



Agenda Item

8.2.3

Quality, Safety & Experience Committee

Clinical Policies Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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

- 1.1 Since September 2023, a new process for the approval of Clinical Policies has been in place. 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 & Experience Committee for information. They are also added to SharePoint.
- 1.3 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 - October 2025:
 - Guidelines for Advance Practice Portfolio Mentors, Mentees and Line Managers
 - Point of Care Testing Policy
 - Outreach Standing Operational Procedure
 - Peripheral Noradrenaline Administration Guideline for Use in the Emergency Department
 - All Wales Thromboprophylaxis Policy
 - CTMUHB Emergency Department Young Adult Referral Guide
 - Major Trauma Repatriation Pathway
 - Inter Hospital Transfer
 - Psychological Interventions Supervision Policy
 - Guideline for the Extended Learning Period
 - Managing Multiple Births within the Health Visitor Service
 - Protocol and Guidance for the Provision of Beds for Children & Young People
 - Evaluation of Suspected Ventriculoperitoneal Shunt Malfunction Guideline
 - In Patient Pain Guideline - Pain Assessment and Analgesic Prescribing for Adult In-Patients with Acute or Chronic Pain
 - Primary and Secondary Care Assessment and Treatment Guidelines for Headache and Migraine in Adult Patients
 - Multidisciplinary Guidelines for the Management of Patient's Receiving Intravenous Patient Controlled Analgesia
 - Management of the School Nursing Team During Periods of Vacant Caseloads and Sickness
 - Management of Perinatal Mental Health



- Transition of Young People with Epilepsy from Paediatric to Adult Services
- Paediatric Transfer and Escort Policy
- Toy Cleaning Policy
- Transition of Young People with Asthma And Allergies from Paediatric to Adult Services
- CTM Decision Making and Consent to Examination and Treatment
- Health Staff Multi Agency Safeguarding Hub
- Vitamin D Rapid Loading Protocol
- Infant Feeding
- Management of Caseloads during Periods of Reduced Staffing
- All Wales SCPHN Team SOP for Mobile Phones and Texting
- Loan of Breast Pumps in Community
- The Induction and Preceptorship of Newly Appointed Health Visitors
- Admission Pack for Child with Newly Diagnosed Diabetes
- The Trauma & Orthopaedics (T&O) Service in Princess of Wales (POW) Hospital – Paediatric Patients
- Guidelines for the Management of Eating and Drinking with Acknowledged Risk (Inpatient Services)
- Adult Acute Mouth Care
- Adult Acute Dysphagia Referrals (Pan CTM)
- Dogs Visiting Hospital Premises
- Infectious and Communicable Diseases Procedure for Health Care Workers
- Methicillin Resistant Staphylococcus Aureus (MRSA) Procedure
- Management of Diabetes in the Older Adult
- Glucose Management of Inpatients with Diabetes requiring Enteral Feeding
- Diabetes Management at End of Life.
- Internal Professional Standards (IPS) Document

2.2 The above clinical policies have been approved by the Operational Management Board and uploaded to SharePoint for implementation.

3 Key Risks / Matters for Escalation

No specific risks identified. This approval process of Clinical Policies is now operational which allows initial Care Groups' scrutiny and approval followed by presentation to the Operational Management Board. The Corporate Governance team have recently completed a consultation on the revision of the current Policy for the Development, Review and Approval of CTMUHB Policies, Procedures and Other Written Control Documents – an updated policy should be available shortly which will further improve the process for developing clinical policies.



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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <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	If no, please include rationale below: Not required



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5 Recommendation

5.2 The Committee are asked to **NOTE** the contents of this report.

6 Next Steps

6.2 Submission of a Six-monthly report to Quality Safety & Experience Committee in April 2026.