



**Agenda Item**

5.2

**Quality, Safety & Experience Committee**

**Clinical Executive Directors Update Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	18/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	<ol style="list-style-type: none"> <li>1. Richard Hughes-Executive Director Nursing, Midwifery and Patient Care</li> <li>2. Dom Hurford-Executive Medical Director</li> <li>3. Lauren Edwards-Executive Director of Allied Health Professions (AHPs) and Health Science</li> <li>4. Philip Daniels-Executive Director of Public Health</li> </ol>
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	<ol style="list-style-type: none"> <li>1. Richard Hughes-Executive Director Nursing, Midwifery &amp; Patient Care</li> <li>2. Dom Hurford-Executive Medical Director</li> <li>3. Lauren Edwards-Executive Director of Allied Health Professions (AHPs) and Health Science</li> <li>4. Philip Daniels-Executive Director of Public Health</li> </ol>
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	<ol style="list-style-type: none"> <li>1. Richard Hughes-Executive Director Nursing, Midwifery &amp; Patient Care</li> <li>2. Dom Hurford-Executive Medical Director</li> <li>3. Lauren Edwards-Executive Director of Allied Health Professions (AHPs) and Health Science</li> <li>4. Philip Daniels-Executive Director of Public Health</li> </ol>

**Pwrpas yr Adroddiad /**

For Noting

Clinical Executive Directors update report

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Quality, Safety & Experience Committee  
18/11/2025



**Report Purpose**

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

**Acronyms / Glossary of Terms**

CTMUHB	Cwm Taf Morgannwg University Health Board
CTM	Cwm Taf Morgannwg
RNID	Royal National Institute Deaf
OT	Occupational Therapist
YCR	Ysbyty Cwm Rhondda
Physio	Physiotherapy
ESD	Early Supported discharge
HCPC	Health and Care Professionals Council
SLTs	Speech and Language Therapists
ROAG	Responsible Officer Advisory Group
PAG	Performance Advisory Group
HEIW	Health Education and Improvement Wales

## **1. Situation /Background**

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

- Richard Hughes-Executive Director Nursing, Midwifery & Patient Care
- Dom Hurford-Executive Medical Director
- Lauren Edwards-Executive Director of Allied Health Professionals (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 each of the Quality, Safety & Experience Committee meetings through the Quality, Safety & Patient Experience Dashboard.

## **2. Specific Matters for Consideration - Clinical Executive Director specific Updates:**

### **2.1 Nursing & Midwifery-Richard Hughes**

This section of the paper provides an overarching update on the achievements and current challenges within the remit of Nursing & Midwifery.

#### **Successes**

##### **Nursing Leadership**

We are pleased to announce the successful appointments to the newly established Acute Site Heads of Nursing posts at Prince Charles Hospital (PCH) and Princess of Wales Hospital (POW), strengthening leadership across our acute sites.

We also warmly welcome Lloyd Griffiths as Interim Care Group Nurse Director for Mental Health and Learning Disabilities, bringing valuable expertise to this critical area. Interviews are underway this month for the interim Nurse Director role within the Primary Care and Community Care Group to provide maternity cover, ensuring continuity of leadership and support for our teams.

In addition, we are delighted to confirm the appointment of Becky Gammon as our Deputy Executive Director of Nursing, further enhancing our senior nursing leadership capacity.

We are equally pleased to announce Deborah Matthews as the substantive Nurse Director for the Unscheduled Care Group, reinforcing our commitment to delivering safe and effective care across urgent and emergency pathways.

## **Celebrating Leadership Development**

The Executive Director of Nursing, Midwifery and Patient Care had the privilege of attending an event to celebrate Cheri Lewis, our Senior Midwifery Information Officer, and Sophie Bassett, Lead Nurse for Older Adults in Mental Health, as they successfully completed the Florence Nightingale Foundation Scholarship.

Both have delivered innovative and impactful projects that contribute to service improvement while advancing their leadership journeys. Their achievements exemplify our commitment to fostering professional development and driving positive change across nursing and midwifery services.

## **Challenges**

### **Emergency Care Flow**

While we acknowledge the significant progress made in reducing ambulance handover delays across CTM, which has strengthened our ability to protect communities and support the timely provision of emergency care, we remain concerned about increasing waiting times in Emergency Departments and delays for patients awaiting admission. These pressures impact patient experience and flow through our hospitals.

The Executive Director of Nursing and the Chief Operating Officer are working closely with Care Groups to mitigate the frequency and impact of these delays. This includes ensuring that patients who require admission are prioritised appropriately and exploring new pathways to prevent unnecessary admissions, supporting safe and effective care delivery.

Assurance and update reporting is planned for the January 2026 Committee, which will include a detailed report on the recent escalation protocol changes and their impact across both planned and unscheduled care areas.

### **Perinatal Assessment**

We wish to acknowledge the ongoing All-Wales Perinatal Assessment, which forms part of a national quality assurance process. CTM has completed and submitted its self-assessment and will now participate in hosting colleagues for site visits as part of the review methodology. This collaborative approach provides an opportunity to benchmark our services and identify areas for improvement.

An update will be provided to the Committee in January 2026, subject to the availability of the final report, which is scheduled to conclude during that month.

## **2.2 Medical Directorate-Dom Hurford**

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

## **Achievements**

This section covers the following achievements:

1. Medical Education Governance Meeting
2. Human Tissue Authority (HTA) Inspection Report
3. New Professional Standards PAG/ROAG Process

### **Medical Education Governance Meeting**

There are a number of HEIW reviews into resident doctor training and experience ongoing within CTM. This is not unusual; however, we are constantly striving for better Resident training and education as well as patient experiences and quality of care.

Until now these HEIW reviews have been managed within the Medical Education team with input from the Care Groups and Executive teams. We have now established an oversight group that can hold the teams to account on delivery of improvements and any assurance issues.

The Medical Education Governance Meeting holds this role and we had our first meeting in October. It was a thorough meeting detailing all areas needing attention and sought detailed plans and assurance of progress. All involved felt it was a useful session and we intend to conduct these twice yearly going forwards.

### **HTA Inspection Report**

In September 2025 we received correspondence from the Human Tissue Authority (HTA) regarding the HTA inspection, which took place at Royal Glamorgan Hospital on the third and fourth of September 2025.

We are very pleased to say there were no shortcomings reported, some suggestions were given, and only a few minor recommendations that are in hand already.

The HTA is an important process and we recognise the significant amount of time, planning, and attention to detail that was required to ensure we met the highest standards. Thank you to Martin Ludlam and Paul Davies for the hard work here.

### **New Professional Standards PAG/ROAG Process**

CTMUHB has established a Responsible Officer Advisory Group (ROAG) to support decisions regarding Professional Standards as well as an initial group at Care Group level, to be known as Performance Advisory Group (PAG).

This process will look to:

- Manage cases as early as possible
- Standardise a process that is fair and transparent for all
- All decisions to be made by a group adding a layer of scrutiny, consistency and an opportunity to share knowledge and identify any trends/patterns

- Improve learning between Care Groups to provide a consistent approach for all

The first meeting of this new and improved format will take place in early November 2025.

## **Areas of Focus**

This section of the report covers the following areas of focus and how the Medical Directorate aim to address them:

1. Clinical Policies and Procedures
2. Mental Health Culture

## **Clinical Policies and Procedures**

We are currently awaiting the finalised Policy for the Development, Review and Approval of CTMUHB Policies, Procedures and Other Written Control Documents following its Consultation which concluded on 24 October. Alongside this, we have drafted a comprehensive guideline that outlines the key differences between Policies, Protocols, Procedures, Guidelines, and Standard Operating Procedures (SOPs) in clinical and healthcare settings. This guideline will accompany the updated Policy when it is issued to the Care Group Clinical Teams.

In the interim, the Medical Directorate team has requested that all Care Groups review their Out-of-Review Date Policies.

Once this review is complete, any obsolete policies will be logged, saved and deleted from SharePoint. This will then initiate the migration of the old SharePoint Clinical Policies page to the new SharePoint platform.

Our goal is that, once the new Policy for the Development of Clinical Policies is circulated and the migration to the new SharePoint page is complete, the new process will enable teams to better manage their Clinical Policy review dates and approval processes.

## **Mental Health Culture**

Issues have arisen over the culture within aspects of the MH team (Mental Health), which stems from the behaviours of a few senior clinicians.

HEIW are involved in supporting trainees and helping us ensure a safe productive environment.

The Care Group are dealing with this, providing a robust plan for challenging and working with the whole team to improve the culture, and allow openness to change and challenge behaviours.

Our overriding aim is to ensure the quality of patient care is preserved and colleagues are able to carry out their roles in a safe environment.

Due to confidential reasons, we will provide a fuller briefing in the In-Committee meeting and with the IMs (Independent Members) involved in Professional Standards.

### **2.3 Allied Health Professions and Healthcare Science-Lauren Edwards**

This section of the paper provides an overarching update on the achievements and current challenges within the remit of Allied Health Professionals and Healthcare Science.

#### **Successes**

##### **Audiology Adult Quality Standard Visit**

In a recent Adult Quality Standard Visit, the overall compliance score for CTMUHB Health Board was 91.8%.

Lower Scoring Areas for improvement within the Audit were:

- Wait times were compared to national targets and monthly data showed they exceeded this national target, but the team were already aware of this and had actions in place.
- The ambient noise measures yielded poor results in some of rooms. The Service has placed mitigations on the use of these rooms to ensure appropriate usage and to reduce the risk.
- Some of the outcomes at the follow up had not been completed. There is a plan in place to address this.

Examples of good practice in the audit were:

- Excellent detailed pathways/Standard Operating Procedures were seen throughout the audit. These are included in the induction for new staff and are ideal for existing staff to refer to.
- CMTUHB excelled in collaborative working with internal and external agencies, including the RNID and Hard of Hearing clubs.
- It was evident throughout the audit process that the team offer good support to their colleagues and they themselves receive good support and encouragement from higher management.

##### **OT and Physio: improving patient flow in YCR stroke pathways by increasing discharges with the Stroke Early Supported Discharge Team**

A relaunch of Stroke ESD took place in October 2024. This involved outlining the service model and how it can increase the discharge profile from the YCR stroke pathway. Following feedback from the YCR AHPs, it was identified that not all staff were confident identifying suitable patients for ESD and half reported experiencing barriers referring to the service.

A comparison of data from October 2023-May 2024 and October 2024-May 2025 found a **262.5% increase** in the number of referrals to ESD. Length of stay on the stroke ward is now half that of the other rehab wards in YCR.

*What our patients say:*

*"I feel as if friends are calling when one of the stroke team calls, I am grateful for having them."*

*"First class service from team, friendly, professional and caring, top marks to them all."*

*"Our experience of the ESD has been admirable. There is no way we would have coped without their valuable input! Sincere and uttermost thanks! Without the intervention of the ESD team, I would not have recovered the way that I have."*

### **Recognition**

The **Cardiac Physiology** department at PoW was successful in winning Swansea University Practitioner Training Programme (PTP) Cardiac Physiology department of the year.

The **Speech and Language Therapy** service was shortlisted for the Mental Health & Wellbeing Wales Awards 2025 for a [Mental Health & Wellbeing Wales Awards 2025](#), in the category of Workplace Wellbeing Award. The awards recognise individuals and organisations who go above and beyond to support the wellbeing of others.

CTM's **Clinical Education** team hosted a Student and Educator celebration event on Wednesday 22 October at Princess of Wales Hospital, opened by the Executive Director of AHPs and Health Science. The event was a celebration for nursing, midwifery, Allied Health Profession, and Health Care Science third year students, and educators across CTMUHB.

Awards included the AHP/Healthcare Science Student of the Year.

The Most Inspiring Student 2025 was awarded to a Speech and Language Therapy student who is now qualified and employed in CTM.

The Most Inspiring Educator 2025 was awarded to David Williams, Cardiac Physiologist.

### **Awareness**

**Health and Care Professions Council:** Speech and Language Therapists and Occupational Therapists across the UK recently undertook their 2 yearly HCPC registration renewal. Within CTM, all SLTs and OTs successfully renewed their registration without exception.

**The Forensic Adolescent Consultation Service** held an online national Forensic Interest Group on 18<sup>th</sup> Sept with a focus on 'the vulnerable child' in relation to online exploitation and radicalisation.

**Podiatry** have developed a *Nail Care on the Ward* poster to support nursing colleagues in delivering nail care, with use of a QR code for all patients. In 2012, Welsh Government set a directive that routine nail care was not to be provided by Podiatry as it was deemed a social need rather than a medical need. Over the years there has been a reduction in the number of referrals received from the wards, however on average 13 referrals are still received every month requesting nail care. The poster will help in preventing inappropriate referrals to Podiatry reducing the demand by 65%, enabling timelier review of patients who require specialist treatment and improve efficiencies with the administration of referrals.

## 2.4 Public Health Update-Philip Daniels

This section of the paper provides an overarching update on the achievements and current challenges within the remit of Public Health

Blood Borne Virus (BBV) Elimination Programmes across CTMUHB: progress and concerns:

### Hepatitis B and C Elimination

- Welsh Government is committed to eliminating hepatitis B and C as a public health threat by 2030. Health Boards were requested to lead the development of elimination plans for their respective areas, working with the Area Planning Boards (APB) and Public Health Wales (PHW). There are 13 actions outlined by the Welsh Government roadmap to achieving elimination all of which were addressed within the Cwm Taf Morgannwg Elimination Plan.

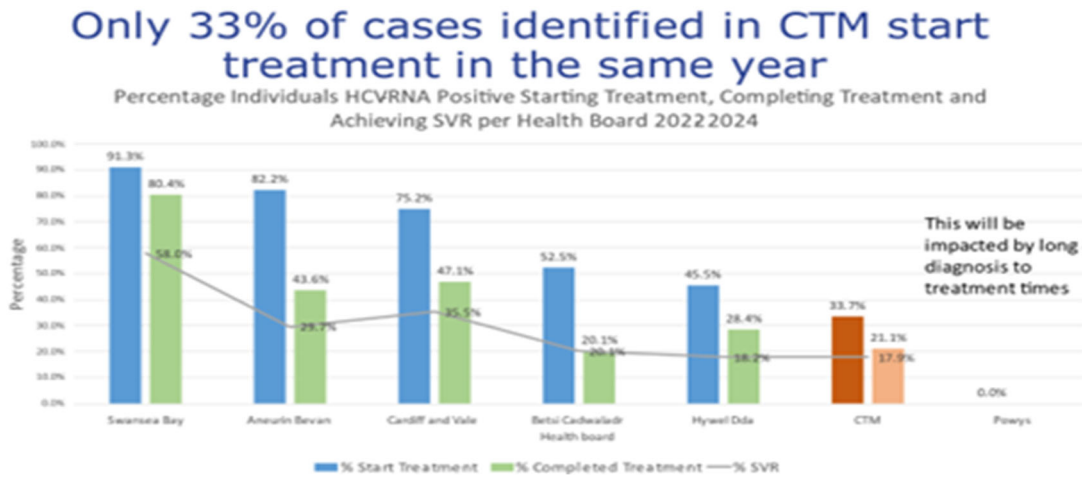
Cwm Taf Morgannwg has made considerable progress against some aspects of the action plan:

- HMP Parc shows a massive improvement in level of testing for Hepatitis C, data from September shows 99% of men were offered a test in the previous 12 months (target for elimination 100%) and 94% of men had taken up that offer and been screened in the previous 12 months (target 90%). The baseline pre improvement work for testing was 37% in March 2024. In August 2025 CTM was the highest level recorded across Wales.
- Hepatitis B vaccination rates in infants (April to June 2025) is at 96.2% coverage, the highest in Wales.

However, there are areas of quality concern, with the offer and uptake of testing in probation and substance misuse remaining relatively low and a considerable delay between diagnosis and treatment with in-year treatment uptake being the lowest in Wales at 33%.



There is ongoing work to improve the diagnosis to treatment pathway in CTM settings.



### HIV Elimination: Fast Track Cymru

The HIV Action Plan for Wales 2023–2026 aims to eliminate new HIV transmissions by 2030 and reduce stigma faced by individuals living with HIV. Despite advances in prevention and treatment, and improved access to testing, HIV (Human Immunodeficiency Virus) remains a public health challenge in CTM. There are 203 people living with HIV, and a recent spike in new diagnoses with 9 new diagnoses so far this year compared with 5 in 2024 and 2 in 2023.

A significant number of local cases are diagnosed late, and opportunities for earlier diagnosis often missed.

Late diagnosis is strongly associated with poorer outcomes, increase healthcare expenditure, and onward transmission.

On the 13<sup>th</sup> February 2025, the CTM Regional Partnership signed the Paris Declaration officially joining Fast Track Cymru committing to eliminate new HIV transmissions. and achieve the UNAIDS 95/95/95 targets:

- 95% of people living with HIV diagnosed.
- 95% of diagnosed individuals receiving treatment.
- 95% of individuals on treatment achieving an undetectable viral load (U=U: Undetectable = Untransmittable)

There are three regional priority areas of testing, education and tackling HIV related stigma.

For CTM to meet the 2030 elimination targets for HIV and Hepatitis B and C, additional focus and resource is required.

The WHC/2023/001 highlighted that “while there will always be a role for specialised services, to eliminate hepatitis B and C we must simplify service delivery, including testing and treating at the most appropriate setting for the individual, whether that be in primary care, harm reduction services or settings such as prisons. Identifying individuals for testing and supporting linkage to treatment is crucial and will require investment in peer workers and patient navigators”.

CTM is an outlier in Wales as the only Health Board that doesn't provide an outreach service to support BBV testing and treatment adherence.

This also applies to the approach needed for HIV, with considerable overlap across both programmes. There is ongoing work to identify synergies and work across the two elimination programmes.

CTMUHB remains underfunded for health protection areas compared to other Health Boards, and a request for additional funding to support these elimination programmes will be made to Welsh Government in November 2025.

### 3 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Creating Health Inspiring People Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Ageing Well Dying Well Growing Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</b>	Effective
	If more than one applies please list below: Efficient



<a href="#"><i>(Duty of Quality Statutory Guidance (gov.wales))</i></a>	Equitable Person Centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: 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 paper is presented for information and noting purposes.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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: 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 paper is presented for information and noting purposes.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Providing high quality, safe care is vital to the reputation of the health board. This paper covers items as a broad update for assurance to the members of the Quality, Safety & Experience Committee however, under the directorship and	



	leadership of the four Clinical Executive Directors who hold joint responsibility for this paper, there is a collective strive and dedicated commitment to protect the health board’s reputation.
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

**4 Recommendation**

4.1 Quality, Safety and Experience Committee members are asked to **NOTE** the contents of this paper.

**5 Next Steps**

5.1 Members of the Quality, Safety & Experience Committee will continue to receive regular updates for assurance and awareness of successes, challenges and highlighting Patient Safety and Quality risks through regular update reports.