

# Experience, Quality and Safety Committee Supplementary Agenda Pack

Thu 04 February 2021, 10:00 - 13:00

Teams

## Agenda

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10:00 - 10:00 0 min  
**1. PRELIMINARY MATTERS**

 EQS\_Agenda\_04Feb2021.pdf (2 pages)

- 1.1. Welcome and Apologies
- 1.2. Declarations of Interest
- 1.3. Minutes of the Previous Meeting Held on 3 December 2020 for Approval
- 1.4. Matters Arising from Previous Minutes
- 1.5. Committee Action Log

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10:00 - 10:00 0 min  
**2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

There are no items for inclusion in this section.

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10:00 - 10:00 0 min  
**3. ITEMS FOR DISCUSSION**

- 3.1. Serious Incidents and concerns report
- 3.2. Regulatory Inspections Report
- 3.3. Mortality Reporting
- 3.4. Safeguarding Update
- 3.5. COVID-19 Incident Management Update Report
- 3.6. Maternity Services Priorities
- 3.7. CAF Escalation Report & SaTH Update

 EQS\_Item\_3.7\_CAF Escalation Report and SaTH update February 2021.pdf (24 pages)

Jones, Shania  
02/01/2021 09:26:37

10:00 - 10:00  
0 min

## 4. ITEMS FOR INFORMATION

There are no items for inclusion in this section.

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10:00 - 10:00  
0 min

## 5. OTHER MATTERS

### 5.1. Items to be brought to the attention of the Board and other Committees

#### 5.1.1. Any other urgent business

#### 5.1.2. Date of next meeting:

Thursday 4 February 2020, 10am.

Jones, Shania  
02/01/2021 09:26:37

**POWYS TEACHING HEALTH BOARD  
EXPERIENCE, QUALITY & SAFETY  
COMMITTEE**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**04 FEBRUARY 2021,  
10.00AM – 11.30PM**

**TO BE HELD VIRTUALLY VIA MICROSOFT TEAMS**

**AGENDA**

| Item     | Title   | Attached /Oral | Presenter                                       |
|----------|---|----------------|---|
| <b>1</b> | <b>PRELIMINARY MATTERS</b>  |                |   |
| 1.1      | Welcome and Apologies   | Oral           | Chair   |
| 1.2      | Declarations of Interest  | Oral           | All   |
| 1.3      | Minutes of the previous meeting held on 03 December 2020 (for approval) | Attached       | Chair   |
| 1.4      | Matters Arising from Previous Meetings                                  | Oral           | Chair   |
| 1.5      | Committee Action Log  | Attached       | Chair   |
| <b>2</b> | <b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>                         |                |   |
|          | <i>There are no items for inclusion in this section</i>                 |                |   |
| <b>3</b> | <b>ITEMS FOR DISCUSSION</b>   |                |   |
| 3.1      | Serious Incidents and Concerns Report                                   | Attached       | Director of Nursing & Midwifery                 |
| 3.2      | Regulatory Inspections Report   | Attached       | Director of Nursing & Midwifery                 |
| 3.3      | Mortality Reporting   | Attached       | Medical Director                                |
| 3.4      | Safeguarding Update   | Attached       | Director of Nursing & Midwifery                 |
| 3.5      | COVID-19 Incident Management Report                                     | Attached       | Director of Public Health                       |
| 3.6      | Maternity Services Priorities   | Attached       | Director of Nursing & Midwifery                 |
| 3.7      | CAF Escalation Report & SaTH Update                                     | Attached       | Assistant Director of Commissioning Development |
| <b>4</b> | <b>ITEMS FOR INFORMATION</b>  |                |   |
|          | <i>There are no items for inclusion in this section</i>                 |                |   |
| <b>5</b> | <b>OTHER MATTERS</b>  |                |   |
| 5.1      | Items to be Brought to the Attention of the Board and Other Committees  | Oral           | Chair   |
| 5.2      | Any Other Urgent Business   | Oral           | Chair   |
| 5.3      | Date of the Next Meeting:<br>• 15 April 2020 via Microsoft Teams.       |                |   |

**Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.**

**However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.**

**The Board is expediting plans to enable its meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of the board or its committees, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Rani Mallison, Board Secretary, [rani.mallison2@wales.nhs.uk](mailto:rani.mallison2@wales.nhs.uk)).**

**In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.**

Jones, Shania  
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## AGENDA ITEM: 3.7

| EXPERIENCE, QUALITY AND SAFETY COMMITTEE            |   | DATE OF MEETING:<br>4 February 2021 |
|---|---|-------------------------------------|
| <b>Subject:</b>                                     | <b>COMMISSIONING ESCALATION REPORT &amp; SATH UPDATE</b>  |                                     |
| <b>Approved and Presented by:</b>                   | Director of Planning and Performance and Assistant Director Commissioning Development   |                                     |
| <b>Prepared by:</b>                                 | Assistant Director Commissioning Development  |                                     |
| <b>Other Committees and meetings considered at:</b> | Scores were considered on the 20 <sup>th</sup> January 2021 at the Internal Commissioning Assurance Meeting. The report also contains information received after that date. |                                     |

### PURPOSE:

The purpose of this paper is to highlight to the Experience, Quality and Safety Committee providers in Special Measures (including Shrewsbury and Telford Hospitals NHS Trust) or scored as Level 4 under the PTHB Commissioning Assurance Framework

### RECOMMENDATION(S):

It is recommended that the Experience, Quality and Safety Committee DISCUSSES this Commissioning Escalation Report.

| Approval/Ratification/Decision <sup>1</sup> | Discussion | Information |
|---|------------|-------------|
|   | ✓          |             |

**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

|                            |  |   |
|----------------------------|--|---|
| Strategic Objectives:      | 1. Focus on Wellbeing                      | x |
|                            | 2. Provide Early Help and Support          | x |
|                            | 3. Tackle the Big Four                     | ✓ |
|                            | 4. Enable Joined up Care                   | ✓ |
|                            | 5. Develop Workforce Futures               | x |
|                            | 6. Promote Innovative Environments         | x |
|                            | 7. Put Digital First                       | x |
|                            | 8. Transforming in Partnership             | ✓ |
| Health and Care Standards: | 1. Staying Healthy                         | ✓ |
|                            | 2. Safe Care                               | ✓ |
|                            | 3. Effective Care                          | ✓ |
|                            | 4. Dignified Care                          | ✓ |
|                            | 5. Timely Care                             | ✓ |
|                            | 6. Individual Care                         | ✓ |
|                            | 7. Staff and Resources                     | ✓ |
|                            | 8. Governance, Leadership & Accountability | ✓ |

**EXECUTIVE SUMMARY:**

This report highlights providers in Special Measures or scored as Level 4 following the January 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

- 2 providers with services in Special Measures
- 1 provider at Level 4

The report also provides an update in relation to:

- Shrewsbury and Telford Hospitals NHS Trust (SaTH), including the publication of the first Ockenden Report
- Essential Services
- and the deteriorating position in relation to referral to treatment times (RTT) times and the programme of work needed for recovery.

In the weeks since the last ICAM, in December 2020, the UK has been dealing with the second COVID-19 peak; winter; the mass vaccination programme; and the EU exit.

**DETAILED BACKGROUND AND ASSESSMENT:**

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering

information from a broad range of sources including “credible soft intelligence”. It is not a performance report between fixed points.

Each PTHB Directorate is invited to contribute information to the CAF and to attend the ICAM.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers’ existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

As set out in previous papers to the Executive Committee and other Board Committees the usual commissioning arrangements have not been in place since March 2020, whilst the NHS, under civil contingencies arrangements, continues to respond to the COVID-19 pandemic.

PTHB has been participating in strategic system command arrangements in Shropshire, Telford and Wrekin and for Herefordshire and Worcestershire covering some of the main District General Hospitals for the Powys population.

The suspension, restoration and recovery of services has not been “commissioned”. The NHS continues to operate in “block” arrangements financially; activity does not reflect the patterns of previous years; performance arrangements were suspended and are now being reinstated; restoring non-essential routine services is a significant challenge the second COVID-19 peak in the winter of 2020/21 has seen unprecedented pressure on the NHS which has led to the suspension of non-urgent routine services. At some points, and for some providers, this had at times included the cancellation of some essential elective services. Restoration and recovery is limited by the continuing response to the pandemic including hospitalisation of patients with COVID-19; the mass vaccination programme; the need for social distancing, control of infection, testing and provision of surge capacity.

There were no Commissioning Assurance Framework reports between the end of March 2020 and the end of June 2020 (although monitoring of some domains continued where possible). Since July 2020, PTHB has been working to incrementally restore the CAF although there remain significant limitations and it is not possible to score all of the domains. (For example, the block financial arrangements do not reflect budgets and the financial schedules in Long term Agreements set in February 2020 prior to COVID escalating). The delays in relation to elective care are now an NHS-wide issue.

In the tables overleaf an attempt has been made to score the domains of quality and safety; patient experience; and access. However, information was not available from all providers.

| Special Measures   |  |             |             |                                |             |             |  |                               |                              |                                     |
|--|--|-------------|-------------|--------------------------------|-------------|-------------|--|-------------------------------|------------------------------|-------------------------------------|
| Provider   | Quality & Safety                               |             |             | Patient Experience             |             |             | Access   | Finance<br>(Cost & Activity)  | Change<br>in Level<br>Status | Governance<br>& Strategic<br>Change |
| Shrewsbury<br>& Telford<br>Hospital<br>NHS Trust                                 | November 2020<br>December 2020<br>January 2021 |             |             | Nov<br>2020                    | Dec<br>2020 | Jan<br>2021 | November 2020<br>December 2020<br>January 2021 | No Score –<br>Block Agreement | ↔                            | Not Rated                           |
| Cwm Taf<br>Morgannwg<br>University<br>Health<br>Board<br>(maternity<br>services) | November 2020<br>December 2020<br>January 2021 |             |             | Nov<br>2020 –<br>Insuf<br>info | Dec<br>2020 | Jan<br>2021 | November 2020<br>December 2020<br>January 2021 | No Score –<br>Block Agreement | ↔                            | Not Rated                           |
| Level 4  |  |             |             |                                |             |             |  |                               |                              |                                     |
| Provider   | Quality & Safety                               |             |             | Patient Experience             |             |             | Access   | Finance<br>(Cost & Activity)  | Change<br>in Level<br>Status | Governance &<br>Strategic<br>Change |
| Wye<br>Valley<br>NHS Trust   | Nov<br>2020                                    | Dec<br>2020 | Jan<br>2021 | Nov<br>2020                    | Dec<br>2020 | Jan<br>2021 | November 2020<br>December 2020<br>January 2021 | No Score –<br>Block Agreement | ↔                            | Not Rated                           |

## Shrewsbury and Telford Hospitals NHS Trust (SATH)

On the 10<sup>th</sup> December, 2020, the "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" was published (known as the first "Ockenden Report"), which is provided in full below. The parallel paper on maternity services to the EQS Committee explains that a full report will be provided to the next meeting.

[OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The report was the key focus of the SaTH Trust Board meeting on the 7<sup>th</sup> January, 2021. The SaTH CEO apologised unreservedly to the families affected and committed the Trust to learning from the report, accepting all its recommendations stating:

This independent review happened only as a consequence of the diligence and determination of the families involved in continuing to seek answers to and accountability for the harm and suffering that they have endured and continue to endure. These are families that tried to raise concerns about the care and safety with the Trust's maternity and aftercare services but were not listened to and cared for as they should have been. This should never have needed to happen and it is contingent on the Trust to act on the report's findings without delay.

Jones Shania  
02/01/2021 09:26 AM



The report contains local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers. An NHS England and Improvement (NHSEI) letter on the 14<sup>th</sup> December, 2020, set out the requirement for all Trusts to receive the report at their next public meeting. An assurance statement also has to be completed.

SaTH has in place a Maternity Transformation Plan setting out the focus and direction of services for the next 3-5 years, which is underpinned by a more detailed Maternity Improvement Plan. The specific response to the Ockenden recommendations will also be cross-checked and embedded within the Trust's plans. There will also be a comprehensive engagement plan to ensure that women and their families are listened to. A full workforce plan is in progress for completion following a Birth-rate Plus audit. The work of the Expert External Advisory Panel in relation to the Trust, chaired by Dr Bill Kirkup, is continuing.

In terms of the Clinical Negligence Scheme for Trusts (CNSTs) SaTH currently assesses its position to be as follows:

| Clinical Negligence Scheme for Trusts (CNSTs) SaTH Current Self Assessment |   |  |
|--|---|--|
| 1  | Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?          |  |
| 2  | Are you submitting data to the Maternity Services Data Set to the required standard?  |  |
| 3  | Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme? |  |
| 4  | Can you demonstrate an effective system of medical workforce planning to the required standard?                                     |  |
| 5  | Can you demonstrate an effective system of midwifery workforce planning to the required standard?                                   |  |
| 6  | Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?                                      |  |

|    |   |  |
|----|---|--|
| 7  | Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?   |  |
| 8  | Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year? |  |
| 9  | Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?           |  |
| 10 | Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?  |  |

As previously reported to the Committee SATH is in special measures and is rated as "inadequate" overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)) but include concerns in relation to the management of:

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards
- End of life care
- the oversight of audits and the improvement of outcomes
- the culture

The PTHB Executive Committee and relevant Board Committees have been receiving up-dates through the CAF Escalation Report since SaTH was placed in special measures. SaTH has been at CEO led escalation within PTHB's processes. Reports to Board Committees have explained the work undertaken through CEO level meetings, the Commissioning Assurance Framework, including the development of a Maternity Assurance Framework. It has been explained that PTHB liaised with key stakeholders

in England to help secure a way forward for SaTH aimed at ensuring improved quality and safety of services.

An "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) has been established, as SaTH was not in a position to improve the quality and safety of its services without further support. A new Chair of the Board of SaTH has been appointed from UHB and "Committees in Common" established.

The Trust's critical objective is the improvement of patient experience, which is dependent on the quality of care and safety at the Trust. There is a renewed focus on the quality of clinical care; governance and culture. There is an improvement team in place to support the Trust's Quality Improvement Plan (QIP) co-ordinated by an Improvement Director.

A revised Board Assessment Framework (BAF) has been put in place to help ensure that the Trust's strategic directives are being met and risks managed appropriately.

The QIP is being refocused into key themes focusing on: reducing harm from avoidable falls; pressure ulcers and medication errors; recognising and responding to the most acutely unwell patients; and support for the most vulnerable groups. There is also a realignment of the plan to focus on sustainable improvement across the organisation as part of a wider "Getting to Good" improvement plan.

An integrated performance report is in place spanning quality, operational performance, workforce, finance, risk and estates. An extract of the key exceptions reported to the SaTH Board in January 2021 is below.

| Quality - KPI                               | Latest month | Actual Month Performance | National Standard for month | SaTH trajectory for month | Performance Assurance | Lower process limit | Upper process limit | Exception |
|---|--------------|--------------------------|-----------------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| <b>Mortality</b>                            |              |                          |                             |                           |                       |                     |                     |           |
| HSMR  | Sep 20       | 92.27                    | 100.0                       | 100                       |                       | 64                  | 114                 | No        |
| RAMI  | Oct 20       | 98.3                     | 100.0                       | 100.0                     |                       | 58.9                | 121.5               | No        |
| <b>Infection</b>                            |              |                          |                             |                           |                       |                     |                     |           |
| HCAI - MSSA                                 | Nov 20       | 5                        | 2*                          | 2                         |                       | -2                  | 7                   | Yes       |
| HCAI - MRSA                                 | Nov 20       | 0                        | 0                           | 0                         |                       | 0                   | 1                   | No        |
| HCAI - c.Difficile                          | Nov 20       | 2                        | 3.58**                      | 3.58                      |                       | -2                  | 7                   | No        |
| HCAI - E-coli                               | Nov 20       | 4                        |                             | 3.75                      |                       | -2                  | 11                  | Yes       |
| <b>Patient harm</b>                         |              |                          |                             |                           |                       |                     |                     |           |
| Pressure Ulcers - grade 2 and above         | Nov 20       | 14                       | 14                          | 14                        |                       | 3                   | 27                  | No        |
| VTE   | Nov 20       | 95.7%                    | 94.1%                       | 95.0%                     |                       | 93.0%               | 96.3%               | No        |
| Falls - per 1000 Bed Days                   | Nov 20       | 5.38                     |                             | 5.00                      |                       | 2.31                | 6.71                | Yes       |
| Falls - total                               | Nov 20       | 100                      | 86                          | 86                        |                       | 46                  | 141                 | Yes       |
| Falls - with Harm per 1000 Bed Days         | Nov 20       | 0.11                     |                             | 0.2                       |                       | -0.12               | 0.33                | No        |
| Never Events                                | Nov 20       | 0                        | 0                           | 0                         |                       | -0.8                | 1.3                 | No        |
| Section 28s                                 | Nov 20       | 0                        | 0                           | 0                         |                       | 0                   | 1                   | No        |
| SIs   | Nov 20       | 4                        | 0                           | 0                         |                       | -3                  | 11                  | Yes       |
| Mixed Sex Breaches                          | Nov 20       | 29                       | 0                           | 0                         |                       | -8                  | 62                  | Yes       |
| <b>Patient Experience</b>                   |              |                          |                             |                           |                       |                     |                     |           |
| Complaints                                  | Nov 20       | 50                       | n/a                         | 58***                     |                       | 24                  | 88                  | No        |
| Complaints -acknowledged within agreed time | Nov 20       | 100%                     | 100%                        | 1                         |                       | 97%                 | 102%                | No        |
| Complaints -responded within agreed time    | Oct 20       | 61%                      |                             | 85%                       |                       | 51%                 | 77%                 | Yes       |
| <b>Quality Compliance</b>                   |              |                          |                             |                           |                       |                     |                     |           |
| CQC transactional action plan compliance    | Nov-20       | 92%                      | n/a                         | 90%                       |                       |                     |                     | Yes       |
| Section 29a requirements delivered          | Nov-20       | 62%                      | n/a                         | due Feb 2021              |                       |                     |                     | Yes       |

The table below summaries the assurance provided to Quality and Safety Assurance Committee of SaTH, as reported to its Board meeting on the 7<sup>th</sup> January 2021. It includes the issues the Board was alerted to; the assurance provided; and the key issues it was advised about.

|                  |  |
|------------------|--|
| <b>Alert</b>     | <p>The Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> <li>• There is a trend across key improvement actions where appropriate forms are not completed to evidence actions. This means that, unless things improve, it will be difficult to provide assurance with respect to key CQC actions. Examples include paediatric triage and ward cleaning activities</li> <li>• Following a significant incident within ophthalmology, the importance of having an equipment replacement programme was illustrated. The malfunction of an old machine caused patient harm</li> <li>• There are reports that the implementation of Badgernet within the maternity department may be delayed. This is very regrettable given the need to establish accurate, retrievable information in relation to maternity services</li> <li>• There are ongoing requirements on the Trust related to the national response to COVID-19 and the local implications of the pandemic. Firstly, the Trust is leading a complex vaccination programme which has staffing and logistic challenges. Secondly, there is an ongoing impact on "normal" clinical care with increasing numbers of people waiting a long time for elective surgery (particularly more than 52 weeks) and significant numbers of people waiting for their first outpatient clinic appointment. There are around 15,000 outpatients waiting for first appointments and social distancing requirements has impacted numbers of patients that can be seen. There have been a number of emergency presentations from people who had been waiting for surgery</li> </ul> |
| <b>Assurance</b> | <p>The Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> <li>• There is now an approved suite of safeguarding policies in place within the Trust</li> <li>• There are significant improvements to the proportion of paediatric patients who are triaged within the recommended timescales (Paediatric triage has improved to an average of 83% at RSH and 74% at PRH for the 4-week period up to the 29th November 2020; the team have set a target of achieving 85% compliance and maintaining this moving forward.)</li> <li>• There have been substantial improvements with the recruitment of consultants and middle grade Drs to the A&amp;E departments with evidence of significantly improved nursing leadership</li> <li>• The paper written by Dr Mei-See Hon which describes a review of induction of labour was of extremely high quality and was commended by the committee</li> <li>• The recognition of sepsis is improving although there is still scope to improve the implementation of appropriate interventions. Both A&amp;Es are above target for ensuring appropriate observations and sepsis screening are completed</li> </ul>   |
| <b>Advice</b>    | <p>The Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> <li>• Ambulance handovers remain a key focus for unscheduled care with marked discrepancies between the 2 sites</li> </ul>   |

## Cwm Taf University Health Board (CTMUHB)

A full and separate paper was submitted to the Experience, Quality and Safety Committee (which was endorsed on the 6<sup>th</sup> November, 2020) in relation to the accelerated changes to emergency flows in South Powys. The weekly monitoring in place involving clinicians has shown that the PTHB emergency flows are as anticipated to Prince Charles Hospital (PCH)



Merthyr. Both CTMUHB and Aneurin Bevan University Health Board being very hard hit by the second COVID-19 peak. Phase 1 of the Programme (the accelerated change to emergency flows in South Powys to PCH) is now closed).

The PTHB Executive Director of Nursing and Midwifery continues to lead a workstream in relation to maternity services in a different timescale, in preparation for a Board level decision about the appropriate timing of a strategic change to obstetric flows in line with the South Wales Programme.

As part of this work CTMUHB provided an update to the Executive Committee in December 2020 about the progress being made to improve maternity services and there has been executive level contact with the Independent Maternity Services Oversight Panel (IMSOP). In January, 2021, the IMSOP published a report following clinical reviews of 28 episodes of maternal care. Four key areas were identified as contributing to poor care: a failure to listen to women; a failure to identify and escalate risk; inadequate leadership; and inappropriate treatment leading to adverse outcomes. (There is a specific EQS agenda item in relation to maternity services.)

### **Essential Services - Commissioned Services**

Following Government statements, frameworks and letters, from March 13<sup>th</sup> 2020 onwards, non-essential routine services were suspended as part of the response to the pandemic. These actions were designed to allow services and beds to be reallocated and for staff to be redeployed and retrained in priority areas. Access to cancer and other essential treatments such as renal dialysis was to be maintained. The key principle was to keep people safe and to keep patients out of clinical settings if there was no urgent need to attend. Unfortunately, during the second COVID-19 peak providers have again had to suspend some elective services – in some cases this has included essential services.

PTHB is monitoring the position in relation to the provision of essential services across its providers. However, as approximately half of the PTHB DGH activity is in England, it is attempting to do this across two different systems whilst the usual commissioning arrangements are not in place. The updated table is overleaf:

| Essential Service Area  | BCUHB | HDUHB | SBUHB | CTMUHB | C&VUHB | ABUHB | Velindre | PHW | SaTH | WVT | RIAH |
|---|-------|-------|-------|--------|--------|-------|----------|-----|------|-----|------|
| Primary Care  |       |       |       |        |        |       |          |     |      |     |      |
| Safeguarding Services   | 3     | 2     | 3     | 2      | 2      | 3     | 0        | 2   | 0    | 4   | 0    |
| Urgent Eye Care   | 2     | 2     | 3     | 2      | 2      | 2     | 0        | 0   | 2    | 4   | 0    |
| Urgent Surgery  | 2     | 2     | 2     | 1      | 2      | 2     | 0        | 0   | 2    | 2   | 2    |
| Urgent Cancer Treatments  | 2     | 2     | 2     | 1      | 2      | 2     | 3        | 2   | 2    | 2   | 2    |
| Life-saving Medical Services  |       |       |       |        |        |       |          |     |      |     |      |
| Interventional Cardiology   | 2     | 2     | 2     | 2      | 2      | 3     | 0        | 0   | 2    | 2   | 0    |
| Acute Coronary Syndromes  | 2     | 2     | 2     | 2      | 2      | 4     | 0        | 0   | 2    | 2   | 0    |
| Gastroenterology  | 2     | 2     | 4     | 2      | 2      | 2     | 0        | 0   | 2    | 2   | 0    |
| Stroke Care   | 2     | 2     | 3     | 3      | 2      | 3     | 0        | 0   | 2    | 4   | 0    |
| Diabetic Care   | 2     | 2     | 3     | 3      | 2      | 3     | 0        | 0   | 2    | 2   | 0    |
| Diabetic Care (Diagnosis of new patients)   | 2     | 2     | 3     | 3      | 2      | 3     | 0        | 0   | 2    | 2   | 0    |
| Diabetic Care (DKA / hyperosmolar hyperglycaemic state)                           | 2     | 2     | 3     | 3      | 2      | 4     | 0        | 0   | 2    | 2   | 0    |
| Diabetic Care (Severe hypoglycaemia)  | 2     | 2     | 3     | 3      | 2      | 4     | 0        | 0   | 2    | 2   | 0    |
| Diabetic Care (Newly diagnosed patients especially where insulin control is poor) | 2     | 2     | 3     | 3      | 2      | 3     | 0        | 0   | 2    | 2   | 0    |
| Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)                     | 0     | 2     | 2     | 3      | 2      | 2     | 0        | 2   | 2    | 2   | 0    |
| Diabetic Care (Emergency podiatry services)                                       | 0     | 2     | 3     | 3      | 2      | 2     | 0        | 0   | 2    | 2   | 0    |
| Neurological Conditions   | 2     | 2     | 2     | 2      | 2      | 2     | 0        | 0   | 1    | 2   | 0    |
| Rehabilitation  | 2     | 2     | 3     | 4      | 2      | 2     | 0        | 0   | 0    | 2   | 2    |
| Life-saving or life-impacting paediatric services                                 |       |       |       |        |        |       |          |     |      |     |      |
| Immunisations & vaccinations  | 2     | 2     | 2     | 2      | 4      | 4     | 0        | 2   | 0    | 2   | 0    |
| Screening (Blood spot)  | 4     | 2     | 2     | 2      | 4      | 4     | 0        | 2   | 2    | 2   | 0    |
| Screening (Hearing)   | 4     | 2     | 2     | 2      | 4      | 4     | 0        | 2   | 2    | 2   | 0    |
| Screening (New born)  | 4     | 2     | 2     | 2      | 4      | 4     | 0        | 0   | 2    | 2   | 0    |
| Screening (6-week physical exam)  | 4     | 2     | 2     | 2      | 3      | 4     | 0        | 0   | 2    | 2   | 0    |
| Community paediatric services for children  | 3     | 2     | 3     | 2      | 3      | 3     | 0        | 0   | 0    | 2   | 0    |

| Essential Service Area   | BCUHB | HDUHB | SBUHB | CTMUHB | C&VUHB | ABUHB | Velindre | PHW | SaTH | WVT | RIAH |
|--|-------|-------|-------|--------|--------|-------|----------|-----|------|-----|------|
| Termination of pregnancy   |       |       |       |        |        |       |          |     |      |     |      |
| Termination of pregnancy   | 2     | 2     | 3     | 2      | 4      | 3     | 0        | 0   | 0    | 2   | 0    |
| Other infectious conditions (sexual / non-sexual)                    |       |       |       |        |        |       |          |     |      |     |      |
| Other infectious conditions (sexual / non-sexual)                    | 2     | 2     | 4     | 2      | 2      | 3     | 0        | 0   | 2    | 0   | 0    |
| Urgent infectious services for patients                              | 2     | 2     | 2     | 2      | 2      | 3     | 0        | 0   | 2    | 0   | 0    |
| Maternity services   |       |       |       |        |        |       |          |     |      |     |      |
| Maternity services   | 2     | 3     | 4     | 4      | 3      | 3     | 4        | 0   | 2    | 4   | 0    |
| Mental Health, NHS Learning Disability Services and Substance misuse |       |       |       |        |        |       |          |     |      |     |      |
| MH Crisis Services including perinatal care                          | 2     | 2     | 2     | 2      | 3      | 4     | 0        | 0   | 0    | 0   | 0    |
| MH Inpatient Services  | 2     | 2     | 4     | 2      | 3      | 4     | 0        | 0   | 0    | 0   | 0    |
| Community MH services  | 2     | 2     | 2     | 2      | 3      | 2     | 0        | 0   | 0    | 0   | 0    |
| Substance Misuse services  | 4     | 2     | 2     | 2      | 3      | 3     | 0        | 0   | 0    | 0   | 0    |
| Urgent supply of medications   |       |       |       |        |        |       |          |     |      |     |      |
| Urgent supply of medications   | 0     | 2     | 0     | 0      | 0      | 0     | 0        | 0   | 0    | 0   | 0    |
| Blood and Transplantation Services                                   |       |       |       |        |        |       |          |     |      |     |      |
| Blood & blood components   | 2     | 2     | 4     | 0      | 2      | 0     | 3        | 0   | 0    | 4   | 0    |
| Palliative Care  |       |       |       |        |        |       |          |     |      |     |      |
| Palliative Care  | 3     | 2     | 2     | 3      | 3      | 3     | 3        | 0   | 0    | 4   | 0    |

| Key: Service Status                                   | Code |
|---|------|
| Do not provide or commission this service             | 0    |
| Essential services unable to be maintained            | 1    |
| Essential services maintained (in line with guidance) | 2    |
| Intermediate services able to be delivered            | 3    |
| Normal services continuing                            | 4    |

## Referral to Treatment Times (RTT)

As previously reported to the Committee (and as reported nationally) there is now an unprecedented challenge in relation to access to routine services across the NHS as a result of the response to the pandemic. The Director General of Health and Social Services in Wales has warned that the situation may take a number of years to resolve.

Capacity has been significantly reduced in order to care for the surge in COVID patients and to prevent the spread of infection. Private sector capacity is being used to maintain essential services, such for those with suspected cancer.

There are now around 2000 Powys patients waiting more than 52 weeks for treatment. (Whilst English providers are submitting information to NWIS there is a technical reporting issue which the PTHB Information Department is attempting to resolve.).

Recovery will be a major focus of plans for 2021/2022 in England and Wales. A substantial programme of transformative work is needed, spanning the whole system, with an evidenced based value approach at its core. PTHB will need to consider how best to help its residents through services offered within Powys and provided in co-operation with other health boards and NHS trusts.

| <b>Whole system value approach</b>                      |   |
|---|---|
| <b>Value approach</b>                                   | Shared Decision Making<br>Is it needed?/Should it be done? (Evidence base – including benefit)<br>Population Need   |
| <b>Prevention &amp; Alternatives (pathway redesign)</b> | Wellbeing<br>Primary care<br>Extending alternatives within Powys<br>Clinical criteria for referral<br>Triage<br>Referral Management<br>Validation<br>Active waiting time (e.g. weight loss to help reduce pressure on joints, pain management, psychological support) |
| <b>Extend Capacity</b>                                  | Within Powys – including evening and weekends<br>Virtual (attend anywhere, consultant connect)<br>Modernisation (virtual, symptomatic)<br>Cooperation with other health boards and providers, regional and national plans   |
| <b>Quality and Safety</b>                               | Risk Stratification<br>Clinical Review<br>Harm Review<br>Ethical Framework<br>Concerns<br>Equity<br>Redress (national issue)<br>PROMS and PREMS<br>Patient experience –informed, shared decisions   |
| <b>Digital</b>  | Technical solutions e.g. Tele-dermatology (including cross-border)  |
| <b>Informatics</b>                                      | Baseline<br>Analysis - including variation<br>Demand and capacity – trajectories<br>Performance (including comparative)   |
| <b>Programme Approach</b>                               |   |

The following tables show the breakdown of waiting times by provider and by speciality. Orthopaedics is the key area of concern.



| December 2020               |  |                              |                                    |
|-----------------------------|--|------------------------------|------------------------------------|
| Welsh Providers             | % of Powys residents < 26 weeks for treatment (Target 95%) | Patients waiting 36-51 weeks | Patients waiting 52 weeks and over |
| Aneurin Bevan UHB           | 56.7%  | 324                          | 333                                |
| Betsi Cadwaladr UHB         | 37.0%  | 131                          | 124                                |
| Cardiff & Vale UHB          | 45.3%  | 80                           | 84                                 |
| Cwm Taf UHB                 | 40.7%  | 83                           | 124                                |
| Hywel Dda UHB               | 58.1%  | 196                          | 187                                |
| Powys Teaching Health Board | 59.1%  | 889                          | 398                                |
| Swansea Bay UHB             | 43.7%  | 332                          | 431                                |

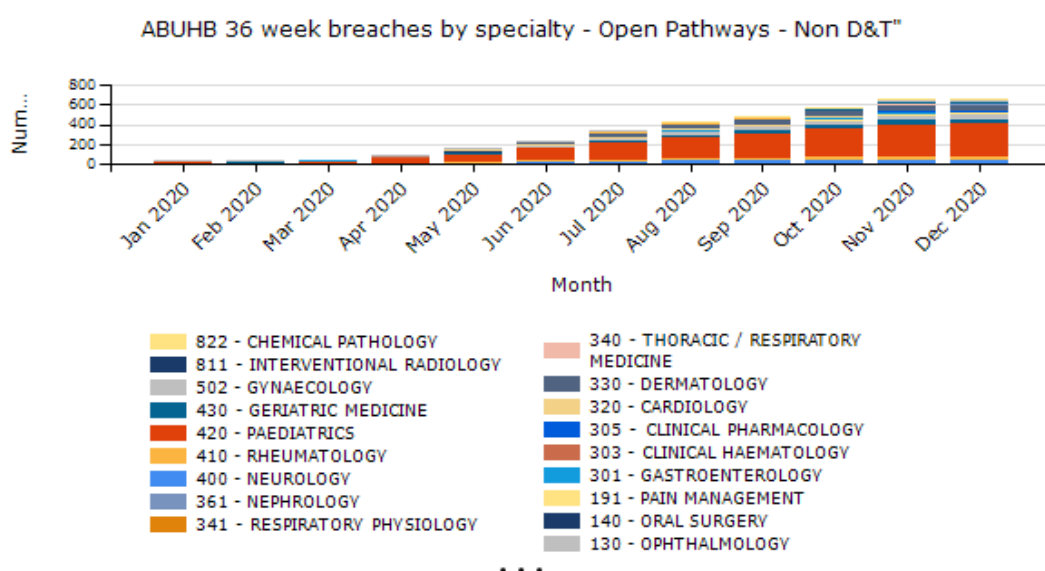
| November 2020             |  |                              |                                    |
|---------------------------|--|------------------------------|------------------------------------|
| English Providers         | % of Powys residents < 26 weeks for treatment (Target 95%) | Patients waiting 36-51 weeks | Patients waiting 52 weeks and over |
| Robert Jones & Agnes Hunt | 57.5%  | 528                          | 170                                |

| October 2020         |  |                              |                                    |
|----------------------|--|------------------------------|------------------------------------|
| English Providers    | % of Powys residents < 26 weeks for treatment (Target 95%) | Patients waiting 36-51 weeks | Patients waiting 52 weeks and over |
| Wye Valley NHS Trust | 61.8%  | 515                          | 153                                |

| September 2020                 |  |                              |                                    |
|--------------------------------|--|------------------------------|------------------------------------|
| English Providers              | % of Powys residents < 26 weeks for treatment (Target 95%) | Patients waiting 36-51 weeks | Patients waiting 52 weeks and over |
| Shrewsbury & Telford NHS Trust | 54.0%  | 630                          | 0                                  |

### **Aneurin Bevan UHB – December 2020**

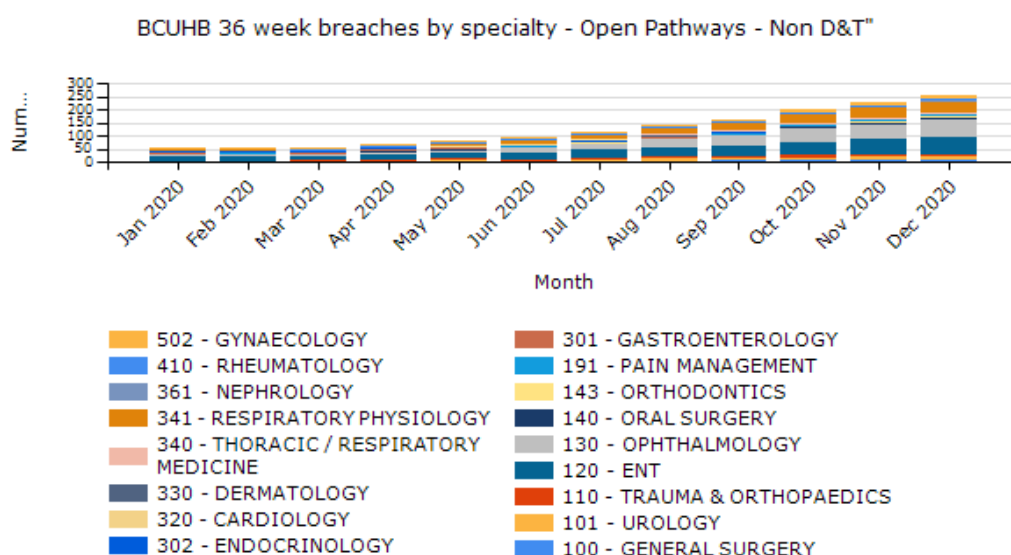
| Specialty                | 36 to 51 weeks | 52 weeks & Over |
|--------------------------|----------------|-----------------|
| General Surgery          | 20             | 22              |
| Urology                  | 14             | 19              |
| Trauma & Orthopaedics    | 142            | 190             |
| ENT                      | 16             | 23              |
| Ophthalmology            | 24             | 29              |
| Oral Surgery             | 7              | 10              |
| Pain Management          | <5             | 0               |
| Gastroenterology         | 16             | 6               |
| Clinical Pharmacology    | <5             | 0               |
| Dermatology              | 41             | 29              |
| Nephrology               | <5             | 0               |
| Neurology                | 14             | 0               |
| Geriatric Medicine       | <5             | 0               |
| Gynaecology              | 18             | 5               |
| Interventional Radiology | <5             | 0               |
| Chemical Pathology       | <5             | 0               |



"Source: NWIS"

## Betsi Cadwaladr UHB – December 2020

| Specialty                     | 36 to 51 weeks | 52 weeks & Over |
|-------------------------------|----------------|-----------------|
| General Surgery               | <5             | <5              |
| Urology                       | <5             | 11              |
| Trauma & Orthopaedics         | 5              | 6               |
| ENT                           | 34             | 31              |
| Ophthalmology                 | 40             | 25              |
| Oral Surgery                  | 6              | 6               |
| Orthodontics                  | <5             | <5              |
| Pain Management               | <5             | <5              |
| Endocrinology                 | <5             | <5              |
| Dermatology                   | <5             | <5              |
| Thoracic/Respiratory Medicine | <5             | <5              |
| Respiratory Physiology        | 18             | 21              |
| Nephrology                    | 7              | 0               |
| Rheumatology                  | 0              | <5              |
| Gynaecology                   | 7              | 8               |



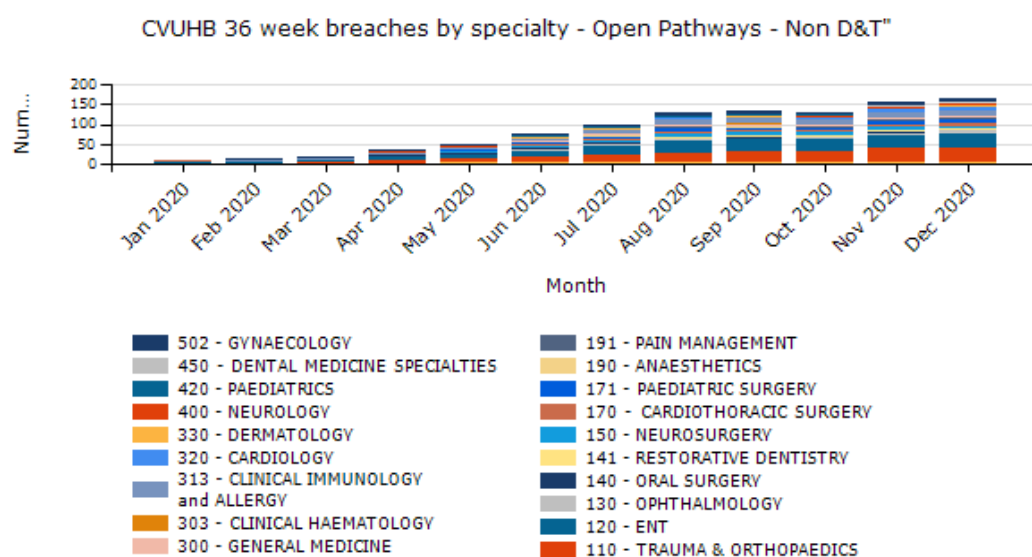
IFOR in Powys

"Source: NWIS"

### Cardiff and Vale UHB – December 2020

| Specialty       | 36 to 51 weeks | 52 weeks & Over |
|-----------------|----------------|-----------------|
| General Surgery | <5             | <5              |

|                                 |    |    |
|---------------------------------|----|----|
| Urology                         | <5 | <5 |
| Trauma & Orthopaedics           | 21 | 15 |
| ENT                             | 10 | 26 |
| Ophthalmology                   | 5  | 5  |
| Oral Surgery                    | <5 | 0  |
| Restorative Dentistry           | <5 | <5 |
| Neurosurgery                    | <5 | <5 |
| Cardiothoracic Surgery          | <5 | <5 |
| Paediatric Surgery              | 6  | 7  |
| Anaesthetics                    | 0  | <5 |
| Pain Management                 | 0  | <5 |
| General Medicine                | 0  | <5 |
| Clinical Immunology and Allergy | 8  | 9  |
| Cardiology                      | 5  | <5 |
| Dermatology                     | <5 | 0  |
| Neurology                       | <5 | <5 |
| Paediatrics                     | <5 | <5 |
| Dental Medicine Specialties     | <5 | 0  |
| Gynaecology                     | <5 | <5 |

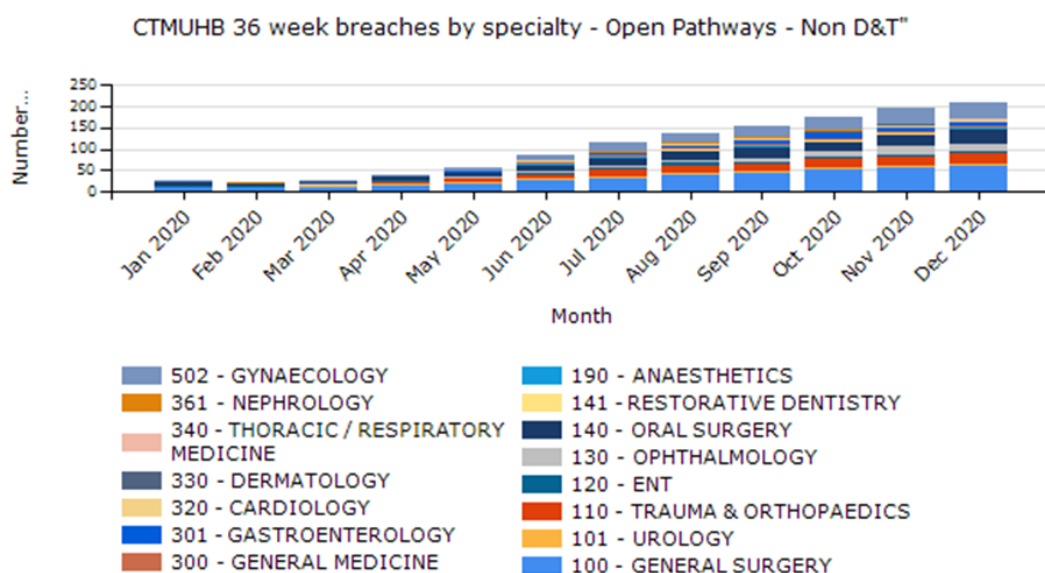


IFOR in Powys

"Source: NWIS"

## Cwm Taf Morgannwg UHB – December 2020

| Specialty                     | 36 to 51 weeks | 52 weeks & Over |
|-------------------------------|----------------|-----------------|
| General Surgery               | 21             | 37              |
| Urology                       | <5             | <5              |
| Trauma & Orthopaedics         | 10             | 16              |
| ENT                           | <5             | <5              |
| Ophthalmology                 | 12             | 5               |
| Oral Surgery                  | 10             | 24              |
| Restorative Dentistry         | <5             | <5              |
| Anaesthetics                  | 0              | <5              |
| General Medicine              | <5             | <5              |
| Gastroenterology              | <5             | <5              |
| Cardiology                    | <5             | <5              |
| Dermatology                   | 0              | <5              |
| Thoracic/Respiratory Medicine | <5             | 0               |
| Gynaecology                   | 14             | 23              |



IFOR in Powys

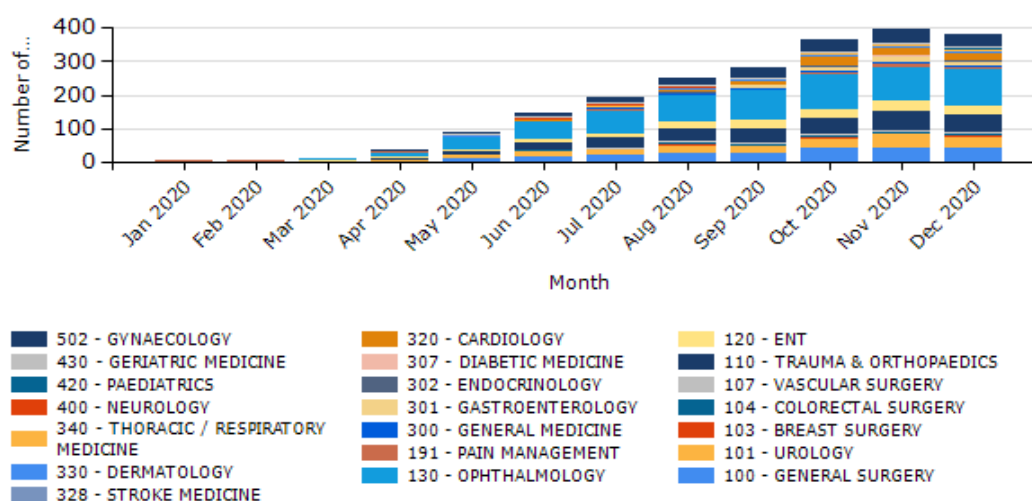
"Source: NWIS"

### Hywel Dda UHB - December 2020

| Specialty | 36 to 51 weeks | 52 weeks & Over |
|-----------|----------------|-----------------|
|-----------|----------------|-----------------|

|                               |    |    |
|-------------------------------|----|----|
| General Surgery               | 25 | 17 |
| Urology                       | 18 | 18 |
| Breast Surgery                | <5 | 0  |
| Colorectal Surgery            | <5 | <5 |
| Vascular Surgery              | <5 | 5  |
| Trauma & Orthopaedics         | 22 | 28 |
| ENT                           | 11 | 19 |
| Ophthalmology                 | 42 | 65 |
| Pain Management               | <5 | <5 |
| General Medicine              | <5 | 0  |
| Gastroenterology              | 16 | <5 |
| Endocrinology                 | <5 | 0  |
| Cardiology                    | 19 | <5 |
| Stroke Medicine               | <5 | 0  |
| Dermatology                   | <5 | 0  |
| Thoracic/Respiratory Medicine | <5 | <5 |
| Paediatrics                   | <5 | 0  |
| Geriatric Medicine            | <5 | <5 |
| Gynaecology                   | 20 | 21 |

HDUHB 36 week breaches by specialty - Open Pathways - Non D&T"



IFOR in Powys

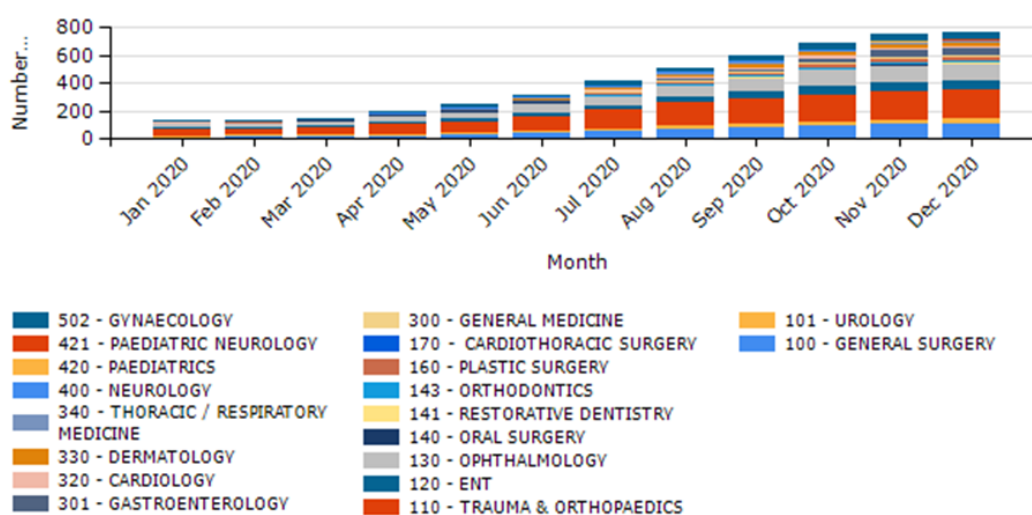
"Source: NWIS"

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## Swansea Bay UHB – December 2020

| Specialty                     | 36 to 51 weeks | 52 weeks & Over |
|-------------------------------|----------------|-----------------|
| General Surgery               | 45             | 65              |
| Urology                       | 17             | 16              |
| Trauma & Orthopaedics         | 51             | 154             |
| ENT                           | 26             | 35              |
| Ophthalmology                 | 47             | 72              |
| Oral Surgery                  | 8              | 10              |
| Restorative Dentistry         | <5             | <5              |
| Orthodontics                  | 7              | 0               |
| Plastic Surgery               | 18             | 16              |
| Cardiothoracic Surgery        | <5             | 0               |
| General Medicine              | <5             | <5              |
| Gastroenterology              | 31             | 18              |
| Cardiology                    | 15             | 9               |
| Dermatology                   | 20             | <5              |
| Thoracic/Respiratory Medicine | 5              | <5              |
| Neurology                     | 12             | <5              |
| Paediatrics                   | <5             | 0               |
| Paediatric Neurology          | <5             | 0               |
| Gynaecology                   | 23             | 28              |

SBUHB 36 week breaches by specialty - Open Pathways - Non D&T



"Source: NWIS"

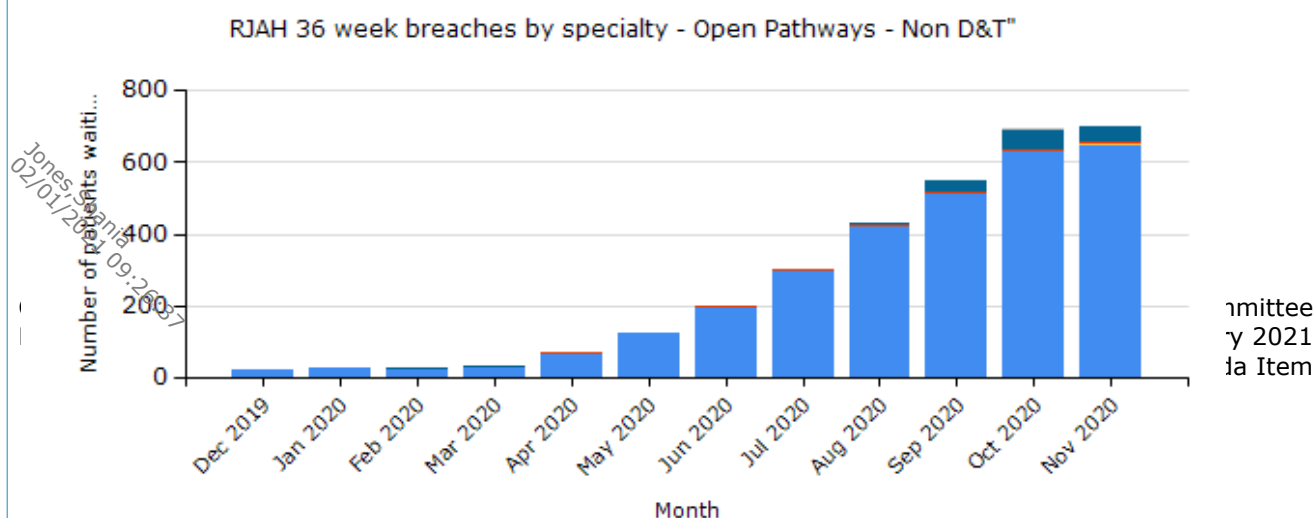
IFOR in Powys

## **Powys Teaching Health Board – December 2020**

| Specialty             | 36 to 51 weeks | 52 weeks & Over |
|-----------------------|----------------|-----------------|
| General Surgery       | 90             | 63              |
| Urology               | 42             | 20              |
| Trauma & Orthopaedics | 214            | 105             |
| ENT                   | 108            | 9               |
| Ophthalmology         | 174            | 40              |
| Oral Surgery          | 115            | 87              |
| Orthodontics          | 34             | 30              |
| General Medicine      | 6              | 0               |
| Cardiology            | 53             | 11              |
| Dermatology           | <5             | <5              |
| Rheumatology          | 7              | <5              |
| Paediatrics           | <5             | 0               |
| Geriatric Medicine    | 16             | 28              |
| Gynaecology           | 27             | <5              |

## **Robert Jones & Agnes Hunt – November 2020**

| Specialty             | 36 to 51 weeks | 52 weeks & Over |
|-----------------------|----------------|-----------------|
| Trauma & Orthopaedics | 482            | 170             |
| Rehabilitation        | <5             | 0               |
| Neurology             | 5              | 0               |
| Rheumatology          | 40             | 0               |

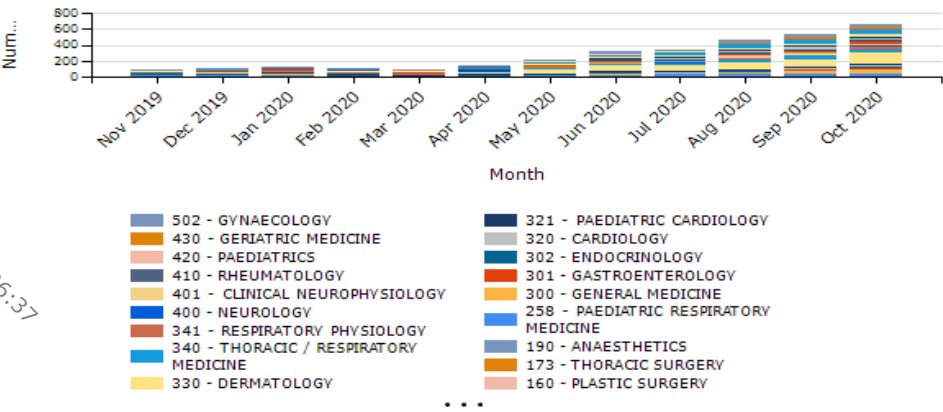




Wye Valley Trust – October 2020

| Specialty                      | 36 to 51 weeks | 52 weeks & Over |
|--------------------------------|----------------|-----------------|
| General Surgery                | 24             | 14              |
| Urology                        | 44             | 11              |
| Breast Surgery                 | 8              | 5               |
| Colorectal Surgery             | 26             | <5              |
| Upper Gastrointestinal Surgery | 19             | <5              |
| Vascular Surgery               | 6              | <5              |
| Trauma & Orthopaedics          | 90             | 46              |
| ENT                            | 27             | 13              |
| Ophthalmology                  | 40             | 12              |
| Oral Surgery                   | <5             | 0               |
| Maxillo-Facial Surgery         | 9              | <5              |
| Plastic Surgery                | <5             | 0               |
| General Medicine               | <5             | 0               |
| Gastroenterology               | 44             | 6               |
| Endocrinology                  | <5             | 0               |
| Cardiology                     | 40             | 6               |
| Paediatric Cardiology          | <5             | <5              |
| Dermatology                    | 25             | <5              |
| Thoracic/Respiratory Medicine  | 46             | 16              |
| Respiratory Physiology         | 6              | 0               |
| Neurology                      | 13             | <5              |
| Clinical Neurophysiology       | 6              | 0               |
| Rheumatology                   | <5             | 0               |
| Paediatrics                    | <5             | 0               |
| Geriatric Medicine             | <5             | 0               |
| Gynaecology                    | 26             | 10              |

WVT 36 week breaches by specialty - Open Pathways - Non D&T<sup>†</sup>



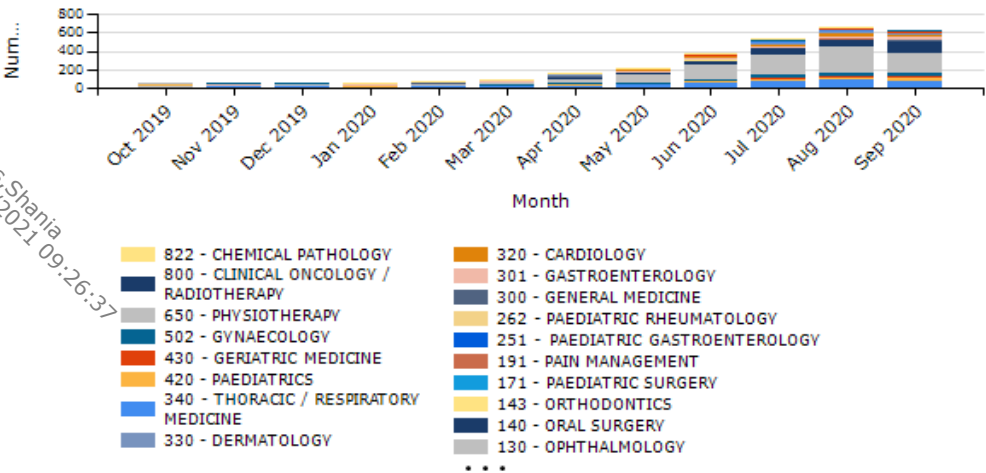
Jones, Shania  
02/01/2021 09:26:37  
Comm  
Report

Q&S Committee  
1 February 2021  
Agenda Item

**Shrewsbury & Telford Hospital – September 2020**

| Specialty                     | 36 to 51 weeks | 52 weeks & Over |
|-------------------------------|----------------|-----------------|
| General Surgery               | 74             | 0               |
| Urology                       | 53             | 0               |
| Trauma & Orthopaedics         | 6              | 0               |
| ENT                           | 33             | 0               |
| Ophthalmology                 | 210            | 0               |
| Oral Surgery                  | 133            | 0               |
| Orthodontics                  | 8              | 0               |
| Pain Management               | <5             | 0               |
| Paediatric Rheumatology       | <5             | 0               |
| General Medicine              | <5             | 0               |
| Gastroenterology              | 24             | 0               |
| Cardiology                    | 40             | 0               |
| Dermatology                   | <5             | 0               |
| Thoracic/Respiratory Medicine | 24             | 0               |
| Paediatrics                   | <5             | 0               |
| Geriatric Medicine            | <5             | 0               |
| Gynaecology                   | 13             | 0               |

SATH 36 week breaches by specialty - Open Pathways - Non D&T



Jones, Shania  
02/01/2021 09:26:37

EQ&S Committee  
4 February 2021  
Agenda Item

## Conclusion

Due to the civil contingency arrangements needed in order to respond to the COVID-19 pandemic the usual commissioning processes are not in place. However, PTHB has been working to reintroduce the Commissioning Assurance Escalation Report, although it is not possible to score all the domains in the previous way.

The first Ockenden Report has been published including specific recommendations for SaTH as well as immediate and essential actions for all NHS providers. A full report will be provided to the next EQS Committee when provider responses are available. The CEO of SaTH has apologised unreservedly to the families affected and committed the Trust to learning from the report, accepting all its recommendations.

The second COVID-19 peak has resulted in further suspension of elective services. The provision of essential services has been affected in some Trusts and Health Boards.

There has been a significant deterioration in the number of Powys patients waiting over 52 weeks. Recovery will be a major focus of plans for 2021/2022 in England and Wales. A substantial programme of transformative work is needed, spanning the whole system, with an evidenced based value approach at its core. PTHB will need to consider how best to help its residents through services offered within Powys and provided in co-operation with other health boards and NHS trusts.

## NEXT STEPS:

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committee.

**The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):**

### IMPACT ASSESSMENT

#### Equality Act 2010, Protected Characteristics:

|                                | No impact                | Adverse | Differential | Positive | Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times. |
|--------------------------------|--------------------------|---------|--------------|----------|--|
| Age                            |                          | ✓       |              |          |  |
| Disability                     |                          | ✓       |              |          |  |
| Gender reassignment            |                          | ✓       |              |          |  |
| Pregnancy and maternity        |                          | ✓       |              |          |  |
| Race                           |                          | ✓       |              |          |  |
| Religion/ Belief               | ✓                        |         |              |          |  |
| Sex                            | ✓                        |         |              |          |  |
| Sexual Orientation             | ✓                        |         |              |          |  |
| Marriage and civil partnership | ✓                        |         |              |          |  |
| Welsh Language                 |                          | ✓       |              |          |  |
| Risk Assessment:               |                          |         |              |          |  |
|                                | Level of risk identified |         |              |          | The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.   |
|                                | None                     | Low     | Moderate     | High     |  |
| Clinical                       |                          |         | ✓            |          |  |
| Financial                      |                          |         | ✓            |          |  |
| Corporate                      |                          |         | ✓            |          |  |
| Operational                    | ✓                        |         |              |          |  |
| Reputational                   |                          |         | ✓            |          |  |