Agenda Item	8.1.1

Unapproved Minutes of the Quality, Safety & Experience Committee

Date and Time of Meeting	Tuesday 23rd September 2025 09:00
Venue	Virtual via Microsoft Teams

Members Present	Carolyn Donoghue	Independent Member University (Committee Chair)
	Kath Palmer	Vice Chair (Committee Vice Chair)
	Patsy Roseblade	Independent Member Finance
	Hayley Proctor	Independent Member Trade Union
In Attendance	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Greg Dix	Executive Director of Nursing, Midwifery and Patient Care
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Science
	Philip Daniels	Executive Director of Public Health
	Hywel Daniel	Executive Director for People (In part)
	Cally Hamblyn	Assistant Director of Risk and Governance
	Emma Walters	Head of Corporate Governance and Board Business
	Gaynor Jones	RCN Convenor
	Lucie Owen	Care Group Nurse Director, Primary Care and Communities
	Owen Weeks	Care Group Medical Director, Unscheduled Care
	Richard Hughes	Deputy Executive Director of Nursing
	Sharon O'Brien	Care Group Nurse Director, Planned Care
	Sallie Davies	Deputy Medical Director (In part)
	Suzanne Hardacre	Director of Midwifery
	Kellie Jenkins-Forrester	Head of Concerns and Business Intelligence

	Hannah Wilton	Director of Pharmacy & Medicines Management
	Chris Beadle	Assistant Director of Health Safety and Fire
	Lloyd Griffiths	Head of Mental Health and Learning Disabilities Nursing
	Claire O'Keefe	Head of Safeguarding (In part)
Meeting Observers	Deborah Matthews	Care Group Nurse Director, Unscheduled Care (In part)
	Rhiannon Dubberley	Corporate Governance Officer
	Hannah Jones	Audit Wales

Agenda Item	**Meeting Business**
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	C. Donoghue welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its hybrid form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	**Apologies for Absence**
	Apologies for absence were received from: • Ana Llewellyn, Care Group Nurse Director • Becky Gammon, Assistant Director of Nursing
1.3	**Declarations of Interest**
	There were no interests declared.
2.	**CONSENT AGENDA BUSINESS**
2.1	C. Donoghue reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.

3.	**MATTERS ARISING**
3.1	**Action Log**
	K Palmer requested that the action log was updated to reflect that updates on Stroke Services would be included in future Highlight Reports from the Unscheduled Care Group in order to demonstrate the Committees commitment to maintain focus and oversight on this area. Members agreed to support the proposed closure of the actions identified subject to the change requested by K Palmer.
3.2	**Matters Arising Not Captured on the Action Log**
	There were no matters arising.
4.	**STAFF AND SERVICE USER EXPERIENCE**
4.1	**Shared Listening & Learning Story - Domestic Violence**
	C O'Keefe shared a presentation with Members which outlined some stories shared about survivor experiences of Domestic Violence and the support they received from the Independent Domestic Violence Advocate (IDVA) service. C Donoghue welcomed the excellent presentation which she found to be, succinct and indicative of the impact of the work being undertaken by the service. R Hughes advised that he was proud of the Safeguarding Team and the work they had undertaken and advised that the Team had secured funding for the IDVA service across all three regions within Cwm Taf Morgannwg. In response to a request made by R Hughes, C O'Keefe provided the following explanations for MAPPA, MARAC and BAROD: • MAPPA – Multi-Agency Public Protection Arrangements which related to the process for managing people released from prison, focusing on their reintegration into the community and assessing any risks they may pose, their housing needs and rehabilitation needs; • MARAC - Multi-Agency Referral Assessment Conference which focussed on high-risk victims of domestic abuse, with agencies such as police, health, and others collaborating to share information, assess risks, and make joint decisions to ensure the safety of victims and any children involved. • BAROD – was one of a number of local Drug and Alcohol services, which was funded through Value Based Healthcare, which the Health Board were looking to undertake some joint work in regard to signposting. L Edwards extended her thanks to C O'Keefe for sharing the presentation which highlighted the impact this had on people's lives and their future quality of life. L Edwards advised that she had not been aware that support was available to staff within the Health Board who were experiencing domestic violence and advised that she would be happy to link C O'Keefe with the Chair of the Women's Network in order to promote the work being undertaken by the Team to keep people safe. C O'Keefe advised that she welcomed the opportunity to connect and emphasised the importance of communicating awareness of the service to

ensure staff know how to access support, given that a significant proportion of referrals come from staff.

G Hughes also welcomed the story and advised that it was equally important to recognise that domestic violence also happened to men who also needed to be supported in speaking up easily. G Hughes highlighted the need to support staff working in domestic violence advocacy roles due to the intensity of their work and emphasised the importance of securing ongoing funding for these important roles and making a case for their inclusion in future plans.

D Hurford reflected on the importance of raising awareness of domestic violence and advised that violence against women is included in the mandatory safeguarding training for all staff which needed to be promoted, and suggested that a revisit was undertaken of the training session that had previously been provided to the Executive Team to enhance awareness amongst leaders. D Hurford added that awareness also needed to be raised amongst front line staff, particularly in Emergency Departments, in relation to the discreet ways that victims could seek help and be supported safely.

In response to the comments made by D Hurford, C O'Keefe highlighted there was an 'Ask for Annie' initiative in place which had been rolled out in some pharmacies and added she would welcome more initiatives like this and acknowledged the need for staff and managers to become more confident in addressing domestic abuse. C O'Keefe advised that working with a health advocate should help upskill staff and reduce barriers and advised that she would be happy to explore innovative approaches given that the current funding was only secured until March 2027.

S Hardacre highlighted that Cwm Taf Morgannwg had a relatively young female population and noted that domestic violence often starts or escalates during pregnancy. In response to a query raised by S Hardacre as to whether training for all staff would consider this aspect, C O'Keefe confirmed that this is being addressed and advised that new staff induction included time in maternity settings given the increased risk of domestic violence during pregnancy.

K Palmer raised the issue of how to encourage men to come forward about domestic violence, noting that men may feel increased shame and often keep the abuse hidden. C O'Keefe advised that male victims were a priority for the team and added that some men had been supported, mainly in cases of observed abuse in hospital settings, especially among elderly patients, and acknowledged the need to explore more ways to reach hidden victims, including men.

R Hughes acknowledged that the current funding for the IDVA roles was fixed term and emphasised that this provided an opportunity to evidence impact using a value-based healthcare approach and to explore sustainable funding options over the next two years. R Hughes also advised that this work was linked to the

	three-year safeguarding strategic plan and added that the Committee would be kept updated on progress. In response to a query raised by G Hughes as to whether GP's could refer into the IDVA service, C O'Keefe advised that whilst GPs could refer into the service, within Cwm Taf Morgannwg there was also an IRIS service which was funded through primary care and added that she would see these two services working together to decide on where a patient was best supported depending on their needs and which service could provide the most appropriate support. In response to a query raised by C Donoghue as to whether there were any particular learning points from the case studies presented, specifically seeking insights or things that could have been done differently, C O'Keefe advised that the presence of the IDVA was crucial, given that emergency department staff in busy environments may not be able to do more than a quick assessment and referral, and highlighted the importance of immediate safety planning, noting that without on-site support, opportunities to help victims could be lost. C O'Keefe also mentioned unconscious bias among staff, where repeated attendances by victims might lead to assumptions, and stressed the need for a supportive approach each time. Members supported the suggestion made by C O'Keefe to return to the Committee in one year to provide more evidence on learning points. C Donoghue extended her thanks to C O'Keefe for sharing the presentation and her thanks to the women who were willing to share their stories.
Resolution:	The Listening & Learning story was NOTED.
Actions:	Link up Head of Safeguarding with the Chair of the Women's Network in order to promote the work being undertaken by the Team to keep people safe Head of Safeguarding to return to the Committee in one year to provide more evidence in relation to learning points
5.	**SETTING THE SCENE - SERVICE DELIVERY**
5.1	**Report from the Clinical Executives**
	The Clinical Executives presented the report and highlighted the key matters for Members attention. P Roseblade extended congratulations to the Team for the excellent outcome across all three sites of the Human Tissue Authority Act unannounced inspection and added this clearly identified that there were robust systems and processes in place. P Roseblade referred to page 4 of the report and the update provided in relation to the work being undertaken to clarify and implement a sustainable approach for Band 2/3 Healthcare Support Workers, and advised that whilst the update suggested there was an issue it did not identify what the issue related to. G Dix advised that in some neighbouring organisations there had been some challenge in regard to Band 2 Healthcare Support Workers potentially undertaking activity

	that could fall within Band 3 roles and not receiving the appropriate remuneration for this. Members noted that work had been undertaken nationally over the last few months to align core Job Descriptions from Band 2 up to Band 8 and noted the work had commenced as a result of NHS Trusts in England re-banding Band 2 posts to Band 3 which resulted in concerns being raised within Health Boards in Wales. G Dix advised he would be happy to provide a more detailed update at a future Board Briefing session if required. G Jones advised that an All-Wales job description had been developed that would take Band 2 Healthcare Support Workers up to a Band 3 for those who choose to, with not all Band 2 staff wishing to go up to this banding. Members noted that the Health Board had until June 2026 to implement this within the organisation by area of priority. H Proctor referred to the update provided in relation to Physicians Associates and advised she was pleased to hear that a meeting would be held with this vulnerable staff group to provide them with support and assurance and advised that she would welcome further information on this matter. D Hurford advised that he would be happy to develop a report on the current position regarding the proposed changes to the roles and remits for Physicians Associates and would be happy to present this to a future meeting. H Proctor advised that she felt it was evident from reading the papers for this meeting that there were concerns that sustainable funding was not in place for a number of projects being undertaken within the Health Board, with the projects being relied upon in order to achieve strategic goals and aims and could potentially result in the loss of staff if future funding was not secured, which was concerning. C Donoghue also expressed concern regarding the position in relation to the risk of sustainable funding routes for key projects/services which were subject to short term funding and requested that this matter was included in the alert/escalate section of the Committee Highlight Report to Board. C Donoghue also suggested some positive areas for escalation within the highlight report which included the positive inspection carried out by the Human Tissue Act Authority and the recent HIW visits to the Emergency Department at Royal Glamorgan Hospital (RGH) and to Maternity services at Princess of Wales Hospital (POWH) which were both positive. C Donoghue also welcomed the positive developments within Infection, Prevention and Control and the partnership between the Dietetic PIPYN Team in Merthyr and Merthyr Junior Parkrun which she felt was an exceptional initiative.
Resolution:	The Committee **NOTED** the report.
Actions:	Report on the current position regarding the proposed changes to the roles and remits for Physicians Associates to be developed and presented to a future meeting. The position in relation to the risk of sustainable funding routes for key projects/services which were subject to short term funding to be included in the alert/escalate section of the Committee Highlight report to Board. Positive items

	for escalation to also be included in relation to the positive inspection carried out by the Human Tissue Act Authority and the recent HIW visits to the Emergency Department at Royal Glamorgan Hospital (RGH) and to Maternity services at Princess of Wales Hospital (POWH).
5.2	**Care Group Highlight Reports**
5.2.1	**Primary Care & Communities Care Group**
	L Owen presented the report and highlighted the key matters for Members attention. 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 (CAVUHB) 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 CAVUHB to enable formal processes to be followed. In response, to this update C Donoghue expressed confusion given that previous positive reports had been shared with Committee members in relation to reinstated theatre lists for complex paediatric dental surgery and sought clarity as to whether the newly highlighted issue regarding referrals changed the previously reported positive position. L Owen provided assurance that the reinstatement of theatre slots for complex surgery had been resolved and was separate from the current reported issue. In response to a question raised by P Roseblade as to the reasons behind the change from 11 to 9 patients on the dental appointment list, L Owen advised that adjusting to 9 reflected a realistic and practical estimate of how many patients could be seen per session to ensure appointments were manageable, taking into consideration the time needed for cleaning and possible overruns with appointments. L Owen provided assurance that this was an adjustment as opposed to a decrease from 11 to 9 and advised the position would be kept under review and there could be a possibility that the numbers of patients could increase to 11 if it was felt this would be manageable.
Resolution:	The Committee **NOTED** the report.
5.2.2	**Diagnostics, Therapies, Pharmacy & Specialities**
	H Wilton presented the report and highlighted the key matters for Members attention. H Proctor highlighted to Members that it would be National Allied Health Professionals Day on the 14 October which would create an opportunity to celebrate this staff group within the Health Board.

	K Palmer made reference to the ICU Psychology service and sought clarity as to whether funding had now been sourced for this service given that posts were currently being funded by the CTM Charity. G Hughes provided assurance that charitable funded was approved in accordance with the Charity objectives and this was considered an appropriate use of Charitable Funding at this time. G Hughes added that discussions were ongoing with Diagnostics, Therapies, Pharmacy & Specialties and Planned Care, Care Groups to identify efficiencies in other areas that could be reinvested to support the psychology service recurrently, with an aim to secure ongoing funding for the next financial year. C Donoghue referred to the concerning increase in blood transfusion incidents and queried whether it would be best for the review of the incidents to be concluded prior to the Committee escalating this as an area of concern to the Board. D Hurford recommended that the review of the incidents be concluded so that there was clarity on the root causes and a clear understanding of the issues identified. It was agreed that an update would be provided to the next meeting regarding the position. L Edwards added that the report had already been presented to the Executive Leadership Group, including information on the incidents and assurance about actions taken. C Donoghue made reference to the update provided in relation to the lack of Occupational Therapy cover at Ysbyty George Thomas Hospital and sought clarity as to how this was being addressed given that patients were being transferred into the hospital for rehabilitation. In response, H Proctor and L Owen 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. C Donoghue welcomed the clarification provided.
Resolution:	The Committee **NOTED** the highlights outlined in Section 3 of the report.
Action:	Update to be provided to the next meeting regarding the reasons behind the increased blood transfusion incidents
5.2.3	**Mental Health & Learning Disabilities Care Group**
	L Griffiths presented the report and highlighted the key matters for members attention. K Palmer welcomed the update provided in relation to the review of patient absconsions and also the updates provided on the learning disabilities services within the Health Board and added that she would welcome further updates on Learning Disability activity within future highlight reports. In response to a query raised by C Donoghue as to whether there was a timescale for the ligature risks identified to be resolved, L Griffiths advised that this work was ongoing and was aligned to ward moves and reconfigurations, with consideration being given to having one functional ward on each site which was made ligature safe, which was dependent on various factors, such as capital

	funding. Members noted that the national Mental Health Improvement Programme featured a ligature workstream. C Donoghue advised that she was pleased to see that William Turner had been shortlisted for the Royal College of Nursing Nurse of the Year award, which was something the organisation should be proud of.
Resolution:	The Committee **NOTED** the report.
5.2.4	**Planned Care Care Group**
	S O Brien presented the report and highlighted the key matters for Members attention. C Donoghue extended her thanks to S O'Brien for presenting the report and advised that she had recently visited the Theatre Suite at the Princess of Wales Hospital prior to opening which she felt was impressive and advised that it would be good to see the impact of the new set up, given there was great scope for efficiency and improvement. P Roseblade made reference to the splitting of the Anaesthetics, Critical Care & Theatres and Trauma & Orthopaedics Directorate and sought clarity as to why this decision had been made, whether it would create additional resource costs given that each Directorate would require its own Directorate Management Team and whether these costs would be covered within existing budgets. S O'Brien confirmed that the split was being covered from within the existing budget and explained that the decision had been made to split into two Directorates due to the size and complexity of the original Directorate, which was larger than some Care Groups. Members noted that the aim of the split was to improve governance, concerns compliance and operational management, particularly given the strategic changes and workforce requirements and noted this change would be a temporary measure for 12 months, with each Directorate having a Directorate triumvirate. D Hurford confirmed that he was supportive of the approach being taken given that there are a number of challenges and opportunities for improvement, which would be difficult to address as one Directorate at present. C Donoghue advised that it would be important to see the outcome and impact of this after the 12-month trial period at a future meeting.
Resolution:	The Committee **NOTED** the report.
Action:	Outcome and impact of the splitting of the Anaesthetics, Critical Care & Theatres and Trauma & Orthopaedics Directorate to be presented to the Committee after the trial period of 12 Months
5.2.5	**Unscheduled Care Care Group**
	O Weeks presented the report and highlighted the key matters for Members attention. Members noted that D Matthews had successfully been appointed as the Care Group Nurse Director and would be presenting this report at future meetings.

	P Roseblade extended congratulations to the Team in achieving a reduction in lost hours and noted that this puts the Health Board in almost the best position across Wales and acknowledged that this must have taken a significant effort to achieve this. G Hughes confirmed that improved handover performance was leading to better response times within communities across Wales and added that the impact within Cwm Taf Morgannwg was still being evaluated. Members noted that for two consecutive months, the new purple category ambulance response time, especially for time-critical cases such as out-of-hospital arrests, had been met and noted that discussions were being undertaken with Welsh Government in relation to re-engaging the population to call 999 for stroke cases, given that improved handover performance now allowed the ambulance service to respond more effectively. Members also noted that Prince Charles Hospital had recently achieved 100% of all crews handed over within 45 minutes, with focus now being placed on reducing the time patients spend in the Emergency Department waiting for treatment. L Edwards referred to the update provided within the report in relation to Ysbyty George Thomas (YGT) which differed from the update provided in the Diagnostics, Therapies, Pharmacy and Specialties Highlight Report and suggested that a conversation needed to be held between care groups to discuss the discrepancies. O Weeks clarified that whilst the report mentioned support for rehab and recovery, the focus at YGT is on encouraging patients to be active and interact, rather than providing formal rehabilitation. O Weeks committed to having a discussion to clarify any discrepancies and ensure understanding of the patient support model at YGT. C Donoghue advised that whilst she was concerned in relation to the increase in pressure ulcers, she was assured to see that a detailed action plan had been developed to address the position. C Donoghue added she was also pleased to see that the Care Group Nurse Director had been appointed and the improvements made within stroke services.
Resolution:	The Committee **NOTED** the report.
Action:	Discussion to be held with DTPS Care Group to clarify any discrepancies and ensure understanding of the patient support model at YGT
5.2.6	**Children & Families Care Group**
	S Hardacre presented the report and highlighted the key matters for Members attention. C Donoghue acknowledged the fantastic outcome of the Health Inspectorate Wales (HIW) Unannounced visit to the maternity unit at Princess of Wales Hospital Bridgend with no immediate assurances given, which she felt was a significant credit to all staff involved given the pressures that had been faced by the Team.
Resolution:	The Committee **NOTED** the report.
5.3	**Reducing Health Inequalities**
	P Daniels shared a presentation with Members and highlighted the key areas of focus.

	C Donoghue extended her thanks to P Daniels for sharing the presentation which contained some stark figures and illustration. K Palmer expressed strong support for the importance of addressing health inequalities, noting the stark data presented. K Palmer highlighted challenges in primary care, particularly around GP access, and suggested a national conversation was needed to enable GPs to spend more time with those most in need. K Palmer pointed out opportunities within CTM to redesign services with a focus on user input and person-centred care, especially as services shift closer to home. K Palmer agreed on the need to apply an inequalities lens to all service reviews and redesigns, recognising resource constraints but stressing the quality and safety implications for those unable to access services, and referenced positive outreach examples, such as the Wound Clinic bus. P Daniels advised that whilst more data could have been provided, the main goal was to retain health inequalities on the agenda and ensure it is considered at each meeting. C Donoghue supported this point and emphasised the importance of applying an inequalities lens to all reports and discussions in order to address the position.
Resolution:	The Committee **CONSIDERED** and **DISCUSSED** the information in the presentation and the implications for CTM.
6.	**DELIVERING OUR PLAN**
6.1	**Patient Safety, Quality & Experience Dashboard**
	K Jenkins-Forrester presented the report and highlighted the key matters for the attention of members. P Roseblade noted that the report highlighted that there was a cluster of incidents resulting in catastrophic harm or death compared to previous months and expressed concern that the report did not explain what actions or learning resulted from these incidents. P Roseblade also highlighted that there is still a large volume of incidents being overstated initially regarding harm and added that she felt concerned that overstating harm in initial reports could lead to triggering the duty of candour more frequently or seriously than necessary, and suggested more training may be needed to address this. K Jenkins-Forrester explained that work was being undertaken on an all-Wales system to provide more guidance at the initial reporting stage and clarified that the duty of candour is triggered at the management review assessment, not the initial report. Members noted that whilst training has been provided in relation to incident reporting, further work is required in this area as staff often report harm based on the patient outcome rather than any acts or omissions in healthcare that may have led to the incident. K Jenkins-Forrester advised of the upcoming changes in Putting Things Right regulations and data systems to support more accurate harm assessment and committed to providing more detailed breakdowns of assessments and learning in future reports.

	K Palmer welcomed the inclusion of the patient experience activity report and emphasised the importance of hearing patients' experiences. K Palmer highlighted the value of the recent value-based healthcare event, which showcased projects demonstrating how the organisation listens to service users and understands the impact and outcomes of services. P Daniels referred to Dyfodol, substance misuse and alcohol service and advised that whilst there was an intention to recommission services in coordination with His Majesty's Prison Service, the timelines did not align. P Daniels expressed concern about prisoners, especially women, being initiated on treatment and then returning to the area, noting the lack of a women's prison locally and the need for national leadership on the substance misuse strategy, which would not be in place until at least after the next Senedd election. P Daniels emphasised that while there is goodwill among agencies, the issue cannot be solved at the health board level and requires a national strategy.
Resolution:	The Committee **NOTED** the report.
6.2	**Committee Referral - Details of the medical negligence claims from the losses and special payments report**
	K Jenkins-Forrester presented the report and explained that whilst the number of clinical negligence cases had remained relatively consistent, redress cases had increased year on year, which aligned with the implementation of duty of candour. Members noted that the number of settled clinical negligence cases had increased, partly due to delays and lack of progress during COVID-19, however, this was expected to stabilise. Members noted that as the duty of candour becomes more embedded, whilst redress cases may continue to rise, clinical negligence claims should decrease. Following K Jenkins-Forrester's update 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. In concluding this update, C Donoghue requested that a summary report be submitted to the Audit, Risk & Assurance Committee confirming the review outcome. P Roseblade agreed with the approach suggested by C Donoghue in order to close the loop and demonstrate the issue had been reviewed as sufficient assurance provided.
Resolution:	The Committee **NOTED** the report and the next steps.
Action:	Summary report to be submitted back to the Audit, Risk & Assurance Committee confirming the review outcome discussed at the Quality, Safety & Experience Committee
7.	**GOVERNANCE, RISK AND ASSURANCE**
7.1	**Organisational Risk Register – Risks Assigned to Quality & Safety Committee**
	C Hamblyn presented the report and highlighted the key matters for members attention.

	P Roseblade expressed concern about reducing the risk score for stroke, despite acknowledging and welcoming the ongoing work and improvements. P Roseblade highlighted that some performance metrics in the unscheduled care highlight report, for example, only one out of 53 stroke admissions going directly to a ward, did not seem to justify a reduced risk score and stated she did not feel all the expected outcomes were being achieved to support the reduction. C Donoghue echoed the concerns raised by P Roseblade as to whether it was appropriate to reduce the risk score given the current metrics. L Edwards agreed with the concerns raised and stated she had a similar conversation with the team and suggested reviewing the risk from a whole pathway perspective, not just within unscheduled care, and recommended a conversation to ensure proper categorisation. G Hughes clarified that the red and green indicators in the data reflect improvement, not compliance and stated the original stroke risk related to service sustainability due to running two services with minimal staff, which had now been mitigated by consolidating the service onto the Royal Glamorgan Hospital site, recruiting additional staff, and improving the consultant rota. G Hughes acknowledged that the stroke service was not currently delivering SSNAP-level performance and that improvement was needed, along with a focus on time to scan and time to Acute Stroke Unit as key metrics. G Hughes suggested the risk narration should be reviewed given that the original risk had been addressed and emphasized that analysis should include both performance metrics and reports of harm, noting that high harm levels are not being reported, which should factor into the risk assessment. In concluding this discussion, the Committee requested that the risk description be reframed from a sustainability to a performance perspective. In response, to queries raised by P Roseblade and C Donoghue on the escalation of the replacement of the aged beverage trolley fleet risk, G Hughes advised that this risk was escalated and assigned to this Committee due to the patient hydration risks associated with it. He also noted that since the risk had been escalated a replacement programme is now in place which should reduce the risk score upon next review.
Resolution:	The Committee **REVIEWED** and **DISCUSSED** the risks escalated to the Organisation Risk Register.
Action:	Stroke risk narrative risk description to be reframed from a sustainability to a performance perspective.
7.2	**Health Inspectorate Wales (HIW) Audit Tracker Report**
	C Hamblyn presented the report and highlighted the key matters for members attention. K Palmer welcomed the significant improvement made in relation to the progress against actions within the tracker and encouraged continued follow-up on areas where responses were still required, acknowledging that some overdue actions were quite old, and expressed appreciation for the spotlight on this area given

	its importance for providing assurance. G Dix stated that whilst significant work had been undertaken to address overdue actions, focus now needed to be placed on periodically checking the ongoing implementation of these actions in practice, which would be a focus for the team over the next six months. C Donoghue echoed the comments made by K Palmer and also acknowledged the significant focus from unscheduled care in relation to updating their actions which was evident within the report. C Donoghue recognised the ongoing improvement work being undertaken in this area.
Resolution:	The Committee **NOTED** the report and activity underway to progress the actions outstanding and ongoing within the improvement plans across the Health Board following HIW Inspections.
7.3	**Coroner's Inquest – Case Activity & Lessons Learned**
	K Jenkins-Forrester presented the report and highlighted the key matters for Members attention. C Donoghue advised that she noted from previous discussions there had been an increase in workload due to coroner's office efforts to clear backlogs and queried if the complexity of cases was also increasing. K Jenkins-Forrester confirmed that complexity was increasing, with more witnesses being required for statements and evidence, and more cases moving from documentary to multi-day hearings, which take up a significant proportion of time. D Hurford confirmed that there was a backlog of cases in addition to the complexity of inquests being significantly higher, with more court cases occurring. D Hurford advised that the coroner was increasingly asking the health board to provide internal expert opinions, which adds substantial work, particularly for clinical directors. D Hurford expressed appreciation for the small team managing this workload and raised concern about the ongoing impact on staff time and resources as this upward trend continued. C Donoghue emphasised the need to continue reporting on this issue due to concerns about the resource impact on the team and the pressure on staff required to attend multi-day hearings, noting the stress involved and the importance of monitoring and ensuring support is in place for those staff involved.
Resolution:	The Committee **NOTED** the report.
7.4	**Internal Audit Review - Duty of Candour**
	K Jenkins-Forrester presented the report and highlighted the key matters for members attention. C Donoghue referred to the overdue dates within the action plan and sought clarity as to whether these timescales had now been met. K Jenkins-Forrester advised that there had been some delay in completing actions due to high-priority work related to inquests and learning from events reports and confirmed that the work on the overdue actions was now being addressed and progressed, and added that adjustments to the time scales will be undertaken.

	P Roseblade suggested that future reports capture the update on actions being taken in response to findings as this would provide assurance to Members that actions were being taken to address concerns raised in the internal audit. P Roseblade advised that the area of activity would not be subject to an immediate follow-up internal audit review given that the overall outcome was reasonable, with just one limited assurance area being identified. K Palmer sought assurance as to whether GPs were using the Duty of Candour system and complying with it, noting that GPs used different systems and sometimes had to duplicate data entry. L Owen confirmed there was a lack of reporting within the system by GP practices and that this was recognised as an All-Wales issue. L Owen advised that the NHS Wales Executive was developing a suite of Key Performance Indicators and targets, including incident reporting, for GPs and advised that the team had met with all practices to offer training on incident management and duty of candour. Members noted that when incidents were submitted, even though GPs were independent contractors, the Health Board responds with a rapid meeting or formulates a duty of candour response to determine if it has been triggered.
Resolution:	The Committee **NOTED** the report.
7.5	**Health, Safety & Fire Sub Committee Highlight Report 4 September 2025**
	H Daniel presented the report and highlighted the key matters contained within the alert/escalate section of the report. C Donoghue welcomed the improvements in hospital environments, especially during recent visits, and acknowledged the significant amount of work involved in achieving this. K Palmer sought clarity as to where assurances regarding cleaning and catering were being reported and emphasised the importance of both in relation to quality and safety. In relation to cleaning, G Dix confirmed that compliance against national standards was discussed at the Infection, Prevention & Control Committee, with any issues highlighted being escalated into Quality, Safety & Experience Committee. In relation to catering, C Donoghue questioned where it is most appropriately reported and queried whether this would come up in ward audits or through patient feedback. L Edwards referred to the Nutrition and Hydration Steering Group, which includes catering input from a clinical perspective, and agreed that it would be helpful to have further clarity on reporting, which C Hamblyn agreed to take forward as an action. L Owen supported the need for a clear reporting route, noting that currently issues are only picked up as they arise, and that incidents related to nutrition are managed locally but would benefit from structured oversight.

	G Hughes highlighted that the hospital food provision was fully compliant with Welsh nutritional standards, following a major review led by the Divisional Director of Facilities and the Dietetics team and added that CTM hospital food is fully compliant with Welsh nutritional standard. G Hughes also referenced the NHS England PLACE programme as a possible model for independent review of food and cleanliness.
Resolution:	The Committee **NOTED** the report and **APPROVED** the Organisational Health and Safety Policy for a further 3-year period and approve the Health, Safety & Fire Sub Committee Terms of Reference.
Action:	Further clarity on reporting routes to be obtained for nutrition and catering activity.
7.6	**Ombudsman's Annual Letter and Annual Report**
	K Jenkins-Forrester presented the report and highlighted the key matters for Members attention. In response to a query raised by C Donoghue regarding the offer of free complaints training, K Jenkins-Forrester confirmed that the offer of free training had been take up by the Health Board and would be utilised over the next 12 months.
Resolution:	The Committee **NOTED** the report.
8.	**CONSENT AGENDA**
8.1	**FOR APPROVAL**
8.1.1	**Unconfirmed Minutes of the Meeting held on 22 July 2025**
	It was noted that the Minutes of the meeting held on 22 July 2025 would need to be amended to reflect that K Jenkins-Forester attended this meeting. The Minutes were APPROVED subject to the above amendment.
8.1.2	**Unconfirmed Minutes of the In Committee Meeting held on 22 July 2025**
	The Minutes were APPROVED.
8.1.3	**Putting Things Right Annual Report**
	The Putting Things Right Annual Report was APPROVED.
8.1.4	**Organ Donation Sub Committee Highlight Report, Annual Report and Terms of Reference**
	The Committee **NOTED** the report and **APPROVED** the Organ Donation Sub Committee Terms of Reference which had been amended as a result of their annual review.
8.1.5	**All Wales IPFR Policy (2025)**
	The Committee **ENDORSED** the revised All Wales IPFR Policy (2025) and **APPROVED** its implementation within CTMUHB.
8.1.6	**All Wales Prior Approval Policy (2025)**
	The Committee **ENDORSED** the revised All Wales PAR Policy (2025) and **APPROVED** its implementation within Cwm Taf Morgannwg UHB with immediate effect.
8.2	**FOR NOTING**
8.2.1	**Non-Routine Committee Business (Forward Plan)**

	The Non-Routine Committee Business Forward Plan was NOTED.
8.2.2	**Annual Cycle of Business**
	The Annual Cycle of Business was NOTED.
8.2.3	**Joint Commissioning Committee - Quality Safety and Outcomes Sub-Committee Highlight Report 31 March 2025**
	The Committee **NOTED** the highlights outlined in Section 3 of the report.
8.2.4	**Infection, Prevention & Control Annual Report**
	The Committee **NOTED** the IPC Annual Report.
8.2.5	**Research & Development, Innovation & Improvement Bi Annual Update**
	The Committee **NOTED** the report.
8.2.6	**Individual Patient Funding Request Annual Report** The Committee **NOTED** the contents of this report and the need to recruit Lay representation to the CTM IPFR panel.
9.	**CLOSE OUT BUSINESS**
9.1	**Committee Highlight Report to the Board**
	C Hamblyn summarised the Committee Highlight Report to Board by noting positive escalations: the role of the IDVA advocates, two positive HIW inspections with no immediate assurances, the HTA inspection, and significant improvement in handover times. C Hamblyn also highlighted a concern regarding sustainable funding for ongoing projects and invited members to suggest any additional items.
9.2	**Meeting Feedback**
	C Donoghue advised that she would welcome feedback from members and attendees following the meeting.
9.3	**Any Other Business**
	C Donoghue noted that it was G Dix last meeting, thanked him for his contribution to the committee and the health board, and expressed that he would be missed. C Donoghue also thanked E Walters and C Hamblyn for their work in preparing meeting papers and setting the agenda, acknowledging the significant effort involved and expressing appreciation.
10.	**PRIVATE / CLOSED SESSION BUSINESS**
	The following items would be received In Committee: • Maternity and Neonatal Leadership and Culture Plan • Organisational Risk Register - Closed Risks • Update on Special School Nursing (to include an update on timescales for achieving a solution)
11.	**DATE & TIME OF THE NEXT MEETING**
	18th November 2025 at 9:00am