Agenda Item
5.4.1

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	27 November 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Interim 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	
ERCP	Endoscopic Retrograde Cholangiopancreatography Procedure
HIW	Health Inspectorate Wales
LPMHSS	Local Primary Mental Health Support Services

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 23 September 2025.

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 & Experience Committee 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 Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's 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.

3. Highlight Report

Alert / Escalate	**Positive Escalation** • The Committee welcomed a shared listening and learning story which highlighted the indicative impact of the **Independent Domestic Violence Advocate (IDVA)** in supporting patient and staff who are victims of Domestic Abuse. Shared stories were received from a patient and staff survivor of domestic abuse which demonstrated the significant physical and wellbeing benefits that the IDVA can provide. The Committee were delighted to note that funding for the IDVA role had been sought on a fixed term basis for all acute sites, however, recognised the risk of sustaining the service beyond March 2027 when the current funding ceases. • The Committee received assurance following the recent **HIW visits to the Emergency Department at Royal Glamorgan Hospital (RGH) and to Maternity services at Princess of Wales Hospital (POWH)** as no immediate assurances were identified at the time of the visits, as the overall feedback

reflected positively on the commitment and progress demonstrated by clinical teams and partners across the system. The Committee expressed thanks to all the teams involved.

- The Committee commended the CTM team following the first unannounced **Human Tissue Act Inspection**, the inspection which centred around interviews with the Designated Individual, Porter, Quality team and Mortuary staff, concluded that there were no concerns or significant findings to raise. The HTA commented that they were so impressed with the processes and ideas that the CTM team put forward that they will be taking them away for future learning in other Health Boards and Trusts.

- The Committee drew attention to the performance metrics within the Unscheduled Care Group Highlight Report which highlighted that CTMUHB are **achieving the fastest ambulance handover times in Wales**, with Prince Charles Hospital and Royal Glamorgan Hospital leading nationally. The Committee acknowledged that despite challenges like reduced inpatient capacity and a critical incident at Princess of Wales Hospital, CTMUHB maintained low lost hours and improved conveyance rates. The Committee thanked the teams for the significant efforts in improving performance and recognised the need to ensure continued focus in ensuring that quality and safety standards within Emergency Departments and hospital sites is maintained.

Areas of Concern

- In the closed session of the Committee, Members received a detailed update on the complex challenges facing the **Special School Nursing provision** and recognised the fragility of the current service model. In concluding the discussion, the Committee identified several routes for the team to explore to ensure the challenges being faced are escalated appropriately.

- The Committee identified a theme arising out of many of the Committee business items relating to the **risk of sustainable funding routes** for key projects/services which are subject to short term funding, e.g. the IDVA role, child and young people's weight management service, Intensive Care Unit (ICU) Psychology Service etc. The detrimental impact of not having a sustainable funding source was a significant concern highlighted by the Committee.

Advise	The following areas were highlighted to the Committee from the **Report from Clinical Executives:** ***Nursing & Midwifery:*** • Two positive HIW inspections with no immediate safety issues; improvement actions identified and will be governed through routine system and processes; • New infection prevention and control model is operational; • Clarifying and implementing a sustainable approach for Band 2/3 Health Care Support Workers roles remains a key workforce priority. ***Allied Health Professions and Healthcare Science:*** • Highlighted achievements in research, publications, and awards; • Emphasised the importance of collaboration across services particularly the work of the All-Wales Diabetes Prevention Programme (AWDPP) which provides targeted support to people who are at an increased risk of Type 2 Diabetes. • Noted challenges with fixed term funding, however, reported positive news for intensive care psychology service funding. • Psychological Therapies - Review of longest waiters for LPMHSS - Therapies shows extensive issues with Waiting List validation and business support processes as the care group has several administrative posts waiting for approval which is being addressed within the care group. ***Medical*** • Human Tissue Act inspection results were exemplary, with CTMUHB being considered an exemplar for the UK. • Highlighted ongoing concern and uncertainty regarding the role and regulation of Physician Associates, with an all-Wales task and finish group being established to address this. Support events are planned for affected staff. ***Public Health*** • The 5-year diabetes strategic plan for CTM has been developed and signed off by the CTM diabetes programme board. • Awaiting publication of the new NICE guidance for Type 2 diabetes before finalising pathways. • Highlighted the need for sustainable funding for child and young people's weight management, as current funding is ending which is impacting staff retention and presenting a clinical and reputational risk for CTMUHB.

The following areas were highlighted to the Committee from the **Care Group Highlight Reports:**

Primary Care and Community:

- The Committee were alerted to concerns regarding the 'Comprehensive Care for Paediatrics within Dental Services', it was noted that at present, children requiring comprehensive care within dental services are referred to Cardiff & Value UHB for treatment under an existing service level agreement. However, at the Paediatric Managed Clinical Network meeting held on 7th May 2025, CAVUHB informed the service that they have not been accepting these referrals. The Committee were informed that as there is no capacity within CTMUHB for these patients to be seen this matter has been escalated to the planning team to address this with Cardiff & Vale UHB to enable formal processes to be followed.

Diagnostics, Therapies, Pharmacy and Sciences:

- Increased Blood Transfusion Risk - Nine clinical incidents have been reported in relation to Blood Transfusion 07/07/2025 – 20/08/2025, representing an increase in the reporting trend for Blood Bank. The Committee were assured that appropriate notifications have been made and an assurance paper outlining the action being taken will be submitted to a future Executive Leadership Group (ELG).
- Radiology staffing issues persist, especially due to work-related musculoskeletal disorders among sonographers; risk assessments are complete, and recommendations are pending.
- There was a temporary service suspension at RGH due to equipment failure, mitigated by redirecting services, though capacity decreased; status updates will follow if needed.
- The lack, of sustainable funding for the PIPYN programme, which aims to support children (aged 3-7 years) and their families make healthy choices and build healthy family habits was highlighted and it was noted that a business case for Children's Weight Management Service has been submitted as part of Integrated Medium Term Plan (IMTP) process.
- A risk was highlighted regarding Mounjaro initially being prescribed privately and then reverting into primary care for NHS prescriptions, creating an unbudgeted cost pressure and bypassing weight management service prioritisation. It was noted that steps to mitigate this risk is underway.

Mental Health and Learning Disabilities:

- Staffing fragility within the 111 Press 2 service which offers urgent assessment and signposting advice for anyone experiencing a mental health crisis or requiring support to manage their symptoms was highlighted.

- The challenges in securing a private provider to commission the delivery and update of Prevention and Management of Violence and Aggression Module D Training was highlighted. Current mitigations include the Care Group spot purchasing individual courses to maintain compliance until a longer-term programme of training is procured.
- Ligature risk on Older Adult admission wards remain high, with mitigation and actions reviewed monthly on the risk attached to the Risk Register. Risk assessments are closely monitored and due to review in line with the developing strategic inpatient work.

Planned Care Group

- Temporary ceasing of ERCP procedures being carried out in PCH due to equipment concerns. All patients are currently transferred to RGH and POW increasing bed demand on these 2 other sites. Plan in place with DTPS to purchase new scopes to enable the service in PCH to recommence.
- Mitigating action noted in terms of the increased demand and frequent overcrowding in waiting room to support front door surgical demand within the RGH Surgical Assessment Unit.
- Theatres and recovery suite at Princess of Wales Hospital have reopened, along with a new 28-bed arthroplasty inpatient ward, supporting hip and knee surgery and pioneering new care pathways.

Unscheduled Care

- An increase in avoidable pressure ulcers across wards was reported; actions include enhanced training, improved governance, and weekly oversight to address the issue.
- The unannounced visit at RGH Emergency Department resulted in a generally positive draft report, with no immediate actions required; an overall action plan is ready for submission.
- Noted improvements following a follow-up unannounced visit to Ward 3, however, further areas of improvement have been identified.
- Update on ongoing stroke improvement activity was received, with evidence of progress, however, acknowledged that further work is needed around performance measures.
- Clarified the clinical model at Ysbyty George Thomas is for patients awaiting onward care (e.g. care home or package of care) and not for further rehabilitation care. It was noted that the service has received positive feedback about the environment, despite staffing challenges.

Children and Families Care Group

- Reported a positive unannounced HIW inspection of the maternity unit at Bridgend, with no immediate assurances

	required and pride in the team's performance despite recent challenges. • Welsh Government national maternity and neonatal review Oversight Panel and Terms of Reference announced. Timescales for completion December 2025. Final report due January 2026. The review will consist of a multi-method assessment. • Special School Nursing remains the highest risk within the care group and due to the fragility of services the risk score remains at a 20. Detail around complexities was considered in the Closed Session of the Committee. **Reducing Health Inequalities Presentation** A sobering presentation was delivered by the Executive Director of Public Health highlighting the stark data and illustration of health inequalities within the CTM Population. It was noted that addressing health inequalities is not just a responsibility of the public health directorate as it requires a whole-system approach. The need to embed an inequalities lens in all data and service planning was reinforced. **Organisational Risk Register** The Committee reviewed the Organisational Risk Register, drawing attention to the following risks: • Datix Risk ID 4632 – "Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation). Following discussion on the proposed reduced risk score (20 to a 16) the Committee asked that the risk description be reframed from a sustainability to a performance perspective. Improvements in sustaining the service were recognised, however, it was considered that the performance risk remains high at this stage. • Datix Risk ID 6052 - Patient hydration risks associated with the replacement of aged Beverage Trolley fleet. The Committee received assurance that a replacement programme is now in place and the risk score should reduce upon next review. A discussion on risks identified as "business sensitive" was undertaken in the Closed Session of the Committee.
Assure	**HIW Tracker** The Committee recognised the significant progress in the tracker report and encouraged continued focus on overdue actions, especially those from older inspection reports. The importance of ensuring actions are not only completed but also embedded in practice was also reinforced, with plans to focus on this over the next six months noted.

Duty of Candour – Internal Audit Report

The Committee received assurance on the activity underway to address the audit findings within the report, noting that delays were as a result of high-priority work on inquests and learning from events reports. It was noted that any impact on timeframes will be addressed as appropriate. The Committee requested that future updates focus upon the limited assurance area and include further updates on the improvement trajectory.

Health, Safety & Fire Sub Committee Highlight Report

- Manual Handling Training **–** The Committee noted that the Sub Committee expressed concern in relation to the low level of compliance and 'Do Not Attends' for manual handling training, particularly in the Medical and Dental staff groups. It was noted that since the Sub Committee met there has been positive leadership, led by the Executive Medical Director and his team to ensure training is more accessible and tailored.
- The Committee echoed the thanks to Hospital Site Managers for the noticeable improvements being made in maintaining clear corridors and evacuation routes across sites following the introduction of the environmental walkarounds on site.
- Following a query as to whether the Sub Committee receives updates on cleaning and catering (nutrition) activity, it was confirmed that cleaning standards are monitored by the Infection Prevention and Control (IP&C) Committee with compliance against national standards discussed and areas of concern escalated to this Committee as required. In terms of nutrition, whilst reference was made to the Nutrition and Hydration Steering Group and assurance provided that hospital food is fully compliant with Welsh nutritional standards, it was suggested that further clarity is needed as to where nutrition and catering assurance should be reported.

Patient Safety, Quality & Experience Dashboard

- Reported a reduction in the number of formal complaints open over 30 days, marking a positive trend.
- Noted one upheld Ombudsman report related to mental health services, with an action plan developed and improvements in documentation and assurance processes underway.
- Mentioned a Regulation 28 report following a prison death, with enhanced proposals and monitoring for substance misuse services in the prison; awaiting assurance confirmation.
- Highlighted increased patient satisfaction responses, with overall scores remaining above 80%.

	Committee Referral – Details of the medical negligence claims from the losses and special payments report The Committee were assured from the explanation and evidence provided that the potential increase in claims was as a result of administrative factors and backlog management and not as a result of quality and safety issues leading to an increase in clinical negligence cases being received. A report providing this assurance will be submitted to the Audit, Risk & Assurance Committee demonstrating that the referral action has been closed. **Coroner's Inquest – Case Activity & Lessons Learned** In receiving the update, the Committee acknowledged the increased workload and complexity in Coroners Cases, noting a backlog of cases and more frequent requests for internal expert opinions. **Public Services Ombudsman for Wales Turning the Page Annual Report & Annual Letter** The Committee noted that whilst CTMUHB had the lowest number of referrals to the Ombudsman across Wales, the number of cases where the Ombudsman intervened was the highest, reflecting past challenges in providing information. The Committee were assured that many interventions did not proceed to full investigation, and early settlements were often reached. Further assurance was also provided that the team reviews every Ombudsman case for learning opportunities, and recent improvements in compliance with recommendations were noted, with ongoing regular meetings to ensure continued progress. In the Closed Session of the Committee, an update was received on the activity aligned to the **Culture and Leadership Plan in Maternity Services** noting that ongoing progress will be monitored through the Care Group Maternity and Neonatal Programme Board and Care Group Quality & Safety meetings.
Inform	The Committee supported the actions for closure on the **Action Log** and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion. The following items were **approved** on the Consent Agenda: • Unconfirmed minutes of the Quality, Safety & Experience Committee held on the 22 July 2025. • Unconfirmed minutes of the 'In Committee' Quality, Safety & Experience Committee held on the 22 July 2025. • Putting Things Right Annual Report • Organ Donation Sub Committee Highlight Report and Terms of Reference • All Wales Individual Patient Funding Request (IPFR) Policy (2025) • All Wales Prior Approval Policy (2025)

	The following items were **noted** on the Consent Agenda: • Non-Routine Committee Business (Forward Plan) • Annual Cycle of Business • Joint Commissioning Committee - Quality Safety and Outcomes Sub-Committee Highlight Report 31 March 2025 • Infection, Prevention & Control Annual Report 2024/2025 • Research & Development, Innovation & Improvement Biannual Update • Individual Patient Funding Request Annual Report The Committee bid a **fond farewell to Greg Dix, Executive Director of Nursing/Deputy CEO**, as this is his last meeting, and thanked him for his commitment, dedication and contributions to the Committee.

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 for this report
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 for this report
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 Board is asked to **NOTE** the highlights outlined in section 3 of this report.