

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

**'CONFIRMED' MINUTES OF THE MEETING OF THE QUALITY,  
SAFETY AND RISK COMMITTEE, HELD ON  
5 NOVEMBER 2019 AT YNYSMEURIG HOUSE, ABERCYNON**

**PRESENT:**

Maria Thomas	- (Chair) Health Board Vice Chair
Nicola Milligan	- Independent Member
Dilys Jouvenat	- Independent Member
Jayne Sadgrove	- Independent Member

**IN ATTENDANCE**

Alison Davies	- Assistant Director of Quality Improvement
Amy Meek	- Graduate Management Trainee (Observing)
Anne Phillimore	- Director of Workforce & OD (Interim)
Clare Williams	- Assistant Director of Planning & Partnerships (In part)
David Murphy	- Delivery Unit
Eiri Jones	- Programme Director
Emma Walters	- Corporate Governance Officer / Committee Secretariat
Gareth Taylor	- Graduate Management Trainee (Observing)
Gaynor Jones	- Royal College of Nursing Convenor
Georgina Galletly	- Director of Governance /Board Secretary (Interim)
Greg Dix	- Director of Nursing, Midwifery and Patient Care
John Palmer	- Chief Operating Officer
Julie Denley	- Assistant Director of Operations (Mental Health)
Kelechi Nnoaham	- Director of Public Health
Laura Taylor	- Deloitte (Observing)
Liz Wilkinson	- Director of Therapies & Health Sciences
Marcus Longley	- Chair
Mark Simons	- Staff Side Health & Safety Representative
Mike Jenkins	- Welsh Ambulance Services NHS Trust (In part)
Paul Dalton	- Head of Internal Audit
Rowena Myles	- Cwm Taf Morgannwg Community Health Council
Ruth Alcolado	- Deputy Medical Director
Susan Little	- Delivery Unit

**PART 1. PRELIMINARY MATTERS**

QSR/19/141 **WELCOME AND INTRODUCTIONS**

Maria Thomas (Chair) **welcomed** everyone to the meeting, particularly David Murphy and Susan Little from the Delivery Unit, Amy Meek and Gareth Taylor, Graduate Management Trainees who were observing the meeting, Liz Wilkinson, the newly appointed Director of Therapies & Health Sciences and Laura Taylor from Deloitte.

### QSR/19/142 **APOLOGIES FOR ABSENCE**

Apologies for absence were **RECEIVED** from Keiron Montague, James Hehir, Alan Lawrie, Chris Beadle, David Jenkins, Erica Hawes, Kevin Smith, Martin Gill, Nick Lyons and Sara Utley.

### QSR/19/143 **DECLARATIONS OF INTERESTS**

There were no additional interests declared.

### QSR/19/144 **TO RECEIVE THE UNCONFIRMED MINUTES OF THE MEETING HELD ON 3 OCTOBER 2019**

The minutes of the Quality, Safety & Risk Committee held on 3 October 2019 were **received** and **confirmed** as an accurate record of the meeting, subject to the following amendments:

Page 8, third paragraph: Maria Thomas sought confirmation from Greg Dix in relation to the additional 100 cases referred to in the minutes and questioned whether this figure was accurate. Greg Dix advised that there were initially 43 cases being reviewed and added that there were now 140 cases being reviewed, which included the original 43. Following discussion, it was **AGREED** that the minutes were amended to reflect that there were *approximately* 100 additional cases being reviewed.

Page 8, final paragraph: Maria Thomas questioned whether the statement made was correct in that there were currently 4.5 whole time equivalent vacancies and that the Health Board were recruiting 9 midwives. Greg Dix confirmed that at the time of the minutes being taken there were 4.5 whole time equivalent vacancies and that the Health Board had now recruited 14 midwives.

Page 9, first paragraph, third sentence to read 'following recent feedback received from Healthcare Inspectorate Wales *following a visit to the Princess of Wales Maternity Unit*'.

Page 12, fourth paragraph, minutes to be amended to reflect that 'there had not been a reduction in beds, however 6 beds were being occupied which would increase to 8 beds once the link corridor had been put into place'.

Members **RESOLVED** to:

- **APPROVE** the Minutes of the Quality, Safety & Risk Committee held on 3 October 2019 subject to the above amendments

QSR/19/145

## TO REVIEW MATTERS ARISING NOT CONTAINED WITHIN THE ACTION LOG

Page 15, Nicola Milligan once again raised concern in relation to Families First records which were not being amalgamated with the rest of the CAMHS records and advised that records were located in different areas. Maria Thomas advised that she had raised this an issue and had been assured that the records were being transferred onto electronic systems and that the risks associated with this were being assessed. Nicola Milligan advised that she had concerns that records being culled were incomplete and Julie Denley **AGREED** to capture this as a risk on the Risk Register.

Page 15, Disclosure and Barring Service, Maria Thomas questioned whether this would be monitored moving forward by the Finance, Performance & Workforce Committee as opposed to the Quality, Safety & Risk Committee. Georgina Galletly advised that it had been suggested at the last meeting that this would primarily fall under the remit of the Finance, Performance & Workforce Committee.

QSR/19/146

## TO RECEIVE THE COMMITTEE ACTION LOG

Members **RECEIVED** and **NOTED** the Committee Action Log. The following key updates were provided:

- Corporate Policy Sub Group – Georgina Galletly advised that the approval of corporate policies would take place across all the relevant committees of the Health Board.
- Peer Review (Rapid Response to Acute Illness Learning Set) – Members **NOTED** that an update would now be presented to the Committee in December
- Medical Staffing in Accident & Emergency – Members **NOTED** that an update would be presented to the December meeting
- Quality and Governance in Healthcare Bill – Members **NOTED** that this was completed from a Committee perspective and could be removed from the Action Log
- Patient Stories – Members **NOTED** that the process was being discussed by the Patient Experience Sub-Committee and that there were a number of patient stories that could be presented to the Committee. Georgina Galletly requested that consideration was also given to the programme of patient stories to Board also
- Quality, Safety & Risk Committee Annual Report – Members **NOTED** that this action was completed and could be removed from the action log
- Staff Attending Training Courses – Members **AGREED** that this action had now been added to the forward work programme
- Lymphoedema Service Update – Greg Dix confirmed that this action was now completed as posts had now been recruited into

- No Surprises Report – Alison Davies confirmed that this action had now been completed
- Health & Safety Fire Update – Members **AGREED** that this could be closed on the action log as this had been added to the forward work programme for December
- Antimicrobial Resistance – Ruth Alcolado advised that she had not received feedback from Nick Lyons regarding progress made. Greg Dix confirmed that he had chaired the last Antimicrobial Resistance Group who report into the Infection, Prevention & Control Committee and advised that this action could now be closed
- Primary CAMHS Update – Julie Denley confirmed that action plans were now in place in relation to communication issues and advised that this action could be closed
- Mortality Indicators – Members **AGREED** that this action could be closed as this had been added to the forward work programme.

Members **NOTED** that Nick Lyons was the Lead Executive for Cancer Services and that the Single Cancer Pathway was now being implemented. John Palmer advised that he had provided a detailed briefing to Nick Lyons and Sharon Hopkins on the progress made regarding performance.

Jayne Sadgrove advised that she would welcome the inclusion of completion dates within the action log along with revised target dates for actions that had passed the original deadline.

QSR/19/147

### **PATIENT SAFETY PRESENTATION ON THEMES AND TRENDS TO INFORM IMPROVEMENTS AND LEARNING (WELSH AMBULANCE SERVICES NHS TRUST - WAST)**

Maria Thomas welcomed Mike Jenkins to the meeting and advised that Mike was attending on behalf of Claire Bevan who was unable to attend the meeting today. Mike Jenkins advised that he would provide a high level summary against key areas of performance. The following key points were **NOTED** by Members:

- Number of calls from the public had not increased significantly
- There had been a 2% increase in the Red category calls across Wales and a further review would need to be undertaken to determine the reasons
- The number of calls being dealt with by NHS Direct had risen by 12% in the last 12 months, with the majority of patients receiving treatment in the community as opposed to within emergency departments.

Members **NOTED** that more patients were being managed at home in the Bridgend area compared to the rest of CTM

- The total call demand was 8.6% which was being managed by not sending front-line ambulances to patients
- WAST were still achieving the 65% target for Cwm Taf Morgannwg, however performance had reduced from 73.2% to 65%. The 65% target was not being met in the Bridgend area
- There had been a local improvement against Amber performance with improved clearance times at hospitals. This had resulted in some patients waiting over 12 hours in Hospital A&E departments which was not acceptable and there would be a need to ensure appropriate pathways were in place;
- There had been a significant increase in ambulance handover delays since April, which primarily related to the Princess of Wales Hospital
- There had been a relatively low number of serious adverse incidents reported within Cwm Taf Morgannwg. Current performance in relation to responding to concerns was below 75%
- Further work was required to improve staffing levels and demand & capacity plans were in place to address the position. Consideration was being given to increasing the use of St John's ambulance to support emergency services.

Kelechi Nnoaham welcomed the presentation which he found to be very helpful and sought further clarity in relation to the reasons behind the increase in the number of red calls being received. Members **NOTED** that the total call volume had not increased and that a greater proportion of calls were being categorised as red. Members **NOTED** that this was a UK issue and not unique to WAST and that a further review was being undertaken as to the reasons behind the increase.

Kelechi Nnoaham made reference to the increased numbers of patients being managed within the community, particularly within the Bridgend area and suggested that this could be classed as an area of good practice. Members **NOTED** that WAST were considering what more could be done to limit the conveyance of patients to emergency departments.

A discussion was held in relation to Advanced Practitioner Paramedics (APP) and the low numbers positioned within the community. Members **NOTED** that there was currently only one APP in place covering the Cwm Taf Morgannwg area which had been recognised as not being sufficient. Members **NOTED** that it was anticipated that the numbers would increase to 5 APPs within CTM by spring 2020.

Rowena Myles sought clarification as to whether patients with suspected strokes would be classified as red or amber. Mike Jenkins

confirmed that suspected stroke patients would be categorised as Amber 1 category, for which there would be an average 'see time' of 30 minutes with a conveyancing resource. Gaynor Jones provided assurance to the Committee that suspected stroke patients who were conveyed to Prince Charles Hospital were immediately sent to CT for scanning and treated quickly.

John Palmer welcomed the report and advised that the Health Board had a very positive relationship with WAST and added that a number of discussions had been held recently regarding levels of conveyancing into Royal Glamorgan Hospital and Prince Charles Hospital and the need to manage the risk. It had also been recognised that further work was required on the flow of patients at the Princess of Wales Hospital and that consideration may need to be given to alternative staffing models.

Members **NOTED** that the analysis presented related to 2018 data and that WAST would welcome the opportunity to work with CTM to improve systems and processes.

Maria Thomas extended her thanks to Mike Jenkins for the presentation which had generated a thorough dialogue and discussion and it had been **NOTED** that the presentation would be shared with other Health Board's across Wales.

Maria Thomas questioned whether this presentation would need to be shared with one of the sub-committees to enable a discussion to be held in relation risks and challenges. Following discussion, Greg Dix suggested that this would require discussion amongst the Executive Team in the first instance as there were potential system changes to be made.

Members **RESOLVED** to: **NOTE** the presentation.

## PART 2. ITEMS FOR APPROVAL/ENDORSEMENT

### QSR/19/148 **ORGANISATIONAL RISK REGISTER – RISKS ASSIGNED TO THE COMMITTEE**

Georgina Galletly presented the report which highlighted the specific risks related to this Committee. Members **NOTED** that meetings were being held with Executive Leads to review all risks contained within the risk register. Members **NOTED** that the report had not changed significantly since the last meeting and that there would be changes to the report moving forward.

In response to questions raised by Jayne Sadgrove in relation to scoring of risks and the graphs contained within the risks on a page,

Georgina Galletly provided assurance that the scoring of risks was in the process of being worked through and that there had been technical issues relating to the graphs contained within the report which were also being addressed. Members **NOTED** that the Board would have sight of the risk register more frequently.

Jayne Sadgrove made reference to the risk relating to the failure to recruit nursing staff and advised that she was concerned that this was separate from the risk relating to retention, particularly as the Audit Committee had received a limited assurance report on Retention of Staff (nursing). Members **NOTED** that there was an intention to combine the risks. Jayne Sadgrove advised that she had further observations which she would discuss further with Georgina Galletly outside of the meeting.

Rowena Myles commented on the issues being experienced regarding the recruitment of medical and nursing staff on a national basis and questioned what plans Welsh Government had in place to increase the numbers of nursing staff being trained. Gaynor Jones advised that there had never been a reduction in the numbers of nursing staff being trained in Wales and added that there had been a 10% yearly increase.

Members **NOTED** that there had been a reduction in undergraduates in England and that there would be a change to commissioning in Wales this year. In relation to Medical staffing, Health Education and Improvement Wales were in the process of considering how to attract more medical staff into the system.

Members **NOTED** that there were 9 risks that had been assigned to the Committee and that further discussion would take place outside of the meeting regarding refinement of the report moving forward. Georgina Galletly advised the Committee to **NOTE** the report at present (not **ENDORSE**).

Members **RESOLVED** to: **NOTE** the report

QSR/19/149

### **DELIVERY UNIT REPORT – “SUPPORTIVE INTERVENTION ON WAITING LISTS REPORTING IN CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD”**

The Delivery Unit report was received and John Palmer presented the report; he advised that the report would also be presented to the Finance, Performance & Workforce Committee and explained that it had also been discussed at Management Board.

Members **NOTED** that the issues highlighted within the report had been taken very seriously and John Palmer extended his thanks to the Delivery Unit for the support they had provided.

Members **NOTED** that unreported lists had initially been identified within Neurophysiology, with a further review identifying unreported lists in other specialty areas. This resulted in a thorough review being undertaken on all lists, which resulted in 55,000 patients requiring potential further review. Further validation undertaken resulted in the number of patients reducing to 1,700.

Members **NOTED** that following the recovery work undertaken, there was now a full understanding as to what needed to be reported and remedial actions had been put into place. John Palmer advised that the organisation fully accepted all of the recommendations made within the report.

Members **NOTED** that all patients waiting over 52 weeks had been prioritised and all patients that needed to be listed had now been listed. There was now a requirement to ensure ongoing governance arrangements were in place to monitor the position.

Jayne Sadgrove advised that the report highlighted issues relating to governance and data and she found it concerning to read that data had been invisible to the Board, which highlighted the need for the establishment of an Information, Communication & Technology Committee to assist with setting the tone and culture. Jayne Sadgrove added that she welcomed the involvement of the Programme Management Office who had worked closely with the Delivery Unit and the Executive Team. Members **NOTED** the importance of sharing of lessons more widely with services excluded from this work.

Maria Thomas requested that any clinical risk or harm being identified be escalated to the Committee immediately and requested regular updates on progress being made. Members **NOTED** that the performance element would be monitored by the Finance, Performance & Workforce Committee.

Members **RESOLVED** to:

- **NOTE** the issues surrounding the unreported waiting lists, including the attached Delivery Unit report and findings.
- **NOTE** and **ENDORSE** the action plan to rectify the issues and findings in the Delivery Unit Report, including the actions put in place to mitigate future risk of inadvertent non-reporting of waiting lists.



QSR/19/150

### **DELIVERY UNIT REPORT – “INTERVENTION INTO CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD SYSTEMS AND PROCESSES FOR REPORTING, MANAGEMENT AND REVIEW OF PATIENT SAFETY INCIDENTS AND CONCERNS”**

The Delivery Unit report was received and Alison Davies presented the report; she advised that the review had been undertaken in response to the Health Board’s escalation status. Members **NOTED** that the report was fair, balanced and constructive and the management response highlighted that all findings had been accepted.

Members **NOTED** that a review of concerns and serious incidents was in the process of being undertaken and at present there was a backlog of 126 concerns which were beyond the 30 day response target. Further clarity on the exact position and definitive numbers should be available at the next meeting.

Maria Thomas welcomed the report and expressed the importance of pace being in place in order to address the position. Members **NOTED** that resourcing issues had been identified as part of the governance review and Members requested that an update on progress made was presented to the next meeting.

Members **RESOLVED** to:

- **NOTE** the report and management response
- **ENDORSE** the Improvement plan.

## **PART 3. GOVERNANCE, PERFORMANCE AND ASSURANCE**

QSR/19/151

### **IMPLEMENTATION OF THE QUALITY & PATIENT SAFETY GOVERNANCE FRAMEWORK**

Eiri Jones presented the report which provided an update on actions and progress for the past month (month 4 of 6) of the implementation of the newly approved Quality & Patient Safety Governance Framework. Members **NOTED** the following key points:

- All four sub-committees were now established, with the second round of meetings taking place in December 2019
- Consideration still needed to be given to reporting mechanisms with further work required in relation to Terms of Reference for each of the sub-committees
- Risks relating to the four sub-committees would be discussed at the December Quality & Safety Committee, with an understanding required of the roles of each sub-committee

- The current model would be in place up until March 2020 prior to considering a potential refresh of the framework
- Valuable pieces of work had been undertaken to date with some positive signs of engagement, particularly with senior medics
- A review of all Directorate Governance meetings was in the process of being undertaken
- Quality was a key focus of the work being undertaken on values and behaviours
- The first Clinical Policies Group had been held with an upward report being presented to the December Quality Improvement & Effectiveness Sub Committee.Committee meeting.
- Work continued to be undertaken to refine the Quality Dashboard and there was a need to identify the key risks
- Consideration would need to be given to Quality Governance resource requirements at both Directorate and Corporate levels
- Members **NOTED** that the programme would end in December 2019 and that a final report would be presented to the Committee in January 2020 to ensure no loss of corporate memory, work undertaken was being archived.

In response to a question raised by Jayne Sadgrove regarding the potential duplication of reporting of falls and pressure sores into two of the sub-committees Members **NOTED** that one of the sub-committees would be testing the assurance with the other testing the learning from the assurance.

John Palmer welcomed the work undertaken to date and advised of the need to ensure that Acute Indicators were being linked to the new safety briefings being put into place at PCH and added that the work being undertaken also needed to be closely linked to the work being undertaken on refining the risk register. Eiri Jones advised that despite the variation, there were also examples of good practice being undertaken.

Greg Dix extending his thanks to Eiri Jones for leading and driving this work forward and asked Members to **NOTE** that there were 20 Quality Indicators within the dashboard which would require some narrative. Greg Dix also welcomed the comments made by Jayne Sadgrove and advised that Kelechi Nnoaham had now taken on the role as Senior Responsible Officer for Quality Governance.

Maria Thomas welcomed the work undertaken and how it was becoming embedded within the organisation and was pleased to see Clinicians being engaged within the process.

In response to a question raised by Maria Thomas regarding Directorate attendance at sub-committee meetings, Eiri Jones advised that every Directorate would not need to attend every meeting and would only need to attend to discuss specific issues relating to their areas. Members **NOTED** that there would be a need to refine membership across all four sub-committees moving forward.

Members **RESOLVED** to:

- **NOTE** the ongoing progress against the programme plan
- **NOTE** the content of the three month review

### QSR/19/152 **UPDATE ON MATERNITY SERVICES IMPROVEMENT PROGRAMME**

Greg Dix advised Members that Healthcare Inspectorate Wales had undertaken an unannounced visit to the Maternity Unit at PCH last night and feedback was expected tomorrow.

In presenting the report, Greg Dix highlighted the following key areas:

- There were three domains within the improvement programme: safe effective care, women's experience, leadership and management. Progress had been made in all three areas
- The first women's experience event would be held on 8 November 2019, with a further event planned for February 2020. The events were being promoted and discussed via social media forums
- The former Midwifery Services Liaison Committee (MSLC), now newly named as 'My Maternity, My Way' had a new dynamic lead in place who had used services previously
- There continued to remain some challenges in relation to training of staff, and the inability to release staff to attend training sessions. Nick Lyons was in the process of addressing issues in relation to medical staff training
- The Health Board was still awaiting the formal report from Birth Rate Plus although verbal feedback received indicated that Midwifery staffing levels were broadly appropriate. Sickness levels at PCH had started to improve
- As previously stated, a review of approximately 150 cases was in the process of being undertaken. Communication and engagement would need to be undertaken with each of the women and families involved. Members **NOTED** that the timeline of the approximately 150 cases would be from 2016
- A reduction was now being seen in the number of formal complaints, with six incidents reported in September which related to inadequate staffing levels on units

- A quality assurance review had been undertaken of serious incidents post October 2018 with positive feedback received
- Engagement had been undertaken with over 300 women who had recently used services with positive feedback received in general. There had been issues raised regarding noise at night with no concerns raised recently regarding staff attitude. Women were still waiting too long for pain relief, so pharmacy support was also being trialled.

Members **NOTED** that the Management Team in maternity services had been invited to attend the November Board to present their improvement journey over the last six months. Maria Thomas commended the significant amount of work undertaken and advised that the Committee could be assured that progress was being made.

Members **RESOLVED** to: **NOTE** the update provided.

QSR/19/153

### **QUARTERLY UPDATE ON INTEGRATED MEDIUM TERM PLAN (IMTP) 2019-2022 AND THE DEVELOPING IMTP 2020-23**

Clare Williams presented the report, which had also been presented to Management Board and Finance, Performance & Workforce Committee. Members **NOTED** that the report provided an update on progress against the 2019-2022 IMTP and outlined the plans for implementing the IMTP for 2020-2023.

In relation to the development of the IMTP for 2020-2023, the local planning framework had been issued in April 2019, the priorities had been approved by the Board in September 2019 and the National Planning guidance had been reviewed to ensure key elements had been incorporated in the local planning guidance.

Members **NOTED** that each Directorate had been asked to complete a narrative of the schemes identified within their plans and had also been asked to complete Quality Impact Assessments (QIAs) with some draft QIAs already received. Members **NOTED** that a significant amount of work would be required between now and the Board Development Session in December, where a further discussion would be held on progress made and the approach being taken.

A discussion was held in relation to Quality Impact Assessments (QIAs) with questions raised regarding the review process prior to being presented to the Quality & Safety Committee and the timelines for completion.

Members **NOTED** that the timelines for completion of Directorate IMTP's was February 2020 which would be when final QIA's would be submitted. Members **NOTED** that Quality Impact Assessments had always been part of the IMTP process and that greater emphasis was now being placed on the process, with discussions being held as to how the process could be revised as this was a piece of improvement work that had been identified as a key enabler.

Members **NOTED** that further consideration would need to be given to the scrutiny process and with a suggestion made that scrutiny could be undertaken by the Quality Improvement & Clinical Effectiveness Sub-Committee.

Members **RESOLVED** to: **NOTE** the content of the report.

### QSR/19/154 **DIRECTORATE EXCEPTION REPORTS**

#### Localities & Primary Care

Julie Denley presented the report and the following key areas were **NOTED**:

- There was one red alert highlighted which related to Sustainability of General Practice. The Team were undertaking a lot of work to address the position and Members were pleased to note that no sustainability applications had been received
- All beds had now re-opened at Ysbyty Cwm Rhondda (YCR) which had improved bed capacity
- An incident at YCR had occurred where it appeared that visitors had released some form of vapour/chemical/gas in the foyer area of the site which had been traumatic for some staff. Members **NOTED** that there was limited security cover on site and that the Community Health Council had raised concerns previously regarding security at Community hospitals and how this impacted on the safety of staff and patients;
- The new 'Y Bwthyn' NGS Macmillan Specialist Palliative Care Unit on the Royal Glamorgan Hospital site became operational from 28 September 2019.

Greg Dix welcomed the succinct report and was pleased to have sight of the Directorate Quality, Safety and Risk report which had been included as an appendix. Eiri Jones added that the Localities and Primary Care Directorate had good governance structures in place.

### Head & Neck

John Palmer presented the report and highlighted the following key areas:

- There were no new risks highlighted under the escalate/alert section
- Top risks for the Directorate included Ophthalmology Services and Oral & Maxillofacial Services (FUNB). Further updates would be presented to the Committee in relation to the harm review process
- In relation to oral surgery, delays had been experienced by some patients in receiving treatment with an MDT review being undertaken on three cases. Gaynor Jones questioned the statement made within the report regarding patient unavailability over the summer period and John Palmer confirmed that this had contributed to some of the Did Not Attend figures.

### Facilities

Maria Thomas welcomed the report which was very detailed and advised that future reports would need to be condensed considerably to ensure risks were clearly identified. Members **NOTED** that it may be difficult to condense the report given the large number of areas covered by the Directorate.

Members **NOTED** that a significant amount of work was being undertaken on switchboard operator services at present to address the issues experienced. A queuing system had been introduced to manage the flow of calls across sites and long term sickness issues were being discussed at Clinical Business meetings. Members were informed of the need to be mindful of Welsh Language requirements in relation to switchboard cover.

Maria Thomas advised that the Committee would wish to see risks being reduced even further and requested that John Palmer discussed further with the Directorate.

Members **RESOLVED** to: **NOTE** the reports

## QSR/19/155 **INFECTION, PREVENTION & CONTROL (IP&C) UPDATE**

Greg Dix presented the report which provided an update on the Health Board's position against the Welsh Government reduction targets for reducing healthcare associated infections.

Members **NOTED** that at the last IP&C Committee concerns were raised that the Health Board was off trajectory for most IP&C targets. Members **NOTED** that the report identified reduction expectations across six infection areas.

For the former Cwm Taf area, whilst the Health Board had not been on trajectory for any targets, improvement had been made in 4 out of 6 key infection targets. Greg Dix advised that the Health Board had been disappointed to not meet the trajectory for C.Difficile.

Members **NOTED** the following key areas:

- There had been lapses in nursing care delivery, with bundles not being implemented effectively and risk assessments not being undertaken
- Infection rates were dependent on antibiotic use. There were currently no IPC teams in place within Primary Care, although national funding had now been received to implement this
- Improvement programmes were now in place which were being led by the IP&C team and improvements were now being seen in C.Difficile rates
- Members **NOTED** the difficulty experienced in obtaining national comparative data.

Maria Thomas expressed her concern at the report, particularly in relation to C.Difficile performance which was an area where the Health Board had previously performed well, and questioned whether one of the sub-committees would be undertaking a further review on this. Greg Dix confirmed that this would continue to be monitored by the IP&C Committee.

A discussion was held in relation to antibiotic use where it was noted at the last meeting that a communications campaign would be undertaken on this matter. Members **NOTED** that this was a key feature within the Antimicrobial Resistance Plan and consideration was being given to the capacity available to support the communications campaign. Members **NOTED** that the Health Board was the highest prescriber of antibiotics in Wales.

Maria Thomas extended her thanks to Greg Dix for presenting the report and requested a further update to be presented to the February meeting.

Members **RESOLVED** to: **NOTE** the report.

QSR/19/156

### **UPDATE ON THE JOINT REVIEW BEING UNDERTAKEN BY THE ROYAL COLLEGE OF SURGEONS AND ROYAL COLLEGE OF ANAESTHETICS**

Members **NOTED** that the report had not yet been received and was expected at the end of November. Members **NOTED** that an update would be presented at the December meeting.

Members **RESOLVED** to: **NOTE** the update provided

## REVIEW OF PATIENTS DELAYED AWAITING OUTPATIENT FOLLOW-UP REVIEW (FUNB)

The report on the review of patients delayed awaiting outpatient follow up review was received. John Palmer presented the report which provided an update on the actions being taken to address the follow up appointments not booked (FUNB) position across all specialties and to provide reassurance that there were programme arrangements in place to see this work through effectively.

Members were reminded that this had been an ongoing programme of work over the last 18 months, with a reduction in numbers now starting to be seen and potential harm to patients now being identified.

The following key areas relating to patient care were **NOTED**:

- 6,500 Ophthalmology patients had been outsourced, with 505 patients needing to come back into the secondary care service for treatment, 119 of which required initial logging on datix requiring follow up and within that 20 episodes had been identified of severe harm. Members **NOTED** that 4 of these cases had already been taken through the redress process
- There were less than 5 patients identified as having suffered potential harm within oral surgery which were being discussed by the multidisciplinary team
- There were less than 5 patients in respiratory services and gastroenterology who required further review
- The total number of patients in this FUNB category had reduced from 14,500 to 13,300 and the Health Board was on trajectory to reduce this to 10,000 by the end of the year which is one of the lowest in Wales. Funding had been received from Welsh Government to assist in the delivery of this target.
- Work would continue to be undertaken to identify episodes of harm to patients.

Ruth Alcolado advised that teams had worked well in managing FUNB and identifying the patients that required follow up and added that a zero position would only be achieved if additional follow-ups were not being added to the existing list.

Maria Thomas recognised the significant amount of work being undertaken and that slow and steady progress was being made, and queried whether the increased numbers within oral surgery related to staff shortages.



Marcus Longley expressed concern that there were 20 patients in Ophthalmology who had come to severe harm and questioned whether this number could increase in the future.

John Palmer advised that even though it was difficult to forecast given that every single individual patient case of FUNB was being clinically reviewed it was anticipated that numbers would probably increase. It was anticipated though that since the longest waits had now been reviewed, that the level of risks would be in the lower range. The Board and Welsh Government had previously been briefed at the outset of the project that there would be an ongoing increase in serious incidents as this work was progressed.

Marcus Longley questioned whether it was possible that there were patients in the system now that were not being offered timely follow-up appointments or whether this was a historical issue only. Ruth Alcolado advised that there were some patients who had been waiting a very long time for an appointment and added that it would be impossible to say there were no further risks for patients now, although it was felt that the major risks had been identified.

Members **NOTED** that there were weekly reviews underway for managing recent outpatient delays. Members also **NOTED** that further work was required in relation to the redesign of pathways to ensure that options were available to patients to be treated from within the community.

A discussion was held as to where further scrutiny could be undertaken of the position. Following discussion, it was suggested that performance would continue to be monitored at the Finance, Performance & Workforce Committee, quality impact through Quality & Safety Committee and that a further discussion would need to be held with Board Members on the current position on this important matter.

Members **RESOLVED** to: **NOTE** the report and report to the full board.

QSR/19/158

### **QUALITY AND SAFETY COMMITTEE – REVISED TERMS OF REFERENCE**

Georgina Galletly presented Members with the revised Terms of Reference and advised that the key changes made had been highlighted in red. Members **NOTED** that the general oversight of risk would now be undertaken by the Audit and Risk Committee.

Maria Thomas requested that reference made to the Quality Steering Group needed to be removed and that reference would need to be made to the four new sub-committees that had been established.

Members **RESOLVED** to:

- **NOTE** the changes
- **APPROVE** the Terms of Reference once amended for onward submission to the Board

### QSR/19/159 **UPDATE ON SKIN SURVEILLANCE**

Anne Phillimore advised that a report had been presented to the October Management Board where a request was made to explore alternative options. Members **NOTED** that the report was being updated and would be presented to the December meeting.

Members **RESOLVED** to:

- **NOTE** the oral update received

## **PART 4. ITEMS FOR INFORMATION**

### QSR/19/160 **INTERNAL AUDIT REVIEW – WATER SAFETY**

Members **RECEIVED** and **NOTED** the report and welcomed the reasonable assurance rating.

### QSR/19/161 **INTERNAL AUDIT REVIEW – CONSULTANT JOB PLANNING**

Members **RECEIVED** and **NOTED** the report.

Anne Phillimore advised that the report was discussed in detail at Audit and Risk Committee and that the actions identified would be addressed by the Medical Director.

Jayne Sadgrove expressed concern that both the quality of and numbers of job plans had deteriorated. Members **NOTED** that a significant amount of data validation had been undertaken by the previous Medical Director and that the Allocate software had only recently been introduced into the Bridgend area which was having a negative impact on the position.

Members **NOTED** that the action plan would be monitored by Workforce & OD and progress against the action plan would be monitored by the Audit and Risk Committee. Members **NOTED** that Finance, Performance & Workforce Committee may wish to monitor the position also.

**PART 5. OTHER MATTERS**

QSR/19/162     **Any Other Business**

There was no other business to report.

QSR/19/163     **Forward Look**

Members **NOTED** that this would be reviewed further outside of the meeting.

QSR/19/164     **DATE AND TIME OF NEXT MEETING**

The next meeting would take place at 9.00 a.m. on 10 December 2019.

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**Maria K Thomas, Chair**

**Date.....**