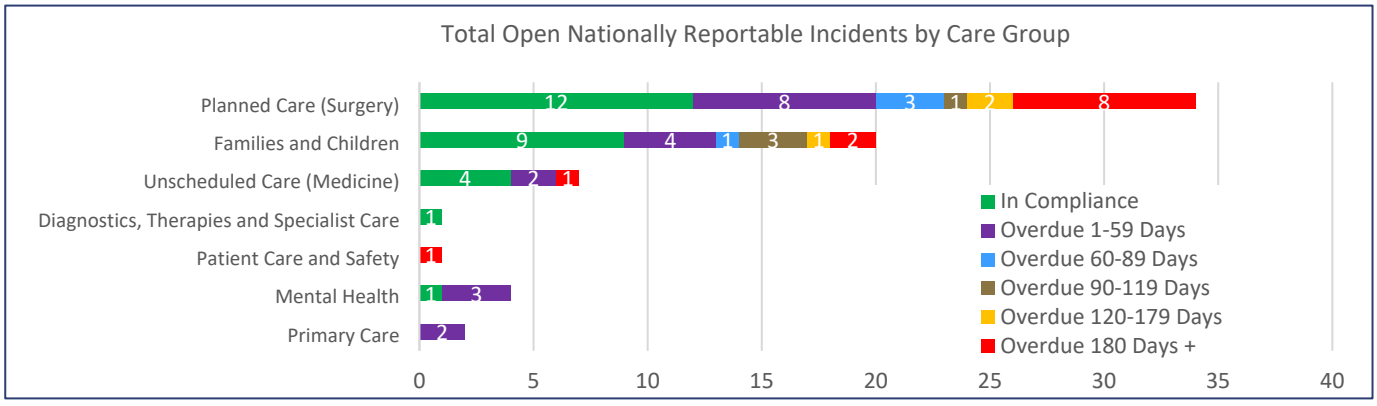
Between 01.09.24 and 31.10.24, 27 Nationally Reportable Incidents were submitted to the NHS delivery unit. The ratio of Nationally Reportable Incidents to the overall number of patient safety incidents is demonstrated in the chart below.



As highlighted in previous reports to Committee, it should be noted that Nationally Reportable Incident data is presented based on the date the notification was submitted to the NHS Executive. The significant decrease in the number of incidents reported during July 2024 can be linked to the transition to the NRI Reporting Portal which resulted in some delays in the submission process. These incidents were subsequently reported in August 2024. The trend for the classification of Nationally Reportable Incidents submitted is reflected in the table below:

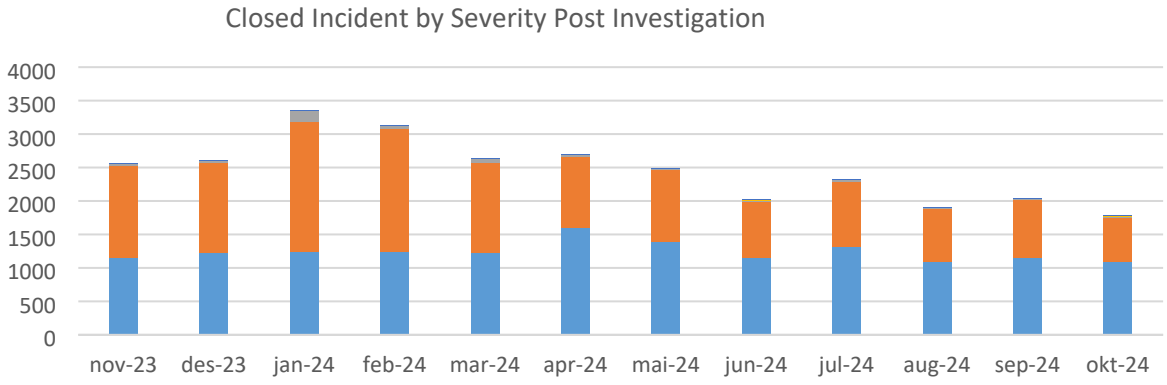
Classification	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May -24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total
Access, Admission	1	1	2	0	2	1	2	0	0	3	2	0	14
Accident, Injury	0	0	0	1	0	0	0	0	0	0	0	1	2
Assessment, Investigation, Diagnosis	5	2	0	0	2	0	1	2	0	2	2	1	17
Behaviour (including violence and aggression)	0	0	0	0	0	1	0	0	0	0	0	0	1
Equipment, Devices	0	0	0	0	0	0	0	0	0	0	0	0	0
Infection Prevention and Control	5	1	0	0	0	1	0	2	1	1	3	0	14
Infrastructure (including staffing, facilities, environment, security)	1	0	0	0	0	0	0	0	0	0	0	0	1
Maternity adverse occurrence	0	1	2	1	2	4	2	3	0	2	1	3	21
Medication, IV Fluids	0	0	0	0	0	0	0	0	0	1	0	0	1
Monitoring, Observations	0	0	0	0	0	0	0	0	0	1	1	0	2
Patient/service user death	0	1	1	0	2	0	1	2	1	0	0	0	8
Pressure Damage, Moisture Damage	8	5	3	3	5	1	4	3	4	3	3	8	50
Safeguarding	0	0	0	0	1	0	0	0	0	0	0	0	1
Transfer, Discharge	0	0	1	0	0	0	1	0	0	0	1	0	3
Treatment, Procedure	0	2	0	0	1	1	7	1	0	2	1	0	15
Total	20	13	9	5	15	9	18	13	6	15	14	13	123

As at the 04.11.24, the Health Board currently has 69 open Nationally Reportable Incidents, of which 42 are overdue the timescale for completion. A trajectory plan is in place to ensure investigations are concluded and an outcome provided patients and their families. An overview of the open Nationally Reportable Incidents by Care Group is provided in the chart below:



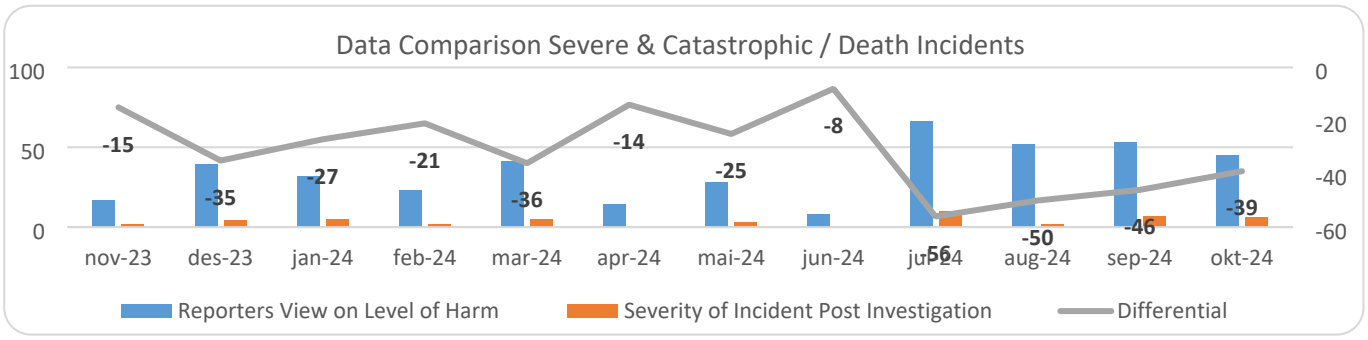
Closed Patient Safety Incidents

Between the 01.09.24 and 31.10.24 a total of 3,839 patient safety incidents were closed. Of the 3,839 patient safety incidents closed, 13 were closed with severity post investigation of severe harm (7) or catastrophic/ death (6). The 12 month trend is reflected in the table below. Of the 6 incidents closed with a severity post investigation of catastrophic / death, 4 are classified as Healthcare Acquired Infection, 1 as Medication, IV Fluids and 1 unexpected death.



	nov-23	des-23	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24
Catastrophic / Death	4	4	3	3	9	5	2	3	4	2	3	3
Severe	1	2	4	4	1	1	4	12	6	0	4	3
Moderate	33	28	177	35	59	34	26	19	30	25	18	15
Low	1382	1351	1942	1849	1339	1048	1072	844	967	781	853	672
None	1147	1222	1233	1236	1231	1608	1386	1145	1319	1099	1161	1087

Work continues to be undertaken to ensure that a severity of moderate, severe or catastrophic / death recorded on conclusion of an investigation accurately reflects where it can be determined that an incident has been directly caused or attributable to an intervention (action/inaction) by the Health Board. In addition, mechanisms to support a comparison of reporter's view of level of harm and the severity recorded post investigation have been established. The level of harm attributed to an incident is reviewed and recorded at 3 stages within the incident management process, reporter view on Level of harm, level of harm following management review and severity determined post investigation. Trend information providing a comparison between the reporters view on level of harm and severity of incident post investigation is provided below:



Duty of Candour

The Duty of Candour regulations were implemented from the 01.04.23. To enable monitoring of requirements, a number of metrics have been devised, which are summarised in the table below. To support the implementation of the Duty of Candour processes, dashboards have

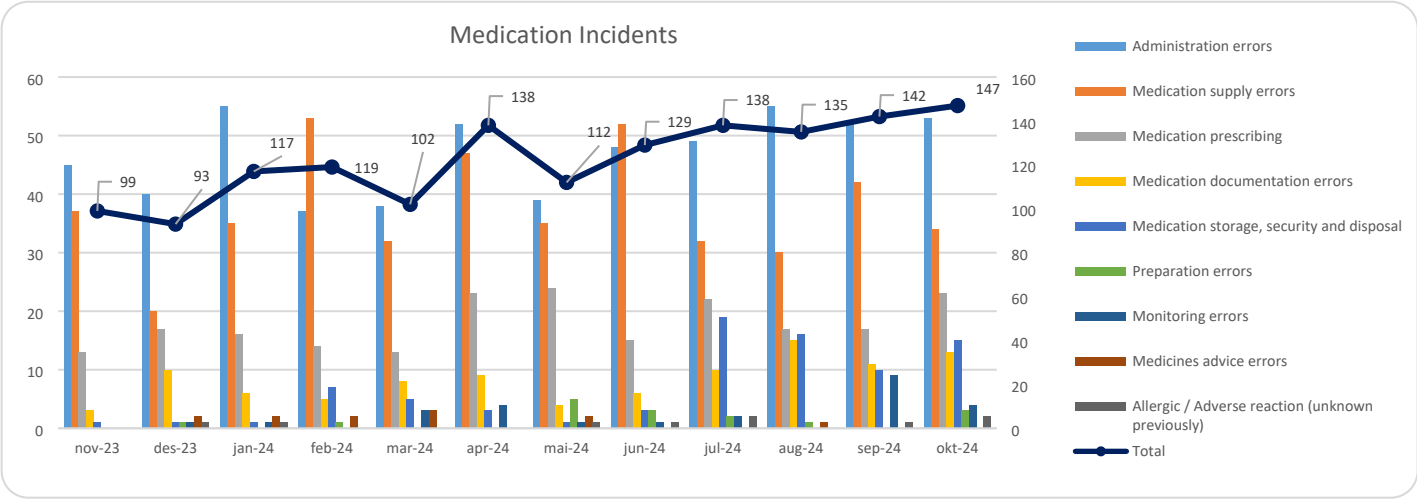
developed to provide 'live' data at a glance along with the introduction of weekly data validation audits.

Number of Incidents	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024
Where Duty of Candour Triggered	12	6	18	26	9	5	17	9	11	11	13	7
Where In-person notification completed	11	6	15	21	7	4	13	8	8	8	12	4
Where letter of notification sent	9	5	10	11	3	2	6	4	6	6	12	4

2.3 Specific Quality & Safety Metrics

2.3.1 Medication Safety

A total of 289 medication incidents were reported as occurring between 01.09.24 and 31.10.24. This is an increase of 16 when compared with the previous 2 month period. Of the total number of medication incidents reported, the top 3 types of medication incidents relate to administration errors (105), supply errors (76), and medication prescribing errors (40).

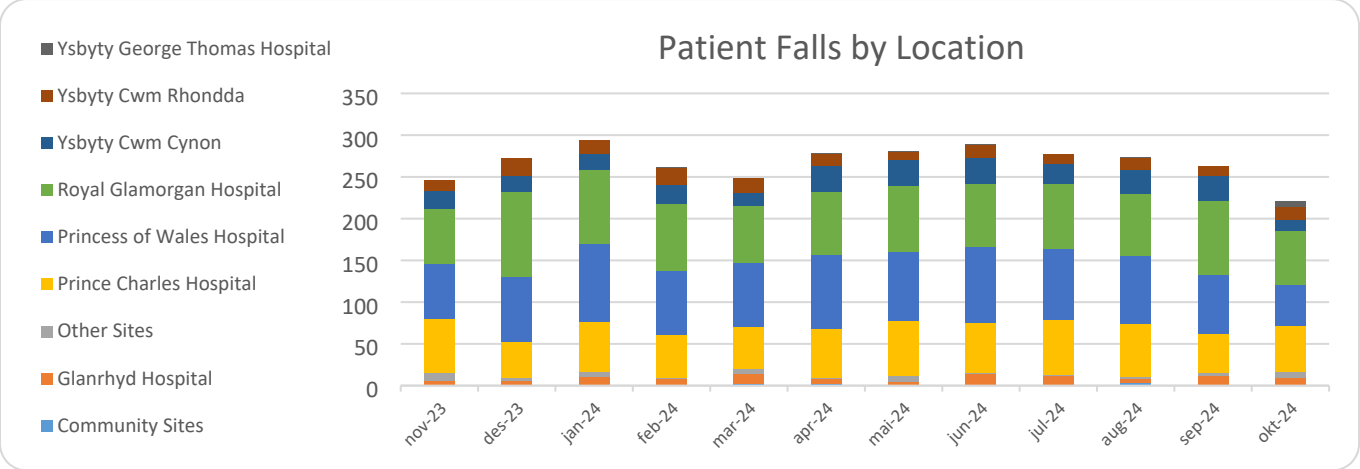


90% of the medication incidents were reported as resulting in no (133) or low (128) harm, with the remaining reported as resulting in moderate harm (27) and severe (1) harm. No incidents were reported as resulting in catastrophic harm/death. It should be noted that this is the reporter's view of the level of harm and is subject to change following investigation.

2.3.2 Patient Falls Incidents

A total number of 486 falls, where the person affected was a patient, were reported during September and October 2024. This represents a slight decrease of 65 compared with the previous two months.

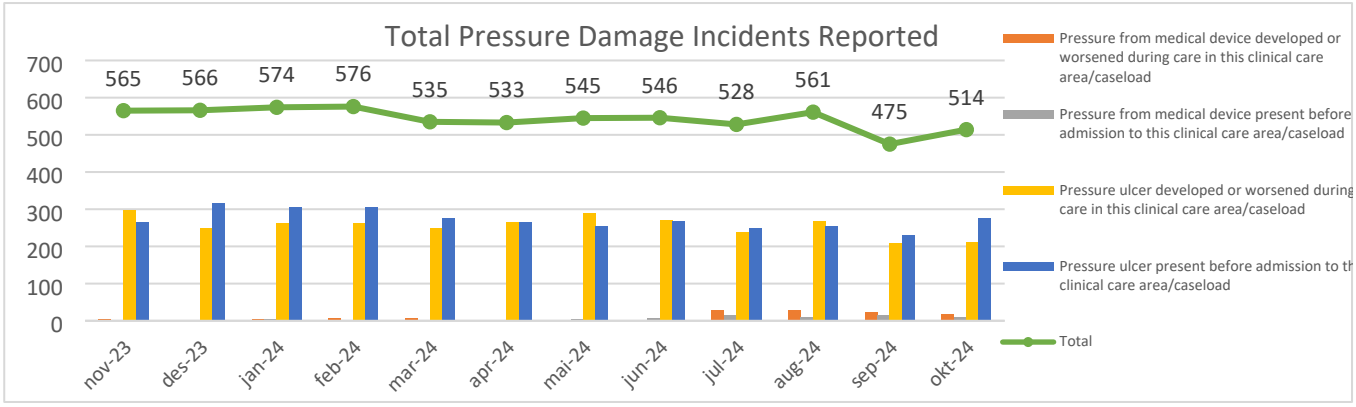
Of the falls incidents within the time period, 93% were reported as no (146) or low (308) harm. The remaining incidents were reported as moderate (30) and severe (2) harm. No incidents relating to patient falls were reported as resulting in death. Once again, it should be noted that this is the reporter's view of the level of harm and is subject to change following investigation.



The falls improvement programme continues to implement agreed initiatives to reduce the number of patient falls.

2.3.3 Pressure Damage

Between the 01.09.24 and 31.10.24, a total of 989 pressure damage incidents were reported, of which 461 were reported as developing or worsening during the current case load. The remaining pressure damage incidents (528) were reported as being present before admission to this clinical care area/caseload.



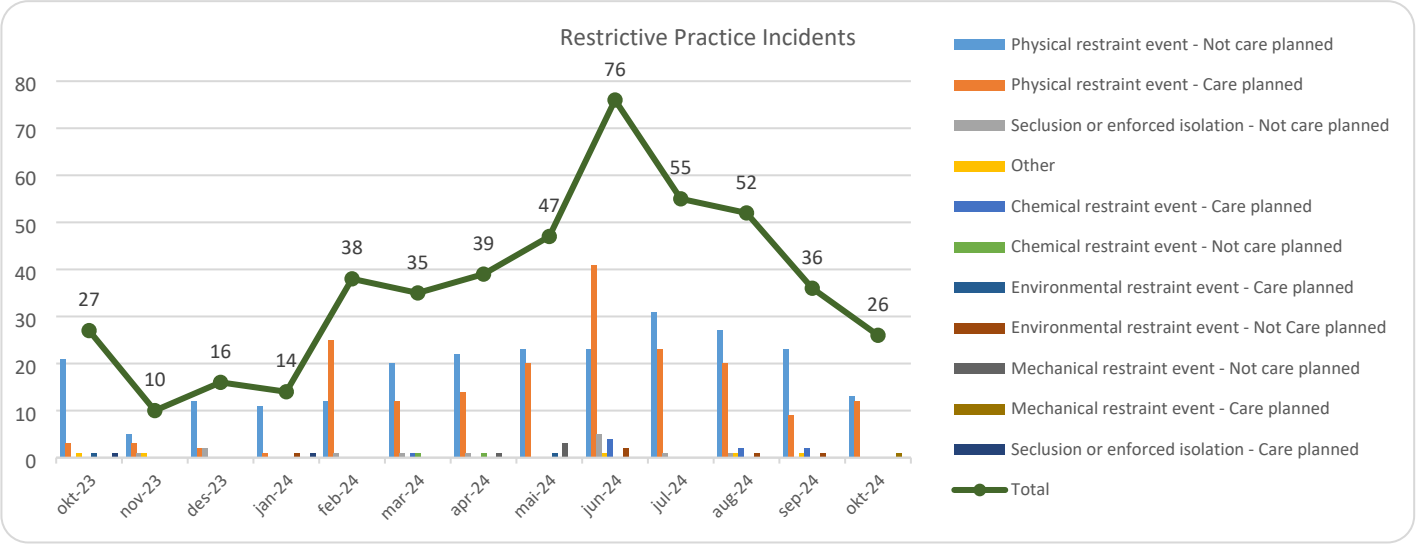
Of the 546, identified as developing or worsening during current caseload, 249 were identified as occurring within the community, which is an increase compared to the previous two month period.

The pressure damage improvement programme continues to progress with a particular focus on grading of pressure damage and completion of required documentation.

2.3.4 Mental Health Metrics

Restrictive Practices

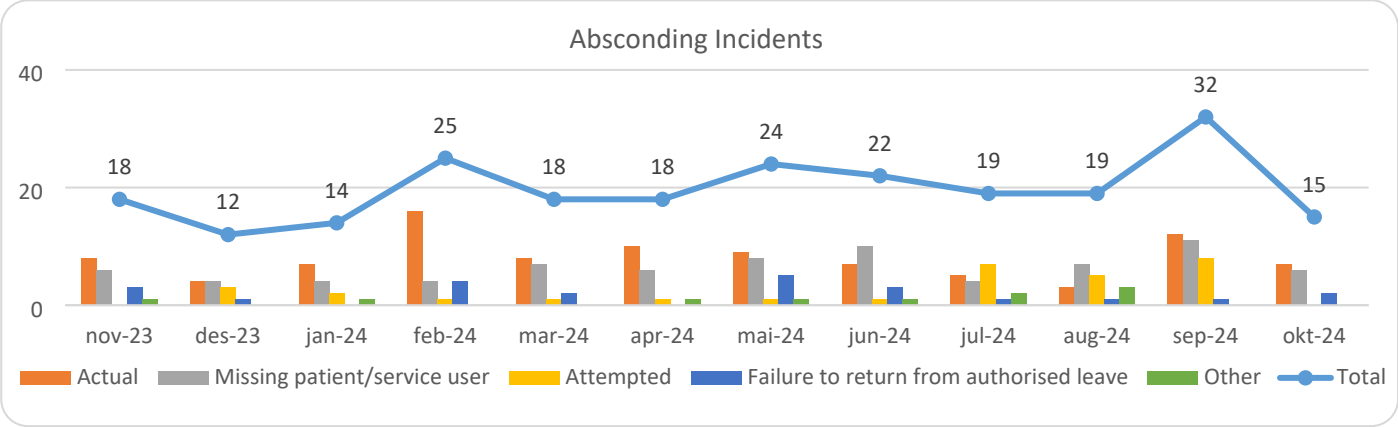
Between 01.09.24 and 31.10.243, a total of 62 incidents relating to using Restrictive Practices were reported within Mental Health. This is a decrease of 45 incidents when compared to the previous two months.



Of the 62 incidents, 37 were reported as not care planned (not included in the care and treatment plan for the patient), 24 were reported as care planned (included in the care and treatment plan for the patient) and 1 was reported as other. The highest number of incidents were reported as occurring on the Seren Ward, Princess of Wales Hospital (6), Adult Acute Admissions Ward, Royal Glamorgan (6) and Psychiatric Intensive Care Unit, Royal Glamorgan (6).

Absconding incidents

During September and October 2024, a total of 46 Absconding incidents were reported, an increase of 8 when compared with the previous 2-month period. 8 were recorded as attempted absconding, with the remaining recorded as missing patient / service user (17), actual absconding (19), failure to return from authorised leave (3), and other (0). The highest number of incidents were reported as occurring in the Emergency Department at Prince Charles Hospital (12).



3. Key Risks / Matters for Escalation

The following issues/risks have been identified in relation to quality reporting within the Health Board.

- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work continues to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.
- Maintaining compliance with the 30 working days' complaints response rate.
- Continuing the reduction of open Nationally Reportable Incidents

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: This report outlines key areas of quality across the Health Board.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's quality & safety performance measures may result in impact to the trust and confidence in the Health Boards processes.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

Members of the Quality & Safety Committee are asked to:

- NOTE the content of the report
- DISCUSS the content of the report and flag areas (if not already identified) where further assurance is required
- NOTE the risks identified
- SUPPORT the direction of travel in developing a wider reach of quality reporting and locality based assurance reports

6. Next Steps

Improvement actions identified within the report to continue to be monitored via the Quality & safety Committee and Weekly Quality & Safety Executive Meeting.

Agenda Item
7.1 (Appendix 1)

Quality & Safety Committee

People's Experience Activity Report August – September 2024

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
Awdur yr Adroddiad / Report Author	Jenny Oliver, Head of People's Experience and Nigel Downes, Assistant Director of Patient Safety
Cyflwynydd yr Adroddiad / Report Presenter	Nigel Downes, Assistant Director of Patient Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMU HB	Cwm Taf Morgannwg University Health Board
PET	People's Experience Team

YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
QPSE Forums	Quality Patient Safety Engagement Forums

1. Situation /Background

1.1 The purpose of this report is to provide an overarching update on the work that has been undertaken by the People's Experience Team and areas that fall within this remit.

2 Specific Matters for Consideration

2.1 Population Engagement Events

Date	Event	Staff Member
5th August 24	Eisteddfod, Pontypridd	PALS Officer
18th Sept	YCR PET Roadshow	People's Experience Team
23rd Sept	Ty Hafan Bereavement Event	Head of People's Experience and Clinical Bereavement Lead.
27th Sept	STEAM Academy – Pencoed College (Veterans)	Head of People's Experience and Head of Workforce Engagement/Retention

NHS Wales People's Experience Framework and Toolkit

Following the review conducted at the All-Wales NHS Executive Forum, Health Boards across Wales are currently awaiting an update regarding the anticipated release date and implementation guidance for the new Framework. The CTMU Health Board is proactively addressing this matter at senior management levels to assess its potential utilization in relation to enhancing patient experience and service delivery, with a strong emphasis on incorporating the perspectives of patients and the community.

Ongoing projects

Lost Property pilot
A joint project with Value-Based Healthcare and Theatre colleagues to look at addressing lost property:

- Type of container being agreed
- Pilot areas in theatres and ED spaces being explored

Strategic Engagement with Third Sector
The Christmas campaign is scheduled for launch in November and will involve the Head of People's Experience, the Head of Engagement and Involvement, and the Head of Charity and Income Generation. The primary

objective of this initiative is to elevate the community voice within the "Gift of Kindness" program.
The CTM Strategic Engagement Forum has been established to provide a framework for co-production across designated events and themes within the Health Board. This initiative aims to foster enhanced collaboration and engagement with stakeholders from the third sector, local authorities, and Regional Partnerships.

Patient Satisfaction Feedback

The Health Board is currently awaiting a directive from the Welsh Government regarding the implementation of the new All Wales Patient Experience Survey, which has been developed as part of the upcoming Toolkit.

The Head of People's Experience, in collaboration with the Senior Project Manager for Value-Based Healthcare, is currently engaged in discussions with Civica and the NHS Wales Shared Services Partnership (NWSSP) regarding the implementation of the system and its integration with personnel across the Health Board.

- Discussions in place to ensure PREMS/PROMS are aligned when implemented across CTMU HB with Value Based Healthcare Program.
- Discussions with community nursing ongoing to ensure hierarchy is reflective of organisation and survey enables proactive feedback. Utilisation of feedback boxes across the site and how this can be expanded – seven boxes on order.
- Plans in place to look at a roll-out program to target SMS implementation across Care Groups.

Feedback aligned to Service Improvement

- Electronic ED slides created to inform public – 'you said, we did' format created and awaiting sign off from Senior Team. Once agreed will look to replicate the format to enable information to be provided to the public with our communications teams.
- Exploring creation of 'you said, we did' board for paediatric services

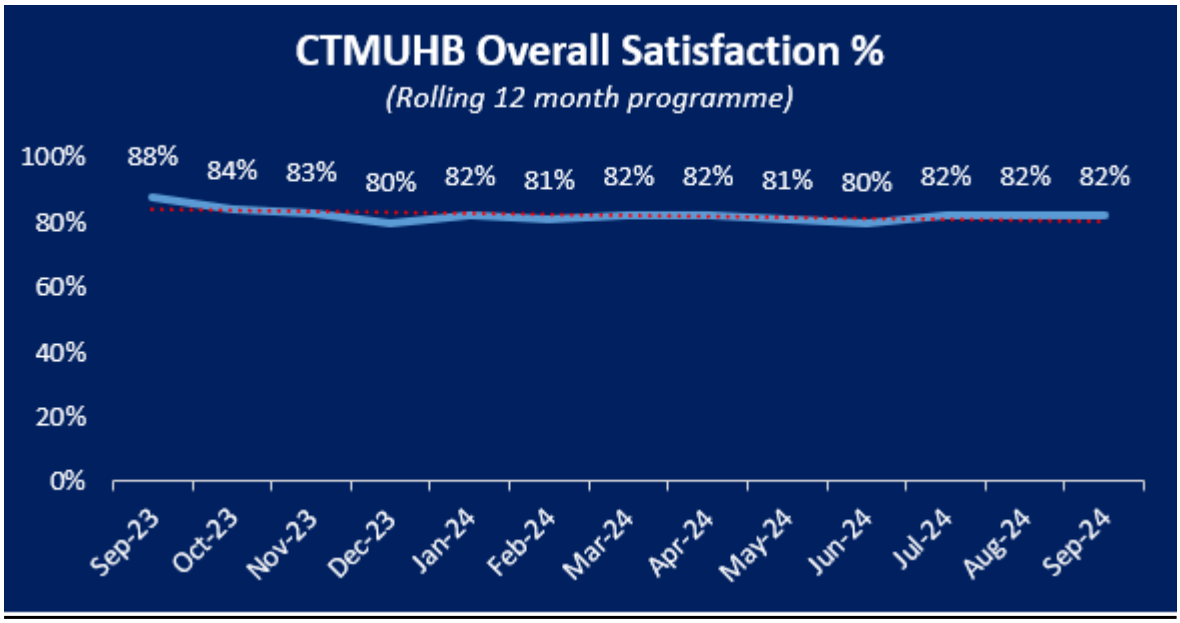
The Head of People's Experience, along with the Unpaid Carers Lead, convened a meeting with representatives from the Dementia Working Group. During this meeting, the representatives expressed concerns regarding the challenges some community members face in comprehending the available services in both community and hospital contexts. In light of this feedback, the People's Experience Team has decided to initiate a People's Experience Information Roadshow at two community sites operated by the Health Board, specifically YCC and YCR.

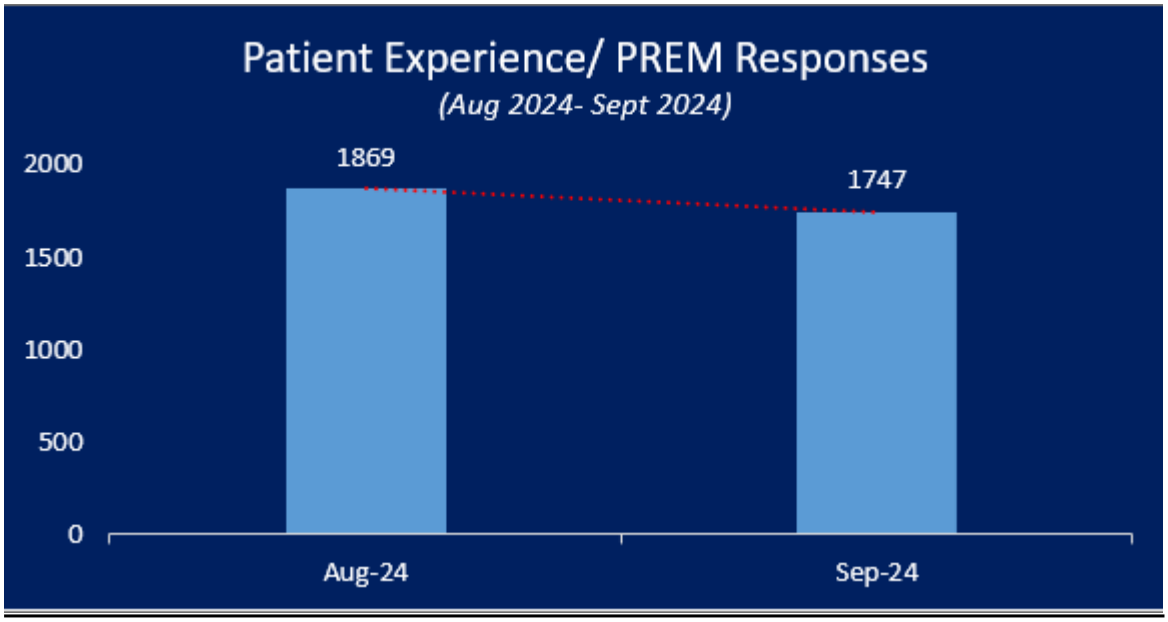
YCR Patient Information Roadshow – 18th September

The roadshow enabled the team to highlight the support available from the Health Board and third sector stakeholders in the community and to inform staff as well within this.

Another roadshow is planned for YCC in October.

Overview of feedback responses for CTMU HB





The number of responses declined in Sept primarily due to an sms failure/delay from the system and the continual process of 'have your say' cards being uploaded onto the system.

Overall Satisfaction Score

82%

Overview highlighting positive/negative comments



Chaplaincy

Holistic care remains a priority for the team to promote within the work they support on a daily basis, and they continue to explore opportunities within acute/community settings to take this forward.

Number of People supported Significant Spiritual and Pastoral Care	
Patients	1073
Relatives/carer's	255
Staff	404

- Lead Chaplain is working with the communications team to promote Spiritual Care Week in October and how this translates into holistic care.
- One of the Chaplains supported a patient from Y Bwythyn and WISH ambulance (WAST) to visit places in the community that they wished to see. The experience itself proved deeply moving for the patient and staff that supported this.
- A Chaplain has created an 'At a Loss' Bereavement Arts Course and with the support of the CTM Improvement Team to embed this in the community settings across CTM have been nominated and shortlisted for the NHS Wales Awards in October.

Bereavement

The Bereavement Lead is committed to ensuring that comprehensive support is available for staff members, facilitating their understanding of the changes within the Multi-Agency Engagement and Outreach (MEO) process. This effort aims to promote awareness of the holistic aspects of loss across CTMUHB and to acknowledge the impact on our communities.

- Training provided to newly qualified doctors to raise awareness of bereavement services across CTM.
- Created training information to support MEO role out in community settings.
- In process of developing a Paediatric bereavement booklet.
- Planning events with communication and maternity teams to support Baby Loss Awareness week.
- Joint event being planned with Communication team and 2wish to support bereavement week in December.

Volunteers

Volunteer Manager is exploring avenues to increase the number of volunteers joining CTMU HB and the roles that can be undertaken to support patients and families within this.

- Training provided by Digital Communities Wales to highlight awareness of digital accessibility and safety to support patients in volunteer and patient experience roles.
- Joined awareness sessions with Education Patient Program Manager in the community to highlight type of volunteer roles in CTMU HB.
- Volunteers received training in manual handling to look at supporting transfer of patients in some settings when needed.
- Volunteer information sessions planned for October – at present 80 people interested. Volunteers that have gone through information session and induction were placed in maternity wards, PCH, Emergency Dept, RGH and Ward 1 YCC.

Armed Forces/Veterans

Members of the People's Experience and corporate team plus representation from across CTM took part in the Armed Forces medical stretch in September.

Work continues to ensure the voice of the armed forces family is heard within CTMU HB following the signing of the Armed Forces Covenant.

- Work undertaken with Primary Care colleagues to look at the GP Pathway for CTMU HB to ensure reflective of support available in the community and acute settings for GP Colleagues across the HB footprint.
- Work continues with Primary Care colleagues to look at referrals and the pertinent information contained within these that relates to Armed Forces Covenant.
- Exploration of a session with Primary Care Practise Managers to highlight the services within CTM to support Armed Forces, Armed Forces Covenant and GP Veteran Pathway.
- Links established with workforce to explore opportunities around CTMU HB as an organisation and the ability to highlight as an employer with Armed Forces.
- Updated GP information leaflet to be redistributed to Primary Care colleagues.

PALS (Patient Advice Liaison Service)

The PALS teams continue to broaden their links with third sector to raise awareness of the service and enable signposting to support in the community whilst supporting our acute and community settings across the HB.

Number of PALS contacts	Merthyr	Bridgend	Rhondda
	94	180	105

Top three themes
Communication
Clinical treatment
Patient care/Appointments

Effective communication remains a central theme within the Health Board, and the Patient Advice and Liaison Service (PALS) teams are engaging with both internal and external services to explore ways to emphasise the significance of this initiative for our patients, families, unpaid carers, and staff members.

- PALS team supported the roadshow in YCR and planned for YCC in October.
- Links made with Community Nursing team to look at highlighting the service the team provide and themes with Band 7 training day.
- PALS presenting at Listening & Learning Event in November.
- PALS representation being planned within QPSE Care Groups to enhance awareness of themes via feedback received through a number of avenues.

Unpaid Carers

Awareness of the unpaid carer's voice is a key component of ensuring the holistic needs of the patient and carer are considered when health services are accessed. To enable this a number of actions have been taken:

- Discussions held with Mental Health Services, Dementia Lead and Head of People's Experience relating to John's Campaign in CTMU HB.
- Further links established with Carer Lead for Merthyr council to look at stakeholder engagement and support available in the community.
- Attendance in number of forums across CTM to ensure unpaid carer's voice considered: Lived Experience Board, Connecting Communities Rhondda Event, Innovation Community of Practice Launch.
- Carer Awareness Training provided to Band 8a/8b nursing staff – Clinical awareness Program.

3. Key Risks / Matters for Escalation

PALS cover for RGH remains a risk as one f/time staff member is still supporting the Central Concerns Team, although with staff now returning and vacancies being filled in November the Head of People's Experience is looking to plan their return into the PALS role imminently.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	Yes (Include further detail below)
	Person centred care and the involvement of stakeholders within this process is imperative to ensure the services we provide are reflective of our communities and the resources within CTMU HB to support this. If not in place these can pose a reputational risk.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	Yes (Include further detail below)
	AS highlighted the resource of the PALS team has been depleted but there are plans in place to review.

5. Recommendation

5.1 Members of the Quality & Safety Committee are asked to:

- NOTE the content of the report

Agenda Item	8.1.1

Unapproved Minutes of the Quality & Safety Committee

Date and Time of Meeting	Wednesday 18th September 2024 at 14:00hrs
Venue	Virtual via Microsoft Teams

Members Present	Carolyn Donoghue	Independent Member (Committee Chair)
	Kath Palmer	Vice Chair (Committee Vice Chair)
	Patsy Roseblade	Independent Member (In part)
	Helen Lentle	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Lauren Edwards	Executive Director of Allied Health Professionals and Healthcare Sciences
	Philip Daniels	Executive Director of Public Health
	Gareth Watts	Director of Corporate Governance & Board Secretary
	Richard Hughes	Deputy Director of Nursing
	Sallie Davies	Deputy Medical Director
	Ana Llewellyn	Care Group Nurse Director
	Suzanne Hardacre	Director of Midwifery
	Lisa Love-Gould	Clinical Director for Allied Health Professionals (In part)
	Owen Weeks	Care Group Medical Director
	Emma James	Care Group Nurse Director
	Sharon O'Brien	Care Group Nurse Director
	Chris Beadle	Assistant Director of Health, Safety & Fire
	Becky Gammon	Assistant Director of Nursing and People's Experience
	Nigel Downs	Assistant Director of Quality & Safety
	Julie Denley	Deputy Chief Operating Officer
	Helen Thompson	Learning Disability Nurse (In part)
	Nicola Milligan	Staff Side Representative
	Paula Cornelius	Head of Occupational Therapy Services (In part)

	Ana Hemborough	Occupational Therapist (In part)
	Jane Paxon	Occupational Therapist (In part)
	Dr Evan Sun	GP (In part)
	Tarek Allouni	Director of Operations Planned Care (In part)
	Kellie Jenkins Forrester	Head of Concerns & Business Intelligence
	Ceri Bear	Llais Cymru Representative
	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Meeting Observers	Andrew Hermolle	Senior Nurse, Mental Health
	Nathan Couch	Audit Wales
	Filipe Leitao	Head of Nursing for Infection, Prevention & Control

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
1.2	Apologies for Absence
	• Dilys Jouvenat, Independent Member; • Greg Dix, Executive Director of Nursing/Deputy Chief Executive; • Dom Hurford, Executive Medical Director; • Hywel Daniel, Executive Director for People; • Mary Self, Care Group Medical Director; • Stephen Sarasin, Care Group Medical Director; • Gaynor Jones, RCN Convener; • Mohamed Elnasharty, Care Group Medical Director; • David Miller, Care Group Medical Director; • Lucie Williams, Care Group Nurse Director; • Cally Hamblyn, Assistant Director of Governance & Risk
1.3	Declarations of Interest
2.	SHARED LISTENING & LEARNING
2.1	Shared Listening & Learning Story – Learning Disabilities
	A Llewellyn shared a presentation and videos with Members, which highlighted how Learning Disability colleagues in the region had worked with people with lived experiences regarding health promotion. A Llewellyn advised that whilst this was not a patient story, it was good example of people with lived experience supporting other people to access good healthcare. The Committee Chair extended her thanks to A Llewellyn and H Thompson for sharing the story which she had found to be inspiring, given that this was a part

	of our community that could experience inequitable treatment and welcomed the initiative. K Palmer echoed the thanks and advised that she found it fantastic to see the progress that had been made in this area. K Palmer advised that whilst it was not mandated for GP's to undertake annual health checks, she queried what the next steps would be if the GP advised they would not undertake a health check and sought clarity whether this would be addressed by the Primary Care & Community Medical Director when undertaking Continual Professional Development with GP's. A Llewellyn advised that this was complicated given that there may not be full awareness of all of the people who had Learning Disabilities within the region, and added that for those people which the Health Board were aware of, the service can support them to access learning disability health checks via primary care services that were provided by the Health Board. A Llewellyn advised that the Team are working hard to promote the scheme within all GP practices. Members noted that an initiative being undertaken in the Taff Ely Practice had really gathered momentum, with an intention to share this more broadly with other GP practices to try to encourage them to participate. R Hughes extended his thanks to A Llewellyn for sharing the presentation and referred to the recent Lord Darzi report in relation to Mental Health and Learning Disability services being significantly understaffed and under resourced and added that more recently colleagues from universities had spoken to his team in relation to concerns regarding a drop in numbers. R Hughes added that the videos shared highlighted experts who were able to support members within the community and advised that it was evident that more work needed to be undertaken to attract more staff into these key roles. L Edwards advised that she felt this was a fantastic piece of work which helped people feel more prepared prior to going for an annual health check and added that this was a model which needed to be used across our services to support people in accessing a range of services. A Llewellyn gave credit for this initiative to Wendy James, Learning Disability Lead, who was unable to attend the meeting today. The Committee Chair extended her thanks to all the team that had been involved in this initiative and added that she hoped this scheme would be rolled out further.
Resolution:	The presentation was NOTED
2.2	Spotlight Presentation – Rapid Assessment and Prevention (RAP) Occupational Therapy Service
	P Cornelius and colleagues shared a presentation with Members which related to the Rapid Assessment and Prevention Occupational Therapy Service.

	The Committee Chair extended her thanks to the Team for sharing the presentation which she welcomed and found to be a transformational piece of work L Edwards advised that she was pleased that the Committee had received a presentation on this service and highlighted that a small amount of funding had been received to invest into this service which had resulted in significant impact being realised. L Edwards welcomed the suggestion made during the presentation on the need to understand each other's roles in order to make appropriate referrals and welcomed that patients who were at high risk of admission were being targeted, which linked into the work being undertaken to improve flow. In relation to the patient perspective, L Edwards advised that this needed to be challenged more widely in regards to patients views that hospital was the right place for them, with work to be undertaken to help patients realise that they can be better safely supported in their own homes. G Hughes thanked the Team for sharing their presentation and added that he found the work to be exciting and such an important addition to what the Health Board could offer. G Hughes advised that the development of the Hospital at Home model provided even more opportunity to support the more complex older patients at home, where their needs are best met clinically. G Hughes added that he welcomed the efforts that had been made by the Team to set this service up and looked forward to seeing how the service could be expanded further. C Bear echoed all comments that had been made and added that she thought this was an excellent service, given that there were so many frail elderly patients who did not want to be admitted to hospital. C Bear referred to the figures contained within the presentation regarding avoiding conveyancing for the month of August, which was 23, and sought clarity as to how many patients had been referred into the service compared to how many hospital admissions had been avoided. C Bear advised that a number of discussions had been held at Board in relation to bed blocking as a result of delays in care packages being put into place, and sought clarity as to whether there was any shared learning the team could provide as it appeared they were managing to get care packages in place quickly. P Cornelius advised that in relation to care packages, the Team already had strong links in place with Local Authority colleagues and were regularly keeping colleagues up to date on developments. A Hemborough advised that in relation to the data and the numbers avoided, there were a similar number of referrals, some of which in August were received out of hours. Members noted that a drop in the numbers of patients calling 999 was seen in August, for preventable issues and noted that it would be interesting to reflect on the position as the Health Board moved into the winter period, to provide a better indication as to whether the reported position for August was an anomaly due to the time of year or whether this was a consistent pattern.

	J Paxon advised that in relation to capacity, using the current acuity tools, once the Welsh Ambulance Services Trust (WAST) position had been reviewed and discussions had taken place regarding a patient's situation at home, it would only be the GP or Advanced Paramedic Practitioner that could stand down an ambulance, which meant that Occupational Therapy were limited i to how many patients they see with the clinician, across the whole of the Health Board. Dr E Sun added that GP's felt confident in standing ambulances down in the knowledge that an assessment would be undertaken within four hours by the Occupational Therapy Service. O Weeks responded to the question raised by C Bear in relation to the bed blocking element and advised that the Multi-Disciplinary approach that was now in place at the Navigation Hub was enabling a move away from social admission, in cases where patients were medically fit, to a position both from a family and clinician perspective that patients could be kept at home. Members noted that one of the reasons attributed to bed blocking, was that as soon as a patient was admitted to hospital, deconditioning commenced. O Weeks added that by undertaking an assessment at home within four hours, this avoided the deconditioning period within hospital. P Roseblade advised that she welcomed this service which was very much needed and sought clarity in relation to the financial aspects of the service, given that many of the admissions occur outside the period of this service, and sought clarity as to whether the funding for this service was recurrent or non-recurrent and how the service could be extended beyond 4pm in the afternoon, which was clearly what was needed. P Roseblade advised that whilst this service was saving money elsewhere, it was saving money within Unscheduled Care which was already overspending and would be unable to release that funding. P Cornelius confirmed that funding is recurrent and added that this element of the service was fitting into the wider piece of work being undertaken in relation to community service development and the Hospital at Home Model. P Cornelius advised that it was hoped that the service could be extended to a seven-day service with an extension of the hours so that it matched the hours worked by GP's. G Hughes stated there remains a commitment to make this a good seven day a week service, running at extended hours, with the Navigation Hub becoming a 24/7 function. Recognising the need to shift a significant amount of our current spend and workforce away from our acute services into the community. The Committee Chair extended her thanks to colleagues for sharing the presentation which was welcomed by the Committee and added that Committee Members looked forward to hearing how this service would continue to be developed across the whole pathway.
Resolution:	The presentation was NOTED
3.	CONSENT AGENDA BUSINESS

3.1	Questions were raised by the Committee Chair ahead of the meeting in relation to agenda item 8.2.6, as outlined below together with the responses provided: Question: The Infection Prevention Control (IPC) annual report mentions that the strategy will be coming to this Committee. Do we know when? Response: The new strategy has been approved through the previous IPC committee and work is ongoing to implement the strategy across the IPC team. This is an ongoing process at the current moment and happy to clarify any further questions on how this is going. Confirmation was also provided by the Deputy Director of Nursing that the Strategy was also ratified at the July meeting of the Quality & Safety Committee, and it was noted that the work plan that was associated with the Strategy would be presented to a future meeting of the Quality & Safety Committee. Question: On page 12 of 29 at the top it mentions Klebsiella ssp being higher than all Wales but then says CTM has the third lowest rate so I don't understand this. Regarding Klebsiella, all except Aneurin Bevan and Betsi Cadwaladr have higher rates per 1000000 inhabitants that the overall Wales rate. Currently CTM sits on 3rd lowest rate, with Cardiff and Vale, Velindre and Hywel Dda UHB with higher rates as can be seen on the next table: **Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Aug 24**

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	49.62	2.82	32.67	62.93	22.19	7.26
Betsi Cadwaladr UHB	55.81	2.08	22.88	81.46	16.64	2.43
Cardiff and Vale UHB	44.35	1.42	36.8	55.68	24.54	6.61
Cwm Taf Morgannwg UHB	36.53	1.07	30.62	79.51	23.1	3.22
Hywel Dda UHB	56.99	3.1	35.93	97.88	25.4	7.43
Powys THB	26.73	0	1.78	0	0	0
Swansea Bay UHB	68.44	1.87	30.49	59.73	32.97	3.73
Velindre NHST						
Wales	50.66	1.98	29.79	69.63	22.7	4.8

4.	**MATTERS ARISING**
4.1	Matters Arising Not Captured on the Action Log
	There were no matters arising
5.	**SETTING THE SCENE – SERVICE DELIVERY**
5.1	Report from the Clinical Executives
	R Hughes and Clinical Executive Directors presented the report and highlighted the key areas for Members attention. P Roseblade made reference to section 2.1.1 of the report which related to Sexual Safety, an All-Wales Approach, and advised that whilst she was aware that this was an issue, the report did not appear to highlight that this was a very

	serious and difficult issue. She felt it needed to be more strongly worded given that the report was publicly available on the Health Board's website. P Roseblade also advised that she found it difficult to understand the last part of the last sentence, which stated that 'this effort is part of CTMUHB's broader commitment to enhancing healthcare services and addressing inequalities in access to care', which she felt played down such a serious issue. P Roseblade advised that she completely understood that understanding and addressing the inequalities and access to care was a serious issue and added that she felt this related more to the safety of our staff in hospitals and within the community. R Hughes advised that the statement tried to be short in terms of the summary to provide Members with an outline of the work being undertaken. R Hughes advised that discussions were also being undertaken in relation to how this affected other areas in terms of inequalities that feed into sexual safety, of which safeguarding was one element, but not the only element around this. R Hughes advised that whilst he accepted the point made by P Roseblade that the update could have been stronger, the Team had tried to strike a balance with a very short statement in relation to the work being undertaken and added that further updates would be provided to this Committee and other Committees on this matter in due course, which would provide much more tangible evidence and data. The Committee Chair questioned whether it would be helpful for the Committee to receive a Spotlight Presentation on this matter at a future meeting of the Committee, which was agreed by Members. P Roseblade made reference to section 5.1.3, Longer Term Funding for Health Protection within CTM, and the reported less funding per head of population given the Health Board's deprivation index and questioned whether the funding allocation could be challenged given the clear evidence. P Daniels advised that difficult decisions had been previously made by the Health Board in relation to funding, with previous allocations not being recurrent, which had implications on the recruitment of staff. Members noted that Welsh Government based their funding allocation on the projected spend by the Health Board as at Month 8. P Daniels advised that he was unsure as to whether this could be challenged and added that the Health Board would need to demonstrate that the funding that had been received had been utilised specifically for Health Protection and that it could demonstrate value from that spend. P Roseblade also referred to 5.1.6, which made reference to the Pertussis vaccine which should be made available to staff working with babies under three months and pregnant women, and sought clarity as to whether the vaccine was being offered to them and some were taking the vaccine and some were not taking the vaccine, or whether the vaccine was not being offered to them. P Daniels advised that the vaccine was being offered to this cohort of staff and added that Occupational Health and Clinical Teams needed to understand who within teams were already vaccinated and who required vaccinating, given that there was low uptake. Members noted that a programme of work was in place to maximise staff vaccinations. P Daniels advised that he would be happy to

	bring an update to a future meeting of the Committee of the efforts being made to increase staff vaccinations. The Committee Chair sought clarity whether it would be helpful for the Committee to receive a focussed update on staff vaccination, given the lack of awareness around the level of exposure and how many staff are vaccinated/not vaccinated, and how vulnerable the Health Board would be if there was an outbreak. P Daniels suggested that it may be helpful to bring the Audit Plan to a future meeting of the Committee for further discussion.
Resolution:	The report was NOTED
Action:	Spotlight Presentation to be presented to a future meeting of the Committee in relation to the work being undertaken to address sexual safety issues within healthcare settings
Action:	Staff Vaccination Audit Plan to be presented to a future meeting of the Committee
5.2	Care Group Highlight Reports
5.2a	Children & Families Care Group Highlight Report
	S Hardacre presented the report and highlighted the matters contained within the alert/escalate section. The Committee Chair extended her thanks to S Hardacre for presenting the report and welcomed the progress being made on the areas reported.
Resolution:	The report was NOTED
5.2b	Primary & Community Care Group Highlight Report
	J Denley advised that in the absence of the report author she would be happy to receive questions outside of the meeting in relation to the content of the report.
Resolution:	The report was NOTED
5.2c	Diagnostics, Therapies, Pharmacy & Sciences Care Group Highlight Report
	L Love-Gould presented the report and highlighted the matters contained within the alert/escalate section. The Committee Chair made reference to the update provided within the report regarding a Business Case being developed for additional resource within Haematology and queried that given the current funding position within the Health Board, what alternative options could be considered if no further funding is available. L Love-Gould advised that the service was undertaking a review of the waiting lists to ensure the patients waiting still required treatment and added that the use of See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) should reduce the demand. L Love-Gould advised that she would be more than

	happy to discuss with the Team what the alternative plan would look like if the request for funding was not successful.
Resolution:	The report was NOTED
Action:	Discussion to be held with the Haematology Service about what the alternative plan would look like for addressing Haematology Follow Ups Not Booked position if the request for additional funding was not successful.
5.2d	Mental Health & Learning Disabilities Care Group Highlight Report
	A Llewellyn presented the report and highlighted the matters contained within the alert/escalate section. The Committee Chair advised that she was pleased to note the improvement that had been made in relation to registered nurse recruitment.
Resolution:	The report was NOTED
5.2e	Unscheduled Care Group Highlight Report
	E James presented the report and highlighted the matters contained within the alert/escalate section and advised that she would be happy to present an action plan to a future In Committee session in regard to the matter highlighted in the alert/escalate section. The Committee Chair welcomed the Patient Story that had been included within the Inform section of the report which highlighted the impact of the Dare to Dream Welsh Charity and showed good evidence of what could be achieved in collaboration with partners. P Roseblade made reference to the vagueness of the risk that had been included in the alert/escalate section and advised that it would be helpful to understand in more detail what the risk is and what the reasons for it being vague were. The question was also raised as to whether this would appear on the risk register and how this would then go through Audit & Risk Committee given that information presented to that meeting is also made publicly available. E James advised that some of the risk would be included on the risk register, for example the environmental risks. The Committee Chair suggested that a discussion takes place with the Corporate Governance Team and Deputy Director of Nursing outside this meeting, as to how the right level of detail could be provided in the right place in order to provide this Committee with assurance. The Committee Chair advised that she also felt the risk was vague and raised more concerns and added that it was important that the Committee were provided with the detail.
Resolution:	The report was NOTED
Action:	Discussion to be held outside the meeting in relation to the most appropriate level of detail that could be provided to Committee Members in relation to the risk highlighted within the alert/escalate section and in what forum this should

	be presented in order to provide the Committee with assurance, for example, In Committee session.
5.2f	Planned Care Group Highlight Report
	S O Brien presented the report and highlighted the matters contained within the alert/escalate section. The Committee Chair advised that she welcomed the introduction of the term 'Baywatch' by night. S O'Brien advised that staff had undertaken some benchmarking in relation to the term used for patients requiring enhanced supervision and added that it would be good to gather some stories around this in the future in terms of its effectiveness.
Resolution:	The report was NOTED
6.	GOVERNANCE, RISK AND ASSURANCE
6.1	Organisational Risk Register – Risks Assigned to the Quality & Safety Committee
	Questions were raised by the Committee Chair ahead of the meeting as outlined below, together with the responses provided: Question: Risk 5658 relating to dietetic provision for Princess of Wales critical care, it mentions a meeting requested in May. Has this happened? Response: There was a discussion at the May Operational Management Board and G Hughes has also recently spoken with the Planned Care Service Director to discuss this risk further as to where it should sit in the Care Group structure and a review of the mitigating action Question: Risk 5691 relating to CCTV I think it needs to be clearer about the current status and impact along with timescales for resolution. Response: The contractor managed to restore the security management system headend and power to the majority of the existing site cameras. There is further work to be undertaken as part of the Ground Floor/First Floor scheme development of the CCTV system and a risk of system failure remains. The outcome and recommendation from the CCTV system contractor, the Capital Major Projects team and the Prince Charles Hospital site scheme Ground Floor/First Floor contractor is that the existing site Security headend system is old and not fit for purpose and requires replacement and upgrading. Until the headend is replaced the Ground Floor/First Floor scheme contractor cannot guarantee that they will be able to fully support the existing CCTV system and be able to install the (124) new site CCTV cameras planned for the site Ground Floor/First Floor. The security head end system specification has been provided along with the estimate of cost for a new Security system headend. Funding has been approved and the tender process for the Security headend system is currently being taken forward by procurement and should be awarded this month.

	G Watts presented the report and highlighted the key matters for Members attention. In response to a query raised by the Committee Chair as to whether there was still good uptake of the risk management awareness training sessions, G Watts confirmed that uptake was still positive, and added that the Assistant Director of Governance & Risk had recently delivered some training to colleagues within the Joint Commissioning Committee to assist them in embedding the risk approach taken within the Health Board. Members noted that positive feedback had been received from staff who had attended the training session. P Roseblade made reference to Datix 4906, Failure to provide evidence of learning from events (Incidents and Complaints), and advised that the statement made within the report implied that the update to the risk rating was approved at Audit & Risk Committee, which was not within the Committee's remit to do. P Roseblade questioned where this now was, as it appeared to have been pushed back but without the evidence in place to support this. P Roseblade made reference to Datix 5755, Princess of Wales Air Handling Unit and electrical infrastructure for Labour Ward and Neonatal unit, which stated that the risk was reviewed and with mitigations identified that the consequence had reduced to a four. P Roseblade advised that the mitigations should reduce the likelihood and not the consequence and added that again she felt this was a push back to queries raised at the Audit & Risk Committee. G Watts agreed to undertake a review of the position on the two risks highlighted by P Roseblade outside the meeting and agreed that it would not be within the Audit & Risk Committee's remit to approve changes to risk scores, and added that the approval would have been undertaken at the Executive Leadership Group.
Resolution:	The report was REVIEWED and CONSIDERED
Action:	Review to be undertaken of the updates provided against Risks 4906 and 5755 and an update to be provided to P Roseblade outside the meeting.
6.2	HMP Parc and Young Persons Unit A Year On
	The Committee Chair agreed to defer this item to the next meeting for discussion given the unexpected absence of the report author.
Resolution:	The report was deferred to the next meeting.
6.3	Update on Dental Services
	T Allouni presented Members with an update on Dental Services. The Committee Chair advised that this had been an area of great concern for the Committee and welcomed the update that had been provided.

	G Hughes advised that this related to a large number of children, and as outlined in the presentation, there was a plan in place to address the waiting list and added that anything that could be done to expedite the plan would be important in order to reduce waiting times earlier than current modelling predicts. G Hughes advised that prevention was equally important in this area, and added that this position had been reached as young children were not being shown how to brush their teeth, which could be seen as harm, given that children were having to undergo operations under general anaesthetic for something that was wholly avoidable. G Hughes advised that his request to all services would be how the volume of children with such a serious level of dental decay could be addressed and prevented. N Milligan advised that as a Health Visitor this issue had always been very high on the agenda for herself and her colleagues, who were constantly promoting the need for appropriate teeth cleaning and dental hygiene. N Milligan made reference to slide three which detailed cancellation of non-urgent community dental clinics and questioned whether this would increase the waiting time and cause further harm to the children who were waiting. T Allouni advised that he would need to clarify this with the service and added that the service currently had two community dentists who were trying to balance clinics during the week and added that whilst there were no risks evident at present, the position was being closely monitored. J Denley advised that the position would need to be balanced in the short term, whilst the service were meeting the demand in the community dental service, which was broader than children, with a number of complex adults that required treatment also. J Denley added that this service was a difficult area to recruit into which meant that the role needed to be varied to attract more people into posts and retain staff. J Denley recognised that some of these young patients had been waiting an unacceptable length of time for an uncomfortable procedure. Members noted that there was a nationally funded Designed to Smile programme in place, which was stood down during the Covid Pandemic, and took quite some time to get back up and running given that all staff had been redeployed during the pandemic. J Denley advised that a piece of work needed to be undertaken in relation to communication and engagement both locally and nationally to spread the importance of oral hygiene and dental care. K Palmer extended her thanks to T Allouni for sharing the update given that the Committee had been concerned about dental services for some time and added that she was pleased to hear that this was being looked at and that mitigating actions had been identified. K Palmer also made reference to the Designed to Smile programme and questioned whether there was any work that could be undertaken with partners on cascading messages, for example social landlords, who would have direct access to vulnerable families. J Denley welcomed this suggestion and added that this needed to be layered with Public Health messaging and support.

	H Lentle also supported the comments made in relation to the Designed to Smile programme and added that during the Eisteddfod this initiative was being promoted on the Health Board's stall on the Maes, which she felt was a positive way to interact with the community, which the Health Board needed to do more of. C Bear advised that she had recently been supporting a refugee family, who had two children under the age of 10, both of whom had accessed this service due to poor dental hygiene, and queried whether there was awareness as to how many of the children on the waiting list were refugees, and whether this had increased the numbers waiting for treatment. P Daniels advised that whilst he did not have the data to hand, refugees were likely to be a small component of the wider issue and added that there were historical issues of dental health within Cwm Taf Morgannwg. P Daniels advised that in relation to the Designed to Smile programme, the programme raised awareness of tooth brushing at home and at nursery and school, fluoride varnishing and healthy eating, and added that whilst it was evident there was more work to do in this area, focus needed to be placed on populations within deprived areas. The Committee Chair made reference to two actions that remained open on the action log in relation to dental services and sought clarity as to whether Members felt content that these actions had been addressed within the presentation. Members confirmed they were happy for the actions to be closed.
Resolution:	The report was NOTED
Action:	Confirmation to be provided outside the meeting as to whether the cancellation of non-urgent community dental clinics would increase the waiting time and cause further harm to the children who were waiting
6.4	Health, Safety & Fire Sub Committee Highlight Report
	C Beadle presented the report and highlighted the matters contained within the alert/escalate section. The Committee Chair welcomed the action being taken in response to the concerns raised in relation to the issues being experienced with items obstructing all centre core landings within the main H block at Prince Charles Hospital.
Resolution:	The report was NOTED.
6.5	Human Tissue Authority Reportable Incident (HTARI) Reporting
	S Davies presented the report and highlighted the key matters for Members attention.
Resolution:	The report was NOTED
6.6	Impact and Governance around the management of Medication Shortages

	S Davies presented the report and advised that she would be happy to receive questions outside the meeting in relation to the content of the report.
Resolution:	The report was NOTED
6.7	Ward Accreditation – Progress Report
	B Gammon presented the report and highlighted the key matters for Members attention. K Palmer welcomed the update provided and sought clarity as to when a ward was allocated red or white. She questioned as to whether a ward would be revisited after a period of time, and if so, what the period of time would be. B Gammon advised that if a ward had been allocated a red status, an immediate wrap around action plan would be put into place and work would be undertaken with the Ward Manager and Senior Nursing Team to support them to address the actions identified. If a ward had been allocated a white status, B Gammon advised the same process would be followed, with a re-assessment undertaken after six months. R Hughes extended his thanks to B Gammon and the wider team for this piece of work and advised Committee Members that this process provided the ability to triangulate the data seen each month and put it into context in relation to the Healthcare setting as a whole and allowed for further intelligence to be gathered. R Hughes added that whilst the process may provide new information, it provided assurances to Nurse Directors and Heads of Nursing on what was being seen on a daily basis. The Committee Chair queried how the Wards had responded to this process and whether they saw the process as being supportive. B Gammon advised that to date no Wards had been allocated a red status and added that whilst the two wards that had been allocated a white status were disappointed, it had improved their compliance in relation to the undertaking of audits. Members noted that the process had also introduced some friendly competitive behaviour amongst wards, with some wards requesting the process to be undertaken in their areas and was being seen as a positive process. S O Brien advised that two of her wards had been audited, one of which was allocated white status and the other bronze status. S O Brien advised that whilst this was a very new process for Ward Managers, this was being seen as a positive exercise and was welcomed. S O Brien added that the process had created an opportunity for feedback to be shared and advised that she felt it was important that the Band 7 at the time of the review was present when the audit was being undertaken in order to provide clarity and narrative. The Committee Chair extended her thanks to B Gammon for presenting this positive piece of work and added that she hoped this continued to drive the increase in standards.
Resolution:	The report was NOTED

6.8	Annual Letter 2023/2024 Public Services Ombudsman for Wales
	R Hughes presented the report and highlighted the key matters for Members attention. The Committee Chair welcomed the report which she found to be timely and added that it was positive to hear about the building of relationships and advised that it was clear that the issue that led to that public interest report was very concerning. The Committee Chair advised that she had seen the detail and the immediate actions that had been taken and added that this Committee needed to be provided with assurance that the actions had been taken and would prevent this issue from reoccurring. The Committee Chair advised that whilst she had felt assured from reading the report, it would be important for Committee Members to be made aware what led to this issue and what processes had been put into place to ensure this would not happen again. R Hughes advised that at the time immediate concerns around staffing were being escalated to himself and the Executive Director of Nursing, and added that whilst there was awareness that this was a risk, processes were in place in order to identify where communications were required with external regulators, including the Public Services Ombudsman for Wales. R Hughes advised that it had not been anticipated that where those demands for diverted resources for Managers within the team, this created a single point of failure in that an excel spreadsheet was being used to clearly categorise the information required, which was not being shared. Members noted that this had now been addressed, with the tracker now being available to all Members within the Team via a shared system. In response to a query raised by the Committee Chair as to confidence that this situation would not arise again, R Hughes advised that he was confident this this particular issue would not reoccur. N Downes added that the data sets that were now being reviewed by the Team were at a really high level, and advised that the team were ensuring that huddles were taking place three times a week which were not taking place previously. Members noted that oversight was in place amongst the senior Team alongside improved communication. In response to a query raised by the Committee Chair as to whether the Ombudsman was satisfied with the action that had been taken, N Downes advised that they will be made aware and added that a response is in the process of being drafted to the Ombudsman to address the concerns raised.
Resolution:	The report was NOTED
7.	DELIVERING OUR PLAN
7.1	Patient Safety, Quality and Experience Dashboard
	N Downes presented the report and highlighted the key matters for Members attention.

K Palmer made reference to the trends continuing in relation to pressure damage incidents and added that it was hoped that improvements would be seen in this area given the number of programmes and training that had been put into place and questioned whether the programmes that had been put into place were having an impact. B Gammon advised that a collaborative had been established and review of the data had been undertaken which had highlighted the top 27 areas with the highest pressure ulcer and skin damage. Members noted that the collaborative would undertake a review of all the teaching and training and noted that work was also being undertaken with Arjo Huntleigh who undertake a yearly audit which would hopefully drive some of the change required. B Gammon advised that work was being undertaken with Nutritionists for them to become part of the collaborative and added that two steering groups had been established, one for falls and one for pressure damage, which would provide an opportunity for a review to be undertaken of all the pieces of work and the positive improvement programmes being undertaken across the Health Board.

K Palmer made reference to Duty of Candour and sought clarity as to how Duty of Candour was being monitored for Primary Care GP's in relation to incidents. N Downes confirmed that this was being monitored and added that he would be happy to provide some additional data on this with K Palmer outside the meeting. The Committee Chair advised that it would be helpful for Committee Members to understand the process as well as reviewing the results.

P Roseblade made reference to the graph contained on page 7 of the report which was informative and clear and advised that she found it difficult to reconcile the monthly information on the graph against the number of incidents, particularly the column where duty of candour was triggered, and added that there was significant variation between the reporters view on the level of harm and the severity of the incidents post investigation. P Roseblade advised that she thought duty of candour required contact to be made with the patient or their relative if patient was deceased, almost immediately if there was a thought or a suspicion that an incident had occurred which needed to be investigated, and advised that whilst she was unclear how quickly the regulations required contact to be made with patients or their relatives, she was of the understanding this needed to be a swift process. P Roseblade advised that the report highlighted that during August, there were around 50 incidents reported where there was a feeling of harm, which reduced significantly post investigation, compared to 11 incidents where the duty of candour was triggered.

N Downes advised that the Duty of Candour Annual Report will be presented to the November meeting of the Committee and added that whilst the reporting of the severity of the incident was getting better as a result of training that had been provided to staff on reporting, there were occasions where the level of harm that had occurred was being amplified within the duty of candour. N Downes confirmed that there was a short period of time in which the patients or their relatives needed to be contacted, and contact was being made at very high rates and added that steps were being taken to ensure that rapid review incident

	meetings were taking place as soon as possible after a duty of candour had been triggered to ensure that the level of harm reported is sufficient and correct, to enable contact to be made with patients and their relatives. P Roseblade sought clarity as to whether contact was made with patients or their relatives prior to the investigation report, of if this was not the case, then the data reads as if the gap was getting worse. The Committee Chair advised that in light of the new Committee Structure that had been put into place, she had made a recommendation to the Corporate Governance Team that it may be helpful for Committee Members to have some refresher training on Duty of Candour. S Davies advised that there would be a number of stages to this process, the initial incident, rapid review within 48 hours, the patient then needs to be contacted by letter within 30 days of the rapid review. N Downes advised that he would be happy to present the process back to the next meeting if Members would find it helpful. R Hughes suggested that the Duty of Candour process and other compliance pathways may be a suitable topic for discussion at a future Board Development session. The Committee Chair welcomed this suggestion and added this would be helpful for Committee Members to help them understand the processes in more detail and how the figures reported align to the process.
Resolution:	The report was NOTED
Action:	Confirmation to be provided outside the meeting as to how Duty of Candour was being monitored for Primary Care GP's in relation to incidents
Action:	Duty of Candour process and other compliance pathways to be discussed at a future Board Development session.
8.	CONSENT AGENDA
8.1	For Approval
8.1.1	Unconfirmed Minutes of the meeting held on 23 July 2024
Resolution:	The Minutes were APPROVED
8.1.2	Quality & Safety Committee Terms of Reference
Resolution:	In light of the Committee Review, the Terms of Reference will be received for noting at the November 2024 meeting
8.1.3	Putting Things Right Annual Report
Resolution:	The report was APPROVED
8.1.4	Energy Policy
Resolution:	The Policy was APPROVED
8.1.5	Management of High Voltage Electrical Systems Policy

Resolution:	The Policy was APPROVED
8.2	FOR NOTING
8.2.1	Action Log
Resolution:	The action log was NOTED
8.2.2	Committee Annual Cycle of Business 2024
Resolution:	The Cycle of Business was NOTED
8.2.3	Forward Work Programme
Resolution:	The Forward Work Programme was NOTED
8.2.4	Healthcare Inspectorate Wales Action Plan Tracker
Resolution:	The report was NOTED
8.2.5	Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report
Resolution:	The report was NOTED
8.2.6	Infection, Prevention & Control Annual Report
Resolution:	The report was NOTED
8.2.7	Individual Patient Funding Request Annual Report
Resolution:	The report was NOTED
8.2.8	All Wales Learning From Events Framework
Resolution:	The report was NOTED
9.	CLOSE OUT BUSINESS
9.1	Any Other Business
	There was no other business to report.
9.2	Highlight Report to Board
	Members noted that this would be drafted by the Corporate Governance Team outside the meeting.
9.3	How Did we do in this Meeting
	A Llewellyn advised that the Committee was improving in relation to presenters being brief when presenting reports, however she felt that there were times during the meeting where discussions became too operational rather than focussing on strategic issues. G Hughes advised that reflecting on the conversation held around the Duty of Candour, it would be helpful to introduce an annual development session for the Committees to focus on various processes, for example the Quality Dashboard, Duty of Candour, in order for further assurance to be provided. G Hughes queried whether it would be helpful to schedule this into the annual cycles of business for all Committee meetings. G Watts welcomed this suggestion and advised that he would give this further consideration outside the meeting.

	The Committee Chair advised that she would fully support this suggestion and added that this would be time well spent for Committee Members. The Committee Chair added that the quality reports had become much better, including the Care Group reports.
Action:	Consideration to be given to scheduling in an annual development session into all Committee's Annual Cycles of Business where focus could be placed on areas such as the Quality Dashboard, Duty off Candour etc.
9.4	Identification of Future Spotlights and Thematic Presentations
	The Committee Chair advised that a number of suggestions had been made for spotlight reports throughout the meeting today.
10.	Items to be discussed at the In Committee Quality & Safety Committee held following this meeting
	• Current position - Health Visiting Services Bridgend • CCTV Cameras – Prince Charles Hospital Mortuary Department • Human Tissue Authority Reportable Incident (HTARI) Reporting - Verbal Update
11.	DATE AND TIME OF NEXT MEETING The next meeting takes place on Tuesday 19 November 2024 at 2:00pm.
12.	CLOSE OF MEETING

Agenda Item	8.1.2

Unapproved Minutes of the In Committee Quality & Safety Committee

Date and Time of Meeting	*Wednesday 18th September 2024 at 17:00hrs*
Venue	*Virtual via Microsoft Teams*

Members Present	Carolyn Donoghue	Independent Member (Committee Chair)
	Kath Palmer	Vice Chair (Committee Vice Chair)
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
In Attendance	Gethin Hughes	Chief Operating Officer
	Lauren Edwards	Executive Director of Allied Health Professionals and Healthcare Sciences
	Philip Daniels	Executive Director of Public Health
	Gareth Watts	Director of Corporate Governance & Board Secretary
	Richard Hughes	Deputy Director of Nursing
	Sallie Davies	Deputy Medical Director
	Suzanne Hardacre	Director of Midwifery
	Leah Panniers	Interim Deputy Head of Nursing CYP
	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Meeting Observers	Nathan Couch	Audit Wales

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
1.2	Apologies for Absence
	• Dilys Jouvenat, Independent Member; • Greg Dix, Executive Director of Nursing; • Dom Hurford, Executive Medical Director; • Hywel Daniel, Executive Director for People;
1.3	Declarations of Interest

	There were no declarations of interest received.
2.	COMMITTEE BUSINESS MATTERS – MAIN AGENDA
2.1	Current position - Health Visiting Services Bridgend
	S Hardacre introduced the report and highlighted the key matters for Members attention. In response to a query raised by K Palmer, S Hardacre confirmed that an action plan had been developed and added she would be happy to share this with Members at a future meeting. The Committee Chair extended her thanks to S Hardacre for presenting the update and advised that the Committee felt that appropriate action was being taken.
Resolution:	The report was NOTED
Action:	Action plan to be presented to a future meeting of the Committee.
2.2	CCTV Cameras – Prince Charles Hospital Mortuary Department
	S Davies presented the report and highlighted the key matters for Members attention. Following discussion, Members requested further assurance that no abnormal activity or incidents had occurred during the time of the reported issues.
Resolution:	The Report was NOTED
Action:	Further assurance to be provided that no abnormal activity or incidents had occurred during the time of the reported issues.
2.3	Human Tissue Authority Reportable Incident (HTARI) Reporting
	S Davies provided Members with a verbal update in relation to HTARI and Near-Miss HTARIs outcomes since April 2023. The Committee Chair advised that she would welcome further updates at a future meeting as further information is made available.
Resolution:	The verbal update was NOTED
3.	Any other Business
	A discussion was held in relation to the issues reported in the Unscheduled Care Group Highlight Report within the alert/escalate section which was received during the public session of the Committee. Following discussion, it was agreed that a report containing additional detail would be shared with Members outside the meeting.
Action:	Further detail to be shared with Members outside the meeting in relation to the matter contained within the alert/escalate section of the Unscheduled Care Group Highlight Report.
4.	DATE AND TIME OF NEXT MEETING
	To be confirmed

Agenda Item
8.2.1

Quality & Safety Committee

Quality & Safety Committee Annual Cycle of Business

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Quality & Safety Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 January 2024 to 31 December 2024 (Appendix 1). From January 2025, the Quality & Safety Committee will be known as the Quality, Safety & Experience Committee. A new Cycle of Business has been developed for next year and is attached as Appendix 2. This Cycle of Business reflects any new areas captured within the extended experience remit.

1.3 Any changes made to the Annual Cycle of Business since the last meeting will be identified in red moving forwards.

2. Specific Matters for Consideration

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

3.1 Please refer to Appendix 1 – Quality & Safety Committee Cycle of Business for further detail. Any changes have been identified in red.

3.2 Please refer to Appendix 2 for the Cycle of Business for the Quality, Safety & Experience Committee for 2025.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Quality & Safety Committee are asked to NOTE the Annual Cycle of Business for 2024 and the Annual Cycle of Business for the Quality, Safety & Experience Committee for 2025. .

Quality & Safety Committee

Cycle of Business

(1st January 2024 – 31st December 2024)

The Quality & Safety Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st January 2024 to 31st December 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

Quality & Safety Committee Cycle of Business (1st January 2024 – 31st December 2024)

Item of Business	Executive Lead	Reporting period	23 Jan 2024	Feb 2024	14 Mar 2024	April 2024	16 May 2024	June 2024	23 July 2024	Aug 2024	18 Sep 2024	Oct 2024	19 Nov 2024	Dec 2024
SHARED LISTENING & LEARNING														
Shared Listening & Learning Story	Executive Director of Nursing	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Thematic Spotlight Presentation	Lead Clinical Executive	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
SETTING THE SCENE – SERVICE DELIVERY														
Report from the Clinical Executives	Clinical Executives	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Care Group Highlight Reports	Executive Director of Nursing	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
GOVERNANCE, RISK AND ASSURANCE														
Organisational Risk Register – Risks Assigned to Quality & Safety Committee	Director of Corporate Governance/ Board Secretary	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Healthcare Inspectorate Wales Action Plan Tracker Agreed at the agenda planning session held on 6 August 2024 that this report would be included on the main agenda from the November 2024 meeting – with a six monthly cycle to be established for main agenda reporting	Executive Director of Nursing	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Mortality Indicators and Mortality Reviews	Executive Medical Director	Bi-annually	⚑						⚑					
National Collaborative Commissioning Unit Quality Improvement and Assurance Service Annual Position Statement	Director of Nursing, Performance and Quality, NCCU	Annually									⚑ Defer to Nov 24		⚑	
Continuing Healthcare (CHC) and Funded Nursing Care (FNC) Activity.	Executive Director of Nursing	Annually	⚑ Defer to Mar 24		⚑									
Infection, Prevention & Control Report (Annual Report and Mid-Year Update) Exception reports will be presented as and when required	Executive Director of Nursing	Bi-Annually					⚑ End of year update				⚑ Annual Report		⚑ Mid Year update	
DELIVERING OUR PLAN														
Quality Dashboard Report	Executive Director of Nursing	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
EASC Quality & Safety Highlight Report Will be superceded by new Governance Structure within the new Joint Commissioning Committee	Chief Ambulance Services Commissioner	Bi-Annually	⚑						⚑					
DELIVERING OUR IMPROVEMENT PROGRAMMES														

Item of Business	Executive Lead	Reporting period	23 Jan 2024	Feb 2024	14 Mar 2024	April 2024	16 May 2024	June 2024	23 July 2024	Aug 2024	18 Sep 2024	Oct 2024	19 Nov 2024	Dec 2024
Stroke Services Progress Report Agreed at the agenda planning session held on 3 October 2024 that stand alone reports no longer required on Stroke Services – updates to be included in the USC Care Group Highlight report moving forward	Executive Director of Therapies and Health Sciences	Quarterly			⚑				⚑					
Mental Health In-Patient Improvement Progress Reports Agreed at the agenda planning session held on 6 August 2024 that these reports would move to six monthly (next report due January 2025)	Executive Director of Allied Health Professionals and Health Sciences	Six monthly	⚑		⚑		⚑		⚑					
CONSENT AGENDA ITEMS – FOR APPROVAL/NOTING														
Minutes of the previous meeting	Director of Corporate Governance	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Action Log	Director of Corporate Governance	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Committee Annual Cycle of Business	Director of Corporate Governance	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Committee Forward Work Plan	Director of Corporate Governance	All regular meetings	⚑		⚑		⚑		⚑		⚑		⚑	
Committee Annual Report	Director of Corporate Governance	Annually					⚑							
Quality & Safety Committee Terms of Reference	Director of Corporate Governance	Annually	⚑ Defer to July 24						⚑ Defer to Sept 24		⚑ Defer to Nov 24		⚑	
Quality & Safety Committee Annual Self-Assessment	Director of Corporate Governance	Annually							⚑					
Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report	Director of Corporate Governance	Bi-monthly	⚑				⚑				⚑		⚑	
Putting Things Right Annual Report	Director of Corporate Governance	Annually							⚑ Defer to Sept 24		⚑			
Organisational Wide Policies for Approval	Director of Corporate Governance	As and when they arise												
Clinical Policies Highlight Report	Executive Medical Director	Bi-Annually					⚑						⚑	
Safeguarding & Public Protection Annual Report	Director of Nursing	Annually											⚑	
Welsh Ambulance Services NHS Trust Patient Experience Report Update has been included in the Unscheduled Care Group Highlight Report for July 2023	Director of Nursing	Quarterly	⚑				⚑		⚑				⚑	

Item of Business	Executive Lead	Reporting period	23 Jan 2024	Feb 2024	14 Mar 2024	April 2024	16 May 2024	June 2024	23 July 2024	Aug 2024	18 Sep 2024	Oct 2024	19 Nov 2024	Dec 2024
Controlled Drugs Local Intelligence Network (CDLIN) Annual Report	Medical Director	Annually					⚑							
Cancer Services Annual Report	Medical Director	Annually					⚑							
Prescribing Annual Report	Medical Director	Annually											⚑	
RADAR Committee Highlight Reports (Annual Report and Mid-Year Update) – to include updates on Sepsis Compliance – Quality Improvement	Medical Director	Bi-Annually					⚑ Now July 24		⚑				⚑ Defer to Mar 25	
Clinical Audit Quarterly Report	Medical Director	Quarterly			⚑				⚑				⚑	
Clinical Audit Annual Plan	Medical Director	Annually			⚑									
Clinical Education Annual Report	Director of Nursing	Annually											⚑	
Individual Patient Funding Request Annual Report	New Chair being appointed	Annually									⚑			
Health, Safety & Fire Sub Committee Highlight Reports	Executive Director for People	Quarterly			⚑				⚑				⚑	
Radiation Safety Committee Annual and Mid-Year Updates	Director of Therapies & Health Sciences	Bi-Annually			⚑								⚑ Defer to Jan 25	
Covid 19 Inquiry Preparedness	Director of Nursing	Bi-Annually			⚑								⚑	
Nosocomial Investigation Update Report (Closure report received on 16 May 2024 – no further reports required)	Director of Nursing	Bi-Annually	⚑ Defer to May 2024				⚑							
Ombudsman's Annual Letter and Annual Report	Director of Nursing	Annually									⚑			
Human Tissue Authority Act Progress Report	Chief Operating Officer	Bi-Annually					⚑						⚑ Defer to Jan 2025	
CWM TAF Morgannwg Carers End of Year Progress Report 2022/23	Director of Nursing	Annually							⚑					
Organ Donation Committee Annual Report	Medical Director	Annually											⚑	
Access to Medicines Committee	Medical Director	Annually											⚑	

Quality, Safety & Experience Committee – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

The Quality, Safety & Experience Committee meets at least 6 times per annum.

Committee Chair:	Committee Vice Chair	Executive Leads for Agenda Planning
• Carolyn Donoghue, IM University	• Kath Palmer, Vice Chair	• Greg Dix, Executive Nurse Director / Deputy CEO

CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ Except for the annual review in November	⚑ Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Staff and Service User Experience																
8. Shared Listening & Learning Story	Executive Director of Nursing / Deputy CEO	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
9. Outcome reports - Executive and Independent Member Patient Safety Walkabouts	Executive Director of Nursing / Deputy CEO	Twice per annum.			✓						✓					
Setting the Scene – Service Delivery																
10. Thematic Spotlight Presentation	Lead Clinical Executive	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
11. Report from the Clinical Executives	Clinical Executives	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
12. Care Group Highlight Reports	Care Group Nurse Directors	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
Delivering our Plan																
13. Quality Dashboard Report	Executive Nurse Director / Deputy Chief Executive	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
14. Stroke Services Progress Report *(also captured in the regular Unscheduled Care, Care Group report)*	Executive Director of Therapies & Health Science / Chief Operating Officer	Twice per annum	✓						✓						X	✓
Governance, Risk and Assurance																
15. Organisational Risk Register – Risks Assigned to Quality & Safety Committee	Director of Corporate Governance	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
16. Health Inspectorate Wales (HIW) Audit Tracker Report	Director of Corporate Governance & Executive Nurse Director / Deputy Chief Executive	All Regular Meetings	✓		✓		✓		✓		✓		✓		X	✓
17. Coroner's Inquest – Case Activity & Lessons Learned	Executive Medical Director Executive Nurse Director / Deputy Chief Executive	Bi Annually			✓						✓				X	✓
18. Mortality Indicators and Mortality Reviews	Executive Medical Director	Bi Annually	✓										✓		X	✓
19. Continuing Healthcare (CHC) and Funded Nursing Care (FNC) Activity.	Executive Nurse Director / Deputy Chief Executive	Annually			✓										X	✓

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Governance, Risk and Assurance Contd.																
20. Infection, Prevention & Control Annual Report	Executive Nurse Director / Deputy Chief Executive	Annually													X	
21. Infection, Prevention & Control Strategy Implementation Plan	Executive Nurse Director / Deputy Chief Executive	Annually														
22. Putting Things Right Annual Report	Executive Nurse Director / Deputy Chief Executive	Annually														X
23. Non Clinical Policies for approval	Executive Portfolio determined.	As and when required														X
24. Clinical Policies Highlight Report	Executive Medical Director	Bi-Annually														X
25. Safeguarding & Public Protection Annual Report	Executive Nurse Director / Deputy Chief Executive	Annually														X
26. Nurse Staffing Levels Wales Act 2016	Executive Nurse Director / Deputy Chief Executive	Twice per Annum														X
27. Medicines Management *(Including Controlled Drugs Local Intelligence Network (CDLIN) / Prescribing Annual Report) Prescribing errors captured in quality dashboard)*	Executive Medical Director	Annually plus exception reporting													X	
28. Oversight on the delivery of the R&D Strategy	Executive Nurse Director / Deputy Chief Executive	Bi Annually														
29. Cancer Services Annual Report	Executive Medical Director	Annually														X
30. RADAR Committee Highlight Annual Report	Executive Medical Director	Annually plus exception reporting														X
31. Clinical Audit Quarterly Report	Executive Medical Director	Quarterly														X
32. Clinical Audit Annual Plan	Executive Medical Director	Annually														X
33. Clinical Education Annual Report	Executive Nurse Director / Deputy Chief Executive	Annually														X
34. Individual Patient Funding Request Annual Report	Executive Director of Strategy & Transformation	Annually														X

35. Radiation Safety Committee Annual and Mid-Year Updates	Executive Director of Therapies & Health Science	Bi Annually			✓									✓		✓	X
36. Ombudsman's Annual Letter and Annual Report	Executive Director of Nursing / Deputy Chief Executive	Annually										✓				✓	X
37. Human Tissue Authority Act Progress Report	Executive Medical Director	Bi Annually					✓							✓		✓	X
Items of Business	**Executive Lead / Or External Representative**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**
Governance, Risk and Assurance Contd.																
38. CTM Carers End of Year Progress Report	Executive Director of Nursing / Deputy Chief Executive	Annually							✓						✓	X
39. Health, Safety & Fire Sub Committee Highlight Reports	Executive Director of People	All meetings following a Sub Committee			✓				✓		✓		✓		✓ Unless there is an area for escalation	X
40. Health, Safety & Fire Sub Committee Annual Committee Report	Executive Director of People	Annually					✓								✓	X
41. Organ Donation Sub Committee Highlight Reports	Executive Medical Director	All meetings following a Sub Committee	✓				✓		✓				✓		✓ Unless there is an area for escalation	X
42. Organ Donation Sub Committee Annual Committee Report	Executive Medical Director	Annually					✓								✓	X
43. Hosted Organisations Quality, Safety & Experience Updates	JCC Chief Commissioner NIAW Programme Director	TBD													✓ Unless there is an area for escalation	X
44. Anti-Microbial Resistance reports	Executive Medical Director	Twice Per Annum					✓						✓			

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

QUALITY & SAFETY COMMITTEE – FORWARD WORK PLAN				
Origin of Request	Category of Report / Presentation (Deferred Item / Additional Item / Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Request made by the Quality & Safety Committee Chair	Additional Item	Annual Quality Work Plan	Director of Nursing/Executive Director of Allied Health Professionals and Health Sciences	In progress The Annual Quality Report was presented for endorsing by Board at the July Q&SC and this was endorsed at July Board. Annual Quality work plan to be presented to the a future meeting of the Committee – date to be confirmed
Request made by Executive Director of Nursing at agenda planning session for this item to be added to the agenda	Additional Item	Nursing & Midwifery Plan	Executive Director of Nursing	Received at the May meeting. Agreed that annual updates on progress would be included in the Clinical Executives report. Next update May 2025
Email request received from the Deputy Chief Operating Officer	Additional Item	Parc Prison Health Care - A Year on Report	Deputy Chief Operating Officer	Planned for 23 July 2024 – Now deferred to 18 September 2024. This was on the agenda for 18 September. Given absence of Care Group Nurse Director this report has now been deferred to the November 2024 meeting – On agenda
Suggested at the May 2024 meeting that report would be presented to a future meeting on this item	Additional Item	CTM Escalation Policy	Chief Operating Officer	Agreed at agenda planning this this could be presented to the 18 September 2024 meeting. Following discussion with the Chief Operating Officers Business Team, this Policy is in the process of being reviewed and updated and will be available for circulation in early 2025.

Origin of Request	Category of Report / Presentation (Deferred Item / Additional Item / Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Executive Director of Nursing requested that this items was added to the agenda	Additional Item	Coroners Cases/Inquests which identifies the plan for reporting moving forwards in relation to Lessons Learnt and Themes and Trends.	Assistant Director of Concerns, Legal Services, Clinical Audit & Informatics	Was planned for 18 September 2024. This will now be presented the 19th November. – On agenda
Email request received from the Medical Directors office for this to be received six monthly at the Committee	Additional Item	Antimicrobial Resistance Report	Executive Medical Director	Planned for the 19th November 2024 – this will then be submitted to the Committee on a 6 Monthly cycle and will be added to the annual cycle of business for 2025 – On agenda
Email request received from the Senior Nurse Acute Deterioration and Outreach Services	Additional Item	Spotlight Presentation Decision Making around ACP/DNACPR/TEP (case presentation to highlight the need for more resource in end-of-life education and training)	Executive Medical Director	Awaiting confirmation that this request has been discussed and agreed by Exec Lead
Update provided at the September 2024 meeting by the Assistant Director of Quality & Safety	Additional Item	Duty of Candour Annual Report	Executive Director of Nursing	Planned for 19 November 2024 – On agenda

Email request received from the Director of Corporate Governance & Board Secretary	Additional Item	CTMUHB Welsh Risk Pool and Legal & Risk Services Annual Review 2023-24	Executive Director of Nursing	Planned for 19 November 2024 – On agenda
Email request received from the Assistant Head of Assets Governance and Technical Services	Additional Item	Estates Policies for approval: • Asbestos Management Plan • Water Safety Plan • Medical Gases Policy • Ventilation Policy	Executive Director of Finance	Planned for 19 November 2024 – now deferred to 21 January 2025
Advised by the Deputy Director of Nursing at the September 2024 that this item would be coming forward	Additional Item	Spotlight Presentation - Work being undertaken to address sexual safety issues within healthcare settings	Deputy Director of Nursing	Planned for 19 November 2024 – On agenda
Email request received from the Assistant Director of Governance & Risk	Additional Item	Infant Feeding Strategy	Director of Midwifery	Planned for 21 January 2025
Email request received from the Patient Care & Safety Business Manager on behalf of the Deputy Director of Nursing	Additional Item	Safeguarding Strategy	Executive Director of Nursing/Deputy Chief Executive	Planned for 21 January 2025

Completed Activity From the Forward Work Programme:

Origin of Request	Category of Report / Presentation (Deferred Item / Additional Item / Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Assistant Director of Concerns, Legal Services, Clinical Audit & Informatics	Additional Item	All Wales Learning From Events Organisational Learning Policy	Executive Director of Nursing	Completed This was received and noted at the meeting held on 18 September 2024
Suggested at the May 2024 meeting that report would be presented to a future meeting on this item	Additional Item	Dental Services	Chief Operating Officer	Completed This was received and discussed at the meeting held on 18 September 2024
Email request received from the Medical Directors Office for this to be added to the agenda	Additional Item	Assurance Report – HTA Reportable Incidents	Medical Director	Completed This was received and discussed at the meeting held on 18 September 2024
Email request received from the Assistant Director of Governance & Risk following discussion at Operational Management Board	Additional Item	Impact and governance around the management of 'Medication shortages	Medical Director	Completed This was received and noted at the meeting held on 18 September 2024
Teams message request from Head of Assets,	Additional Items	Estates Policies for Approval: • Energy Policy • High Voltage Electricity Policy	Executive Director of Finance	Completed The policies were received and approved at the meeting held on 18 September 2024

Governance and Technical Services				
Email request received from the Assistant Director of Nursing and People's Experience	Additional Item	Ward Accreditation	Executive Director of Nursing	Completed This was received and discussed at the meeting held on 18 September 2024

Agenda Item
8.2.3

Quality & Safety Committee

Terms of Reference – Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Health Board Meeting	26/09/2024	APPROVED

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

1.3 As part of the Committee Review undertaken by the Assistant Director of Governance & Risk, it was agreed that the title of the Committee changes to the Quality, Safety & Experience Committee. In this respect, the Terms of Reference were revised and submitted to the Public Board meeting held on the 26 September 2024 as part of a suite of Terms of Reference for the new Committee structure for formal approval.

1.4 The Quality, Safety & Experience Committee Terms of Reference form schedule 3.8 of the Standing Orders and the purpose of the paper is to share the Terms of Reference with Committee Members for noting.

2. Specific Matters for Consideration

2.1 The Terms of Reference were approved at the Public Board meeting held on 26 September 2024 and will require an annual review by the Committee in September 2025.

3. Key Risks / Matters for Escalation

3.1 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Committee are requested to NOTE the Terms of Reference.

6. Next Steps

6.1 The Terms of Reference will require an annual review at the September 2025.

Agenda Item
8.2.4

Quality & Safety Committee

NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY ASSURANCE AND IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2023-24

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sanjeev Mahapatra, Head of Operations
Cyflwynydd yr Adroddiad / Report Presenter	Adrian Clarke, Deputy Director and Head of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Shane Mills, Director of Commissioning Specialist Mental Health, Learning Disabilities and Vulnerable Groups

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
NCCU	National Collaborative Commissioning Unit
QAIS	Quality Assurance and Improvement Service
NWJCC	NHS Wales Joint Commissioning Committee
CCAPS	Commissioning Care Assurance and Performance System

1. Situation /Background

1.1 The purpose of the report is to provide an update to the CTMUHB Quality and Safety Committee (as host body) for assurance purposes.

1.2 The attached report at Appendix 1: 'Quality Assurance Improvement Service 12th Annual Position Statement 2023-24' provides the Committee with an overview of the two National Collaborative Frameworks which were overseen by the National Collaborative Commissioning Unit. The NCCU was hosted by Cwm Taf Morgannwg UHB and based in Charnwood Court in Nantgarw.

The National Collaborative Frameworks are as follows:

1. National Collaborative Framework for Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals ('Hospital Framework').
2. National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities care homes & care homes with nursing for NHS and Local Authorities in Wales ('Care Home Framework')

Prior to 2012, externally provided mental health and learning disabilities hospital and care services were commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee. These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these commissioned services was the remit of individuals or small teams within organisations with little or no collaboration.

An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent"[1] . In March 2012, a National Collaborative Framework for Medium and Low Secure Care was launched, and was successful in improving quality, enhancing assurance and reducing costs. Subsequently, the Chief Executives of the NHS Wales Health Boards considered that a broader suite of services such as locked and open rehabilitation required this level of assurance and the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was launched in April 2014.

In October 2015, a National Collaborative Framework for Children and Adolescent Mental Health Services Low Secure & Acute Non-NHS Wales Hospital Services was launched at the request of the Together for Children and Young People Programme.

In October 2016, a National Collaborative Framework for Care Homes Adults in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing

[1] Tayside Centre for Organisational Effectiveness (2013). Review of the NHS Wales Mental Health & Learning Disability Secure Services Procurement Project, a retrospective view. Cardiff: NHS Wales

launched and provides consistent quality, standards, placement process and contractual terms for all Health Boards and Local Authorities to commission placements.

In April 2022 both Adult and Children's Hospital frameworks were replaced with the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

April 2024 saw the formation and launch of the new NHS Wales Joint Commissioning Committee (NWJCC) which has absorbed the current activities of the National Collaborative Commissioning Unit. The NWJCC continues the work of its legacy organisations in supporting the delivery of both the Hospital and Care Home frameworks.

Legal Status

The NHS Wales National Collaborative Frameworks are formal agreements and mechanisms developed by the National Collaborative Commissioning Unit and NHS Wales: Shared Services Partnership-Procurement. This enables all signatory NHS Wales and Local Authorities to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board or Local Authority Standing Orders and Financial Instructions.

Commissioning Responsibilities

The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services. These services are provided once a patient or resident is placed through the National Collaborative Framework processes and an individual placement agreement is generated, and therefore a contract enacted, between the commissioner (Health Board, Local Authority or Welsh Health Specialised Services Committee) and provider.

Benefits

The National Collaborative Frameworks have been developed to enable:

- Consistent and sustainable high-quality service provision and improved outcomes for individuals.
- An approved directory of suitably qualified, financially viable providers to meet specified quality, service and cost criteria.
- The establishment of bespoke care standards, standard contract terms/conditions, and a transparent pricing framework.

Scope

The scope of services covered by the National Collaborative Frameworks is Independent and NHS England hospitals and independent care homes providing the following services:

- Medium secure mental health.
- Medium secure learning disability.
- Low secure mental health.
- Low secure learning disability.

- Controlled egress (formally locked rehabilitation) mental health.
- Controlled egress (formally locked rehabilitation) learning disability.
- Uncontrolled egress (formally open rehabilitation) mental health.
- Uncontrolled egress (formally open rehabilitation) learning disability.
- Acute mental health
- Psychiatric Intensive Care mental health.
- Care homes without continuous staffing mental health.
- Care homes without continuous staffing learning disability.
- Care homes with continuous staffing mental health.
- Care homes with continuous staffing learning disability.
- Care homes with nursing mental health.
- Care homes with nursing learning disability.
- Low secure care child and adolescent mental health.
- Acute care child and adolescent mental health.

National Ten-Year Trend by tier of service

There are six 'tiers' of service on the Hospital Framework, which are medium secure hospitals, low secure hospitals, controlled egress hospitals and uncontrolled egress hospitals, Acute and PICU.

1. Medium Secure Hospitals

Medium secure services are specifically designed to meet the needs of patients who present a serious risk to themselves or others, combined with the potential to abscond. In many cases, patients in medium secure care will have committed an offence or been referred to hospital by the court services.

2. Low Secure Hospitals

Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

3. Controlled Egress Hospitals

Controlled egress services, previously termed 'locked rehabilitation', provide rehabilitative services to patients with complex needs and challenging behaviours. These units have locked or lockable doors to prevent unplanned egress.

4. Uncontrolled Egress Hospitals

Uncontrolled egress services, previously termed 'open rehabilitation', provide rehabilitative services to patients with longer-term needs. In general, these units only lock the entrances/exits at night for security purposes.

5. Acute

Acute care provides service to people who are experiencing a severe, short term episode of mental illness. Patients may be admitted onto an acute inpatient ward if they are experiencing serious mental distress which cannot be dealt with by a community service.

6. PICU

Psychiatric Intensive Care Units (PICUs) are specialist twenty-four hour inpatient wards that provide intensive assessment and comprehensive treatment to individuals during the most acute phase of a serious mental illness.

A comparison with 2022/23 saw 3 Health Boards had a decrease and three Health Boards had an increase and two remained the same in use of the Hospital Framework as shown below:

- Aneurin Bevan University Health Board has had an increase of 11% since 2015 and a 13% decrease since last year.
- Betsi Cadwaladr University Health Board had an increase of 16% since 2015 and an 18% increase since last year.
- Cardiff and Vale University Health Board had a decrease of 2% since 2015 and 4% decrease since last year.
- Cwm Taf Morgannwg UHB had an increase of 26% since 2015 and a 10% decrease since last year.
- Hywel Dda UHB had a decrease of 15% since 2015 and a 17% increase since last year.
- Powys Teaching HB had an increase of 47% since 2015 and a 3% decrease since last year.
- Swansea Bay UHB had a decrease of 43% since 2015 and a 12% decrease since last year.

The launch of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework in April 2022 required a new matrix of incident reporting based around the new core outcomes measures. 10,049 incidents were reported in the year, a reduction of just over 1,000 from the previous year.

- No Harm – 4657 incidents (46%)
- Low Harm – 2383 incidents (24%)
- No Harm (impact not prevented) – 2606 incidents (26%)
- Moderate Harm – 392 incidents (4%)
- Severe Harm – 9 incidents
- Death – 2 incidents

Complaints

All complaints reported are monitored by the QAIS team to highlight areas of investigation or improvement. Complaints are monitored at a patient, unit, hospital and provider level. In 2023-24 there were a total of 135 complaints, a significant 45% reduction on the previous reporting year (247) as the systems and processes around the new framework have become embedded. Reported complaints by patients receiving assurance under the new Framework are now categorised against a bespoke 36-point matrix of nine complaint areas with sub-categories in each.

The most significant increase in complaints were seen in the areas of staff attitude and behaviour of another patient. All other areas remained the same or reduced in comparison with last year.

- 10% (14) were classed as Hotel Services in 2023-24 compared to 4% in 2022-23.
- 38% (51) were classed as Attitude / Behaviour of Staff in 2023-24 compared to 44% in 2022-23.
- 15.5% (21) were classed as Behaviour of other Patient in 2023-24 compared to 10% in 2022-23.
- 3% (4) were classed as Communication in 2023-24 compared to 4% in 2022-23.
- 7% (9) were classed as Patient Property in 2023-2024 compared to 10% in 2022-23.
- 18% (24) were classed as Clinical Treatment in 2023-24 compared to 22% in 2022-23.
- 2% (3) were classed as Legal in 2023-24 compared to 1% in 2022-23.
- 5% (7) were classed as Hospital Protocols in 2023-24 compared to 3% in 2022-23.
- 1.5% (2) was classed as Equality & Diversity in 2023-24 compared to 0.5% in 2022-23.

Safeguarding:
The QAIS collate all reported potential safeguarding concerns involving patients receiving care under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework through CCAPS. These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ('confirmed'), or not ('unconfirmed'). In 2023-24, 48% (80) of the 165 reported safeguarding concerns were validated as confirmed and 52% (85) as unconfirmed. Information relating to reported safeguarding alerts help inform quality reviews.

CCAPS notifies key personnel within commissioning organisations of a new safeguarding alert to enable them to ensure required actions have been taken.

Safeguarding concerns can be sexual abuse, physical abuse, neglect, financial abuse and emotional / psychological abuse.
17.5% (14) recorded and confirmed as sexual.
39% (31) recorded and confirmed as physical.
17.5% (14) recorded and confirmed as neglect.
7.5% (6) recorded and confirmed as financial.
18.5% (15) recorded and confirmed as emotional / psychological.

Overview and Trends for CAMHS Hospital Framework

Providers:
There were 5 companies, 8 Hospital Sites and 18 individual units providing 28 CAMHS lots under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31st March 2024.

On 31st March 2024, there were four patients receiving assurance under the Framework, the same number as placed at the same time in 2022/2023.

Between the 1st April 2023 and 31st March 2024, there were 14 placements, 2 in Low Secure services and 12 in Acute services.

Type of service:
Admission to a CAMHS inpatient facility will usually be considered when the level of risk, complexity and/or acuity of the persons need cannot be safely or appropriately managed in the community. Young people may, or may not, be detained under the Mental Health Act to receive inpatient care. Inpatient services cover a range of support to effectively manage the differing need, complexity and acuity of young people with mental ill-health and neurodevelopmental diversity, these services can be grouped into types such as:

• Low secure: These services care for young people who present with needs requiring care in environments which can provide significant levels of physical, relational and procedural security. Young people may present with 'forensic' or 'complex non-forensic' needs.

• Psychiatric intensive care: These services care for young people with short term behavioural disturbance which cannot be contained within a general service. Behaviour, may include serious risk of either suicide, absconding with a significant threat to safety, aggression or vulnerability due to agitation or sexual disinhibition.

• General/Acute: These services, normally called 'General Adolescent Units', provide assessment and treatment for young people with acute or longer term treatment needs within a controlled environment without the need for enhanced physical or procedural security measures.

Maintaining the Quality of Care:
It is a requirement of providers to maintain the standards of care as set out in the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. Under the new framework there are 5 core outcome areas containing a total of 52 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice. 416 individual standards were audited between 1st April 2023 and 31st March 2024.

CAMHS Hospital Quality Assurance Reviews:
Out of the 8 reviews 8 (100%) maintained with no further action required.

Normally when any remedial action has not been rectified within the designated timeframe than a 'supervised Performance Improvement Plan' is issued and the providers '3Q' Quality Assurance Rating is adjusted to reflect the severity of the deficit.

Incidents:
There were a total of 288 incidents involving patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) between 1st April 2023 and 31st March 2024. Of these incidents:

- 197 or 68% were classed as negligible.
- 75 or 26% were classed as minor.
- 15 or 5% were classed as moderate.
- 1 or 0.4% were classed as severe.

Complaints:
There were 19 complaints reported under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) between 1st April 2023 and 31st March 2024. There were 15 complaints reported in 2022/23.

9 of these complaints related to attitude of staff, 5 related to clinical treatment, 2 relating to protocols and procedures, 1 related to the behaviour of another patient, 1 relating to communication and 1 regarding equality and diversity.

Some concerns raised by patients would have been resolved through internal reporting processes.

Safeguarding:
The QAIS collate all potential safeguarding concerns involving CAMHS patients receiving assurance under the Hospital Framework through CCAPS. 9 potential safeguarding concerns were reported between 1st April 2023 and 31st March 2024. All of these safeguarding concerns were reported internally and none were subsequently subject to validation by local safeguarding teams. Between 1st April 2023 and 31st March 2024:

- 1 concern was regarding neglect.
- 2 concerns regarded physical abuse.
- 5 concerns were regarding psychological / emotional abuse.
- 1 concern was regarding sexual abuse.

National Overview and Trends of the Care Home Framework

Providers of Care:
On the 31st March 2024, there were 42 providers used on the Care Home framework with 152 units with placements.

National Trend:
On the 31st March 2024 there were 467 Welsh residents receiving assurance under the Care Home Framework. This compares to 438 residents from the previous year, equating to a 6.6% increase.

There were 117 new admissions and 84 discharges between April 2023 and March 2024.

Distance from significant postcode:

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the residents community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the resident and distance to the provider is calculated from this geographical point.

The list below shows the distance of placement from significant postcode

- 68% of residents received care between 0-10 miles
- 18% of residents received care between 11-20 miles
- 4% of residents received care between 21-30 miles
- 4% of residents received care between 31-40 miles
- 4% of residents received care between 41-50 miles
- 2% of residents received care of 51+ from the significant postcode.

2. Specific Matters for Consideration

2.1 To note the activity for the two National Collaborative Frameworks throughout 2023/24.

2.2 The use of the Care Home Framework Agreement has seen an exponential rise over the past five years. There were 467 residents receiving assurance under the National Care Homes Framework Agreement as of 31st March 2024. That is an increase from 438 (6.6%) the previous year and 51% increase in numbers compared to 2021.

2.3 This is the final Annual Position Statement for the QAIS reported on behalf of the NCCU due to the formation of the NWJCC.

3. Key Risks / Matters for Escalation

3.1 This is an annual position statement to describe arrangements across Wales.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Undertaken at commencement of framework
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Undertaken at commencement of framework

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The Quality and Safety Committee is asked to: NOTE the Quality Assurance Improvement Service 12th Annual Position Statement 2023-24.

6. Next Steps

This is the final Annual Position Statement to be submitted on behalf of the former NCCU.

GIG CYMRU NHS WALES

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Quality Assurance Improvement Service

12th Annual Position Statement 2023-2024

Including update for the two National Frameworks

for Mental Health and Learning Disabilities

2024

CONTENTS

Introduction Pg 3
Foreword Pg 4
Background Pg 5
Section 1:Overview of Frameworks Pg 7
Section 2:Hospitals Framework (Adult) Pg 10
Section 3:Hospitals Framework (CAMHS) Pg 47
Section 4:Care Homes Framework Pg 56
Acknowledgements Pg 77

ABOUT THIS STATEMENT

Terms: 'Learning disability' is used as a term within this to describe individuals with a clinical diagnosis of intellectual disability. When discussing 'mental health hospitals' or 'learning disability hospitals' this denotes the classification of hospital not diagnosis of patients

Data: Some figures have been excluded in order to minimise disclosure risks associated with small numbers. Some percentages have been rounded, this means that for some figures the sum may not aggregate to 100%.

People Not Numbers: Whilst this report has many graphs and statistics, we note that behind every number is a vulnerable individual who deserves high quality and safe care.

Governance: This report will be received and approved by the NHS Wales Joint Commissioning Committee and the Cwm Taf Morgannwg University Health Board's Quality and Safety Committee (In line with the National Collaborating Commissioning Unit's prior host body arrangements), and will be distributed to all health boards in NHS Wales.

WHO WE ARE

The NHS Wales National Collaborative Commissioning Unit, hosted by Cwm Taf Morgannwg UHB, was the collaborative commissioning service of NHS Wales.

The vision of the National Collaborative Commissioning Unit was:

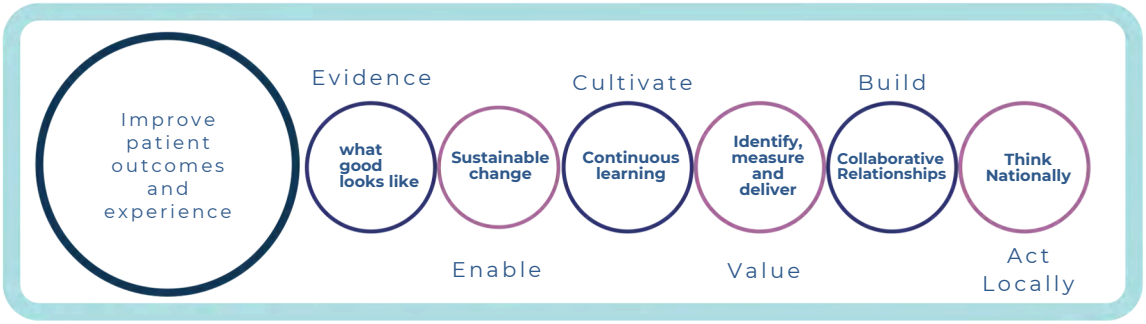
“Leading quality assurance and improvement for NHS Wales through collaborative commissioning”

The purpose of the National Collaborative Commissioning Unit was to improve patient outcomes and experience through the services it delivered.

The Unit adhered to a set of guiding principles as shown in figure 1 below.

The objectives of the National Collaborative Commissioning Unit were:

- Improve patient outcomes and experience.
- From a patient’s perspective - understand and articulate what good looks like.
- Embed national policy into local practice.
- Benefit from collaborative relationships.
- Deliver value.
- Change behaviour in order to embed innovation



THE QAIS

The Quality Assurance Improvement Service (QAIS) was a Division of the National Collaborative Commissioning Unit (now part of NWJCC) that focused on improving care, quality and value.

The objectives of the Division are to:

- Ensure safe, effective and high quality care is delivered that improves patient experience.
- Robustly challenge substandard provider performance.
- Provide oversight, advice and support to improve the quality of care.
- Facilitate collaborative working between providers and commissioners with the patient as the focus of care delivery.
- Ensure all procured services deliver value for money for the public purse.

FOREWORD

I write this foreword in September 2024 and the QAIS has evolved to become part of the newly formed NHS Wales Joint Commissioning Committee. As such, this is the final Annual Position Statement released on behalf of the National Collaborative Commissioning Unit.

The current iteration of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework is in its second year, new systems have embedded and improvements in processes continue to be made with significant strides being taken in the level of quality of care provided to our patients.

Through the continuing support from providers and commissioners, and the diligence and effort of the QAIS team we continue to see the benefits through a more outcome-focused and intelligence-led, citizen-centred service that ensures greater safety, quality and supports improvements in standards of care.

QAIS has visited just over 320 different care settings at 161 different sites across both hospital and care home frameworks between 1 April 2023 and 31 March 2024.

We are pleased to see overall improvements in assessed achievement against framework standards, a further 11% decrease in the number of reported incidents in our Framework hospitals since last year and a 45% reduction in the number of reported complaints. We will continue working with providers to maintain this trend. However, we note that costs increased significantly again this year and we are working with commissioners and providers to try and mitigate future cost increases whilst maintaining standards and capacity.

It is encouraging to report that placements with higher performing units remain high, with 98% of Adult hospital, 100% of CAMHS and 100% of Care Home placements made with 3Q providers.



Adrian Clarke
Dirprwy Gyfarwyddwr a Phennaeth Nyrsio
Deputy Director and Head of Nursing
NHS Wales

BACKGROUND

Introduction

Prior to 2012, externally provided mental health and learning disabilities hospital and care services were commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee.

These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these commissioned services was the remit of individuals or small teams within organisations with little or no collaboration. An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent."*

In March 2012, a National Collaborative Framework for Medium and Low Secure Care was launched, and was successful in improving quality, enhancing assurance and reducing costs. Subsequently, the Chief Executives of the NHS Wales Health Boards considered that a broader suite of services such as locked and open rehabilitation required this level of assurance and the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was launched in April 2014. In October 2015, a National Collaborative Framework for Children and Adolescent Mental Health Services Low Secure & Acute Non-NHS Wales Hospital Services was launched at the request of the Together for Children and Young People Programme.

In October 2016, the National Framework for Adults in Mental Health and Learning Disabilities Care Homes and Care Homes with Nursing launched and provides consistent quality, standards, placement process and contractual terms for all Health Boards and Local Authorities to commission placements.

In April 2022 both Adult and Children's Hospital frameworks were replaced with the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

April 2024 saw the formation and launch of the new NHS Wales Joint Commissioning Committee (NWJCC) which has absorbed the current activities of the National Collaborative Commissioning Unit. The NWJCC continues the work of its legacy organisations in supporting the delivery of both the Hospital and Care Home frameworks.

* Tayside Centre for Organisational Effectiveness (2013). Review of the NHS Wales Mental Health & Learning Disability Secure Services Procurement Project, a retrospective view. Cardiff: NHS Wales.

Legal Status

The NHS Wales National Collaborative Frameworks are a formal agreement and mechanism developed by the NHS Wales Collaborative Commissioning Unit and NHS Wales: Shared Services Partnership Procurement.

This enables all signatory NHS Wales and Local Authorities to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board or Local Authority Standing Orders and Financial Instructions.

Working in partnerhip with NHS Wales Shared Services Partnership

BACKGROUND

Commissioning

The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services. These services are provided once a patient or resident is placed through the National Collaborative Framework processes and an individual placement agreement is generated, and therefore a contract enacted, between the commissioner (Health Board, Local Authority or Welsh Health Specialised Services Committee) and provider.

Benefits

The National Collaborative Frameworks have been developed to enable:

- Consistent and sustainable high-quality service provision and improved outcomes for individuals.
- An approved directory of suitably qualified, financially viable providers to meet specified quality, service and cost criteria.
- The establishment of bespoke care standards, standard contract terms/conditions, and a transparent pricing framework.

Scope

The scope of services covered by the National Collaborative Frameworks are Independent and NHS England hospitals and independent care homes providing the following services:

- Medium secure mental health
- Medium secure learning disability
- Low secure mental health
- Low secure learning disability
- Controlled egress (formally locked rehabilitation) mental health
- Controlled egress (formally locked rehabilitation) learning disability
- Uncontrolled egress (formally open rehabilitation) mental health
- Uncontrolled egress (formally open rehabilitation) learning disability
- Acute mental health
- Psychiatric Intensive Care Mental Health
- Care homes without continuous staffing mental health
- Care homes without continuous staffing learning disability
- Care homes with continuous staffing mental health
- Care homes with continuous staffing learning disability
- Care homes with nursing mental health
- Care homes with nursing learning disability
- Low secure child and adolescent mental health
- Acute child and adolescent mental health
- Psychiatric Intensive Care child and adolescent mental health

SECTION 1

Overview of National Collaborative Frameworks

CURRENT ACTIVITY ACROSS THE FRAMEWORKS

For each National Collaborative Framework the following admissions and discharges were recorded from 1 April 2023 to 31 March 2024 (figure 2).

Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

Adults

- 349 (current patients and admissions 31 March 2024)
- 287 (discharges 1 April 2023 to 31 March 2024)

Child and Adolescent (CAMHS)

- 14 (current patients and admissions at 31 March 2024)
- 10 (discharges 1 April 2023 to 31 March 2024)

National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for NHS and Local Authorities in Wales.

- 467 (current residents and admissions 31 March 2024)
- 84 (discharges 1 April 2023 to 31 March 2024)

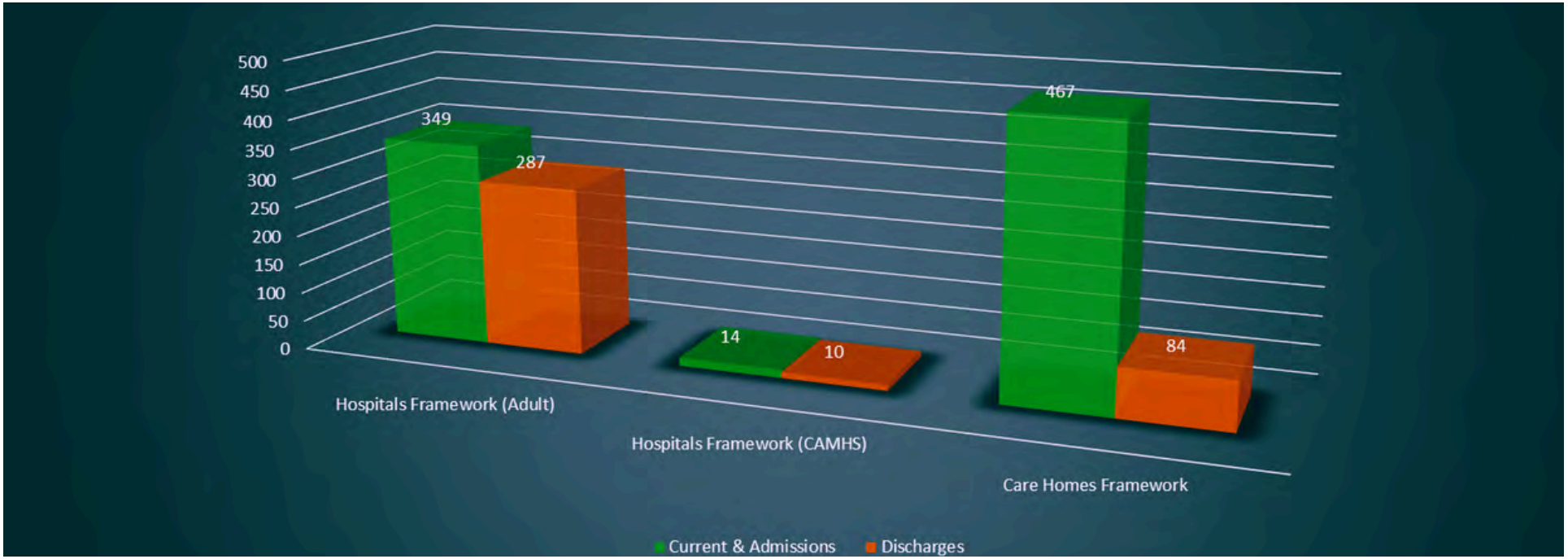


Figure 2: Admissions and Discharges Activity 2023-2024

7 YEAR FRAMEWORK ACTIVITY

Figure 3 illustrates the activity (all admissions and discharges) on all National Collaborative Frameworks over the past 7 years. Since 2017-18 when there were 637 patients who received assurance under the National Frameworks, the total number of patients and residents has increased to 1219 by 31st March 2024 representing an increase of 91% and an increase of 12% since last year.

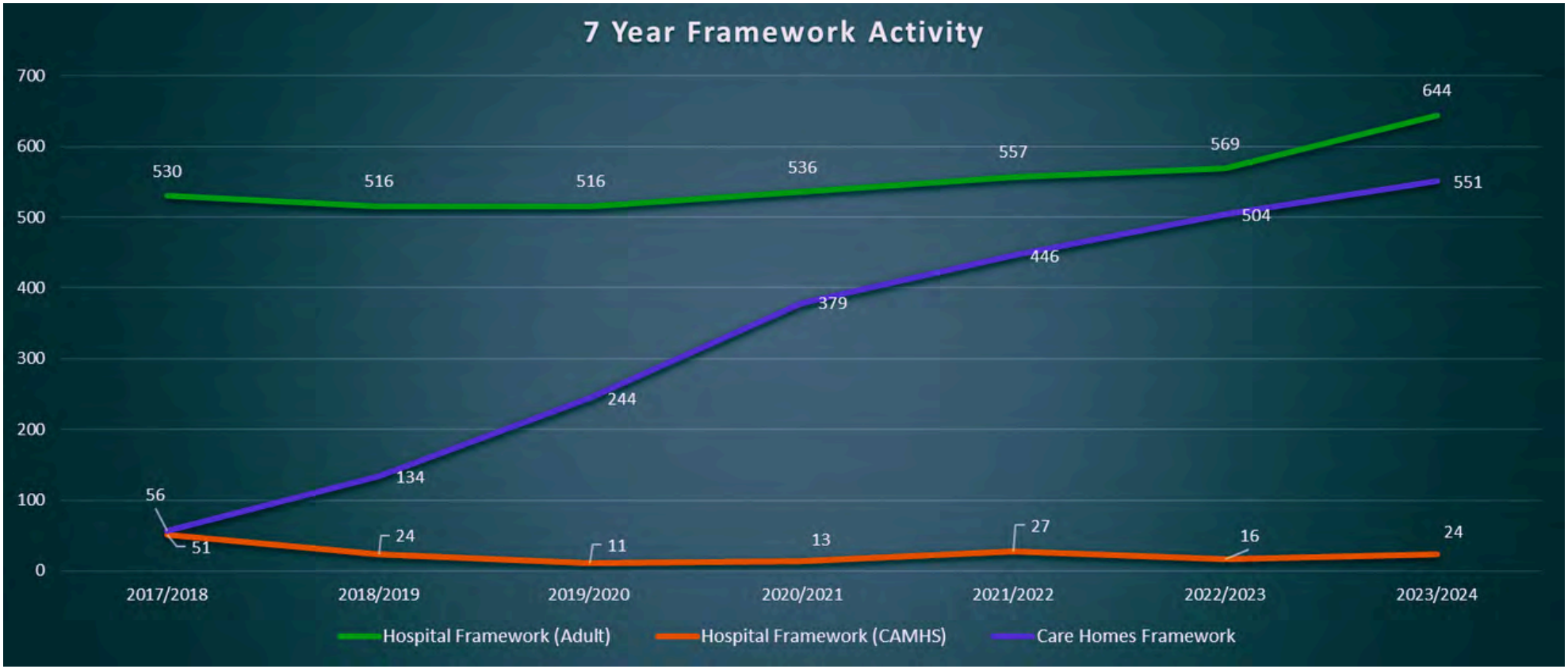
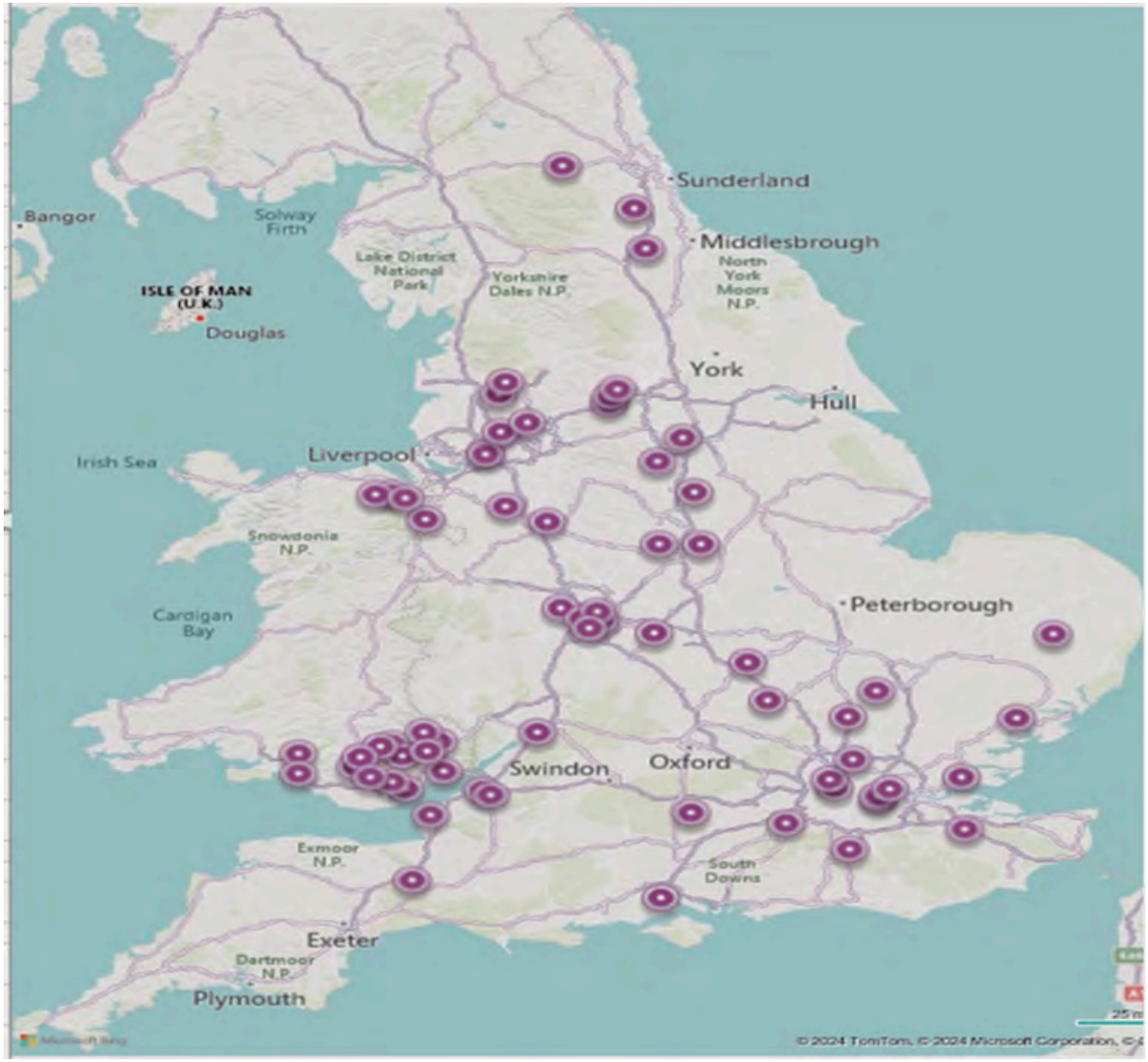


Figure 3: 7 year Framework Activity

SECTION 2

National Collaborative Framework for Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals.
(ADULTS)

OVERVIEW OF ADULT/CAMHS HOSPITAL FRAMEWORK



Providers

On 31 March 2024 there were 30 Providers with 156 Units offering various services as part of the National Collaborative Framework for Adult Mental Health Learning Disability / Child and Adolescent Mental Health. (Adult Services only)

The map on the left shows the geographical position of each site (please note multiple units from one provider may be denoted under an individual marker).

CURRENT STATE

On the 31 March 2024 there were 363 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

This compares to 359 from the previous year, equating to a 1% increase in the number of patients receiving assurance in 2023/24. Of the 363 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2024:

- 71 (20%) patients were the responsibility of Aneurin Bevan University Health Board
- 73 (20%) patients were the responsibility of Betsi Cadwaladr University Health Board
- 54 (15%) patients were the responsibility of Cardiff and Vale University Health Board
- 54 (15%) patients were the responsibility of Cwm Taf Morgannwg University Health Board
- 28 (8%) patients were the responsibility of Hywel Dda University Health Board
- 12 (3.5%) patients were the responsibility of Manx Care
- 28 (8%) patients were the responsibility of Powys Teaching Health Board
- 37 (10.5%) patients were the responsibility of Swansea Bay University Health Board

Figure 4 shows the number of patients receiving assurance at year end across the last 10 years.

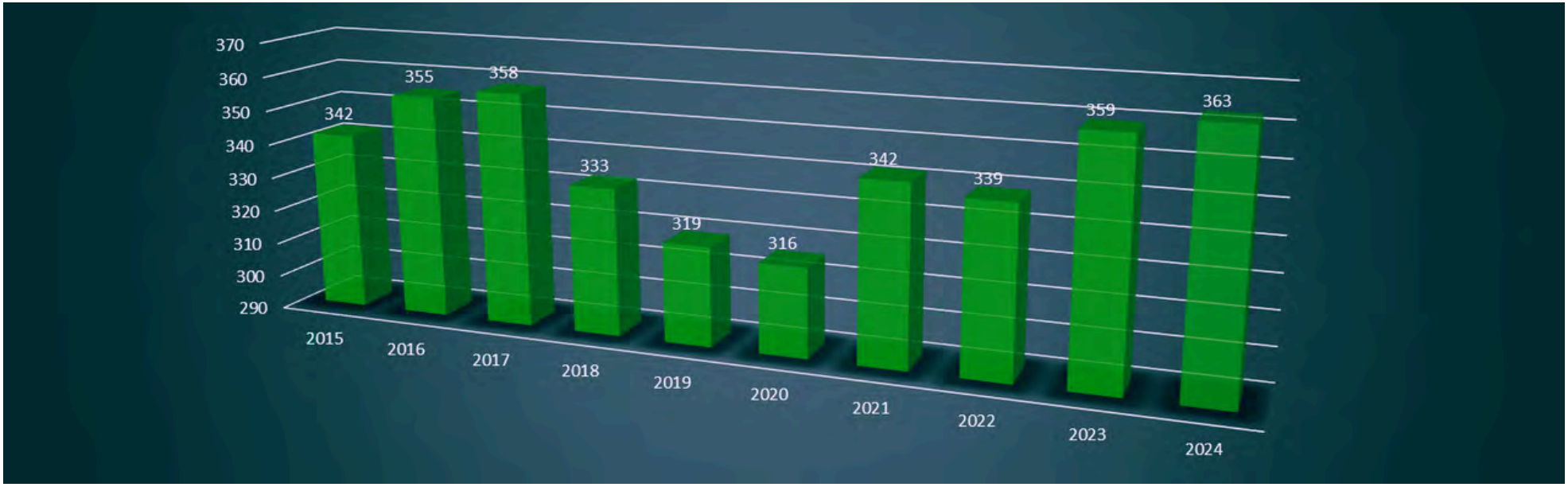


Figure 4: Patients receiving assurance over last 10 years

NATIONAL TREND

10 YEAR NATIONAL TREND

There are 6 'tiers' of service on the Adult Hospital Framework, which are medium secure hospitals, low secure hospitals, controlled egress hospitals, uncontrolled egress hospitals, Acute and PICU.

Medium Secure Hospitals: Medium secure services are specifically designed to meet the needs of patients who present a serious risk to themselves or others, combined with the potential to abscond. In many cases, patients in medium secure care will have been referred to hospital by court services.

Low Secure Hospitals: Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

Controlled Egress Hospital: Controlled egress services, previously termed 'locked rehabilitation', provide reablement services to patients with complex needs and challenging behaviours. These units have locked or lockable doors to prevent unplanned egress.

Uncontrolled Egress Hospital: Uncontrolled egress services, previously termed 'open rehabilitation', provide reablement services to patients with longer-term needs. In general, these units only lock the entrances/exits at night for security purposes.

Acute: Acute care provides service to people who are experiencing a severe, short term episode of mental illness. Patients may be admitted onto an acute inpatient ward if they are experiencing serious mental distress which cannot be dealt with by a community service.

PICU: Psychiatric Intensive Care Units (PICUs) are specialist twenty-four hour inpatient wards that provide intensive assessment and comprehensive treatment to individuals during the most acute phase of a serious mental illness.

10 YEAR NATIONAL TREND CONTINUED

Figure 5 displays the number of patients in each tier of service each year on a specific date (31 March) between 2014 and 2023. Over the past ten years, there has been specific changes between service types such as:

25% decrease in number of patients in medium secure since 2015. (69 to 52)

2% increase in number of patients in low secure since 2015. (151 to 154)

14.7% increase in number of patients in controlled egress since 2015. (95 to 109)

18.5% increase in number of patients in uncontrolled egress since 2015. (27 to 32)

300% increase in number of patients in acute since 2022/23. (2 to 8)

60% decrease in number of patients in PICU since 2022/23. (5 to 2)

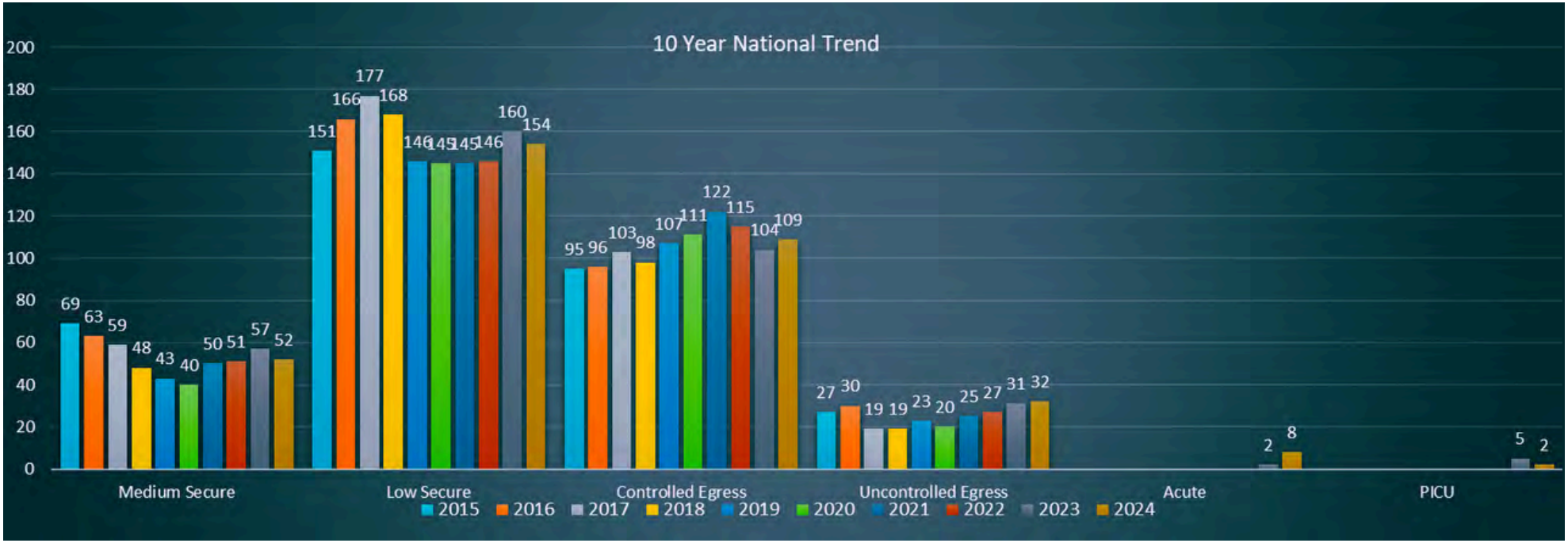


Figure 5: 10 year national trend by tier of service

10 YEAR NATIONAL HEATH BOARD TREND

The trend in the number of patients from each Health Board receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March each year, from 2015 to 2024, is displayed in Figure 6 below.

Comparing the ten-year trend from 2015 -2024, three Health Boards have seen a decrease and four Health Boards have seen an increase in the number of patients who received care under the Framework between these years.

A comparison with 2023-24 of the health boards:

- Aneurin Bevan University Health Board has had an increase of 11% since 2015 and a 13% decrease since last year.
- Betsi Cadwaladr University Health Board had an increase of 16% since 2015 and an 18% increase since last year.
- Cardiff and Vale University Health Board had a decrease of 2% since 2015 and 4% decrease since last year.
- Cwm Taf Morgannwg University Health Board had an increase of 26% since 2015 and a 10% decrease since last year.
- Hywel Dda University Health Board had a decrease of 15% since 2015 and 17% increase since last year.
- Powys Teaching Health Board had an increase of 47% since 2015 and a 3% decrease since last year.
- Swansea Bay University Health Board had a decrease of 43% since 2015 and a 12% decrease since last year.

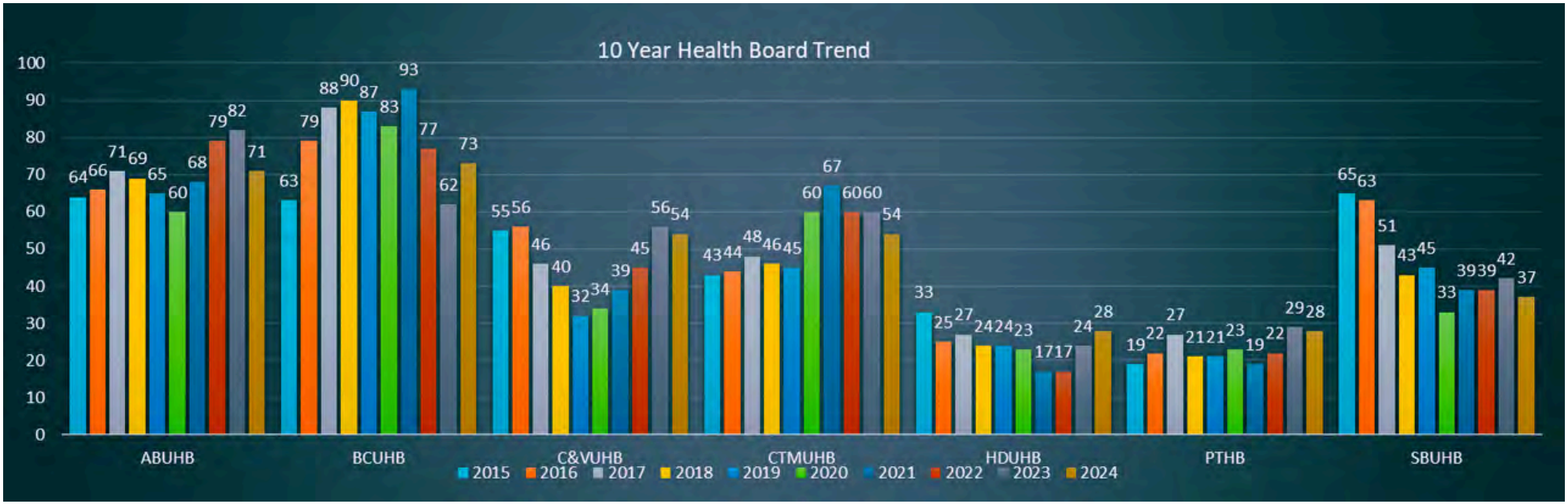


Figure 6: 10 year national trend by Health Board

LEARNING DISABILITIES AND MENTAL HEALTH DISTRIBUTION

Of the 357 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2024, those cared for in Mental Health Hospitals consist of 87% of the total. Those cared for in Learning Disabilities Hospitals consist of 13% unchanged from 2023. Figure 7 shows a comparison of patients who have received assurance under the Framework over the past 10 years by specialty and figure 8 illustrates the distribution of patients placed in mental health and learning hospitals on 31 March 2024 by tier of service (excluding Acute and PICU).

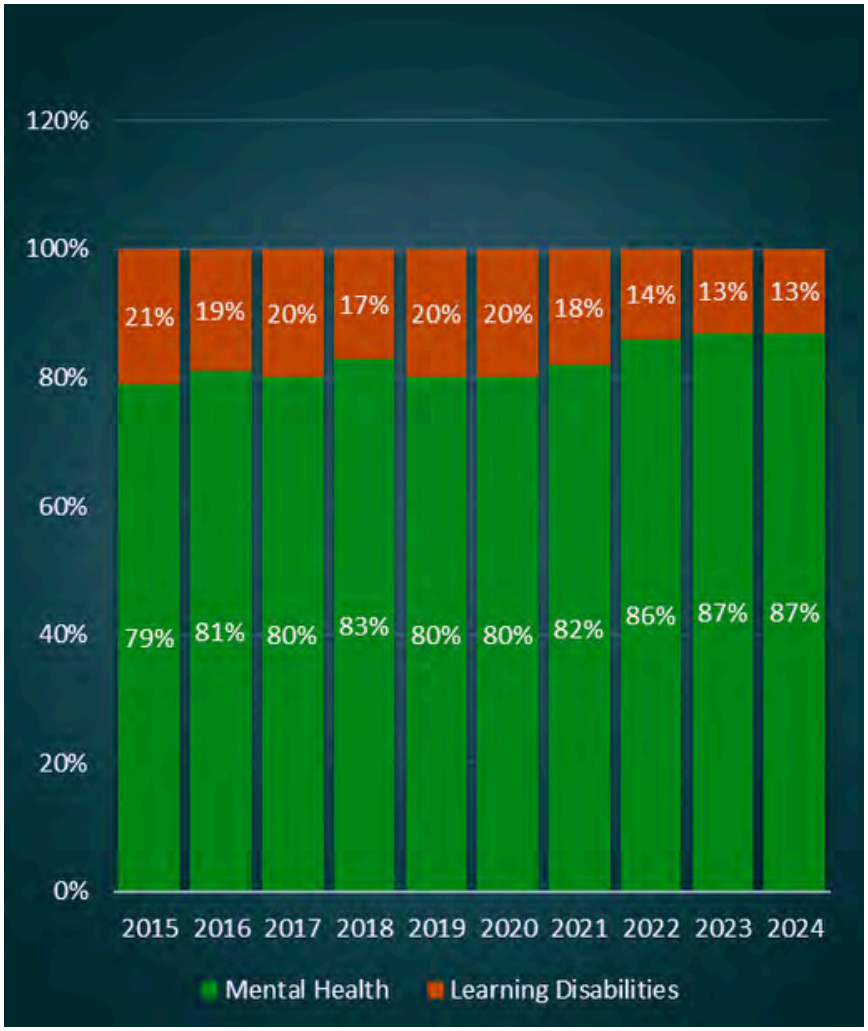


Figure 7: 10 Year Trend - Mental Health and Learning Disabilities Distribution

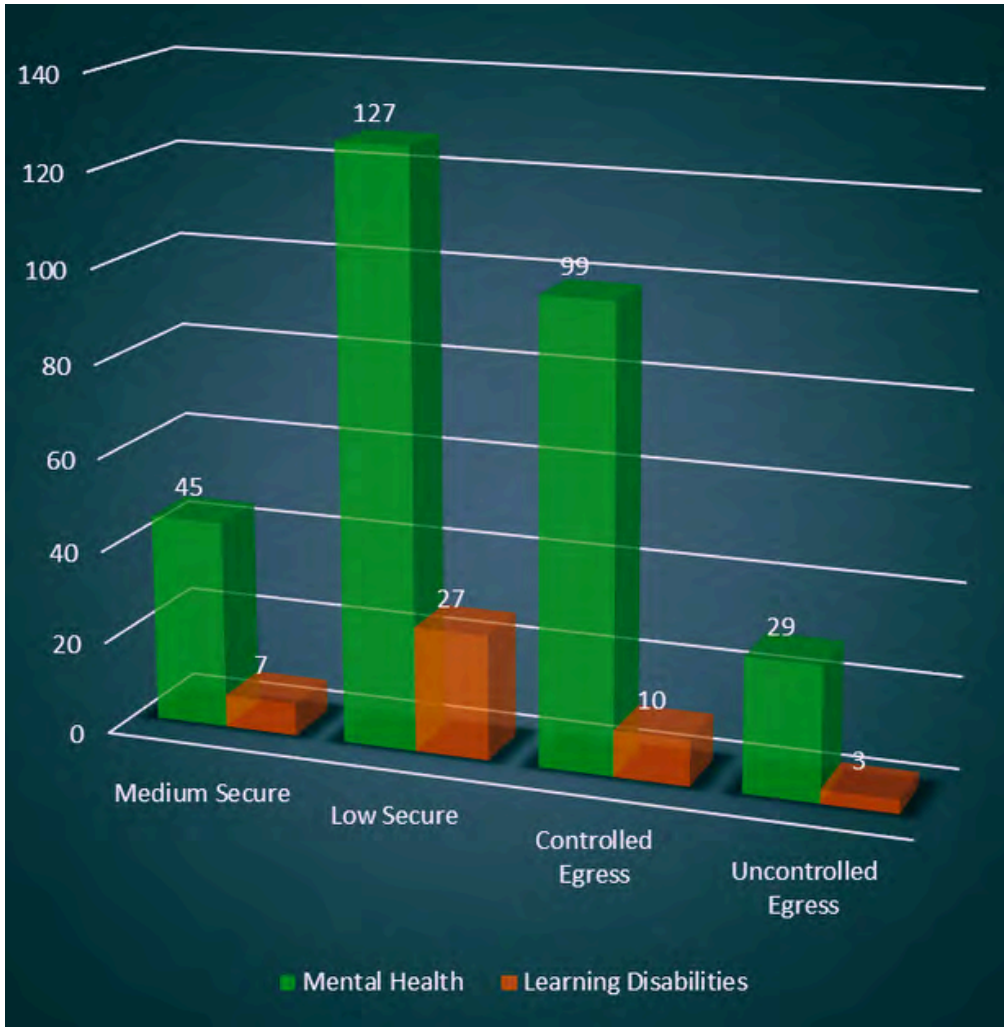


Figure 8: Mental Health/Learning Disability Distribution by Tier of Service

MALE AND FEMALE PATIENT DISTRIBUTION

Of the 357 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2024, 69% (247) of patients were male, negligible change from 2022-23, and 31% (110) were female, the same as 2022-23. The proportion of male patients and female patients remained the same in 2023-2024. Figure 9 shows the proportion of male and female patients receiving assurance over the last 10 years. Figure 10 shows the distribution of male and female patients receiving assurance on 31 March 2024 within each tier of service.

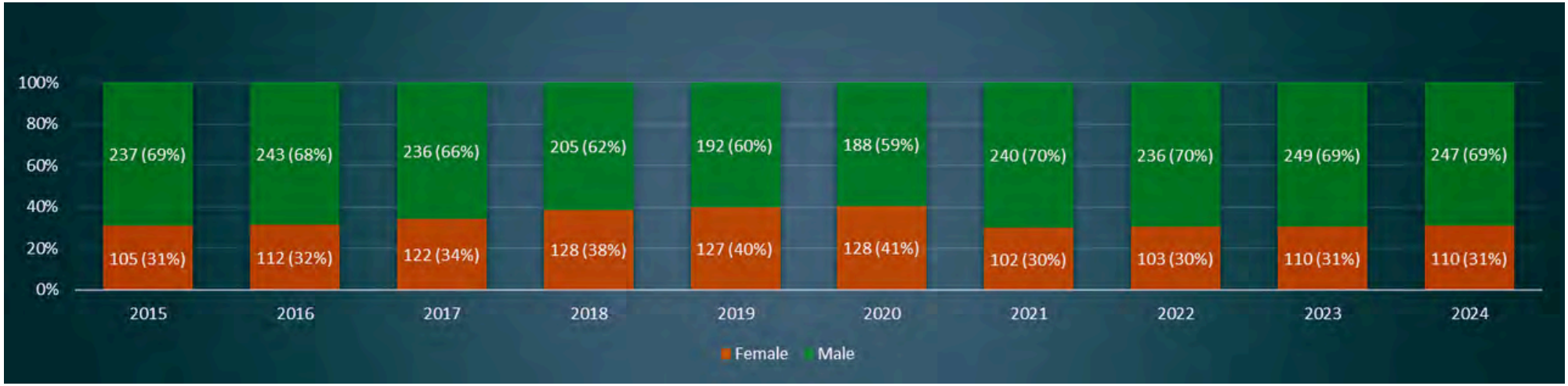


Figure 9: Proportion of male and female patients receiving assurance - 10 years.

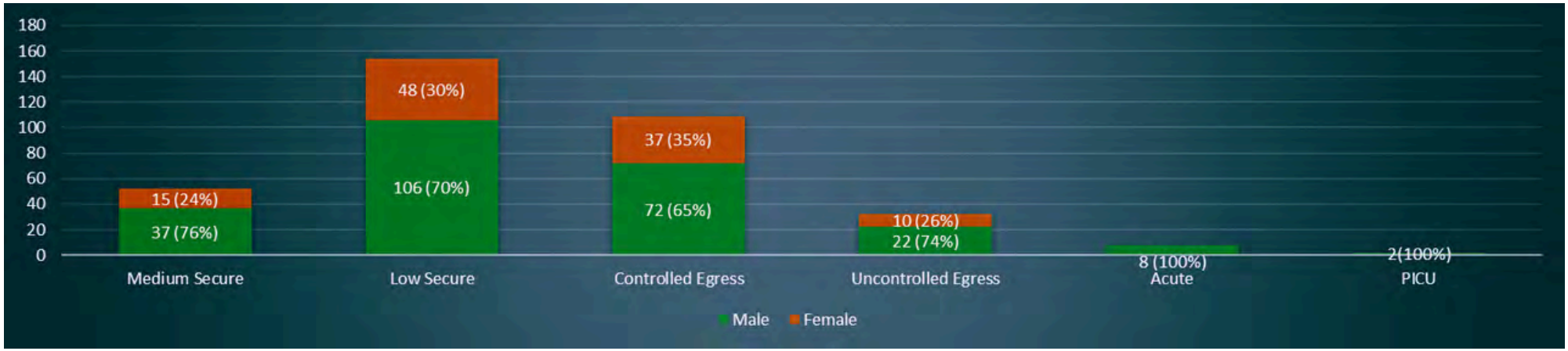


Figure 10: Distribution of male and female patients receiving assurance at 31 March 2024 by tier of service.

GEOGRAPHIC DISTRIBUTION

Of the 357 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2024, 64% (228) were placed in Wales and 36% (129) were placed in England as shown in Figure 11 below.

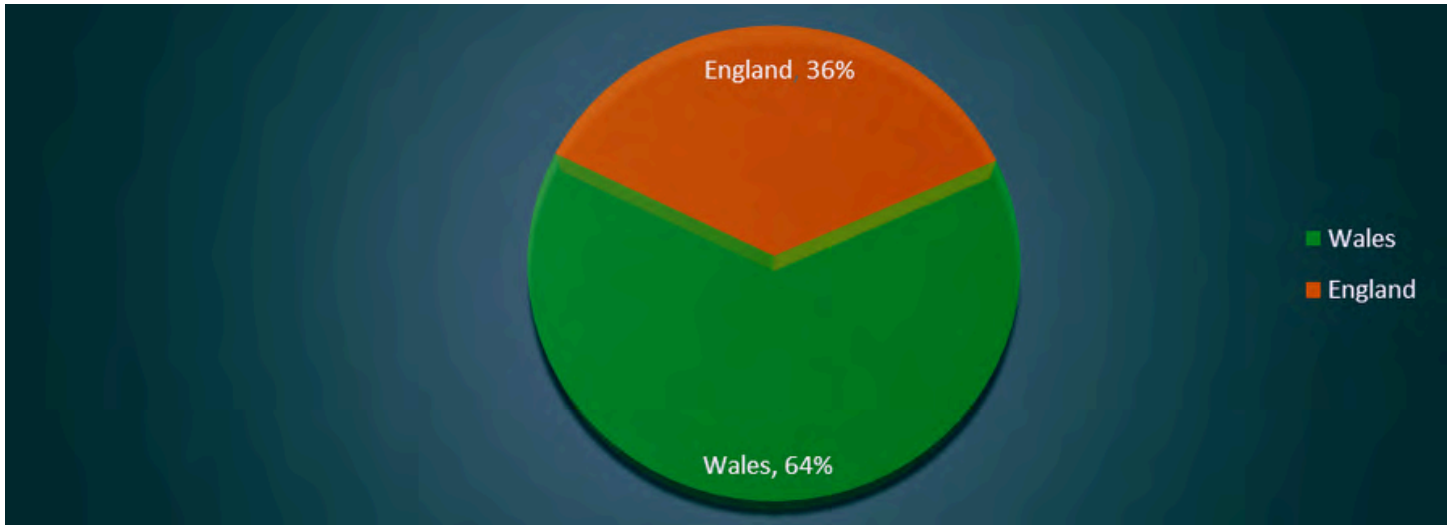


Figure 11: Proportion of patients in Wales and England.

Figure 12 shows the comparison of patients who have received assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework over the past 10 years in Wales and England. This years' number of patients is the third highest recorded in the last 10 years, with a lower proportion placed outside of Wales than last year. 51% of female patients were placed in England in comparison to only 30% of all male patient placements.

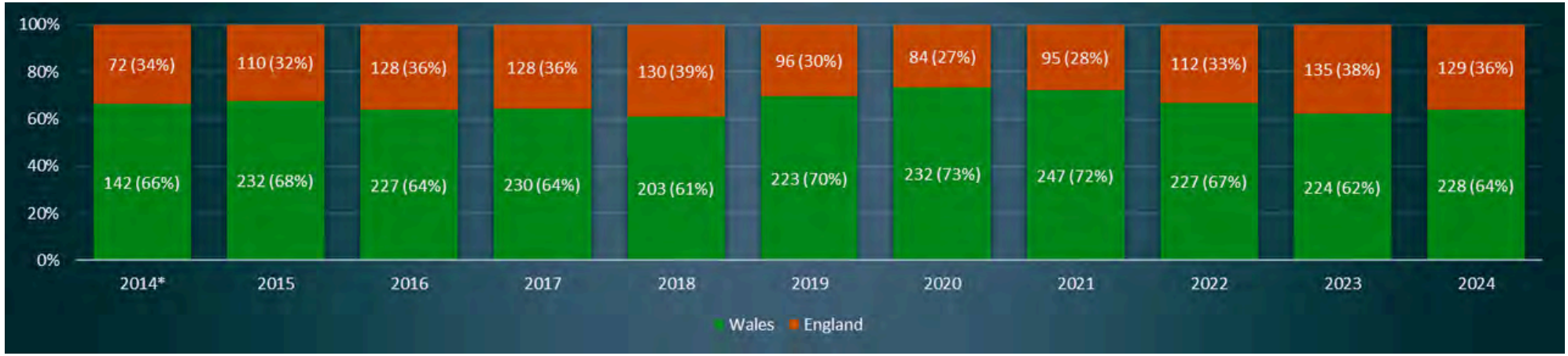


Figure 12: Proportion of patients in Wales and England: 10 year comparison

DISTANCE

The Quality Assurance and Improvement Service want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the patient's community of choice. Within the placement process we mandate that the commissioner enters a 'significant postcode' for the patient and distance to the provider is calculated from this geographical point. 176 (56%) patients were admitted to a provider less than 50 miles from the significant postcode, 34 (11%) patients were placed between 50 and 100 miles from the significant postcode and 102 (33%) patients are more than 100 miles from the significant postcode.

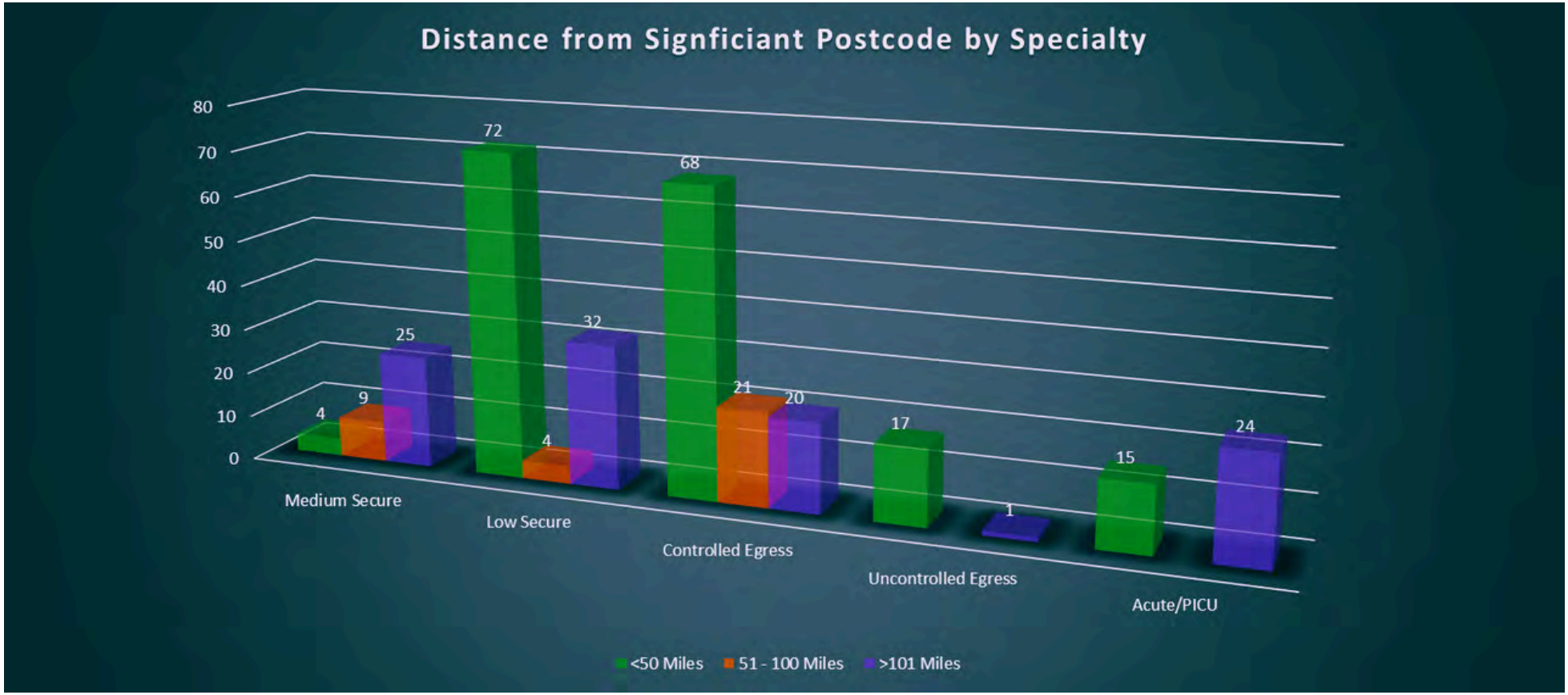


Figure 13: Distance by tier of service from the significant postcode.

DISTANCE

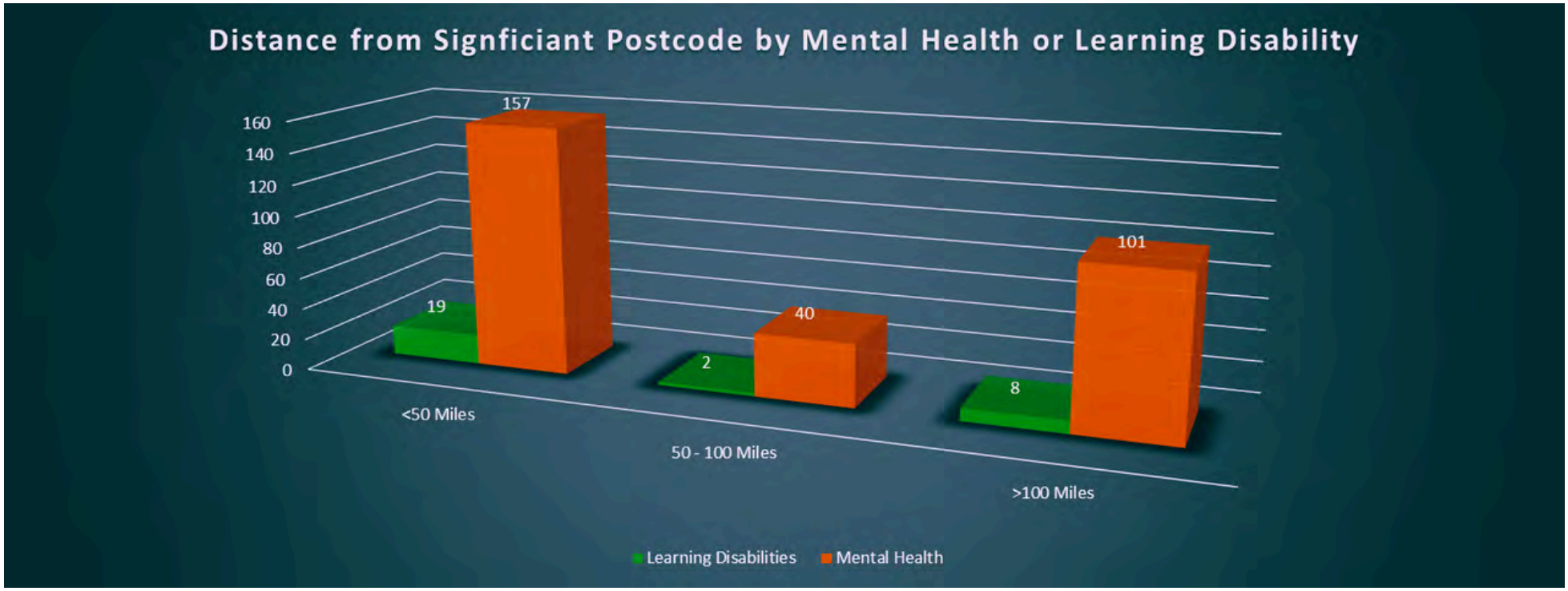


Figure 14: Distance from the significant postcode Mental Health / Learning Disabilities

Figure 14 illustrates distance from significant postcode by Mental Health / Learning Disability placements less than 50 miles, between 51 and 100 miles and over 100 miles from the significant postcode from 1 April 2023 to 31 March 2024.

COMPLETED LENGTH OF STAY

Of the 287 patients who were discharged from a service on the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (Adults only) between 1 April 2023 and 31 March 2024, 36 patients were readmitted and discharged at least once. The total number of recorded discharges was 340 within this period. The total lengths of stay with their final provider (patients may have been admitted from another provider) on discharge were:

- 33.5% (114) patients had a length of stay less than 6 months compared to 25% (79) patients in 2022-23.
- 19.4% (66) patients had a length of stay between 6 months and 1 year compared to 23% (73) patients in 2022-23
- 25.3% (86) patients had a length of stay between 1 and 2 years compared to 28% (87) patients in 2022-23
- 10% (34) patients had a length of stay between 2 and 3 years compared to 12% (40) patients in 2022-23
- 10% (34) patients had a length of stay between 3 and 5 years compared to 8% (26) patients in 2022-23
- 0.3% (1) patients had a length of stay between 5 and 7 years compared to 2% (5) patients in 2022-23
- 1.2% (4) patients had a length of stay between 7 and 10 years compared to 1% (4) patients in 2022-23
- 0.3% (1) patients had a length of stay over 10 years compared to no patients in 2022-23

Figure 15: Distance from the significant postcode Mental Health / Learning Disabilities

There has been an increase of shorter stays under 6 months and decrease in actual numbers of patients with a length of stay from 6 months to 2 years. There has also been an overall decrease in stays over 5 years.

PROVIDING ASSURANCE

The NHS Quality Assurance Improvement Service is part of the National Collaborative Commissioning Unit and works as a national team in partnership with NHS Wales Shared Services Partnership: Procurement to performance-manage nationally collaboratively commissioned commercial framework providers.





Figure 16: Q Certification example

PROVIDING ASSURANCE

Figure 17 below shows an overview of our quality assurance process and how we award our quality certificates.



Figure 17: Quality Assurance Process Overview

PROVIDING ASSURANCE

Figure 18 below depicts the QAIS review process in some additional detail.

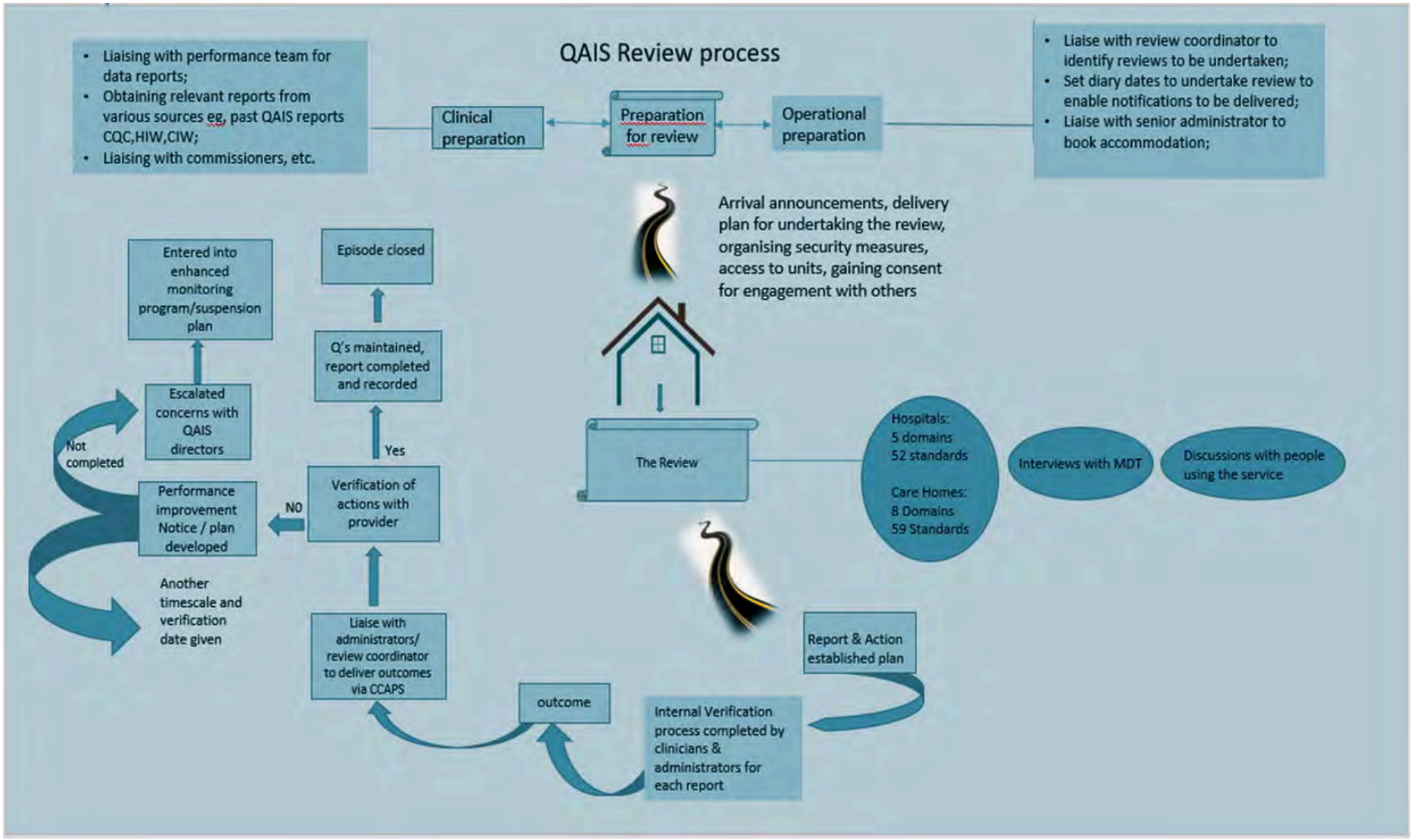


Figure 18: Quality Assurance Process

MAINTAINING THE QUALITY OF CARE - Focus on Patient Experience

The introduction of the new framework has allowed QAIS to take a more patient-informed approach with each review seeking an in depth consultation with Welsh service users. We use this as an opportunity to facilitate additional focus on matters that are important to our patients.

Below is an example of the information received whilst meeting a patient on a site visit:

'The QAIS spoke with three NHS Wales framework patients.
Patients spoken to reported that they had seen their care plans. One patient reported involvement in the writing of these and that they had a copy of their plans. One patient commented "they are private" but did not elaborate further on what they meant by this and one patient stated that they had not been involved in writing them, however review of patient records demonstrated that they had declined to be involved.

Two patients were aware of who their primary nurse was and reported regular 1:1 sessions with them. One patient informed the QAIS they also had a second member of staff allocated to them in the event that their primary nurse was not available. One patient informed the QAIS that they did not believe they had a primary nurse, records demonstrated that they did have a primary nurse and that regular 1:1 contact was attempted although the patient rarely engaged.

In regards to staff at the unit, one patient commented "they're alright, I can talk to them, they're fun and good". One patient commented "some of them are alright, some of them are a bit mean, they get their own way" the patient did not elaborate on what they meant by this when asked. One patient stated "they're all good".

All patients spoken to reported that they were able to attend their MDT and make requests about their care via this process. Two patients spoken to reported that they had seen an advocate. One patient had not seen an advocate but knew how to contact one if they wanted to. All patients were able to discuss who they would speak to if they wished to make a complaint with all of them identifying the unit manager or staff.

One patient was unsure if they had their rights read to them. Review of records demonstrated that this was attempted at regular intervals. The other two patients both reported that their rights are read to them frequently usually monthly or two monthly.

All patients reported a good level of activity; some of the activities included: geocaching, gardening group, golf, fishing, and trips out to places such as, Cardiff, Newport, Cwmbran and Usk.

Two patients spoken to commented that the food at the unit was "good". One patient commented "we have BBQ's now and then", and one stated "it's good but there were no chips today". One patient stated "It's got better, it can be poor at times, they won't let me have seconds". The patient has a plan in place regarding dietary intake and the management of this. All patients reported that they felt their physical health needs were met.

When asked if there was anything else they thought the QAIS should know, one patient commented "I wish I was at home and not here, maybe I'll get my own place up the road". One patient stated "I sometimes get bored and agitated and need diazepam, I've requested for more leave but haven't had a response yet". One patient stated "it can be very restrictive they won't let me have more food or let me give my money to other patients to go and get my paper for me".'

MAINTAINING THE QUALITY OF CARE

It is a requirement of providers to maintain the standards of care as set out in the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. Under the new framework there are 5 core outcome areas containing a total of 52 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice. QAIS completed 48 Hospital site audits covering 113 individual units between 1 April 2023 and 31 March 2024.

Figure 19 details the average achievement for each of the 5 Core Outcome areas within the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework audited during the year.

Core Area	Average achievement
Effective Care & Treatment	86.2%
Dignity, respect, empowerment and patient centred values	96.5%
Skilled and Compassionate Staff	80.7%
Safe & Therapeutic Environment	93.5%
Robust Governance & a learning organisation	91%

Figure 19: Overall average achievement of standards by framework Core Outcome Area

All areas have seen an increase in achievement since last year although there still remains room for significant improvement in the core area of 'Skilled and Compassionate Staff'. Overall it is evident that providers have responded well to the standards of the new framework which was introduced two years ago and our improved review processes and support has had a positive effect. These figures are representative of initial findings and prior to action plans being presented to the provider for rectification.

MAINTAINING THE QUALITY OF CARE

Improvement Action

QAIS completed 48 Hospital site audits covering 113 individual units between 1 April 2023 and 31 March 2024. 540 issues were found relating to standards.

The outcome of the 113 reviews were that 75 (66%) units required one or more remedial actions and 38 (34%) units did not require any remedial action. The 75 units where one or more remedial actions were required were each issued a 'Performance Improvement Plan'. An example of required action is shown in Figure 20 below.

Standard	Core Service Requirements	Outcome (level 1 or 2)	Assurance Required	Provider evidence of completion	QAIS Verification
3.3	Staff are appropriately recruited, inducted trained, qualified, equipped, supported and supervised for the services they provide.	Level 2	Whilst percentages for supervision and training have improved, sustained and embedded improvement is required to be evidenced	Sustained improvement evidenced.	Verified: 31.03.23

Figure 20: Example of required action

Under the framework the provider is issued with a draft report detailing any actions and assurances required that QAIS has measured against each of the standards. If the matters are rectified and clearly evidenced within the given timeframe then this is verified and the improvement is noted in our final reports.

MAINTAINING THE QUALITY OF CARE

Figure 21 details the average achievement for each of the 52 specific standards within the 5 Core Outcome areas of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework audited during the year.

Standard	Average attainment
Care and Treatment Plan 1.1	68.1%
Risk Assessment 1.2	79.6%
Meaningful & Appropriate Activities 1.3	77.9%
Regular MDT 1.4	77.0%
Good Clinical Practice - Medication 1.5	87.6%
Medication/Intervention failure - Rationale 1.6	95.6%
Admission Physical Examination 1.7	85.0%
Planned Leave procedure 1.8	91.2%
CAMHS ONLY Young person's education and wellbeing needs 1.9	100.0%
CAMHS ONLY Effective handover to adult services 1.10	100.0%
Patient involvement in Care & Treatment Plan 2.1	85.0%
Patient Needs - Equality Act 2.2	98.2%
Patient right to confidentiality 2.3	100.0%
Manner of the use of restrictive interventions 2.4	84.1%
Patient involvement in meetings concerning care 2.5	100.0%
Rationale for medication and intervention 2.6	99.1%
Patient access to care and treatment plans 2.7	97.3%
Patient provided with information about the service 2.8	96.5%
Independent Mental Health Advocacy 2.9	98.2%
Contact and Connection to community, home, family & friends 2.10	100.0%
Access to reflective, faith/multi-faith and pastoral care 2.11	99.1%
Staff able to raise concerns on services 2.12	100.0%
Patient and staff welfare, safety and wellbeing 3.1	66.4%
Staff recruitment, training, qualification, supervision 3.2	80.5%
Safe skill mix 3.3	83.2%
Unit responsibility and access to doctor 3.4	98.2%
Key worker allocation 3.5	68.1%
Use of bank and agency staff 3.6	87.6%

Continued on next page

Appropriate environment of care 4.1	52.2%
Appropriate internal security and control measures 4.2	91.2%
Appropriate living spaces 4.3	98.2%
Medication storage, dispensing and authorisation 4.4	87.6%
Appropriate seclusion/time out/intensive care facilities 4.5	97.3%
Quiet Area 4.6	100.0%
Secure perimeter 4.7	98.2%
Food and drink 4.8	94.7%
Appropriate access to internet, telephone, secure storage of property 4.9	100.0%
Signage 4.10	98.2%
Resuscitation equipment storage 4.11	100.0%
Regulated heating and ventilation 4.12	98.2%
Designated outdoor spaces 4.13	92.9%
Exercise space, equipment and programmes 4.14	100.0%
Robust governance 5.1	80.5%
Reporting and learning from incidents 5.2	97.3%
Complaint records and actions 5.3	95.6%
Patient and family views on service 5.4	99.1%
Unplanned discharge procedures 5.5	100.0%
Clinical records 5.6	77.9%
Access to policies, processes, guidance and instructions 5.7	96.5%
Effective audit systems 5.8	86.7%
Patient rights and consent 5.9	87.6%
Adequate equipment and training in its use 5.10	88.5%

Figure 21: Average achievement by Framework Standard

MAINTAINING THE QUALITY OF CARE

Focus on lower average achievement areas:

1.1 Care and Treatment Plan (68.1% of visits found that the provider met this standard at first review):

The framework standard states that – 'A contemporary Care and Treatment Plan(s) should always be present in the patient's notes which has been developed and reviewed in accordance with the Mental Health (Wales) Measure 2010, good clinical practice, professional standards and national and local guidance and based on appropriate evidence based assessment and formulation tools and processes. The plan(s) must identify one or more outcomes for each identified mental health, wellbeing and physical health need and one or more interventions to be undertaken and / or maintained to achieve these outcomes and record any needs which remain unmet.'

Example of QAIS reporting following site visit:

'Care plans do not always reflect the current circumstances of the patient.

For example, a discharge plan that is discussed in the MDT and notes, which includes the commissioner proactively facilitating a move closer to the patient's home area, is not reflected in the care plan. Rather a generic action and date are evidenced.

One of the Welsh patients stated that he has only seen the psychologist on one occasion and that he is awaiting further sessions.

Information from the ward staff suggests that the psychologist works from home predominately and is not hospital based.

Assurance is required that psychological intervention that is identified as being a fundamental component to patient recovery is offered in a timely way.'

The example suggests a lack of detail and accuracy provided, and attention to the importance of the Care and Treatment Plan. Whilst the QAIS applies a high level of scrutiny to ensure patient safety, the common issues that relate to providers not meeting the standard on first visit are usually easily addressed. The lower percentage is predominately due to providers not using the required Welsh template Care and Treatment Plan. However, the attainment level has significantly improved since the previous year (45%) due to the approaches taken to communicate with all providers to use the correct documents for all of our patients in accordance with the Mental Health (Wales) Measure 2010 and positive actions from the majority of providers.

MAINTAINING THE QUALITY OF CARE

Focus on lower average achievement areas:

3.1 Patient and staff welfare, safety and wellbeing' (66.4% of visits found that the provider met this standard at first review)

The framework standard states that – 'The health, safety, welfare and wellbeing of the Patient and Staff is promoted and protected through staff culture, levels, skills, induction, training, supervision and management.'

Example of QAIS reporting following site visit:

'Training for both wards is generally compliant within the context of QAIS standards (note that the Site standard is 90% whereas the QAIS required standard is 85%).

However, training with regards the management of dysphagia is nil because the trainers are currently being trained to deliver the course.

Assurance is required that no patients on both wards have needs relating to Dysphagia.

Supervision levels on X ward are consistently below the QAIS standard of 85% Compliance with only 71% in March, 69% in April and 77% in May 2023.

Assurance is required on how this is being addressed and that levels meet the standard.'

The importance of staff capability and culture and its impact on patients is closely monitored by QAIS and always highlighted within reports where necessary. Difficulties remain within this area, particularly around appropriate training, due to a growing reliance on bank and agency staff due to staff shortages and illness. This issue is clearly recognised by the majority of providers who continue to work with QAIS to mitigate the issue and improve patient safety. Our reporting of such factors allows Commissioners and Care Co-ordinators to be well informed when making choices around placement of Welsh patients.

MAINTAINING THE QUALITY OF CARE

Focus on lower average achievement areas:

4.1 Appropriate environment of care (52.2% of visits found that the provider met this standard at first review)

The framework standard states that – 'The environment of care is of an appropriate design and fit for purpose in terms of cleanliness, comfort, safety, security and maintenance.'

Example of QAIS reporting following site visit:

'During the environmental inspection the QAIS noted the following:

There is water damage to the wall and ceiling in the quiet lounge. There is water damage and a hole in the ceiling of the clinic/ medication room. There is water damage and a hole in the ceiling of the coffee lounge.

All the observed damage is due to issues with the roof on the building.

Due to this, the QAIS cannot be assured that the environment of care is of an appropriate design and fit for purpose in terms of cleanliness, comfort, safety, security and maintenance.

The QAIS is aware that the provider is looking into the roof being replaced in order to prevent continued or further damage further assurance is required in regards to timescales for this being completed.'

Whilst ageing estates and the practicalities of adhering to developing standards is noted as a challenge, QAIS continues to work with service providers to ensure that the environment of care is of an appropriate design and fit for purpose in terms of cleanliness, comfort, safety, security and maintenance.

Where issues have been identified remedial action has been required through our Performance Improvement Plans and resulted in prompt response with 96% of issues being rectified or assurance provided within 20 days.

Quality Assurance Rating

The QAIS have developed a bespoke Quality Assurance Rating System. The system ensures providers make every effort to maintain a rating of three quality marks ('Qs'), which in turn allows organisations to view any potential provider's overall quality rating when commissioning a placement.

Figure 22 demonstrates the Quality Assurance Rating for a unit at the point of placement for the 299 patients admitted between 1 April 2023 to the 31 March 2024 by Health Board and Welsh Health Specialised Services Committee in comparison with previous years. In order to ensure that providers are incentivised to maintain quality and offer best value, the process of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework encourages commissioners, where clinically appropriate to do so, to place patients with the highest ranked provider.

- 98% of patients in 2023-2024 were placed with a provider that maintained 3Qs. By comparison this was 96% in 2022-2023.
- 0% of patients in 2023-2024 were placed with a provider that maintained 2Qs. By comparison this was also 0% in 2022-2023.
- 2% of patients in 2023-2024 were placed with a provider that maintained 1Q. By comparison this was 4% in 2022-23



Figure 22: Placements by Quality Assurance

In relation to placements with non 3Q providers, the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework encourages placements with the highest quality provider available at that time, although this may not always occur because of commissioner practice, bed availability, distance from home or a particular patient need (e.g. Acquired Brain Injury). The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework placement process ensures reasons for not placing a patient with a 3Q hospital are recorded. 9 patients were placed with a providers with a 2Q or 1Q rating.

Placement with Top Five Ranked Providers

The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework continues to use a 'quality first, distance and value ranked provider model. The provider units with vacant beds are ranked by their current quality assurance rating (3Q ranked higher than 2Qs etc.). The providers all achieving the same Quality Assurance Rating are ranked by value and distance to each unit from a 'significant postcode for the patient' (inputted by the commissioner) displayed. Figure 23 below illustrates admissions to the top 5 ranked providers from 1 April 2023 and 31 March 2024 by commissioning organisation.

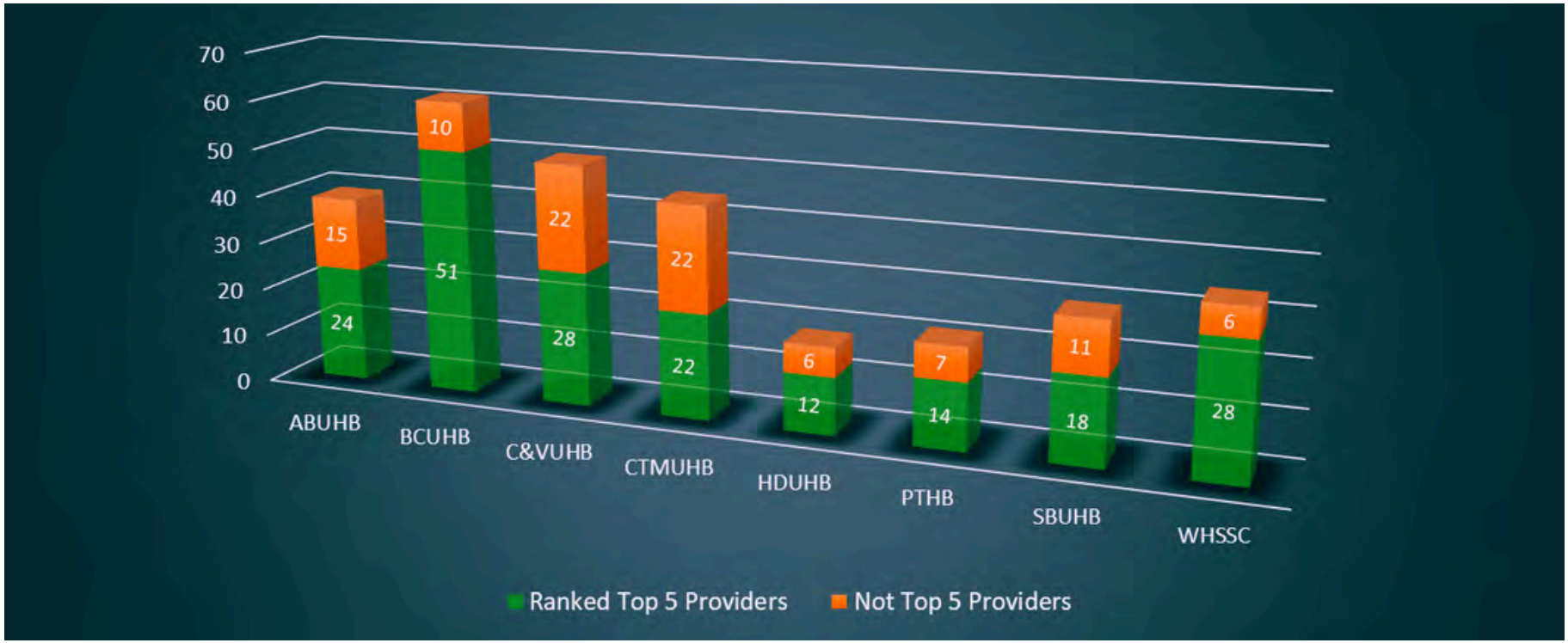


Figure 23: Admissions to Top Five Ranked Providers 1 April

62% (22 of 39) of patients placed with a top 5 provider by Aneurin Bevan University Health Board
84% (51 of 61) of patients placed with a top 5 provider by Betsi Cadwaladr University Health Board
56% (28 of 50) of patients placed with a top 5 provider by Cardiff and Vale University Health Board
50% (22 of 44) of patients placed with a top 5 provider by Cwm Taf Morgannwg University Health Board
67% (12 of 18) of patients placed with a top 5 provider by Hywel Dda University Health Board
67% (14 of 21) of patients placed with a top 5 provider by Powys Teaching Health Board
62% (18 of 29) of patients placed with a top 5 provider by Swansea Bay University Health Board
82% (28 of 34) of patients placed with a top 5 provider by Welsh Health Specialised Services Committee.

Respecting Privacy, Dignity, Equality, Diversity and Human Rights

A fundamental requirement of good patient care is the respect of each individual's privacy, dignity, equality, diversity and human rights. The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework sets out specific requirements for this area, which must be maintained by providers and are audited during each hospital review. Figure 24 shows the average achievement for the specific standards in 2024.

Standard	% Achievement
The Patient is enabled, encouraged and empowered to develop and review their Care and Treatment Plan(s).	85.0%
The Patient's needs in respect of the Equality Act 2010 are identified and addressed.	98.2%
The Patient is informed of their right to confidentiality, and its limitations, as soon as possible after admission.	100.0%
Any restricted interventions such as, but not limited to, physical interventions, seclusion, time out, observations and restricted access/egress are used as interventions of last resort for the minimum period necessary after positive support interventions have been attempted and in line with Good Clinical Practice, professional standards and national and local guidance and with due consideration of the self-respect, dignity, privacy, cultural values and individual needs of the Patient.	84.1%
That the Patient is enabled and encouraged to participate in all meetings concerning their care and that language used in the meetings attended by the Patient is clear, non-technical and the Patient is given assistance to understand the information if necessary.	100.0%
The rationale, desired effects and possible side effects/risks for all medications, interventions or restricted interventions are clearly documented, discussed and, where possible, agreed with Patient, Carer and Local Care Team prior to commencement. If requested this information is presented in written form to the Patient and Carer.	99.1%
Each Patient has access to a copy of their Care and Treatment Plan and individual activity plan which records all planned leave periods, therapy sessions and scheduled activities for the subsequent week.	97.3%
Patients are provided with as much information as is possible about the service that is providing their in-patient treatment. This includes a unit guide offering clear information about the service along with a comprehensive induction to the Unit environment and processes that is undertaken as soon as possible after admission. The service will also provide information on the process for making suggestions and compliments as well as information about accessing safeguarding leads, inspectorates, commissioners and QAIS.	96.5%
Patients are enabled and encouraged to access, where appropriate, Independent Mental Health Advocacy, Independent Mental Capacity Advocacy and/or advocacy.	98.2%

Respecting Privacy, Dignity, Equality, Diversity and Human Rights

Patients are enabled and encouraged to contact and connect to their local community, home areas, family carers, friends and peers with due regard for risk, safety, best interests and confidentiality.	100.0%
Patients have access to appropriate reflective, faith or multi-faith facilities and pastoral care.	99.1%
Staff are able to raise any concerns on quality of the services they provide without prejudicing their current employment and are informed of the rights and duty of whistleblowing during induction and on an annual basis.	100.0%
The health, safety, welfare, wellbeing and privacy of the Patient is promoted and protected through internal security and control measures whilst supporting the maximisation of personal freedoms.	91.2%
Patients have access to an individual single sex bedroom, single sex toilet with ensuite facilities and bathing facilities accessed via a single sex route. Also, female patients have access to a single sex lounge area. Wherever possible and following appropriate risk assessment, the Patient's bedroom accommodates individual needs and preferences.	98.2%
Medication is stored, dispensed and authorised in line with policy and Good Clinical Practice and professional standards. The positioning of the dispensary and examination room will protect the privacy and dignity of Patients and enable private conversations between staff and Patients accessing these rooms or having medications dispensed.	87.6%
A designated, purposely designed, decorated and equipped low-stimulus area/quiet area is available, without a television or telephone, and distant from communal areas.	100.0%
The Patient has access to internet, telephone facilities, call system and secure storage of personal property with due regard to risk, privacy and best interests.	100.0%
The health, safety, welfare, wellbeing and privacy of the Patient is promoted and protected through robust governance arrangements, guidance, polices, operational systems and processes	80.5%
The Patient is informed about their rights on admission or as soon as possible soon after and at a maximum interval of two calendar months or on request. The Patients consent, or refusal to consent, is documented prior to any disclosure of clinical information considering best interests and confidentiality.	87.6%

Figure 24: Average achievement of standards

Since the previous year's reporting, improvements were seen in 12 of the domains, one remained the same and a negligible decrease in average achievement in the other 4 domains.

Care Coordination

It is vital that care coordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this, it is a requirement to record the name of the patients care coordinators(s) when making a placement. In 2023-24, 100% of patients had details of a care coordinator recorded. The NHS Wales QAIS monitors the attendance at Care and Treatment Plan reviews in order to provide assurance to commissioning organisations that they are compliant with the Mental Health (Wales) Measure 2010. The numbers contained within the figure have been validated by commissioners and providers. Following a Care and Treatment Plan review, the provider is required to record whether it was attended by the care coordinator and / or other Health Board representative. We recognise that some visits by care coordinators would have been subject to the restrictions in place during the pandemic. Figure 25 illustrates the attendance or non-attendance* by either a care coordinator and/or other representative from Wales at the Care and Treatment Plan reviews held between 1 April 2023 and 31 March 2024.

Attendance at Care and Treatment Plan Reviews

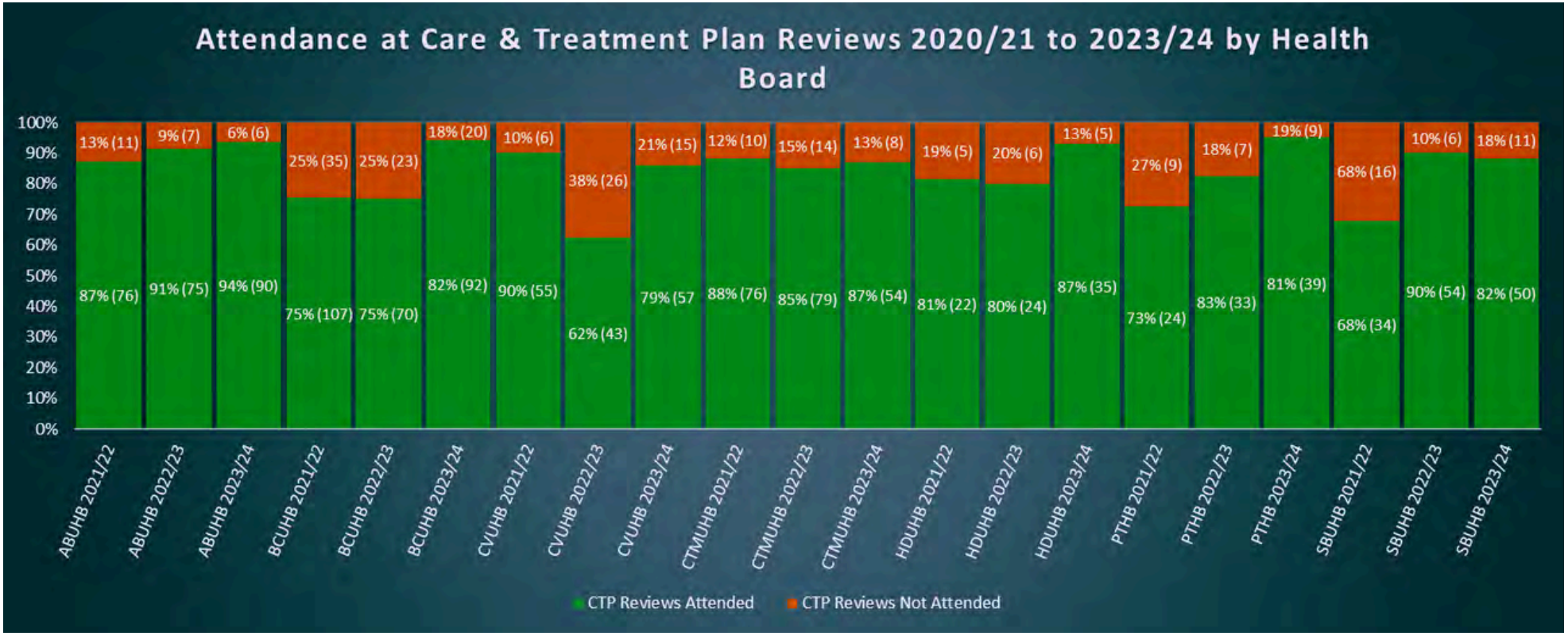


Figure 25: Attendance at Care & Treatment Plan reviews

*Please note that non-attendance at reviews does not signify a complete absence of patient contact, as professionals may have visited the patient at other times.

ENSURING SAFE AND EFFECTIVE CARE

Information Requirements

To ensure that the NHS maximises the use of technology, it will become increasingly important that a 'Once for Wales' approach is adopted. Organisations that are able to share information effectively and efficiently will be able to adopt new innovative models of care, and deliver high quality, sustainable and outcome based services for the people of Wales.*

Commissioning Care Assurance and Performance System

The technology used by the QAIS is the Commissioning Care Assurance and Performance System (CCAPS). CCAPS provides a 'one stop' information portal, proactively alerts commissioners to issues, supports the performance management of providers and is an enabler for assurance.

CCAPS is a system developed in partnership with the NHS Wales Informatics Service in 2015. It is an enabler of the National Collaboratively Commissioned Frameworks, which provides standardised information with the functionality to connect all users from different organisations to support NHS Wales to proactively performance-manage providers.

Commissioning Care Assurance and Performance System (CCAPS)

CCAPS support individuals by:

- Giving a choice of care setting.
- Providing assurance on the expected quality of care. Monitoring health and wellbeing improvement.
- Ensuring prompt response to any complaints, incidents / safeguarding concerns.

CCAPS support providers by:

- Standardised commissioning process
- Displaying and the ability to update bed availability
- Facilitating the reporting of concerns to commissioners and care coordinators

CCAPS support commissioners by:

- Sharing intelligence on care providers.
- Matching a care setting to a patients' needs.
- Knowledge about a care setting's quality.
- Evidencing the care received for the cost incurred.
- Empowers commissioner decision.**

* NHS Wales Planning Framework 2019/22 WG25726 Digital ISBN 978-1-78964-115-8.

** Kones, L & Anderson, P.(2016), Evaluation of the Commissioning Care Assurance & Performance System, University of Swansea Centre for Health Economics.

Digital Health and Care Wales

Digital Health and Care Wales (previously NHS Wales Informatics Service) is contracted to develop and support the day-to-day running of CCAPS.

Of the 1334 currently registered users, the table below displays system usage between 1 April 2023 and 31 March 2024.

Service	Registered users	Logged on to CCAPS 2023-24
NHS	318	65
Provider	944	190
Local Authority	71	16
Regulator (Health Inspectorate Wales)	1	0
Total	**1334**	**271**

Figure 26: Number of CCAPS users and usage

The total number of users has decreased (13%) since the last reporting period particularly across NHS and Provider users where user lists have been cleansed.

QAIS Support Desk

We host the CCAPS Support Desk and provide assistance to CCAPS users; the Support Desk recorded a 65% increase in requests from 1 April 2023 and 31 March 2024 with 2592 recorded calls in total. Of these 2588 were classed as low priority, 4 medium priority and 0 high priority.

Secure File Sharing Portal

The NHS Wales Secure File Sharing Portal is a national system that enables the safe, sure and swift transfer of patient identifiable information between organisations over the internet. Hosted by NHS Wales Informatics Service and administered by the QAIS.
The QAIS aims to support a 'paperless NHS' by optimising the available technology to safely transfer and receive patient identifiable information between Welsh commissioners and National Collaborative Framework providers.
The main objectives are to:

- Ensure sensitive data cannot be intercepted, corrupted or misplaced.
- Enable the sharing of sensitive information and commercially sensitive information.
- The sharing of large volume information.
- Enables information to be shared instantly.
- Enables communication between the QAIS, Providers, Local Health Boards, Local Authorities and 3rd party organisations inside and outside of NHS Wales.
- Eliminate postage costs.

The number of users accessing and utilising the system as of the 31 March 2024 was 492 unique users from health, local authorities and providers of care, from the previous year 539, which is a decrease of 9%. During the reporting year, there were 8,955 packages / emails transferred between organisations across all categories this is a slight decrease from 8,678 in 2022-23. Figure 26 below shows the number of registered users by category on the 31 March 2024.

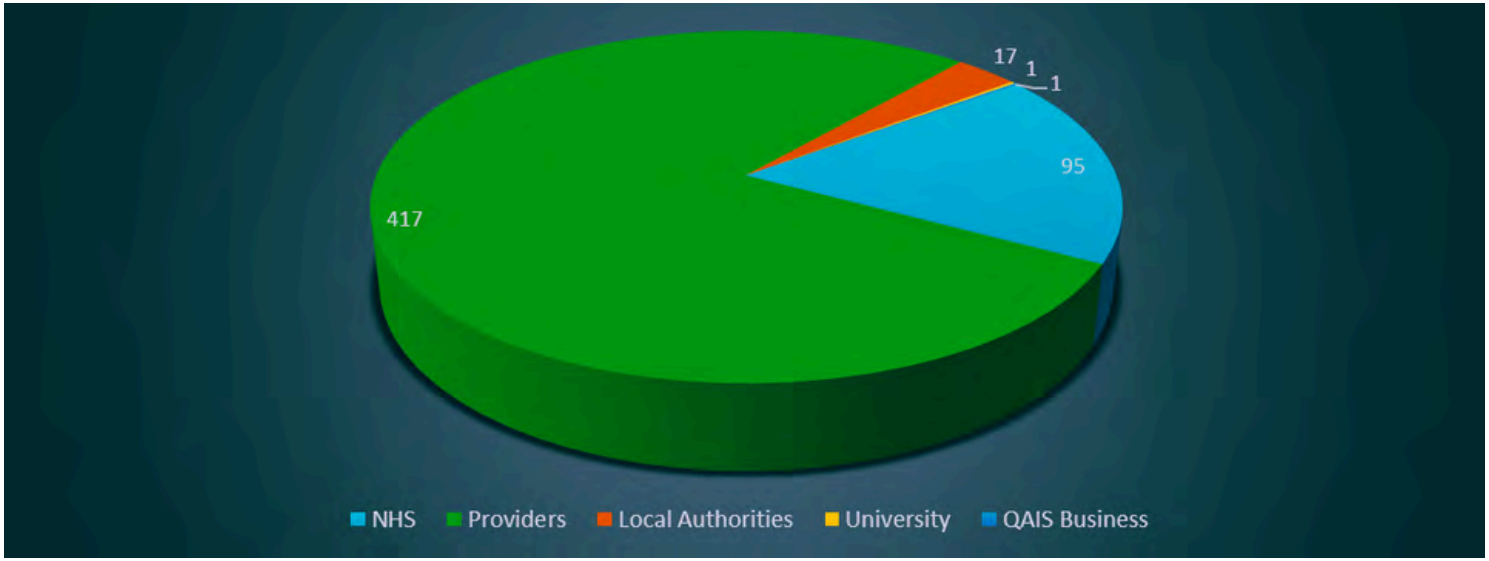
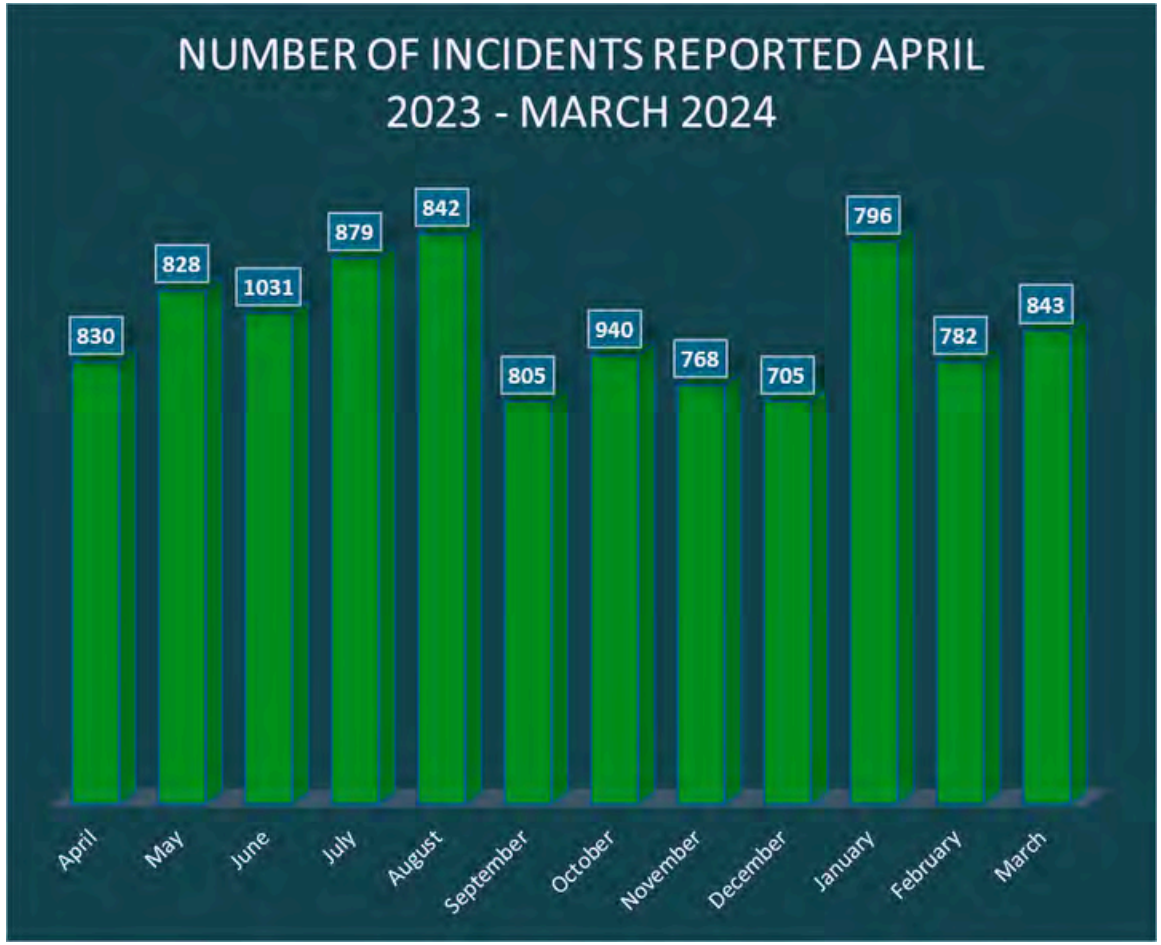


Figure 27: Number of users by category

Incidents

All reported incidents involving patients receiving assurance under the Adult Hospital Framework are monitored by the QAIS to highlight areas requiring intervention, remedial action or improvement.

The launch of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework in April 2022 required a new matrix of incident reporting based around the new core outcomes measures. 10,049 incidents were reported in the year, a reduction of just over 1,000 from the previous year.



No Harm	**4657**
Low Harm	**2383**
No Harm (impact not prevented)	**2606**
Moderate Harm	**392**
Severe Harm	**9**
Death	**2**

Figure 28: Number of incidents by month and type

Incidents

The system, introduced in 2022, was designed with the intention to be more intuitive and descriptive for the inputter. It also allows QAIS to use the received information to form a more effective intelligence-led approach.

Behaviour Category	No. of incidents
Violence/Aggression	6108
Suicide/Self Harm	3585
AWOL/Missing	137
Admission to Hospital for assessment /treatment - physical health/illness	41
Assessment/Treatment at ED - physical health/illness	36
Planned Restrictive Intervention relating to treatment or procedure	86
Assessment/Treatment at ED - Accident/Incident not related to behavioural or clinical incident	20
Incorrect administration of planned treatment/medication	11
Emergency Specialist onsite treatment - accident/incident	6
Admission to Hospital for assessment /treatment - accident/incident	6
Emergency Specialist onsite treatment - Physical Health/Illness	3
Any error or lapse in legal documentation affecting validity of detention under MH Act	0
Any error or lapse in legal documentation affecting s17 leave arrangements	0
Omitted planned treatment/medication	7
Patient refusal of treatment leading to harm	2

Figure 29: Number of incidents by behaviour category

Complaints

All reported complaints are monitored by the QAIS to highlight areas of investigation or improvement. Complaints are monitored at a patient, unit, hospital and provider level. In 2023-24 there were a total of 135 complaints, a significant 45% reduction on the previous reporting year (247) as the systems and processes around the new framework have become embedded. Reported complaints by patients receiving assurance under the new Framework are now categorised against a bespoke 36-point matrix of nine complaint areas with sub-categories in each.

The most significant increase in complaints were seen in the areas of staff attitude and Behaviour of another patient. All other areas remained the same or reduced.

- 10% (14) were classed as Hotel Services in 2023-24 compared to 4% in 2022-23.
- 38% (51) were classed as Attitude / Behaviour of Staff in 2023-24 compared to 44% in 2022-23.
- 15.5% (21) were classed as Behaviour of other Patient in 2023-24 compared to 10% in 2022-23.
- 3% (4) were classed as Communication in 2023-24 compared to 4% in 2022-23.
- 7% (9) were classed as Patient Property in 2023-2024 compared to 10% in 2022-23.
- 18% (24) were classed as Clinical Treatment in 2023-24 compared to 22% in 2022-23.
- 2% (3) were classed as Legal in 2023-24 compared to 1% in 2022-23.
- 5% (7) were classed as Hospital Protocols in 2023-24 compared to 3% in 2022-23.
- 1.5% (2) was classed as Equality & Diversity in 2023-24 compared to 0.5% in 2022-23.

This represents a significant overall improvement and QAIS continue to monitor and explore options to maintain this improvement in partnership with service providers.

Safeguarding

The QAIS collate all reported potential safeguarding concerns involving patients receiving care under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework through CCAPS. These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ('confirmed'), or not ('unconfirmed'). In 2023-24, 48% (80) of the 165 reported safeguarding concerns were validated as confirmed and 52% (85) as unconfirmed. Information relating to reported safeguarding alerts help inform quality reviews.

CCAPS notifies key personnel within commissioning organisations of a new safeguarding alert to enable them to ensure required actions have been taken.

Safeguarding concerns can be sexual abuse, physical abuse, neglect, financial abuse and emotional / psychological abuse.

- 17.5% (14) recorded and confirmed as sexual.
- 39% (31) recorded and confirmed as physical.
- 17.5% (14) recorded and confirmed as neglect.
- 7.5% (6) recorded and confirmed as financial.
- 18.5% (15) recorded and confirmed as emotional / psychological.

Expenditure

As at the 31 March 2024, NHS Wales spend through the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework was an annualised cost of £67,675,153. Figure 30 below shows the spending by commissioning organisation over the previous 9 years.

ABUHB £11,778,079 | BCUHB £10,575,159 | C&VUHB £8,314,160 | CTMUHB £9,738,654 |

HDUHB £3,426,642 | PTHB £4,342,452 | SBUHB £6,254,928 | WHSSC (now NWJCC) £13,245,078

Commissioning organisation	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	WHSSC	Overall
% change on 22/23	9%	3%	40%	-4%	25%	3.4%	2.3%	-0.36%	6.6%

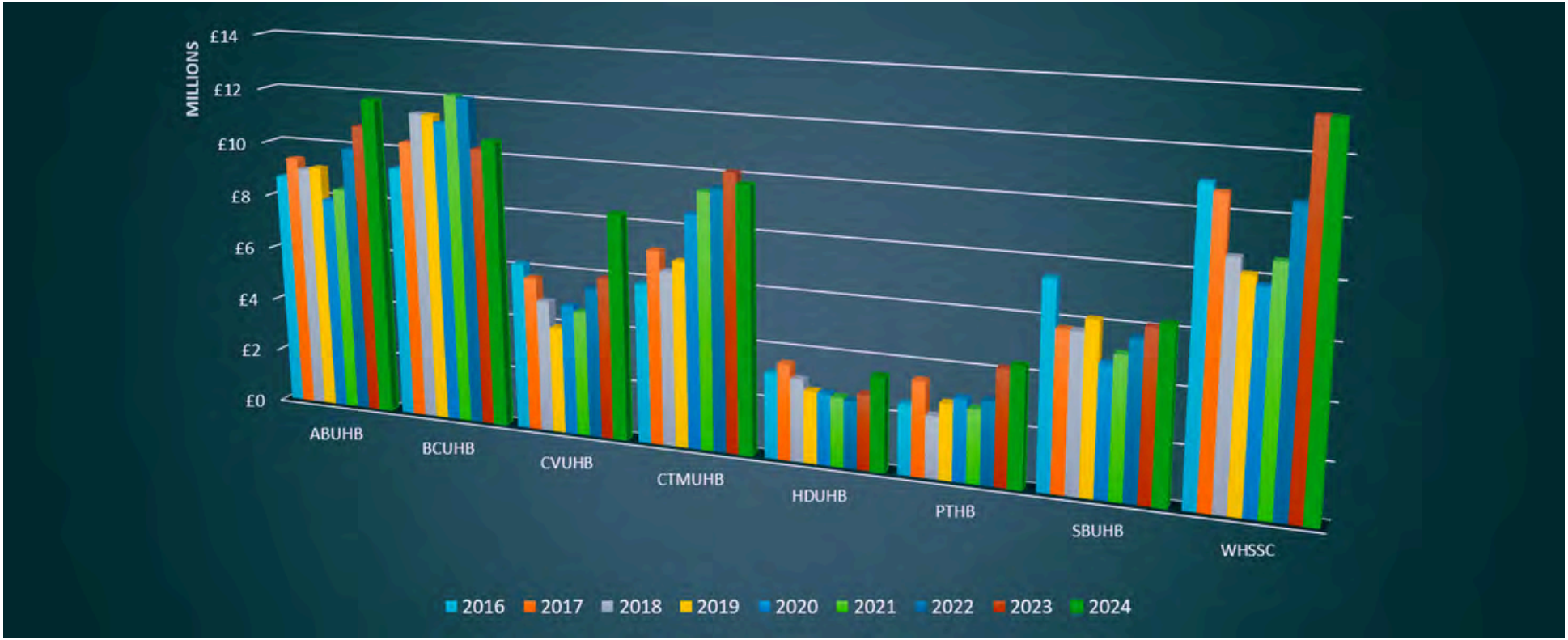


Figure 30: 9 year spend by commissioning organisation

FINANCIAL APPROACHES

Figure 31 shows the spend by commissioning organisation of the last nine years in £millions. This year's figure shows an increase of £4.8m (8.1%) on the previous year and an increase of £9.4m (22%) since 2014-15.

2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
£52.2M	£54.1M	£55.9M	£51.7M	£50.9M	£50.5M	£53.8M	£58.7M	£63.5M	£67.7M

Figure 31: Spend on Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (ADULT ONLY)

The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework delivers a 'four track price approach' to apply continuous pressure on providers to deliver, for NHS Wales, quality care at best value through a legally compliant and controlled mechanism. These four approaches are costs included in price, competitive price ranking, regular price refreshes and consistent pricing.

Costs Included in Price: The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework includes a bespoke NHS Wales specification detailing the services to be provided at a set day price. This currently includes elements of additional 1:1 and 2:1 staffing sometimes required by patients in these environments for the mitigation of risk. These additional staffing costs require continuous scrutiny by commissioning teams to ensure such care is justified and not overly restrictive by ensuring sound clinical rational is evidenced with clear reduction of restrictive practice planning.

Competitive Price Ranking: The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework uses a 'quality then cost' approach to provide a competitive mechanism between providers of care who are meeting the quality standard. Providers all achieving the same quality assurance rating are then ranked by price, with the lowest price provider ranked above those with higher cost. This enables a highly competitive environment.

Regular Price Refreshes: The Adult Hospital Framework has inbuilt periodic 'price refresh' points, where every 6 months providers can reduce prices and every 18 months where providers can adjust their prices upwards or downwards (with caveats). These points enable the regular request for price increases, normal to commissioned services, to be replaced with a continuous dialogue where, on behalf of NHS Wales. The National Collaborative Commissioning Unit and Shared Services Procurement work with providers to understand market pressures, national and local cost demands and other cost influences to ensure providers understand the need to deliver care at best value and to ensure procured services are being delivered.

Consistent Pricing: All price charges (see previous page) apply to current as well as future placements. This enables real cash releasing savings to be delivered and 'loss leader' pricing to be discouraged, this approach has realised cash releasing saving for the NHS. The approach also protects against the chaos seen in other commissioned markets where there are numerous prices applied for placements, even on the same ward, due to the mix of historic and current applied prices making real price comparison unachievable.

SECTION 3

Child Adolescent Mental Health Service (CAMHS) Low Secure and Acute Non-NHS Wales Hospital Services under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK



Providers

There were 5 companies, 8 sites and 18 units providing 28 CAMHS Lots under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2024. The Map shows the approximate geographical position of hospitals caring for CAMHS patients.

CURRENT STATE

On 31 March 2024, there were 4 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework, as shown in Figure 32 below, which is the same number as 2022/2023.

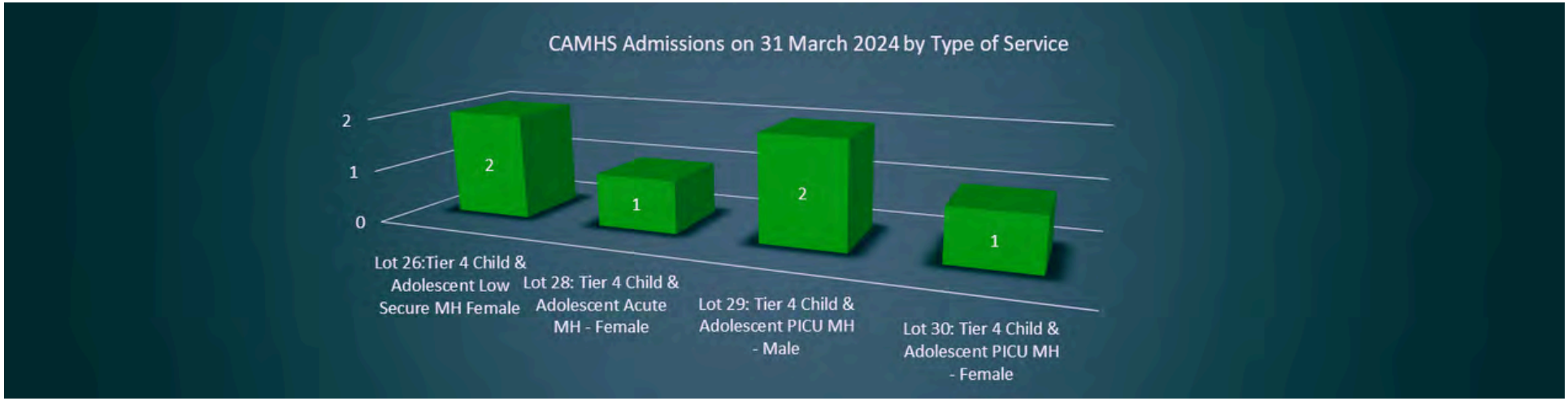


Figure 32: CAMHS patients by Lot type

Between the 1 April 2023 and 31 March 2024, there were 14 new placements, 2 in Low Secure services and 12 in Acute services.

Type of service

Admission to a CAMHS inpatient facility will usually be considered when the level of risk, complexity and/or acuity of the persons need cannot be safely or appropriately managed in the community. Young people may, or may not, be detained under the Mental Health Act to receive inpatient care. Inpatient services cover a range of support to effectively manage the differing need, complexity and acuity of young people with mental ill-health and neurodevelopmental diversity, these services can be grouped into types such as:

- Low secure: These services care for young people who present with needs requiring care in environments which can provide significant levels of physical, relational and procedural security. Young people may present with 'forensic' or 'complex non-forensic' needs.

- Psychiatric intensive care: These services care for young people with short term behavioural disturbance which cannot be contained within a general service. Behaviour, may include serious risk of either suicide, absconding with a significant threat to safety, aggression or vulnerability due to agitation or sexual disinhibition.

- General/Acute: These services, normally called 'General Adolescent Units', provide assessment and treatment for young people with acute or longer term treatment needs within a controlled environment without the need for enhanced physical or procedural security measures.

OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Figure 33 shows the activity (total CAMHS admissions and discharges) of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework across the years it has been in operation. It shows a general reduction in activity in each of the years of operation from 2017 to 2019, followed by less consistent numbers from 2020 onwards.

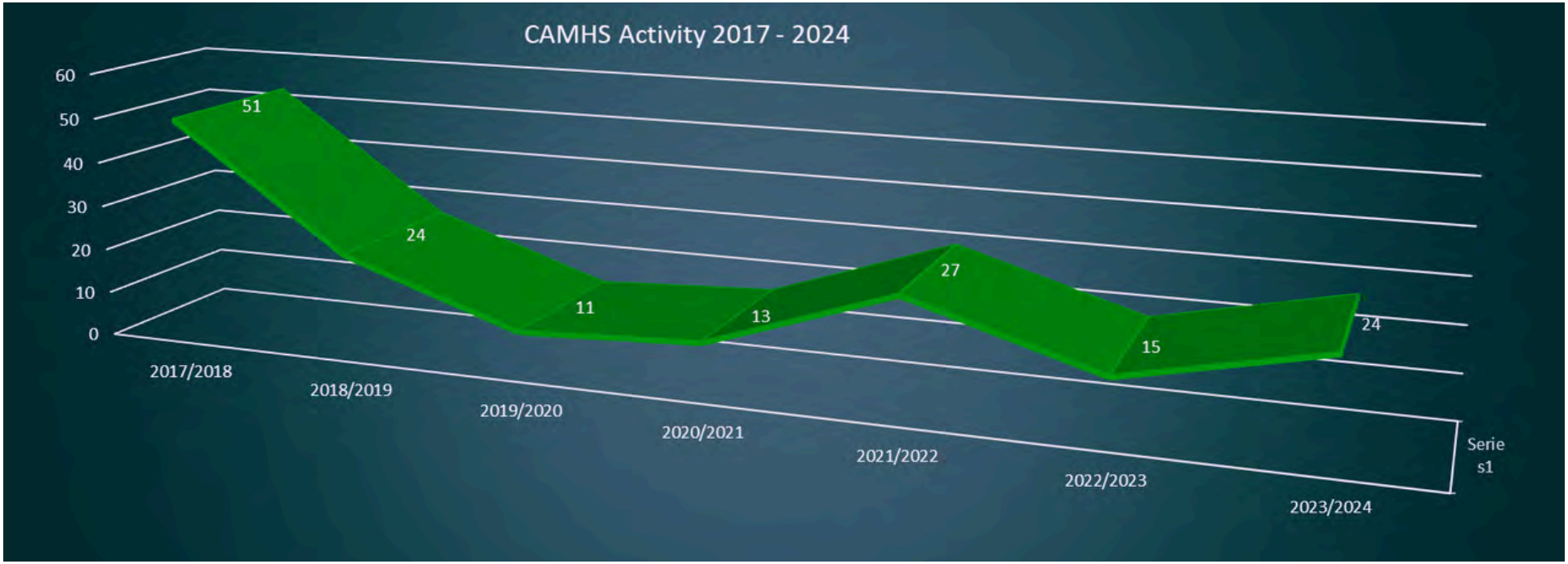


Figure 33: CAMHS Hospital Framework Activity 2017-2024

Effective management of externally placed Children and Young People (CYP) is crucial to that person's positive experience and recovery. When CYP are supported, in a meaningful way whilst being managed in external placements robust therapeutic engagement and relationships develop, augmenting the opportunity for seamless transition between services. This promotes ongoing collaborative discussions between the CYP, families and professionals engaged in their care, facilitating safe and timely repatriation or discharge. The QAIS noted that there is a high level of restraints. The QAIS require assurance that staff utilise restraint as a last resort and that after every restraint the young person is debriefed and this is documented. The QAIS has requested providers to provide assurance that there is a process in place in regards to reporting and communicating with external teams and all reporting completed as required in line with the All Wales Framework CCAPS.

OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Country of placement

Mapping CAMHS patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework shows that 100% of patients were cared for in England on 31 March 2024 as there is no longer a CAMHS service on the National Framework located within Wales.

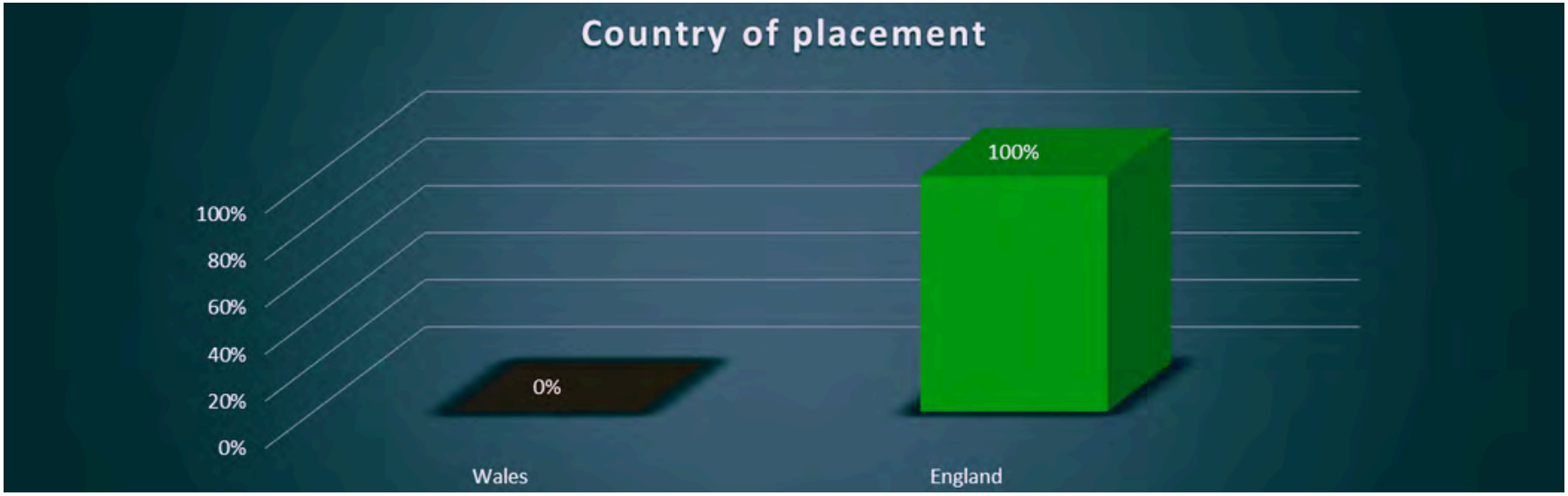


Figure 34: CAMHS patients country of placement

Distance from significant postcode

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the patients community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the patient and distance to the provider is calculated from this geographical point.

- 0 (0%) patients were admitted to a provider less than 50 miles from the significant postcode (decrease from 13% last year).
- 8 (53%) patients who were placed between 50 and 100 miles from the significant postcode (increase from 40% last year).
- 7 (47%) patients are more than 100 miles from the significant postcode (47% last year).

Whilst overall placement numbers were lower this year the figures represent a general shift towards placements closer to significant postcode.

OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Length of stay

A total of 14 patients received assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework and 10 were discharged between 1 April 2023 and 31 March 2024.

A total length of stay with their final provider prior to discharge as shown in Figure 35 was:

- 100% (10) patients had a length of stay less than 6 months.

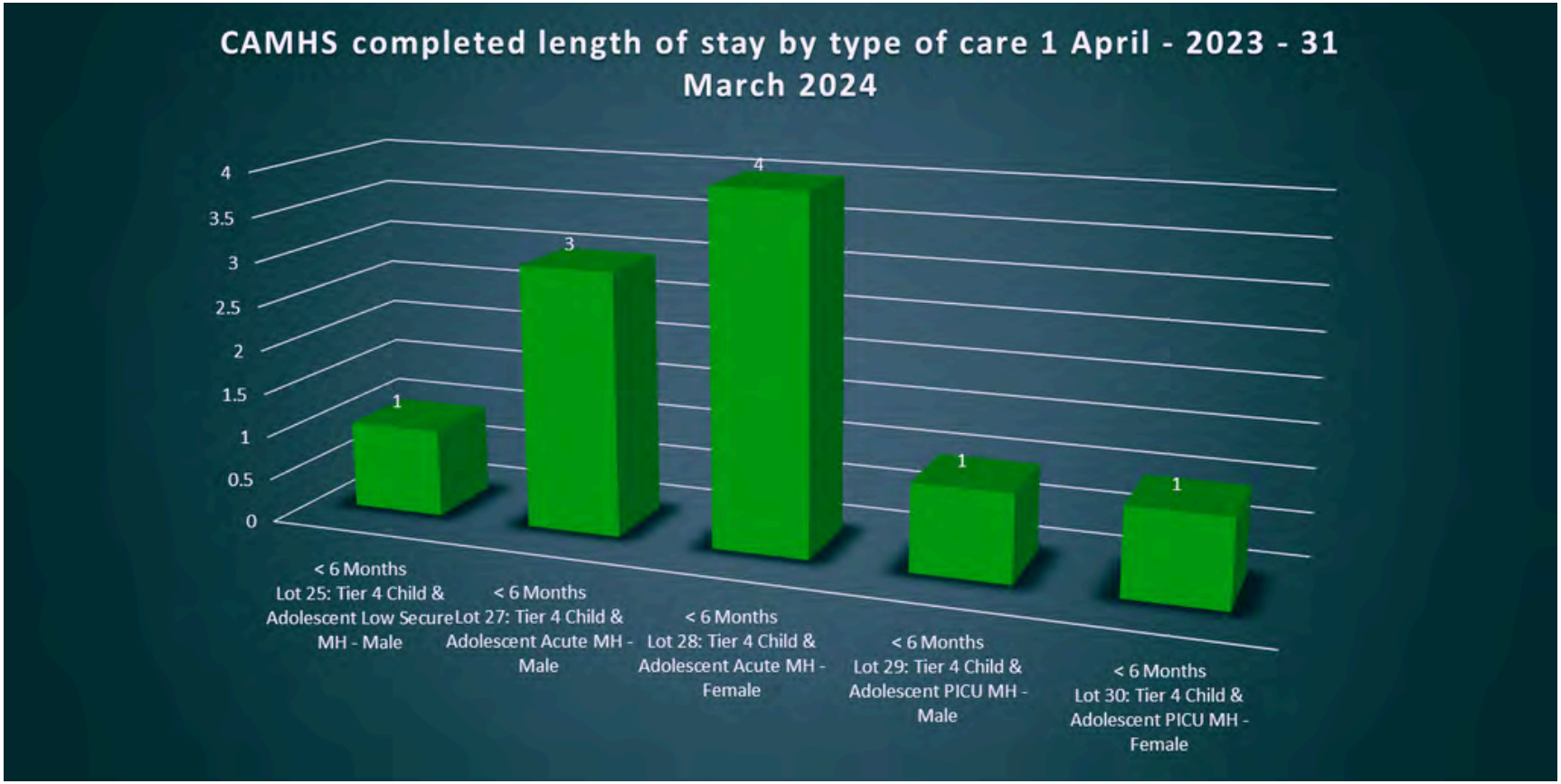


Figure 35: CAMHS patients length of stay

MAINTAINING THE QUALITY OF CARE

It is a requirement of providers to maintain the standards of care as set out in the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. Under the new framework there are 5 core outcome areas containing a total of 52 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice. 416 individual standards were audited between 1 April 2023 and 31 March 2024.

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Out of the 8 reviews 8 (100%) maintained with no further action required.

Normally when any remedial action has not been rectified within the designated timeframe than a 'supervised Performance Improvement Plan' is issued and the providers '3Q' Quality Assurance Rating is adjusted to reflect the severity of the deficit.

Quality Assurance Ratings

There were 14 patients admitted between 1 April 2023 and 31 March 2024 and 100% of patients were placed with a provider that (at the time of placement) had a '3Q Quality Assurance Rating'.

Care Coordination

It is vital that care coordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this is a requirement to record the name of the patients care coordinators(s) when making a placement. In 2023-24, 100% of patients had details of a care coordinator recorded.

Safeguarding

The QAIS collate all potential safeguarding concerns involving CAMHS patients receiving assurance under the Hospital Framework through CCAPS. 9 potential safeguarding concerns were reported between 1 April 2023 and 31 March 2024. All of these safeguarding concerns were reported internally and none were subsequently subject to validation by local safeguarding teams. Between 1 April 2023 and 31 March 2024:

- 1 concern was regarding neglect
- 2 concerns regarded physical abuse
- 5 concerns were regarding Psychological/emotional abuse
- 1 concern was regarding sexual abuse

Attendance at Care and Treatment Plan Reviews

There were 9 Care and Treatment Plan (CTP) reviews during the 1 April 2023 to 31 March 2024. Figure 36 illustrates the attendance or nonattendance* by either a care coordinator and / or other representative from Wales at the Care and Treatment Plan reviews held between 1 April 2023 and 31 March 2024.

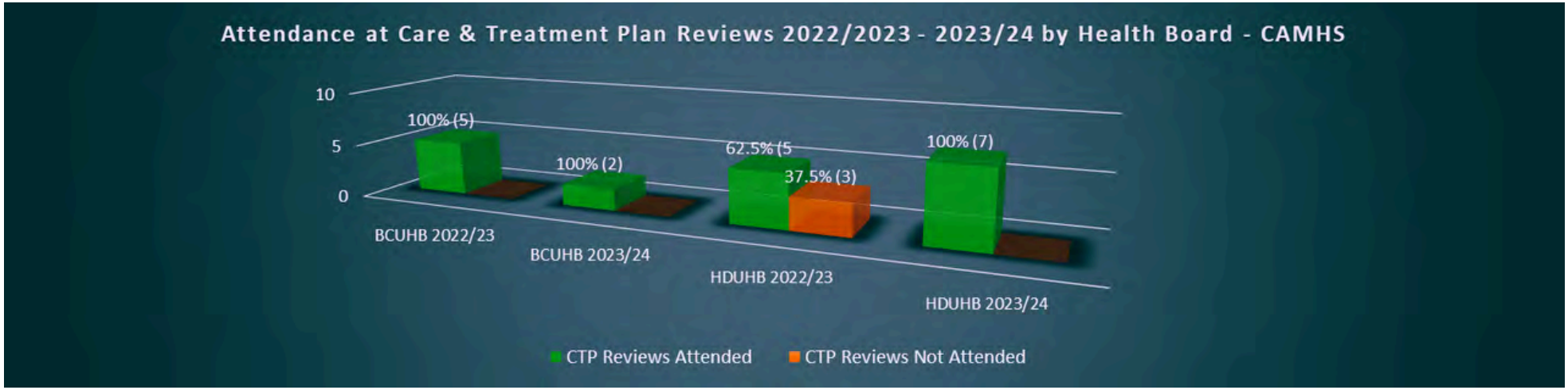


Figure 36: Attendance at CTP reviews by health board

*Please note that non-attendance at reviews does not signify a complete absence of patient contact, as professionals may have visited the patient at other times.

INCIDENTS

There were a total of 288 incidents involving patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) between 1 April 2023 and 31 March 2024. Of these incidents:

- 197 or 68% were classed as negligible. 75 or 26% were classed as minor.
- 15 or 5% were classed as moderate.
- 1 or 0.4% was classed as severe

Complaints

There were 19 complaints reported under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) between 1 April 2023 and 31 March 2024. There were 15 complaints reported in 2022/23. 9 of these complaints related to attitude of staff, 5 related to clinical treatment, 2 relating to protocols and procedures, 1 related to the behaviour of another patient, 1 relating to communication and 1 regarding equality and diversity. Some concerns raised by patients would have been resolved through internal reporting processes.

CAMHS Hospital Framework Expenditure

As at the 31 March 2024, the Welsh Health Specialised Services Committee spend through the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) was an annualised cost of £1,198,680 shown in Figure 37 below. This represents a reduction of 4.5% spend on the previous year (£1,254,897).

Refer to page 46 for the financial approaches for the Adult and CAMHS hospital framework.

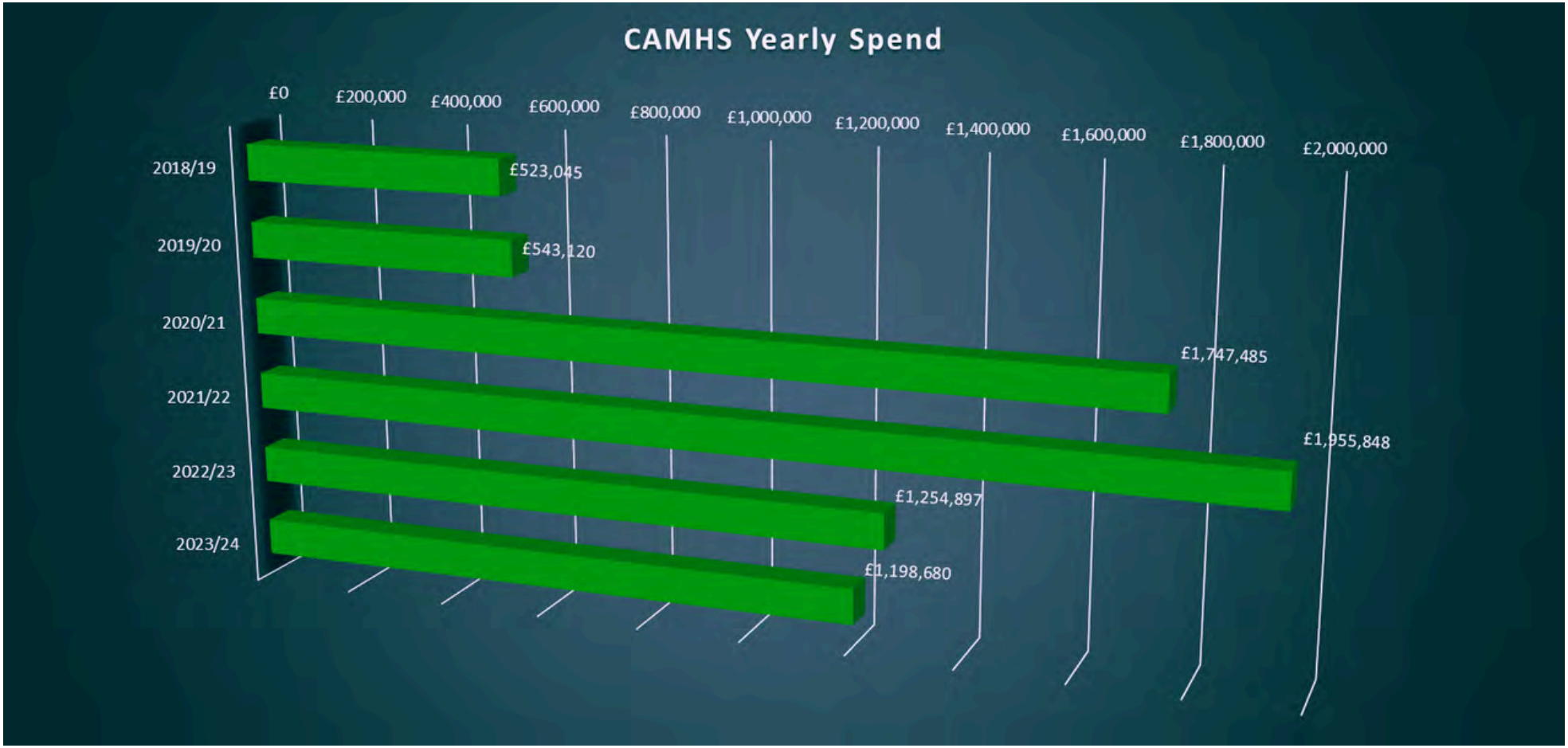


Figure 37: CAMHS total yearly spend

SECTION 4

National Collaborative Framework Agreement for Adults in Mental Health Learning Disabilities Care Homes (With and without Nursing)

NATIONAL OVERVIEW AND TRENDS



Providers

On the 31 March 2024, there were 42 Providers used on the Care homes Framework with 152 units with placements.

The map shows the approximate geographical position of care homes on the Framework.

NATIONAL TRENDS

On the 31 March 2024 there were 467 Welsh residents receiving assurance under the Care Home Framework. This compares to 438 residents from the previous year, equating to a 6.6% increase.

There were 117 new admissions and 84 discharges between April 2023 and March 2024.

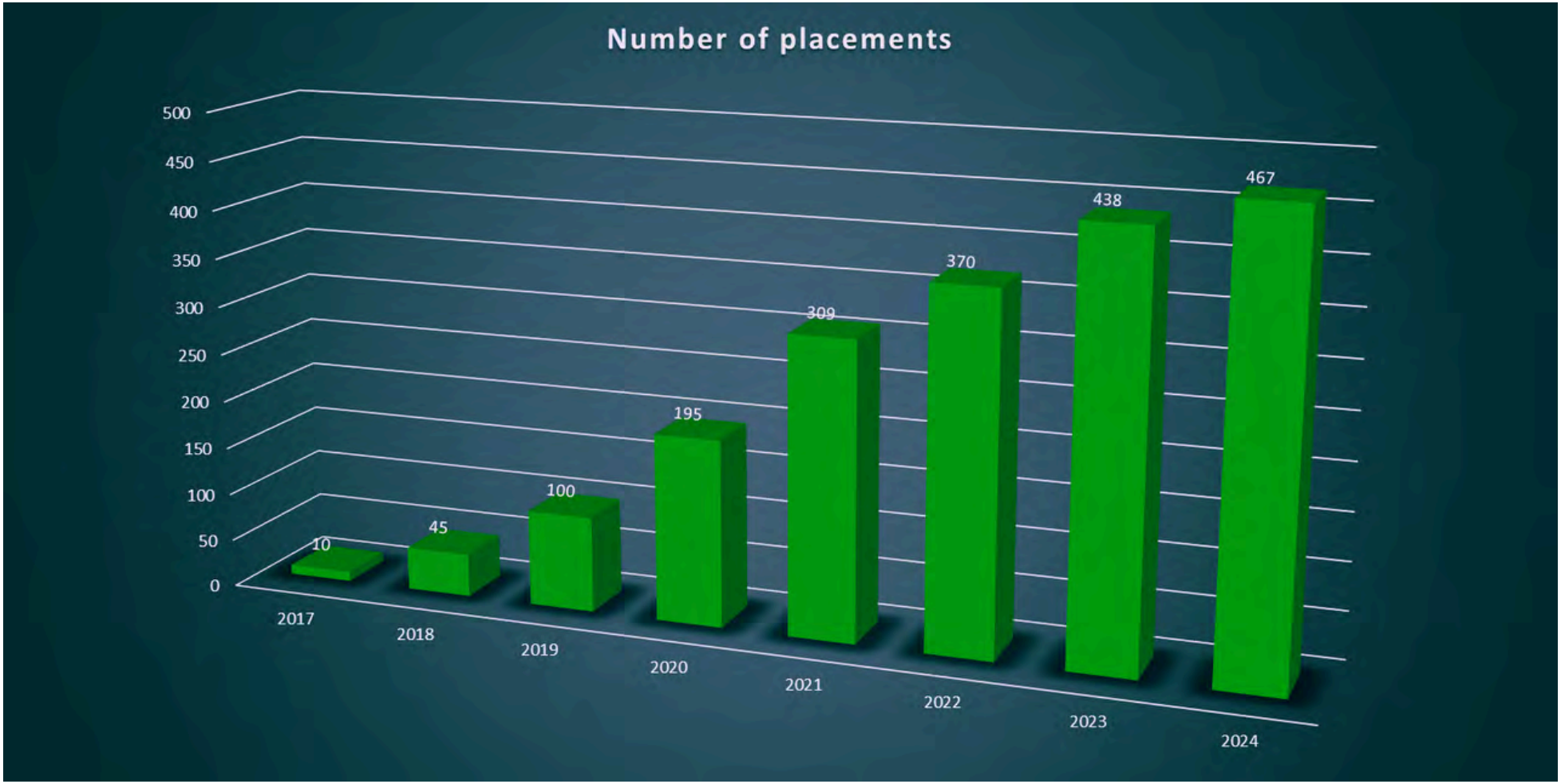


Figure 38: Total number of Care Home placements by year

NATIONAL OVERVIEW

There are nine different types of services that can be commissioned through the Care Home Framework.

Figure 39 illustrates the number of placements by type of service from 1 October 2016 to 31 March 2024.

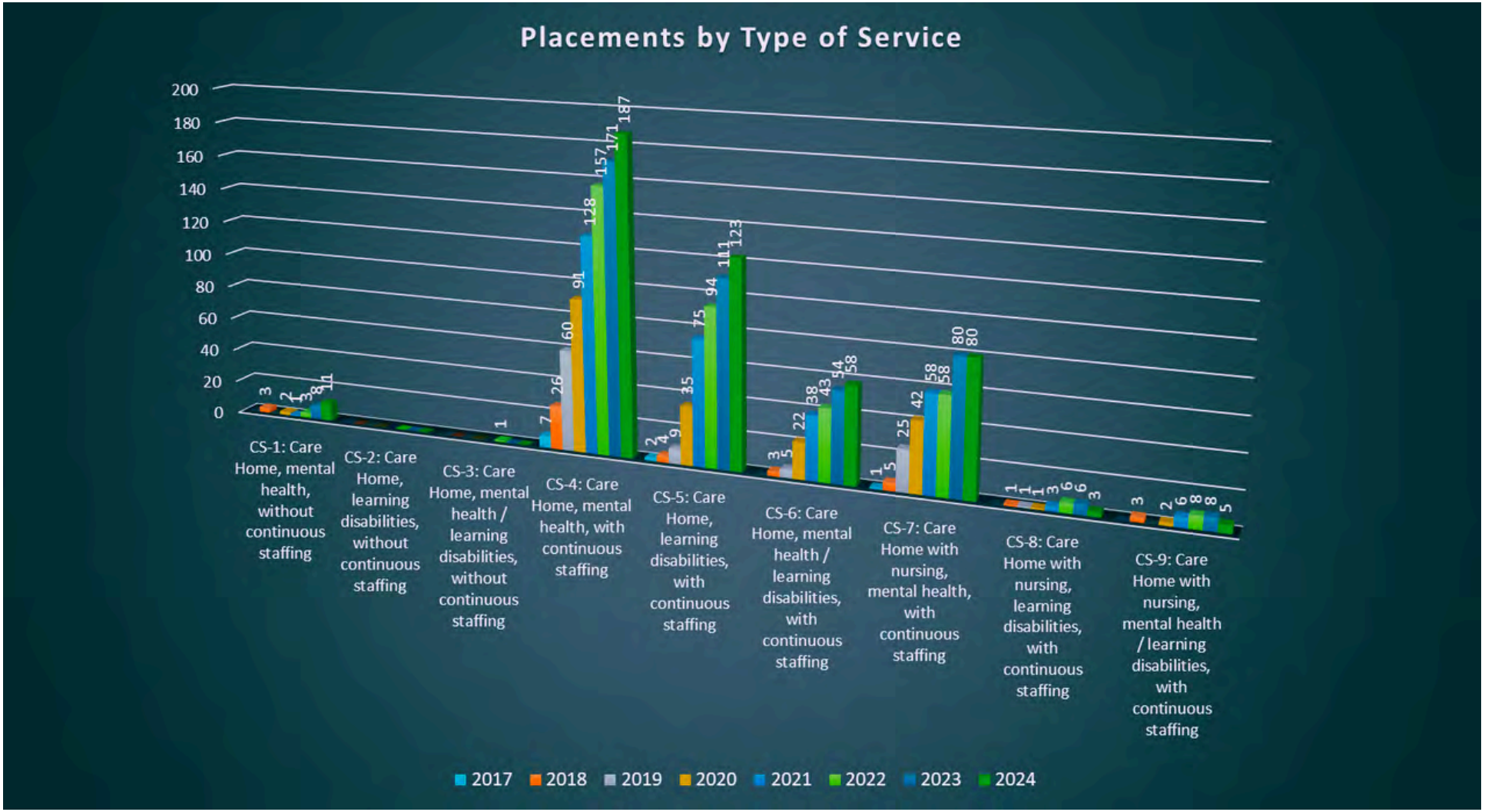


Figure 39: Total number of Care Home placements by service type

NATIONAL OVERVIEW

The 'Lead Commissioner' 'is the commissioning organisation who requests placement for a 'jointly commissioned' (both health and local authority) resident. Figure 40 below shows the placements by the lead commissioning organisation from 1 October 2016 to 31 March 2024. (note: the framework term has been extended to 31 March 2026)

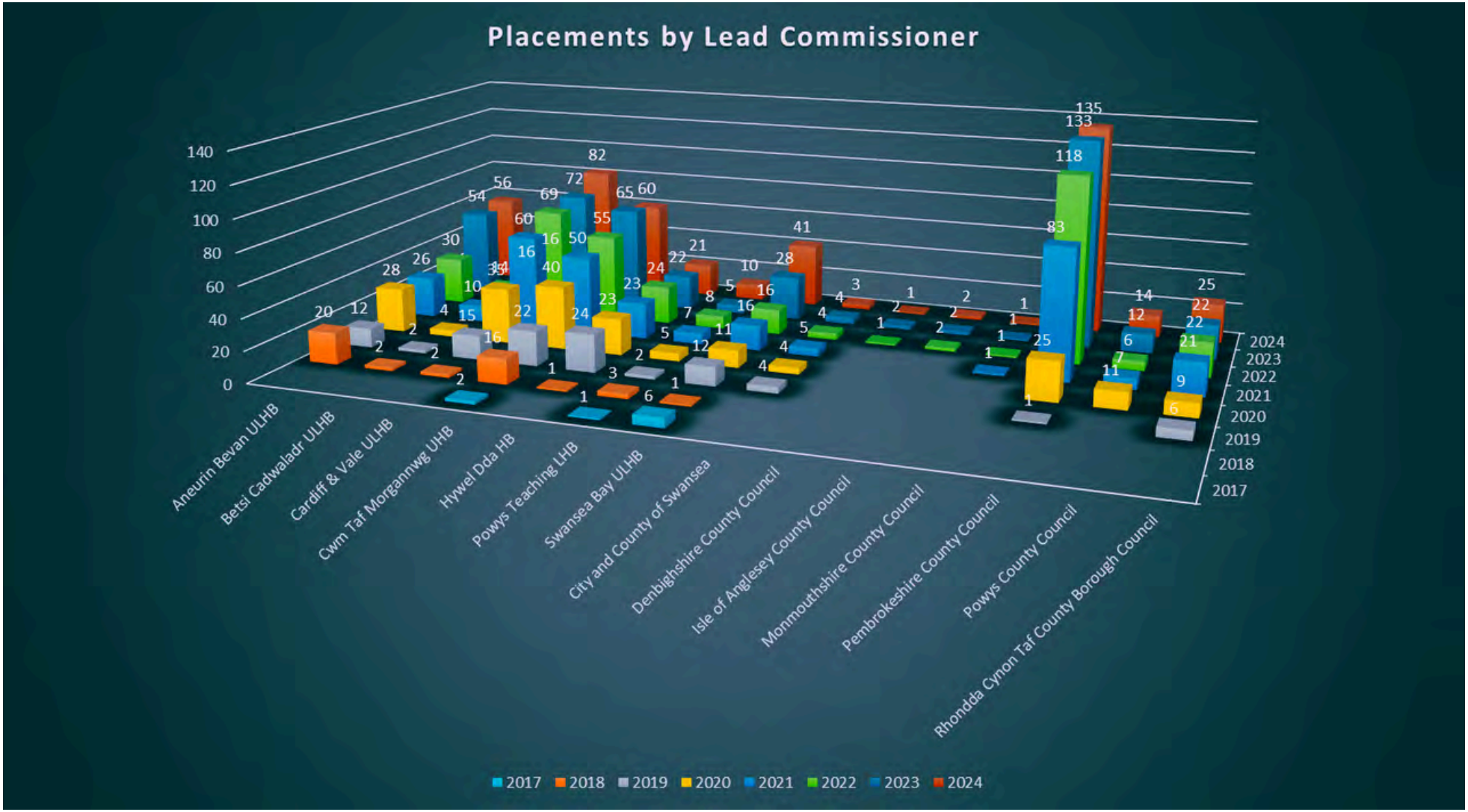


Figure 40: Number of placements by lead commissioner

NATIONAL OVERVIEW

Figure 41 below illustrates that of the 467 Welsh residents receiving assurance on 31 March 2024 under the Care Home Framework, 17.5% of residents had a Local Authority, 35.5% had both Local Authority and Local Health board whilst 47% had a Health Board as lead commissioner which represents a reduction in single LA or HB funding but an increase of 2.5% in joint funding (was 33% in 2022-23).

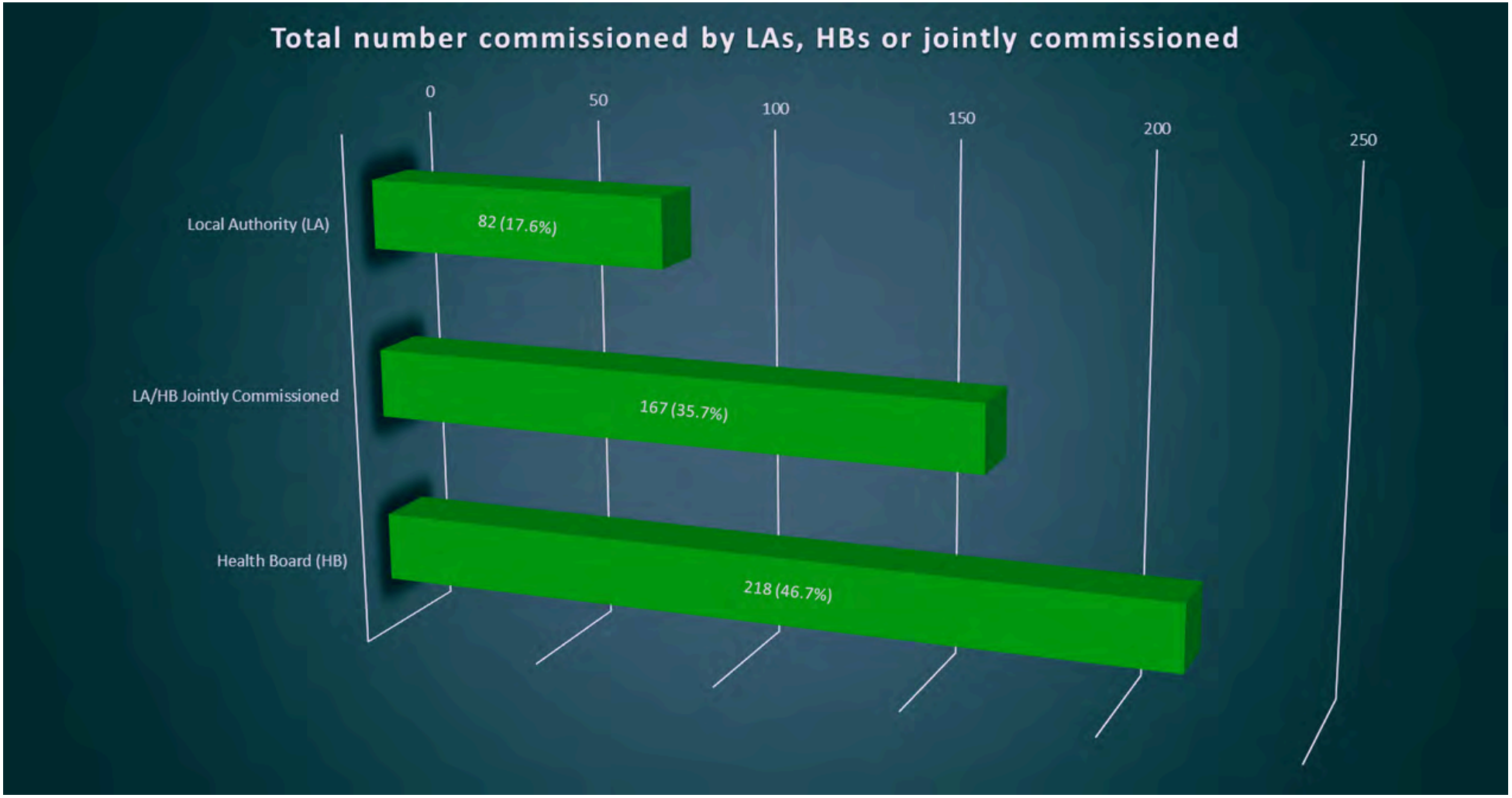


Figure 41: Number of placements by LA, HB or Jointly Commissioned

MALE AND FEMALE DISTRIBUTION

Of the 467 residents receiving assurance under the National Collaborative Framework on the 31 March 2024, 64% (298) were male and 36% (169) were female. Figure 42 below shows the distribution of male and female residents receiving assurance compared to previous years.

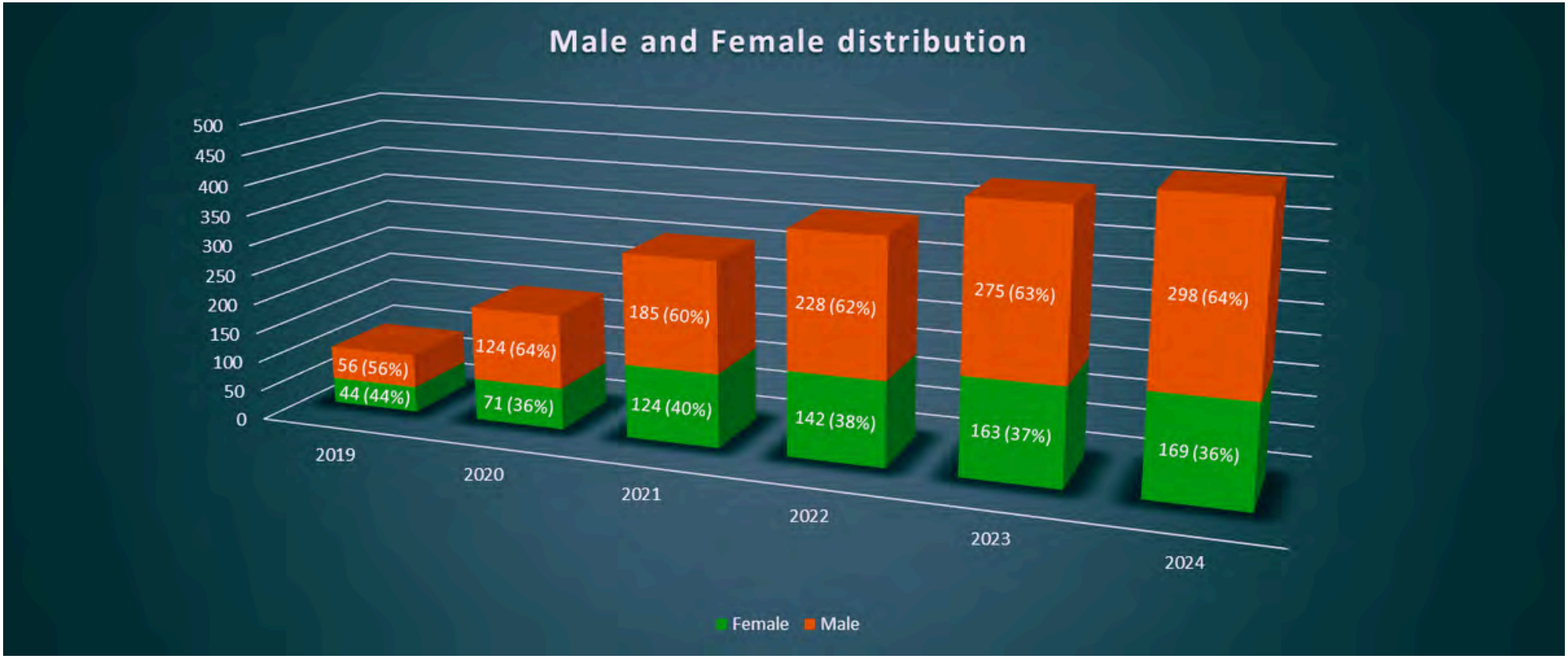


Figure 42: Male and Female distribution

Of the 467 patients receiving assurance under the Care Home Framework on the 31 March 2024, 99.5% (465) were placed in Wales and 0.5% (2) were placed in England.

Since 2022-23 the number of patients placed in care homes located in Wales has increased by 7.4% and the number of patients placed in care homes located in England has reduced by 60% (5 last year).

DISTANCE FROM SIGNIFICANT POSTCODE

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the residents community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the resident and distance to the provider is calculated from this geographical point. Figure 43 shows the distance of placement from the significant postcode by type of care.

- 68% of residents received care between 0-10 miles.
- 18% of residents received care between 11-20 miles.
- 4% of residents received care between 21-30 miles.
- 4% of residents received care between 31-40 miles.
- 4% of residents received care between 41-50 miles.
- 2% of residents received care of 51+ miles from the significant postcode.

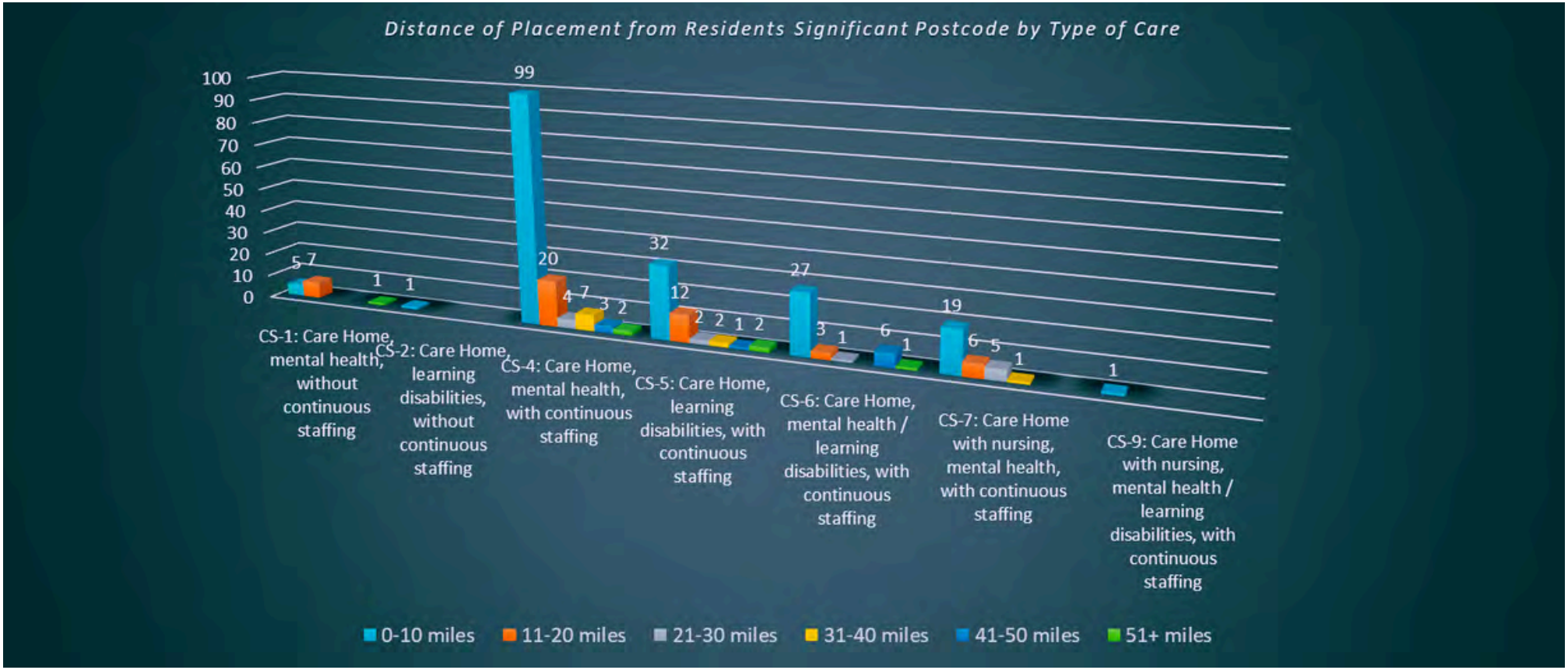


Figure 43: Distance from Significant Postcode by Type of Care

MAINTAINING THE QUALITY OF CARE

Between 1 April 2023 and 31 March 2024, 6667 individual standards were reviewed. The table below details the average achievement for each of the eight areas of standards within the Care Home Framework.

Standard Area	2020-21	2021-22	2022-23	2023-24
THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE	93%	96%	91%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO FEEL AT HOME	96%	96%	97%	99%
THE PROVIDER SUPPORTED THE RESIDENT AND THE RESIDENTS COMMUNITY TO VALUE EACH OTHER	95%	97%	99%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO BE HEALTHY	95%	99%	98%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO RECOVER AND STAY WELL	81%	93%	93%	96%
THE PROVIDER SUPPORTED THE RESIDENT TO PROGRESS AND MOVE ON	85%	88%	90%	96%
OPERATIONAL AND IT REQUIREMENTS	85%	92%	95%	98%
REGULATORY COMPLIANCE	91%	96%	97%	99%

Figure 44: Average achievement by framework standard

QUALITY ASSURANCE REVIEWS

The QAIS planned, co-ordinated and completed visits to 105 Care homes belonging to 41 different providers between 1 April 2023 and 31 March 2024. These visits covered over 200 Care settings (CS1 – CS9) during which 6,667 reviews of standards took place.

This accounts for 69% of the care homes on the Care Home Framework where a Welsh resident had been admitted.

The outcome of the 105 care homes reviews were that 21 (20%) care homes required one or more remedial actions and 84 (80%) did not require any remedial action. These figures depict a decrease in requirement for remedial action of 22% on the previous year.

The 21 care homes, where one or more remedial actions were required, were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 92 individual actions (example shown in Figure 45 below).

Ref	Core Requirements	QAIS Assessment	Outcome (Met or Level 1 /2)	Provider evidence of completion (To be completed by provider)	20 Day PIN Verification (To be completed by QAIS)
1	THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE				
1.12	On or before the commencement of Services to the Resident, the rationale for undertaking non-general observations of the Resident are clearly documented and discussed with the Resident, carers and Local Care Team.	The provider needs to ensure there is a clear rational for the undertaking of observations on the daily monitoring record. Staff are to be provided with a positive behaviour support plan to ensure, early recognition of triggers and primary, secondary and reactive strategies.	Level 1	Positive Behaviour Plan updated and file format changed to ensure that the information held on each domain is more user friendly. Partially verified at site: Although there is a rationale for undertaking of observations in the care plan, this is not clear on the 1:1 observation form. The identified work must continue on development and implementing of the Positive Behaviour Support Plan. There continues to be a lack of evidence in the patient's notes that strategies are being implemented.	Partially verified 03.07.23. Further verification will be requested in relation to standard 1.11 as it is in relation to the PBS plan.

Figure 45: Example of a Care Home Framework Improvement Action

Of the 105 reviews, 84 (80%) maintained their 3Q's and 21 (20%) required further actions to be completed. In 18 of the cases the provider provided assurance all the remedial actions has been rectified within 28 days.

In 3 (3%) cases the provider did not provide assurance that one or more remedial actions had been rectified and therefore a supervised performance improvement plan was issued resulting in the providers 3Q quality assurance rating being temporarily adjusted to reflect the severity of the deficits.

Care Home Reviews - Themes

Deficiencies were commonly found in specific areas, as per the framework standards:

1.14: Ensuring the environment of care is safe, accessible, well-maintained, and homely.
2.12: Providing safe, comfortable, and pleasant premises with suitable light, heat, and ventilation.
6.8: Ensuring accurate and complete Care and/or Clinical Records are accessible to Residents.

Environmental inspection and premises safety were common issues, potentially related to ageing estates and resource allocation.Staffing, including skill set, pre-admission assessment, and pay, was a concern for some care homes.

Medication management under Standard 5.2 also raised issues, and it is essential to explore whether nurse-led care homes face particular challenges.

The documentation of care plans requires improvement, with emphasis on including the resident's view and clear, measurable objectives.

For providers, we might advise a more robust approach to addressing environmental issues in line with Standards 1.1.3 and 2.12. Implementing necessary changes in a timely manner is crucial. Exploring local services' support network for out-of-area residents, especially during crisis situations, can enhance care coordination.

Clarity on what constitutes a good care plan for homes and hospitals should be communicated to providers for consistency and improved documentation.

Our ongoing commitment to quality assurance and improvement will guide us in supporting providers to enhance their services and achieve better outcomes for patients and residents.

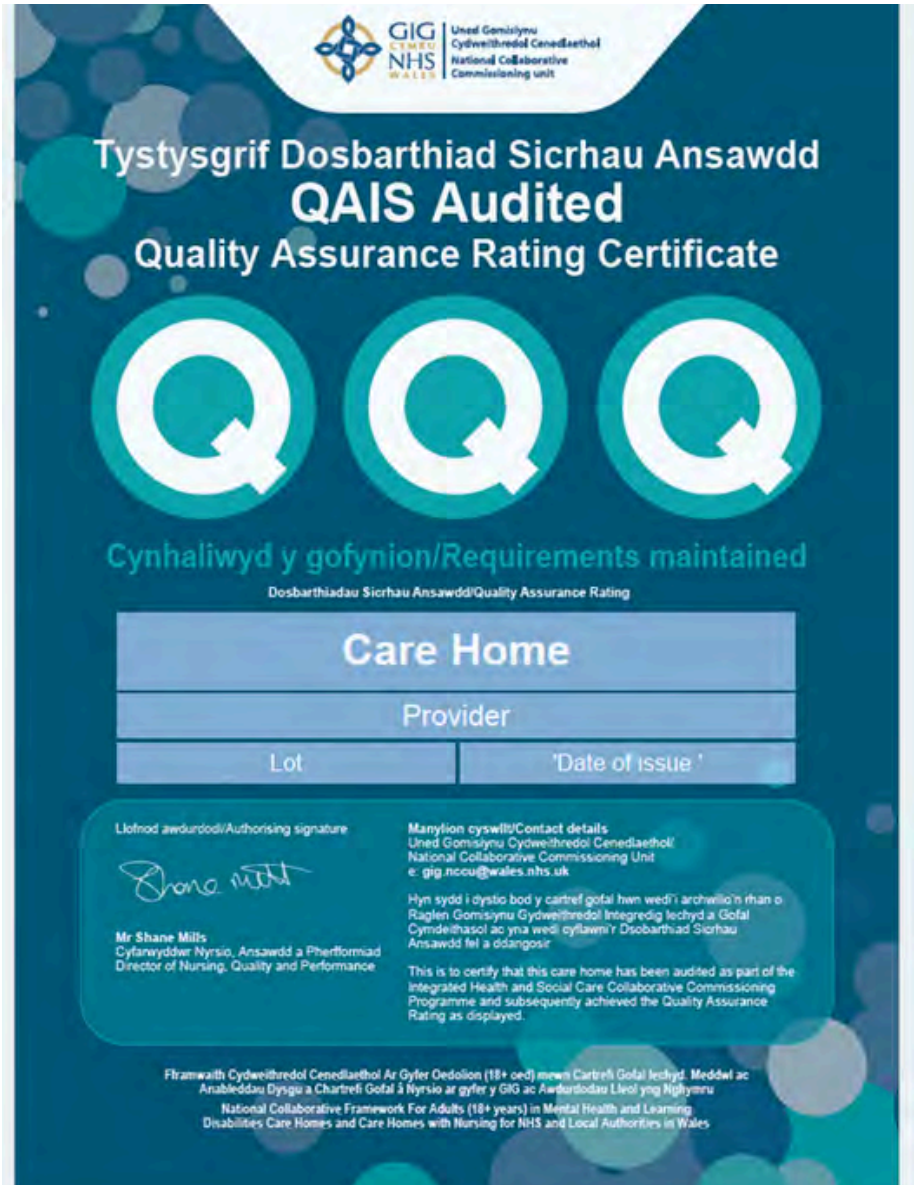
Figure 46

Care Co-ordination

It is vital that care co-ordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this is a requirement to record the name of the residents care coordinators(s) when making a placement. In 2023-24, 100% of residents had details of a care co-ordinator recorded.

Quality Assurance Ratings

There were 467 placements commissioned between 1 April 2023 and 31 March 2024 as part of the Care Home Framework. Of those placed 100% of residents were placed with a provider who had maintained the '3Q' Quality Assurance Rating.



ATTENDANCE AT CARE TREATMENT PLAN / ANNUAL SUPPORT PLAN REVIEWS

There were 222 recorded Care Treatment Plan / Annual Support Plan Reviews between 1 April 2023 and 31 March 2024. Figure 47 illustrates the attendance or non-attendance* by either a care co-ordinator and / or other representative from Wales at these reviews held between 1 April 2023 and 31 March 2024 in comparison to previous years.

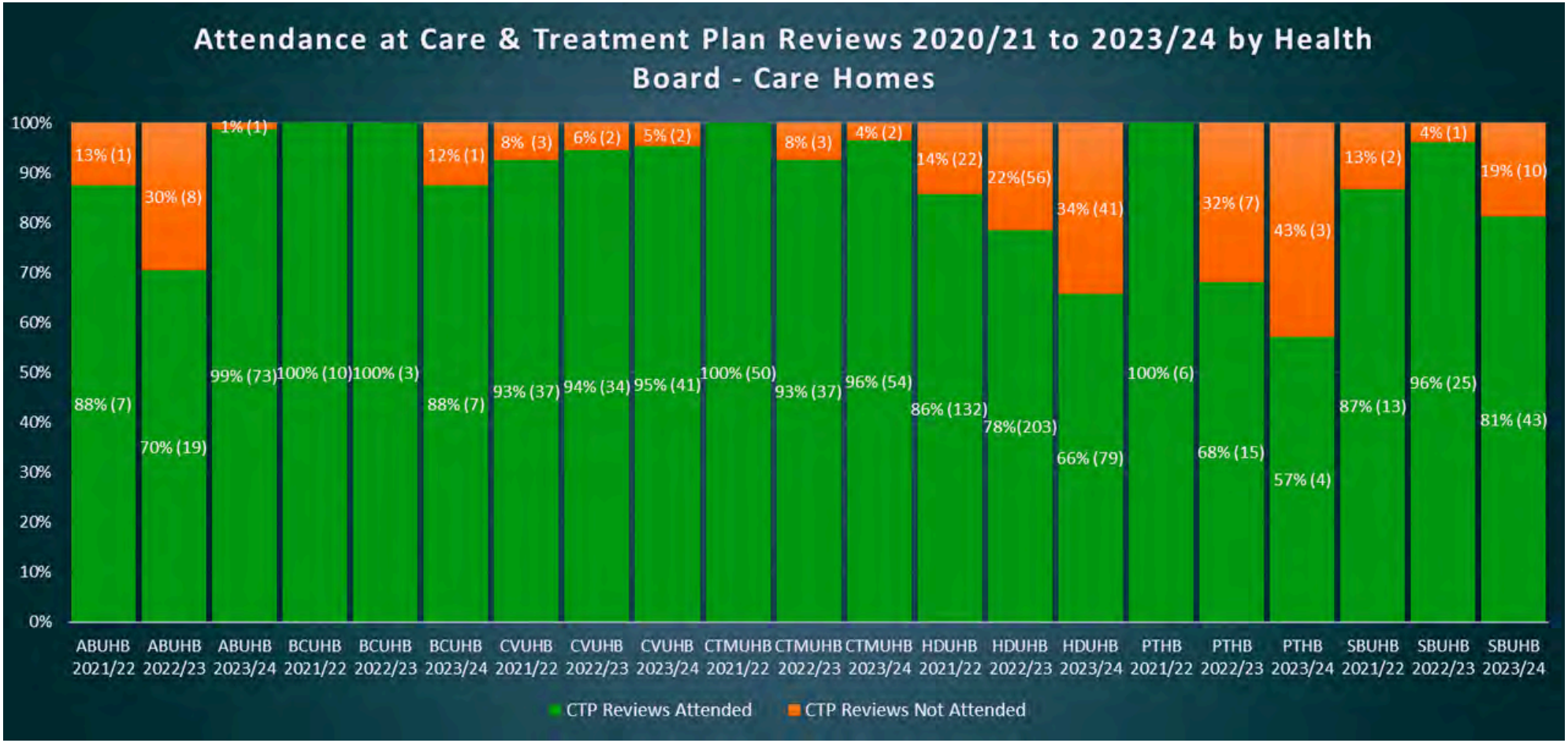


Figure 47: Attendance at CTP review by Health Board - 3 Year comparison

*Please note that non-attendance at reviews does not signify a complete absence of resident contact, as professionals may have visited the resident at other times.

INCIDENTS

There was a 14% increase in incidents (6450) reported compared with the previous year (5656) involving residents receiving assurance under the Care Home Framework. To be able to compare numbers more accurately (as certain types of services or providers may have more residents) we calculate the denominator by 'how many days a bed in a care home was occupied by a Welsh resident'. This is called 'occupied bed days'. The numbers are then multiplied by 1000 to produce balanced score using 1000 occupied bed days as benchmark. Of these incidents 3349 or 52% were classed as negligible, 2632 or 40.8% were classed as minor, 362 or 5.6% were classed as moderate, 89 or 1.4% were classed as severe and 18 or 0.2% were classed as critical.

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Perpetrator of Disruptive, physically aggressive behaviour, Violence	1131	1190	83	4	2	2410	14.4
Perpetrator of verbal abuse, threats or bullying	1140	774	69	9	-	1992	11.9
Self-harming behaviour / Suicide	274	247	72	9	1	603	3.6
Resident Injury resulting from an accident or incident or is unexplained.	266	74	21	5	1	367	2.2
Victim of Disruptive, physically aggressive behaviour and violence	175	21	4	1	-	201	1.2
Medication	112	48	3	-	-	163	1.0
Illicit Substance use or possession	37	107	4	-	-	148	0.9
Victim of verbal abuse threats or bullying	90	47	5	1	-	143	0.9
Resident Illness	-	-	75	48	13	136	0.8
Access, admission, transfer, discharge (including missing Resident) - AWOL	43	51	18	6	-	118	0.7
Perpertrator of Sexual abuse / sexual violence	50	34	2	2	-	88	0.5
Breach of terms of residence	5	21	1	-	-	27	0.2
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	15	6	3	-	-	24	0.1
Documentation, Record keeping, Data and legal, and property.	7	9	-	-	-	16	0.1
Victim of Sexual abuse / sexual violence	4	3	2	3	1	13	0.1
Access, admission, transfer, discharge (including missing patient) - AWOL				1		1	0.0
Total	3349	2632	362	89	18	6450	38.5

Figure 48: Incidents by tyoe and level

INCIDENTS

Figure 49 below compares incidents per 1000 occupied bed days (note the 6.6% increase in the number of residents placed) and comparison of Incidents from Last Year by Type of Incident per 1000 Occupied Bed Days

	2022-23	2023-24	Difference
Total Incidents	5656	6450	+794
Incident Type	Number of incidents per 1000 occupied bed days		
Perpetrator of Disruptive, physically aggressive behaviour, Violence	13.4	14.4	+1.0
Perpetrator of verbal abuse, threats or bullying	10.6	11.9	+1.3
Self-harming behaviour / Suicide	3.1	3.6	+0.5
Resident Injury resulting from an accident or incident or is unexplained.	3	2.2	-0.8
Access, admission, transfer, discharge (including missing Resident) - AWOL	1.1	0.7	-0.4
Victim of Disruptive, physically aggressive behaviour and violence	1	1.2	+0.2
Resident Illness	1	0.8	-0.2
Medication	0.9	1.0	+0.1
Victim of verbal abuse threats or bullying	0.6	0.9	+0.3
Perpetrator of Sexual abuse / sexual violence	0.6	0.5	-0.1
Illicit Substance use or possession	0.6	0.9	+0.3
Victim of Sexual abuse / sexual violence	0.1	0.1	-
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	0.1	0.1	-
Documentation, Record keeping, Data and legal, and property.	0.1	0.1	-
Breach of terms of residence	0.1	0.2	+0.1

Figure 49: Number of Incidents by type compared with previous year

INCIDENTS

Figure 50 below illustrates the number of incidents by service type and by 1000 occupied bed days and Incidents by Type of Care Home and 1000 Occupied Bed Days.

Care setting	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
CS-1: Care Home, mental health, without continuous staffing	37	72	13	2	-	124	30.8
CS-4: Care Home, mental health, with continuous staffing	633	555	148	38	7	1381	21.0
CS-5: Care Home, learning disabilities, with continuous staffing	1751	1596	87	8	1	3443	77.7
CS-6: Care Home, mental health / learning disabilities, with continuous staffing	561	331	79	21	2	994	46.2
CS-7: Care Home with nursing, mental health, with continuous staffing	272	65	30	16	5	388	13.6
CS-8: Care Home with nursing, learning disabilities, with continuous staffing	48	5	3	-	-	56	43.5
CS-9: Care Home with nursing, mental health / learning disabilities, with continuous staffing	47	8	2	4	3	64	30.1
Total	3349	2632	362	89	18	6450	38.5

Figure 50: Number of Incidents by service type, level and occupied bed days

INCIDENTS

Figure 51 below illustrates the number of incidents by service type and by 1000 occupied bed days compared to last year and comparison of Incidents from Last Year by Type of Care Home and per 1000 Occupied Bed Days

	2022-23	2023-24	Difference
Total Incidents	5656	6450	+794
Service Type	Number of incidents per 1000 occupied bed days		
CS-1: Care Home, mental health, without continuous staffing	0.3	0.74	+0.44
CS-4: Care Home, mental health, with continuous staffing	9.48	8.23	-1.25
CS-5: Care Home, learning disabilities, with continuous staffing	17.53	20.53	+3.00
CS-6: Care Home, mental health / learning disabilities, with continuous staffing	4.39	5.93	+1.54
CS-7: Care Home with nursing, mental health, with continuous staffing	3.21	2.31	-0.9
CS-8: Care Home with nursing, learning disabilities, with continuous staffing	0.37	0.33	-0.04
CS-9: Care Home with nursing, mental health / learning disabilities, with continuous staffing	0.85	0.38	-0.47

Figure 51: Number of Incidents by service type and occupied bed days comparison to previous year

COMPLAINTS

Figure 52 details the 31 complaints reported from the 1 April 2023 to 31 March 2024 for each of the nine complaint titles by residents receiving assurance as part of the Care Home Framework. Complaints are categorised against a bespoke 53 point matrix of nine complaint areas with sub categories in each and monitored by the QAIS to highlight areas of investigation or improvement.

The graph shows that a total of 31 complaints were reported between 1 April 2023 and 31 March 2024, an increase of 55% from the 20 reported last year.

- 36% (11) were classed as Behaviour of other resident in 2023-24 compared to 25% (5) in 2022-23.
- 52% (16) were classed as Attitude / Behaviour of Staff in 2023-24 compared to 50% (10) in 2022-23.
- 0% (0) were classed as Clinical Treatment in 2023-24 compared to 10% (2) in 2022-23.
- 3% (1) were classed as Hotel Services in 2023-24 compared to 10% (2) in 2022-23.
- 3% (1) were classed as Care Home Protocols in 2023-24 and an increase from 5% (1) in 2022-23.
- 6% (2) complaints recorded for Legal, Communication, Equality & Diversity and Patient Property in 2023-2024 and an increase from 0% (0) in 2022-2023.

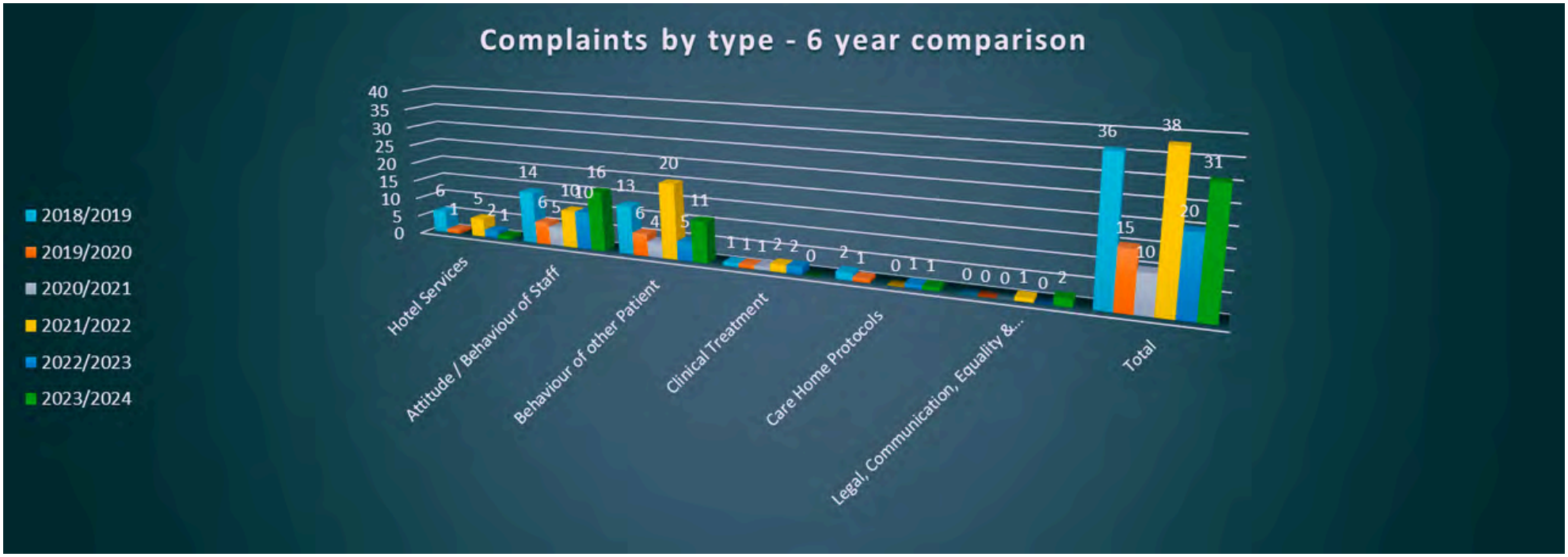


Figure 52: 6 year comparison of complaints by type

SAFEGUARDING

Figure 53 below illustrates the 212 safeguarding concerns reported to local safeguarding teams that involved residents receiving assurance under the Care Home Framework from 1 April 2023 to 31 March 2024.

These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ("confirmed"), or not ("unconfirmed"). Between 1 April 2023 and 31 March 2024 37 (17.5%) of concerns were confirmed and 175 (82.5%) were unconfirmed.

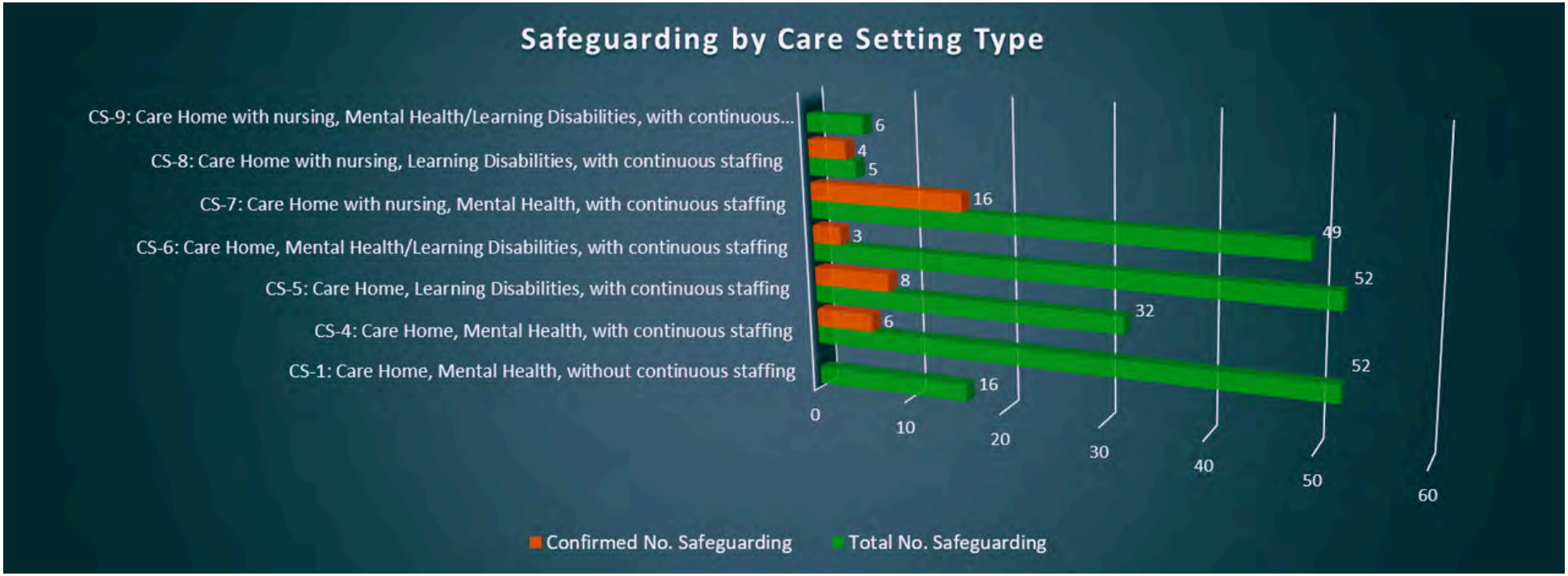


Figure 53: Number of safeguarding concerns by care setting

Safeguarding concerns can be physical abuse, sexual abuse, psychological abuse, financial or material abuse, discriminatory abuse and neglect and acts of omission.

- 9% (19) were classed as Sexual in 2023-24 compared to 11% (20) in 2022-23.
- 47% (99) were classed as Physical in 2023-24 compared to 48% (89) in 2022-23.
- 23% (49) were classed as Neglect in 2023-24 compared to 23% (42) in 2022-23.
- 10% (22) were classed as Financial in 2023-24 compared to 3% (6) in 2022-23.
- 11% (23) were classed as Emotional/Psychological in 2023-24 compared to 15% (29) in 2022-23.

RESIDENT CARE OUTCOMES

The QAIS has developed six resident level outcome measures called Resident Care Outcomes (RCOs). These are collated, analysed and verified by the QAIS for each resident quarterly in order to:

- Ensure positive individual outcomes are the focus of the care provision.
- Compare outcome achievement across providers delivering similar care.
- Provide an indication of the issues that may require remedial action.
- Indicate where there is potential to improve the effectiveness of care.

Each RCO is accompanied by 'achievement guidelines', an example of which is shown below for the sixth RCO 'The Provider supported the Resident to progress and move on'. The provider reports the outcome through CCAPS if the RCO been achieved.

There are six RCOs that are reported every three months for each resident.

The table below (Figure 54) shows the percentage of RCO Achievement compared to the previous two years.

	% of RCOs recorded as achieved		
Resident Care Outcomes	2021-22	2022-23	2023-24
THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE	98%	98%	98%
THE PROVIDER SUPPORTED THE RESIDENT TO FEEL AT HOME	99%	97%	99%
THE PROVIDER SUPPORTED THE RESIDENT AND THE RESIDENTS COMMUNITY TO VALUE EACH OTHER	97%	99%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO BE HEALTHY	98%	98%	96%
THE PROVIDER SUPPORTED THE RESIDENT TO RECOVER AND STAY WELL	99%	93%	96%
THE PROVIDER SUPPORTED THE RESIDENT TO PROGRESS AND MOVE ON	98%	90%	95%

Figure 54: Percentage RCO Achievement compared to previous years

Expenditure

As at the 31 March 2024, NHS Wales spend through the Care Home Framework was an annualised cost of £71M, an increase of 49% on the previous year. Figure 55 below shows the spend by commissioner over the last 3 years.

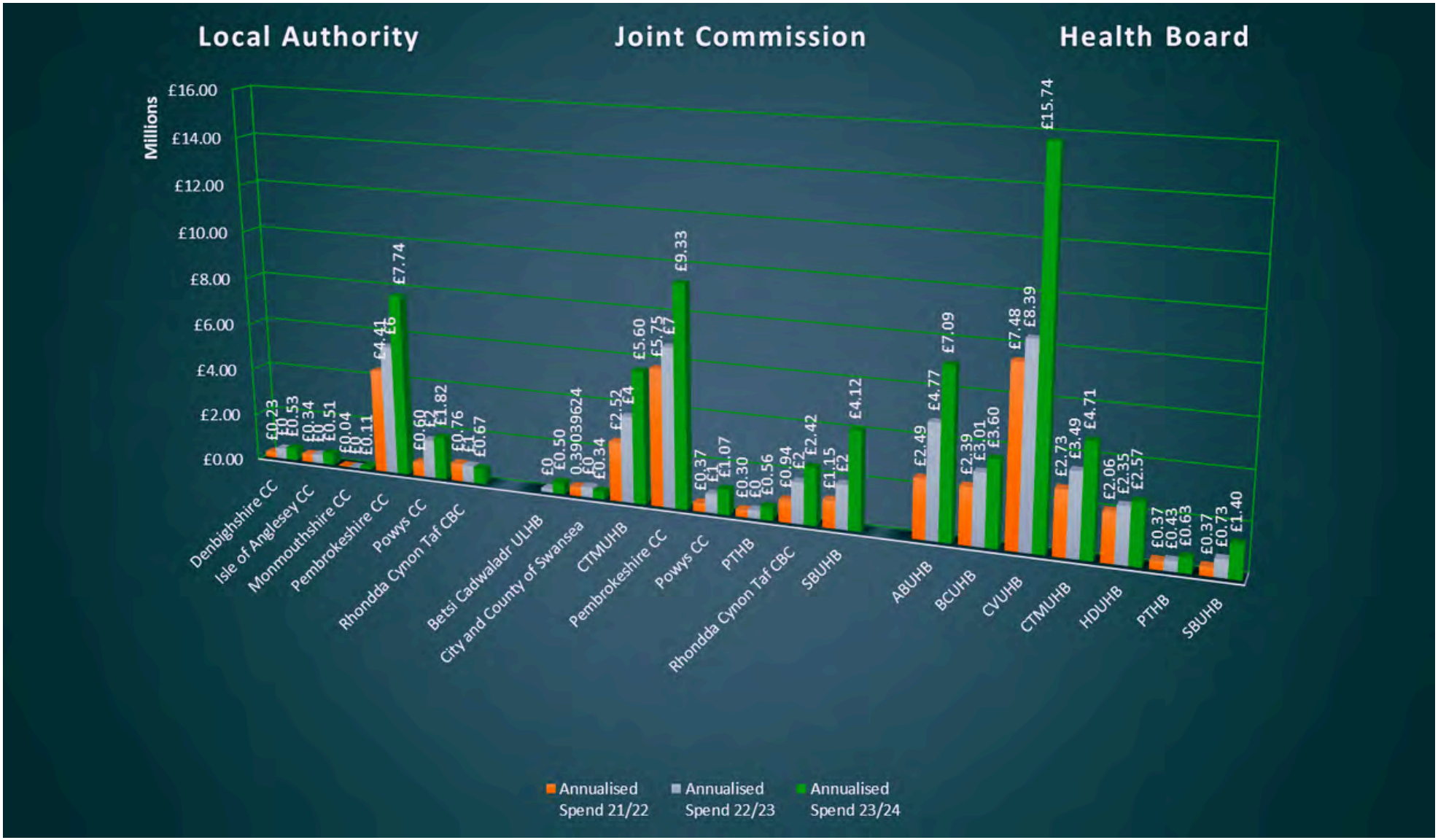


Figure 55: 3 year spend per commissioning body

ACKNOWLEDGEMENTS

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For further information on the work of the Mental Health, Learning Disabilities and Vulnerable Groups, Commissioning Care Assurance Performance System (CCAPS) or any other details contained within this statement contact:

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This report is also available in Welsh

Reporting Committee	Quality and Patient Safety Committee (QPSC)
Chaired by	Susan Elsmore
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	2nd September, 2024

Summary of key matters considered by the Committee and any related decisions made

1. PATIENT STORY

Members received an ITV media clip which involved a young woman (HL) who formerly was an in-patient in Ty Llidiard the Children and Adolescent mental Health Unit on the Princess of Wales site with a diagnosis of Anorexia Nervosa. The video interviewed Helen and explained the progress that had been made by the unit whilst in special measures. The importance of patient engagement was seen as a critical element in the success working with young people to improve services. Members acknowledged how difficult it can be to tell your story and applauded the patient who has gone on to undertake her medical training. The story also highlighted the collaborative working between the former WHSSC and NCCU in supporting the Health Board in improving the service.

2. FEEDBACK CORONOR'S INQUEST

Members received a presentation containing an update following the Conclusion of the inquest concerning the death of a young woman (aged 29), who was a patient from HDUHB who sadly took her own life whilst an inpatient at a Women's Enhanced Medium Secure (WEMMS) Unit in London. Members noted that the coroner's inquest hearing was held in the West London Coroner's Court and concluded on 23 July 2024. The inquest was held in public with a jury of 8.The recommendations arising from the hearing were shared and it was noted that NHS England have decommissioned the services following a review. The implications of this will be considered as part of the Mental Health Strategy.

The Director of Mental Health and Vulnerable Groups explained that he was currently working with Welsh Government around continuing healthcare, which is a complex area. In response, an independent member stated that little had changed as how continuing health care was managed, it was costly and demand was increasing. It was agreed that these concerns would be escalated to the Joint Commissioning Committee.

3. WELSH KIDNEY NETWORK REPORT

Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales and a summary of the highest scoring risks was provided.

4. COMMISSIONING TEAM AND NETWORK UPDATES

Reports from individual Commissioning Teams were received and taken by exception. Members noted the information presented and a summary of the services in escalation as attached. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

4.1 Cancer & Blood

Quality issues for services relating to the Cancer and Blood Commissioning Team Portfolio.

South Wales Plastic Surgery

It was reported that this service provided by SBUHB remained at Level 2 of the Escalation process and was the only NWJCC commissioned service where patients were waiting over 104 weeks. In July 2024, however, the NWJCC agreed to fund some of this additional capacity focusing on higher priority clinical groups who will receive their surgery before the end of December 2024. This was discussed at the July 2024 JCC and MG meetings. Further consideration will be given in August/September 2024 to the remaining funding required to meet the target in full, taking into account the context of the wider JCC financial position.

Neuroendocrine Tumours

It was noted that following a patient concern a review of the service provided by CVUHB was to be undertaken. The commissioning team will support the review and consideration given to the findings. The timescales and terms of reference are yet to be agreed.

4.2 Cardiac

Members received an update of the quality issues for services relating to the Cardiac Commissioning Team Portfolio.

Obesity Surgery Waiting Times

It was noted that there has been no improvement in the waiting list positon for Salford and little or no activity undertaken over the last twelve months. NWJCC are working closely with providers to open up the pathway to South Wales Service as an alternative, and Llais will be updated in relation to this pathway when it becomes available.

4.3 Neurosciences

Members received an update of the quality issues for services relating to the Neurosciences Team Portfolio.

Deep Brain Stimulation

The service provided by North Bristol NHS Trust (NBNHST) remains temporarily suspended for new referrals. Work is ongoing to secure a temporary alternate pathway into University College Hospitals London (UCL) in partnership with Cardiff and Vale University Health Board (CVUHB) which was agreed by the Senior Leadership Team (SLT) on 19th August 2024. NWJCC are in discussion with NBNHST to gain assurance on the issues raised with a view to reopening the pathway subject to those assurances. NWJCC had reallocated funding to address the Neurosurgery risk and agreed additional money within the ICP for 2024-2025.

4.4 Women & Children

Members received an update on the quality issues for services relating to the Women & Children Commissioning Team Portfolio.

Children's Hospital For Wales

A reset meeting is due to take place on the 18th September to consider the services in escalation and undertake a collaborative approach to agreeing the way forward. It was noted that the Director of Nursing CVUHB had written providing assurance on the review which had been undertaken relating to pressure damage issues on the Paediatric Intensive Care Unit and the actions that had been taken to address the issues.

Princess of Wales Hospital (POW)

Members were informed of the planned closure of the Maternity and Neonatal Unit within Princess of Wales Hospital Bridgend, (POW) and CTMUHB from the 2nd September, 2024 for 12 weeks. This was due to essential maintenance work to be undertaken in both the Neonatal and Maternity Unit. Assurance was given that plans were in place to redirect patient flow.

Wales Fertility Institute

Members were informed that a positive HFEA report had been received by the service. No critical or major concerns within the service were highlighted. Four staff members have passed the exam to be the person responsible (PR).The team agreed that the service has met the required standard to be de-escalated from level 4 to level 3. NWJCC continue to work with the provider on service improvements.

4.5 Mental Health

Members received an update of the quality issues for services relating to the Mental Health and Vulnerable Groups for the former WHSSC Commissioning Team Portfolio.

Eating Disorders (ED)
The new unit in Tŷ Glyn Ebwy Hospital, Hillside and Ebbw Vale was reported at the last meeting to be a 2Q service with an action plan in place with the JCC, via the Framework agreement processes, to improve areas relating to training and supervision arrangements. The service has evidenced improvement in various areas since the last review but quality issues remain, therefore, it is now a 3Q service.

Mother and Baby Unit / North
It was noted that provisional works have begun on the new Mother and Baby Unit in Cheshire and Wirral. Recruitment for the required posts has begun with the ward manager in post. The scheme has been delayed considerably due to increased costs from the contractor which Cheshire and Wirral Partnership have formally declined and a new tender process has commenced.

4.6 Intestinal Failure (IF) – Home Parenteral Nutrition
Members received an update on the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio. Members noted that there have been some challenges with regards to robust consultant cover within the Intestinal Failure service. This is an issue which remains closely monitored via the commissioning assurance meetings held with Cardiff and Vale University Health Board

5.0 OTHER REPORTS RECEIVED

Members received reports on the following.

5.1 Services in Escalation Summary
Members noted the content of the report and a copy of each of the services in escalation is attached to the report at Appendix 1.

5.2 Quality and Safety Report - Ambulance and 111
A report providing an update on quality and safety matters for the Ambulance and 111 commissioned services was received.

5.3 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update
A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period June 2024 to July 2024 was presented to the committee.

5.4 Incident and Concerns Report
Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance.

5.5 Joint Commissioning Committee Risk Register

The transitional amalgamated risk register for the JCC was presented to the committee, which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers. This Risk Register was approved by the JCC in July 2024, and considered by the CTM Hosted Bodies Audit and Risk Committee (ARC) in August 2024. Members noted the significant amount of work done to bring this together, mindful there was still a lot of work to be done with scores and assessing risks to ensure consistency across the range of NWJCC services.

6. ITEMS FOR INFORMATION

Members received a number of documents for information only:

- QPSC Distribution List.

7. ANY OTHER BUSINESS

None to note.

Key risks and issues/matters of concern and any mitigating actions

- Continuing health care and the impact on patients that receive commissioned services, as the concerns continue from the committee.
- Patient story forward to JCC on 17 September 2024.
- An update on the DBS Temporary Service Change was provided and would be relevant for HBs.
- It was important to note that the reset meeting was taking place for Neonatal Cot and PICU and the meeting will be an opportunity to discuss and agree actions/objectives in collaboration with the provider health board.

Summary of services in Escalation

- Attached (Appendix 1)

Matters requiring Committee level consideration and/or approval

None

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting	TBC

Executive Director Lead: Nicola Johnson
Commissioning Lead:
Commissioning Team: Women and Children

Date of Escalation Meetings: 26/04/23, 23/05/23, 20/06/2023, 26/07/23, 12/09/23, 10/10/23, 19/12/23, 16/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 24/06/2024

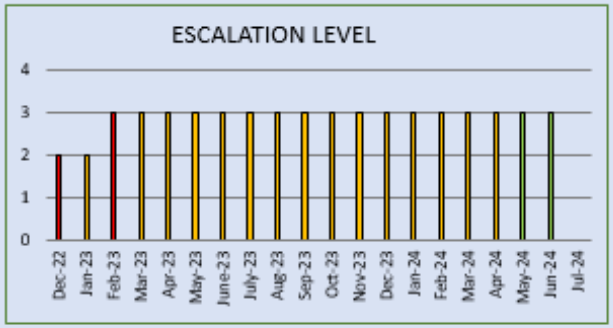
Service in Escalation: Paediatric Surgery

Current Escalation Level 0

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ July 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
March 2023 – JCC escalation	**3**
July 2024	**0**

Rationale for Escalation Status :
As a result of the service failing to engage fully with JCC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the JCC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.
• Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
• The original plan did not deliver contracted volume,
• Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

JCC assurance and confidence level in developments:

High – Action plan developed and positive progress made in designing a number of new pilot schemes and securing additional capacity, some delays in

Actions:

Action	JCC Lead	Action Due Date	Completion Date
Monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Triple escalation meetings established to monitor progress of all three services in escalation against overarching objectives.	Director of Planning & Performance / Director of	16 May 2024	

implementation. The service has committed to deliver a 52-week inpatient waiting list position by year end. The delivery of this is against a robust plan of increasing day case surgery and outsourcing 37 cases to Nuffield. Nuffield contract has concluded. Monitoring progress on a monthly basis and the >52 weeks' position is improving as set out in the trajectories. Escalation status being discussed at executive level within the JCC. Following the assurances received from the Triple Escalation meeting on the 16th May 2024 where the Health Board stated that the 52-week target will be met by the end of June 2024 and with a robust plan to maintain this during 2024/25 in line with the 52-week waiting time agreed by the (previous JCC) Joint Committee in our Integrated Commissioning Plan. In the commissioning team meeting held in July 2024 we agreed to de-escalate the service from Level 3 to Level 0 in line with the previous WHSSC (now NWJCC) Escalation Framework. This escalation has been closed and removed from the women and children's risk register.		Nursing and Quality		

Issues/Risks:

May 2024 – Escalation status being discussed at executive level within the JCC.
July 2024 – De-escalation of paediatric surgery agreed in July W&C commissioning team meeting from level 3 to level 0. Closed on risk register.

Executive Director Lead: Nicola Johnson
Commissioning Lead:
Commissioning Team: Women and Children

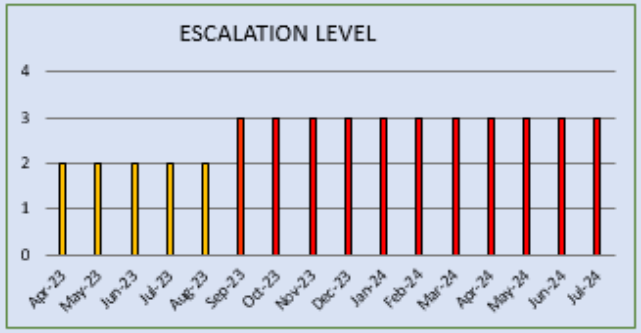
Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 24/06/2024

Service in Escalation: Paediatric Intensive Care

Current Escalation Level 3

Escalation Trend Level		
Trend	**Rationale**	**Current Trend Level**
↓	Escalation level lowered	↔ July 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 2023	**2**
September 2023 – Increased level from 2 to 3	**3**

Rationale for Escalation Status :

Following concerns regarding bed availability due to workforce shortages, refusal rates and pressure sore incidents the service was escalated to level 2. There was limited progress over a 3 month period against the objectives therefore the decision was taken to further escalate to level 3.

Background Information:

There is a risk that a Paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that Paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment is not available or the patient being transferred out of Wales. The availability of a bed and staffing constraints have been brought to the attention of JCC through various routes including HiW and the daily SITREP.

JCC assurance and confidence level in developments:

Low – HB have submitted draft action plan, a final version has been requested. The escalation is predominantly linked to workforce and the lead in time for mitigations is medium term, in particular the recruitment of International

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD	Senior Planning Manager	30 June 2024	
Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.	Senior Planning Manager	-	17th July 2024
Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	Next meeting to be arranged post re-set meeting

Nurses. New streamliners have begun in the HB and although supernumerary at present and will not directly fill PIC vacancies it will support the wider workforce challenges across the Children's Hospital. JCC are still awaiting detailed demand and capacity in order to develop a sustainable contracting framework for Paediatric Intensive Care and High Dependency. Escalation status being discussed at executive level within the JCC. The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement.	Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18th September 2024	
Issues/Risks:				

Executive Director Lead: Nicola Johnson
Commissioning Lead:
Commissioning Team: Women and Children

Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 24/06/2024

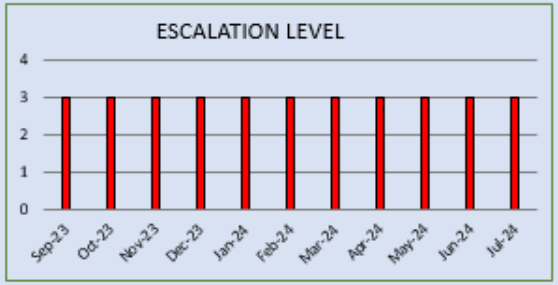
Service in Escalation: Neonatal Intensive Care Unit

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
September 2023	3

Rationale for Escalation Status :

High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration.

Background Information:

There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.

NWJCC assurance and confidence level in developments:

Low / Medium – First draft of an action plan has been received however further detail has been requested. The mitigations required to support safe staffing levels and improvements against infection rates requires a robust workforce plan which has a medium to long term lead time for completion. Escalation status being discussed at executive level within the JCC.
The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching objectives for the service are in the development phase and when agreed within

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live	Director of Planning	16th August 2024	
Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	Next meeting to be arranged post re-set meeting
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18th September 2024	

the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement.	

Issues/Risks:

March 24 - The service have not submitted an action plan despite being in escalation since Sept 23, they are unable to increase their cot numbers based on the new cot configuration and reported that they cannot safely deliver on the cots that they are currently commissioned, no progress made with exec to exec meeting, possibility that outsourcing from the service may be required, the service remains at escalation level 3 but if there are no improvements increasing the escalation will be considered.

May 24 - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability

July 24 – Temporary closure of Princess of Wales (PoW) Maternity and Neonatal unit for essential maintenance work from September to December. JCC currently commission 4 High Dependency (HD) cots within the PoW and Prince Charles Hospital (PCH) sites within CTMUHB. PCH are able to flex their cot base from 15 cots to 19 to provide HD capacity and Special Care based on clinical need. Consultation and communication with all stakeholders is underway alongside Maternity users who this will impact upon. Swansea Bay University Health Board and Cardiff and Vale have been asked to support the delivery of maternity care based on demand and demographics of the planned maternity users. Work is currently underway within CMTUHB to gain the appropriate data and demographics of the women currently booked to birth during this period. The Welsh Ambulance Service and the Neonatal network are working with CMTUHB to ensure safe delivery and appropriate preparation of pathways to enable safe transfer and clear guidance for the maternity users and clinical teams. Ongoing weekly project meetings have been put in place, NWJCC have been invited to attend these. Updates from these will be shared within the NWJCC to understand the impact this will have on current commissioned cots. An early warning notification has gone to Welsh Government.

Executive Director Lead: Iolo Doull
Commissioning Lead:

Commissioning Team: Women and Children

Date of Escalation Meetings: 07/08/23, 19/09/23, 10/10/23, 07/12/23, 15/02/24, 14/03/24, 11/04/24, 08/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 24/06/2024

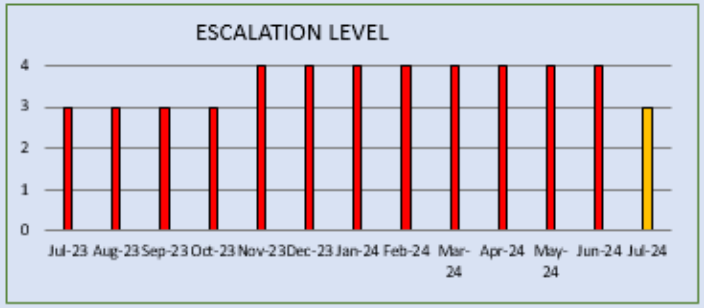
Service in Escalation: Wales Fertility Institute

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ July 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
July 2023 – JCC escalation	3
November 2023 – JCC escalation	4
July 2024 – JCC escalation	3

Rationale for Escalation Status :
Concerns from a number of routes with regards to the service including the JCC contract monitoring data submission; adherence to JCC policies and HFEA performance outcomes below National average.

Background Information:
A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, JCC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.
There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.

JCC assurance and confidence level in developments:

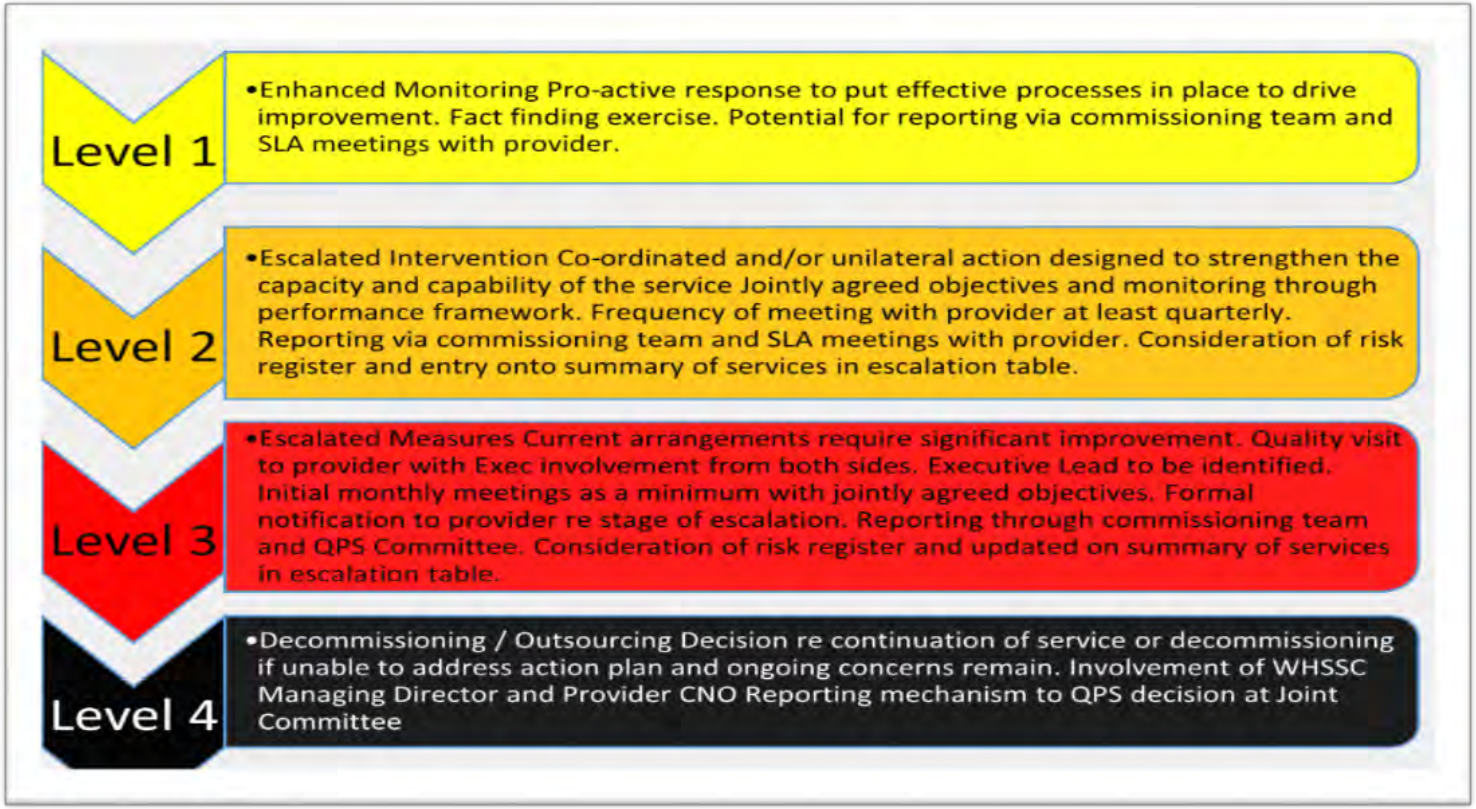
Actions:

Action	Lead	Action Due Date	Completion Date
Monthly escalation meeting to review progress against Action Plan Escalation meeting 19th September 2023 10th October 2023 7th December 2023 15th February 2024 14th March 2024 9th April 2024 8th May 2024	Assistant Specialised Planner	Monthly	13 June 2024

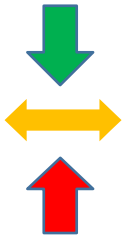
Medium – The Health Board have instigated regular Gold Command and operational service improvement meeting with positive progress made in addressing HFEA concerns. The Action plan has been agreed and progress has been made with regards to JCC data submissions, however, the service need to ensure time is given both internally and to JCC to allow for review and consideration of documentation. The service submitted an audit of notes to the HFEA at the end of December, they are awaiting feedback from this submission. The service have identified a number of suitable staff members to prepare and take on the role of PR. The intention is for all suitable staff to sit the exam, to ensure sustainability of the service with a PR over Cardiff and a PR over Neath Port Talbot. Cardiff inspection took place in March 2024, following the inspection being considered by the HFEA licensing panel who agreed to changing the licence to a storage only facility. The Neath Port Talbot Inspection took place in May 2024. A review of the HB escalation process has been undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board. A new clinical service manager took up post at the start of May 2024. The HB have agreed to undertake a comprehensive service review to include, performance, finance, complaints, incidents and risks. It was originally intended for the review to be completed by the end of January 2024 however this has been delayed with the review report due to be shared with the HB Board at the end of May 2024. The Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital risk score reduced from 25 to 15. A positive report from the HFEA highlights there are no critical or major concerns within the service and the fact that four staff members have taken and passed the exam to be the person responsible (PR), the team agreed that the service has met the required standard to be de-escalated from level 4 to level 3. There remains an issue with receiving contract monitoring information, which is in the process of being resolved.			
SMART Action plan reviewed and agreed	Service Manager	19th September 2023	19th September 2023
Regular Executive to executive meetings 16th November 2023 21st November 2023 1st December 2023 7th December 2023 21st December 2023	Executive lead SBUHB/ Medical Director JCC	16th November	Ongoing
Issues/Risks: There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.			

Level 1 ENHANCED MONITORING	Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes: • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider

Level 2 ESCALATED INTERVENTION	Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the JCC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes: • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the JCC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum: • Chair (JCC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • JCC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.
Level 4 **DECOMISSIONING/OUTSOURCING**	Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the JCC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue: 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level. At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.



SERVICES IN ESCALATION



Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Agenda Item
8.2.6

Quality & Safety Committee

Clinical Policies Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Dr Esther Flavell, Assistant Medical Director Medical Workforce Abbie Jenkins, Medical Directorate Support Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
MH&LD	Mental Health & Learning Disabilities
CDAT	Community Drug and Alcohol Team
DBT	Dialectical Behaviour Therapy
CSARO	Clinically Significant Antimicrobial Resistant Organisms
SOP	Standard Operating Procedure

1. Situation /Background

1.1 Since September 2023, a new process for the approval of Clinical Policies has been implemented. The new approach allows Care Groups to review and approve policies first, and then present directly to Operational Management Board for approval without further delay.

1.2 Approved policies that have been taken to the Operational Management Board are collated by the Assistant Medical Director for Quality and Safety and presented to Quality & Safety Committee. They are also added to SharePoint.

1.3 The Care Groups have more ownership of the development of policies rather than having to attend the Clinical Policies Group as previously.

1.4 The purpose of this report is to provide the committee with an outline of the policies approved at Operational Management Board in the last six months.

2. Specific Matters for Consideration

2.1 In relation to the process put into place for the approval of clinical policies, the following policies have been approved during the period May 2024 to October 2024:

- CTMUHB Deprivation of Liberty Safeguards Policy
- Hand Hygiene Policy
- Decontamination of Reusable Medical and Surgical Devices Policy
- MH&LD Care Group Community Drug and Alcohol Team (CDAT) Operational Policy
- Injectable Medicines Policy
- Use of Hand Mittens Policy
- Prescribing Policy
- Dialectical Behaviour Therapy (DBT) Service Operational Policy
- Varicella-Zoster (Chicken Pox/Shingles) Policy
- Management of the Clinically Significant Antimicrobial Resistant Organisms (CSARO) Policy
- Clinically Notifiable Infectious Diseases & Notification Policy

2.2 The above clinical policies have been uploaded to SharePoint for implementation.

3. Key Risks / Matters for Escalation

3.1 This is a new process and allows for more ownership by the care groups in developing policies and SOPs. AMD for Quality & Safety (at the time was Dr Esther Flavell) attended Clinical Governance days in range of specialties including paediatrics to highlight the changes. An update has also been given to the Operational Management Board. There are likely to be discussions about how to maintain a robust process without duplicating

work done by national work streams such as All Wales guidelines as ongoing work.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to NOTE the contents of this report.

6. Next Steps

6.1 Six monthly report to Quality & Safety Committee May 2025.

Agenda Item
8.2.7

Quality & Safety Committee

Safeguarding Annual Report 23/24

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire O'Keefe – Head of Safeguarding
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Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Safeguarding Executive Group	25/07/2024	Approved

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Cwm Taf Morgannwg Safeguarding Board and Corporate Safeguarding Team for the Health Board produce an Annual Report every year. These reports are developed to summarise and inform the public and other practitioners of how priorities for the year have been achieved and learning from inspections/reviews integrated into practice.

2. Specific Matters for Consideration

- The Health Board's Safeguarding Annual Report (Appendix A) has been produced to give an overview of the safeguarding activity undertaken throughout the health board in 2023/2024. Reflecting learning and actions taken from the Joint Inspection of Child Protection Arrangements (JICPA) and Rapid Review. The report demonstrates the effective leadership, commitment and operational support in all aspects of Safeguarding and Public Protection across Cwm Taf Morgannwg University Health Board and how the UHB complies with legislation, external standards and good practice guidance.

- The Cwm Taf Morgannwg Safeguarding Board has also produced an Annual Report for 2023/2024 (available on request); this has been produced to reflect multi-agency safeguarding activity across CTM. All partner agencies have contributed to the board work and worked collaboratively to meet the objectives and priorities of the Boards' strategic plans. This Annual Report presents an overview of the work that the Cwm Taf Morgannwg Safeguarding Board carried out in 2023/2024 in pursuit of the aim to ensure that the people of Cwm Taf Morgannwg are safeguarded from abuse, neglect or other forms of harm.

3. Key Risks / Matters for Escalation

3.1 Significant effort has been dedicated to increasing level 3 safeguarding compliance, particularly of those who work with children and young people. Whilst overall level 3 safeguarding people compliance, that combines adults and children has increased to 51% at end of 23/24. Within services working predominantly with children this number is much higher.

3.2 With respect to medical colleagues, while the compliance figure continues to increase, a method of reflecting level 3 safeguarding training compliance continues to be a national issue. CTMUHB are working with colleagues across NHS Wales to find a solution. A number of bespoke packages of level 3 training has been delivered by the Named Doctor for safeguarding across children and families care group. With plans to provide further training for Child and Adolescent Mental Health Service and emergency departments.

3.3 The backlog of Deprivation of Liberty Safeguard (DoLS) assessments was reduced with the support of an external agency, funded by Welsh Government. Following positive evaluation of the agencies work, this agency has been procured to further reduce the backlog for 24/25. An internal audit action plan was completed to further improve processes within the DoLS team, improving quality, timeliness and performance management of assessments.

3.4 A number of practice reviews this year have highlighted the risks of multiple health systems and the impact of this on safeguarding children and vulnerable adults. Whilst there are limited opportunities at present for a single unified record, digital options are being explored to utilise systems more effectively to share information across services. This has been escalated through NHS Wales and Welsh Government.

3.5 The Health Board's Safeguarding Maturity Matrix and Improvement Plan has been approved at the Safeguarding Executive Group and will address any matters highlighted within the Annual Report. The Improvement Plan can be made available to Committee Members upon request.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Starting well, Dying well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This report is presented for information and noting purposes with no change to service delivery.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* Equality *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This report is presented for information and noting purposes with no change to service delivery.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Quality and Safety Committee are asked to ENDORSE the Safeguarding Annual Report for Board Approval.

Safeguarding & Public Protection Annual Report

2023/2024







Prepared by
Claire O'Keefe, Head of Safeguarding

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Table Of Content

3 Foreword by Claire O'Keefe, Head of Safeguarding

4 Key Areas of Work

5 Organogram Structure

6 Safeguarding Children

9 Looked After Children

11 Adults at Risk

14 Violence Against Women, Domestic Abuse, & Sexual Violence

16 Deprivation of Liberty Safeguards

18 Mental Capacity Act

20 Training & Learning

22 Partnership Working

23 Multi-Agency Safeguarding HUB

25 Glossary

26 Summary & Conclusion

Foreword

This report demonstrates the effective leadership, commitment & operational support in all aspects of Safeguarding & Public Protection across Cwm Taf Morgannwg University Health Board & how the UHB complies with legislation, external standards & good practice guidance.

What does Safeguarding & Public Protection look like in Cwm Taf Morgannwg University Health Board (CTMUHB)?

Since April 2019 Cwm Taf Morgannwg Health Board incorporates the local authority areas of Bridgend, Merthyr Tydfil & Rhondda Cynon Taf with a total population of almost 440,000. Services are also provided to those living within neighbouring authorities.

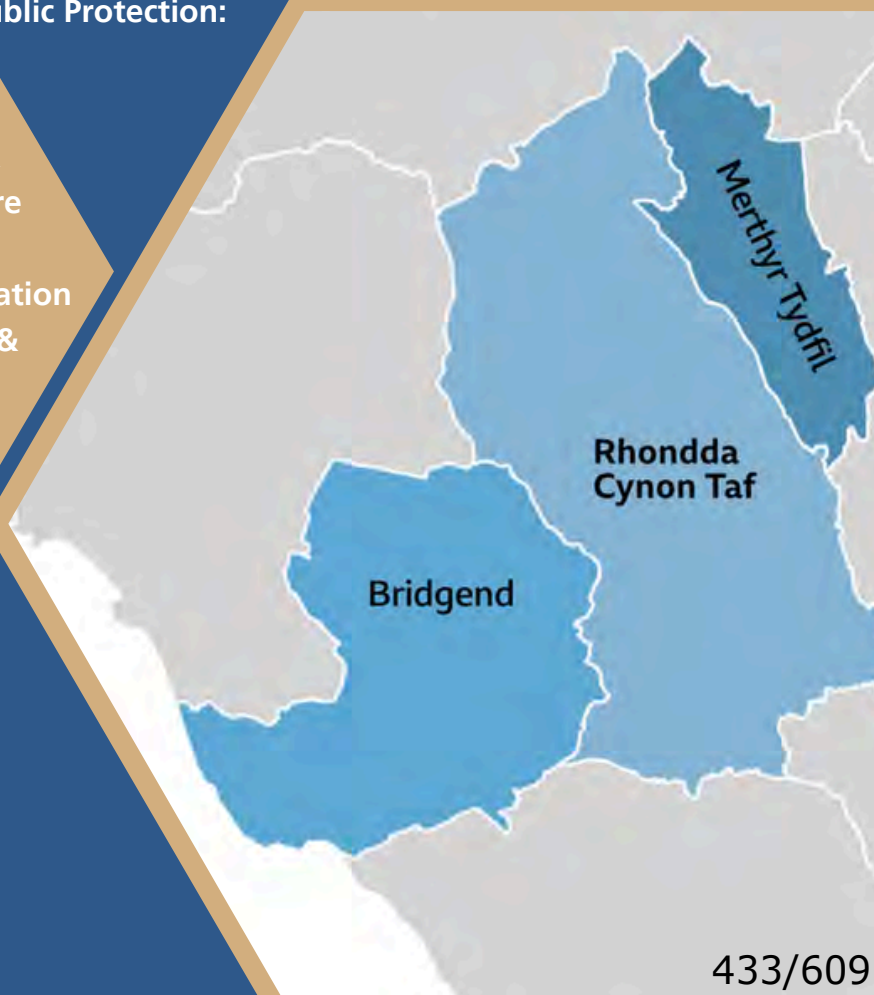
Safeguarding in Cwm Taf Morgannwg involves working with our colleagues & partner agencies to protect & prevent children & adults at risk of abuse, neglect or other kinds of harm.

Public Protection seeks to protect, promote & improve the health, safety & well-being of our population across Cwm Taf Morgannwg.

Strategic Objectives for Safeguarding & Public Protection:

- **There are effective measures in place within CTMUHB to safeguard people & protect children & adults at risk who are accessing its services.**
- **There is effective inter-agency co-operation in planning & delivering safeguarding & public protection services & in sharing information.**

The Health Board works within regional partnership arrangements throughout Cwm Taf Morgannwg

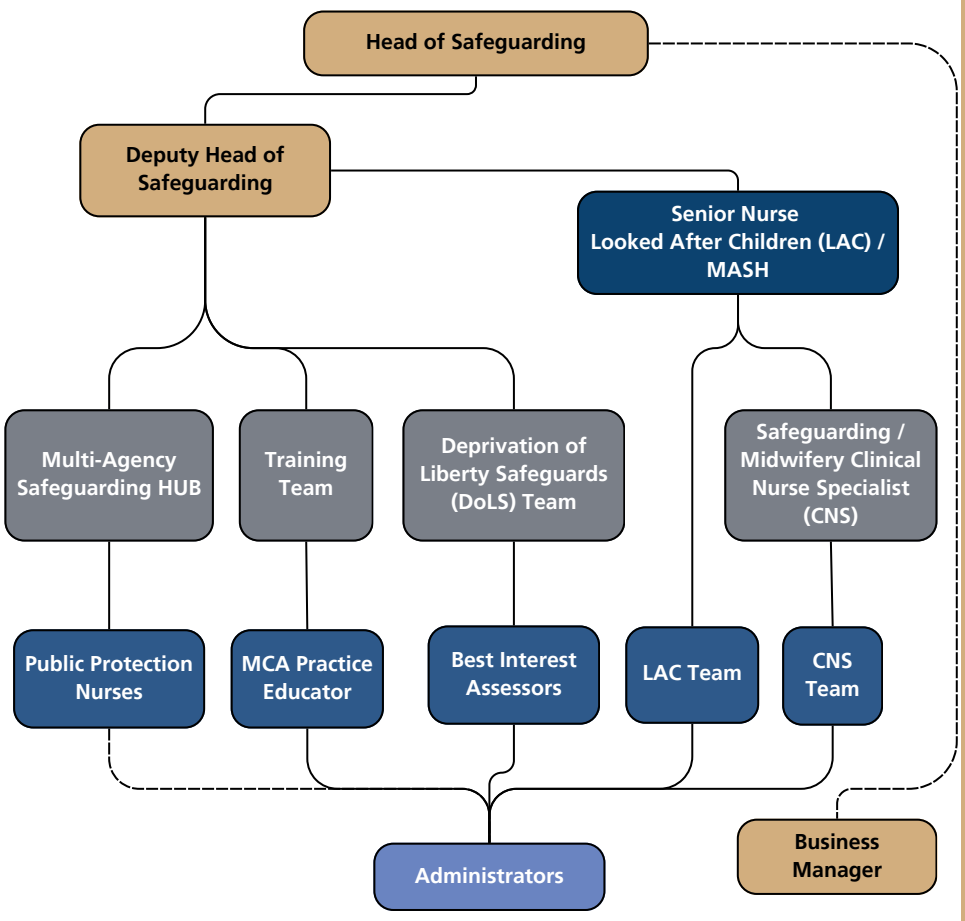


Key Areas of Work

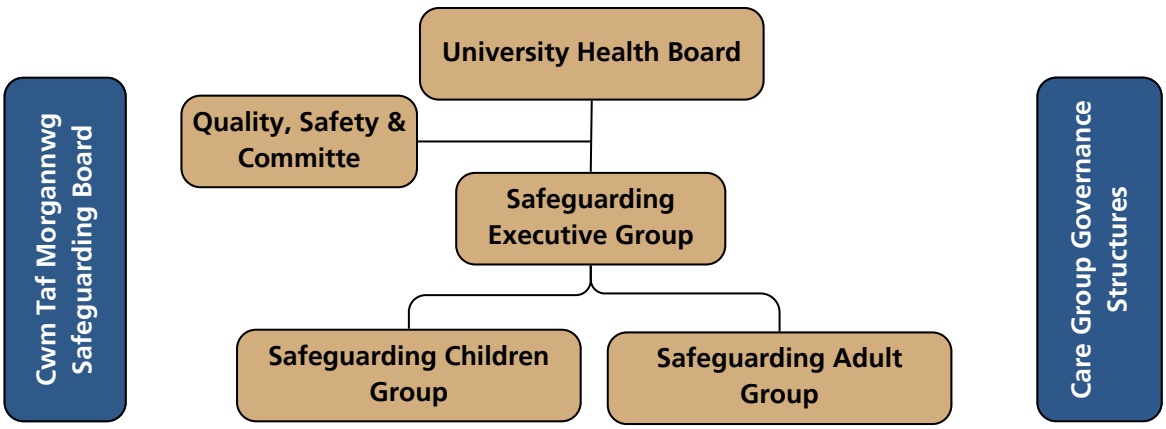
Bespoke safeguarding training delivered to services across CTMUHB, targeting areas of low compliance & those working with children & young people	There is ongoing partnership working with nursing & medical colleagues within CTMUHB & partners of the regional safeguarding board to develop robust policies for the management of children with physical injuries	Welsh government funding has been utilisised to commission an external agency to support with the completion of DoLS assessments. Subsequently reducing the backlog for 2023/2024
Training & educational resources were developed & disseminated across CTMUHB services to raise awareness & embed the Mental Capacity Act principles	CTMUHB have contributed to two published child practice reviews & one adult practice review Learning from these reviews has been disseminated through digital sources, learning events & training	Safeguarding audits have been undertaken across acute & community services. Allowing services to build on identified good practice & drive improvements
Looked After Childrens team have worked with the Quality Improvement team to streamline processes & ensure effectiveness of the multiple procedures, required to fulfil the statutory requirementse met through this service	CTMUHB have seen a significant increase in unaccompanied asylum-seekers within the region. The team work collabratively with the Paediatricians & Cardiff & Vale Health Inclusion service to ensure there is a co-ordinated health response	Looked After Childrens service have developed a standard operating procedure jointly with CAMHS to reduce inequalities & provide a seamless transition when children/young people are moving between health boards. This is currently in the organisational approval process
During 2023/2024 CTMUHB were subject to a Joint Investigation of Child Protection Arrangements (JICPA) & Rapid Review to review. An organisational & joint action plan were completed with partners to address identified learning	Changes within the revised Procedural Response to Unexpected Deaths in Childhood (PRUDiC) were shared with colleagues through presentations & safeguarding week.Policies & pathways were also reviewed to reflect the changes	Identified themes from PRUDiC this year included safe sleep. In response to this a 7 minute briefing, video & training were developed to support practitioners making every contact count with new parents
CTMUHB developed a safeguarding champion model that has been piloted in children & young people services. There are plans to expand this model for 2024/2025	In line with SafeLives guidance CTMUHB have Mental health representation at MARAC for all three regions within CTMUHB	Work has been undertaken with colleagues at the child protection medical hub to improve feedback questionnaires. The questionnaires with be available on CIVICA tocapture the voice of children & their families

Organogram Structure

Corporate Safeguarding & Public Protection Team



Governance Arrangement & Reporting Structure



This chart illustrates the governance arrangements that supported the CTMUHB Safeguarding Team in fulfilling their statutory duties during 2023/2024. Quarterly reports were shared with the Safeguarding Executive Group for oversight & scrutiny.

Safeguarding Children

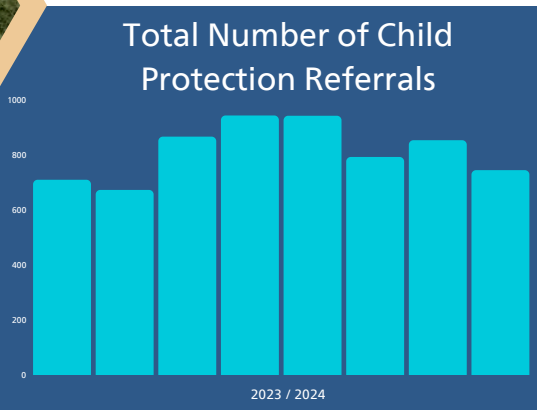
Our Aim

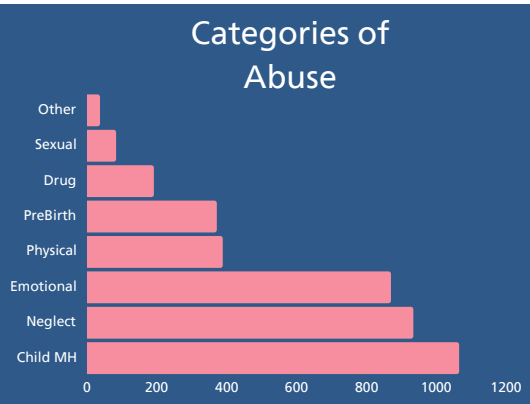
To ensure that children & young people in Cwm Taf Morgannwg, up to the age of 18, are protected from abuse, neglect or other kinds of harm & are prevented from becoming at risk of abuse, neglect or other kinds of harm & they live in an environment that promotes their wellbeing.



To ensure that the UHB complies with the related legislation & Procedures:

- Social Services & Wellbeing (Wales) Act 2014 – Part 7
- Children Acts 1989 & 2004
- Wales Safeguarding Procedures





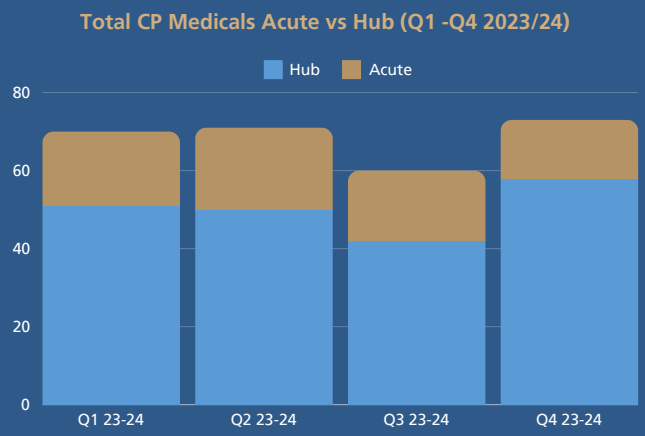
During 23/24 CTMUHB along with partner agencies contributed to a Joint Inspection for Child Protection Arrangements (JICPA) & a Joint review of the child protection arrangements in Wales. These inspections were undertaken by Care Inspectorate Wales with support by other inspectorates including Health Inspectorate Wales. The recommendations from these reviews have shaped CTMUHB improvement plans to build on identified good practice & strengthen its contribution to the protection of children.

In addition, improvement plans reflected wider learning from incidents, concerns & child practice reviews.

Safeguarding Nurse Specialists from Health Visiting, School Nursing & Midwifery working in partnership with colleagues in wider health services to develop a new case conference report template. This template was developed in line with recommendations from reviews ensuring they reflected analysis of risk, the child's lived experience & the voice of the child, parents & carers. The development of the report ensures a consistent approach across CTMUHB services.

What did we do

- The Child Protection Medical Hub based at the Royal Glamorgan Hospital extended its opening to five days a week, with a rotation of Paediatric clinicians & two safeguarding specialist nurses. The Hub facilitates child protection medical examinations in a dedicated space, offering timely assessments with the support of wider colleagues in radiology, ophthalmology & medical illustration.
- Feedback has been collected from children/Young people, parents/carers & partner agencies with positive comments for the services offered by the Hub
- Nationally it was identified that there is an inconsistency in the representation of school aged children at conference. The school nursing service strengthened their health assessments to ensure the holistic needs of children are identified & addressed as part of child protection planning.



These assessments have also ensured that the voice of the child is central to this work throughout the process.

- CTMUHB have identified a number of safeguarding champions across acute & community services, this champion model will provide an expansion of colleagues with good safeguarding knowledge & expertise, providing advice & support to colleagues across the organisation. Competencies have been developed along with service managers to evidence professional development.

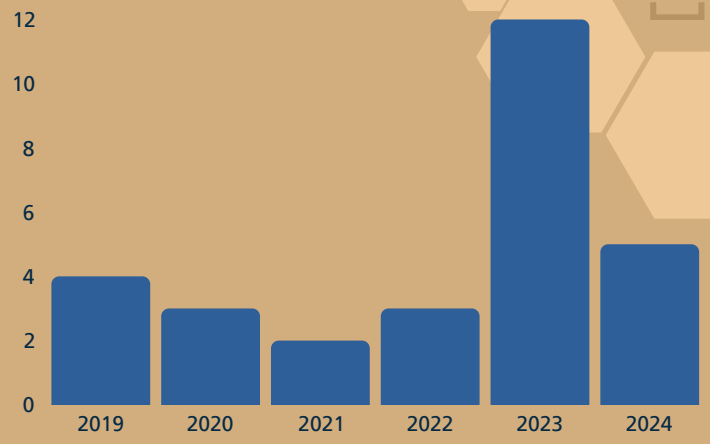
- In response to learning from infant deaths CTMUHB's Safeguarding Specialist in Midwifery has led on the development of resources to support safe sleep messages. These include a 7-minute briefing to support all practitioners, this was disseminated across agencies in Cwm Taf Morgannwg with the support of the Regional Safeguarding Board.





A video demonstrating how to implement safe sleep key messages was developed to support those parents who may have difficulties in following advice within leaflets & reinforce safe sleep practice to those friends & family members who may assist with caring for new born infants.

There has been a significant increase in reported female genital mutilation (FGM). Midwifery services have identified a champion for FGM, a community midwife who has an interest & who is based in the locality where there has been an increase in FGM disclosures. The midwife is working closely with the specialist midwife for safeguarding to improve awareness & care provided. Lunch & learn sessions have been well attended & received excellent feedback.



WHAT'S NEXT?

Reviews revealed a shortage of resources for increased safeguarding activities at front door services. CTMUHB is working with specialists & managers in children & young people services to improve communication & information sharing for at-risk children. This effort will continue through 2024/25 to strengthen the safeguarding framework, providing assurance, advice, & support across all services.

CTMUHB will continue efforts to ensure appropriate health representation for school-age children at all child protection conferences. This will be achieved through collaboration with the network, National Safeguarding Services, & colleagues within CTMUHB

The annual audit plan will be expanded to incorporate quality improvement & assurance for broader safeguarding practices.

The health board is collaborating with the regional safeguarding board, emergency departments, paediatrics, & safeguarding colleagues to develop policies for managing physical injuries in children. Updating these policies will strengthen practice & ensure consistency across all services & agencies.

Safeguarding supervision practice will be reviewed to ensure it adopts a restorative approach, prioritising practitioners' wellbeing & support, acknowledging the impact safeguarding work has on staff.

(LAC)

Looked After Children

Our Aim

To guarantee that Children in Care have their physical, emotional, & mental health requirements fulfilled. This includes conducting timely assessments, making referrals, & providing access to necessary healthcare services.



To ensure that the UHB complies with the related legislation & Procedures:

- Social Services & Wellbeing (Wales) Act 2014 – Part 6
- Towards a Stable Life & Brighter Future 2007 [statutory health assessments]
- The Care Planning, Placements, & Case Review (Wales) Regulations

What did we do

- Working collaboratively with local authority parenting boards to develop local strategies to improve the health & life outcomes for looked after children.
- Collaboration with CTMUHB quality improvement team to streamline processes to improve timely information sharing when children frequently moving placements.
- Use of clinics to support timely health assessments.
- Developing a multi-agency process to ensure children who require health services provision are not disadvantaged by consent issues.
- Where children who are open to CAMHS move health boards, developing a process to promote seamless transition.







1518 Looked After Children in CTMUHB

183 Health Assessments completed outside CTMUHB

241 Children placed outside CTMUHB

1094 Health Assessments completed by CTMUHB

WHAT'S NEXT?

To maintain quality of assessments through Audit.

To use the ALL-WALES feedback questionnaires to ensure the Voice of the child remains central to service delivery.

To develop IT resources that support both children & carers

To work with services to continue to develop pathway for unaccompanied asylum seeking children.

To continue to ensure timely health assessments

Safeguarding Adults

Part 1

Including Professionals - Part 2

Our Aim

To ensure that adults in Cwm Taf Morgannwg, over the age of 18, are protected from abuse, neglect, or other kinds of harm & are prevented from becoming at risk of abuse, neglect, or other kinds of harm, & they live in an environment that promotes their wellbeing.

To ensure that the UHB complies with the related legislation & Procedures:

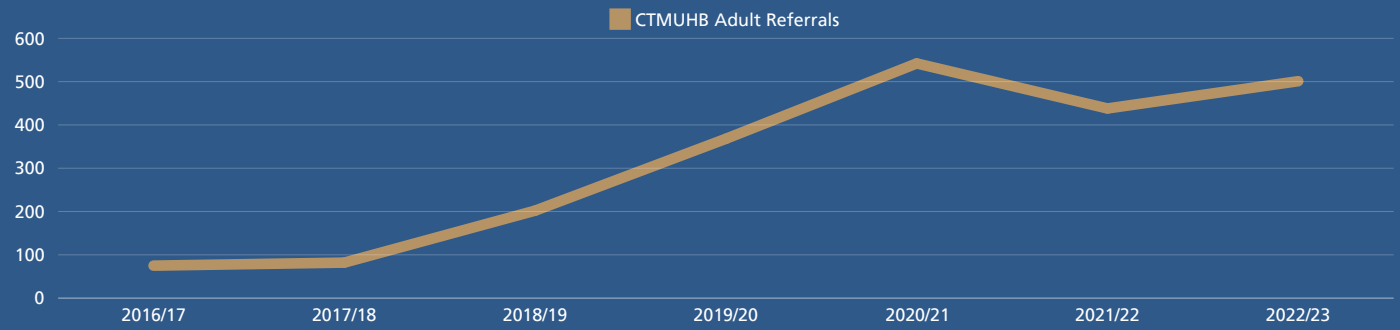
- Social Services & Wellbeing (Wales) Act 2014 – Part 7



What did we do

- In response to the organisation restructure, the safeguarding team have worked collaboratively with colleagues to maintain effective governance arrangements. Colleagues within the care groups attend organisational safeguarding groups to maintain effective communication & information sharing. The Head & Deputy Head of Safeguarding attend Senior Leadership meetings in each Care Group to provide summary reports, to ensure leaning & improvement work is shared across services.

- In 2023 CTMUHB became the provider for healthcare to the population of HMP Parc Prison & Youth Offenders Institute. The corporate safeguarding team are working collaboratively with colleagues & partner agencies to ensure healthcare staff are supported & receive appropriate supervision & training that is consistent across CTMUHB.



- Learning from adult practice reviews, domestic homicide reviews, incidents & complaints have been shared with colleagues across services through dissemination of briefings, training & listening & learning events. The team work closely with governance & service leads to ensure early learning is identified & immediate safeguards are implemented where required.

Allegations made Against Professionals

Our Aim

To ensure that patients/clients are safe in our care. To ensure that staff understand they have a duty to report concerns about the behaviour of other staff members.
Raise awareness with our staff that their behaviour outside of work can directly impact on their working role.

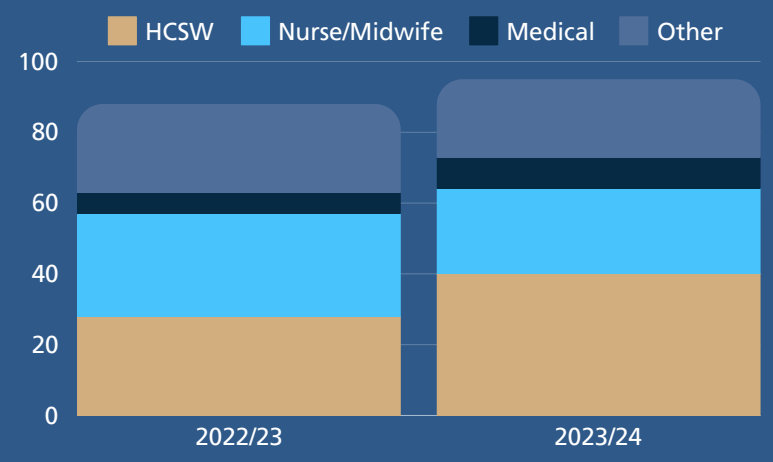
Ensuring that there are effective inter-agency safeguarding processes & practice in place. That these are supported by robust Human Resources processes & risk assessments to ensure a proportionate response to concerns whilst safeguarding our patients/clients.



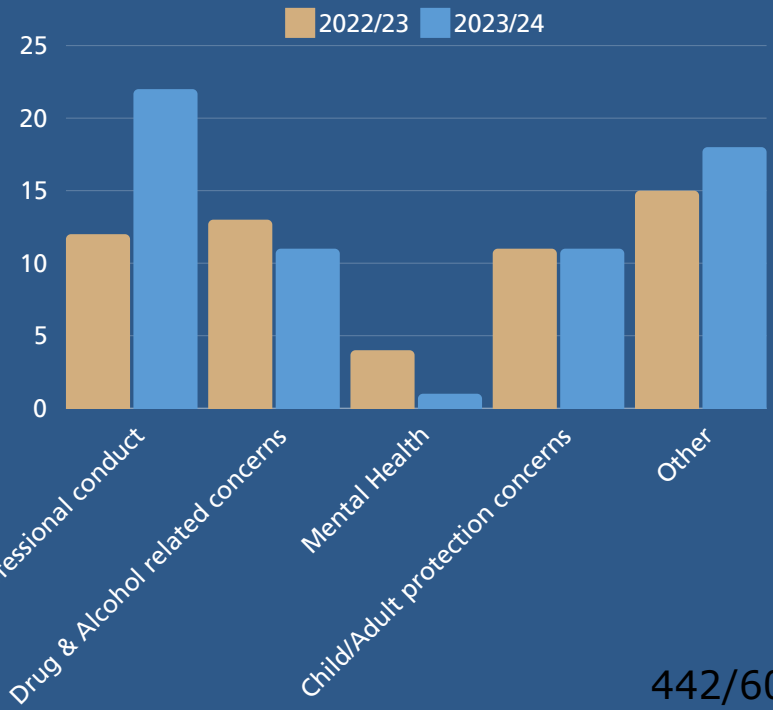
What did we do

- DBS training for Managers, safeguarding & colleagues in people services
- Worked closely with colleagues in CTMUHB to develop a pathway, ensuring a fair & consistent approach for bank & agency staff.
- Training delivered by the safeguarding team to newly appointed HCSW, including importance of good conduct within & out of work

Total Referrals by Type



Concern / Allegation



WHAT'S NEXT?

Recruitment of an Adult Safeguarding/Mental Capacity Act Lead Practitioner.

Review the current training packages to reflect changes to policies & pathways. To also signpost colleagues to support services for those involved in part 5 of the Wales Safeguarding Procedures.

Development of a robust pathway for data collection & consistent response to reports of sexual safety.

Review of allegations against professionals policy, risk assessments & resources to support colleagues with managing concerns regarding persons in a position of trust

Revision of CTMUHB safeguarding policies & procedures to reflect revision of All Wales Pressure Ulcer Reporting.

Work closely with partners at HMP Parc Prison to provide training & support to the Multi-disciplinary team.

Violence Against Women Domestic Abuse Sexual Violence (VAWDASV)



Our Aim

Individuals who are victims of violence against women, domestic abuse, & sexual violence are treated & supported in a way that optimises their potential & life chances.

To ensure that the UHB complies with the related legislation & Procedures:

- Violence Against Women Domestic Abuse & Sexual Violence (Wales) Act 2015
- Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015)
- Domestic Abuse Act 2021

What did we do

- In line with Safe Lives recommendations CTMUHB now have consistent mental health representation at all MARAC across the region. In addition, & in recognition of children being seen as victims of domestic abuse in their own right, as defined in the Domestic Abuse Act (2021), Nurse Specialists for safeguarding children have also attended.
- The health Independent Domestic Abuse Advocate located at the Royal Glamorgan has delivered training & workshops to colleagues within emergency departments & mental health. She has actively supported both staff & patients who are experiencing domestic abuse, working collaboratively with colleagues across the health board to develop safe discharge plans.
- Survivor feedback has been collected by the health IDVA & is utilised to drive improvements in the health board's response to victims of domestic abuse. Following interventions survivors reported;

29 victims had increased feelings of safety

Better informed & empowered to cope with aspects of everyday life

28 victims felt their health & wellbeing had improved

- CTMUHB have contributed to the development of the regional Domestic Abuse Strategy 2022 – 2026. Consideration has been given to how the health board will work towards Welsh Government's six objectives & how it will deliver on the blueprint action plan to jointly deliver a whole system approach.
- A routine enquiry audit undertaken within Midwifery services showed 95% of women being asked in pregnancy about domestic abuse, with 83% being asked more than once. This data has been on an upward trajectory since October 2021 when as part of the data collection within the Patient Reported Experience Measure (PREM), women were asked to report whether they have been asked about domestic abuse during pregnancy.

White Ribbon Activities

Domestic Abuse Updates arranged with Midwifery Safeguarding Champions & facilitated in Bridgend with local domestic abuse services who cover this area. Also, sessions facilitated in Ysbyty Cwm Rhondda by the health Independent Domestic Violence Advocate (IDVA).

Three sessions of Ask & Act group 2 training were facilitated by the health IDVA & Midwifery safeguarding champion at a community hospital to both qualified & student Midwives.





Building on the success of the health IDVA, a business case will be developed to evidence the need & effectiveness of having a health IDVA at each of the health boards emergency departments.

Review of health's contribution at MARAC to ensure there is effective information sharing & decision making that contributes to the safety planning of victims of domestic abuse

Exploration of the use of routine enquiry within other services such as emergency departments & mental health services.

Deprivation of Liberty Safeguarding (DoLS)

Our Aim

Ensure that the UHB follows the defined legislative processes & discharges the functions of the Supervisory Body & the Managing Authority.

To protect people who for their own safety & in their own best interests need care & treatment that may deprive them of their liberty but who lack the capacity to consent & where detention under the Mental Health Act 1983 is not appropriate at that time.

1316 DoLS Applications

of 1316, 82% Urgent Applications

706 DoLS Assessments Completed

41% increase in Completed Assessments

586 DoLS Authorisations Granted

17% increase in Authoriisations

What did we do

- Utilised an external outside agency to reduce the DoLS backlog.
- Improved monitoring & report of barriers affecting DoLS authorisations.
- Conducted an internal audit on the Health Boards DoLS process.
- Collaborative work with the Public Health Wales & the All Wales Mental Capacity Act (MCA) & DoLS NHS Workforce Group.
- Embedding MCA & DoLS practice through increased training opportunities & awareness raising.
- Text Box Participation in the Consent Working Group, the Ethic Committee & Adult Frailty Groups
- Initiation of a DoLS Quality Improvement Group
- Introduced a Court of Protection Process
- Text Box Development of a DoLS Policy
- DoLS Intranet Page with resources & materials



WHAT'S NEXT?

Development of a DoLS Standard Operating Procedure

How can Liberty Protection Safeguards values be achieved through DoLS

Commissioning of an external agency to further reduce the DoLS backlog

Continue to embed MCA & DoLS practice throughout the Health Board

Introduction of a Court of Protection Practitioner role

Mental Capacity Act

Our Aim

The Mental Capacity Act provides a legal framework for acting & making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

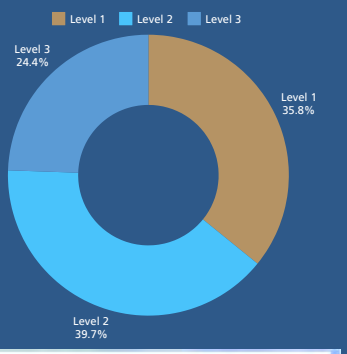
Everyone working with and/or caring for an adult who may lack capacity to make a specific decision, must consider & comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves. The same rules apply whether the decisions are life-changing events or everyday matters.

Mental Capacity Act training is vital in ensuring staff are working within the framework & are compliant with legislation. This will ensure individuals' liberties are protected, as well as affording protection from liability (section 5 MCA, 2005) for staff.



What did we do

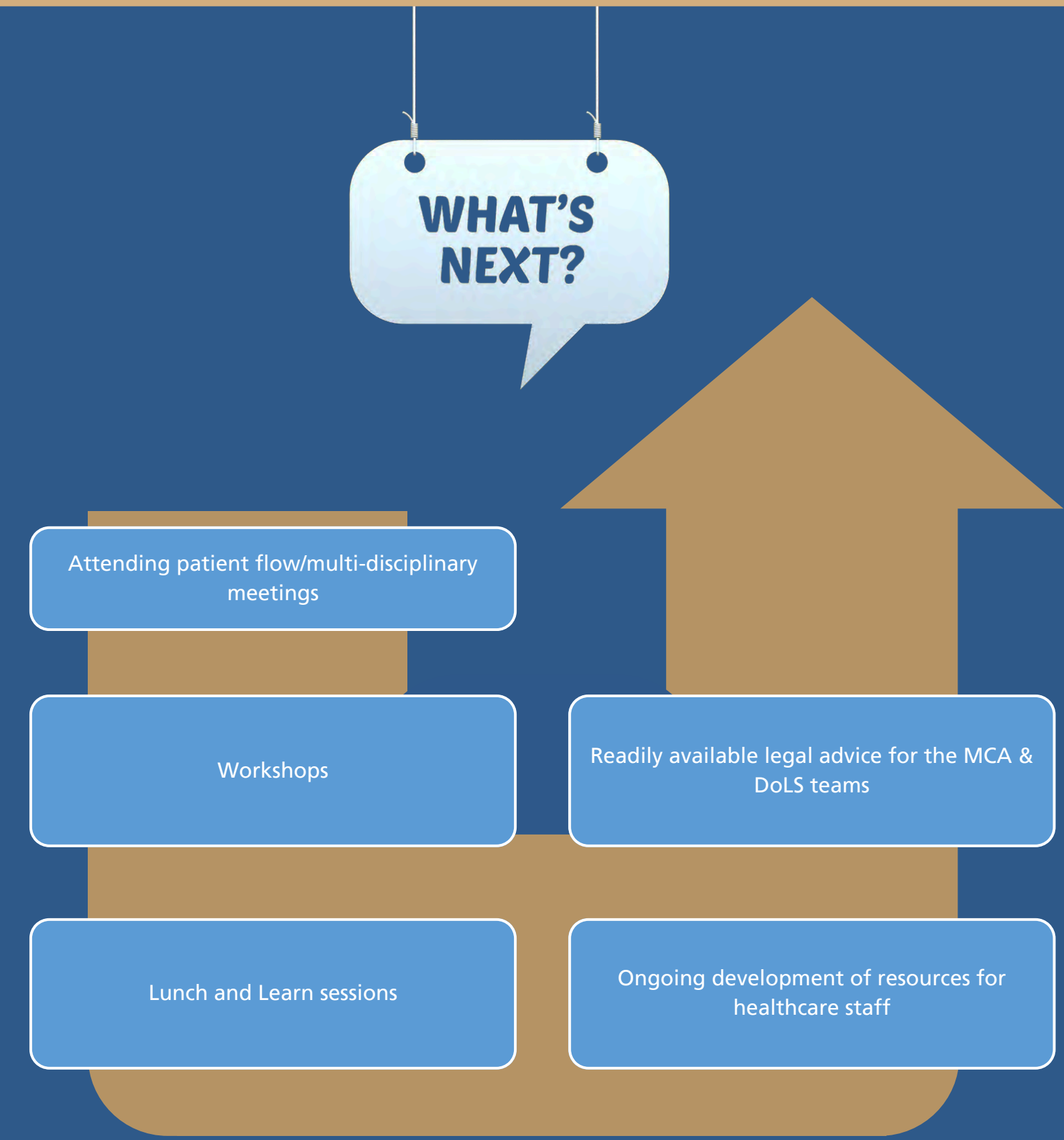
- Utilising Welsh Government funding a small mental capacity team has been developed within CTMUHB to ensure the principles of the Act are applied throughout practice. For the purposes of raising awareness & embedding mental capacity act principles, a number of activities have taken place. These include;
- Development of a staff intranet page dedicated to Mental Capacity Act
- Development of new digital Mental Capacity Act assessment form. This is awaiting approval through the health board's governance structure
- Mandated Mental Capacity Act training, Level 1, 2 & 3
- In addition to the mandatory training, bespoke training has
- been undertaken for specific Healthcare groups with bespoke examples, this includes intensive therapy unit, emergency departments, anaesthetists, district nurses, GP cluster groups, ophthalmology & dentistry.
- To assist colleagues across services within CTMUHB, an aide memoire was developed & printed on posters, patient leaflets & pens. These have been distributed on wards, at events & through awareness raising stands.
- The MCA team has assisted other Healthcare colleagues & Local authority Colleagues with MCA related queries. Provided assistance to the safeguarding team & Best Interest Assessors.





Collaborative working examples

- CTMUHB is part of the ALL-WALES Task & Finish group for MCA & DoLS. The group is made up of representatives from all the Health Boards in Wales, Legal & Risk, & a university lecturer.
- Aims include redeveloping the training modules, improve collaborative working, collaborative development of resources, & to share & discuss common issues, resolutions.



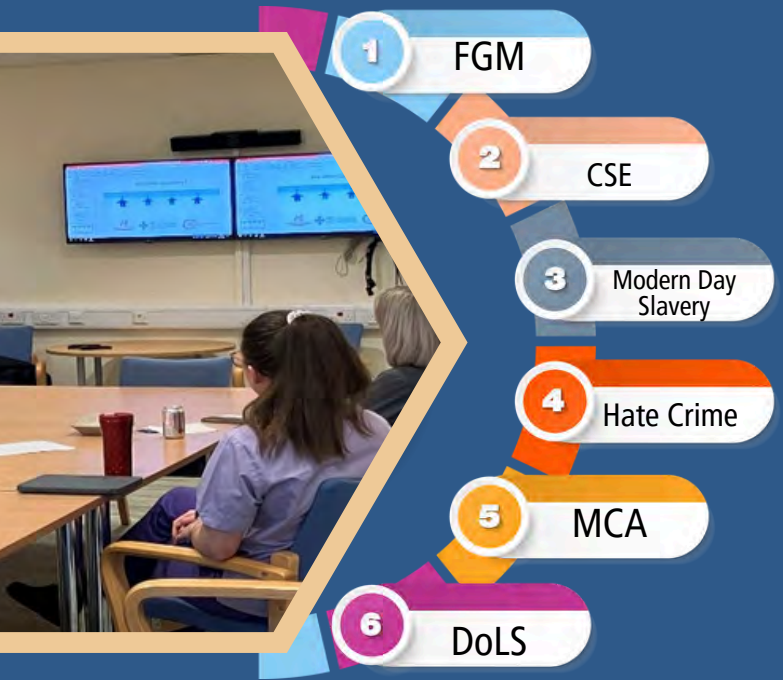
Training & Learning

Our Aim

To ensure CTMUHB staff are sufficiently trained & competent to be alert to the potential indicators of abuse, including concerns about the behaviour of staff, & know how to act & report on those concerns in order to fulfil statutory safeguarding duties under the Children Act 1989 & 2004, the Social Services & Well-being (Wales) Act 2014, the Violence Against Women, Domestic Abuse & Sexual Violence Act 2016, & the Counter-Terrorism & Security Act 2011.

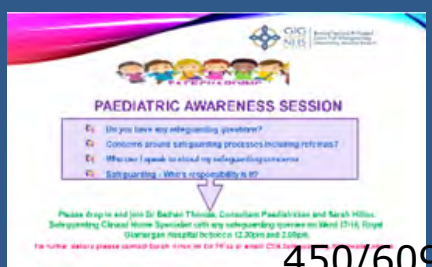
What did we do

- As part of CTHUHB efforts to increase compliance in level 3 safeguarding training, a number of activities have taken place.
- A review of allocated competencies to ensure colleagues are aligned to the Intercollegiate Document & National Safeguarding Training Framework.
- Areas of low compliance have been targeted with bespoke level 3 training to ensure colleagues are updated in respect of child & adult protection activities & able to continue to recognise & report suspected abuse & neglect. In view of a number of child practice reviews areas working with children & young people were prioritised.
- Throughout safeguarding week, a number of safeguarding activities took place, including a roadshow that was delivered by colleagues throughout the organisations, covering topics such as exploitation, changes to the Procedural Response to Unexpected Deaths in Childhood (PRUDiC), physical injuries in children, Mental Capacity Act, Domestic Abuse & management of professional concerns. This event received very positive feedback from both medical & nursing practitioners.
- In response to learning from a number of reviews, domestic abuse training was delivered to mental health colleagues across acute & community services. This training was facilitated by the Head of Safeguarding, Independent Domestic Abuse Advocate & third sector colleagues from the DRIVE project.

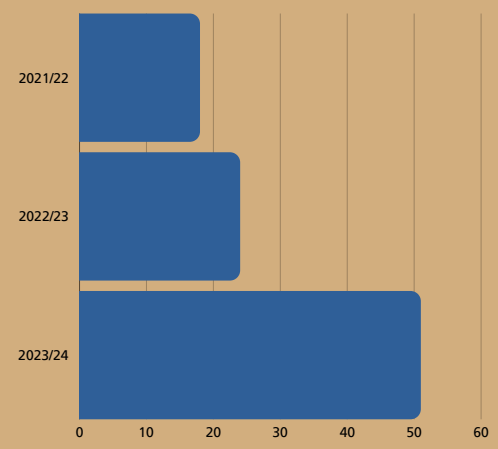




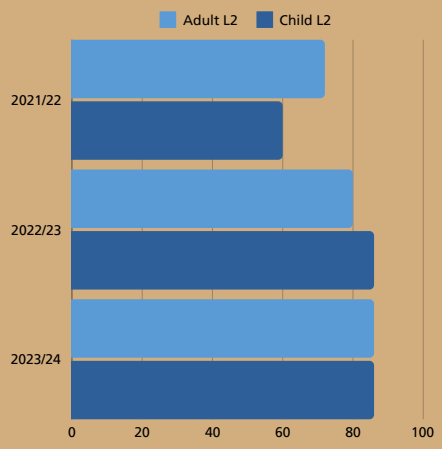




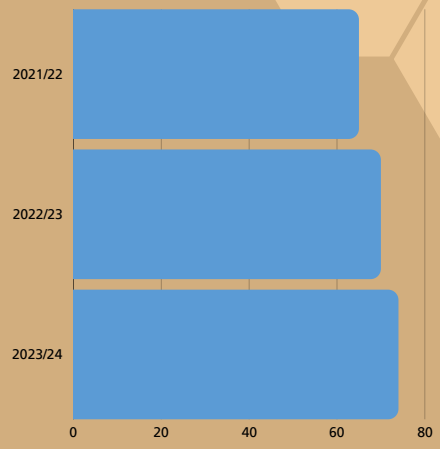
Level 3 Safeguarding Training



Level 2 Safeguarding Training



Domestic Abuse Group 1



WHAT'S NEXT?

The Health Board will recruit a Safeguarding Practice Educator in 24/25 to lead on the safeguarding training strategy. This dedicated role will provide further opportunities to develop training & education resources to support practitioners in practice.

Increase the number of level 3 training packages to meet the differing needs of services throughout CTMUHB.

Explore the use of Microsoft 365 to enhance the safeguarding intranet page, providing a dedicated safeguarding library for reviews, learning resources & CTMUHB training catalogue.

Establish a health board safeguarding training & learning group

Undertake a training needs analysis to reflect the revised Intercollegiate document.

Partnership Arrangements

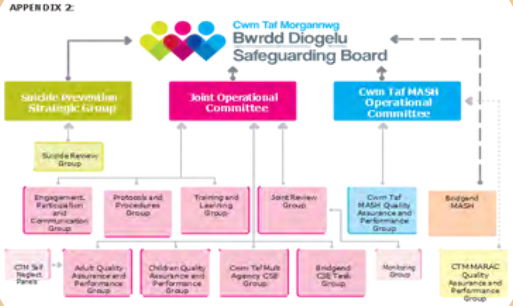
Our Aim

Through collaborative working with our partner agencies, that children & adults at risk in the Cwm Taf Morgannwg area are able to live safe lives.

Safeguarding in Cwm Taf Morgannwg is overseen by the regional multi-agency Cwm Taf Morgannwg Safeguarding Board with responsibility for:

- Safeguarding Children & Adults at Risk
- Deprivation of Liberty Safeguards
- The Multi-Agency Safeguarding Hub (MASH)

The responsibilities & functions of the Board are set out in the statutory guidance under Part 7 of the Social Services & Wellbeing (Wales) Act 2014



What did we do

- CTMUHB is represented on the Safeguarding Board by the Deputy Director of Nursing & the Head of Safeguarding.
- Individuals from the corporate safeguarding team represent the UHB at all sub groups of the Regional Safeguarding Board & Community Safety Partnership, including; Channel Panel, Exploitation meetings, MAPPA & the suicide prevention steering groups. To ensure there is effective inter-agency co-operation in planning & delivering protection services & in sharing information.
- In collaboration with partners of the Safeguarding Board CTMUHB contributed to the Boards development day to develop priorities & review the current sub structures. The Head of Safeguarding, Deputy Head of Safeguarding & Senior Nurse all contribute to the delivery of sub groups through chairing or vice chair arrangements.

MAPPA
Multi Agency Public Protection Arrangements

Bwrdd Diogelu Annibynnol Cenedlaethol Cymru
National Independent Safeguarding Board Wales

Cwm Taf Morgannwg
Bwrdd Diogelu
Safeguarding Board

Home Office

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Youth Justice Board
Bwrdd Cyfiawnder Ieuenctid



Prevent Strategy



Multi-Agency Safeguarding HUB

Our Aim

Through collaborative working with our partner agencies, that children & adults at risk in the Cwm Taf Morgannwg area are able to live safe lives.

MASH facilitates safeguarding by working together, in one place, sharing information & making collaborative decisions. Through MASH, a more timely & proportionate approach to the identification, assessment & management of safeguarding, child & adult protection enquiries can be achieved. MASH is the 'front door' for all adult & child safeguarding referrals, including high risk domestic abuse.

What did we do

- There are currently different working models across both the MASH in Bridgend & Cwm Taf. The success of these Hubs has been developed through a co-location of key statutory partners, including the police, health, probation, education & local authorities. However, following COVID 19 there were interruptions to co-located working, this has had longer term implications for Cwm Taf MASH. CTMUHB are working closely with partners to ensure effective communication & information sharing when co-location is not possible for all agencies.

- The involvement of health professionals in MASH is seen as particularly important. Their information & perspective are crucial to decision making for all safeguarding & particularly in multi-agency teams.

- The CTM MASH Health Team have continued to locate themselves within the HUBs. This has provided access to relevant IT systems & supported the ability to provide on call advice to staff members during crucial times. Alongside partner agencies, processes have been adapted to ensure









A review of current health processes to ensure quality assurance is effective in the health board's referrals.

Explore the use of Once for Wales safeguarding module to improve data collection & identify themes & trends in safeguarding.

Work with the health board's quality improvement team to identify opportunities to streamline health processes within both Multi-Agency Safeguarding Hubs (MASH).

In response to recommendations from the Joint Inspection for Child Protection Arrangements, review health resources working within MASH to ensure health builds on good practice in communication & information sharing.

Glossary

Child & Adolescent Mental Health Services	CAMHS	Specialised health services that assess & treat young people with emotional, behavioural or mental health difficulties.
Child Protection Conference	CPC	A multi-agency meeting between a child's parents/carers, the child (if appropriate) & practitioners involved in the child's care, organised by the local authority. The aim of the conference is to look at all the relevant information & decide what steps need to be taken to ensure the safety & welfare of the child.
Child Sexual Exploitation	CSE	A form of child sexual abuse where an individual or group takes advantage of a power imbalance to coerce, manipulate or deceive someone under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or for financial advantage or increased status of the perpetrator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.
Joint inspection of child protection arrangements	JICPA	Joint inspections to assess how local authorities, police & health services in Wales work together to help & protect children. The joint inspection of child protection arrangements (JICPA) is a Welsh only inspection & is similar to the joint targeted area inspections (JTAI) in England.
Looked After Children	LAC	A child who has been in the care of their local authority for more than 24 hours.
Multi-Agency Safeguarding Hub	MASH	The purpose of a MASH is to bring together different agencies to enable fast information sharing with the purpose of making an efficient & fast decision to safeguard vulnerable children.
Multi-Agency Public Protection Arrangements	MAPPA	A set of statutory arrangements to assess & manage the risk posed by certain sexual & violent offenders.
Multi-agency risk assessment conference	MARAC	A meeting involving statutory safeguarding partnerships & other services to share information & discuss those at the highest risk of domestic abuse to create a coordinated action plan.
Prevent		One part of the governments overall counter-terrorism strategy.
Procedural Response to Unexpected Deaths in Childhood	PRUDiC	This procedure sets a minimum standard for a response to unexpected deaths in infancy & childhood. It describes the process of communication, collaborative action & information sharing folling an unexpected death.

Summary & Conclusion

The 2023/2024 Safeguarding & Public Protection Annual Report for Cwm Taf Morgannwg University Health Board (CTMUHB) highlights the extensive efforts & significant achievements in safeguarding children, looked after children, adults at risk, & addressing violence against women, domestic abuse, & sexual violence (VAWDASV). The report underscores the Health Board's commitment to ensuring compliance with legislation, promoting good practice, & fostering effective inter-agency cooperation.

Key Achievements

1 Training & Education

- Bespoke safeguarding training targeting areas of low compliance.
- Development & dissemination of educational resources to embed Mental Capacity Act principles.
- Enhanced safeguarding supervision with a restorative approach.

2 Partnership Working

- Ongoing collaboration with nursing & medical colleagues, regional safeguarding boards, & external agencies.
- Contributions to regional & national safeguarding initiatives, including child & adult practice reviews.

3 Operational Improvements

- Reduction in the Deprivation of Liberty Safeguards assessment backlog through external support.
- Implementation of new case conference report templates to improve consistency & risk analysis.
- Introduction of safeguarding champions model across Children & Young People services.

4 Special Initiatives

- Development of resources & training to support safe sleep practices.
- Child Protection Medical Hub expansion to five days a week to ensure timely & specialised assessments.
- Increased representation at Multi Agency Risk Assessment Conference (MARAC) to improve multi-agency responses to domestic abuse & violence.

5 Audit & Compliance

- Regular safeguarding audits & the expansion of the annual audit plan to include quality improvement.
- Enhanced procedures for managing allegations against professionals & improving data collection.

6 Innovative Practices

- Creation of a dedicated Mental Capacity Act team & development of digital assessment forms.
- Utilisation of technology & feedback mechanisms to ensure the voice of the child is central to service delivery.

Conclusion

CTMUHB has demonstrated strong leadership & commitment in safeguarding & public protection, addressing both immediate needs & long-term improvements across multiple areas. The health board's proactive approach, evidenced through extensive training, robust partnership working, & innovative solutions, ensures that children, adults at risk, & victims of domestic abuse receive the necessary protection & support. Moving forward, CTMUHB aims to build on these successes, continuously enhancing their safeguarding framework to adapt to emerging challenges & maintain high standards of care & protection for all individuals within their remit.

Agenda Item
8.2.8

Quality & Safety Committee

Prescribing Annual Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Huw Carson. Principal Pharmacist- Quality and Safety
Cyflwynydd yr Adroddiad / Report Presenter	Hannah Wilton- Clinical Director Medicines Management
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AWMSG	All Wales Medicines Strategy Group
NPI	National prescribing indicators
DDD	Defined daily dose
OMED	Oral morphine equivalent dose
PMS	Prescribing management scheme

AWTTC	All Wales therapeutics & toxicology centre
WP10HP	Hospital prescription dispensed in the community
DPI	Dry powder inhalers
SMI	Soft-mist inhalers
MDI	Metered dose inhalers
AF	Atrial fibrillation
CHA_2DS_2-VASc	Clinical prediction rules for estimating risk of stroke
DOAC	Direct oral anticoagulation
CKD	Chronic kidney disease
AKI	Acute kidney injury
ACE Inhibitor	Angiotensin converting enzyme inhibitor
eGFR	Estimated glomerular filtration rate (measure of kidney function)
NSAID	Non-steroidal anti-inflammatory
PPI	Proton pump inhibitor
H2	Histamine 2 receptor antagonist
UDG	User defined group
ADQ	Average daily quantity
STAR-PU	Specific therapeutic group age-sex related prescribing units

1. Situation /Background

1.1 The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003.

1.2 The National Prescribing Indicators 2024-2025 focus on four priority areas, supported by additional safety and efficiency domains.

1.3 This report contains data relating to the NPIs for the Analysis of Prescribing Data to June 2024

2. Specific Matters for Consideration

2.1 See content of presentation

3. Key Risks / Matters for Escalation

3.1 See content of presentation

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Data to Knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality	Effective

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	Decarbonisation of inhalers

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required at this point
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	No	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The committee is asked to NOTE the report on the presentation deck.

Annual prescribing report	(19 November 2024)	Quality and Safety Committee	Summary of Performance against National Prescribing Indicators

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	The Senior Pharmacy Leadership Team
Presented By:	Hannah Wilton, Chief Pharmacist
Approving Executive Sponsor:	Dom Hurford, Exec Medical Director
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Ongoing engagement with clinical teams in primary and secondary care

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Improved patient quality and safety
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Has an EQIA been undertaken?	N/A
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes Shift to Soft Mist Inhaler (SMI) from Dry Powder Inhaler (DPI) may increase costs, staff resources
Link to Strategic Goals	Sustaining Our Future Improving Care

Introduction

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003.

The National Prescribing Indicators 2024-2025 focus on four priority areas, supported by additional safety and efficiency domains.

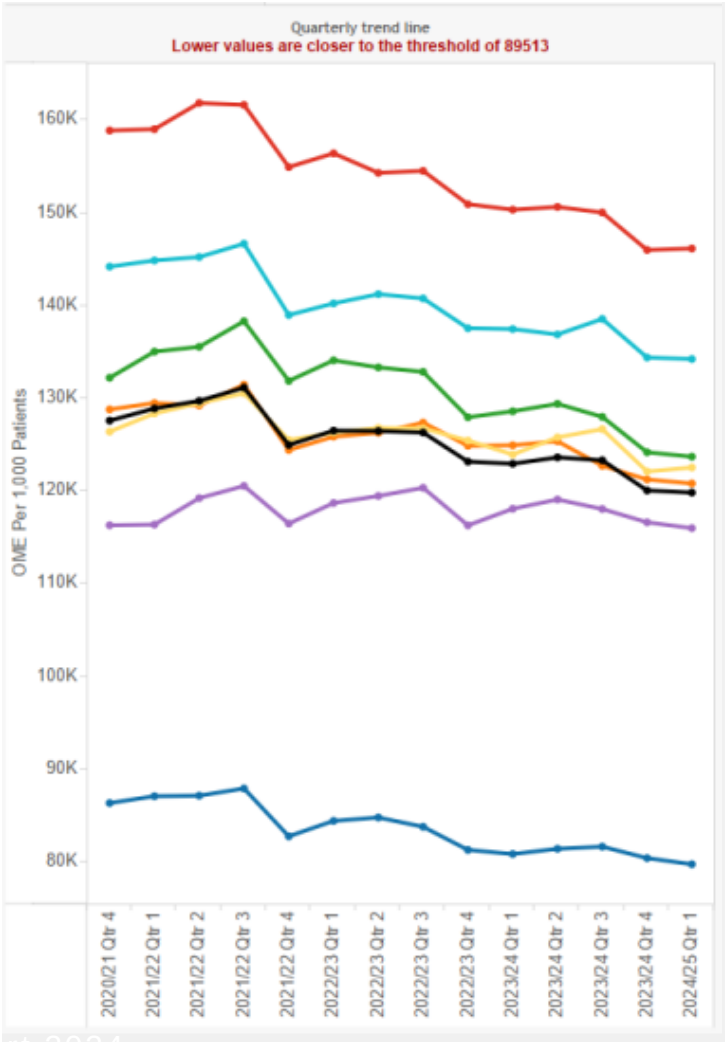
This report contains data relating to the NPIs for the Analysis of Prescribing Data to June 2024

Opioid prescribing

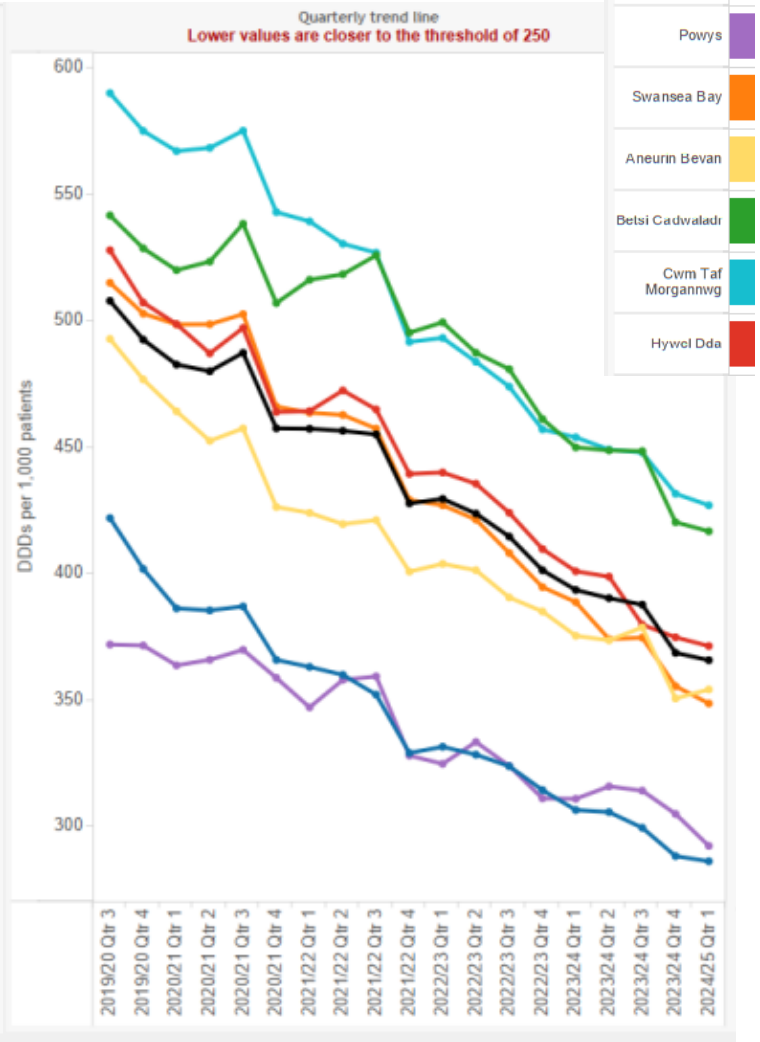
Current position

- Opioid NPI changed from DDD to OMED
- Overall opioid burden (total OMED prescribed) has reduced 2.4% in last 12 months in CTMUHB (range 3.8 - 1.1% reductions across Wales)
- CTMUHB places 8th highest in England and Wales (HDUHB = 3rd highest)
- Tramadol has shown overall reduction of 5.9% (DDD) in the last 12 months, although CTMUHB remains highest prescriber in Wales

Opioid burden



Tramadol



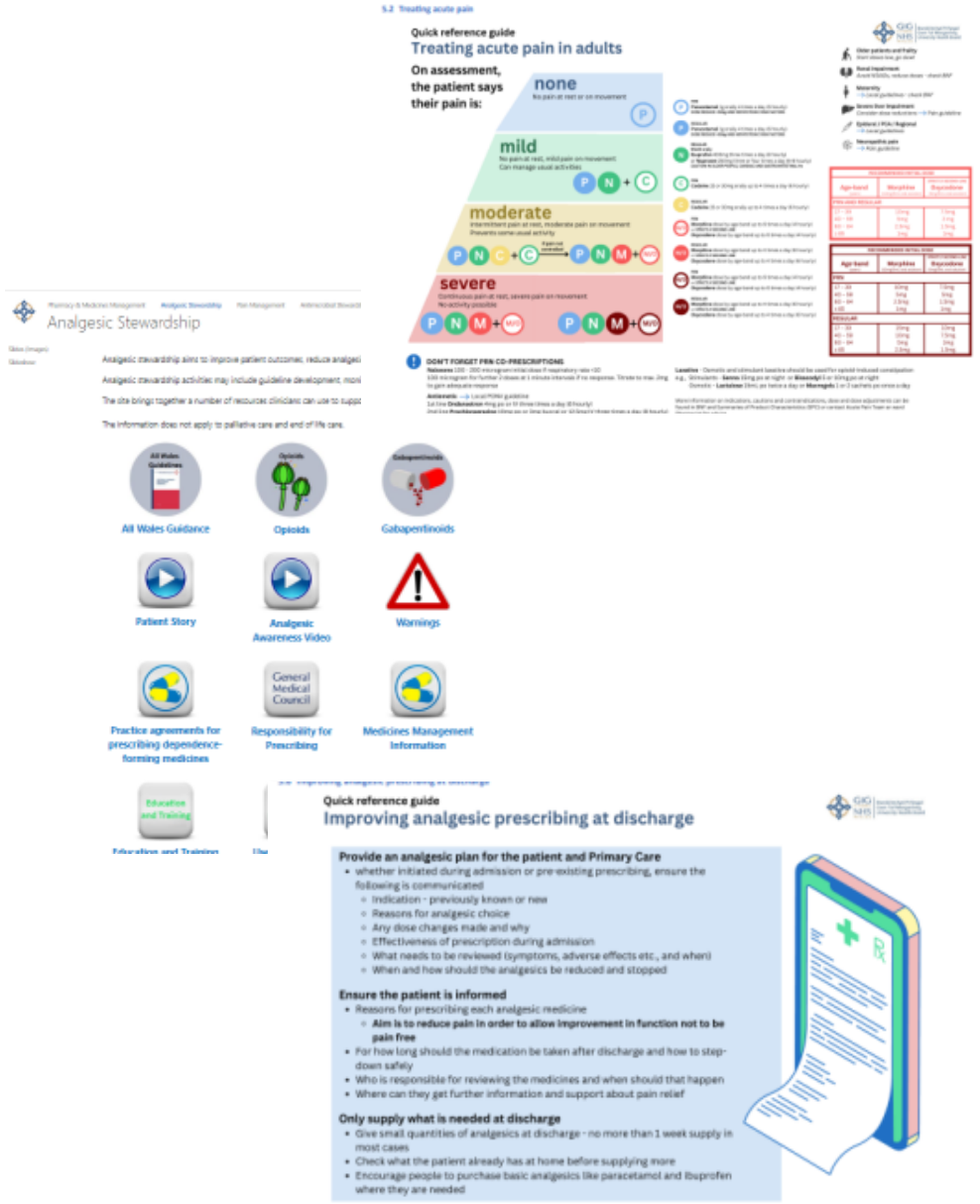
Opioid prescribing

Work underway

- Analgesic stewardship website developed with Digital Colleagues
- Education and training for Primary Care colleagues offered and support with IMTP and PMS projects
- Acute care analgesic prescribing guidelines ready for circulation

What is still needed?

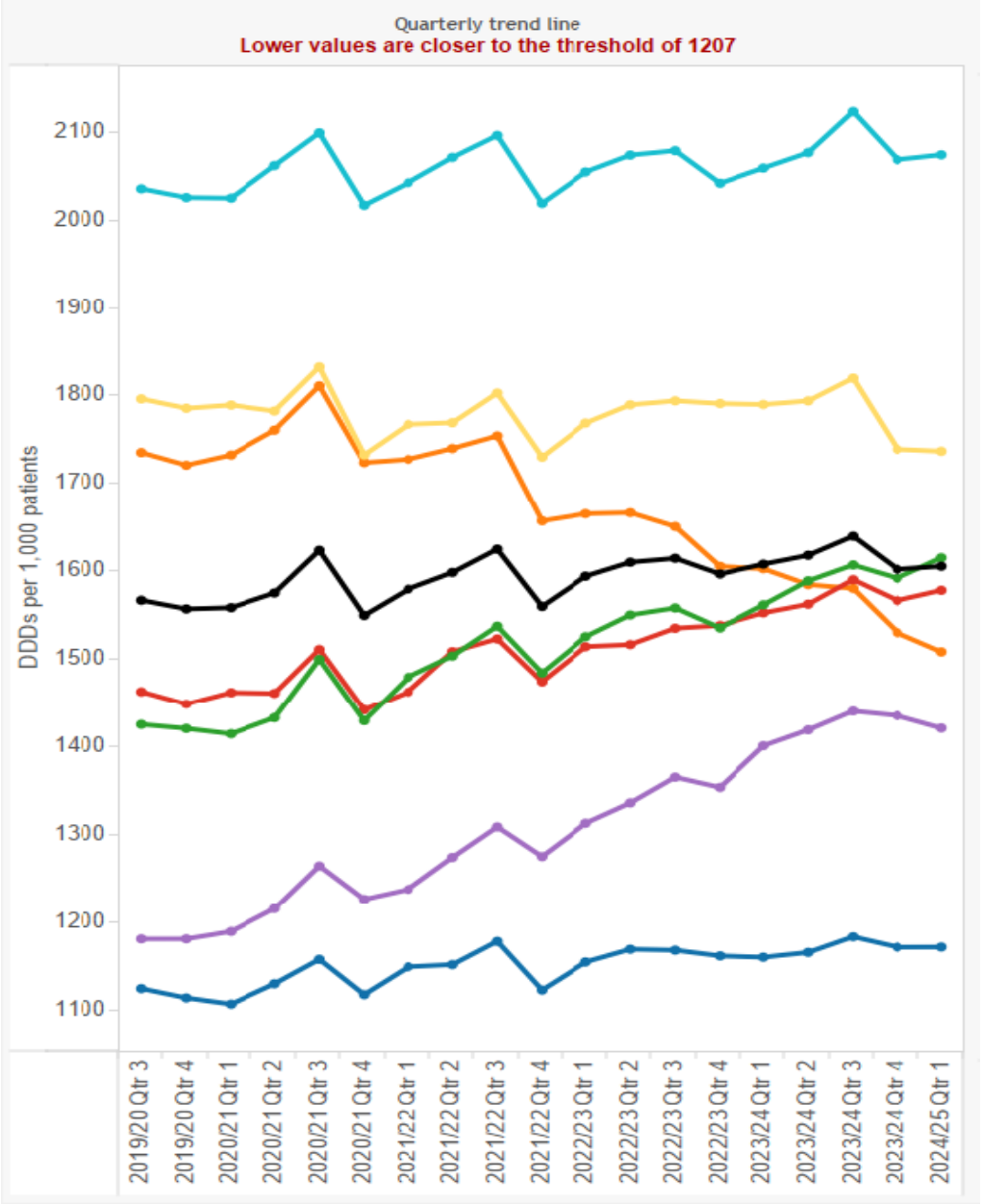
- Health Board Analgesic Stewardship group and strategy to address prescribing
- Support for education and training in Primary and Secondary Care
- Regular audit in all sectors
- Pain Services summit planned for early 2025



Gabapentinoid prescribing

Current position

- Highest prescribing rates in Wales
- 0.73% increase in last 12 months (range -5.9% - +3.4%)
- Use in a range of conditions including pain and mental health despite poor evidence base
- Concerns about misuse and increased number of deaths associated with gabapentinoids in local area
- Drug related deaths in CTM have increased by 50% according to the 2023 Drug Misuse Report



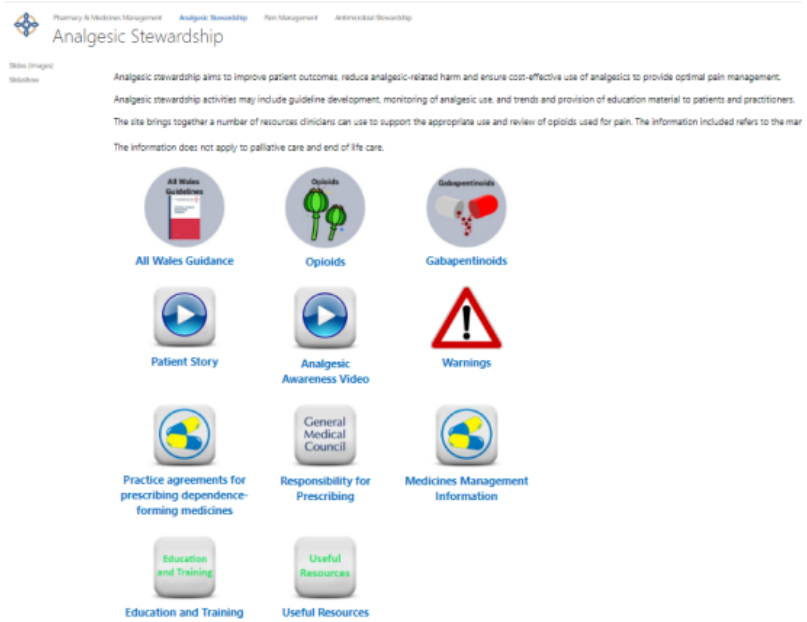
Gabapentinoid prescribing

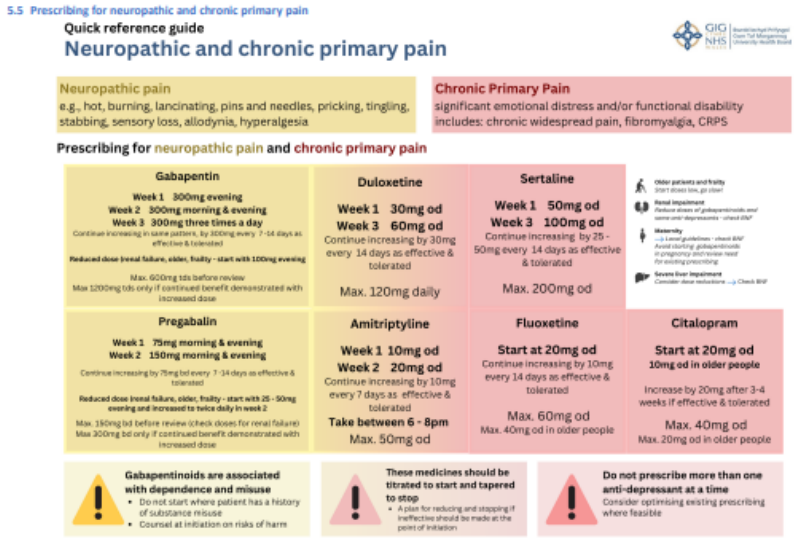
Work underway

- Resources developed and circulated to Primary Care as part of Prescribing Management Scheme
- Acute care analgesic prescribing guidelines ready for circulation
- AWTTC setting up National working group to address reasons for high levels of prescribing

What is still needed?

- Health Board Analgesic Stewardship group and strategy to address prescribing
- Support for education and training in Primary and Secondary Care
- Regular audit in all sectors
- Pain Services summit planned for early 2025

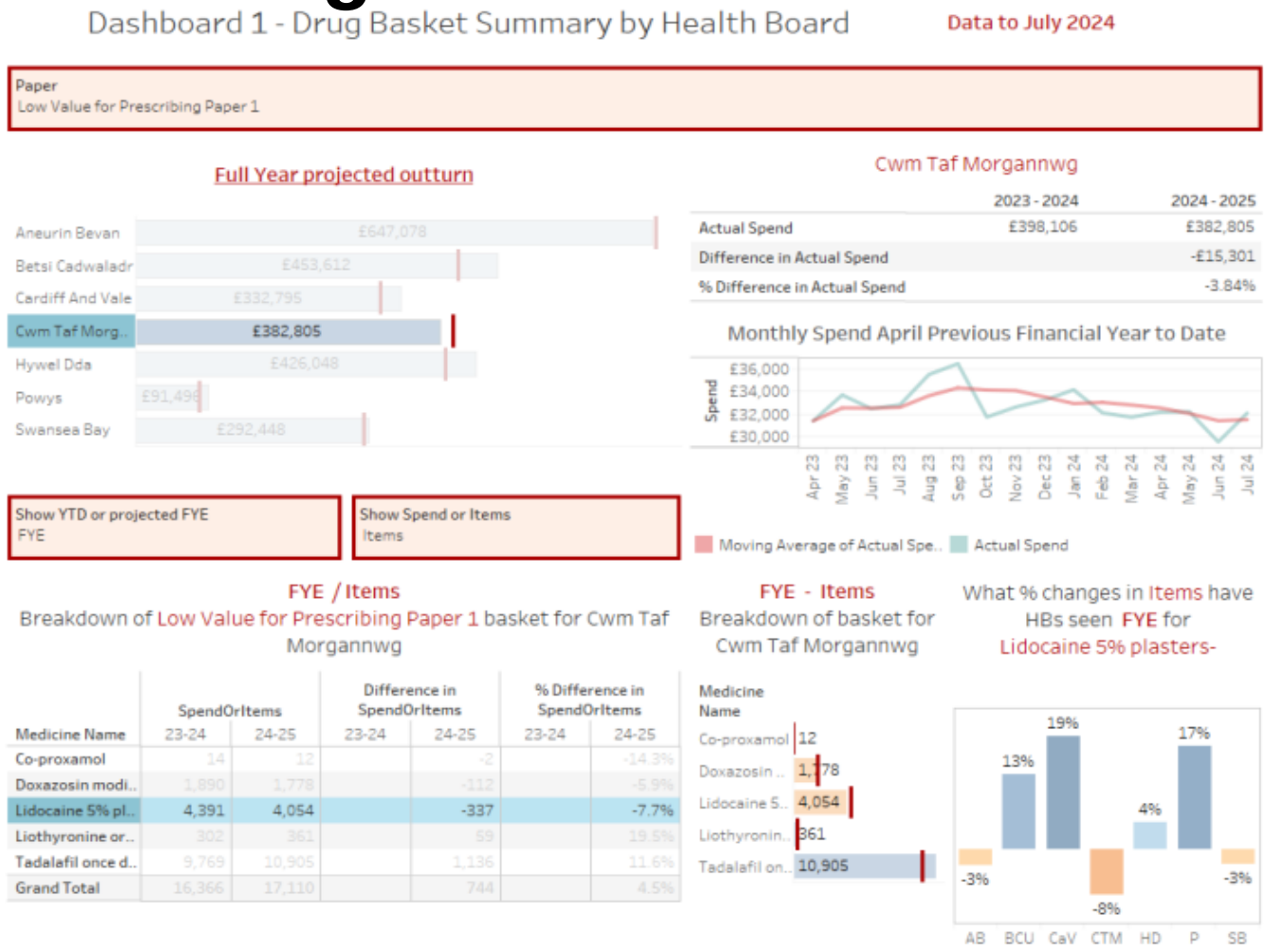




Lidocaine plaster 5% prescribing

Current position

- 8% reduction in prescriptions in last financial year
- Recommendations for prescribing continue to be sent from secondary care, contrary to formulary, evidence and guidance
- Secondary care start some prescribing on WP10HP which increases pressure on GP to continue as patient established before presenting



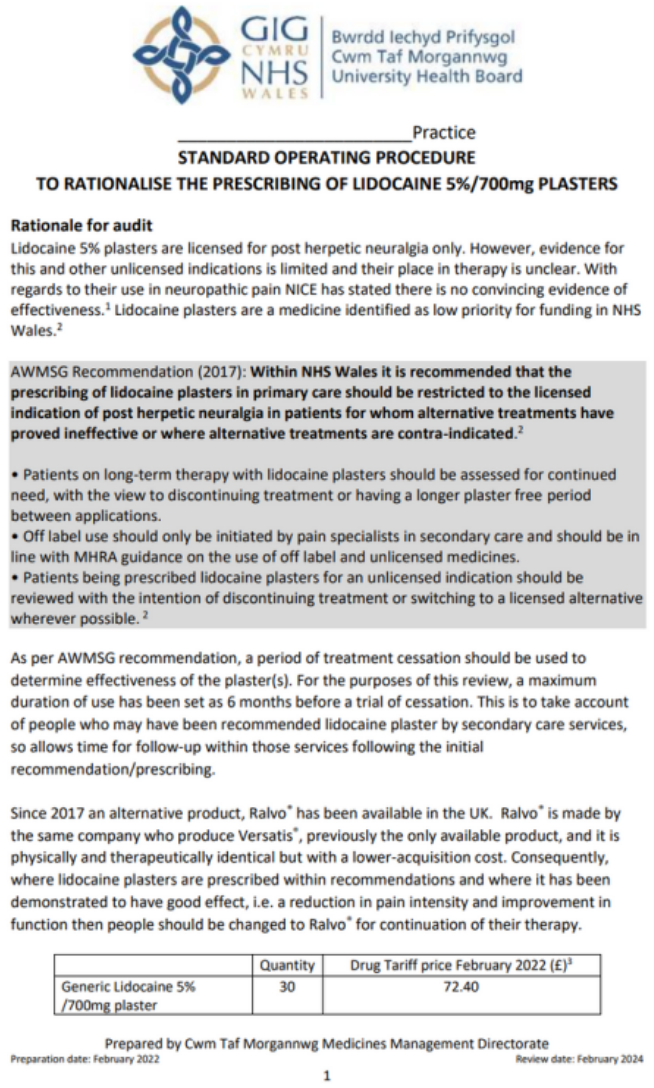
Lidocaine plaster 5% prescribing

Work underway

- Reviews continue in Primary Care by MedsMan team and as part of PMS
- Education resources developed and circulated to primary care
- Draft guidance for secondary care written in 2021 - awaiting consultation
- Direct requests to some secondary care prescribers to evidence rationale for use

What is still needed?

- Non-formulary, unevidenced prescribing needs to be challenged and prescribers reminded not to start
- Secondary Care guidance to be consulted on and implemented
- Formulary compliance regularly audited



_____Practice

STANDARD OPERATING PROCEDURE

TO RATIONALISE THE PRESCRIBING OF LIDOCAINE 5%/700mg PLASTERS

Rationale for audit

Lidocaine 5% plasters are licensed for post herpetic neuralgia only. However, evidence for this and other unlicensed indications is limited and their place in therapy is unclear. With regards to their use in neuropathic pain NICE has stated there is no convincing evidence of effectiveness.[1] Lidocaine plasters are a medicine identified as low priority for funding in NHS Wales.[2]

AWMSG Recommendation (2017): **Within NHS Wales it is recommended that the prescribing of lidocaine plasters in primary care should be restricted to the licensed indication of post herpetic neuralgia in patients for whom alternative treatments have proved ineffective or where alternative treatments are contra-indicated.**[2]

- Patients on long-term therapy with lidocaine plasters should be assessed for continued need, with the view to discontinuing treatment or having a longer plaster free period between applications.
- Off label use should only be initiated by pain specialists in secondary care and should be in line with MHRA guidance on the use of off label and unlicensed medicines.
- Patients being prescribed lidocaine plasters for an unlicensed indication should be reviewed with the intention of discontinuing treatment or switching to a licensed alternative wherever possible.[2]

As per AWMSG recommendation, a period of treatment cessation should be used to determine effectiveness of the plaster(s). For the purposes of this review, a maximum duration of use has been set as 6 months before a trial of cessation. This is to take account of people who may have been recommended lidocaine plaster by secondary care services, so allows time for follow-up within those services following the initial recommendation/prescribing.

Since 2017 an alternative product, Ralvo® has been available in the UK. Ralvo® is made by the same company who produce Versatis®, previously the only available product, and it is physically and therapeutically identical but with a lower-acquisition cost. Consequently, where lidocaine plasters are prescribed within recommendations and where it has been demonstrated to have good effect, i.e. a reduction in pain intensity and improvement in function then people should be changed to Ralvo® for continuation of their therapy.

	Quantity	Drug Tariff price February 2022 (£)[3]
Generic Lidocaine 5% /700mg plaster	30	72.40

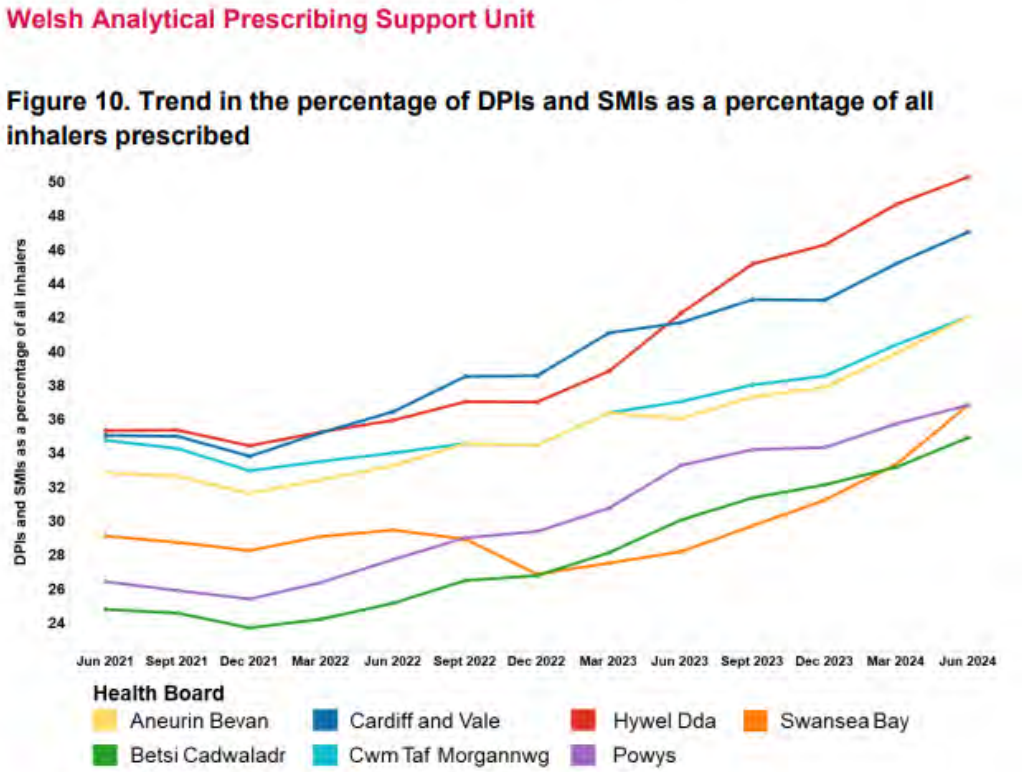
Prepared by Cwm Taf Morgannwg Medicines Management Directorate

Preparation date: February 2022 Review date: February 2024

1

Decarbonisation of Inhalers

AIM – To increase the proportion of Dry Powder Inhaler (DPI) and Soft Mist inhaler (SMI) prescribing to decrease the carbon footprint of inhaler prescribing in Wales



NPI for Q1 2024

DPI/SMI usage has continued to increasing for CTM. The percentage increase between Q1 23 and 24 being 13.5%

Decarbonisation of Inhalers

Targets

The overall target is a shift to 80% of inhalers being low GWP alternatives (for example, DPIs or SMIs) by 2025.

NOTE: Target for 2024–2025: Maintain performance *levels within upper quartile (threshold: 44.3%); or show an increase towards the quartile above.*

CTM Overall Position

CTM currently percentage is 41.2% and is higher than Wales average. We have had a slightly lower percentage change, but we remain the 3rd highest for the Health Boards in Wales. There is still a considerable way to go to reach the target of 80%.

Table 10. DPIs and SMIs as a percentage of all inhalers prescribed

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Swansea Bay	28.2	36.9	30.7%
Hywel Dda	42.3	50.3	19.0%
Aneurin Bevan	36.1	42.1	16.7%
Betsi Cadwaladr	30.1	35.0	16.2%
Cwm Taf Morgannwg	37.1	42.1	13.5%
Cardiff and Vale	41.7	47.1	12.8%
Powys	33.3	36.9	10.7%
Wales	**35.1**	**41.0**	**16.8%**

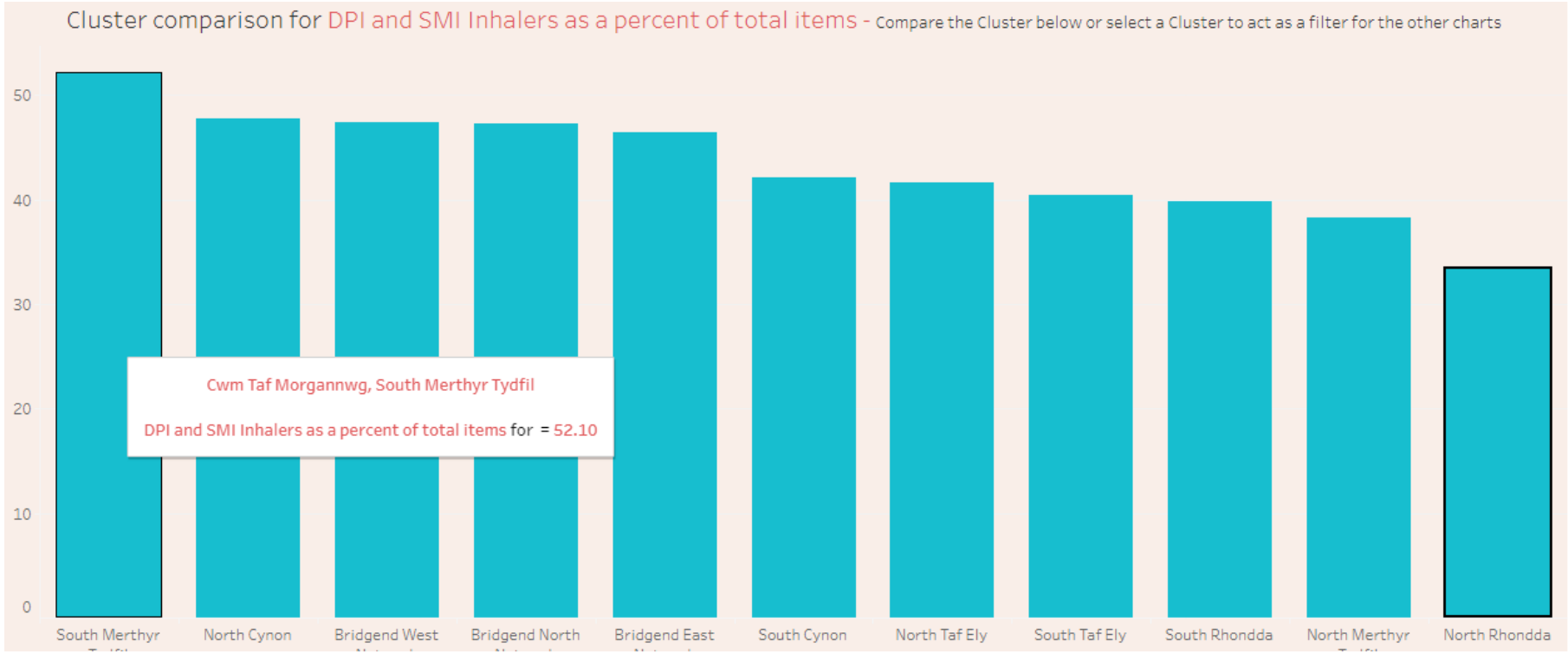
Individual Practices

- 18 (41%) of practices in CTM are reaching the 44.3% target.

Decarbonisation of Inhalers

Cluster / Individual Practices

- Cluster range – 33% - 52%
- 18 (41%) of practices in CTM are reaching the 44.3% target.
- Range June 24 = 29.7% - 67.4%



Decarbonisation of Inhalers

What is being done

- Training of practice hospital Drs, nurses, pharmacists and GPs is continuing
- COPD/Asthma projects are being rolled out in more practices in primary care.
- Patients actively being switched to DPIs/SMIs during reviews
- Messages to GP practices in Annual Prescribing Reports/Visits
- ScriptSwitch messages have been reviewed

Further Work

- Reviews in additional practices
- Inhaler reviews in HMP Parc

RISKS

- DPIs are considerably more expense than MDIs. Switching products will result in increased prescribing costs
  - This is being mitigated by other switching (e.g. Fostair to Luforbec) to release cost savings and also looking at waste reduction initiatives

Anticoagulants in Atrial Fibrillation stroke prevention : Why?

2021/2022

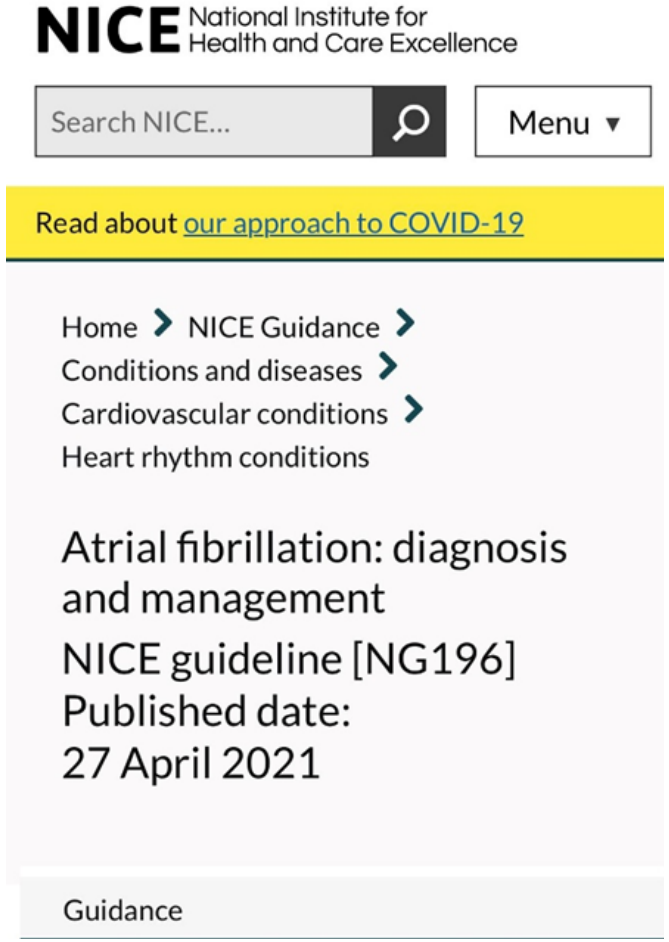
11K patients in CTM with AF

763 strokes

125 (16.4%) had AF prior to stroke

Average 5 year cost of an AF related stroke: £19k to NHS and £30k to social care

Prevention vitally important



Anticoagulation in AF National Prescribing Indicators	2023-2024 Q 1	2024-2025 Q1
%age of Pts with AF & CHA_2DS_2-VASc ≥ 2 on an anticoagulant	93.7% CTM 93.3% Wales	93.8% (↑ 0.15%) CTM 93.3% (↓ 0.04%) Wales
%age of Pts with AF prescribed an anticoagulant with **documented** review in last 12 months	58.2% CTM 57% Wales	60.3% (↑ 3.6%) CTM 58.4% (↑ 2.45%) Wales
%age of Pts with AF prescribed antiplatelet monotherapy	3.67% CTM 3.17% Wales	3.17% (↓ 13.6%) CTM (399 patients – need to target this) 2.87% (↓ 9.5 %) Wales
%age of Pts with AF prescribed warfarin	14.9% CTM (1,780 – need to target this) 12.15% Wales	11.3% (↓ 23.8%) CTM (1,425 patients) 9.17% (↓24.5 %) Wales

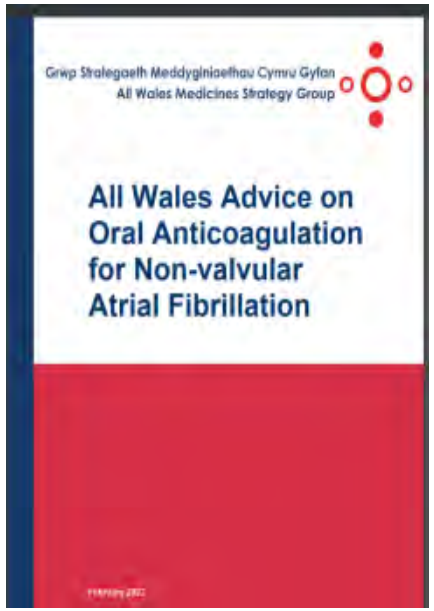
What has already been done?

AWTTC Guidance

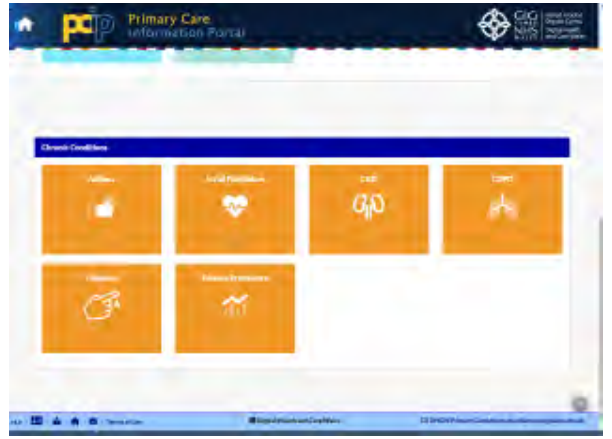
Enhanced Service provision (93% uptake)

Cluster pharmacists & technicians leading DOAC initiation & review services

Leadership & education provided by specialist teams in secondary care







What is still needed?

Streamline processes to increase capacity

Improve technology to support audit and outcome reporting

Introduce systems to ensure cost effective prescribing

Support from specialist teams to overcome capacity issues

Showcase and share best practice



Safety Domains-Prescribing Safety Indicators

Purpose: To identify patients at high risk of adverse drug reactions (ADRs) and medicines-related harm in primary care

No target has been set for this NPI and it is not intended that comparisons are made between health boards. However, data can provide a baseline for future quarters to enable monitoring within health boards.

Main themes

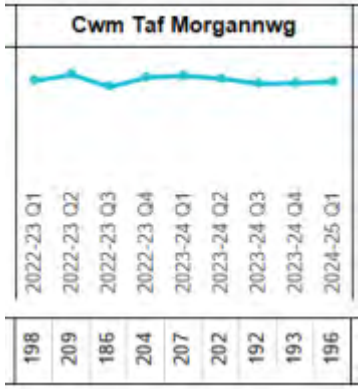
There are 5 main themes of these safety indicators

- Prescribing Safety Indicators related to acute kidney injury (AKI)
- Prescribing Safety Indicators related to bleeds
- Prescribing Safety Indicators related to cognition
- Prescribing Safety Indicators specific to females
- Prescribing Safety Indicators related to 'other'

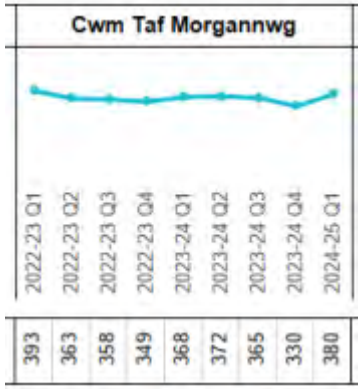
They have been put in full on the following slides for an illustration but cannot be interrogated individually

Prescribing Safety Indicators related to acute kidney injury (AKI)

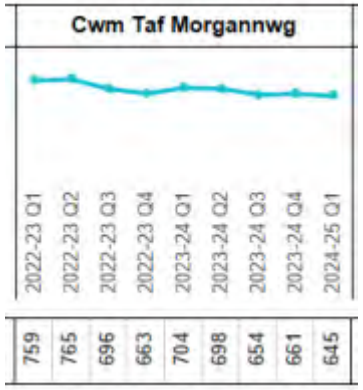
1. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months



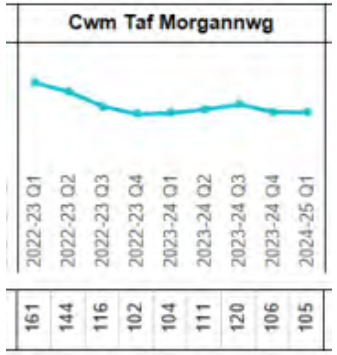
2. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months.



3. Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic.

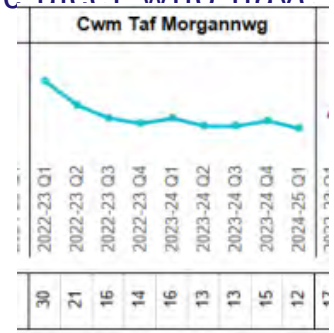


4. Number of patients aged 75 years and over with a current prescription for an ACE Inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.

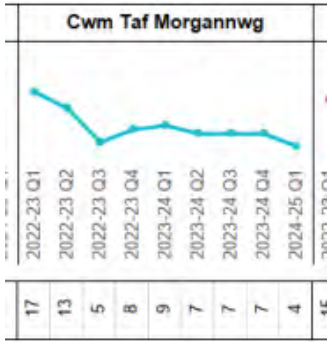


Prescribing Safety Indicators related to bleeds

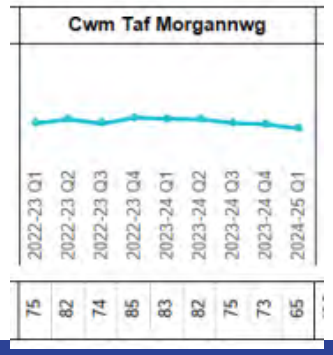
5. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI



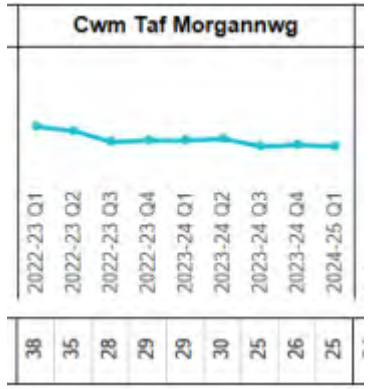
6. Number of patients with concurrent prescriptions of warfarin and an oral NSAID.



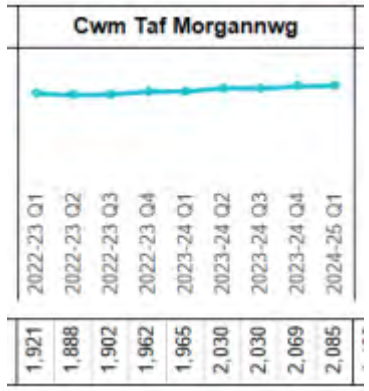
7. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID



8. Number of patients aged 65 years or over prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H2 receptor antagonist)

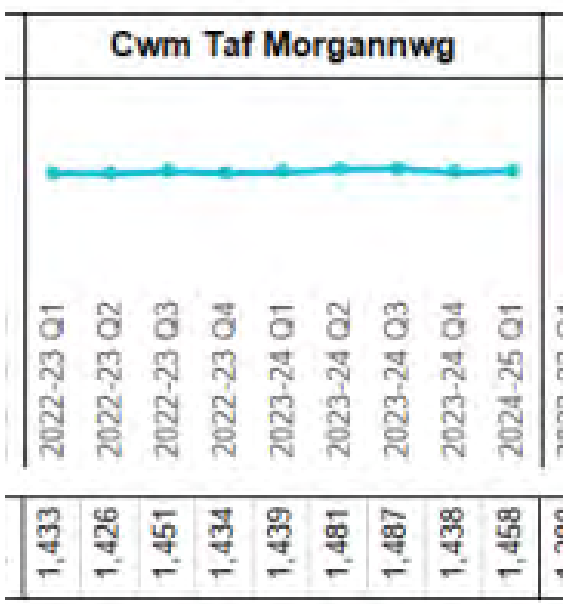


9. Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI

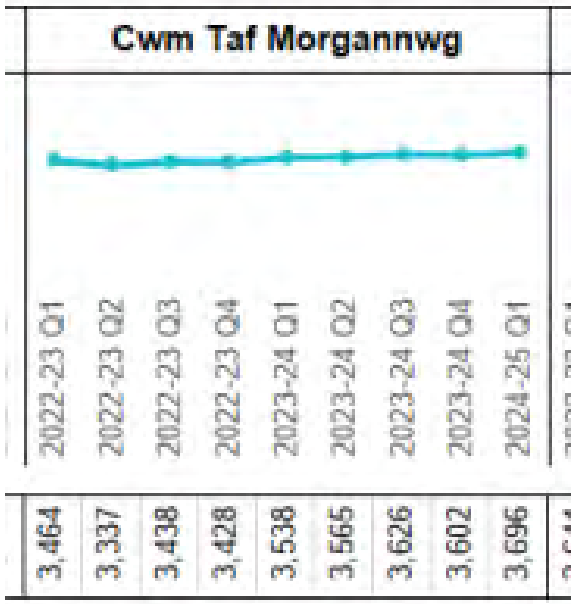


Prescribing Safety Indicators related to cognition

10. Number of patients aged 65 years or over prescribed an antipsychotic

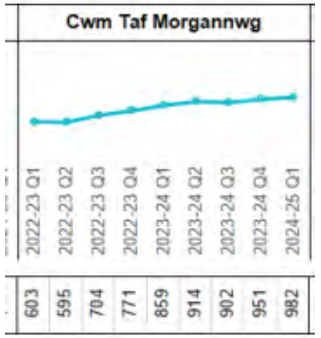


11. Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of 3 or more for items on active repeat.

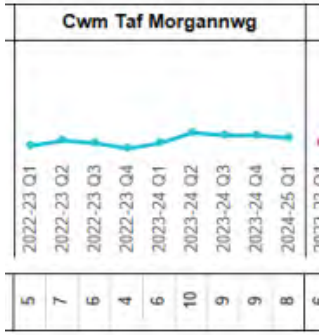


Prescribing Safety Indicators specific to females

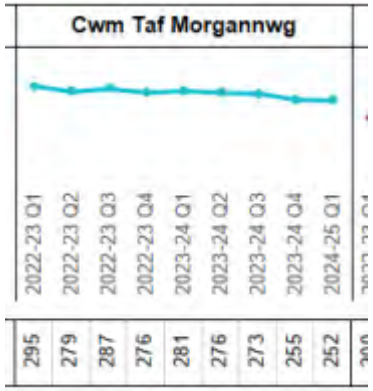
12. Number of female patients with a current prescription of oestrogen-only hormone replacement therapy without any hysterectomy Read/SNOMED codes



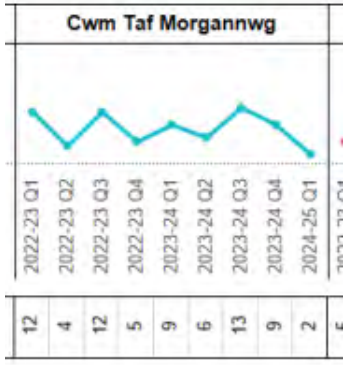
13. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives



14. Number of female patients aged 14–55 years with a prescription for sodium valproate

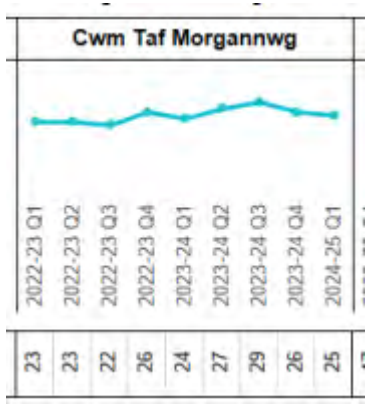


15. Number of female patients aged 14-55 years with a prescription for oral retinoids

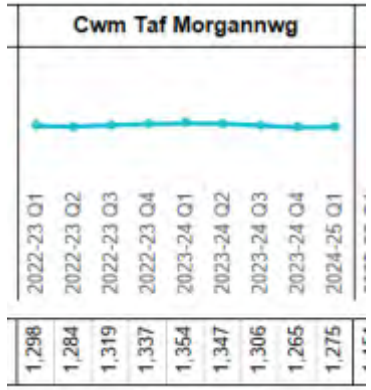


Prescribing Safety Indicators related to 'other'

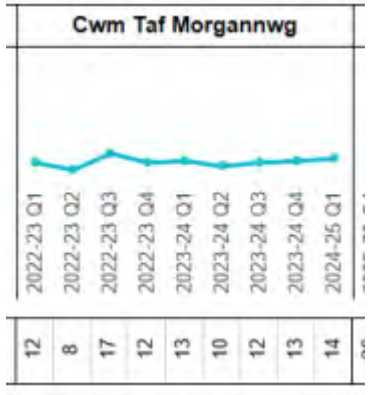
16. Number of patients aged under 16 years with a current prescription of aspirin.



17. Number of patients with asthma who have been prescribed a beta-blocker



18. Number of patients with concurrent prescriptions of verapamil and a beta-blocker



What is being done?

- These indicators don’t come with a target but are presented to allow monitoring
- Most indicators are non-specific i.e. relate to multiple disciplines so will need input from many different groups
- Ensuring clinical teams primary and secondary care are looking at these
- These should be reported to the medication safety group to develop a plan of action



Yellow Cards

Purpose: To encourage an increase in the number of Yellow Cards submitted in Wales.

Unit of measure: Number of Yellow Cards submitted per GP practice, per hospital, per health board and by members of the public. Number of Yellow Cards submitted by community pharmacies, by health board.

(please not data for latest quarter unavailable from AWTTC so previous quarter reported)

Aim: To increase reporting



Health Board

Figure 19. Trend in number of Yellow Cards submitted by health boards per 100,000 health board population

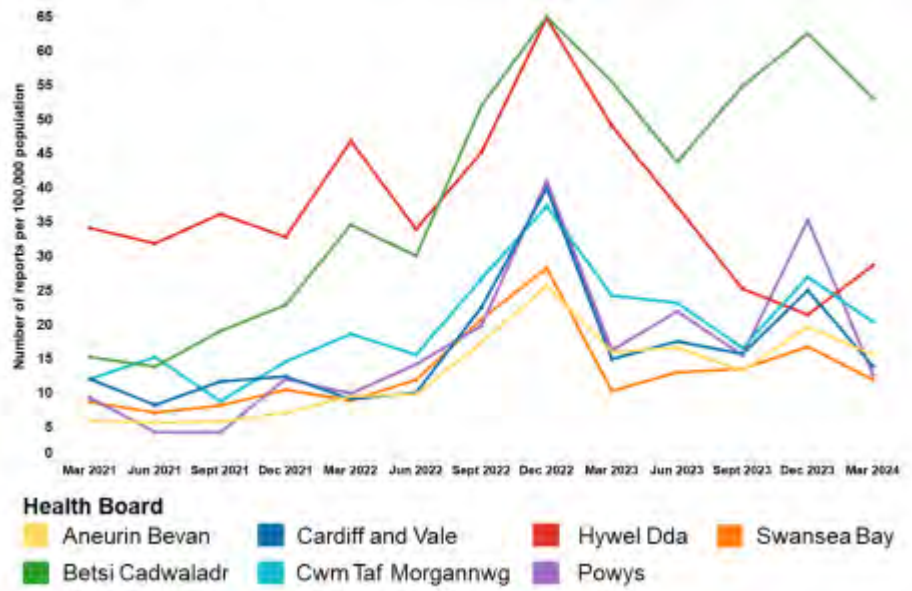


Table 12. Number of Yellow Cards submitted by health board/NHS Trust

	2022–2023 Qtr 4	2023–2024 Qtr 4	% Change
Velindre	3	4	33%
Swansea Bay	41	48	17%
Aneurin Bevan	100	98	-2%
Betsi Cadwaladr	395	379	-4%
Cardiff And Vale	80	75	-6%
Cwm Taf Morgannwg	114	96	-16%
Powys	23	18	-22%
Hywel Dda	196	115	-41%
Wales	**952**	**833**	**-13%**

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Cwm Taf Morgannwg
University Health Board

GP Practices

Yellow Card reporting has decreased by 25% since 2022-2023

What needs to be done?

- Primary Care Yellow Card Champion
- Facilitate promotional events/awareness days
- Education and training on when and how to report

Figure 17. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population

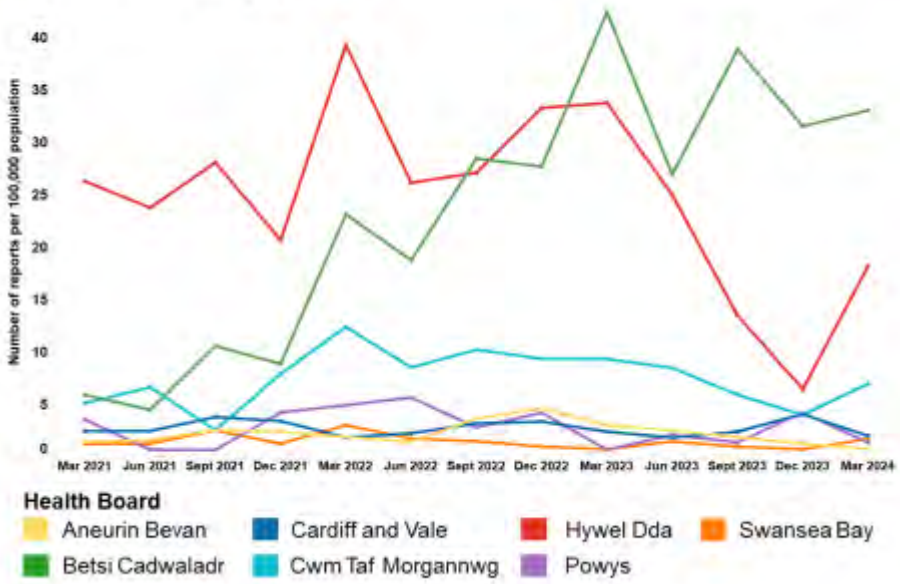


Table 10. Number of Yellow Cards submitted by GP practices

	2022–2023 Qtr 4	2023–2024 Qtr 4	% Change
Swansea Bay	3	7	133%
Powys	1	2	100%
Cardiff And Vale	13	11	-15%
Betsi Cadwaladr	302	236	-22%
Cwm Taf Morgannwg	44	33	-25%
Hywel Dda	135	73	-46%
Aneurin Bevan	19	5	-74%
Wales	**517**	**367**	**-29%**

Secondary Care

Yellow Card reporting has increased by 24% since 2022-2023

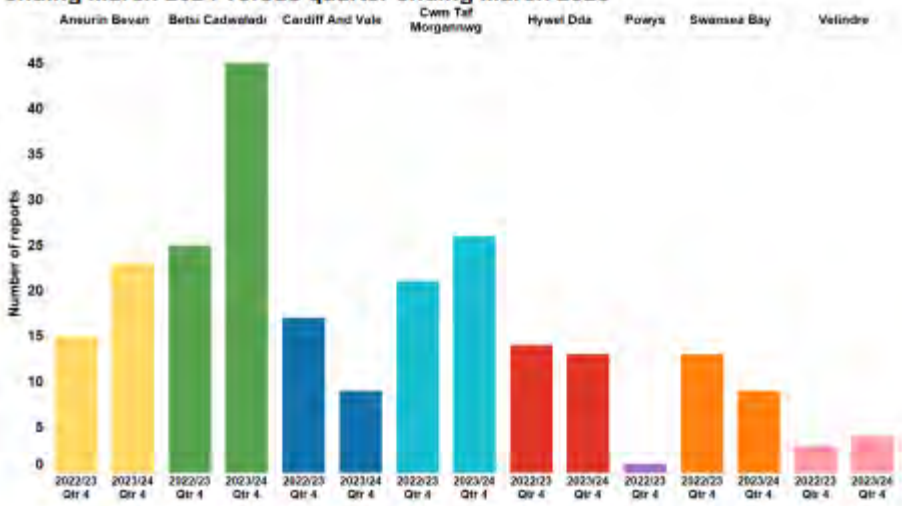
What has been done to increase reports?

- Yellow Card promotional events/awareness days
- Yellow Card Champion Teams on each site
- News articles on SharePoint
- Promotional posters in wards/departments

What is still needed?

- Education and training sessions held for A&E & Admissions staff

Figure 18. Number of Yellow Cards submitted by secondary care – Quarter ending March 2024 versus quarter ending March 2023



Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards decreased by 13% compared with the equivalent quarter of the previous year.
- The largest percentage increase was seen in Velindre NHS Trust.
- The largest percentage decrease was seen in Hywel Dda UHB.

Table 11. Number of Yellow Cards submitted by secondary care

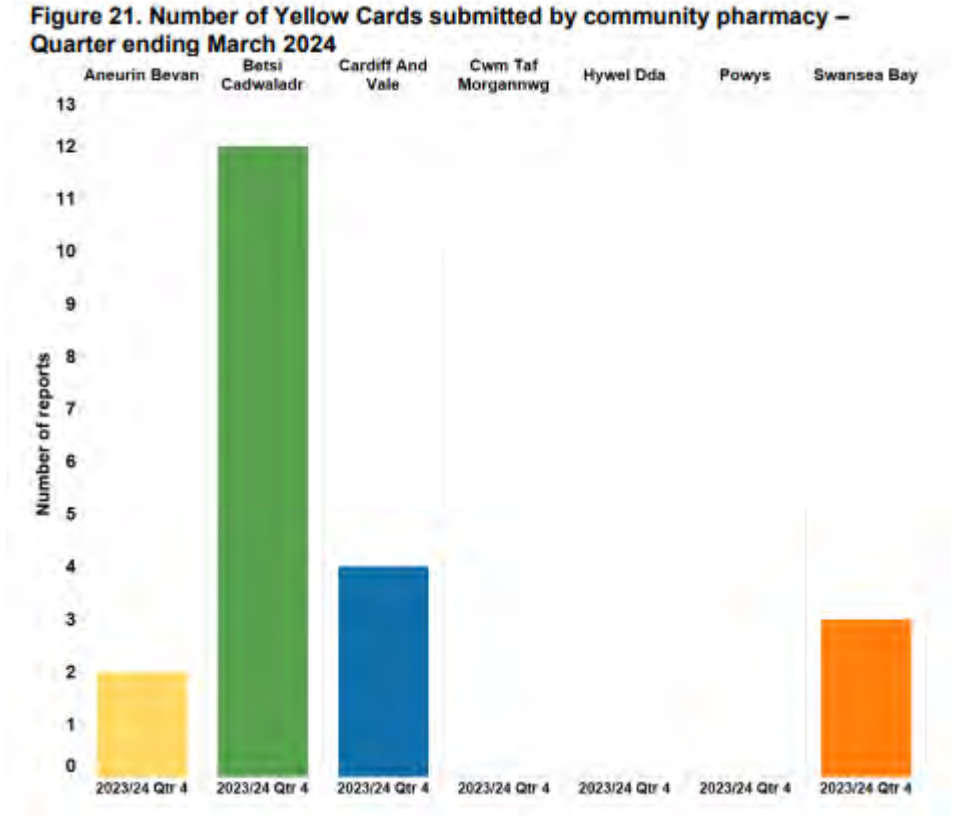
	2022–2023 Qtr 4	2023–2024 Qtr 4	% Change
Betsi Cadwaladr	25	45	80%
Aneurin Bevan	15	23	53%
Velindre	3	4	33%
Cwm Taf Morgannwg	21	26	24%
Hywel Dda	14	13	-7%
Swansea Bay	13	9	-31%
Cardiff And Vale	17	9	-47%
Powys	1	0	-100%
Wales	109	129	18%

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University Health Board

Community Pharmacies

What needs to be done?

- Facilitate promotional events/awareness days
- Education and training on when and how to report



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Cwm Taf Morgannwg
University Health Board

Public

Yellow card reporting is relatively stable

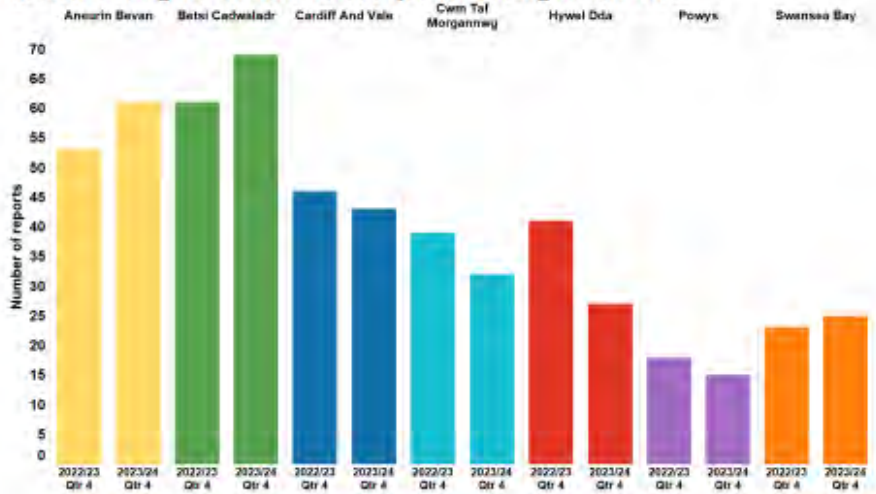
What has been done to increase reports?

- Yellow Card promotional events/awareness days in secondary care
- Leaflets and posters in outpatient waiting areas in secondary care

What is still needed?

- Promotion of Yellow Card scheme in all sectors
- CTM Yellow Card social media campaign

Figure 20. Number of Yellow Cards submitted by members of the public – Quarter ending March 2024 versus quarter ending March 2023



Community pharmacy

- Across Wales, a total of 21 Yellow Card reports were submitted by community pharmacies during the quarter ending March 2024.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 12.

Best Value Biological Medicines

Purpose: To ensure prescribing of best value biological medicines supports cost-efficient prescribing in primary and secondary care in Wales.

Unit of Measure: Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product

Aim: To ensure prescribing of best value biological medicines supports cost-efficient prescribing in primary and secondary care in Wales

Best Value Biological Medicines

	2022-2023 Q4	2023-2024 Q4	% Change
CTMUHB	85.4%	91.9%	7.64%
Wales	91.9%	94%	3.17%

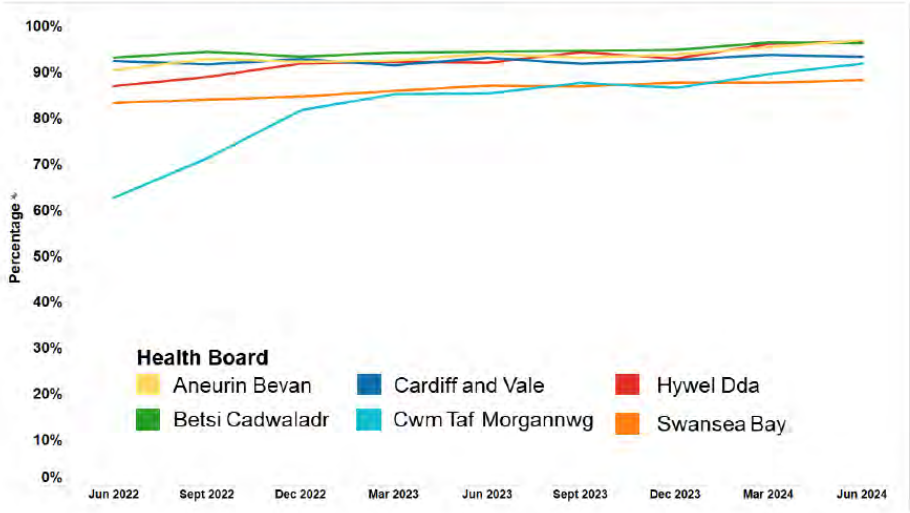
Adalimumab:

Prescribing of biosimilar Adalimumab has increased across wales. In CTM we have demonstrated a large increase in biosimilar usage.

Ranibizumab:

No biosimilar prescribing demonstrated in CTM in the last quarter. Low uptake amongst clinicians due to prescribing preferences.

Figure 13. Trend in adalimumab biosimilar (Amgevita®, Hulio®, Hyrimoz®, Imraldi®) prescribing as a percentage of total adalimumab prescribed



Best Value Biological Medicines

	Infliximab	Entanercept	Rituximab	Trastuzumab
CTMUHB	99.2%	91.9%	100%	100%
Wales	98.4%	86.5%	99.7%	99.8%

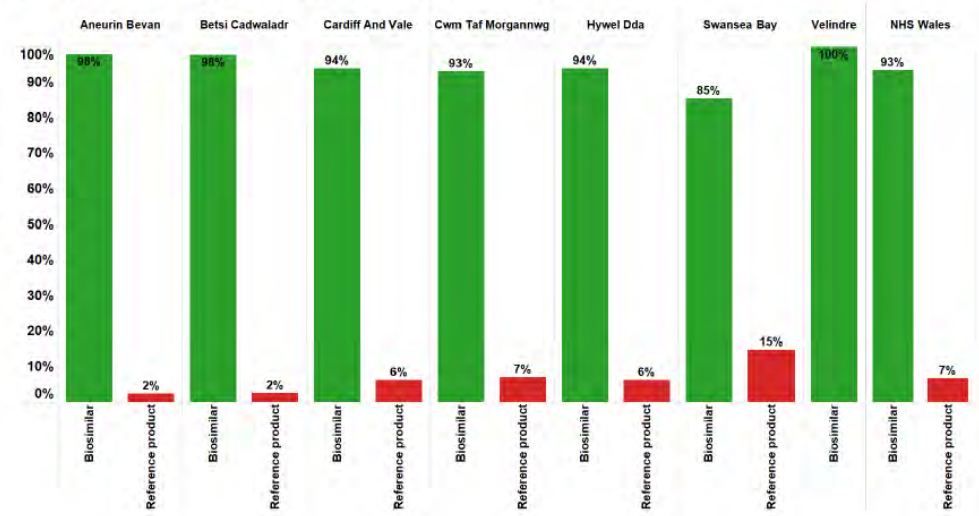
The proportional use of the best value biologic has increased to the point that continued reporting of year on year changes has become less valuable. Currently CTM is above all Wales averages.



Best Value Biological Medicines

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, etanercept, infliximab, ranibizumab, rituximab and trastuzumab) combined as a percentage of reported ‘reference’ biological medicines plus biosimilars combine from 89% in the quarter ending June 2023 to 93% in the quarter ending June 2024.

Figure 15. Biological reference and biosimilar as a proportion of total reference plus biosimilar prescribed – Quarter ending June 2024



Low Value for Prescribing

Purpose: To drive a reduction in the prescribing of items considered as not suitable for routine prescribing in Wales.

Unit of measure: Low value for prescribing spend per 1,000 patients.

Aim: To reduce prescribing of items considered as not suitable for prescribing in Wales

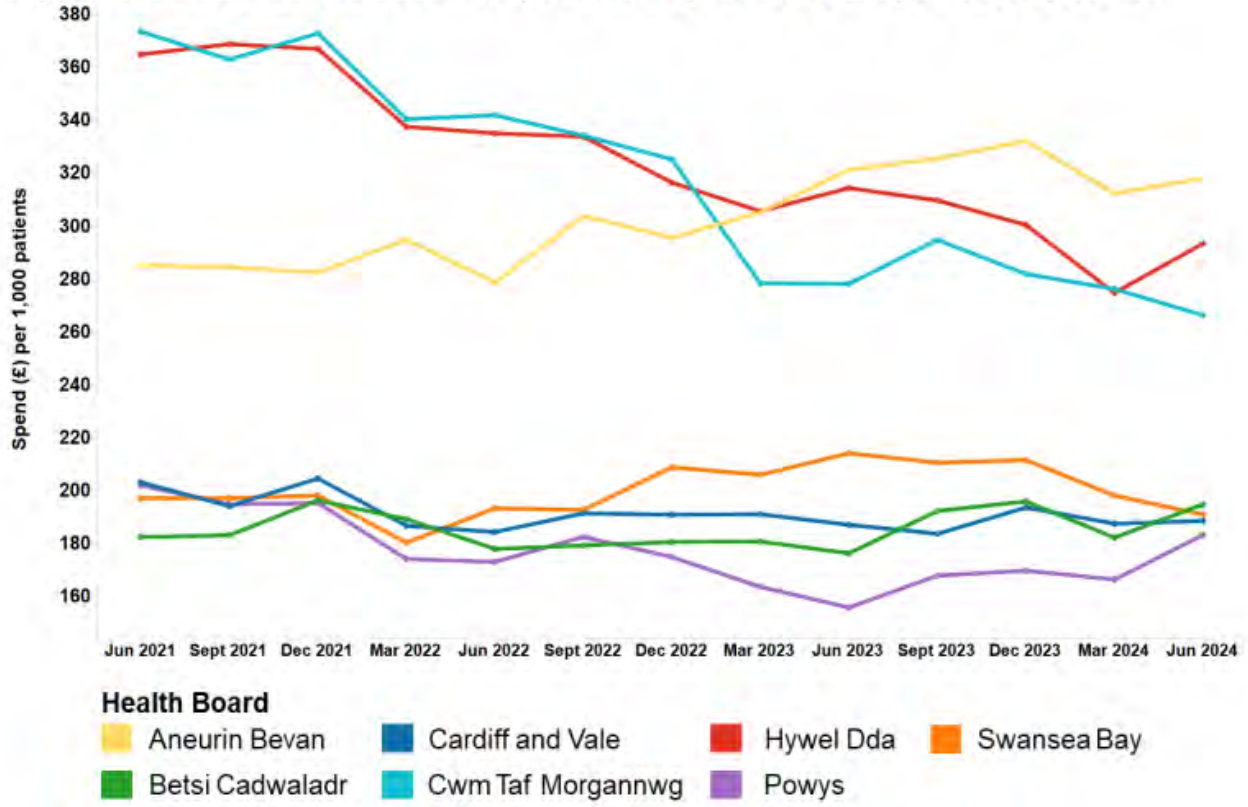
Low value items include:

-Co-proxamol
-Lidocaine patch
-Tadalafil once daily
-Liothyronine
-Doxazosin MR preps

-omega-3 fatty acid compounds
-oxycodone/ naloxone combination product
-paracetamol/tramadol combination product
-perindopril arginine

Progress with Low value items

Figure 17. Trend in low value for prescribing UDG spend per 1,000 patients



Summary

- 4.2% reduction compared to last year
- Middle of the road but progress being made

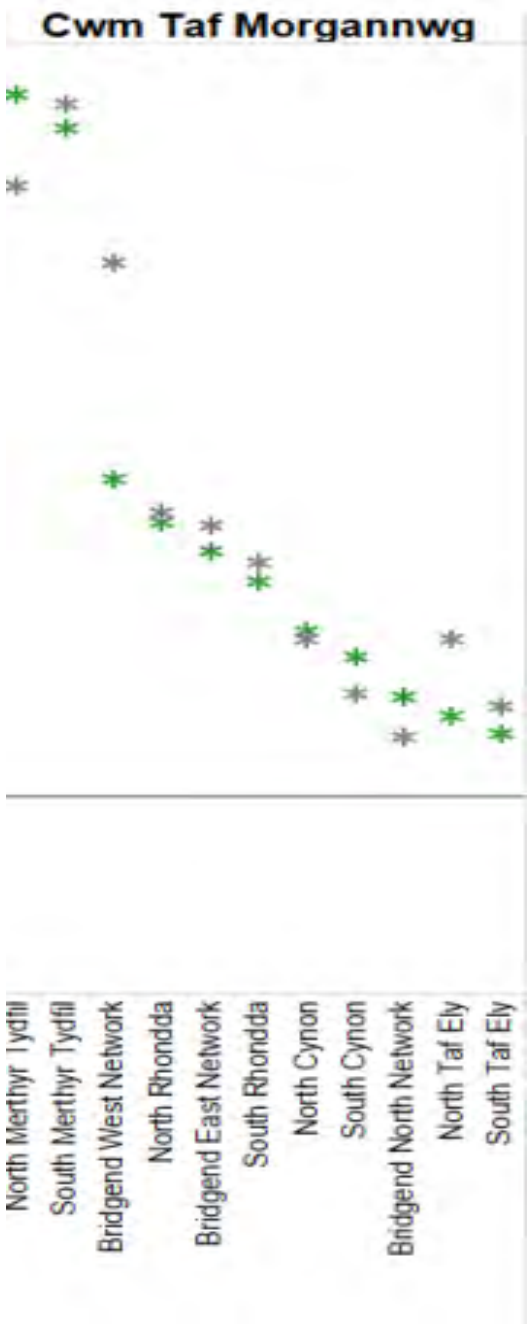
Not meeting target of lower quartile but we are progressing in the right direction

Key drivers/enablers:

- PMS scheme
- SPIRA dashboard (more scrutiny)
- Scriptswitch work
- Improved comms to GP practices
- Doxazosin and lidocaine reviews by primary care team
- Liothyronine reviews and inclusion of cost-effective 5mg and 10mg capsules on formulary
- AF warning with Omacor
- Lidocaine support packs form Lead Pharmacist in Analgesic Stewardship



Low value items – the outliers and challenges



North Merthyr Tydfil are an outlier and data is worse compared to last year

Good progress in Bridgend West

Ongoing challenges

- Lidocaine prescribing from secondary care – patient perceptions that it cannot stop as 'specialist'
- Previous lipid clinics and omacor
- Practices undoing changes due to patient complaints – need firmer Health Board advice to support them
- Manage patient expectations upfront e.g. this will not be continued by your GP

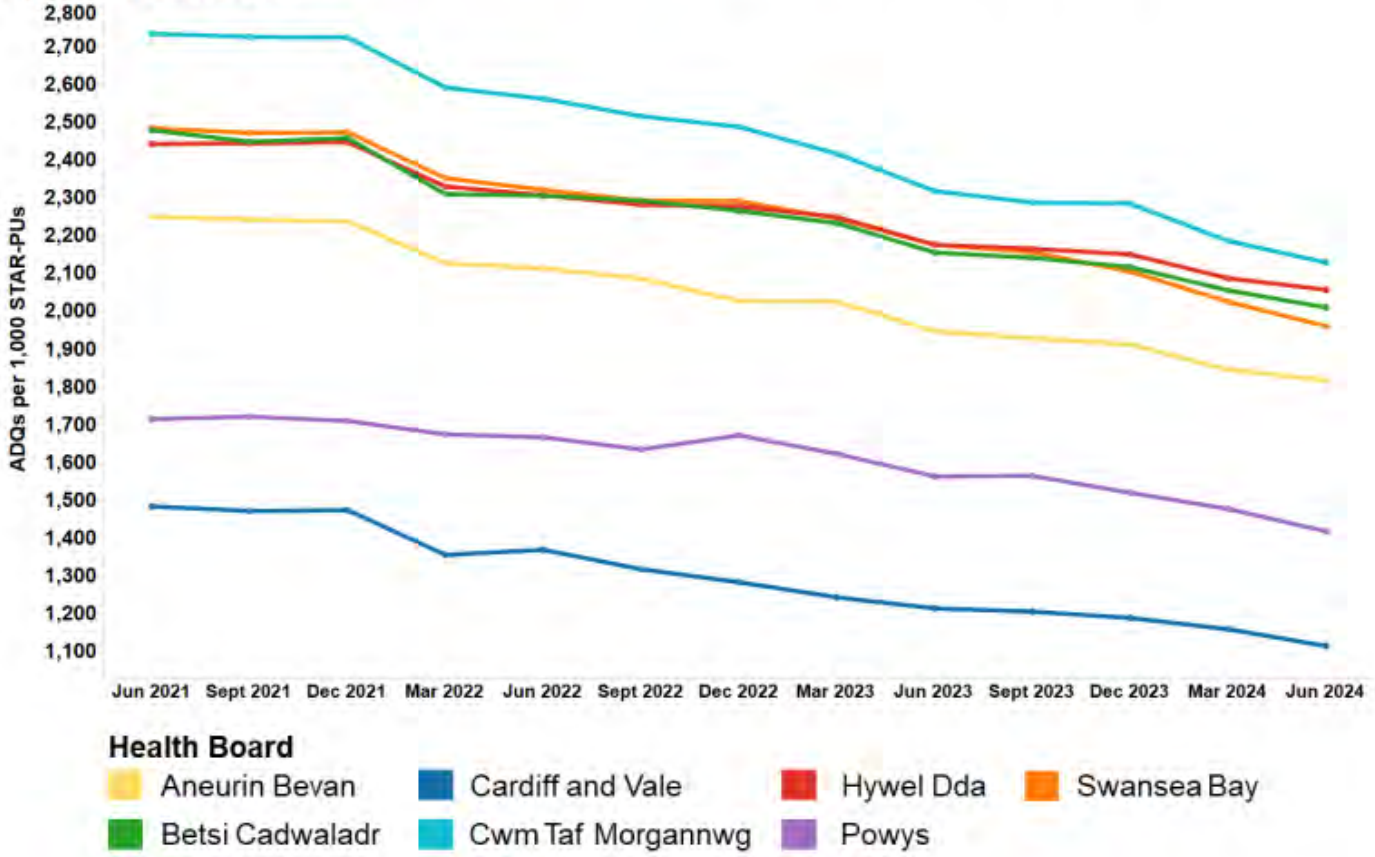
Key:
* 2024 * 2023

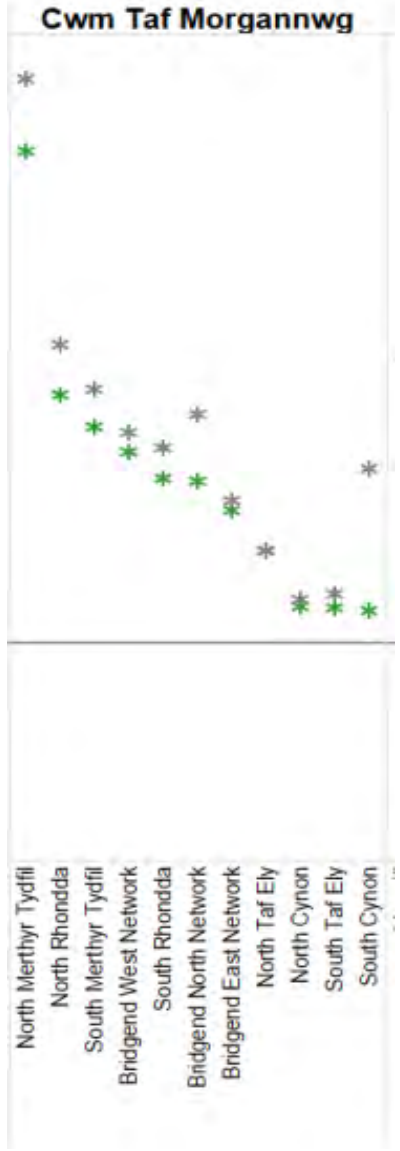
Hypnotics and anxiolytics – the aims:

- *Maintain performance levels within the lower quartile* [x]
- *or show a reduction towards the quartile below* [✓]

Hypnotic and anxiolytic prescribing

Figure 12. Trend in hypnotic and anxiolytic prescribing ADQs per 1,000 STAR-PUs





- 8.15% reduction compared to previous year
- Higher reduction than Welsh average
- Still the Health Board with prescribing BUT the gap is closing
- North Merthyr main outlier, but improvements made this year

Hypnotics and anxiolytics – key enablers and challenges

Current enablers

- PMS scheme
- Medicines management support if needed
- Annual visit reports
- Cluster and practice pharmacists

Challenges

- Prescribing from mental Health
- No insomnia pathway in existence so no alternatives for patients
- Undoing historic prescribing is a long process

Recommendation:	The Committee is asked to:
	• *Consider the improvements seen in prescribing indicators over the last year* • *Note the work still to be done* • *Consider whether the Committee can seek assurance from the report that all that can be done is being done to improve prescribing in CTM.*

Agenda Item
8.2.9

Quality & Safety Committee

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB) NATIONAL CLINICAL AUDIT PROGRAMME QUARTER 2 UPDATE 2024-2025

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Townsend – Head of Clinical Audit & Quality Informatics, Lauren Dyton – Clinical Audit Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
TARN	Trauma Audit Research Network
NMTR	National Major Trauma Registry
CA&QI	Clinical Audit & Quality Informatics Department
NEIAA	National Early Inflammatory Arthritis Audit
NAIF	National Audit of Inpatient Falls
NELA	National Emergency Laparotomy Audit
SWTN	South Wales Trauma Network

PWH	Princess of Wales Hospital
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
AMaT	Audit Management and Tracking
FIT	Faecal immunochemical testing
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
MINAP	Myocardial Ischaemia Audit Project
NICE	National Institute for Health and Care Excellence
HQIP	Healthcare Quality Improvement Partnership
WG	Welsh Government
NCA&ORP	National Clinical Audit and Outcome Review Plan
COPD	Chronic Obstructive Pulmonary Disease
NHFA	National Heart Failure Audit
CEC	Clinical Effectiveness Committee
EIA	Early Inflammatory Arthritis
NAoPri	National Audit of Primary Breast Cancer
NBoCA	National Bowel Cancer Audit
NCDA	National Core Diabetes Audit
LFER	Learning From Events Reports
CNS	Clinical Nurse Specialist
ACP	Advanced Clinical Practitioner

1. Situation /Background

1.1 The purpose of this report is to provide an update for the Quality and Safety Committee on progress against the CTMUHB Clinical Audit Forward Plan 2024-2025. The CTMUHB plan based on information from the HQIP directory of United Kingdom wide agreed audits and reviewed against the NCA&ORP for Wales (2024/25) published June 2024.

1.2 31 out of 46 national audits (tier 1) are green fully compliant and 6 amber (NMTR / TARN, NEIAA (PWH), NJR (PWH), NELA (PCH, RGH), MINAP and Heart Failure where the audits are delayed, a backlog exists work is ongoing to partially or fully comply with the national audit deadlines. As reported in quarter 1, 1 audit is red the NCDA as CTMUHB was not in a position to share the diabetes audit data for 2023 with the NCDA audit group via DHCW this year, owing to the absence of the necessary data disclosure agreements on a pan Wales basis, we will be an 'outlier' for the NCDA. 8 out of the 46 national audits are new and data collection methods yet to be agreed. (5 new cancer audits, Gestational Diabetes, Diabetes Prevention Programme Audit and National Diabetes Inpatient Safety Audit.

1.3 The Assistant Medical Director for Clinical Audit has led the establishment of a CEC for CTMUHB, in conjunction with the Clinical Audit Manager, supported by the Medical Director's Office. The first two meetings taking place in Quarter 2. The main purpose of the CEC is to use national audit

data to monitor quality of care across CTMUHB using evidence-based approaches.

1.4 The AMaT system continues to develop with work in progress to develop the use of the inspections module by the CTMUHB corporate governance team and to support ward accreditation and AMaT data to underpin the Ward Accreditation programme of work.

2. Specific Matters for Consideration

2.1 Clinical Audit Forward Plan 2024-2025 Current Position

A number of audits are amber due to competing demands on clinician time, these include:

NJR activity at the POW is now being undertaken, following agreement in September to transfer funding for the data capture responsibilities to Clinical Audit team, and a plan is in place to utilise staff overtime to address the April-September 2024 backlog.

NEIAA due to clinical pressures and limited administration resources to support the service particularly in the PWH.

TARN / NMTR Interim measures in place for data capture via the SWTN, launch of new NMTR platform anticipated by the end of October. Focus on completing Quarter 1 cases using the interim measure, to meet requirements of the SWTN. Confirmation received that CTMUHB will host the 2025 South Wales Trauma Network Annual Conference, scheduled for October 2025.

NELA (RGH) change of surgical NELA lead expected in Quarter 3, NELA (PCH) additional cases identified for review, therefore activity is below expected level for both RGH and PCH ‘amber’.

Fluctuating levels of clinical support for review activity for the cardiology national audits (Heart Failure and MINAP) at POW, Quarter 1 submissions ‘green’, Quarter 2 submissions ‘amber’.

Developments since the last report:

Data capture for the National Pulmonary Rehabilitation audit has restarted, activity led by Physiotherapy Department. (Service level agreement in place with Swansea Bay UHB for patients from the Bridgend catchment area).

NCEPOD data capture for the Rehabilitation after Critical Care study is closed, full compliance at PCH (clinical and organisational data submitted), partial compliance at PWH (organisation data only submitted), and organisational data only required for RGH - submitted. Blood Sodium and Child and Young People Emergency Surgery studies currently ongoing.

Responsibility for data submission for the Acute Limb Ischaemia study sits with the tertiary centres, limited involvement anticipated for CTMUHB.

2.2 Clinical Effectiveness Committee findings and actions (Quarter 2)

The Assistant Medical Director for Clinical Audit has led the establishment of a Clinical Effectiveness Committee (CEC) for CTM, in conjunction with the Clinical Audit Manager, supported by the Medical Director's Office.

The main purpose of the CEC is to use data to monitor quality of care across CTMUHB using evidence-based approaches, predominantly national audit findings for measurement and quality improvement; provide assurance to the Board that our organisation has effective systems to deliver required standards, and identify areas to progress improvements in the delivery of patient care. The CEC comprises of representation from Clinical Audit, Heads of Nursing and Clinical Leads, Allied Health Professionals and Pharmacy, Quality Improvement and Patient Safety.

The inaugural CEC meeting held on 16th July 2024

With a focus on national cancer audits, where MDT discussion on the national findings and recommendations was encouraged to set out improvement activity and formalise robust action plans.

The presentation on the NBoCA highlighted:

- The benefits of Faecal Immunochemical Testing (FIT), with improvements in the rates of missed cancer diagnoses, as opposed to following NICE NG12 guidance on suspected cancer recognition and referral.
- Data validation challenges following the move from the CANISC cancer system.

The presentation on the NPCA highlighted:

- The need to appoint a Prostate Cancer Lead

This action is owned by the Cancer Team in CTM

- Requirement to present POW data with RGH/PCH data to appropriately inform the newly formed Health Board-wide joint MDT meeting

  This will help with the amalgamation of the approach to on call and change in process.
- The necessity to bolster the CNS / ACP nursing workforce to support the care of prostate cancer patients.

CEC Meeting held on 24th September 2024

With a focus on the lung cancer and respiratory national audits, and highlighted:

- The need to strengthen the CNS workforce to support the delivery of high-quality care.
- Awareness of a successful pilot initiative that aims to detect the early stages of lung cancer.
- The importance of effective discharge arrangements to enable patients to self-manage long-term respiratory conditions.
- The action taken by the Physiotherapy Department to facilitate participation in the Pulmonary Rehabilitation audit.

A programme of themed CEC meetings, based on national audits will run throughout 2025.

2.3 Clinical Audit Training

Senior nursing team training has been provided on action planning at the POW. Training well received and sessions planned for PCH. To date over 658 Health Board staff have received training on the ward and area module.

Participation in the Clinical Leadership Programme for senior nurses and midwives:



2.4 AMaT Implementation

The AMaT system continues to develop with work in progress increase the use of the inspections module by the corporate governance team. A number of CTMUHB-specific enhancement proposals are currently awaiting agreement on a development date from the software company.

The CTMUHB Quality Improvement team planning to review the findings of the All Wales Falls audit pilot with a view to rolling the audit out organisation wide.

Information gathered on the AMaT system has been utilised extensively to support evidence for LFERs and Ombudsman cases. The work includes provision of data from existing audits and/or developing new audits based on concerns e.g. Safeguarding audits).

The Quality Informatics team have developed the first business intelligence dashboards utilising data automatically pulled into the organisation data warehouse that will allow triangulation of AMaT data with data from other systems for improvement.

2.5 NICE Compliance Programme of work

The assurance oversight, scrutiny and a governance function in relation to NICE guidance within CTMUHB is the responsibility of the care groups. However, in collaboration with the Medical Director's office a process to disseminate new NICE guidance, receive feedback from care groups and annotate compliance statements on the AMaT system has been approved and this activity is planned to commence in quarter 3 / quarter 4.

3. Key Risks / Matters for Escalation

No key risks or concerns to note for quarter 2.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality	Effective
	If more than one applies please list below: Efficient and Safe Care

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: The potential consequences on quality of service have been considered and any necessary mitigating actions outlined in the paper	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is not a policy or service review
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 That the committee NOTE receipt of the compliance position and mitigating action being taken to achieve compliance for the CTMUHB.

6. Next Steps

6.1 To ensure completion of the full CTMUHB Clinical Audit Forward Plan 2024-2025, by the end of March 2025.

Agenda Item
8.2.10

Quality & Safety Committee

Clinical Education Annual Report 23/24

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Janet Gilbertson Assistant Director Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter	Greg Dix
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Clinical Education Forum	11/11/2024	Ratified

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The purpose of this report is to highlight the activities and performance of Clinical Education for the academic year 2023/24 and to share progress in the Strategic Direction for Clinical Education.

1.2 The Clinical Education Annual Report is presented in Appendix 1 for noting

2. Specific Matters for Consideration

2.1 That investment in education and training of our workforce underpins the required transformation to the way we work. Underpinning the CTM2030 strategy will be the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development. Education and support is key and as our workforce is forever changing, this is an ongoing need.

2.2 An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.

2.3 To note the progress that has been made in 23-24 towards the delivery of the Strategic Direction for Clinical Education.

2.4 To note the progress towards the launch of the CTM Learning Academy in April 2025.

2.5 Significant progress in the development of Interprofessional learning and practice.

2.6 Significant progress with our widening access programmes.

2.7 Recognition of the organisational contribution of many education and training activities to safe working practices and patient care.

3. Key Risks / Matters for Escalation

3.1 Permanent accessible training accommodation continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services. It is recommended that the creation of a dedicated multi-professional Education and Learning facility is included as part of the strategic site development plan.

3.2 The establishment of strong strategic workforce planning activity considering the workforce as a whole is needed to better inform education

commissioning, in order to support multi-disciplinary service redesign to deliver our Clinical Strategy.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future If more than one applies please list below: Inspiring People Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research If more than one applies please list below: Whole System Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: Safe Efficient Equitable Timely Person Centered
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No policies or services are new or have been withdrawn.

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: No policies or services are new or have been withdrawn.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
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Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 It is recommended that the Quality and Safety committee notes the Clinical Education Annual Report 2023-24 and the contribution quality education and training makes to our services and improving patient care

Clinical Education

Cwm Taf Morgannwg

University Health Board

Annual Report

Academic Year

2023/2024



What will this Annual Report tell you?

Our Annual Report provides you with information about the Clinical Education Activity across Cwm Taf Morgannwg University Health Board (CTMUHB), what we do, how we work in partnership with external organisations including Universities and Health Education & Improvement Wales (HEIW), and what we plan to do to deliver and continually improve healthcare education, in order to meet changing demands and future challenges.

It provides information about our performance, achievements in 2023/2024 and how our Strategic ambition for Clinical Education will be realised over 24/25 with the launch the CTM Learning Academy, developing and embedding an organisational Learning Culture that enables staff to work flexibly and with agility to respond to the health needs of our population by;

- Encouraging life-long learning
- Generating openness to collaboration and effective co-design
- Developing a greater understanding of human intelligence.
- Promoting multi-professional learning.
- Developing staff to work at the "top of their licence" both registrants and support staff.

It is well recognised that there is a strong causal relationship between targeted and well-designed education and training, service improvement and patient outcomes and that quality healthcare for patients is supported by maintenance and enhancement of clinical, management and personal skills.(1)

Our Annual Report for 2023-24 includes:

- Current health education context in Wales
- Current Education context in CTMUHB
- Creating, Growing and Sustaining a Learning Culture in CTMUHB
- Progress with our strategic direction & where we plan to go next.
- Developing our Future and our Current workforce
- Widening Access.

Contents:

Page

1. Introduction and Current Health Education context in Wales and CTMUHB..... 4

2. Creating, growing and sustaining a Learning Culture in CTMUHB 6
Strategic Direction Progress: Our Maturity Journey so Far
2.1. Learning Environment and Culture
2.2. Education Quality and Governance
2.3. Inter-Professional Learning Approach
2.4. Achievement and Recognition
2.5. Opportunity, Vision and Innovation: CTMLA Launch

3. Clinical Professional Education.....

3.1. Developing our Future Workforce; Undergraduate/ Preregistration 12
3.1.1.1. Focus on Nursing and Midwifery
3.1.1.2. Focus on Allied Health Professions
3.1.1.3. Focus on Healthcare Sciences
3.1.1.4. Focus on Pharmacy
3.1.1.5. Focus on Medical Education
3.1.1.6. Interprofessional placement activity.

3.2. Developing our Current Workforce 26
3.2.1.1. Health Care Support Worker Education
3.2.1.1.1. AHP Healthcare Support Workers
3.2.1.1.2. Pharmacy Assistant Technical Officers
3.2.1.2. Foundation/ Newly Registered Education
3.2.1.2.1. Focus on Nursing
3.2.1.2.2. Focus on Medical Trainees
3.2.1.2.3. Dental Education
3.2.1.2.4. Healthcare Sciences
3.2.1.2.5. Pharmacy

3.3. Continuing Professional Development & Advanced Practice. 40
3.3.1.1. Impact of HEIW funding for Advanced and Enhanced Practice 23-24
3.4. Advanced Practice Board 46
3.5. Resuscitation 47
3.6. Libraries and Knowledge Management 51
3.7 Widening Access and Promoting the Professions 55

Introduction

Health Education Context in Wales.

Health Services in Wales continue to deliver the vision, ambition and approaches that are needed to deliver '*A Healthier Wales'* (1). The demand for services, increasing health and wellbeing inequalities, higher public expectations, the additional challenges due to the impact of COVID-19 on health and social care services, as well as the possibilities that new and emerging medical and digital technologies offer, are set against a backdrop of changing demography, recruitment, resource and severe financial challenges as healthcare services continue to try meet the current health care need whilst also trying to promote prevention and wellness.

Health Education and Improvement Wales (HEIW) is the strategic workforce and statutory education body for Wales. Now in its sixth year, it is committed to addressing strategic and specialist workforce issues, making Wales a great place to train and work for health and care staff and maximising the contribution of all professions and occupations through their statutory function. Its purpose is; as part of the NHS, to work with partners to plan, educate and train the current and future workforce. (2)

Reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales.

HEIW has a statutory function to produce an annual Education and Training Plan in partnership with the system, which details recommendations for education and training commissions to shape the future healthcare workforce on behalf of NHS Wales.

CTMUHB works closely with HEIW to support the delivery of health care professional education and training in NHS Wales, along with other health boards and universities. Our health board benefits from external funding from HEIW supporting education delivery at all stages of health care workforce career pathways and workforce modernisation.

Context in CTMUHB

The resident population of CTMUHB was estimated at 444,037 (Stats Wales Welsh Government, November 2023). The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales (WIMD 2019 with populations from ONS, 2020). The highest levels of deprivation lie mainly in the valleys to the north of the CTMUHB area. The Health Board continues to work towards the ambitions outlined in the CTM2030 strategy, of which improving the health of our population is a key tenet. (3)

CTMUHB employs 11,251.78 whole-time equivalent (WTE) staff, with a headcount of 12,789. A significant percentage of our workforce live within the CTMUHB's area, making our staff not only the core of our organisation but representatives of the diverse communities that we serve. Widening access activities to enable more of our communities to achieve successful careers in health care are a key focus of activity for Clinical Education.

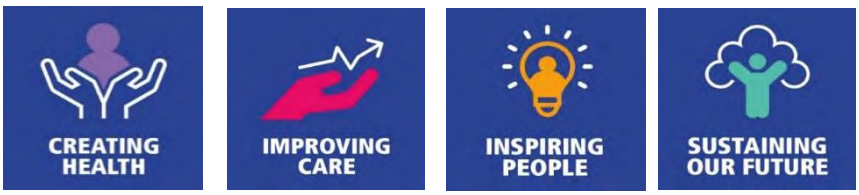


Figure 1

Underpinning the CTM2030 strategic goals is the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development.

An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.

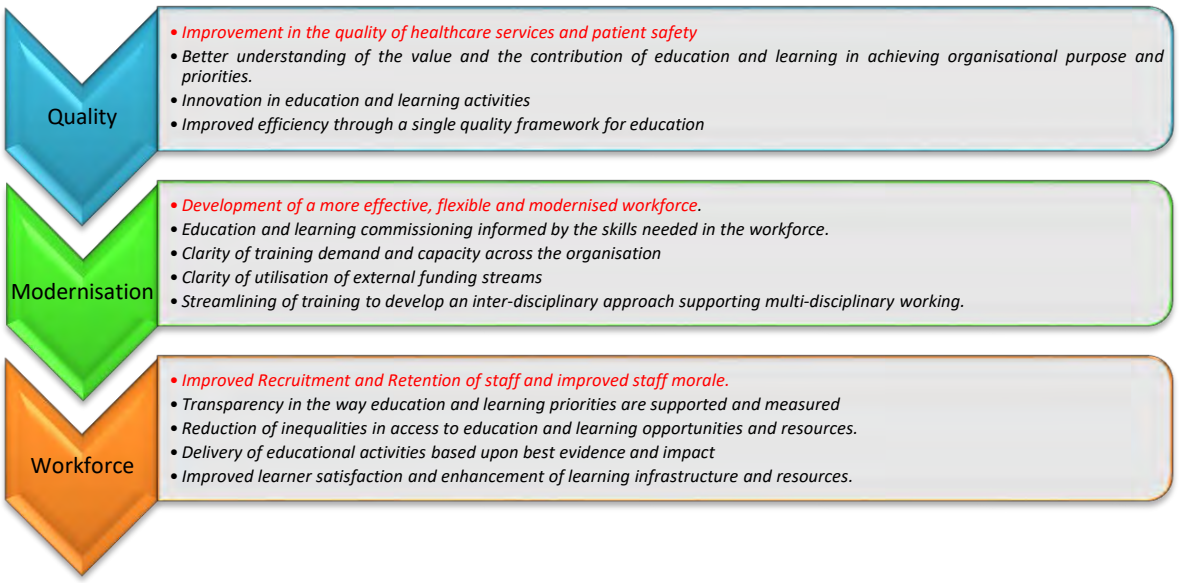


Figure 2 Organisational Benefits of Excellence in Education

Creating, growing and sustaining a Learning Culture in CTMUHB

Strategic Direction Progress

This report reflects further significant progress made over academic year 23/24 to deliver the strategic ambition, which will be realised over 2024/25 with the launch of the Cwm Taf Morgannwg Learning Academy CTMLA.

Our Maturity Journey so Far

Our Clinical Education Strategy maturity journey has been following a hierarchy of needs model, building capability at individual and the wider organisational system levels, supporting and nurturing the development of a Learning Culture in CTMUHB.

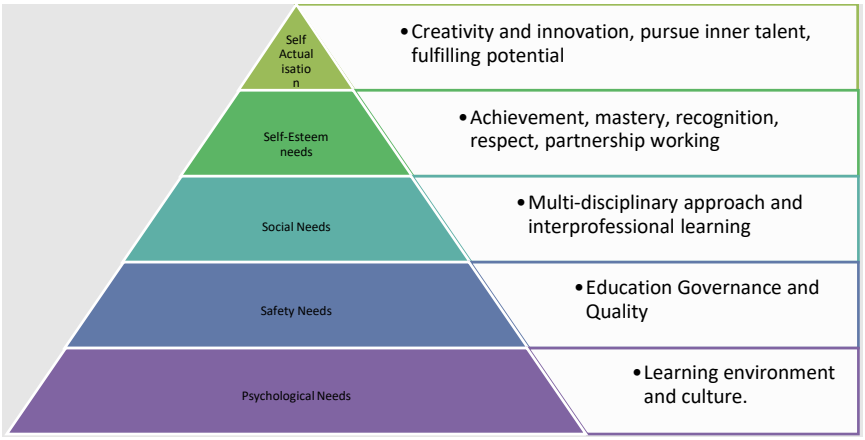


Figure 3 Heirarchy of Needs

Learning Environment and Culture

Direction:

- *Quality and excellence in Education and Training is an established and valued part of organisational culture.*
- *CTMUHB is a Centre of Excellence for multi-professional learning.*
- *There are clearly defined, recognisable, flexible, accessible, up-to-date Clinical Education facilities that meet the learning needs of learners from all professional groups.*

Progress:

The value of clinical education and training is becoming more recognised across the organisation as the activity across all professions has become more visible through developing governance and reporting processes.

CTMUHB has a joined up multi-professional approach with the Executive Director of Nursing and Midwifery (EDoN) accountable to Executive Leadership Group for Clinical Education activity. The Clinical Education department has professional leadership and managerial accountability lines to the EDoN and additional professional accountability lines

to the Medical Director and the Executive Director of Allied Health Professions and Health Science (EDAHPHS).

CTMUHB has led the way in developing the first multi-professional practice education facilitator post, which has enabled progress with significant interprofessional learning activity. This activity has also been shared more widely at the recent Interprofessional Education Wales Conference held in July 2024.

Progress has been made with defining our existing education and library facilities, at each of our acute hospital sites and Keir Hardie Academic Centre (Education). However permanent training accommodation for all professions continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services.

It is recommended that the creation of a dedicated multi-professional Education and Learning facility should be included as part of the strategic site development plan.

Education Quality and Governance

Direction:

CTMUHB has established effective systems of educational governance and leadership

1. *A robust and established Clinical Education Governance infrastructure providing confidence and assurance for individuals and the organisation of excellence in Clinical Education and Learning activity.*
2. *A clear and well developed understanding of Clinical Education, Training and Learning activity and risk management across the organisation.*
3. *Maturing organisational processes around clinical education commissioning, informed and aligned with service delivery priorities and training needs analysis, supporting the development of new models of care, innovative service redesign and workforce modernisation.*

Progress

The Clinical Education Forum is the organisational wide education governance infrastructure responsible for assurance and escalation to Executive Leadership Group regarding Education governance, quality, strategy, finance and partnership working. It currently meets biannually in May and November. It is co-chaired by the EDoN and the EDAHPHS. The Terms of Reference can be found in Appendix 5

The purpose of the Clinical Education Forum is to provide effective systems of educational governance and leadership that ensure optimal investment and resource utilisation in education activity to support and underpin the capability, capacity and confidence of our clinical workforce. Through this forum a clearer understanding of the activity, challenges and risks across all health care professions is being developed.

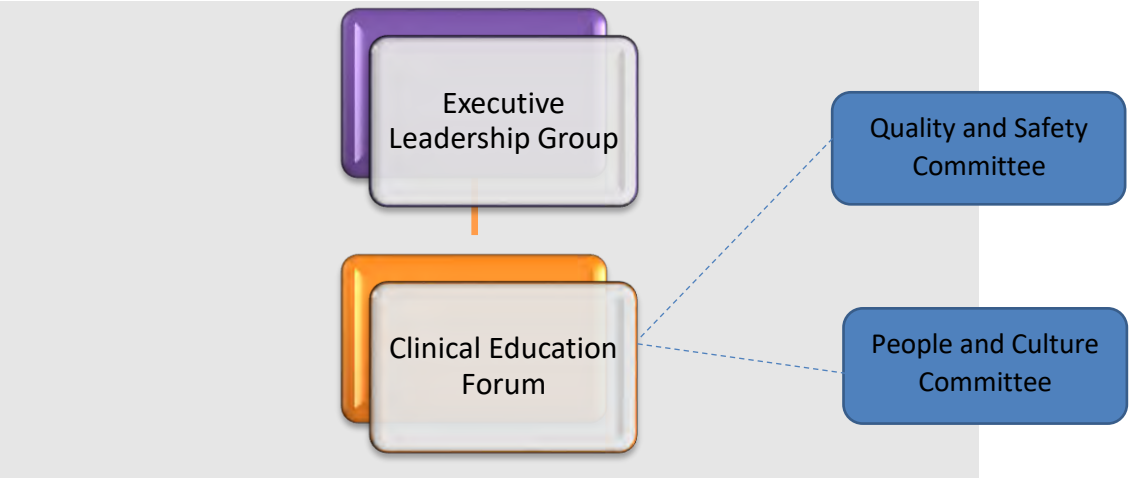


Fig 4 Clinical Education Governance Structure

The creation of the Learning Academy will further strengthen maturing organisational processes around commissioning with the establishment of an Interprofessional Faculty at profession level and a Strategic Education Council at Care Group level which will report into the Clinical Education Forum.

Inter-professional Learning Approach

Direction:

There is a high quality multi-professional education model that delivers equitably for ALL healthcare professionals and their support staff. Meaningful inter-professional learning and development is evident throughout the education model.

Progress:

Significant progress has been made with interprofessional learning (see p 23)

Sessional time has been secured from Allied Health Professions and Pharmacy as part of the development of our inter-professional approach.

Achievement and Recognition.

Direction:

Our workforce are our most significant asset. There will be clear educational frameworks to support career development pathways in CTMUHB

Progress.

Celebration Events

This July we held a student and educator celebration event for nursing, midwifery, AHP, and HCS colleagues. This was the first event like this for CTMUHB, and was

positively received. It was a huge morale booster for all who were nominated, selected as finalists, and announced as winners, and was a great opportunity to inform people of the plans for clinical education function, and the IPE work that is ongoing. The planning for a 2025 event is already in progress.

All who have completed the evaluation stated that the event was beneficial, and made them and their profession feel valued.



Figure 5

The HCSW Conference

Our next conference is in planning for November 2024 and will again showcase the fantastic work undertaken by our HCSW workforce and celebrate their achievements and successes across CTMUHB.

Kylie Erricker who presented at our 2023 conference has commenced the level 4 programme and has been awarded with the "Course Representative of the Year 2024 Award" at the University of South Wales (USW) Student Choice Awards.



Figure 6

Opportunity, Vision and Innovation.

Direction:
Cwm Taf Morgannwg Learning Academy.
A space where people could feel inspired to think, create and dream, build relationships and collaborate and learn together to improve practice and health.

A living manifestation of University Health Board Status, networked with multiple HEI partners, and HEIW creating a virtuous cycle of learning, innovation and improvement.

Progress:

We continue to make progress towards our ambition of a CTM Learning Academy which will be fully launched in April 2025.

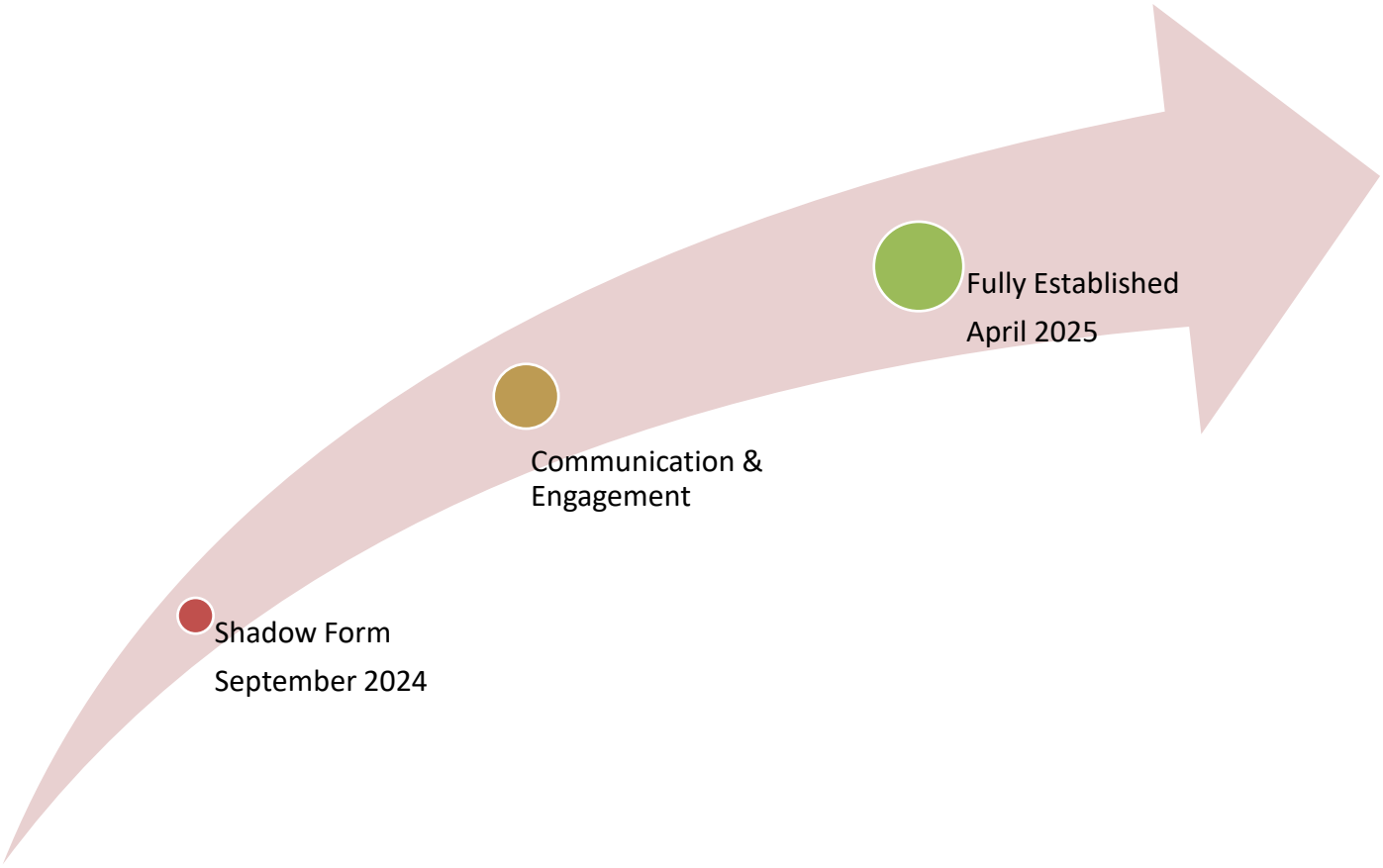


Figure 7 CTMLA Launch Timeline

CTM Learning Academy

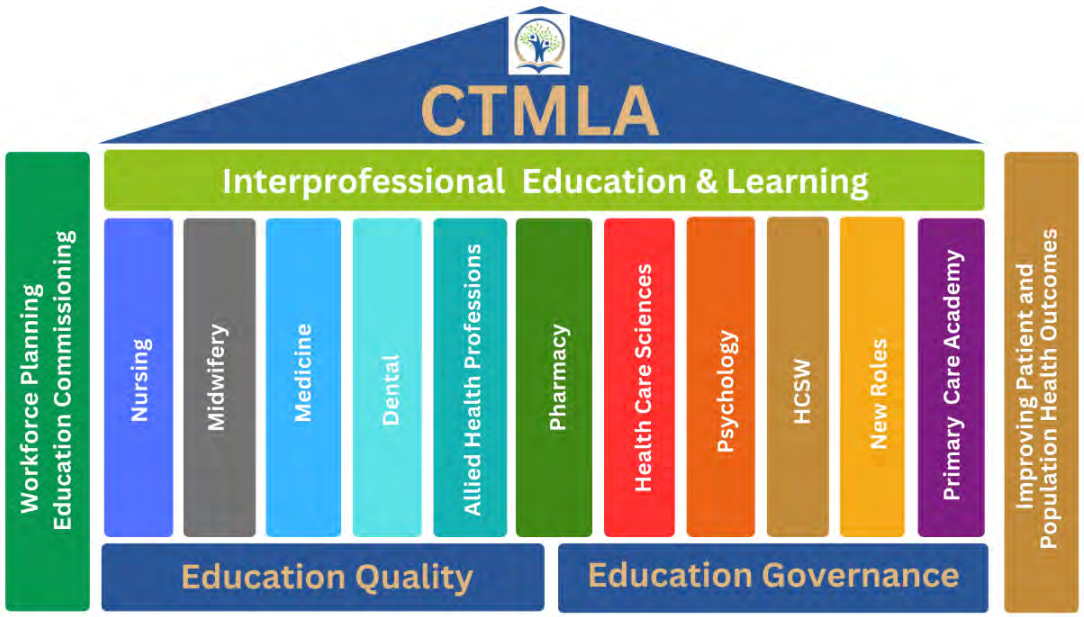


Figure 8

Vision:

- Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes and wellbeing.

Purpose:

- To develop and deliver an inter-professional and collaborative learning approach, meeting the individual educational needs of each profession whilst also enabling and benefitting from diversity of thought and skill set.

Aims:



Figure 9

Developing our Future Workforce

CTMUHB as an organisation contributes significantly to the education and training of healthcare professional students in Wales. Each year our organisation delivers undergraduate clinical placement training weeks including:

- > 6000 medical student training weeks
- > 10,000 student nurse weeks
- > 1600 AHP student weeks
- > 300 Pharmacy student weeks (new in 23/24)

Over 2023/24 we have worked in partnership with 6 universities (HEIs) to deliver clinical placements for healthcare professional students:

- University of South Wales including–
  - Nursing & Midwifery, Operating Department Practitioners and Part-time Occupational Therapy & Physiotherapy courses.
- Cardiff University including
  - Medical, Physiotherapy, Occupational Therapy, Health Care Sciences & Pharmacy
- Swansea University including
  - Nursing, Paramedics and Physicians Associates.
  - Pharmacy Students
- Cardiff Metropolitan University including
  - Speech and Language Therapy, Dietetics, Podiatry.
- Open University (Part time distance learning) & Bangor University (Distance Learning) Nursing.

Focus on Nursing and Midwifery

The following preregistration routes to nursing are supported:

- Adult, Child, Learning Disability or Mental Health
  - Full-time 3 year programmes
  - Flexible routes
- Full time Midwifery programme

The table below shows the number of nursing & midwifery students allocated annually to CTMUHB over the last 4 years. The Practice Education Facilitator Team work closely with the clinical areas and university partners to ensure areas are supported to provide a positive learning environment for our potential future nursing workforce. Monthly meetings with our partner HEI's help identify areas for development including those out of compliance with educational audits & struggling with student numbers and also where excellence is shown by those who go over and above to support our students in practice.

Student training Activity

Increases in commissioned student places over the last few years will see their full cumulative 3 year impact with a 31% increase in student placements for 24/25.

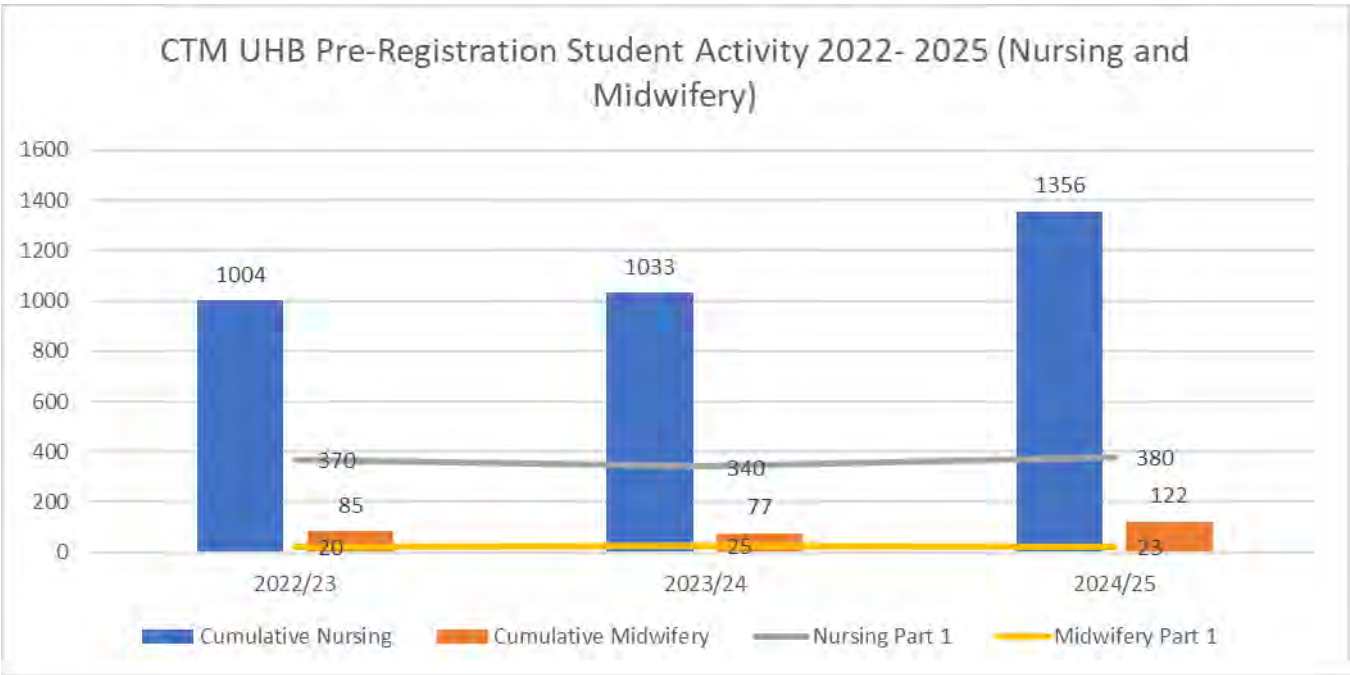


Figure 10

The Practice Education Facilitators (PEFs) within the Nurse Education Team actively support the clinical placements within the health board and deliver clinical teaching within the university and also in-house 'clinical skills' days to provide additional opportunities for our pre-registration students from all HEIs to gain skills outlined in the Annex B Framework. The PEF team also support student issues both clinically and pastorally in collaboration with our clinical and HEI partners.

Training capacity is a constant challenge, and we are continually working to create innovative nursing placement developments. New placements for 2023/24 include;

- Early Pregnancy Unit
- People's experiences
- Ward 16 POW
- Acute Care of the Elderly (ACE)

Following successful pilot results the Collaborative Learning in Practice Placement (CLiPP) model is now embedded in 25 clinical areas. Feedback has overall been positive, however as CLiPP aligns 1st years to 2nd and 3rd year student mentors there are some challenges and limitations due to placement timings being aligned.

Due to ongoing placement planner challenges, this academic year, we have trialled the model utilising two students from the same cohort, to see if the positive aspects of the project remained without having a specific "leadership" role with the 2nd/ 3rd year students.

The results of this small initial trial were positive. Of the 14 students who participated, 8 students completed the evaluation form. Results below:

Working with another student gave me more confidence in placement.	I have gained a better knowledge of the nursing role during this placement learning experience.	I have learnt a lot during this placement.	I have enjoyed working alongside another student.	In our pair, I feel that we have learnt from each other during this placement.	Overall, I feel that the CLIPP model is beneficial for students.
Strongly Agree / Agree - **87.5%** (7 of 8 students)	Strongly Agree / Agree - **87.5%** (7 of 8 students)	Strongly Agree / Agree - **87.5%** (7 of 8 students)	Strongly Agree/ Agree - **100%**	Strongly Agree / Agree - **87.5%** (7 of 8 students)	Strongly Agree / Agree - **87.5%** (7 of 8 students)

Figure 11

The positive feedback is a step forward for the CLiPP model to limit any placement pinch points. Work is ongoing with our partner university to maximise utilisation of this model in practice.

The Midwifery PEF role has now been in place for 18 months. This role is pivotal in organizing midwifery student clinical practice placements. Basing the role within the Clinical Education function with the nursing PEF roles has enabled sharing of experience, learning and access to resources across the different roles and the opportunity to support with student issues. Other benefits include the development of Practice Assessor and Practice Supervisor training for midwives, improved collaboration with the HEIs and shared learning for the student groups, including the development of education utilising an Escape Room format.

Due to challenges with domestic recruitment to HEIs commissioned undergraduate numbers, pre-registration nursing students (adult field) have been recruited internationally in 23/24. Whilst these students are crucial to supporting our future workforce they have required extensive support to settle into their roles as it is often their first time away from home and experience of healthcare which requires them to adjust to the huge cultural changes. Close collaboration with our HEIs and lessons learnt from our ongoing experiences with Internationally Educated Nurses (IENS) has helped us support and manage them more effectively so they feel much more settled and supported clinically.

Fitness to Practice (FtP)/Cause for concern

The increase in student numbers has also been accompanied by an increase in student issues. These can include pastoral and clinical concerns and we continue to see a rise in the number of students requiring action plans post Covid. The PEF team and Senior Nurse work across university and health board processes, including referral of clinical cause for concern issues to universities, attending FtP panels and participating in FtP hearings as

'expert witness'. They also ensure students are supported in practice through the development of bespoke action plans to achieve required proficiencies and ensure safe and knowledgeable practitioners upon registration. This work has continued throughout 2023/24. Clinical education has developed its own 'Fitness to Practice' Standard Operating Procedure (SOP) which will be finalised to coincide with the launch of the 'Cwm Taf Morgannwg Learning Academy'.

Over the course of the pre-registration Nursing programme there are multiple practice placements for each student across multiple different locations across the health board. To support continuity and communication between placements the Student Pathway project was initiated in 2022 and provides all Practice Education Facilitators an overview of feedback and any concerns across the placements for each student.

Collaborative working between HEIs and the PEF teams are essential in managing the issues effectively and efficiently. As there is a demand to grow nursing numbers even further then there is a continuing need to widen access to the recruitment pool. Investment in Practice Education Facilitator roles will be a key enabler in achieving successful registration for more people into the nursing profession.

All nursing students on clinical placements require Practice Assessors (PA) and Supervisors (PS). The PEF team continue to deliver an annual schedule of PA and PS training to eligible registrants to ensure they have the appropriate skills and knowledge to support our students in clinical practice. There are currently 2986 trained PA/PS on the database (NMC requirement) for CTMUHB (see graph below). The ratio of supervisors & assessors to students within each care group is monitored to enable targeted training.

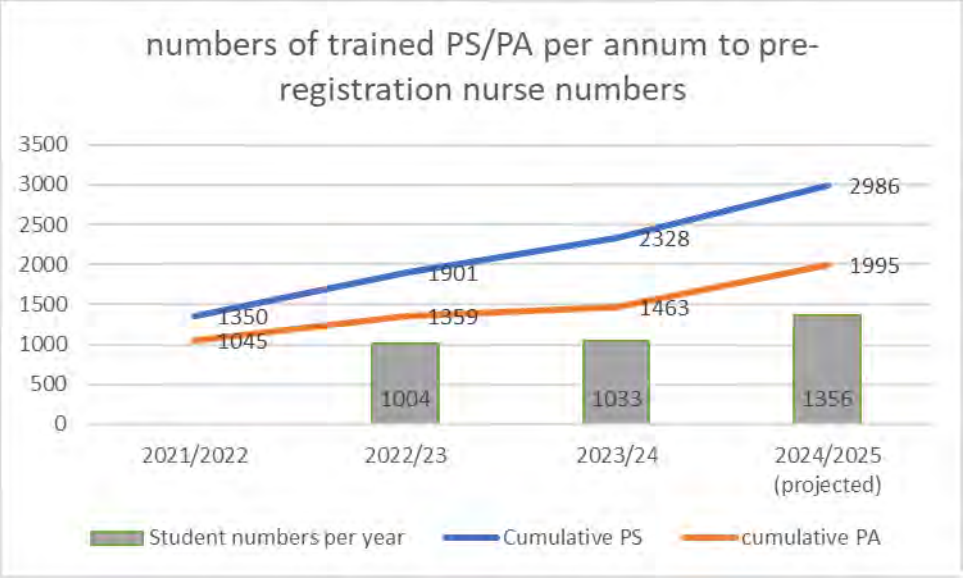


Figure 12

The PEF teams across all 3 sites within CTM UHB provide Inter Professional Education opportunities and support student learning sessions. In addition to this, they provide student drop-in session for pastoral care, which is an increasing need across all areas, mid-way placement and consolidation meetings, and drop-in sessions to discuss placement and Epad concerns.

Internationally Educated Nurses (IENs) 2022/23

Between September 2023 and March 2024, the International Nurse (IN) Education team successfully trained an additional 53 Internationally Educated Nurses to work across the health board. This education included Objective Structured Clinical Examinations (OSCEs) preparation training and a post OSCE programme, which was developed to address gaps identified in practice and for the IENs to be familiarised with CTM's policies and procedures, enabling them to settle sooner into the health board. International recruitment for 24/25 is still under review.

A specific International Nurse Adaptation programme (INAP) was offered to the spouses of our existing IEN workforce who were already employed as Health Care Support Workers within the HB. It was thought that it would be advantageous to work with this cohort of staff as they were already settled within the health board and local communities. Out of the 10 originally identified, 7 have successfully registered with the NMC. Challenges encountered included childcare, pastoral care issues, transport and achieving the English requirements for NMC for registration.

Focus on Allied Health Professions: Pre-registration education

AHPs continue to provide clinical placement capacity for an increasing number of pre-registration learners. We continue to explore innovative ways of increasing placement capacity to meet the growing demands for new graduates. A move away from predominantly hospital-based placements to community-based services is equipping our future workforce with the experience they will require, to deliver roles aligned to the strategic drivers of improving population health and community-based management of long-term conditions and rehabilitation.

Clinical Placements form a significant part of the pre-registration training for many of the AHP professions. However there are minimal funded Practice Educator roles for each Profession (only 0.2 WTE for Speech and Language Therapy) and so placements currently have to be managed within existing workforce capacity. Along with other professions, in recently years the need to grow the workforce has been reflected in our recent Education Commissioning returns. However the increased pressure this will cause in delivery of clinical placements will need to be recognised. The graph below shows the number of pre-registration education places that it has been commissioning per profession each year since 2020.

Annual Pre-registration education commissioning numbers for AHP professions, 2020-2024

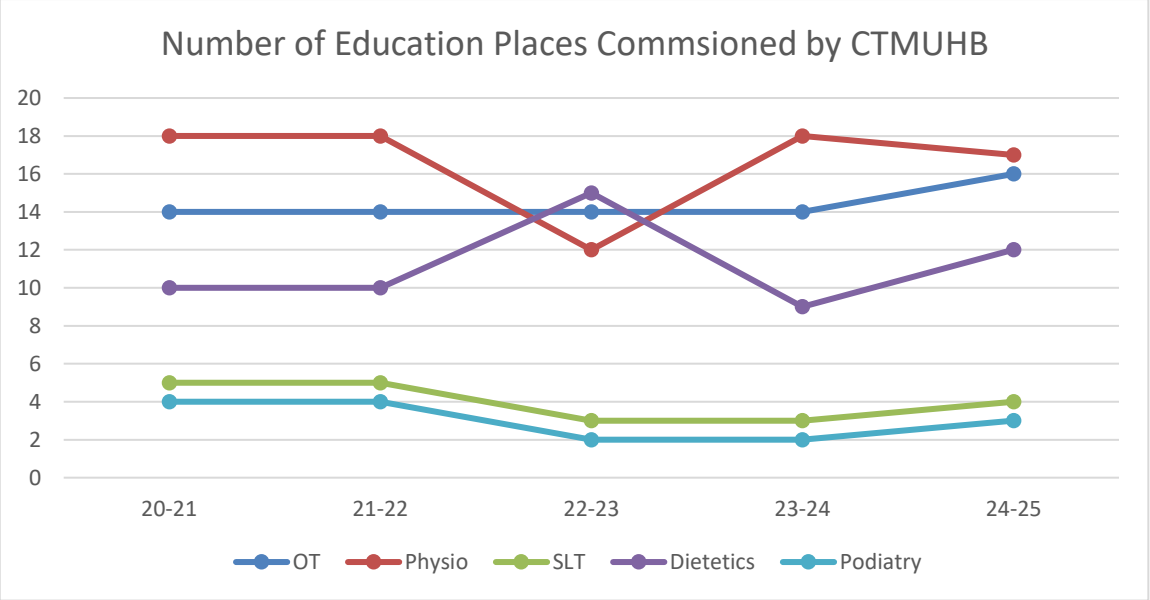


Figure 13

The larger professions commission the largest number of pre-registration training places, as expected, however of note is the 50% increase in Dietetics, from 9 commissioned places in 2022 to 12 in 2023. In response, Dietetics have created an innovative solution to increase placement capacity by offering placements with the Dietetic Public Health team. Students support in the delivery of the schools-based "food and fun" summer holiday enrichment programme which provides food and nutrition education and physical activity to promote healthy living. Learning outcomes can be assessed over the summer, reducing reliance on clinical settings and additionally showcasing the public health speciality for attracting future workforce.

Annual Pre-registration placement allocation for AHP professions, 2020-2024

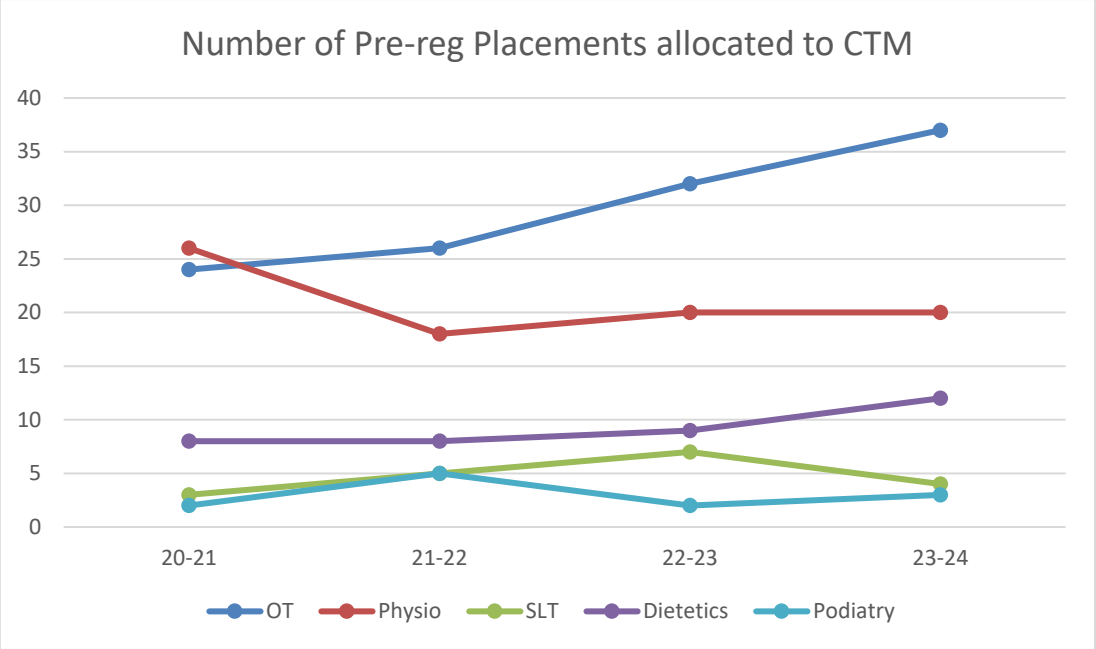


Figure 14

There has been a significant increase in in Pre-registration training placements for Occupational Therapy since 2022. This forms part of the HEIW education and training plan, aligning to the identified future workforce requirement, specifically the publication of the Mental Health Workforce plan. The number of placements allocated far exceeds the number commissioned, with 14 places commissioned, and 37 placements allocated, in line with a nationally picture. As a result, CTM AHPs have collaborated with HEIW in a specific project that explores options for increasing placement capacity. Once HEIW publish the findings, Occupational Therapy will map their current models of placement and explore implementation of the recommendations. This national work has also included the Physiotherapy profession, who will take the same approach.

Focus on Health Care Sciences: Undergraduate

Health Care Science represents over 40 different professions. Training pathways follow Modernising Scientific Careers.

In CTMUHB HCS comprises of:

- Audiologists
- Biomedical Scientists
- Cardiac Physiologists
- Clinical Engineers
- Clinical Scientists
- Medical Illustrators
- Neurophysiologists
- Operating Department Practitioners
- Radiographers
- Respiratory Physiologists

CTM UHB have the first trainee audiologist (based on annex 21 principles) – this person will access the newly developed part time audiology degree at Swansea University in 2024

CTM has the only Histopathology student in Wales on the Trainee Clinical Scientist pathway.

Career pathways demonstrating alternative routes to becoming Health and Care Professions Council (HCPC) registered staff are being established to enabling CTM to 'grow our own':

- Pathology; 2 x band 4 staff members are undertaking a level 4 diploma. They will then be eligible for the level 5 part time Practitioner Training Programme (PTP) BSc Biomedical science degree. These staff started with CTM at a band 3 and the intention is to grow them internally from having no relevant qualifications to become Biomedical Scientists.
- Respiratory and Cardiac Physiology; a staff member successfully completed level 4 Healthcare Science qualification to support extending roles. These physiology professions have also continued to support Swansea University Students by being a training centre for Practitioner Training Programme (PTP) students. They have also supported the training of Scientist Training Programme (STP) students in cardiac, echo, respiratory and sleep.
- Clinical Engineering;
    - One band 4 member of staff successfully completed the NVQ3 Train the trainer course.
    - With another successfully completing year one of a HNC Electronic Engineering course, with 2nd year to be completed June 2024.
- Medical Illustration; continue to provide training for trainee Clinical Photographers, who often gain permanent employment at a more senior level after successfully completing this training.
- Radiology; Two radiographic assistants enrolled on the assistant practitioner course.

Focus on Pharmacy - Pharmacy Undergraduates

In 2021 the Pharmacy Regulator introduced General Pharmaceutical Council (GPhC) new Initial Education and Training Standards (IETS) in 2021 to ensure pharmacists meet public expectations for safe and effective care. This involved a new requirement to deliver clinical placements as part of the pharmacist undergraduate programme. CTMUHB has led the way in developing a model and delivery of these undergraduate placements as scale.

A collaborative project between Clinical Education and Pharmacy departments involved establishing resource & staffing requirements and associated financial frameworks developing a scalable business model. Initial scoping was conducted with key stakeholders, including health boards, educational institutions, and HEIW.

The project was delivered in 3 phases:-

Phase 1 Development and Design Jan - Mar 2023	Phase 2 Pilot Delivery & Evaluation Apr-Aug 2023	Phase 3 Full placement delivery Academic year 23/24
•Adopted best practice from other HCP clinical placement models. •Scoped capacity, aligned training with EPAs and identified IPE opportunities. •Establishled team based pharmacy work. •Held engagement events. •Contributed to EPA development •Established steering group.	•4-week pilot with Cardiff University students on 1-2 week placements •Staff and student evaluations. •Key learnings: •shorter induction, •robust organisation, timetabling and communication with the university key enabler, •clearer student expectations, •MDT training highly beneficial	•**Delivered >300 placements across 4 CTMUHB sites for Cardiff and Swansea HEIs.** •Provided 1-3 week placements for years 1-4. •Developed a pre-placement e-induction on the PADLET app. •Co-ordinated timetables with IPE and EPA coverage. •Collaborated with Clinical Education on delivery, governance and contracts. •Conducted stakeholder evaluations. •UG steering group met monthly for updates and improvements.

Figure 15 Student evaluation results after the full cohort 2023/24

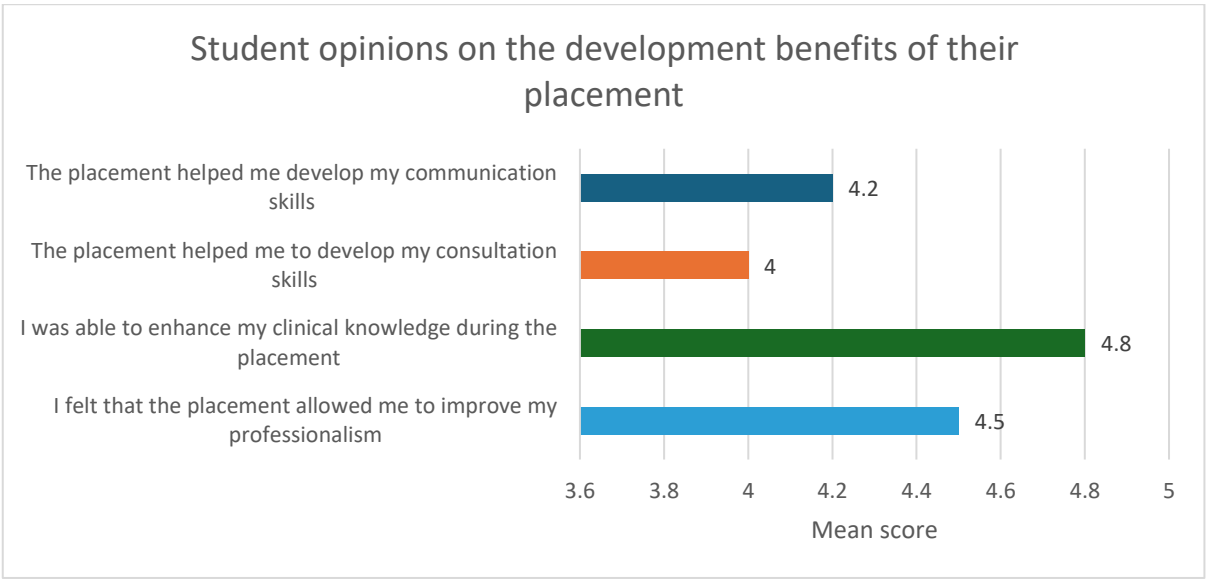


Figure 16

98% of undergraduates felt better prepared for future practice as a pharmacist as a result of the placement

Benefits to CTMUHB:

- 87% of undergraduates would want to come back to work at CTM – promoting the HB as a great place to work.

- New collaborative links established in HB between pharmacy and clinical education, promoting interprofessional learning at all levels.
- Strong collaborative partnership working established between health board, HEIs and HEIW.
- Work has been shared to develop further placement capacity.
- Culture shift promoting education and training in Pharmacy.

Summary and next steps
The project has successfully delivered over 300 weeks of student placements in 2023-24. The working infrastructure required has been established and placement delivery will be increased to 340 for 2024/25 and further extended and developed into Primary Care.

- This work has been accepted as an Oral presentation at the RPS Wales conference, Cardiff in September 2024 and as a poster presentation at the RPS Conference in London on 8th November 2024 under the Innovative Practice - Collaboration category.

Development includes work to provide reciprocal opportunities for nursing and other allied health professionals in pharmacist led clinics to continue MDT learning

Pharmacy staff have provided JSA sessions for year 5 Medical undergraduates to improve prescribing amongst junior doctors, improve patient safety and communicate key prescribing initiatives. Junior doctor F1 and F2 induction and clinical sessions have also been delivered in 2023/24.



Figure 17 Year 1 undergraduates from Swansea University

Focus on Undergraduate Medical Education

Teaching/placement delivery

During the Academic Year 23/24 we delivered teaching/placements across the 5 year medical undergraduate (UG) programme –

Medical Student Numbers						
Year of Study	No. of Students			No. of Student Weeks		
	2021/22	2022/23	2023/4	2021/22	2022/23	2023/4
1	113	108	120	180	238	288
2	222	227	219	266	250	308
3	289	371	355	2312	2968	2836

4	262	320	245	1952	2284	1960
5	140	154	159	1120	1164	1200

Figure 18

Cardiff University Feedback

Across all sites, Phase 1 (yrs. 1&2) continues to do well, a reflection on the work of the clinical teaching fellows and the continuity they bring to medical students in Phase 1. Our year 1 placement was rated 95% positive at KHAC (PCH & RGH), 96 % at POW with year 2 scoring 100% across all placements. Alongside the teaching, these year groups also attend several community placements. These remain challenging to accommodate each year, we are grateful for the input from our colleagues in Midwifery, Health Visitors, Mental Health, Physiotherapy, Cardio and Respiratory Physiologists and Palliative Care for their on-going support. Local care homes have enthusiastically welcomed students and planned excellent placements tailored to the students required learning outcomes.

Of the 18 placements which we received evaluation reports for, medical students score 11 of these at 100% positive, with the remaining placements scoring highly. Year 3 is always the most challenging placement as it is the students' transition from mainly learning in University or UHB's hubs, to being based on hospital sites for 3 blocks of 8 weeks. To address this issue, the Cardiff University has introduced a new placement for 2024/5 which will run for 3 weeks at the start of the academic year, focusing on how to learn on placement, the work of the MDT and student well-being.

Year 4 students gave similar feedback to Year 3. 12 of the 19 placements evaluated gave 100% positive feedback, again with the remainder of placements scoring well. We are currently in the process of filling some gaps in the year 4 faculty, so looking to build upon these results further in 2024/5. The disruption to the Maternity services in POWH has been factored into the planning for the upcoming Y4 placements, ensuring no interruption to student placements or to them achieving their learning outcomes.

All bar 2 students gave our year 5 placements 100% positive rating. This includes the two Junior Student Assistantship (JSA) placements and the final Senior Student Assistantship placement (SSA). Swansea University students also join us for SSA.

To summarise the evaluations for 2023/4, over two thirds of placements achieved 100% positive scores from medical students. To compare with last year is a little difficult due to the change in the format of the questionnaires used by the University, however, information received to date suggests we have improved our overall positive score, the indicator used to rank UHBs delivery, from 88% in 2022/3 to 95% for 2023/4.

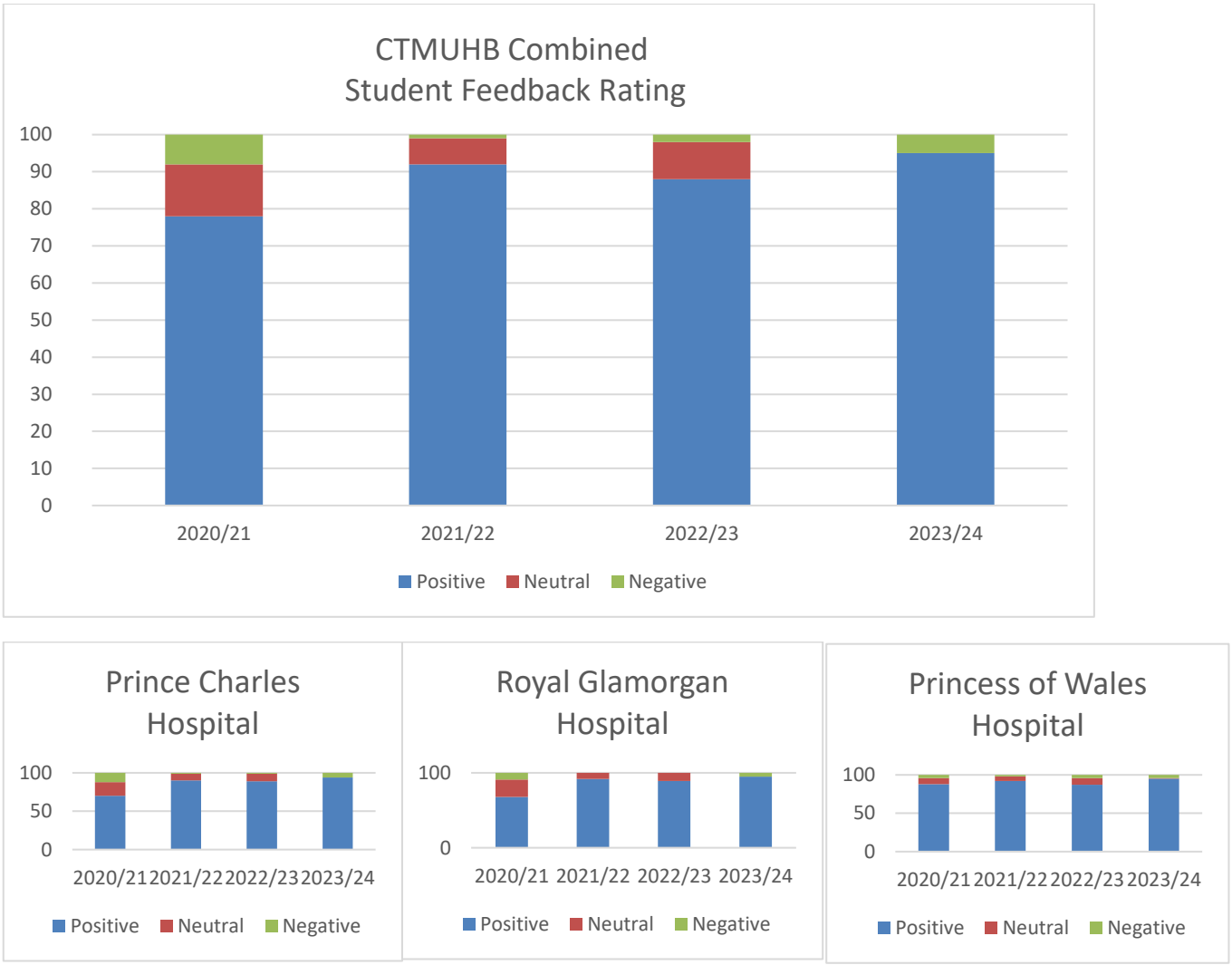


Figure 19

Clinical Fellows

Continuing the success of previous appointments, during the 2023/24 Academic year there were 6 new Clinical Fellows in Medication Education across CTMUHB, as one year tenures with an expectation to engage in a level 7 medical education qualification.

The Clinical Fellows continue to provide a solid and robust teaching resource, which again the feedback shows has been a significant success. In addition, the Clinical Fellows have produced significant quality improvement projects, including an innovative and unique teaching experience with the use of an escape room scenario. This was presented and demonstrated at the annual Training and Educator conference and many other health care professionals are exploring how that can be used in their educational developments.

SIFT Reallocation

The work underpinning the review of allocation of Service Increment for Teaching (SIFT) continues. However, the department was able purchase some new and innovative equipment as well as maintain some of the more traditional kit. In addition we were also able to finance education for some members of Faculty and support the administration staff to attend the National Association of Medical Education Managers (NAMEM) conference. The Clinical Education Manager is a Council Member of NAMEM, representing Wales.

As indicated in previous annual reports, the SIFT review work is to better identify the flow of SIFT funds to services, care group and directorate budgets, enabling the robust resource support of UG medical education activity, alongside enabling the organisation to have further clarity and assurance on utilisation of medical undergraduate SIFT funding (approx.£3.2m per annum).

The Clinical Education function continue to engage with Finance colleagues to further progress this work to establish an agreement to the allocation of funds on a more permanent basis, and have proposed the establishment of a task and finish group to agree the baseline figures with Finance.

The following diagram illustrates the current UG Faculty structure.

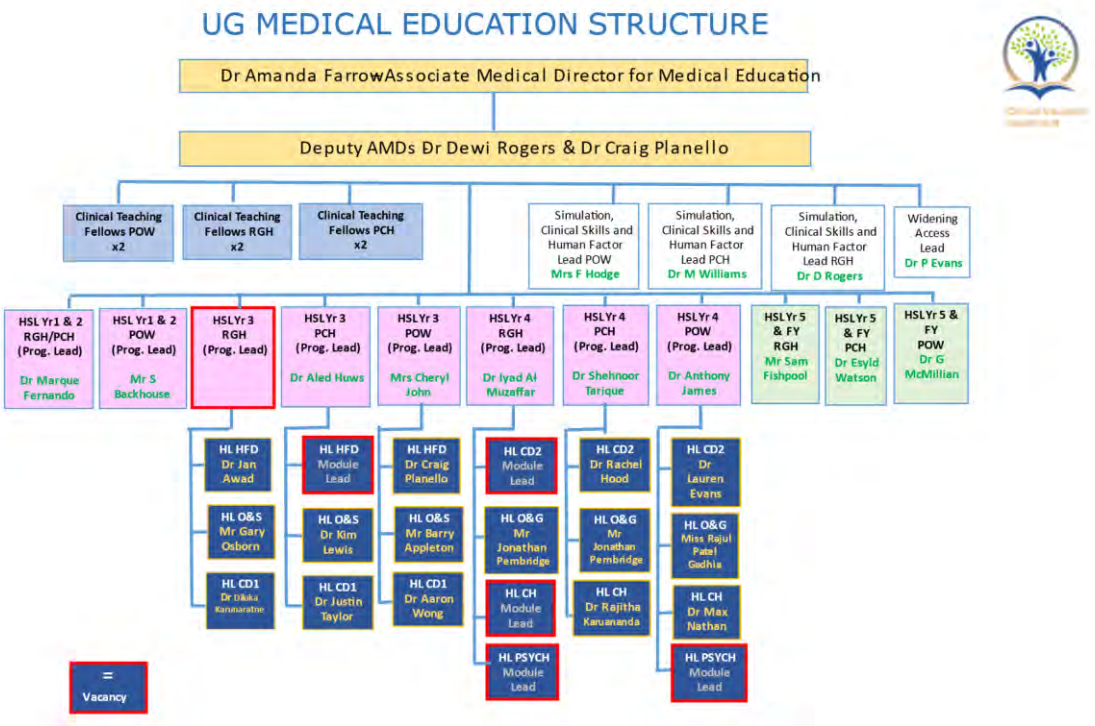


Figure 20

Interprofessional Placement Activity

As a result of the HEIW re-commissioning of pre-registration for HCPs there is a requirement for each student to undertake at least 150 hours of interprofessional learning whilst on placement. In response CTM introduced a Multi-professional Practice Education Facilitator role, the first such role in Wales. This role has been pivotal in collaborative working across professional groups, and has been an anchor for advice, guidance, resource, and

Interprofessional Education (IPE) development within the health board and for affiliated higher education institutions. CTMUHB are a driving force across Wales in regards to Interprofessional Education (IPE), with many health boards linking in for advice, support, and developed resources. We are proud to be a pivotal conduit across Wales in the development of IPE opportunities.
The impact of this role has been shared with HEIW who are seeking to roll the model out further in 25/26 across other health boards in Wales.

Structured IPE placement opportunities

The focus of the structured placement opportunities is to ensure that the IPE placement is a valuable learning opportunity. Whilst many students will meet some IPE hours with "ad hoc" experiences, placements that have been facilitated for different professions by the MPPEF role, which are arranged in collaboration with university leads to ensure valuable learning occurs. If there are other students on placement at the time, it is encouraged that they spend some time together to have shared learning experiences.

From September 23 – August 24, over 2000 IPE placement days have been arranged across professions. Appendix 2

Interprofessional Education Simulation

Different simulation opportunities to allow for IPE time in practice, have been introduced, providing valuable training opportunities in a safe learning environment. Three separate projects have been in place during this academic year.

1. Student as educators in collaboration with Cardiff Metropolitan University dietetic lead.
2. IPE simulation day with medical and nursing students, in collaboration with the medical education team at CTMUHB.
3. Simulation teaching day with diagnostic radiology (DR) students in collaboration with Cardiff University team and CTMUHB diagnostic radiography placement lead.

It was identified that DR students did not feel competent or confident with providing the basic fundamentals of care for patients who spend time in radiology. A low fidelity simulation was organised and delivered for all first and second year DR students, giving them an insight into catheter care, IV cannula care, wound care, and hygiene needs of a patient. We involved the tissue viability nurse teams, bladder and bowel lead, and resus lead to deliver sessions, along with PEF colleagues to deliver on hygiene needs of patients. Results - 21 students attended, and 21 students completed an evaluation form.

100% of students found the session beneficial to their learning needs.

100% of students felt that it was a good way to achieve IPE hours in practice.

Further work over the 23/24 can be found in appendix 1.

Future work

Over the next academic year, the MPPEF role will look to expand the current work by:

- Cross university simulation experiences.
- Simulation for health care science students and nurses
- Clinical psychology days for Mental Health students
- Lunch and learn sessions – Bite sized learning looking at case studies where MDT working could be improved to enhance patient experience and outcomes (for all professions).
- AHP/ HCS health care academy involvement
- Develop training package that can span professions on principles of supervising students in practice.
- Further structured IPE opportunities
- Developing additional simulation opportunities.

Education and Training of our Current workforce

Health Care Support Worker (HCSW) Education

Clinical Education supports the skills and career development education pathways for health care support workers across CTMUHB as defined in the HCSW Framework, including clinical and non-clinical roles in primary and secondary care settings.
External funding is received from HEIW and is utilised for HCSW education across the following areas; All Wales HCSW Induction Program, National Early Warning Score (NEWS) and Continuing Professional Development (CPD) training for HCSW in Nursing & Midwifery, Healthcare Sciences, Allied Health Professions, Facilities, Pharmacy, Primary Care and Primary Care Academy. The HCSW education team works closely and collaboratively with Learning & Development department in regards to career and qualification progressions for HCSW's within CTMUHB.

To promote development and further progressions into Level 4 and flexible route to nurse registration we have developed strong affiliations with the University of South Wales and Grwp Llandrillo Menai (GLM) who provide these qualifications for our HCSWs, the courses are directly funded by HEIW.

The following graph shows the HEIW funding that has been allocated to the HCSW education within CTMUHB since April 2021 – March 2025.

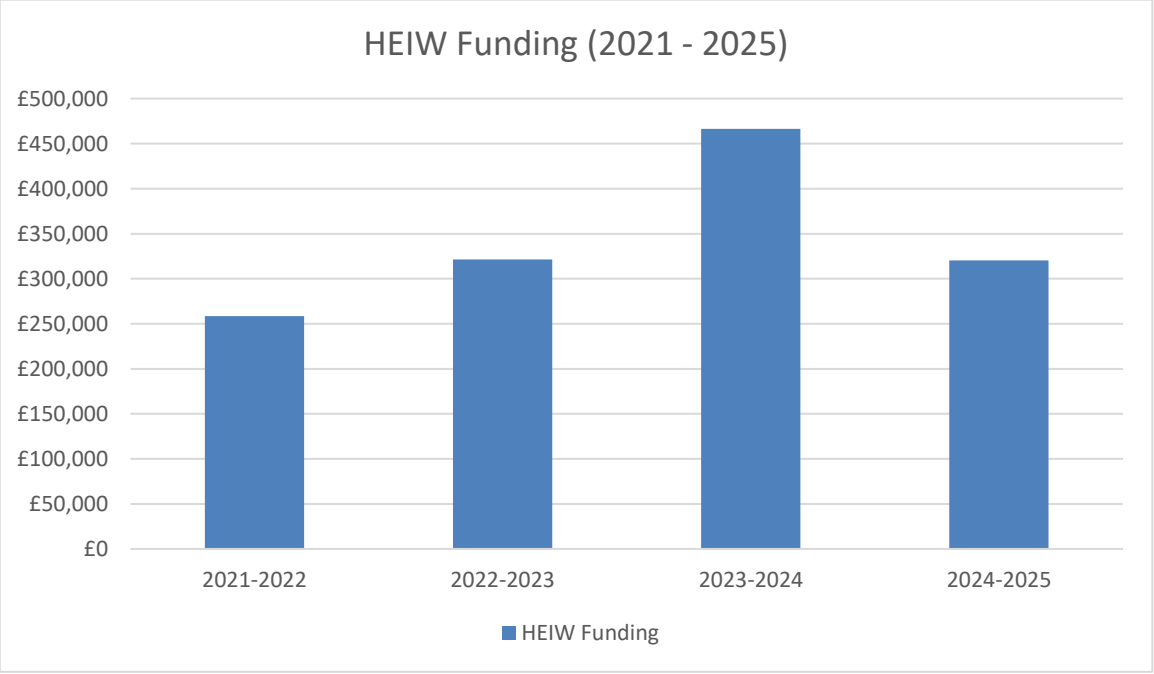


Figure 21

CTMUHB receives allocated funding from HEIW to support the education and development of HCSWs band 2-4 in line with the All Wales Skills and Career Framework for HCSW. This funding has increased year on year and in 2023-24 enabled expansion in the team to start to explore joint induction training between health and social care. The annual nature of this funding does cause issues for

recruitment, as there are often delays in confirmation of amount of funding and contracts can only be offered on a fixed term basis for the remainder of the financial year. In 23-24 the allocated funding was £467k. The financial pressure on NHS Wales however has resulted in a significant reduction to this funding for 24-25.
Quarterly monitoring and reporting on expected and actual expenditure internally within CTM and externally with HEIW is now in place, allowing early identification and reallocation of any potential underspend.

HCSW All Wales Induction Framework (AWIF) programme

All new HCSW including those recruited to the bank undertake the in-house All Wales Induction Framework programme.

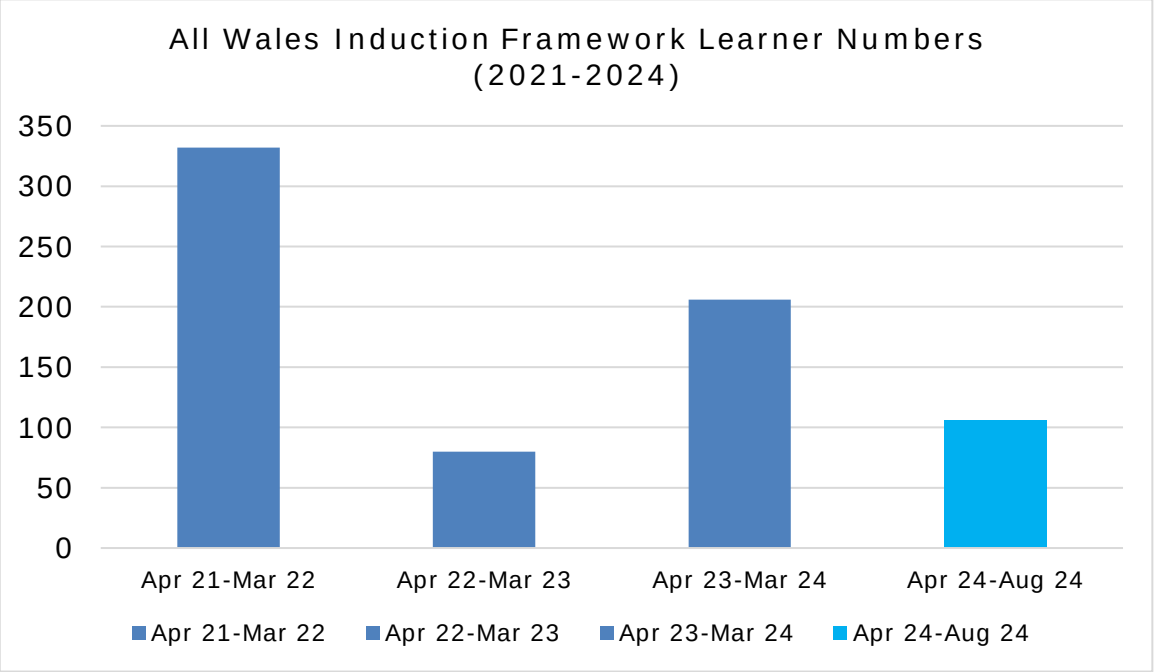


Figure 22 *(April 24-Aug 24 number trained so far)

Numbers were high in 21-22 due to increased recruitment of HCSWs to manage the impact of Covid. Numbers have now re-stabilised at just over 200 a year.

In June 2024, the NEWS Cymru training programme for HCSW clinical staff at CTMUHB resumed. This programme equips HCSW staff with essential knowledge and skills related to physiological measurements and the use of the NEWS Cymru tool in clinical practice.

Level 4 Certificate of Higher Education

The Certificate of Higher Education program offers HCSWs within CTMUHB a valuable Level 4 qualification to enhance their skills and knowledge, with an option to progress to the BSc (Hons) Nursing (Flexible Learning) program.

This year, HCSW applications to the University of South Wales (USW) Level 4 programme have increased, with 27 HCSWs accepted for the September 2024 intake—the largest cohort to date.

The following graph illustrates the Cert He Level 4 enrolments and completions for both USW and GLM.

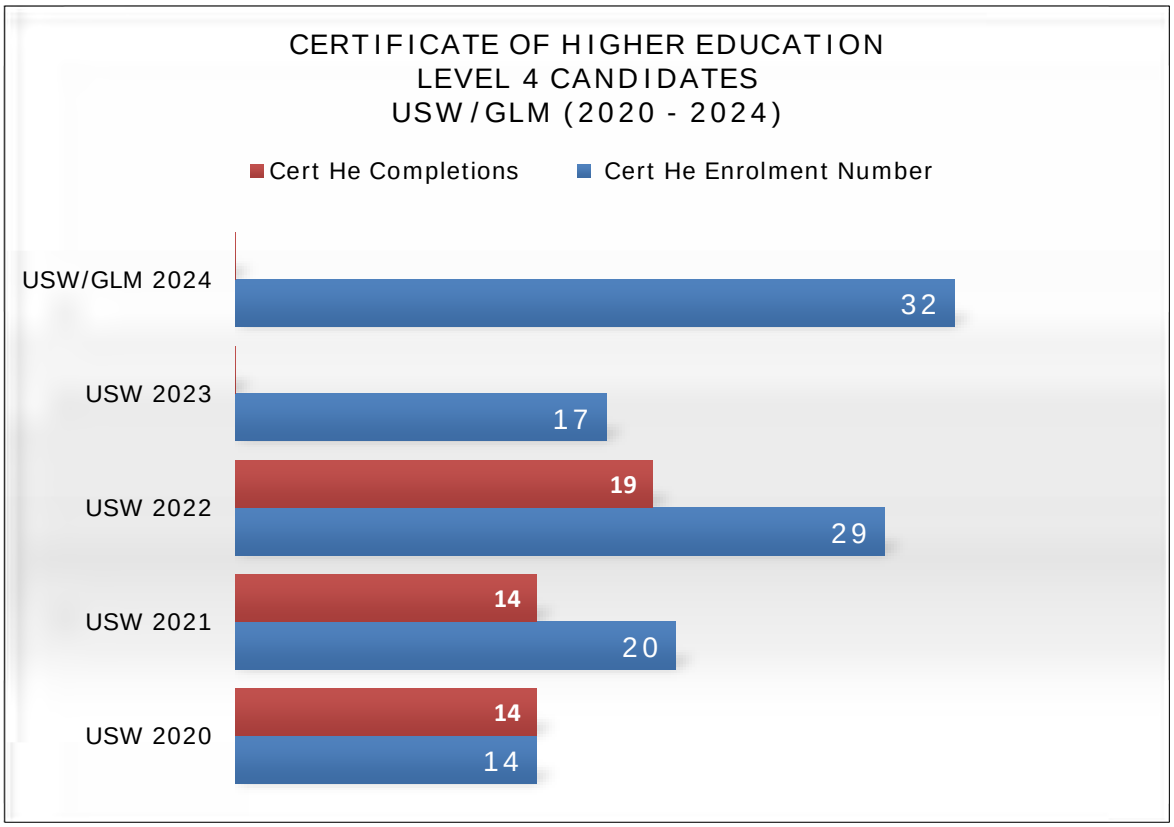


Figure 23

In addition to this a further 8 HCSWs commenced the Level 4 Open University Part time distance learning route to nursing in 22/23 which continues to allow us to 'grow our own' staff and to invest and develop our workforce.

BSc (Hons) Nursing (Flexible Learning)

This course, accredited by the Nursing and Midwifery Council, allows eligible candidates to work toward Registered Nurse status and obtain a degree in one of four nursing specialisations, all while continuing their employment as healthcare support workers. CTMUHB has been supporting the flexi route since its instigation in 2017.

The graph below shows retention of staff supported via this route into registered nurse roles.

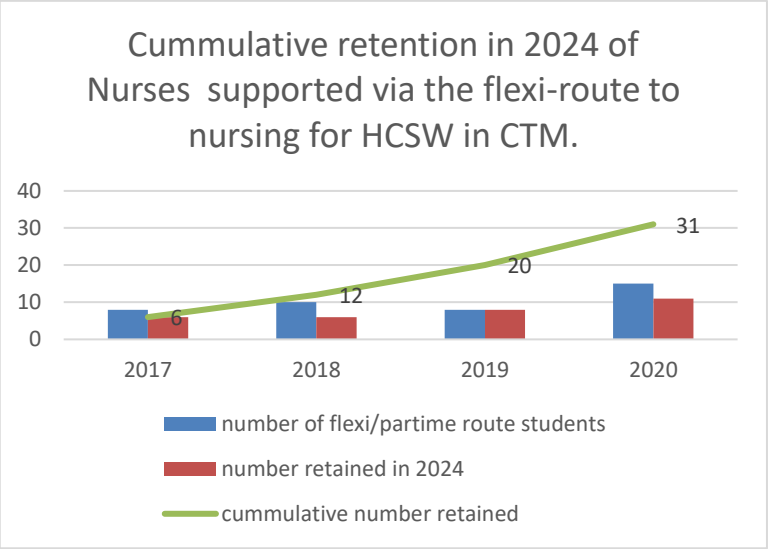


Figure 24

Numbers supported via this route continue to increase, with 40 students enrolling in 2023/24. If retention is consistent with previous years this route could become an important workforce pipeline.

AHP Healthcare Support Workers (HCSWs)

The number of posts within the AHP HCSW staff group increased significantly over the last year, predominantly due to receiving funding to deliver community-based services.

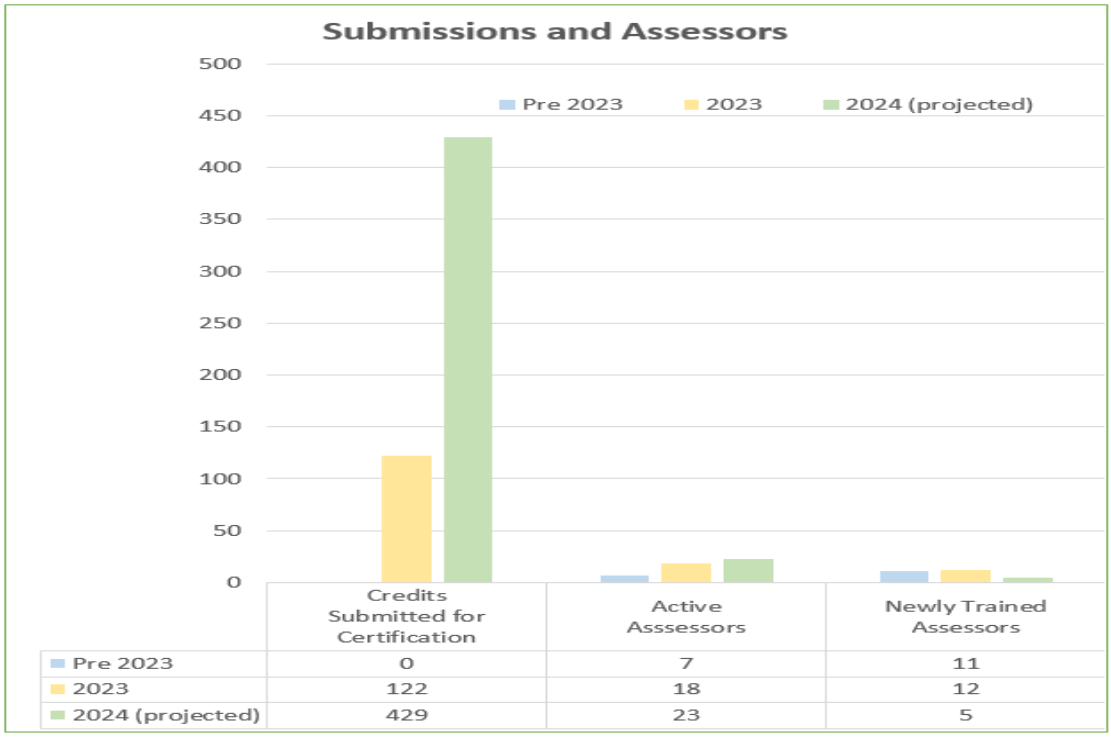
The Dietetic HCSW team increased by over 50% (from 12 to 19 posts) with new roles that educate on healthier behaviours in relation to healthy weight. This involves the delivery of nutrition education in community settings and so the focus of education for this staff group is achievement of the Level 4 "Preparing to teach" certification. Four staff completed this course in September 2023 and a further 4 have a funded place to commence in September 2024.

Physiotherapy have made significant steps forward in relation to HCSW training, with their work being shared nationally across their profession as an exemplar;

> Post pandemic, the programme delivery stalled. Staff turnover resulted in loss of programme knowledge and this was compounded by lack of staff engagement. As a result, the physiotherapy department dedicated time to Agored Qualifications within the work plan of a clinician, supported by administration time which was part-funded by HEIW. This resulted in:
>
> - Data audit, evaluation and verification
> - A drive for learner and assessor engagement, including re-establishing the 'assessor group'
> - Establishing new processes and systems, including pre-audit checks prior to Agored submission and set bi annual submission periods.

- Establishing a forward work plan
- Ability to plan Level 3 training to meet eligibility for access to level 4, Therapies Assistant practitioner qualification

Mapping of Submission of learning units and number of assessors within the delivery of the Agored Cymru Level 4 Diploma in Physiotherapy Support Qualification



	Credits Submitted for Certification	Active Asssessors	Newly Trained Assessors
Pre 2023	0	7	11
2023	122	18	12
2024 (projected)	429	23	5

Figure 25

The above graph shows the number of qualification units completed rose from zero prior to 2023 to 122 by March 2024, with a prediction of over 400 units being completed by March 2025. The graph displays the associated increase in internal assessors and verifiers, showing that the number has more than doubled by March 2024 (an increase from 7 pre 2023 to 18 by March 2024), with 5 further staff currently receiving assessor training.

Not only has performance improved, but capture of experience also reveals the impact of this work, as shown by the feedback from an assessor:

"Having dedicated admin and clinical support for the Agored programme has been extremely valuable to both myself as an assessor and to the learners I support.

Their organisation and passion for the development of the learners and the programme, as a whole, has been brilliant. I believe that their dedicated time has helped to motivate and engage learners and has made a huge difference to efficiency at all levels."

Figure 26

A successful HCSW funding bid will enable the continuation of this model, which aims to increase the number of credits for the level 3 Physiotherapy Support Agored Cymru qualification from 122 in 2023-2024, to 429 in 2024-2025. Future work involves exploring replication of this successful approach with colleagues delivering the Level 3 Occupational Therapy Support Agored Cymru qualification.

Level 4 Therapies Assistant Practitioner Qualification

The level 4 Therapy Assistant Practitioner Diploma was developed to support the development of Healthcare Support Workers in Band 4 therapy roles and to provide career progression. Launched in February 2022, this qualification was the first to be delivered in Wales in collaboration with University of Wales Trinity Saint David (UWTSD). Initially piloted in Hywel Dda, national roll-out progressed via a "Once for Wales" implementation, facilitated by strong representation from CTM AHP leadership. A Dietetic support worker from CTM joined the initial national cohort in September 2023, and a Physiotherapy HCSW will be joining the September 2024 cohort. The first of its kind, multi-professional learning content is essential for the training of our workforce as HCSW AHP roles working across multiple professions are a key component of our future workforce planning.

This Once for Wales approach will now be utilised to enable a provision of Level 3 education for the smaller professions (Dietetics, Podiatry and Speech and Language Therapy), who currently have no Level 3 training delivery models. This approach will initially focus on a Level 3 Rehabilitation Assistant qualification, again, vital to support training our workforce for the roles that they will deliver aligning to development of rehabilitation services for Long-term Conditions and Cancer Prehabilitation.

Pharmacy

Pharmacy Assistant Technical Officer (ATO) Development

A small number of pharmacy assistants have undergone the new HEIW Medicines Management training which will enable them to work at the top of their licence and be embedded in the pharmacy ward teams, releasing time for pharmacy technicians to upskill and the pharmacists to be using their prescribing qualifications, attending ward rounds, running clinics and taking up specialist roles. At sites where pharmacy assistants are in ward based teams using this qualification, there has been less waste, less dispensing and more time for pharmacy technicians to be counselling patients on their medications as well as attending services like cardiac rehabilitation (providing advice on medications traditionally delivered by pharmacists).

A number of pharmacy assistants have also undertaken "Access to" courses in Maths, English and Science which would enable them to apply for student pharmacy technician courses in the future.

On an All Wales basis, scoping is underway for ATOs to undertake an accredited checking qualification, releasing time for pharmacy technicians to work at the top of their licence and improving patient care.

In 2024, building links with Clinical Education, Pharmacy for the first time, accessed the HEIW HCSW funding for pharmacy assistants. This funding has been used for NVQ level 2 courses which is a GPhC regulator requirement for all staff working in pharmacy that are not registered with GPhC. It provides key knowledge and skills appropriate for the activities they perform and in the pharmacy setting that they work.

Post Graduate/ Post registration Education and Training.

The Clinical Education Service manages the education, training and development of registered clinical healthcare professionals including:

- Design and delivery of bespoke in-house education programmes to meet training needs e.g. New Registrant Nurse programme, education packages in response to Clinical Incidents e.g. Nasogastric training, Fluid Balance training
- Delivery, Management and co-ordination of Education pathways for Foundation Medical Trainees.
- Management of Health Education Improvement Wales Advanced Practice & Non-Medical Prescribing funding streams.
- Management of HEIW (HEIW) Nursing CPD allocation via University of South Wales.
- Recognition of Acute Deterioration & Resuscitation and Clinical Skills including advanced programmes accredited by the Resuscitation Council and Royal College of Surgeons.

Focus on Nursing post registration

The new Nursing and Midwifery Council's (NMC) Standards of Proficiency and Education for Registered Nurses were launched in May 2018. The new standards made significant changes to proficiencies for registered nurses, standards for preregistration programmes, and student supervision and assessment. The first cohort of the students registered in September 2023 and are working successfully in the Health Board.

Understanding the link between experience on placement and early years post registration development and retention into our registered nursing workforce, we offer a robust New Registered Nurse Programme (NRNP) for all graduate nurses employed within the organisation across all fields of nursing, which aligns with the Preceptorship that each new registrant should have in place. The programme is being reviewed to be aligned with the CNO Welsh Circular to include Preceptorship and Restorative Clinical Supervision from autumn 2024 onwards.

The PEF team and the Practice Development Nurses facilitate Student Streamlining (recruitment) events in the HEIs and also hold in-house events. Staff from the clinical areas are invited to these events to showcase their area, induction programmes and share development opportunities that would be available, as well as the day to day information needed about ward life. The PEF team have been working in collaboration with the newly appointed Attraction and Resourcing lead to review our streamlining events and maximise attendance from the clinical teams and also enhance the number of students recruited via these events. The updated events will be delivered in August 2024 and will be evaluated by both students and clinical staff.

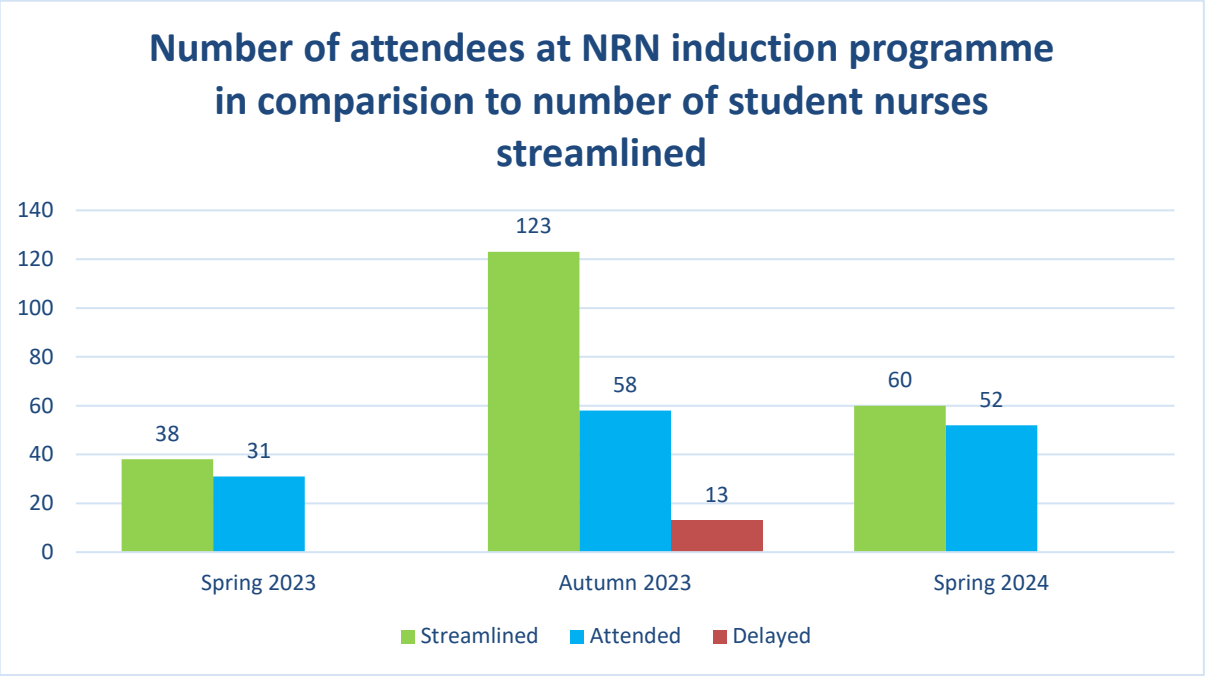


Figure 27

The Professional Development and Innovation Programme, is a 2 day course targeted for nurses in band 6 roles, focusing on developing their experience of management, leadership and innovation roles to consolidate preparation for the next phase of their careers. The programme is a valuable resource in supporting our Band 6 Nursing workforce, each programme is fully subscribed with an interest list for future programmes.

To build on its success the team have delivered a similar two day programme for Band 7 registrants which was held in April 2024, more dates are planned for 2025.

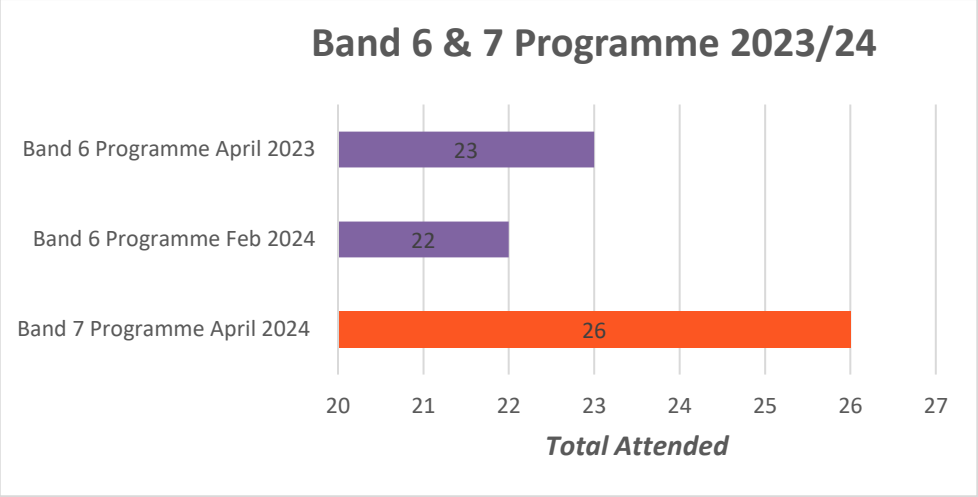


Figure 28

What is clear from the programme evaluations is the impact on agency and self-authorisation shown by the participants in offering their leadership through their roles and really making a difference, for colleagues, patients and their care.

The Practice Development Team have developed a number of nurse education days. Examples for 2023-2024 include

- Falls training- a one day course for registrants and HCSW, delivery included a session delivered by the Patient Concerns team to enable attendees to fully understand the impact of falls on complaints.
- It is intended to continue delivery in 24/25.

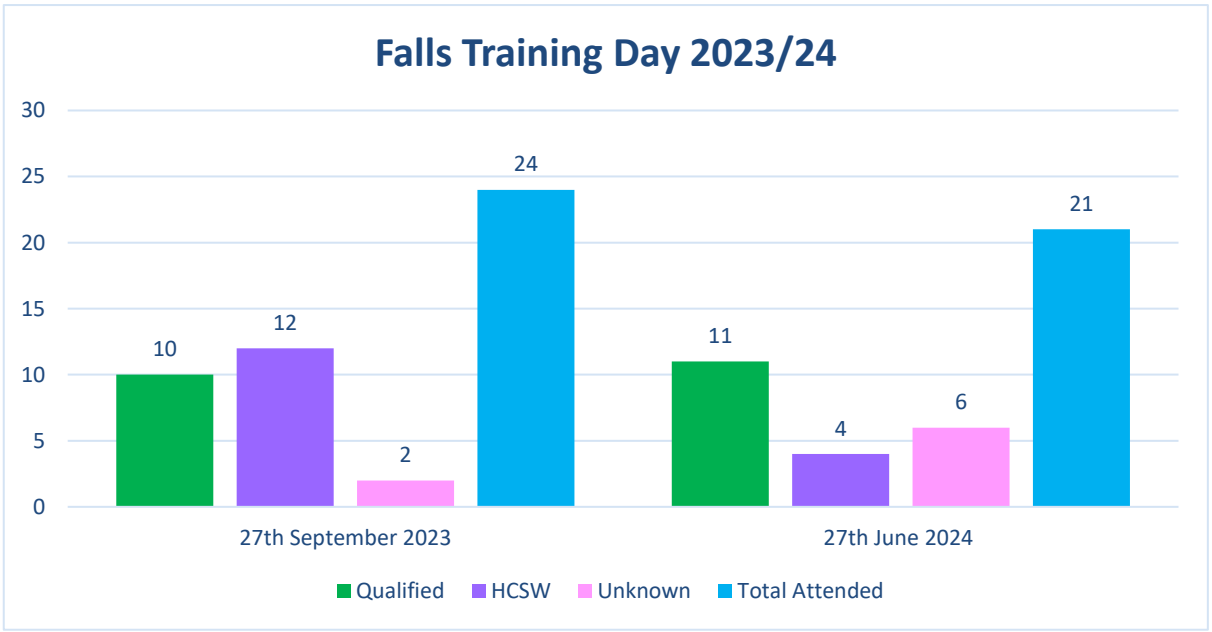


Figure 29

- 'New to Health Board' day- a one day programme for experienced staff who are new to the health board to ensure they are up to date with Cwm Taf Morgannwg values and behaviours, key policies and issues.

Other CPD Education Training arranged by PDN Team and delivered by subject matter experts included:

- Bereavement Care
- Medication Management
- Tissue Viability Team

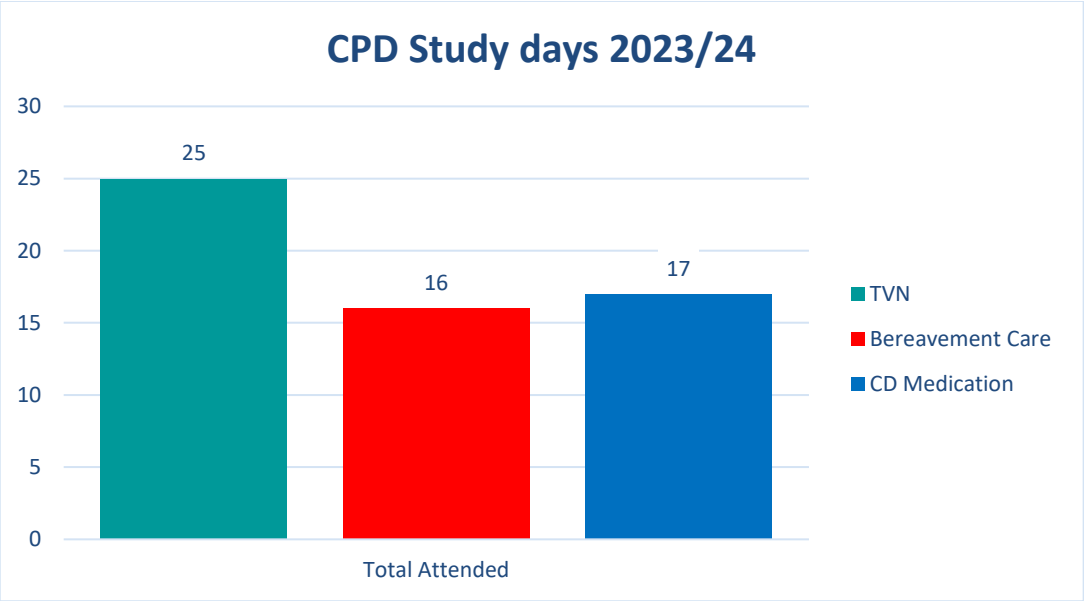


Figure 30

Two areas of particular focus in response to the CNO Welsh Circular in 2024 are Clinical Supervision training and preceptorship.

- Restorative Clinical Supervision- the CTM plan for implementation of Restorative Clinical Supervision has been submitted to the CNO and will be delivered from autumn 2024. The Practice Development Nursing Team are currently attending a RCS 'Train the Trainer Course' at Cardiff and Vale UHB in preparation to roll out a 3 day training programme that will be offered to Clinical supervisors across CTMUHB. All potential supervisors will need to complete an e -learning package via ESR prior to training. This All Wales package will be advertised via the Learning and Development Newsletter.

- Preceptorship -. The Nurse Education Team are reviewing the NRNP to ensure it is aligned with the Preceptorship standards issued via a Welsh Circular earlier in 2024 by the CNO. The first updated programme will run in autumn 2024 for our next group of new registrants.

Clinical Education Department is currently developing a webpage that will provide training information and showcase all courses Clinical Education department has to offer.

Focus on Medical Post Graduate

In Academic Year 2023/24 CTM UHB had a total of 83 Foundation Year 1 (FY1) doctors and 68 Foundation Year 2 (FY2) doctors starting their rotations across the three acute hospital sites. In addition, throughout the academic year, we held induction for 278 junior doctors as they started with the UHB. This induction covers corporate/legal requirements and site specific information.

Foundation training for FY1 and FY2 took place weekly on specific, regular times on each acute site. In addition we held frequent, speciality-related teaching and journal clubs through the year. We also continued with simulation afternoons for the FYs which proves to be very beneficial for the new curriculum.
For junior doctors there is facilitated weekly teaching as well as ad hoc events and "Grand Rounds" for all trainees and consultants.

Our new AMD (Education) Dr Amanda Farrow is keen to provide more guidance and training for a wider cohort within the UHB. We are moving to focus on training and support for Educational Supervisors, as well as exploring how we can support our SAS and local employed doctors, a group with which we have traditionally not had extensive engagement.

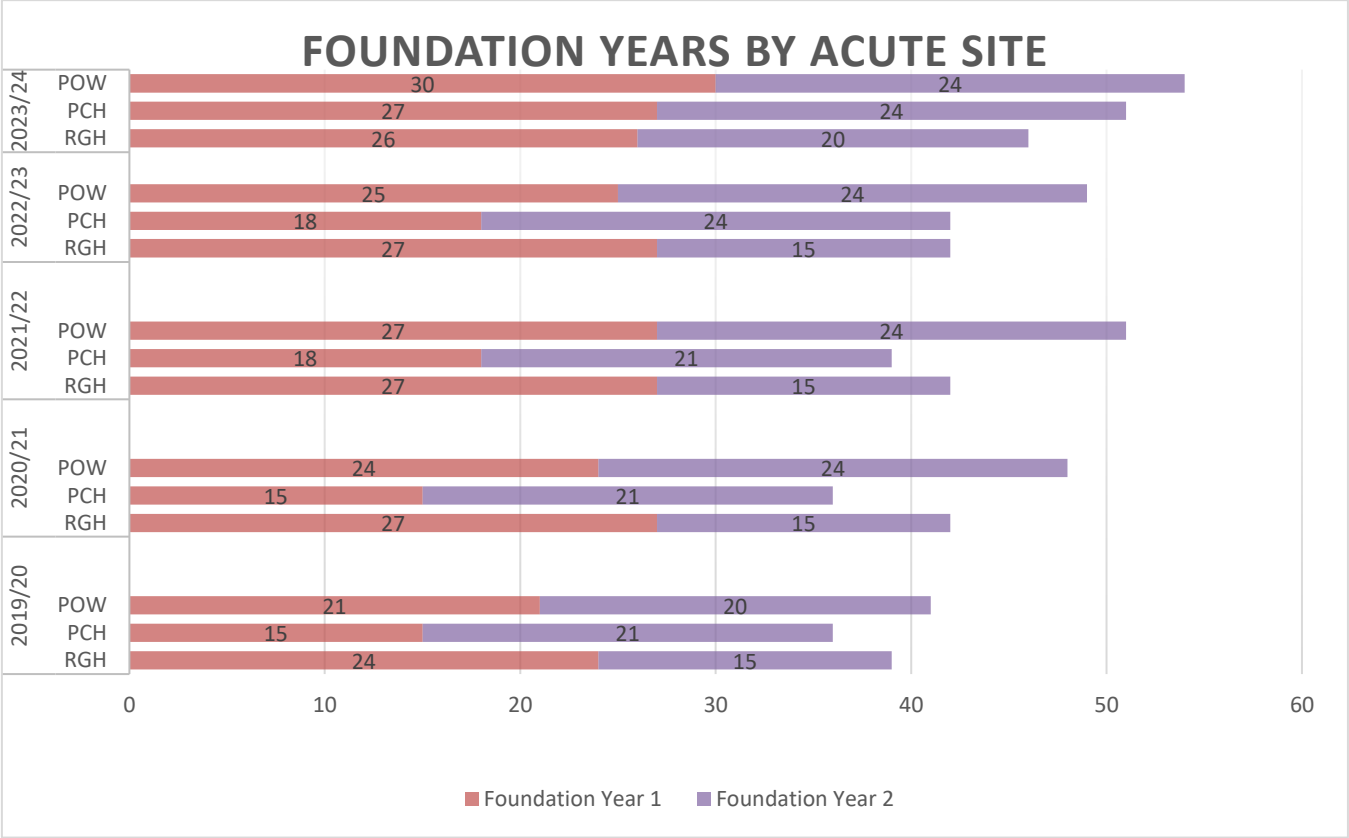


Figure 31

Performance

Performance is monitored via the HEIW Quality Unit. The HEIW CTM UHB "Risk register", maintained by the Quality Unit, records areas of concern through a number of different data sources, most notably the General Medical Council (GMC) National Trainee Survey.

The sources of concern can range from anecdotal evidence, to formally recorded results on GMC surveys, and the scope of the "risk" from a single point of contact, to covering the whole health board.

The following table provides the GMC Survey overall satisfaction rates by element over the last five years. It indicates relative stability over the period, with some small movement in each direction.

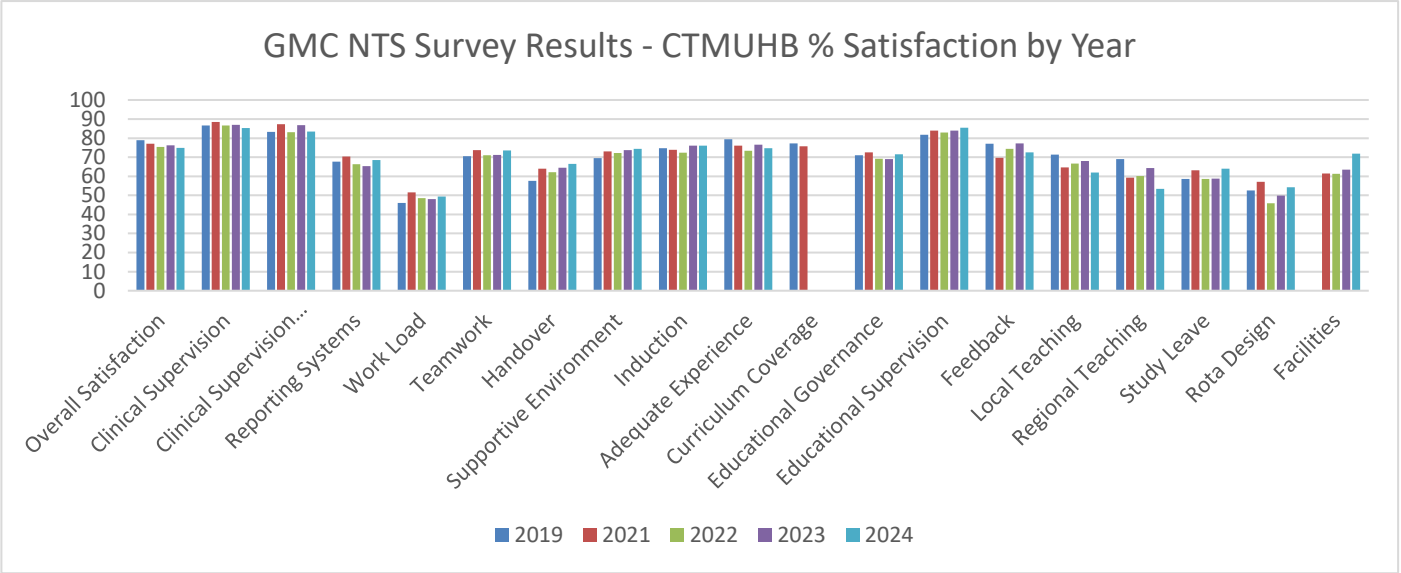


Figure 32

HEIW formally review risk position with the health board 3 times a year, operating on a traditional traffic light system. The current version of the risk register (August 24) has 19 risks (23 in Sept 2023) with 6 being removed since Sept 23 and 2 being added. The Associate Medical Director (Education) and the Clinical Education Manager continue to tackle each individual risk, liaising with trainees and trainers as required, collecting and collating feedback and assisting Care Group service areas with the development of action plans. The matrices below show the risks from July 2023 to July 24.

Care Group Matrix

		July 23	July 24
RED RISK High Risk	Unscheduled Care	2	2
	Planned Care	1	3
	Mental Health	1	0

	Woman & Child Health	0	0
	All Care Groups	0	0
	GP	0	0
ORANGE RISK Medium Risk	Unscheduled Care	3	1
	Planned Care	6	4
	Mental Health	0	1
	Woman & Child Health	2	1
	All Care Groups	1	1
	GP	2	3
YELLOW RISK Low Risk	Unscheduled Care	1	2
	Planned Care	2	0
	Mental Health	0	0
	Woman & Child Health	1	0
	All Care Groups	0	0
	GP	1	1
	TOTAL	23	19

Figure 33

Specialty Matrix – Movement since July 23

	July 2023	July 24	Score rating movement
HIGH RISK	TP256 Emergency Medicine- PCH	TP256 Emergency Medicine- PCH	↔
	TP487 Surgery – PCH	TP487 Surgery – PCH	↔
	TP544 General Internal Medicine – PCH	TP544 General Internal Medicine – PCH	↔
	TP361 Psychiatry – All		↓
		TP160 General Surgery – RGH	↑
		TP590 General Surgery –POWH	↑
MEDIUM RISK		TP361 Psychiatry – All	↓
	TP483 Paediatrics – POWH	TP483 Paediatrics – POW	↔
	TP531 Diabetes and Endo - POWH		↓
	TP078 Ophthalmology –RGH	TP078 Ophthalmology –RGH	↔
	TP160 General Surgery – RGH		↑
	TP484 General Internal Medicine – POWH	TP484 General Internal Medicine – POWH	↔
	TP319 Multiple Specialties - All		REMOVED
	TP575 Intensive Care Medicine - POWH	TP575 Intensive Care Medicine - POWH	↔
	TP523 Otolaryngology – RGH	TP523 Otolaryngolog – RGH	↔
	TP581 General Internal Medicine - RGH		↓
	TP589 GP Llynfi Surgery	TP589 GP Llynfi Surgery	↔
	TP590 General Surgery –POWH		↑
	TP592 Paediatrics – PCH		REMOVED
	TP593 GP Parc Canol Surgery	TP593 GP Parc Canol Surgery	↔
	TP316 T & O - PCH	TP316 T & O - PCH	↔
	TP610 GP- Western Vale	TP610 GP- Western Vale	NEW RISK
	TP800 Organisational Change - All	TP800 Organisational Change - All	NEW RISK
LOW RISK		TP531 Diabetes and Endo – POWH	↓
		TP581 General Internal Medicine - RGH	↓
	TP245 Obs & Gynae – RGH/PCH		REMOVED
	TP318 T & O – RGH		REMOVED
	TP545 GP – PCH	TP545 GP – PCH	↔
	TP546 – Geriatric Medicine - RGH		REMOVED
	TP548 Acute Medicine – PCH		REMOVED

Figure 34

Dental Education

As previously reported, in April 2023, Clinical Education, with HEIW's agreement, took on the responsibility for managing Dental PG within the Health Board. This involved assuming responsibility for managing Unit 3 Dental PG in PCH and the associated staff.

The staff continue to be integrated into the wider department to ensure that they have formal frameworks and policies within which to operate, and to secure adequate support for the activity. They now attend all-staff development days and utilise some bespoke IT systems (e.g. booking system).

Bespoke Education and Training activities

The Teaching skills for Doctors Course is an in-house development which has been so successful that an additional course was commissioned by HEIW. The course now runs least twice a year and, with HEIW, we are investigating the possibility of franchising the course elsewhere.

The annual Teaching and Educators Development Conference (TED) was held in POW on the 28th of July and was again opened out to all health-care professions and enjoyed a multi-professional audience providing rich and diverse learning opportunities. Over 110 delegates attended with talks and workshops given with members of CTM UHB staff (CTM Improvement and the Clinical Teaching Fellows), as well as guest speakers including Dr Huw Williams (Cardiff University) and Dr Katie Webb (HEIW). The feedback from the event was excellent.

Health Care Sciences

Six members of Pathology Staff are currently undertaking Top-Up modules i.e., Graduate Certificate in Biomedical Sciences. The six staff members are a range of staff members including Trainee BMS and Health Care Support Workers. This education opportunity is possible due to success in obtaining funds from HEIW's equivalence funding.

A number of Biomedical Scientists successfully completed IBMS Registration Portfolios successes and Specialist Portfolios.

Two band 6 staff completed post graduate echo modules in Swansea University alongside completing the internal 18-month training programme and have successfully passed the first part (written exam) for BSE accreditation

Pharmacy

Foundation Pharmacists:

18 foundation pharmacists on 3 acute sites across the health board undertook the HEIW multi-sector trainee pharmacist training programme in 2023/24. The GPhC introduced changes to the Initial Education and Training of Pharmacists in 2021 with pharmacists on the 2025/26 cohort qualifying as Independent prescribers. Curriculum updates to the multi-sector training programme have been undertaken in 2024 which Jane Hardwidge and Rhian Carta have been stakeholders on a national level. The new curriculum will be piloted for 2024/25 in readiness for 2025/26. Currently there are two Training Programme Director roles funded on a weekly sessional basis by HEIW who are responsible for the running of the multi-sector programme and the quality management of it.

Currently within the health board, Pharmacy maintains a register of prescribers and each prescriber on an annual basis completes a declaration that they have completed CPD and are up to date with their scope of practice as well as declarations to any expansions of scope of practice. It would be up to their manager to ensure the CPD they undertake is commensurate with their role as an IP. Any information submitted is annotated on the register annually.

Post-Foundation Pharmacists

Post-registration Foundation pharmacists (PRFP) are the next phase on the pharmacist training pathway CTMUHB. Recruited annually the PRFPs are employed via a 2 year development contract undertaking further study in post registration qualifications. The qualifications previously undertaken have been the Cardiff University Clinical diploma of which 7 pharmacists completed in July 2024. From 2023, a new programme has been funded by HEIW, the Post Registration Foundation qualification. Six pharmacists are currently undertaking this qualification with another two pharmacists undertaking distance learning clinical diplomas with Queens University Belfast.

Continuing Professional Development Education and Advanced Practice

It is absolutely essential that continuing education for all staff is aligned to and centred on patient care and service developments.

Focus on Nursing

CTMUHB and the University of South Wales (USW) continue to have an excellent partnership and team approach ensuring that the educational requirements of practice are met with the academic infrastructure of the University.

Clinical Education manages utilisation of a Nursing CPD contract with USW for continuing post-registration education for nursing and midwifery. The equivalent of circa. 340 module places per annum have been available via an internal application and allocation process. This contract is funded via HEIW. Clinical Education will continue to work with the USW to develop modules and educational courses which are tailored to support specific service change across the organisation.

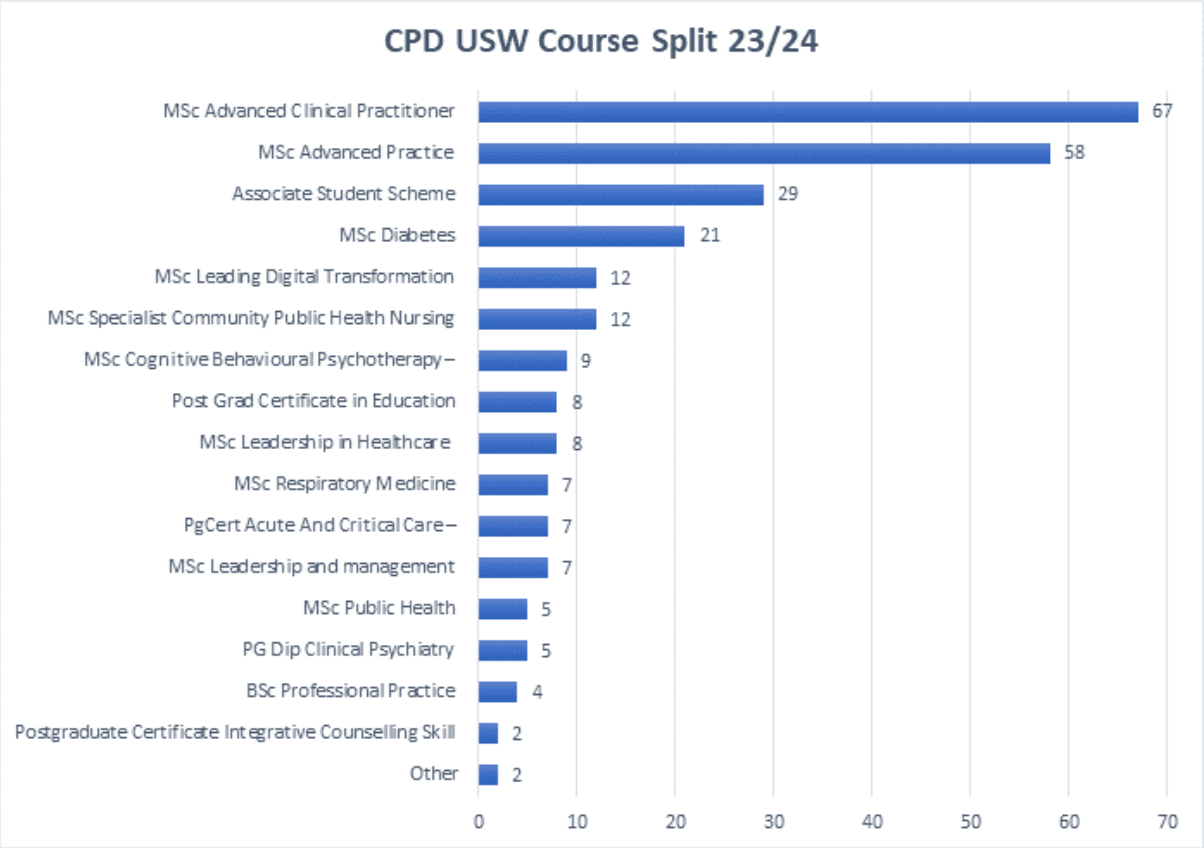


Fig 35 CPD USW Course Split 23/24

Focus on Multi-Professional Advanced Practice

Welsh Government via HEIW continue to invest in health professional education by providing annual funding for *Advanced Practice & Extended Clinical Skills.*

The funding provided by HEIW is to supplement our local investment to ensure that the appropriate staff can access the educational requirements as identified in our Integrated Medium Term Plan (IMTP), in terms of advanced practice/extended skills education requirements and Independent Prescribing programmes. This funding is utilised across our organisation and is inclusive of nursing, AHPs & healthcare sciences. There is a separate funding stream for Pharmacy advanced practice and prescribing. In 2024 close links with the newly establish Primary Care Academy have been established.

The allocation is informed by an annual CTMUHB Education Commissioning return including undergraduate and advanced practice education requests. HEIW notifies the UHB of its Advanced Practice and Independent Prescribing allocation between April and May each year the allocation is split across primary and priority areas in acute care settings.

Advanced Practice allocation is agreed via a multi-professional Allocation Group and managed via Clinical Education. All applications must describe the intended service impact to be achieved as a result of the educational request. We meet requests flexibly across both Advanced Practice and Nursing CPD funding streams where appropriate to maximise access to funding for all health care professions and to enable optimal use of resources. For 2023/2024 the HB was allocated £189k split equally between primary and acute care.

Targeted funding also allocated to specified areas including:

PG Cert for Critical Care, Medical Ultrasound, Reporting Radiography, and modules in Genomic Medicine & Child/Adolescent Mental Health. In addition there was funding to support the Mental Health Workforce Plan which was managed independently by the Mental Health team

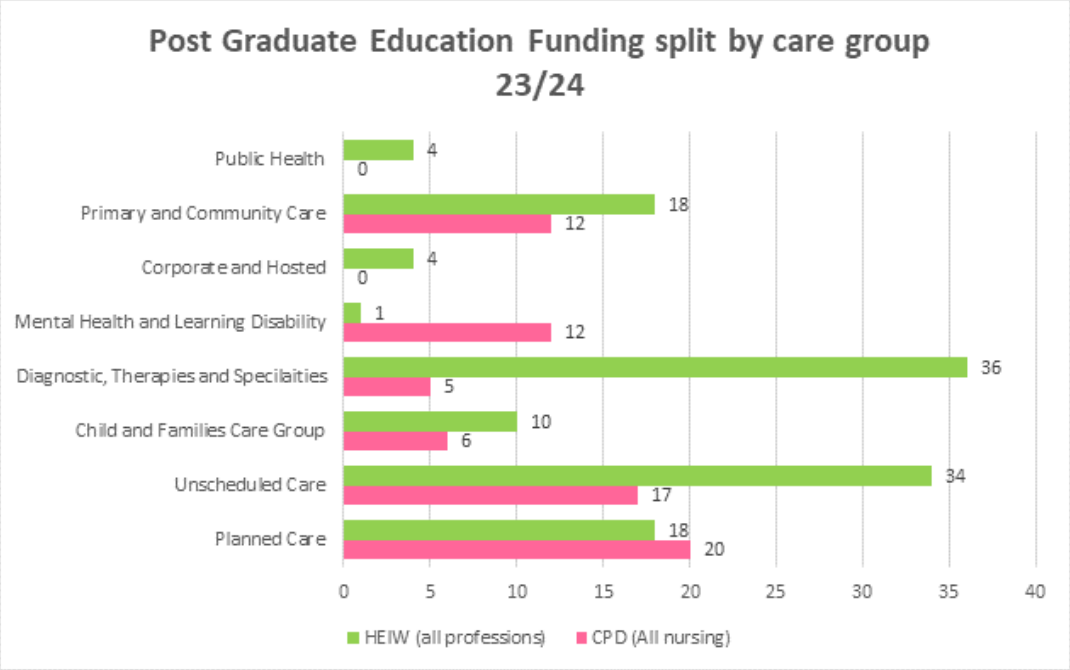


Figure 36

Out of the 37 Independent Prescribing places HEIW funded only 25 were filled in 2023/2024, 4 out of 9 Non-Medical Authorisation of Blood Transfusion (NABT) places offered in Swansea University were filled. All funded places continue to be available to nurses, midwives and AHPs and HEIW funded places for Independent Prescribing 2024/25 have fallen.

Pharmacy Independent prescribing places are allocated directly to the pharmacy department

Practice Specific Funded training places, including Child and Adolescent Mental Health, Critical Care, Medical Ultrasound and Reporting Radiography are showing improved uptake.

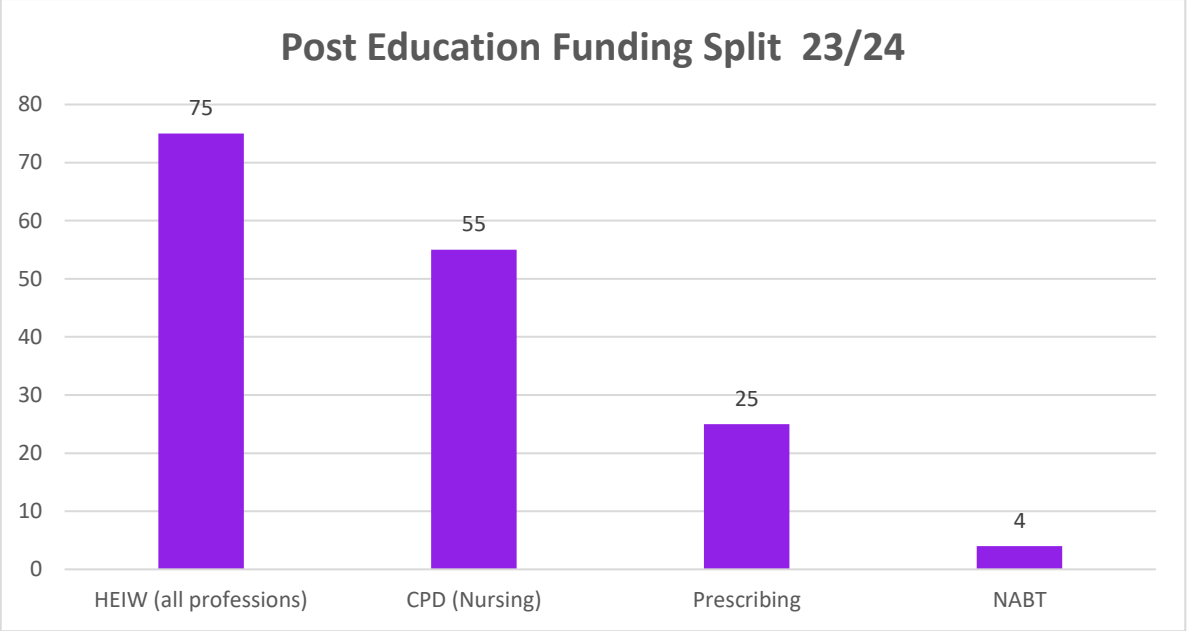


Figure 37

To reflect the organisational restructure work is being undertaken to record advanced education uptake by Care Group for future reports.

Allied Health Professions

Post-registration training will ensure the development of the AHP workforce in line with The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales. https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework

Post-registration education

AHPs continue to access HEIW funding for education in relation to extended roles and advanced practice. Programmes include Advanced Clinical Practice, Advanced Healthcare Practice, Dementia Studies, Occupation and Health and Leadership and Management in Healthcare. Learners also receive funding to study a level 7 module, again portfolios are varied, including work-based dissertation modules, knowledge and skills relevant to specialist roles, research methods, leading effective teams and transforming care and service through leadership.

Impact of HEIW funding for Advanced and enhanced Practice 2023-2024

CTM are the only Health Board to have undertaken a multi-professional evaluation to capture the impact that accessing funded post-registration training has had on our staff and the delivery of patient care.

Nursing, pharmacy and AHP collaborated to create to a survey, administered via MS Forms. The line managers of learners who completed a stand-alone module or a full Masters programme by March 2024, were asked to support them in completing the survey.

The evaluation was completed by 26 learners, a low response rate of 23%, so future work will include setting an expectation that learners complete an evaluation when they are sent their funding letter.

The survey captured impact in terms of the learners' roles and upon them as individuals. Headline results include:

96% of respondents said that the learning supported development of their specialist practice.



Figure 38

62% of respondents said that the learning had enabled them to influence service change

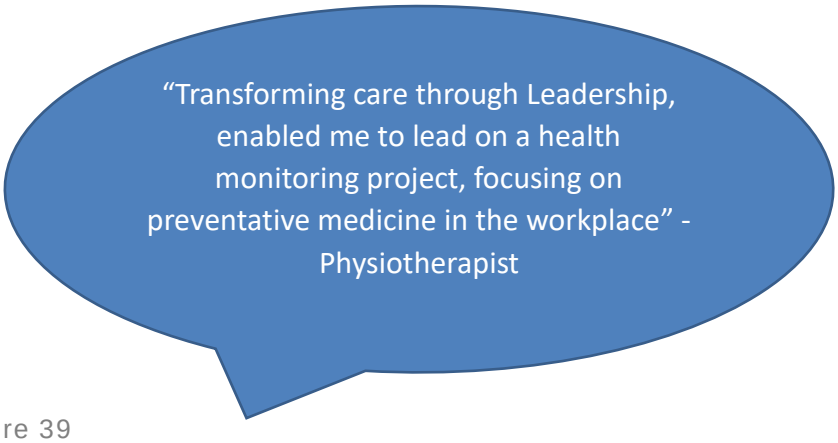


Figure 39

In relation to feedback in relation to their individual experience, 96 % reported a positive impact on their professional confidence, and 92 % responded positively in relation to feeling valued and the impact on their job satisfaction.

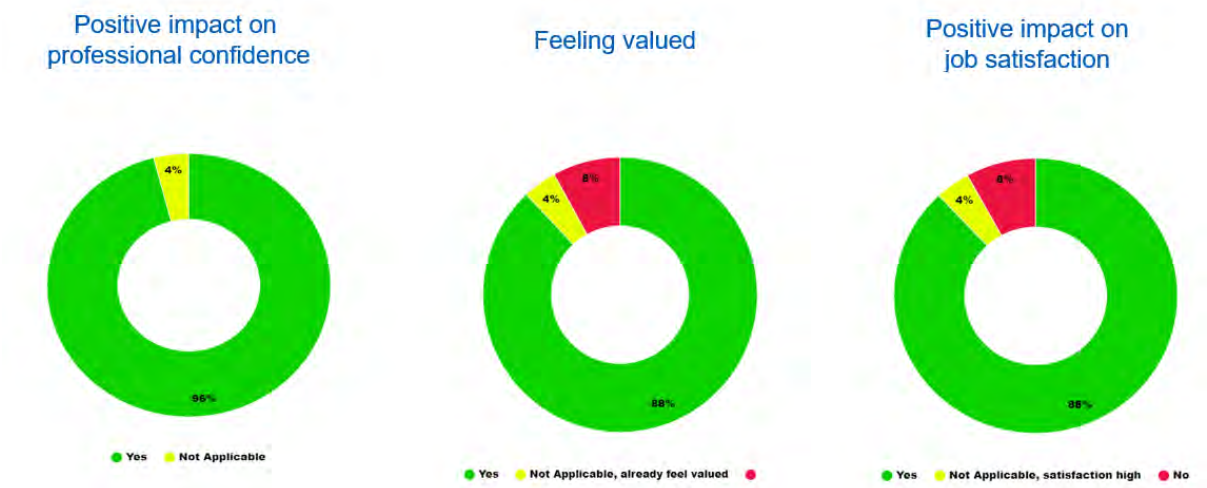


Figure 40

The results have been shared with HEIW, and the plan is to undertake this evaluation annually.

Health Care Sciences Advanced Practice

The Medical Device Training manager has been working in collaboration with other UHB Medical Device Trainers to successfully develop and implement medical gas training course to be available via ESR which will improve compliance and competency in the safety of delivering treatment to patients and reduce the time away from clinical setting to achieve the training requirements.

One radiographer is currently in the 2nd year of MSc in Leadership and Management.

One HCS obtained ILM level 7 Diploma in Leadership and Management.

CTM collaborated with USW to provide a dedicated leadership course for both AHP and HCS leads.

One breast radiographer is attending an Ultrasound course is at St George's University of London, post-graduate module in breast ultrasound.

Priorities for 24/25

- To support Level 4 learners to complete qualification in order to access part-time HCS degree.
- Continue to support current BMS staff to achieve Specialist portfolios.
- Support HCSW onto the equivalence courses to top up their non-accredited degrees.
- To capitalise on funding opportunities from HEIW for STP equivalence funding
- Development of a level 3/4 apprenticeship programme specific to Neurophysiology in Wales

Risks

- Lack of resource/capacity to undertake training.
- Lack of part time degree scheme in audiology.
- Challenges with current workforce pressures to support training
    - e.g. Radiology - MRI reporting – Compelling case to progress radiographer reporting in MRI, potentially saving hundreds of thousands of £'s per year in outsourcing/insourcing. Unfortunately, the Radiologists are not able to support the training due current vacancies and workload.

Pharmacy

CTMUHB Pharmacy secured approximately £27k of Advanced Practice funding via HEIW. The funding was used for a clinical infection course, distance learning postgraduate diplomas, postgraduate certificate in Psychiatric pharmacy, MSc in Clinical Geriatrics, BTEC Level 4 Bradford Clinical diploma, Level 4 Procurement qualifications for pharmacy technicians. Benefits of AP training can be seen in Appendix 3

Following COVID and ensuring our workforce are upskilled in the ICU setting, a number of staff (pharmacists and pharmacy technicians) have undertaken or are undertaking UK Clinical Pharmacy Association (UKCPA) ICU training to provide specialist clinical pharmacy service in ICU setting and ensure workforce is prepared for any future pandemics.

Independent Prescribing Activity

A workforce mapping exercise was undertaken in late 2023 across secondary care, primary care and the prison. This exercise was the first one undertaken across Medicines Management and provided baseline figures to create a gap analysis to target training. Analysis of the data has been undertaken for secondary care pharmacists particularly looking at Independent prescribing (IP) status. With the changes to the Initial Education and Training Standards for Pharmacists and trainee pharmacists registering as IP in 2025/26, there is a need for pharmacists who have 3 years recent prescribing experience and been prescribing within their scope of practice to act as Designated Prescribing Practitioners (DPPs). DPPs supervise the trainee pharmacists, or other health care professionals during their IP course and provide sign off on their competency to prescribe. It is also essential that existing staff working in clinical, patient facing roles have the opportunity to complete the IP qualification.

The analysis showed that 67% of Band 7 pharmacists and above in patient facing roles are using IP. Those without IP in a patient facing role are either undergoing training or due to undertake training. Funding for the training is through HEIW funding and both the Band 6 HEIW post registration foundation course and the distance learning diplomas offer the IP course in the second year. It is therefore expected that this number will increase significantly in the next year. Findings at the time confirmed that 23 pharmacists across 3 acute sites met the requirements to act as a DPP.

Support for Pharmacists acting as DPPs

Royal Pharmaceutical Society are providing some training which comes with a cost. One member of staff enrolled on the RPS training currently and will feedback. Plan to start up

CTM Pharmacy peer support group for DPPs with intention of providing support and advice for those undertaking the role. Providing these resources will hopefully encourage other pharmacists to undertake this role in the very near future as well as support with the governance around the role.

Advanced Practice Board Activity

The Advanced Practice Board has been developed to support the growing numbers of Advanced Clinical Practitioners within our organisation across both primary and secondary care. The aim of the board is to recognise and raise the profile of Advanced Clinical Practice and more importantly provide governance around these roles. The board comprises of multi-professional representation from clinical practice (lead ACPs), and assistant directors from education, work-force development and corporate nursing, and has executive director involvement. Over the last year, the board has enabled several supportive developments, which include:

Advanced Clinical Practice Portfolio workshops-which provide an opportunity to work through the requirements of developing a portfolio of evidence that supports the desired criteria under the four pillars of Advanced Practice as outlined in the Enhanced, Advanced and Consultant Multi-professional Framework (2023) (4). Clinicians are, provided with an opportunity to discuss the type of evidence required to support their level of practice and are, provided with on-going support through a buddy system to develop the desired portfolio.

Advanced Practice (AP) Celebration Panel – on completion of a portfolio, the ACP has the opportunity present their role and portfolio of evidence to the panel. An evidence matrix is completed prior to the panel event to outline and support the level of practice presented within the individual's portfolio. To date there have been five AP celebration panels all of which have provided an opportunity for the health board to recognise the value that the ACPs bring to services they work in. The panel has also supported the individual ACPs to feel empowered to move forward with innovations within their own practices.

Enhanced, Advanced and Consultant (EAC) CTM wide forum- a health board wide forum has been developed, to support all those that sit in Clinical Specialist (CS) and Advanced Clinical Practitioner roles. It provides an opportunity for networking across all services, primary and secondary care, share good practice and receive updates locally and nationally around EAC development.

Enhanced, Advanced and Consultant Celebration event- an event has been organised for the 29th November. All those who have attended AP celebration panel will be, formally recognised for their achievements.

Development of new ACP role- the board also provides advice and support relating to new ACP role development with the health board; job planning, required education, clinical mentorship, appropriate leadership. In addition, the board is encouraging the use of the All Wales Generic JDs and associated scope of practice for Advanced Clinical Practice for all new roles. Note trainee roles will now be band 7 with an annex 21 applied to support the period of training.

Level 7 education (Clinical MSc) –the board has stipulated that services must have a clear plan in place to support staff undertaking MSc AP in trainee roles with a view that roles are required within the service going forward.

Advanced Clinical Practice Share-point- A Share-Point for ACP has been developed and can be accessed via the intranet. The space houses all relevant CTM and national guidance/documentation relating to Advanced Clinical Practice.

Developments in progress:

- Guidelines to support CPD time for those in clinical roles (ACP and CS).

- A review of the PDR documentation, aiming to create a document that supports the development of those in ACP and CS roles in line with the 4 pillars of Advanced Clinical Practice alongside the need to support well-being. The document will aim to support the transition from Enhanced to Advanced level practice for those individuals wishing to progress along this pathway.

- Common foundation training programme for new ACPs –this will enable the growth and development of ACPs who will have the opportunity to work within a given speciality but grow a broad set of skills and knowledge in their initial 3 years of training. Post the common foundation phase ACPs will then be provided opportunity to develop skills and knowledge within their given speciality following credentialing pathways e.g., RCEM, HEE older persons, palliative care, acute medicine.

- Developing guidance around Treatment Escalation Planning (TEP/DNACPR) discussions and validation by ACPs, Clinical Specialists and physicians. Revision of Verification of Death Policy to support training via E-learning and competency sign off via a one off OSCE for all clinicians.

Acute Deterioration, Resuscitation and Clinical Skills

Organisational governance around resuscitation and acute deterioration has been further developed and aligned. The overarching CTMUHB RADAR Committee (Recognition of Acute Deterioration and Resuscitation) is responsible for the strategic management of all Resuscitation related issues within the Organisation, supporting the provision of appropriate and effective patient care through implementing operational policies governing the prevention of cardiac arrest and those governing cardiopulmonary resuscitation, practice and training. This approach brought together a number of work streams in order to reduce avoidable mortality and morbidity by improving the function of health board systems that enable early recognition and treatment of deteriorating patients, and cardiopulmonary resuscitation.

It is chaired by the AMD for Quality and Effectiveness on behalf of the Medical Director with a Consultant appointed as the Clinical Lead. In the recent organisation restructure the Lead post for Acute Deterioration (which commenced in January 2021) is now the Senior Nurse for Acute Deterioration and Outreach and established in the Planned Care Group. This has enabled a structured and unified approach across Cwm Taf Morgannwg University Health Board (CTMUHB) in the identification, escalation and response to the acutely unwell patient.

This group reports directly to the Executive Leadership Group, via the Medical Director with links to the Quality & Safety Committee

The work of this governance structure is directly supported by the Assistant Director of Clinical Education, the Lead Nurse for Education and the Resuscitation & Clinical Skills team.

Resuscitation Department

Changes and Enhancements in Training and Governance.

Over the past year, significant departmental strides have been made to enhance the quality and accessibility of training across our learning organisation. The department has transitioned the majority of our external courses to midweek delivery to accommodate participants and improve attendance.

Over April –September 2024 the department delivered additional capacity training for Basic Life Support (BLS), this initiative was offered to increase compliance rates for mandatory resuscitation training across Care Groups. At the same time a refresh of the Train the Trainer approach was undertaken to enable the Care Groups to become self-sufficient for Basic Life-support training.

Governance, safety and training has been successfully embedded into HMP Parc Prison, enhancing the standard of care and preparedness within the Prison environment. The department have also prioritised sourcing new defibrillators for community sites, along with joining the National Cardiac arrest Audit (NCAA) to ensure the Health Board was represented nationally in order to improve patient outcomes, benchmark nationally along

with quality improvement. This has been much appreciated and valued by the Senior Team at Parc Prison and our Health Board Primary Care Team.

Partnership and Collaboration

The department has continued to strengthen their partnership with medical teams across the organisation and collaboration has been pivotal in organising and facilitating cardiac arrest 'Team Huddles' and debriefing sessions following urgent calls. These sessions provide an opportunity for teams to reflect on their performance and identify areas for improvement.

The department has also established Cardiac Arrest Review Meetings (CARM) in partnership with the Outreach and Acute Deterioration Lead. These constructive meetings are essential for analysing cardiac arrest forms and patient notes, allowing us to identify any missed opportunities that require further escalation. The findings from these reviews are used to prepare evidence for Rapid Reviews and scrutiny panels, ensuring accountability and continuous improvement in our practices.

Continuous Improvement and Auditing

Our team remains dedicated in supporting best practices in responding to cardiac arrest calls. By attending calls, auditing incidents, and investigating Datix queries, we proactively identify areas for improvement and training needs. As an example, we have revised the cardiac arrest audit form, which now provides a clearer trail of decision-making and highlights specific areas requiring enhanced training.

Collaboration with the Pharmacy Department

Work has been undertaken in partnership with the Pharmacy Department to standardise and update 'green drug boxes' across our Community Hospitals and Clinics. This initiative is crucial to ensuring safe and effective medication administration for patients and is expected to be completed by the end of 2024. Additionally, working with Pharmacy the emergency drug box and cardiac arrest drug box as part of the Resuscitation trolley/equipment has also been standardised and condensed in accordance with medicines management compliance.

Training Delivery and Compliance

The Resuscitation Service continues to deliver mandatory life support training from Level 1-3 for CTMUHB, Powys HB, and all local GPs and Dentists. Our department is also a leading National provider of Level 4 Advanced Resuscitation Courses for Adults, Paediatrics, New-borns, and Trauma. These courses are offered on an income-generation basis, with both internal and external faculty contributing to their delivery.

Further information and activity and impact data can be found in RADAR annual report

Pilot 'Care Conundrum Escape Room ', 21st August 2024

The Nurse Education Team, with support from the Resus Team and Acute Deterioration Lead developed and facilitated a pilot 'Care Conundrum Escape Room'. It was aimed at third year nursing and midwifery students. The 'escape room' was made up of 4 bays, the first bay representing a community setting which then followed the patient journey from admission to hospital and then deteriorating with Sepsis. In the final bay the students are asked to help with a cardiac arrest. This simulated learning environment allowed the students to practice and explore their assessment skills using a variety of assessment tools such as Community News, NEWS and MEOWS, wound assessment, identification of the deteriorating patient, female catheterisation skills and an opportunity to practice Basic Life support. Communication and leadership skills were developed along with an opportunity for interprofessional learning. A variety of riddles and games brought it all together to ensure the students learnt through this innovative simulated environment. The students completed an evaluation. Comments included below:

I really enjoyed this session, it is a really fun way of learning new skills and improving prior knowledge.

The pace of the event was good, and it was good to interact as a group.

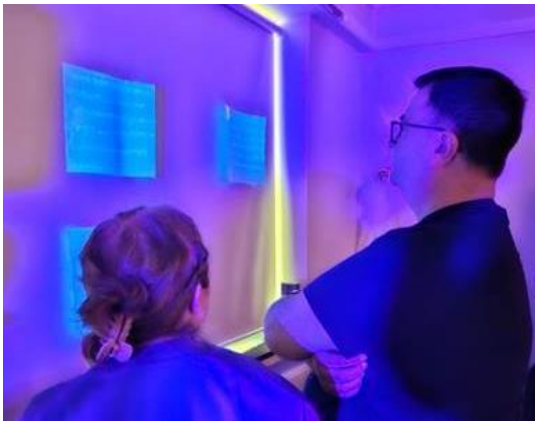






Figure 41

Libraries and Knowledge Management.

Library Usage

There are dedicated Libraries on each of the acute sites operating 24/7 access for our staff and students, to our literature collections; journals and books both electronic and physical and quiet study space with IT access & printing. Our specialist librarians are also available for help and support including literature searching, reference sourcing and critical analysis skills. Our libraries are an important part of our health board activity. The following data visualisations provide the detail of the usage of the library resources over the last 5 academic years and indicate that although there an increased use of online support, footfall within the library spaces is on the upward trajectory, and has surpassed the levels experienced prior the pandemic.

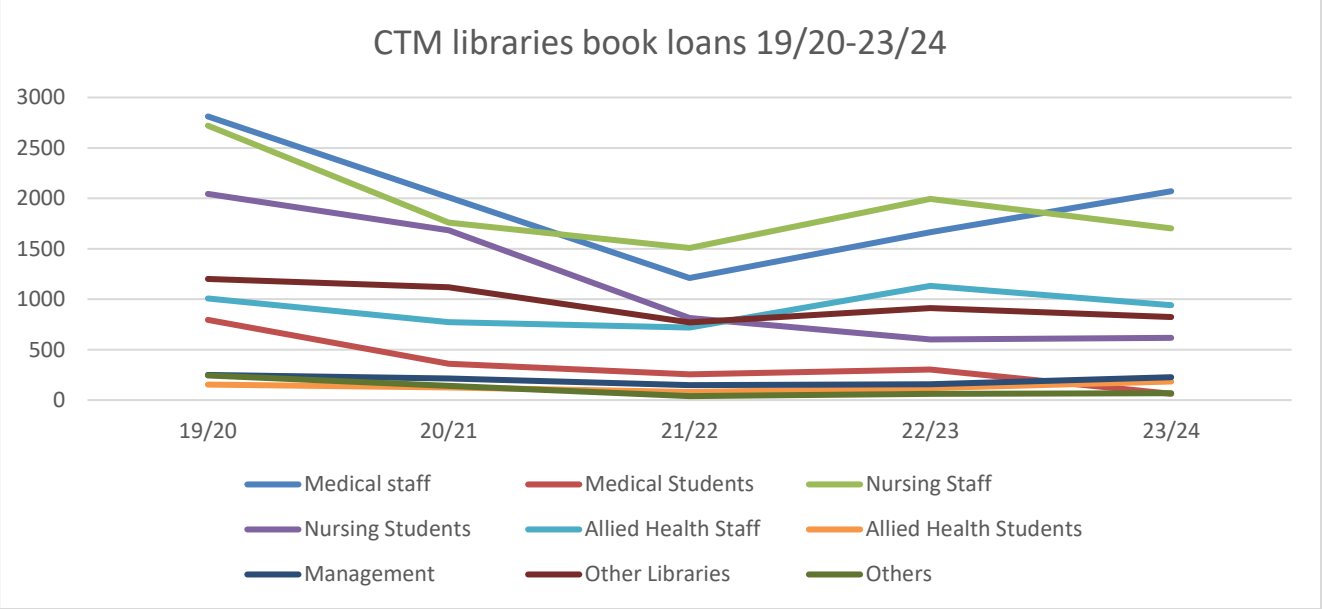


Figure 42

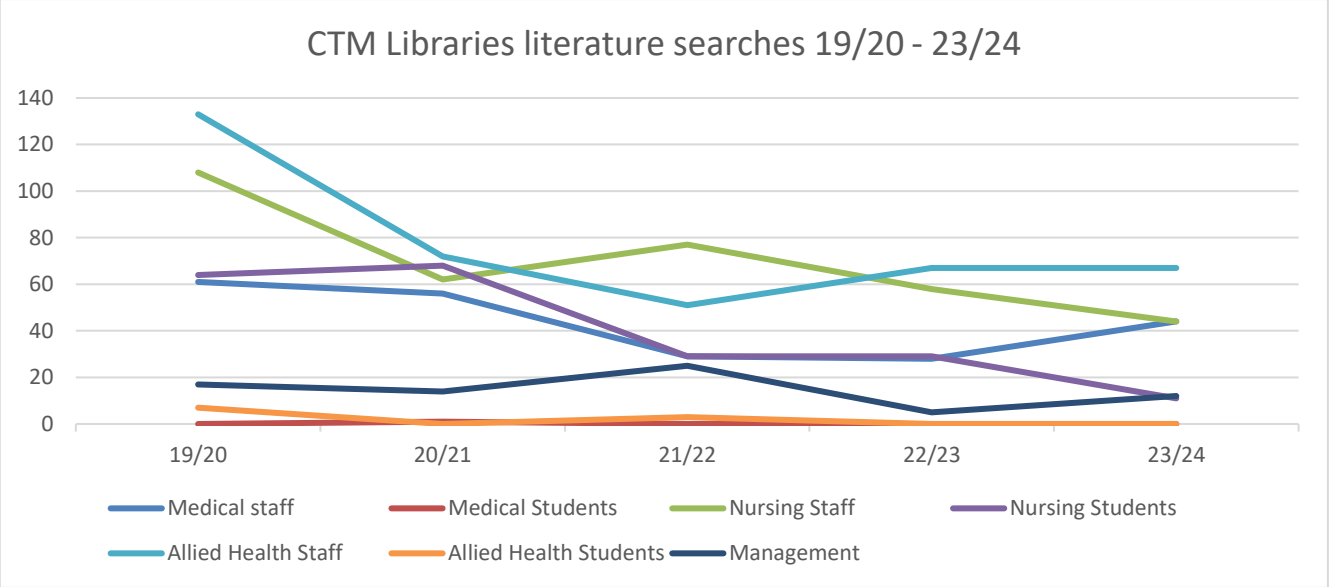


Figure 43

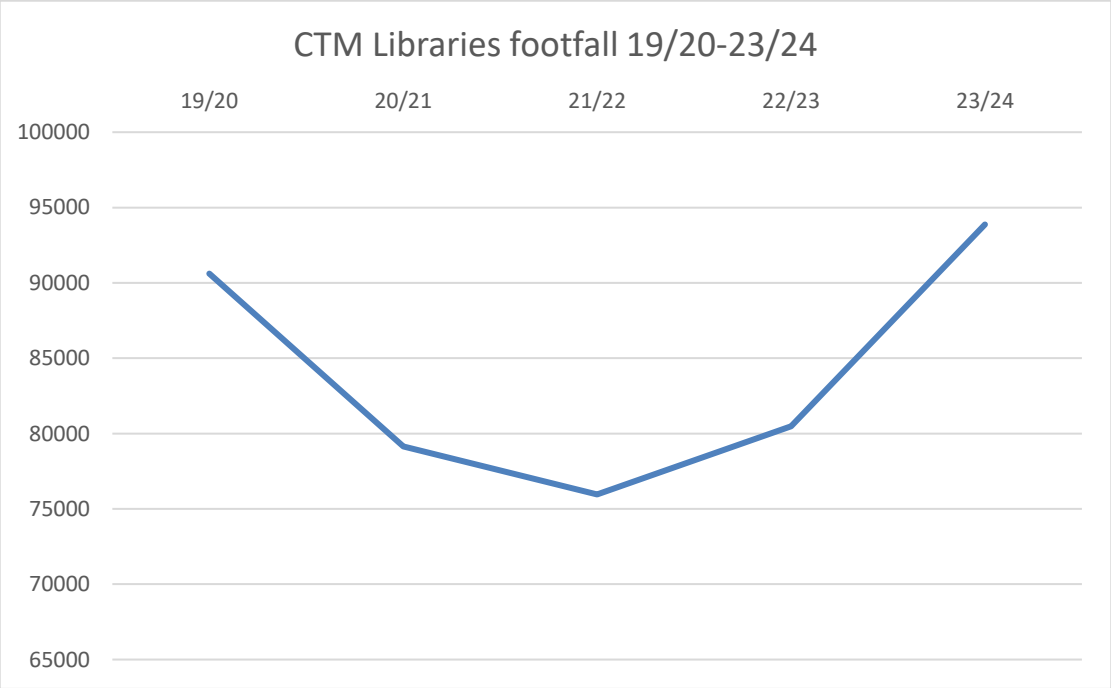


Figure 44

Staff Development

A number of online training courses have been made available to Library staff by the NHS Wales Library network. These have ensured that as a service we remain up-to-date with changes and new technologies. Some of the topics covered include:

- An update on UpToDate
- QlikSense
- Human Factors
- AI

- Customer Journey Mapping
- How can we trust what we read?
- Ned Potter's presentation skills
- Literature searching sessions
- Live literature searching sessions with LSTF
- How to publish an article



Figure 45 Library stands at the medical induction August 24

UpToDate

Access to UpToDate has been purchased for another year, this is the final year of a three year contract. A brief evaluation was conducted across CTM and 77 responses were submitted. In the evaluation, the majority of respondents used Up-To-Date at point of care (64%) and for CPD (16%). 96% have put learning from UpToDate into Clinical Practice and 96% also felt UpToDate had improved their knowledge on a condition/treatment. In total, 99% found it either "very useful" (90%) or "somewhat useful" (9%). Respondents (85%) felt that UpToDate had resulted in an efficiency saving for the Health Board. Around 94% recommended that CTMUHB renew the subscription UpToDate. A full tender exercise will need to take place for its renewal next year.

'As an acute medicine consultant who needs to maintain current knowledge of a large range of different medical problems I find UpToDate extremely helpful. I use it at least a few times per week to gain accurate and concise summaries of unfamiliar problems.'

'Excellent review on the evaluation and management of hypomagnesaemia. Used to inform the therapeutic approach for a patient with refractory hypomagnesaemia. Generally speaking, UpToDate is an essential resource that provides quick access to authoritative reviews of clinical topics.'

'In an environment of limited time UpToDate is a tool that has all relevant information in an easy to access format. It has helped in many many areas including patient care, complaints, teaching and many others'

In order to maximise usage of UpToDate a concerted effort has been made to increase usage among the nursing staff. A number of presentations were made to nursing networks

across the Health Board and to the Clinical Education away day, with the assistance of Sophia Bourne from UpToDate. The response has been overwhelmingly positive.

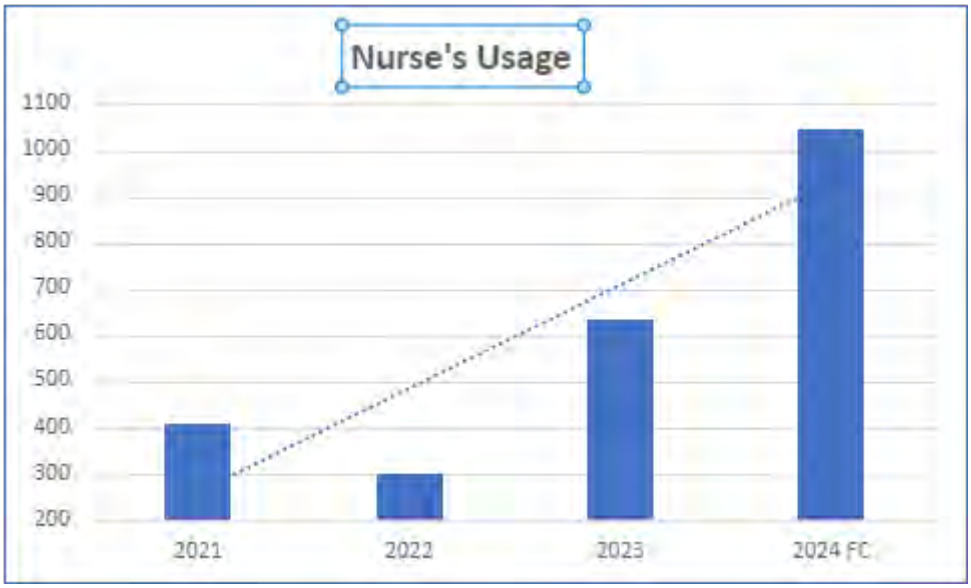


Figure 46

Source: UpToDate

Stock Review

At RGH a large stock review has taken place to ensure the collection is kept up to date. Stock has been reviewed, removed and newer up to date titles have been purchased. A book 'give away' was arranged for the titles that have been removed.

Supporting Innovation

CTM libraries were invited to join the innovation team at 'The Hub' to provide a session for the team on 'Using the Library' and 'Critical Appraisal'. Library staff and a stand were also present at the recent iCTM showcase. These were great opportunities to highlight how the library services can support innovation within the Health Board and they have generated some interesting literature searches!

CTMUHB Pharmacy Research Community of Practice event

CTM libraries were also invited to present at this event that was held down in Cardiff Met. It was lovely to hear about the great work that's going on in CTMUHB Pharmacy and at how supportive the department is when it comes to staff doing research in their roles. There were representatives of the R and D Department speaking about getting started in research and also Paul Gimson, CTM's Assistant Director of Improvement Culture Capability and Delivery, discussing the culture of quality improvement. It was a great chance to build relationships with pharmacy colleagues and has also resulted in some challenging literature

searches! It is hoped that library service representatives will attend any future community of practice events.

CTMUHB networks

The library staff have been busy supporting various staff networks. The sites got decorated for Pride and staff took part in the various LGBTQ+ awareness sessions to highlight what we do to support Health Board staff and provide safe, respectful spaces for all. Libraries are supporting the Women's Equality Network book clubs and are stocking the monthly reads so that staff across the Health Board have access to the titles. We are looking to extend our support for all the staff networks so will be reaching out in the coming months.







Figure 47

Widening access and promoting the professions

A number of initiatives have been undertaken to widen access and promote the professions.

Medical Careers

CTMUHB represents communities with significant areas of deprivation. The Medical Education Faculty and "Widening Access" team are committed to provide support for students from these under-represented areas, with the aim of:

- raising awareness of opportunities within the local and wider healthcare service
- encouraging talented students to believe in their ability
- removing barriers, perceived or real, to enable students, to gain fairer access to higher education, particularly from backgrounds where pupils do not generally go to university

- prioritising pupils from state schools in deprived areas or from a 'widening access targeted background' within CTMUHB

As a faculty we are trying to develop a programme extending from school years 6 to 13, which will help local children develop an interest in medicine, maintain that interest and finally support the route to medicine.

The current annual timetable is seen (Appendix 4), but in essence the elements are as follows:

Information for pupils, parents and teachers

The Medical Education Faculty provide information on studying medicine, including routes to medicine, entry requirements and cost. This is held in the late afternoon and facilitated via schools/colleges for Year 11, and 12 pupils followed by an early evening event for parents. The faculty also holds a similar information event for school careers officers and 6th form leads.

In addition, over the last 12 months, two of the Medical Education clinical fellows have developed an online resource, which hosts all of the relevant information required when considering an application to medicine, from medical school information including entry requirements, UCAS application procedure, entrance examinations, to funding questions. This is available bilingually in Welsh and English.

Primary schools

Each year a group of Year 3 and Year 4 medical students provide an interactive session to Year 6 primary school pupils on topics related to health and the body. This is undertaken as part of the "Widening Access" Special Study Component (SSC)

Secondary schools

As part of trying to maintain and encourage an interest in studying medicine the faculty aims to continue to support the delivery of a Year 10 clinical skills simulation event annually. This was run for the first time last February (2024) and feedback was very positive with participating secondary schools already in contact with the medical education faculty to request further sessions this academic year.

Medical Work Based Observation Scheme

The Medical Work Observation Scheme for pupils of Year 12+ ran from 1st July to 19th July 2024. The content included a mix of virtual and on-site opportunities, to use work experience as a crucial tool in helping pupils decide whether to pursue a career in Medicine or Dentistry.

98 school pupils were enrolled on this scheme in 2024 and the feedback was once again positive.

Mock interviews

Provision of mock medical school interviews for pupils from CTMUHB catchment area, including Multiple Mini Interviews (MMI) and 1:1 feedback takes place annually, and has been well received. Attendees are also encouraged to inform the faculty on their success at interview, and to date, this has been very encouraging.

Future:

The "Widening Access" faculty is hoping to expand the opportunities available to pupils from CTMUHB catchment schools by closer collaboration with Cardiff medical school "Widening Access to Medicine Mentoring Scheme". Watch this space!

Pharmacy Careers

A Seren Academy afternoon was run for year 12 students from Cardiff schools who were interested in pursuing a career in pharmacy. Interactive workshops were provided on prison pharmacy, digital pharmacy, analgesic stewardship, community pharmacy and an ethical debate, antimicrobial stewardship and pharmacy careers. Excellent feedback was received and plans are in place to expand this offering to more pupils.



Figure 48

Other events attended included ORIEL university open days and as part of a Clinical Education team, school events. For the school events, information leaflets were produced on careers and benefits to working in the NHS plus separate specific information for the different careers available. The aim is for representatives of the clinical education team to attend as many careers fayres as possible and promote all careers not just their own. The plan is also to target younger pupils and look at multidisciplinary work experience opportunities. Currently work experience is offered at the pharmacy sites for those students interested in pharmacy.



figure 49

Supported internships and project to continue employment

- Working with L+D team to place supported interns 16-21 within pharmacy department
- 3 interns so far – 2 will stay on in band 2 roles at PCH
- Winner for Welsh Sustainability awards in June

Widening access - Collaborative Working

Recognising that our partner HEIs are challenged to recruit into the Pre-registration programme and an eagerness from our local colleges for their Level 3 Health and Social Care Students to have clinical placements, we have been working in partnership to promote nursing and midwifery as potential career choices by offering students a 2x day Nursing Academy, followed by 37.5 hours of clinical placements for Merthyr and Bridgend College students.

In June 2023, 17 college students from year 1 Bridgend college attended a nursing academy held at Princess of Wales Hospital. 2 days included presentations and interactive sessions by clinical colleagues, followed by workshop/skills activities. There was also representation from University of South Wales on Personal Statement Writing.

Seventeen Bridgend college students attended Princess of Wales Nursing Academy in June 2023, all 17 students have been successful in attaining places for the following university courses:

- 1 x Paramedic
- 2 x Adult nursing
- 1 x Learning Disability Nursing
- 3 x Child Nursing
- 2 x Psychology
- 1 x ODP

In November 2023, 27 students in year 1 at Merthyr College attended Prince Charles Hospital Nursing Academy. Year 1 students will be offered a clinical work placement experience in 2025 during their 2nd year of their college course.

14 students attending Merthyr College in Year 2 during February 2024 were provided with a 37.5 hours clinical placement at Prince Charles Hospital and Ysbyty Cwm Cynon. We will continue to liaise with the college leads for an update on career progression.

Feedback from Clinical Work experience placement from PCH and YCC included;

- "Everything was great, I really enjoyed it"
- "I have learned so much and was left to see so many surgeries"
- "I learned a lot about the role of a ODP, I got to see once in a lifetime surgeries"
- "I was able to observe a lot of different things, and how equipment was used"
- "I was able to observe many different healthcare professions"

Below are some photographs of the Nursing Academy held in Princess of Wales Hospital in June.





Figure 50

Following the success of previous Nursing Academies, we have arranged further events for both Merthyr and Bridgend colleges during 2024/2025, also offering 37.5 hours opportunity of clinical work experience to year 2 students.

Nurse Education also supported a USW Healthcare professional work experience day in July 2024 arranged by CTMUHB Learning and Development Team and attended by 53 students from across RCT.
Nurse Education and the L&D team will continue to work closely to support further work experience opportunities.
Nurse Education have also continued to work with Careers Wales and supported facilitation of 43 local school events such as career fayres and Mock interviews between October 2023 − July 2024 to promote nursing and midwifery as career choices and also showcase Cwm Taf Morgannwg as a potential employer. These events are also supported by many other professions and services across the health board. Our involvement has been well received by pupils and staff. The team enjoy attending these events and it aligns with the health board values to inspire others and to sustain our future.

We have also continued our involvement with the Royal College of Nursing Cadet scheme this year and we look forward to it growing further in the next year.

May 2023 − 8 Cadets based at PCH, Keir Hardy and YCC
Areas attended surgical wards, Community Mental health team, COTE, Paediatric areas, Endoscopy, OPD and CCU

June 2024 − 7 Cadets based at POWH.
Areas attended COTE, OPD, Paediatrics, Dermatology, Neonatal and Endoscopy.
July 2024 − 1 Cadet based at POWH Area - ENT

Refs:

1. *A Healthier Wales: https://gov.wales/sites/default/files/publications/2019-04/in-brief-a-healthier-wales-our-plan-for-health-and-social-care.pdf. Accessed 10.10.2019*
2. heiw.nhs.wales/files/heiw-imtp-2024-27-pdf/ accessed 29.8.24.
3. ctmuhb.nhs.wales/about-us/governance-assurance/annual-reports-annual-accounts-annual-plans/reports1/ctmuhb-annual-report-and-accounts-2023-24/
4. (heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/).

Appendix 1: Interprofessional Placements Progress.



HEIW IPE poster - student learning ses

Objectives		Outcome Measures	Progress
1	Develop a shared understanding of the standards for education / learning outcomes and clinical proficiencies / competencies that students must achieve across professions. Identify appropriate clinical environments within CTMUHB that offer learning opportunities for students to meet these, and develop processes to review.	Agreed outcomes regarding opportunities in placement, based on IPE principles in practice. Full IPE structured placement layout agreed between each HEI and CTMUHB. Joint review process between HEI and CTMUHB for IPE in practice agreed. Evaluations, feedback, meetings, audits.	CTM IPE AHP group formed and outcome discussed and agreed. • IPE student learning sessions. • IPE structured placements. Structured placements planned and implemented for specific professions. Evaluations are positive. Work ongoing to expand further.
2	Interprofessional placements/ experiences: • Developing structured IPE opportunities/ placement models/ simulation / student learning sessions in practice for students. • Scoping out opportunities across the HB. Consulting with professional leads from HB and AEI's regarding common themes, learning outcomes, and barriers to IPE placements and possible solutions.	Student pathway database. Gap analysis to drive initiative forward. Audits and evaluations of placements. Placement handbooks. Updated database populated with placement opportunities. Review of performance to create continuous improvement with the strategy.	Student placement planner developed for all professions attending CTM. Evaluations reviewed regularly, and support in practice available. Communication to all professions and clinicians in place to drive initiative forward. MPPEF structured IPE placement list in situ for academic year.
3	Student placements: • Bringing placements in house through one central allocations team to maximise audited placement capacity. • Develop database, containing all available placements across the HB for all professions. • Develop new student centred HB wide placements with appropriate induction, supervision; sign off against learning outcomes, and appropriate orientation of supervisor/ educators to students clinical practice documentation.	Placement database and allocation system. Compare historic placement capacity against new models / placement opportunities. Functioning database, and student placement information. Management of KPI's. Database of supervisors / educators. Induction attendance / content review. Audits and evaluations of placements. Placement handbooks detailing the format and structure of placements.	Unable to bring placements in through central system at present, and each HEI/ profession works differently. Student centred IPE placements developed and in place. Training developed for practice educators in certain professions, IPE promoted as part of this.
4	Assess stakeholder satisfaction with new IP faculty model	Survey stakeholder satisfaction	MPPEF role has been positively received. Great feedback, and HEI's wish for parity across the health boards.
5	Monitor placement capacity	Compare historic placement capacity against new model (no of students per HB)	0 HEIW IPE hours were in place prior to MPPEF role being implemented. 136 student weeks planned so far for HEIW commissioned courses 2023-2024. Work ongoing across various professions to expand this. Ongoing work with non HEIW commissioned course – approx. 270 student weeks planned this academic year.
6	Identify placement model and resource requirements	See measures for objectives 1 & 2 and establish delivery model	MPPEF role at maximum capacity now. To develop further would need further MPPEF role in place / profession specific PEF's.

Appendix 2
Interprofessional Placements 23/24

Profession of students	IPE placement organised	No. of days/ std
Audiology and neurophysiology (1st year)	Ophthalmology with nursing and medical illustration teams.	2
Audiology (2nd year students)	RW in ENT clinics, ENT ward, Max fax, SLT teams.	5
Cardiac physiology students	RW in cardiology shadowing nurses, and MDT.	5
Respiratory Physiology students	RW in respiratory shadowing nurses, and MDT	5
Neuro Physiology (2nd year)	RW with MRI, X-ray, Parkinson's, stroke therapy, and nursing teams.	5
Paediatric nurses	RW in midwifery; antenatal clinic, pre and, post labour ward.	5
Speech and language students	A day with health visitors	1
Dietetic students (1st year students)	Care of the elderly ward, to gain insight of ward routines, and MDT roles.	2
Dietetic students (2nd year students)	Acute wards, to gain insight of ward routines, and MDT roles.	2
Adult nurses	Placements with Welsh Ambulance Service Trust	1 week
All fields of nursing	Pharmacy	0.5
All fields of nursing, physiotherapy, occupational therapy	Podiatry placement days with podiatry students at Cardiff Met University clinical hub. Collaborative work with university.	1
Pharmacy	IPE time within different settings; i.e. diabetes clinic, out patients department, smoking cessation team, cardiac rehab.	0.5 – 1.5
Paramedics	A week of placement in the following: cardiology, A and E, women's health, palliative care, theatres, and mental health crisis teams.	30 (6 weeks)
Medical life science students	Undertake a week "in the life of a nurse" placement.	5 (1 week)
Chiropractor students	Trauma and orthopaedics; theatre with surgeon, pre assessment clinic with consultant, and wards shadowing nurses.	1.5 days
Midwifery	Critical care rotation – ITU, outreach, and resus in the emergency department, and spend a week in theatres	10
Mental health and adult nurses	Undertake Collaborative Learning In Practice Placement project together in practice for 4 weeks.	20
Physio and OT	Have structured placement time arranged during their placements for student to student contact and learning.	Various

Further Multi Professional Education Facilitator work over 23/24

Profession	Activity	Future Work
Operating department practitioners – USW and Cardiff University	• Practice Educator Update training is ongoing across the three sites in CTMUHB. • We now have a streamlined ODP PE database that covers CTMUHB. • MPPEF attends the HEI ODP lead practice educator meetings on a quarterly basis.	• Continue delivering training • Ongoing meetings across sites to continue regular communications and preventing any placement issues.
Physio – USW and Cardiff University	• Shared placement meetings have been set up with health board student leads, myself, and a rep from each HEI. This is to ensure that smooth placement planning takes place from the unis, to avoid any issues leading up to placement. • Practice Educator training has been developed for implementation.	• Continue shared placement meetings. • Deliver PE training (commencing Sept 24)
Occupational Therapy – USW and Cardiff University	• Facilitated an OT engagement afternoon on 7th of June for clinicians with USW and Cardiff HEI leads, and OT clinicians. Allowed clinicians to see the differences between the courses at HEI's, and have an opportunity to ask any questions. Also discussed IPE requirements. • Support as required for EPAD.	• Annual OT engagement days. • Focus group around IPE that OT can support with. • EPAD sessions for clinicians.
Dietetics – Cardiff Met University	• Organised structured IPE opportunity (2 days each) on a rehab care of the elderly ward for placement one students. • Organised structured IPE opportunities across acute settings. • Simulation project.	• Continue with organisation of structured IPE days for all cohorts. • Continuation of student as educator simulation project.

Speech and language Therapy – Cardiff Met University	• Health visitor placements taken place. • Recordings of clinics taken place for sharing with relevant professions. • Ongoing liaison with uni and health board leads.	• Continue planning for these placement opportunities.
Clinical Psychology	• Teams to deliver student learning session in Oct 24. Meetings ongoing for further opportunities.	• Keep in contact with teams. • IPE SLS Oct 24.
Podiatry – Cardiff Met University	• On campus IPE placements taking place in clinical hub. Students from CTMUHB attend. • Liaised with university and health board leads.	• Continue with placements.
Audiology – Swansea University	• Ongoing liaison with uni and health board leads. • Organised structured IPE placements; year one students to spend time in ophthalmology, year two students to spend time in care of the elderly wards. These will be ongoing for each new cohort. • Developing opportunity for third year students – delivering training around trouble shooting hearing aids.	• Ongoing planning for placements.
Neuro Physiology – Swansea University	• Year one students to complete the ophthalmology/ medical illustrations placements. • Rotational week organised for year 2 students. • Planning for 3rd year student opportunity.	• Further planning for alternative IPE placement experiences.
Clinical engineering – Swansea University	• Have met with the placement lead, waiting on him to get back to me, as he wasn't in a position to look at it at present.	• Plan for some IPE activity.
Cardio physiology – Swansea University	• IPE placements developed and provided (1 week per student). They spend the week with different teams within cardiology to get a rounded experience of the patient journey. Positive feedback so far.	• Continue facilitating these placements. Other opportunities offered.
Respiratory physiology – Swansea University	• IPE placements developed and provided (1 week per student). They spend the week on respiratory ward working with different clinicians that attend wards as part of their working day.	• Continue facilitating these placements. Other opportunities offered.
Biomedical sciences – Cardiff Met	• Simulation day planning in progress.	• Supporting simulated opportunities at Cardiff met university.
Diagnostic radiology – Cardiff University	• DR team have delivered IPE sessions for nurses on radiology studies. • Simulation day organised for DR students as mentioned above. • Planning for next years activities.	• Continue and expand on projects.
Midwifery – USW	• Students spend a week in theatres and a week in emergency care on a rotation placement (ITU, Outreach and emergency department). • Paediatric nursing students undertake a rotational week in midwifery.	• Ongoing planning for those placements.
Nursing – USW	• CLIPP project remains in place. Trailed with two second year students, which had positive results. Provides another option for placement allocation team. • Rotational placements (cardiology) ongoing. • Ongoing nursing PEF role for my nursing clinical areas. • Placements commenced within Welsh Ambulance for student nurses. • Restorative clinical supervision sessions developed.	• Continuation with this work.

Appendix 3:

Advanced and Extended Practice Pharmacy

Summary and impact of 2023/24 funding on service change (in red), benefit to patients or increased knowledge and skills

Job Title	Course	Impact on service change	Impact
Advanced Frailty and Care of the Elderly Pharmacist	Module in Clinical Geriatrics	The module has increased my understanding of frailty. My role of attending the post take ward round is a new service that I have developed over the last year, which has been a supported by the module in clinical geriatrics. The ward round role has strengthened the relationship between pharmacy and the acute frailty team in Princess of Wales. All frail older adults are seen within 24 hours of admission keeping in with the medicines reconciliation within 24 hours key performance indicator. Overall the course has helped to drive a service change enabling the care of frail older adults to be enhanced in an acute setting.	Patient's benefitting
Deputy Chief Pharmacist YCR/YCC and Lead for Frailty	Quantitative Research method, qualitative research methods, Research proposal practitioner (3 modules)	I am actively conducting research as part of my job and this has only been possible with completing the modules. I am also able to support peers who are new to research or don't know how to start.	My knowledge and skills are being used in practice
Principal Pharmacist Primary Care (previously E&T Team Leader Primary Care)	PGCE	I was able to use the course to develop a training package for our Pharmacy Technicians in primary care, to allow them to safely conduct reviews of oral nutritional supplements (ONS) in the community. This new service is pivotal in us achieving savings of £250 000 on ONS being prescribed when not needed. It also enriches the role of the primary care Pharmacy Technician and gives them more opportunity for patient contact, to address adherence issues and continue to use consultation skills	Patient's benefitting
Emergency Department Pharmacist	Foundation in clinically enhanced assessment skills	By completing this learning I have been able to provide improved pharmaceutical care at the front door improving safety in prescribing, timely access to medications and discussing treatment plans with patients for ensure patient-centred care Further enhancing my clinical knowledge in assessment skills and result interpretation has allowed me to contribute to patient care plans suggesting monitoring and follow-up of acute treatments.	My knowledge and skills are being used in practice
Primary care pharmacist	Diploma in Respiratory Medicine	Understand wider respiratory conditions during reviews (that we do not diagnose/manage currently in clinic) Links with bronchiectasis team for treatment options, increased referral into specialist services I am now aware of to optimise patient management	Patient's benefitting
Advanced Pharmacist - Paediatrics	CPD Masters Certificate of Professional Development: Advanced Paediatric Pharmacy Practice – Liverpool John Moores	The course provided specialist training from pharmacists practicing in tertiary centres across the UK. As part of my training I completed in depth patient profiles for complex patients. As a result, when we had a child admitted to our district general hospital who was in kidney failure and awaiting a transplant it allowed me to be confident in calculating renal function in a child to check suitability of medications, ensure that medication use was safe and efficacious, and do so in a timely manner without needing to ask for support from tertiary centre pharmacists in different sites. more confident in complex cases and able to answer complex queries while on ward round with the consultants.	Patient's benefitting
Respiratory Advanced Pharmacist	Diploma in respiratory medicine	This course helped improve my understanding around respiratory medicine particularly ILD which in turn helped with the ILD drug monitoring clinic that I run. Based on the learning I did during the diploma I was able to identify an area of improvement around long term steroid management and have started a service evaluation from this looking at sick day rules education. It has allowed me to add more meaningful input to the MDT both in my specialist ILD role and general ward respiratory role.	My knowledge and skills are being used in practice
Pharmacist	Diploma in respiratory medicine	Improved knowledge of how to treat different respiratory conditions which has helped in ILD clinics and inpatients on the wards. ILD pharmacist led clinics - shorter waiting lists and patients seen by right HCP.	Patient's benefitting

Appendix 4

Widening Access Timetable 2024

Month	School year	WAM topic *(Facilitators)*	School year	Medical school Application Timetable
September		Contact Head teachers / schools *(Widening access team)*	13	Sit UCAT Exam
October	13 13	The medical Interview & Mock interviews including MMI *(Clinical fellows +/- medical staff)*	13 13	Sit UCAT Exam UCAS application closes
November	12 12	**Students:** Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements *(Ideally F2F; TEAMS vis schools also possible; Clinical Fellow & WA lead)* Application for Medical Work Observation sent to Schools in CTM Catchment *(Widening access team)*	13 13	Sit BMAT Exam Attend Interviews
December	12 12	**Students:** Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements *(Ideally F2F; TEAMS vis schools also possible Clinical Fellow & WA lead)*	13	Attend Interviews
January	12	**Parents evening:** Why go to University; Medical school information; Careers advice; Selecting a medical school; Application process; Admissions process; Key dates; Preparing for University *(Face to Face; WA lead & Clinical fellow)* Primary school sessions *(Year 3 SSC)*	13	Attend Interviews
February	11	**Teachers/career advisers:** A career in medicine: Career options Include info on subject choices and grades UG v PG courses *(F2F or TEAMS; WA Lead & Clinical fellows)* Primary school sessions *(Year 3 SSC)* Year 10 Clinical skills and simulation event *(Clinical fellows KHAC)*	13	Attend Interviews
March	5&6	Year 10 Clinical skills and simulation event *(Clinical fellows KHAC)*	13	Attend Interviews
April	5&6 12	Application for Medical Work Observation closes and shortlisting done. *(Widening access team)*	13	Attend Interviews
May	5&6 12	Primary school sessions *(Year 4 SSC)* UCAT training & UCAT mock (Bank questions / online material) *(Clinical fellows)*	13	Confirm University choices
June	5&6 12	Primary school sessions *(Year 4 SSC)* WOBS induction *(Widening access team)*		
July	12 12	WOBS virtual sessions *(Widening access team)* WOBS in hospital week *(Widening access team)*	12	Sit UCAT exam

August			12 12	Sit UCAT exam Start writing statement

Appendix 5

Clinical Education Forum

Terms of Reference

Purpose and Role of the Forum

Education and Training underpins the quality of everything that we do. It is well recognised that high quality well-designed clinical education and training has a strong causal relationship with service improvement, patient outcomes and quality healthcare provision.

The purpose of the Clinical Education Forum is to provide effective systems of educational governance and leadership that ensure optimal investment and resource utilisation in education activity to support and underpin the capability, capacity and confidence of our clinical workforce, and delivery on CTMUHB strategic goals; Creating Health, Improving Care, Sustaining Our future and Inspiring People, and the key objectives of 'A Healthier Wales'.

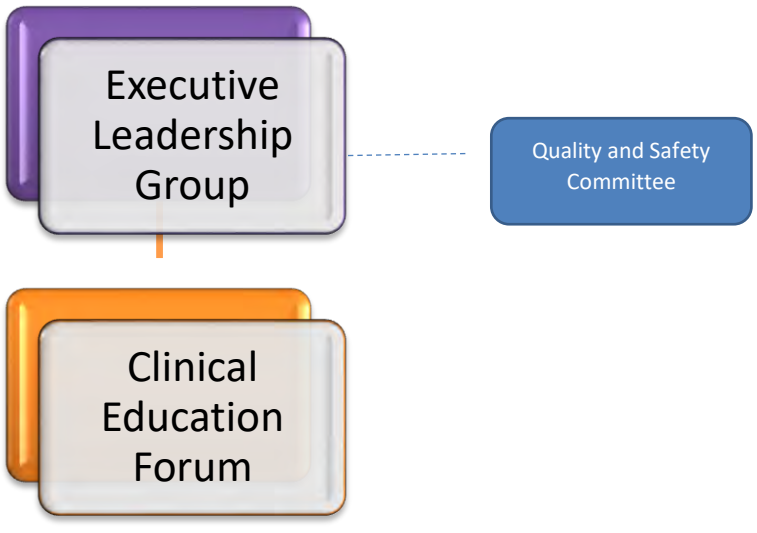
Overarching Strategic Principles

- Setting up the systems of staff education & training and capacity building that encourage life-long learning
- Promoting multi-professional education and inter-professional learning generating openness to collaboration and effective co-design.
- Developing staff to work at the "top of their licence" both registrants and support staff.
- Underpinning innovation in and delivery of new models of care by building skills and capability and embracing new technology.
- Delivering a change in organisational mind-set and management thinking to focus on learning.

High level Objectives

- Providing leadership and direction on all matters relating to education and learning
- Ensuring Clinical educational quality and performance.
- Determining the Clinical educational governance framework and strategic direction
- Overseeing the development, implementation and review of educational quality standards and mechanisms.
- Scrutiny of the operation of educational quality assurance and enhancement arrangements
- Understanding education demand and capacity and ensuring return on investment
- Ensuring evidence of high quality education outcomes for staff.

Reporting



University Health Board Status reporting: Clinical Education is a key pillar of activity contributing to University Health Board status alongside Innovation and Research and Development. As such clinical education activity information may be required to contribute to reporting of University Health Board status to Population Health and Partnerships Board.

Scope and Duties

Responsible for:

Assurance and Escalation to Executive Leadership Group

- Educational Governance
  - Systematically monitoring and evaluating the progress of the education and learning strategy.
  - Defining the performance indicators and put in place the structures and processes to evaluate progress.
  - Monitoring and facilitating compliance against external education performance standards, good practice and guidance.
  - Monitoring and ensuring action on feedback from learners in regards to provision quality and accessibility of professional development and training
  - Identifying, monitoring and controlling risks relating to the delivery of high quality education and learning activities.

- Educational Strategy
  - Providing leadership and direction on all matters relating to Clinical Education and Learning.
  - Approving the annual HEIW Education Commissioning Return.

  - Developing clear clinical career and education escalator pathways from Health Care Support Worker roles through to Advanced and Consultant level practice.
  - Ensuring an appropriate multi-professional education and learning strategy is in place and aligned with organisational and workforce priorities, at local and national levels.
  - Support the implementation of an annual quality plan designed to improve the quality and effectiveness of multi-professional education and learning activities.
  - Supporting development of strategies to widen access to clinical careers in our local communities.

- Finance
  - Maintaining ongoing monitoring of the quality and value for money of both internal and external education and learning services provided to the organisation.
  - Recommending to the Board the allocation of resources against education and learning priorities for our current and future workforce. E.g. training accommodation, clinical training placement capacity building.
- Partnership Working
  - Ensuring that all healthcare staff, students, trainees and learners are actively involved in education and training processes so that Education Governance remains relevant and responsive to needs.
  - Ensuring tri-partite working with Innovation and Research in support of University Health Board activity.
  - Working in partnership with our Higher Education Institutions (HEI) colleagues in the fields of research, teaching, innovation and evidence based practice, to drive up standards and build momentum for co-creative roles and a collective drive for a better future for our communities.

Membership

Co-Chairs: Executive Director of Nursing & Executive Director of Therapies and Health Care Science

AMD Medical & Dental Education

Medical Undergraduate lead

Deputy Director of Nursing

Assistant Director of Nursing & People's Experience

Deputy Director Workforce and OD

Head of Workforce Planning

Director of Pharmacist

Head of Pharmacy E&T

Finance Lead Clinical Education

Head of Mental Health Psychology and Psychological services.

Care Group Director Representatives

Director of Midwifery and Nursing

Director Improvement and Innovation

AD Research and Development

Assistant Director of Clinical Education

Primary Care Academy Manager

Lead Nurse Clinical Education

Clinical Education Manager

Clinical Director for AHPs

Therapies Clinical Quality Manager.

AD Therapies and Health Care Sciences.

Senior Nurse Clinical Education

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed

Meetings

Quorum

A quorum will comprise of a minimum of 50% of the membership and must include the Chair or Vice Chair.

A representative must be identified to attend in a member's absence.

Frequency of Meetings

Meetings will be held bi-annually. The Chair may request a meeting if they consider that one is necessary. Meetings will be arranged to align with key statutory requirements during the year consistent with the UHB's annual plan of Board Business.

Urgent related business
The raising of any other urgent related business can be done so with prior knowledge and approval of the Chair.

Circulation of Papers

Papers will be circulated at least 5 working days prior to the meeting.

Reporting and Assurance Arrangements

The Chair shall:

- Report formally, regularly and on a timely basis to the Executive Board. This includes:
  - Highlight report
  - the submission of minutes
- Bring to the Executive Board specific attention to any significant matters under consideration.
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Board Committees of any urgent/critical matters that may affect the operation and/or reputation of CTMUHB.

Review

These Terms of Reference shall be approved by the Executive Board and subject to review at least on an annual basis.

Amended: November 23.

Next Review date: November 24

Agenda Item
8.2.11

Quality & Safety Committee

Antimicrobial Resistance Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Avril Tucker, Principal Pharmacist for AMS
Cyflwynydd yr Adroddiad / Report Presenter	Dr Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Antimicrobial Stewardship Group established	20th September 2024	TOR agreed and action log generated (appendix 1 – available on request)

Acronyms / Glossary of Terms	
RCT	Rhondda Cynon Taf
AMS	Antimicrobial Stewardship
TOR	Terms of Reference
NAP	National Action Plan
AMR	Antimicrobial Resistance
LMC	Local Medical Committee
IPC	Infection Prevention & Control
CPW	Community Pharmacy Wales

1. Situation /Background

"It is not difficult to make microbes resistant to penicillin in the laboratory by exposing them to concentrations not sufficient to kill them, and the same thing has occasionally happened in the body".

Alexander Fleming, 1945

Antimicrobials treat millions of people worldwide for minor to potentially life-threatening infections in humans and animals; they allow safe surgical interventions, and support cancer treatments. Organisms have developed resistance to antimicrobials, meaning that treatments are less effective, causing harm to humans and animals. Resistant organisms pose a major public health threat.

The UK government has a 20-year vision for antimicrobial resistance (AMR), setting the ambitious goal of ensuring AMR will be controlled and contained by 2040. The vision will be delivered via a series of 5-year national action plans (NAP). The first NAP, 'Tackling antimicrobial resistance 2019 to 2024', led to progressive action towards reducing the negative impact of AMR in the UK and globally.

Our new NAP, 'Confronting antimicrobial resistance 2024 to 2029', builds on the achievements and lessons of the first. It consists of 9 strategic outcomes organised under 4 themes and is summarised in figure 1.



Figure 1: *Summary of the 2024 to 2029 NAP*

2. Specific Matters for Consideration

CTM primary care are the highest prescribers of antimicrobials in the UK, thus, also the highest prescribers of antimicrobials in Wales, as illustrated in figure 2.

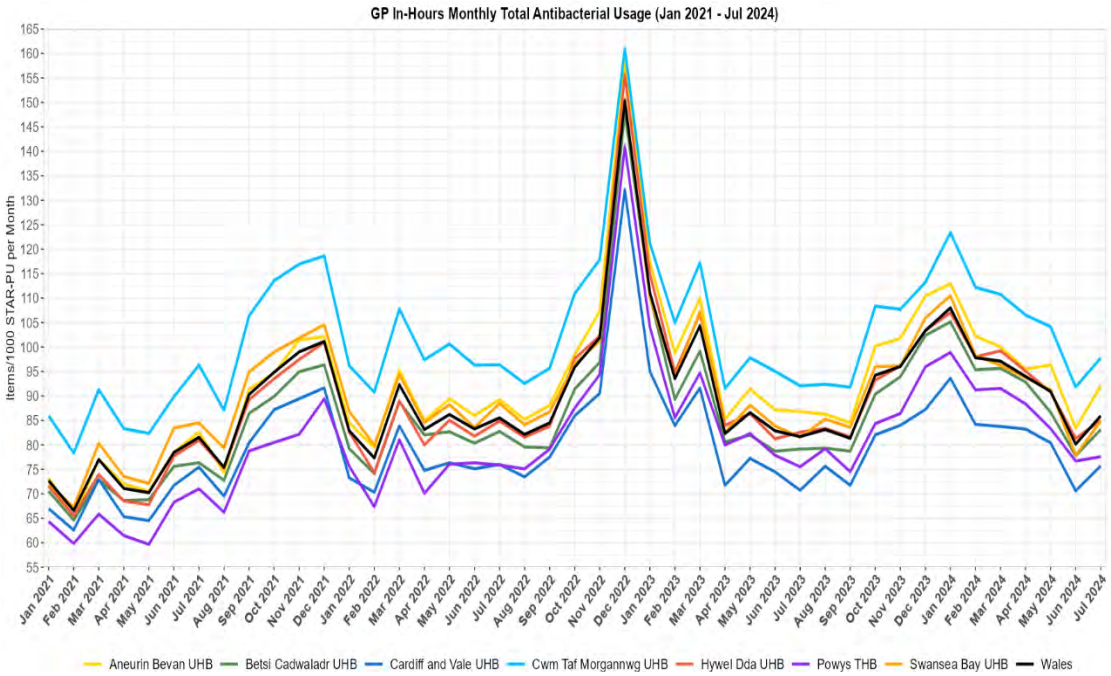


Figure 2: *Comparison of All-Wales anti-microbial prescribing rates in primary care*

While this data provides a strong imperative for improvement, the clinical picture is complex. High levels of social deprivation are strong indicators of increased prescribing of antimicrobials, and data on admissions from infections is key effective articulation of the scale of the issue locally, and ability to illustrate the case for change in prescribing behaviours.

Irrespective of this, the antimicrobial prescribing targets in the new NAP are:

1. By 2029, reduce the total antibiotic use in human populations by 5% from 2019 baseline (this means reducing by 10% in Primary Care, in order to meet previous NAP target, and 5% in Secondary Care)
2. By 2029, achieve 70% of total use of antibiotics from Access category across the healthcare system.

3. Key Risks / Matters for Escalation

The Medical Director's Office has established an Anti Microbial Stewardship group. The aim of the group is to:

- Improve antimicrobial prescribing across both Primary and Secondary Care
- Reduce rates of associated harms from infections and antimicrobial prescribing

- Demonstrate value and quality in all aspects of antimicrobial prescribing

The Committee's objectives are to:

- Ensure a multidisciplinary approach and improve engagement across the organisation.
- Report AMS activities and antimicrobial prescribing trends to the Health Board Quality and Safety Committee.
- Ensure that evidence-based local antimicrobial guidelines are reviewed regularly or when new evidence is published.
- Ensure regular auditing in line with Start Smart then Focus, the results to be shared with AMS committee.
- Report a regular formal review of the Health Board's retrospective antimicrobial consumption data
- Identify actions to address non-compliance with local guidelines (exception reporting), general AMS issues and other prescribing issues
- Aligning AMS goals with EPMA and Nerve Centre capabilities through tailoring and designing inputs and outputs

The AMR Group will meet every two months and is comprised of:

- Consultant Microbiologist
- AMS Pharmacist
- Acute Medical Physician
- Surgeon
- Senior member of pharmacy management team
- Anaesthetist/Intensivist
- Paediatrician
- Senior nurse
- Primary care representation, including LMC
- Senior IPC representation
- Senior representative from each care group
- Advanced Clinical Practitioner
- Community Pharmacy representation, including CPW

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Growing well

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Leadership
	If more than one applies please list below: Data to knowledge Learning, improvement & research
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: All educational slides have had their titles translated to Welsh throughout the presentation.

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

The Committee is asked to NOTE the progress made to date.

6. Next Steps

The CTM AMR strategy is to be developed and launched, with targets in line with the NAP and progress will be reported to the Q&S committee.

Agenda Item
8.2.12

Quality & Safety Committee

Organ Donation Committee Annual Report

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Corinna McNeil, Specialist Nurse Organ Donation Victoria Hughes, Specialist Nurse Organ Donation
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
SNOD	Specialist Nurse Organ Donation
CLOD	Consultant Lead Organ Donation
ME	Medical Examiner

1. Situation /Background

1.1 Cwm Taf Morgannwg UHB is recognised by NHS Blood and Transplant (NHSBT) a Level 2 Health Board. In 2023/24, from 6 consented donors, CTMUHB facilitated 14 solid organ donations that resulted in 16 patients receiving lifesaving, or life changing, transplants.

1.2 CTM UHB has two embedded Specialist Nurses for Organ Donation (SNODs) 1.8 WTE, two Clinical Leads for Organ Donation (CLODs), and the current Regional CLOD for South Wales is a CTM Consultant. These are NHSBT funded activities and are subject to annual performance management. A business case has been put forward to NHSBT to apply for a further 0.2 WTE for the Specialist nurses. Historically CTMUHB has had 2 WTE SNOD's to ensure adequate cover and service delivery for all 3 sites.

1.3 CTM UHB has a well-attended Organ Donation Committee (ODC), which has representation from all relevant internal and external stakeholders, including patient and family representatives. The ODC is the forum in which Health Board performance is reported, missed opportunities discussed, a communication strategy developed, and education sessions are planned.

1.4 Financial support for Organ Donation activities is funded by NHSBT. These monies are held in a regional fund, which can be easily accessed by the local Organ Donation Committee. These funds can support educational events, memorial activities, facilities for visitors to Intensive Care, and artwork installations on hospital sites.

1.5 Clinical performance and engagement within CTM are excellent. In the year 2023/24, there were not any occasions when organ donation was not raised where appropriate. There was only 1 occasion (out of 20) when a SNOD was not present during family discussions – in this case, it was a known decision to Opt-Out of the Organ Donation Register. 100% of patients who meet criteria for neurological death testing were tested, reflecting a confidence within the clinical team with the process. A performance dashboard is available to the public.

1.6 We have excellent support from HM Coroner for South Central Wales – should a potential donor require coronial investigation – we are able to discuss the matter with the Coroner out-of-hours, and there was 1 case when the Coroner placed restrictions on donation of specific organs. With the role out of the mandatory ME scrutiny we have established a robust process to hold preliminary conversations with the ME service to discuss a cause of death. This service is 24/7 to ensure there will be no delays or prohibit donation proceeding in a timely manner.

1.7 In March 2022, the Welsh Organ Donation and Transplantation Plan 2030 was launched. This was developed by the Welsh Transplant Advisory Group (WTAG) which identified 5 key targets

i. Increasing deceased donation opportunities
ii. Increasing tissue and eye donation

iii. Increasing living donation and transplantation
iv. Increasing access to transplantation
v. Improving transplant outcomes
vi. Supporting a sustainable and diverse workforce

1.8 The theatre team are now comfortable and familiar with the process of the Withdrawal of Life Sustaining Therapies in the anaesthetic room, and our practices and experiences have been shared at national level as examples of good practice.

1.9 The National Organ Retrieval Service (NORS) receive excellent support from our theatre teams when retrieving organs from our donors. There are no obstacles in accessing theatre space, and it is widely accepted that an Organ Retrieval is a “lifesaving” procedure – in a much wider sense than usual.

1.10 There is excellent follow-up support for the families of deceased donors. The Critical Care psychology service is sector leading in the bereavement service that they provide, and this is supplemented by the SNOD feeding back to families the outcomes of their gift of life.

1.11 All donor families are invited to an annual memorial event where the Gift of Life is recognised, and they are presented with an Order of St. John Award.

1.12 SIGNET research programme has now been rolled out to all 3 sites. This will aid in advancing the future of organ donation and transplantation.

1.13 SNOD’s/CLOD’s have collaborated with University of South Wales to film simulation training for nursing, ODP’s, physiotherapy and medical students inclusive of the entire process of organ donation. This provides vital education of our further healthcare providers and is also available to all staff within CTMUHB.

2.Key Risks/matters for escalation

2.1 How the Health Board, with the ODC, will continue the excellent practice.

2.2 How the Health Board will support the SNOD and CLOD in meeting the key priorities of the 2030 plan.

2.3 How the Health Board work with NHSBT to increase the number of CTM residents on the Organ Donation Register and support community engagement to raise awareness.

2.4 Supporting NHSBT to ensure the CLOD and SNOD workforce matches the reconfiguration of Critical Care Services in CTM. Aim to regain 0.2 WTE SNOD hours to ensure adequate cover for all 3 sites.

3 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:

Link to CTMUHB Strategic Goal(s)	
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Dying Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below:

Impact Assessment		
AnsawddYdych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	All practices are performed in-line with the Human Tissue Act and Welsh "Deemed Consent" law.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

4 Recommendation

4.1 The committee is asked to NOTE the content of this report.

Agenda Item
8.2.13

Quality & Safety Committee

Access to Medicines Annual Update

Dyddiad y Cyfarfod / Date of Meeting	19/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Dr Brian Hawkins: Deputy Clinical Director, Chief Pharmacist Medicines Governance
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
NICE	National Institute for Health & Care Excellence
AWMSG	All Wales Medicines Strategy Group
ATMG	Access to Medicines Group
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation /Background

1.1 The Access to Medicines Group (ATMG) was established in November 2023. The group replaced the previous Medicines Management Expenditure Committee (MMEC).

1.2 The group is chaired by Dr Anthony Gibson.

1.3 The group meets bi-monthly. There have been seven meetings of the group to date.

1.4 The remit of the group is to provide assurance that the access to and management of medicines is safe, legal, equitable, cost-effective, evidence based and provides optimal patient care. It is the key forum underpinning the governance and assurance frameworks for all the processes involving access to and use of medicines within CTMUHB. The ATMG remit covers primary and secondary care medicines management.

Terms of reference are available on request.

2. Specific Matters for Consideration

2.1 NICE/AWMSG approved medicines - implementation assessment & impact: Detailed horizon scanning, implementation impact assessment and plans have been developed and agreed for 23 new NICE/AWMSG approved medicines.

2.2 Local Formulary applications: There have been 12 local formulary applications that have been developed and discussed by the group.

2.3 Guidelines, Policies & process
8 guidelines, policies and procedures have been assessed and approved/endorsed by the group. Details are included in attached report.

See appendices 1, 2 and 3 for full list of medicines approved, applications and policies and procedures.

3. Key Risks / Matters for Escalation

3.1 Attendance at meetings is being reviewed. Regular attendance from all sectors care groups, clinical specialities, planning and finance e.g. is essential to ensure that there is a proper planning and governance structure supporting access to medicines.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Creating Health
	If more than one applies please list below: Creating health

Link to CTMUHB Strategic Goal(s)	Improving care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Ageing well Living well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Effective Efficient Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd*Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	Yes (Include further detail below)

5. Recommendation

5.1 The Committee are asked to NOTE the contents of the report.

Appendix 1

NICE/AWMSG TA impact assessments

Drug / medicine	Indication / therapeutic area
Tofacitinib	Ankylosing spondylitis
Bimekizumab	Axial spondyloarthritis/psoriatic arthritis
Risankizumab	Crohns disease
Semaglutide (Wegovy)	Weight management/obesity
Upadacitinib	Crohns disease
Mirikizumab	Ulcerative colitis
Secukinumab	Hidradenitis suppurativa
Tezepelumab	Severe asthma
Daridorexant	Long term insomnia
Rimegepant	Treatment of migraine
Dapagliflozin & empagliflozin	Chronic heart failure
Deucravacitinib	Plaque psoriasis
Finerenone	CKD in type 2 diabetes
Tirzepatide	Type 2 diabetes
Mavacamten	obstructive hypertrophic cardiomyopathy
Bulevirtide	chronic hepatitis D
Venetoclax with azacitidine	untreated acute myeloid leukaemia
Etrasimod	ulcerative colitis
Fluocinolone intraviteal implant	diabetic macular oedema
Atogepant	Treatment of migraine
Trifarotene	Acne vulgaris
Ritlecitinib	Severe alopecia areata
Remdesivir & Tixagevimab & Cligavimab	COVID-19
Trifarotene	Acne vulgaris

Appendix 2 Guidelines & Policies

Guideline	Comment
Medicines shortages procedure	Paper outlining HB wide process for managing and communication medicines shortages agreed
Planning, implementation & monitoring of NICE/AWMSG approved medicines	Process for identifying, planning and monitoring of NICE/AWMSG approved medicines across care groups agreed
Prescribing of originator biosimilars	Process agreed for the Rx of originator biologic medicines
Sulphasalazine shared care protocol	Updated s/c protocol agreed
Inhaler switch in sec care (Fostair to Lufrobec)	Process for inhaler switch agreed: supports primary care switch
Apixaban Prescribing	Paper agreed on proposed oral DOAC prescribing strategy
Continuous blood glucose monitoring	Paper informing group of
Medicines free sample policy	Policy on use of free medicine samples agreed

Appendix 3 Local Formulary Applications

Local formulay applications	Indication/change	outcome
Lenzette (estradiol) spray	HRT	Approved
Remimazolam:	sedation during cardioversion	Not approved
Oraltek / SLIT	sublingual immunotherapy	approved
Apixaban	change to first line therapy	Approved
Anthelios	Photodermatoses	approved
Simalavia	Relief of abdominal pain	Not approved
Visutrax	Glaucoma	Approved
Azelair	Allergic rhinitis	Approved
Trehapen	Dry eye	Approved
Ivermectin	Hyperkaeratotic scabies	Approved
Agomelatine	Major depression	Treatment pathway to be developed