



**AGENDA ITEM**

2.2.6

**CTM BOARD**

**HIGHLIGHT REPORT FROM THE QUALITY & SAFETY COMMITTEE**

**DATE OF MEETING**

28/01/2021

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE  
INDICATE REASON**

Not Applicable - Public Report

**PREPARED BY**

Emma Walters, Corporate Governance  
Manager

**PRESENTED BY**

Jayne Sadgrove, Chair of the Quality &  
Safety Committee

**EXECUTIVE SPONSOR  
APPROVED**

Greg Dix, Executive Director of Nursing

**REPORT PURPOSE**

FOR NOTING

**ACRONYMS**

None Identified.

**1. PURPOSE**

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on 19 January 2021.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Sub Committee is requested to **NOTE** the report.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	There were no items for escalation to Board identified at this meeting.
<b>ADVISE</b>	<ul style="list-style-type: none"> <li>• <b>WAST Patient Experience Report</b> - Members <b>expressed concern</b> in relation to Ambulance Handover Times and requested a further report to the next meeting outlining the current position and the steps being taken to mitigate the risks.</li> <li>• Maternity Improvement Programme Update report on <b>Improving Quality &amp; Preventing Reoccurrence</b> - Members <b>expressed concern</b> at the current backlog of 46 Serious Incidents which required review and sought clarity as to the likely timeline for completion of these reviews and whether any additional resource was required by the Team to enable these reviews to be completed. The Committee were advised that a further update on timelines for completion would be presented to the Maternity Improvement Board.</li> <li>• <b>Resilience in the Workforce in Maternity Services</b> - <b>noted</b> the sickness absence challenges being experienced within the Bridgend Locality and that a Business Case would be submitted to Management Board outlining additional resource requirements.</li> <li>• <b>Quality &amp; Safety Reports from each Integrated Locality Group area</b> - Members requested that future reports reflect how Clinical Service Groups are integrating and operating in a consistent approach across all three ILG's. Staff sickness absence appeared to be a consistent theme across all three ILG areas with an increase being seen in stress and anxiety related sickness absence.</li> <li>• <b>Neonatal Services; An Update of Perinatal Mortality Review.</b> Members <b>noted</b> that the improvement of Neonatal Services was being incorporated into the Maternity Services Improvement Programme. Members requested sight of the Neonatal response to the MBRRACE report which had not yet been received by the Committee.</li> <li>• <b>Delivery Unit Action Plan: Cancer Services</b> - Members <b>noted</b> that an escalation of delays on cancer pathways was being seen which would need to be monitored closely and <b>noted</b> that a proposal was being presented to Management Board in relation to strengthening the central Cancer Team.</li> </ul>



- **Delivery Unit Update Report: Cardiac Waiting Times Follow Up.** Members **noted** that three actions remained outstanding; two of which had been put on hold as a result of the Covid-19 Pandemic.
- **Resetting Operating Framework: Quality Implications of the Quarter 3/Quarter4 Plan -** Members **noted** that as a result of the second wave of the pandemic, the Health Board would now have an increased backlog of elective cases. Members were assured that cancer care and urgent elective care was still being provided.
- **Follow Up Outpatients Not Booked: Ophthalmology -** Members **noted** that two out of the 36 harm reviews meetings had been held which had both been referred back to redress. Members **noted** that the Glaucoma Root Cause Analysis had not yet been completed and that the FUNB position continued to deteriorate as result of the pandemic. Members **noted** that a Clinical Lead was not yet in place, however, plans were in place to address this and that a very positive meeting had been held with the Royal College of Ophthalmology to discuss the review they would be undertaking into the service.
- **Follow up Outpatients not Booked -** noted that a more comprehensive update would be presented to the next meeting.
- **Highlight Reports from the Infection, Prevention & Control Committee -** **Noted** that issues had been identified in relation to Microbiologist cover at Princess of Wales Hospital which would need to be discussed further at Management Board. Members **noted** a recommendation had been made to Shared Services that a whole scale review is undertaken of the Decontamination programme.
- **Covid-19 Nursing Workforce Plan to Support Increased Capacity -** **Noted** that whilst a reduction in the recommended levels was not ideal and was likely to cause anxiety amongst staff, the Committee advised that they would support the proposal, recognising that this would need to be for the shortest time possible and that a support group be established for staff concerned about the current position.

An In Committee meeting of the Quality & Safety Committee was held to consider the following items:

- Ty Llidiard Update (Including Serious Incident and External Oversight)

	<ul style="list-style-type: none"> <li>CTMUHB's response to the Welsh Critical Care Network Peer Reviews</li> </ul>
<p><b>ASSURE</b></p>	<ul style="list-style-type: none"> <li><b>Patient story</b> - Patient on Seren Ward who was suffering with Dementia. Members <b>noted</b> the complex nature of patients on the ward and commended the staff for the care being provided to patients with complex needs. A commitment was made by the Interim Executive Director of Therapies &amp; Health Sciences to undertake a review of Therapies provision being provided to the Ward.</li> <li><b>Assurance report on Risks Assigned to the Quality &amp; Safety Committee</b> - Assurance was provided that Ambulance Handover Delays had now been added as a risk to the Organisational risk register being presented to Board on 28 January 2021. Assurance was also provided that the number of new risks added to the register was as a result of centralisation of risks following engagement with a number of services.</li> <li><b>Covid-19 Pandemic Update</b> - Members welcomed with caution the news that daily infections were falling alongside a reduction in the daily test positivity rate in the Cwm Taf Morgannwg area. Members also <b>received</b> an update on the progress of the vaccination programme.</li> <li><b>Learning Disability Services</b> - report prepared by Swansea Bay University Health Board. Members welcomed the improvement work that had been undertaken.</li> <li><b>Primary Care Quality &amp; Safety report</b> – Noted.</li> <li><b>Quality Dashboard</b> - tremendous support being provided by the Corporate Team into the ILG's. Members <b>noted</b> that steps continued to be taken in strengthening and improving the dashboard.</li> <li><b>Royal College of Anaesthetics and Royal College of Surgeons Invited Service Review on the Intensive Care Service for General Surgery Patients at Princess of Wales Hospital</b> - Members approved the recommendation for this matter to be managed by the service as part of business as usual moving forwards following the significant progress that had been made to address this issues.</li> </ul>

**INFORM**

The Committee received and approved the following reports under the consent agenda:

- Unconfirmed Minutes of the meeting held on 18 November 2020;
- Unconfirmed Minutes of the In Committee meeting held on 22 December 2020;
- Revised Quality & Patient Safety Quality Governance Framework;
- Quality & Safety Committee Annual Cycle of Business;

The Committee receive and noted the following reports under the consent agenda:

- Committee Action Log;
- Policy Management Improvement Plan – Clinical & Non-Clinical Policies;
- Committee Forward Work Programme;
- Medicines Management Committee Highlight Report;
- Update from the Shared Listening & Learning Forum;
- Staff Incident Reporting Feedback;
- Quality Impact Assessment of Services Being Stood Down;
- Community Health Council Briefing – Living with Coronavirus: Health and Care Services During Winter;
- Community Health Council Briefing – Maternity Services in Wales: What CHC’s Have Heard During the Coronavirus Pandemic;
- Audit Wales Operating Theatre Department Review;
- Internal Audit Follow Up Review – Head & Neck Position Statement.

The Committee also received and discussed the following reports at it’s In Committee session:

- Ty Llidiard Update (including Serious Incident and External Oversight);
- CTMUHB Response to Welsh Critical Care Network Peer Reviews.



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Cwm Taf Morgannwg  
University Health Board

<b>APPENDICES</b>	<b>NOT APPLICABLE</b>
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