

WHSSC Joint Committee**16 May 2023****Agenda Item: 4.5.5**

| Reporting Committee | Quality Patient Safety Committee (QPSC) |
|---|--|
| Chaired by | Ceri Phillips |
| Lead Executive Director | Director of Nursing & Quality |
| Date of Meeting | 18 April 2023 |
| Summary of key matters considered by the Committee and any related decisions made | |
| <p>1.0 MAJOR TRAUMA PRESENTATION – SOUTH WALES TRAUMA NETWORK</p> <p>Members received an informative presentation from the South Wales Trauma Network Manager, which outlined the background of the South Wales Trauma Network (SWTN) and provided an update following the Peer Review which had been undertaken in March 2022.</p> <p>The peer review outlined a number of areas of good practice with no immediate risks raised across the South Wales Trauma Network (SWTN) which was extremely positive.</p> <p>Members noted that, thanks to the commitment of the staff and support networks available to them, the progress on improvement had already started to take shape.</p> <p>2.0 WELSH KIDNEY NETWORK (WKN)</p> <p>Members received a report outlining the current Quality Patient Safety (QPS) issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.</p> <p>Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 9 March 2023, and WKN Board meeting on 4 April 2023 and that there were 14 items on the current WKN risk register.</p> <p>Members were informed that the Annual Renal meeting would be taking place in Newport this year as part of 'Kidney Week'.</p> <p>3.0 COMMISSIONING TEAM AND NETWORK UPDATES</p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points</p> | |



for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

3.1 Cancer & Blood

Workforce issues within the Neuro Endocrine Tumour Service (NETS) have been addressed with the support of a visiting consultant with NET expertise to oversee the delivery of the service. A full review of the service with stakeholders is planned in the near future with the aim of finding a sustainable solution going forward.

A number of issues have been raised around access to the Extracorporeal Membrane Oxygenation (ECMO) pathway at Guy's and St Thomas. A meeting has taken place with them to discuss the pathway access and prioritisation. Clinical links will be established with services in Wales to review the cases via a Harms Review and data is to be shared with WHSSC regarding numbers accessing the services from Wales.

The findings of this Harm Review will be shared with the committee once completed.

3.2 Neurosciences

There were no changes in risks since the last update and no services were in escalation.

Members noted that the engagement period for the Cochlear Implant and Bone Conduction Hearing Implant Service had now concluded and findings were being presented to Management Group for consideration prior to Joint Committee (JC) in May 2023.

3.3 Cardiac

Within the Cardiac surgery services, there had been significant improvements across all areas in escalation and no new risks had been added to the Risk Register since the last report.

Members noted the improved joint working between CVUHB and SBUHB Cardiac Services. Liverpool Heart and Chest Service had worked with CVUHB and SBUHB to share examples of their initiatives in place around recruitment and retention.

Members noted the Newsletter from the Adult Congenital Heart Disease Team promoting heart health awareness and the work that was ongoing in this area.

3.4 Women & Children

- Paediatric Surgery**

Members noted the issues in relation to the waiting list and the actions in place to improve the situation following further escalation to Level 3 in February 2023. It was noted that C&VUHB are now engaging and providing weekly update



reports to enable monitoring activity levels in real time and regular Executive led escalation meetings were in place.

Waiting times had decreased to meet the Ministerial waiting time of 104 weeks as at the end of March 2023. However, because this relates to children WHSSC have requested further significant reduction to 52 weeks over the next year and will work with the HB to support them in achieving that.

- **Paediatric Intensive Care Unit (PICU)**

There had been considerable focus on PICU over the last quarter and as a result, weekly SitRep meetings led by Welsh Government (WG) were put in place and have shown that there continued to be increased pressure in PICU services across the UK in relation to recovery from the pandemic. Members were informed that HIW had written to the Cardiff & Vale University Health Board raising a number of concerns. WHSSC had recently received the response which along with the findings from a pressure damage report would be considered to determine the level of escalation attributed to the service.

3.5 Mental Health & Vulnerable Groups

Members noted the following key updates:

- A pre inquest hearing has taken place recently regarding the death of a patient whilst in a Women's Enhanced Medium Secure Unit in West London. The date for the full hearing has not been confirmed to date.
- SBUHB Caswell Medium Secure Adult Mental Health Unit is developing a strategy to reshape the delivery of inpatient care and are currently looking at securing more funding to increase the number of seclusion suites on each ward for patients with a more challenging presentation. Members noted that the repatriation programme was going as hoped and there was an expectation that increased numbers of patients would be admitted to the clinic by the end of May.
- The committee received a detailed summary regarding the Gender Development Service (GIDS) for Children and Young People. Some early discussions have taken place with CVUHB regarding the potential for a regional model linked to the Children's Hospital sometime in the future.

3.6 Intestinal Failure (IF) – Home Parenteral Nutrition

Members noted the report highlighting the contractual and inflation risks which had now been mitigated and reduced or closed providing stability to the service going forward.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

4.1 Services in Escalation Summary

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation



level. Members noted the five services in escalation level 3 and above and the updates:

- Ty Llidiard had been lowered to escalation level 3 from 4 in December 2022,
- Paediatric Surgery C&VUHB had been escalated to level 3 in March 2023,
- There had been no changes in escalation levels to the other services.

Members provided positive comments on the new template and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report Appendix 1

4.2 Quality Newsletter

Members received a copy of the Quarterly Newsletter which is also available bilingually. A copy is attached to the report **Appendix 2**

4.3 QPSC Annual Report 2022-2023

Members received the QPSC Draft Annual Report outlining all activities undertaken by the QPSC over the last year. Members approved the draft report noting that any formatting issues would be resolved prior to submission to JC.

4.4 QPSC Terms of Reference

Members received the Draft Terms of Reference (ToR) to consider the changes to the report. Members supported the approach to undertake a minimal review. Members noted that following the Review into National Commissioning they would be updated further to align with the outcome.

4.5 CRAF Risk Assurance Framework

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red and the provider tab that had been added so that individuals who are outside the organisation can see which provider delivers each service.

4.6 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period January to March 2023 was presented to the committee.

4.7 Incident and Concerns report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. The report presented also included an in-depth review of the cardiac incidents reported. This was following queries raised by members at the last meeting requesting further assurance.

Members noted the content of the report and the additional context provided for each of the incidents.



4.8 Service Improvement and Innovation Days

Members received a report providing an update on the Service Improvement and Innovation Days and similar externally organised events relating to specialised services.

Members noted the content of the report, the summary of activities, aims and key points of learning and sharing. The report demonstrated the positive work that had been achieved and undertaken by clinicians

5.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 16 March 2023
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above.

Summary of services in Escalation

- Attached (**Appendix 1**)

Matters requiring Committee level consideration and/or approval

- QPSC Annual report 2022-2023
- QPSC Terms of Reference

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

14 June 2023 at 14.00hrs

Patterson, Liz
03/07/2023 08:33:02

Executive Director Lead: Nicola Johnson

Commissioning Lead: Luke Archard

Commissioning Team: Cancer and Blood

Date of Escalation Meetings: 27/09/22,
01/12/2022, 03/03/2023, 03/05/2023

Date Last Reviewed by Quality & Patient Safety
Committee: 18/04/2023

Service in Escalation:
Burns

Current
Escalation Level 3

Escalation Trend Level

| Trend | Rationale | Current Trend Level |
|-------|--------------------------------|------------------------|
| ↓ | Escalation level lowered | ↔ March 2023 |
| ↔ | Escalation remains the same | |
| ↑ | Escalation level escalated | |

Escalation Trajectory:

ESCALATION LEVEL

| Month | Escalation Level |
|--------|------------------|
| Feb-22 | 3 |
| Mar-22 | 3 |
| Apr-22 | 3 |
| May-22 | 3 |
| Jun-22 | 3 |
| Jul-22 | 3 |
| Aug-22 | 3 |
| Sep-22 | 3 |
| Oct-22 | 3 |
| Nov-22 | 3 |
| Dec-22 | 3 |
| Jan-23 | 3 |

Escalation History:

| Date | Escalation Level |
|---|------------------|
| November 2021 – South West Burns Network escalation | 4 |
| February 2022 – WHSSC escalation | 3 |
| August 2022 – WHSSC escalation | 3 |
| September 2022 – WHSSC escalation | 3 |
| December 2022 – WHSSC escalation | 3 |

Rationale for Escalation Status :

Remains at level 3.
The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.
The capital case remains on target with the planned timeline.
The next escalation monitoring meeting is arranged for 3rd March 2023.

Patterson, Liz
03/07/2023 08:33:00

Background Information:

At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.

Next escalation meeting 03/05/23.

Actions:

| Action | Lead | Action Due Date | Completion Date |
|--|--|-----------------|-----------------------|
| To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network. | MD/ CEO | | Completed |
| To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network. | MD/Exec Lead WHSSC | | Completed |
| To monitor the SBUHB action plan through formal escalation meetings. Meetings held 27/09/22 and 01/12/22. | MD/ Exec Lead WHSSC | | Next meeting 03/05/23 |
| The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 th December 21. The interim mitigations are still in place at present. | Senior Planner | | Completed |
| SBUHB are to provide a plan based on the recent peer review by the end of January 22. | Senior Planner | | Completed |
| A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs. | Senior Planner WHSSC/ Service Manager SBUHB | | Completed |
| Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed. | Senior Manager/ Senior Planner WHSSC | Ongoing | |
| WHSSC to look at the business continuity plan in the event of potential loss of staff. | Senior Planner WHSSC | Ongoing | |
| The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023. Capital case remains on target with the planned timeline. The next escalation monitoring meeting is arranged for 3rd May 2023. | Senior Team SBUHB/ Senior Planner WHSSC | Ongoing | |

Issues/Risks:

Patterson, Liz
03/07/2023 08:33:20

Executive Director Lead: Nicola Johnson
Commissioning Lead: Emma King
Commissioning Team: Mental Health & Vulnerable Groups

Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

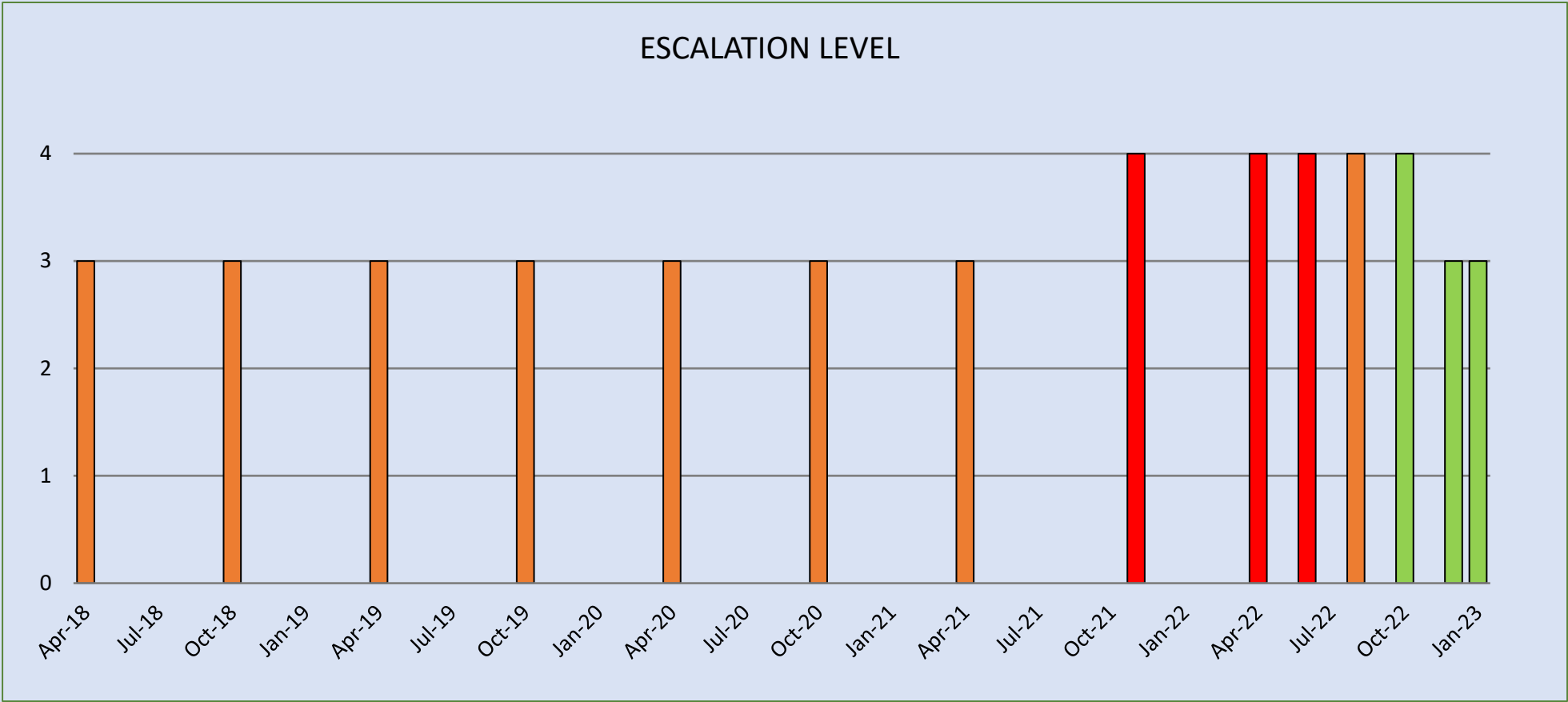
Service in Escalation: Ty Lliardd

Current
Escalation
Level 3

Escalation Trend Level

| Trend | Rationale | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓ | Escalation level lowered | ↓ January 2023 |
| ↔ | Escalation remains the same | |
| ↑ | Escalation level escalated | |

Escalation Trajectory:



Escalation History:

| Date | Escalation Level |
|----------------------------------|---------------------------------------|
| Mar 2018 – WHSSC escalation | 3 |
| Sept 2020 - WHSSC escalation | 3 |
| Nov 2021 - WHSSC escalation | Escalation level increased to level 4 |
| December 2022 - WHSSC escalation | De-escalated to level 3 |

Rationale for Escalation Status :
De-escalated to level 3.

Background Information:

March 2018 - Unexpected Patient death and frequent SUI's revealed patient safety concerns due to environmental shortfalls and poor governance.
September 2020 - SUI reported to Welsh Government.

Actions:

| Action | Lead | Action Due Date | Completion Date |
|--------|------|-----------------|-----------------|
|--------|------|-----------------|-----------------|

Appendix 1

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|---|--|----------------------------------|------------|--------------------|
| September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged. December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December. | Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit. | Senior Planner | | Completed March 22 |
| | Service specification action plan agreed. | Senior Planner | | Completed March 22 |
| | Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22. | Senior Planner | | Completed May 22 |
| | Recruitment of all staff to be in place. | Senior Planner / Service Leads | | Completed |
| | Estates issues being addressed and meeting to map these and plan a timeline. | Senior Planner / Service Manager | Ongoing | |
| | Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings. | Senior Planner | Ongoing | |
| | NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy. | Senior Planning Manager | | Completed |
| | Reviewed service specification. | Senior Planning Manager | | Completed |
| | Monitor training status of the staff by QAIS. | Shane Mills | | Completed |
| | Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate. | Dr Krishna Menon | | Completed |
| | Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager. | Director of Finance | | Completed |
| | Action plan developed following QAIS review conducted in March 2022 and managed under escalation process. | NCCU Director | March 2023 | |
| | Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken. | NCCU Director and Team | April 2023 | Ongoing |

Issues/Risks:

This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm.

July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high

April 22 – Score to remain as it is subject to impact of completed actions

June 22 – Risk remains at current level as risk of absconding is still prevalent

December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments

Patterson, Liz
03/07/2023 08:33:20

Executive Director Lead: Nicola Johnson

Commissioning Lead: Richard Palmer

Commissioning Team: Cardiac

Date of Escalation Meetings: 01/06/22, 20/07/22, 21/11/22, 05/04/23, 27/06/23

Date Last Reviewed by Quality & Patient Safety Committee: 18/04/23

Service in Escalation:

Cardiac CVUHB

Current Escalation Level

3

Escalation Trend Level

| Trend | Rationale | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓ | Escalation level lowered | ↔ March 2023 |
| ↔ | Escalation remains the same | |
| ↑ | Escalation level escalated | |

Escalation Trajectory:

ESCALATION LEVEL

| Date | Escalation Level |
|--------|------------------|
| Apr-22 | 3 |
| Jun-22 | 3 |
| Aug-22 | 3 |
| Oct-22 | 3 |
| Dec-22 | 3 |
| Feb-23 | 3 |

Escalation History:

| Date | Escalation Level |
|---------------------------------|------------------|
| April 2022– WHSSC escalation | 3 |
| June 2022– WHSSC escalation | 3 |
| November 2022– WHSSC escalation | 3 |

Rationale for Escalation Status :

Owing to the availability of CVUHB Executive colleagues, there has not been as escalation meeting since November 2022. As such, the Cardiac Surgery service remains at level 3. Escalation meetings have been scheduled for 5 April and 27 June, at which it is hoped that progress against the GIRFT/HEIW action plan will be evident.

Background Information:

Owing to the failure of Cardiff and Vale University Health Board to...

1. Implement the outcomes of the GIRFT review (June 2021), for which no appropriate SMART action plan has been shared with WHSSC
2. Communicate and address (via a SMART action plan) the additional issues recently identified by HEIW, arising from the concerns with the cardiac surgical service raised by trainees

Actions:

| Action | Lead | Action Due Date | Completion Date |
|---|-------------------------|-----------------|-----------------|
| Escalate service to Stage 3 of the WHSSC escalation process. | Director of Planning | | Completed |
| Establish regular (every 6 weeks) escalation meetings with CVUHB to oversee escalation process. | Senior Planning Manager | | Completed |

Appendix 1

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|--|--|----------------------------|-------------------------------|-----------|
| <p>...there is a risk that people waiting for Cardiac Surgery delivered by Cardiff and Vale University Health Board may receive suboptimal or delayed treatment, and that WHSSC will be unable to effectively monitor.</p> <p>The following controls have thus been put in place:</p> <ul style="list-style-type: none"> Instituting of regular (every 6 weeks) Stage 3 escalation meetings with Cardiff and Vale University Health Board. HEIW report and action plan shared with WHSSC and discussed in escalation meetings. Development of SMART action plan to take forward the recommendations of the GIRFT review, shared with WHSSC at escalation meetings to enable the monitoring of progress and identification of any required remedial actions. <p>WHSSC assurance and confidence level in developments:</p> <p>Medium – Although progress against the objectives of the action plan is apparent, there has been a noteworthy delay between the last completed and next scheduled escalation meeting, significantly impacting WHSSC's ability to further monitor progress. WHSSC has also experienced a delay in receiving the HEIW report, the provision of which was actioned in the November escalation meeting.</p> | Receive a SMART action plan from the service that addresses the recommendations contained in the GIRFT report. | Senior Planning Manager | In progress - chased 10/06/22 | Completed |
| | Receive HEIW report concerning issues with the cardiac surgical service raised by trainees. | Senior Planning Manager | | Completed |
| | Monitor implementation of the SMART action plan at escalation meetings. | Senior Planning Manager | In progress | |
| | Development of de-escalation criteria based on recommendations in GIRFT report and action plan. | Associate Medical Director | | Completed |
| <p>Issues/Risks:</p> <p>June 2022 – Service escalated to Stage 3 of the WHSSC escalation process in April 2022 owing to continuing concerns with engagement; agreed at the 28 June 2022 Cardiac Commissioning Team meeting that the escalation constituted a risk (as opposed to an issue) owing to concern that the failure to implement GIRFT/HEIW recommendations will impact on patients, but that the accompanying narrative should be revised to clarify the precise concerns; escalation meeting held on 01 June 2022, at which an apparently extant action plan was discussed, but not subsequently shared.</p> <p>July 2022 – Action plan now shared with WHSSC. Second escalation meeting held on 20 July 2022 at which – mindful of the long-term nature of many of the HB's objectives – progress was noted. Agreed that WHSSC would refer to both the GIRFT report and the action plan in order to develop de-escalation criteria in time for the next escalation meeting (September). No change to risk score.</p> <p>August 2022 – Draft de-escalation criteria shared with Health Board in readiness for discussion at September escalation meeting. No change to risk level.</p> <p>September 2022 – The de-escalation criteria was discussed with the Health Board in the September escalation meeting. It was agreed in the meeting that the Health Board would provide a formal response in regards to the proposed de-escalation criteria. No change to the risk score.</p> <p>October 2022 - Health Board had not yet provided formal response to proposed de-escalation criteria. Planned October escalation meeting had been rescheduled to Monday 21 November owing to Health Board availability; Health Board had submitted updated action plan in lieu of meeting. No change to risk score.</p> <p>November 2022 – Further progress was noted at November escalation meeting; de-escalation criteria discussed – agreed that focus would be on evidencing positive trajectory, assisted by cardiac surgery dashboard; risk score unchanged.</p> <p>December 2022 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p>January 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p>February 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p>March 2023 – No escalation meetings since the last CRAF review. Risk level remains unchanged; next meeting scheduled for 5 April 2023.</p> | | | | |

Patterson, Liz
03/07/2023 08:33:20

Service in Escalation: Cardiac SBUHB

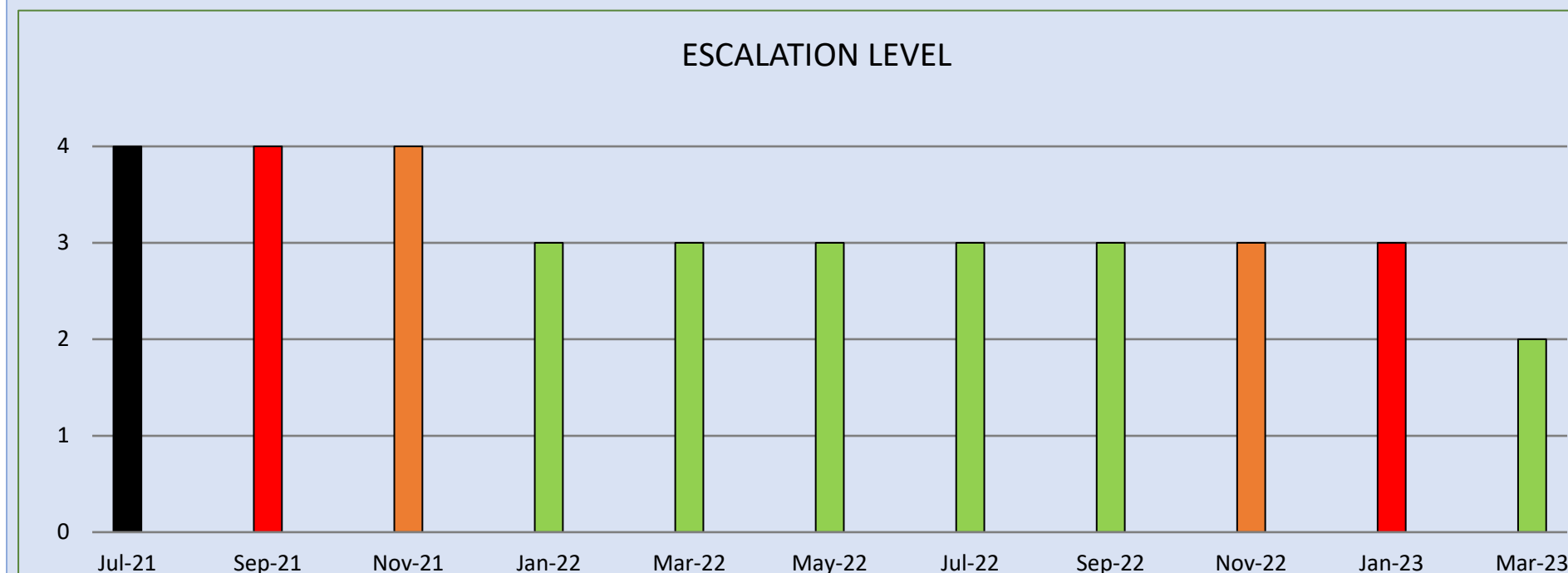
**Current
Escalation Level 2**

Executive Director Lead: Nicola Johnson
Commissioning Lead: Richard Palmer
Commissioning Team: Cardiac
Date of Escalation Meetings: 12/07/21, 30/08/21, 21/09/21, 08/11/21, 01/02/22, 13/05/22, 18/07/22, 06/10/22, 16/02/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

Escalation Trend Level

| Trend | Rationale | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓ | Escalation level lowered | ↔ January 2023 |
| ↔ | Escalation remains the same | |
| ↑ | Escalation level escalated | |

Escalation Trajectory:



Escalation History:

| Date | Escalation Level |
|---------------------------------|------------------|
| July 2021 – WHSC escalation | 4 |
| November 2021 – WHSC escalation | 4 |
| February 2022 – WHSC escalation | 3 |
| July 2022 – WHSC escalation | 3 |
| October 2022 – WHSC escalation | 3 |
| December 2022 – WHSC escalation | 3 |
| March 2023 – WHSC escalation | 2 |

Rationale for Escalation Status :

Reduced to Level 2 owing to significant progress towards the GIRFT benchmarks and the further assurance provided in response to the recommendations of the Royal College of Surgeons of England (RCS England) Invited Service Review report.

Background Information:

There is a risk patients undergoing cardiac surgery in Swansea are at a greater risk of complications as recent evidence from the Getting It Right First Time Review of cardiac services has highlighted a high rate of poor clinical outcomes. As a consequence patients are at risk of harm from practices during surgery and in the post-operative period resulting in long term morbidity issues.

Actions:

| Action | Lead | Action Due Date | Completion Date |
|--|-------------------------|-----------------|-----------------|
| Service escalated to Stage 4 of the WHSC Escalation Process. | Director of Planning | | Completed |
| To receive an improvement plan from the service which addresses the clinical outcomes and the 5 process issues highlighted in the report and set out in the GIRFT recommendations by end of July 2021. | Senior Planning Manager | | Completed |

Appendix 1

| | | | | |
|---|--|-------------------------|-----------------------------|-----------|
| <ul style="list-style-type: none"> Consultant only operating whilst a review of the clinical outcomes takes place Mitral Valve surgery to only be undertaken by the 2 consultants with a sub-specialist interest in mitral valve surgery Service has established a gold command structure to steer improvement <p>WHSSC assurance and confidence level in developments:</p> <p>High – Evident progress GIRFT benchmarks and further assurance provided by the Medical Director in response to the recommendations of the Royal College of Surgeons of England (RCS England) Invited Service Review report have assured WHSSC of the effectiveness of the actions in progress, leading to de-escalation. Service will be monitored via newly convened Risk, Assurance and Recovery meetings pending further de-escalation.</p> | To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan. | Senior Planning Manager | | Completed |
| | Arrange meeting with SBUHB and C&VUHB to discuss interim arrangements for Aorto-vascular service. | Senior Planning Manager | | Completed |
| | WHSSC to write to SBUHB following agreement of interim pathway. | Senior Planning Manager | | Completed |
| | Improvement plan to be monitored through the regular escalation meetings and when data shows improvement consideration will be given to de-escalation. | Senior Planning Manager | Ongoing; timelines extended | |
| <p>Issues/Risks:</p> <p>March 2022 – Commissioning Team to agree to lower risk score to 3x4=12 at March team meeting as data shows improvement.</p> <p>June 2022 – Meeting with SBUHB held on 13 May 2022; service continues to show improvement and consideration will be given to de-escalation on provision of six months of data.</p> <p>July 2022 – Escalation meeting held on 18 July 2022 and analysis of data illustrated further improvements; significant portion of data points now in line with GIRFT benchmarks. Agreed that de-escalation would be further discussed at September meeting, pending submission of Royal College of Surgeons of England (RCS England) Invited Service Review report.</p> <p>August 2022 – Still awaiting submission of RCS England Invited Service Review Report. No change to risk level.</p> <p>September 2022 - An escalation meeting is scheduled with SBUHB for the 6 October 2022. It is anticipated that once the RCS England report has been received that the service can be de-escalated. No change to the risk score.</p> <p>October 2022 – Escalation meeting had noted further progress, but RCS report had still not been received. De-escalation will only be recommended on receipt of report; no change to the risk score. In the event that the report is not submitted, an additional escalation meeting will be convened.</p> <p>November 2022 – RCS report has been repeatedly chased, but has still not been received. Convening of additional level 3 escalation meeting with Exec-level attendance now in train.</p> <p>December 2022 – RCS report received and considered by extraordinary meeting of the Cardiac Commissioning Team, which recommended that the service remain in escalation owing to new and continuing concerns. Endorsed by CDGB; escalation letter sent to SBUHB. Risk level to remain unchanged as escalation status remains unchanged.</p> <p>January 2023 – Escalation meeting planned for February, at which next steps will be discussed.</p> <p>February 2023 – Escalation meeting in February followed by submission of revised action plan and accompanying letter, which were subsequently considered by the Cardiac Commissioning Team. WHSSC CDG to consider recommendation status imminently. In the event that escalation level is reduced, risk level may be similarly revised.</p> <p>March 2023 – WHSSC CDGB agreed that the service be de-escalated from level 3 to level 2 of the WHSSC escalation framework and will be monitored via regular Risk, Assurance and Recovery meetings.</p> | | | | |

Patterson, Liz
03/07/2023 08:33:00

Executive Director Lead: Nicola Johnson

Commissioning Lead: Kimberley Meringolo

Commissioning Team: Women and Children

Date of Escalation Meetings:

Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

Service in Escalation:

Paediatric Surgery

Current Escalation Level 3

Escalation Trend Level

| Trend | Rationale | Current Trend Level |
|-------|-----------------------------|---------------------|
| ↓ | Escalation level lowered | ↑ March 2023 |
| ↔ | Escalation remains the same | |
| ↑ | Escalation level escalated | |

Escalation Trajectory:

ESCALATION LEVEL

4

3

2

1

0

Mar-23

Escalation History:

| Date | Escalation Level |
|-------------------------------|------------------|
| March 2023 – WHSSC escalation | 3 |

Rationale for Escalation Status :
The service has moved from escalation Level 1, ‘Enhanced Monitoring’, straight to Level 3, ‘Escalated Measures’.

Background Information:

- Recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The current plan does not deliver contracted volumes
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

Actions:

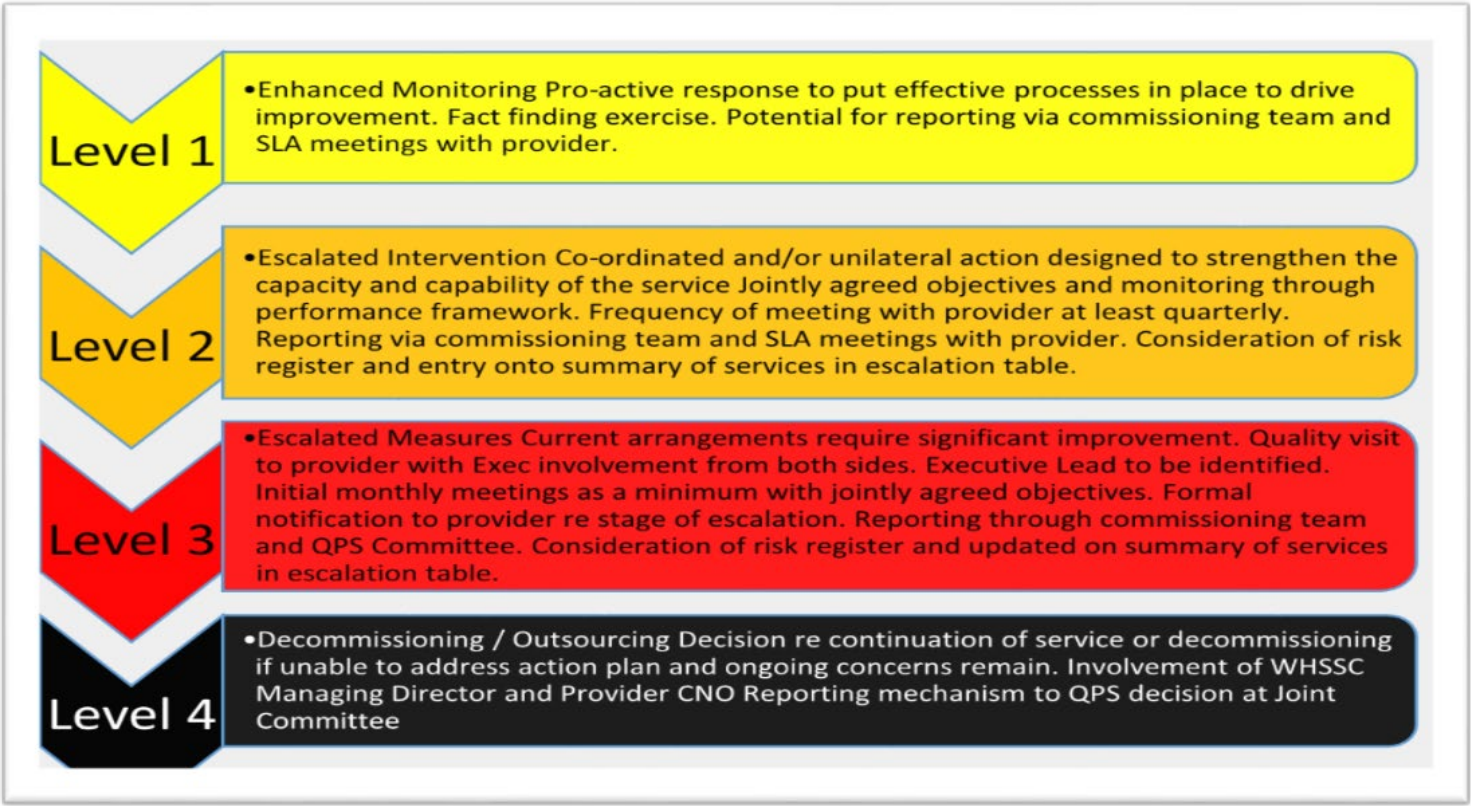
| Action | Lead | Action Due Date | Completion Date |
|--------|------|-----------------|-----------------|
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Issues/Risks:

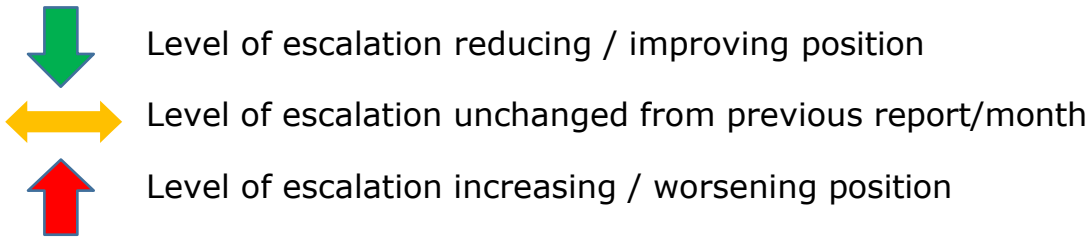
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|---------------------------------------|---|
| Level 1 ENHANCED MONITORING | <p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p> |
| Level 2 ESCALATED INTERVENTION | <p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures |
| Level 3 ESCALATED MEASURES | <p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • Chair (WHSSC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • WHSSC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p> |

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| | |
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| Level 4 DECOMMISSIONING/OUTSOURCING | <p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none">1. De-commissioning of the service2. Outsourcing from an alternative provider. This may be permanent or temporary3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p> |
|--|---|



SERVICES IN ESCALATION



Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee



**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**



Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Contents

| | |
|--|-----------|
| Reporting..... | 3 |
| Update from the Patient Care Team IPFR (Individual Patient Funding Request)..... | 4 |
| Quality and Patient Safety Development Day..... | 5 |
| Cystic Fibrosis Service Improvement and Innovation Day..... | 6 |
| Neuro-Endocrine Tumour (NETS) Celebration Event..... | 7 |
| All Wales Medical Genomic Service (AWMGS)..... | 8 |
| South Wales Adult Congenital Heart Disease (ACHD) Pilot Wellbeing Group..... | 9 |
| Maternity and Neonatal Safety Summit..... | 10 |
| Healthcare Financial Management Association (HFMA)..... | 11 |
| NHS Wales Awards 2022..... | 12 |
| Quick Round up of Commissioning Teams..... | 13 |
| Recognition of Significant Events and Thank You's..... | 14 |
| Welsh Gender Service..... | 15 |
| Useful Links..... | 15 |

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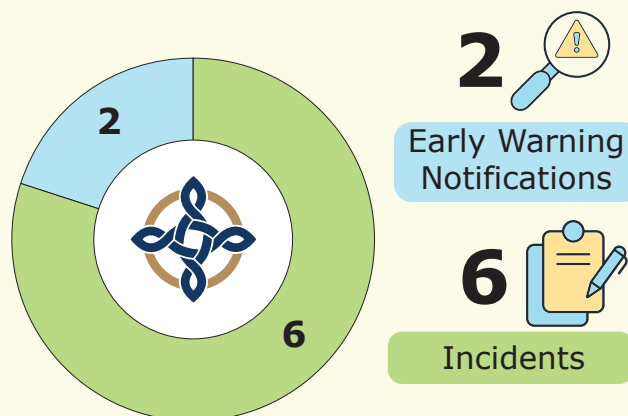
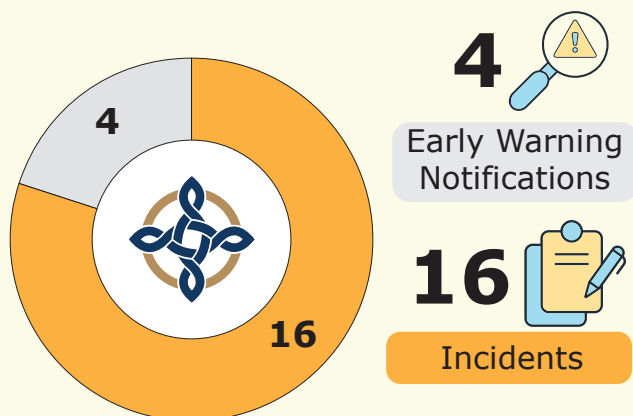
Reporting

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have actions plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.



Between the periods of August to December 2022, there were **16** Patient Safety Incidents and **4** Early Warning Notifications logged.

Between the periods of August to December 2022, there were **6** Patient Safety Incidents and **2** Early Warning Notifications closed.

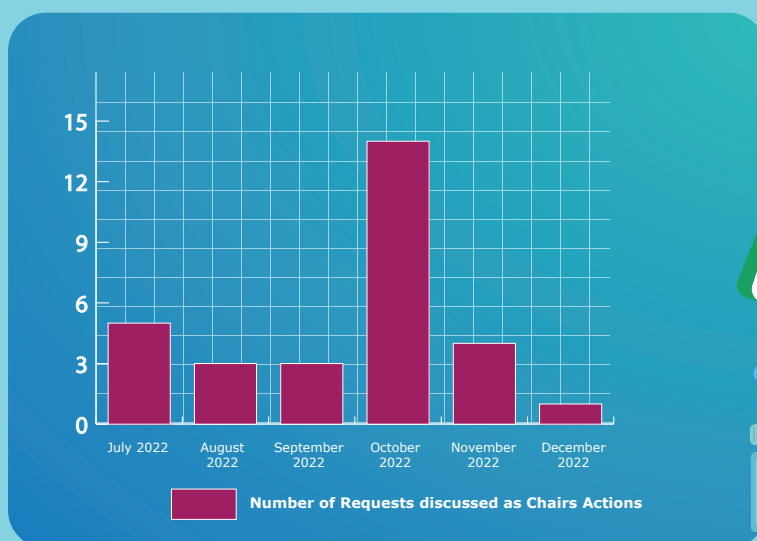


Update from the Patient Care Team IPFR (Individual Patient Funding Request)

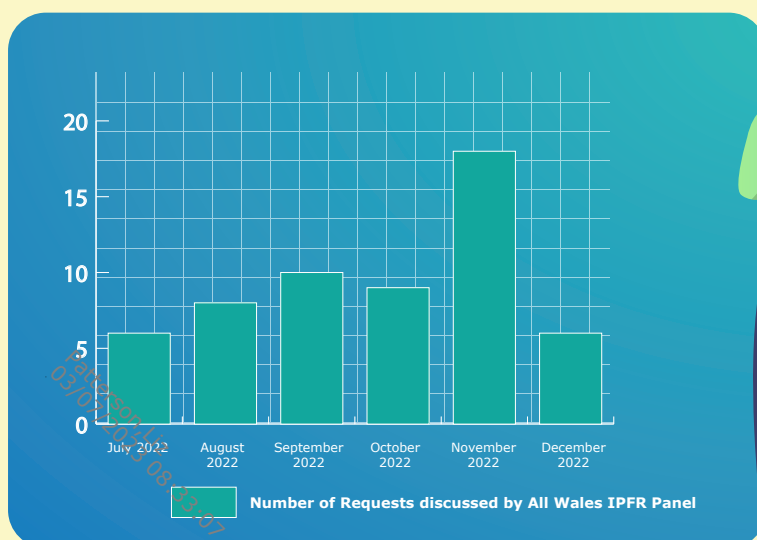
The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed in Quarters 2 and 3 2022-23:

Number of Requests discussed as Chairs Actions



Number of Requests discussed by All Wales IPFR Panel



Quality and Patient Safety Development Day

WHSSC held a virtual Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent members from across Welsh Health Boards attended.

The day was a success and featured data systems presentations from NHS England on Specialised Services Quality Programme (SSQD transition project), the data team in WHSSC who presented on MAIR, presentations from the Delivery Unit team on Nationally Reported Incidents and the Delivery Unit's role within these as well as National Quality Metrics Application (NQM App) to support consistent quantitative reporting.

NWSPP presented on the Once for Wales Concerns Management System which also featured updates on CIVICA and the work ongoing producing the platform that will be able to collate and analyse all-Wales data.

Following evaluation of the day, the following comments were given:

Technical problems were an issue on the day but hopefully didn't distract from the aims and objectives. Useful day for networking and engaging with the Health Boards to gain their views.

A very useful, informative and relevant session – thanks.

I think there was plenty of content and I liked the way the agenda was themed.

I learnt a lot about data collection and how it is used. I look forward to more development in this area and understanding how changes will lead to patient outcomes.

Presentations from external speakers useful and informative.

Shame about some of the IT issues, but I still think it worked fine virtually and it was fixed promptly.

Duty of Quality & Candour will need to be considered next time.

NQM App was of interest.

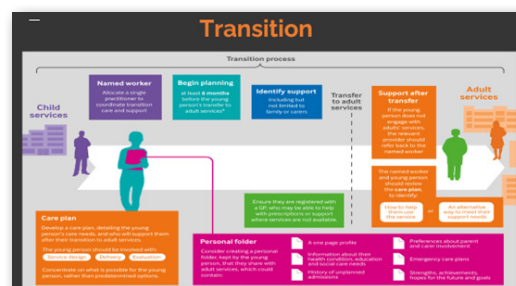
Cystic Fibrosis Service Improvement and Innovation Day



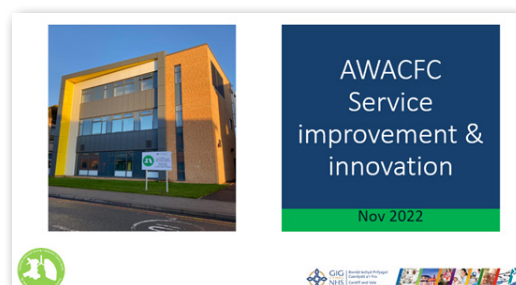
WHSSC held a Cystic Fibrosis Service Improvement and Innovation Day on 11th November 2022 at The Clayton Hotel in Cardiff. The event was attended by 50 people with participants also on Microsoft Teams.

Liverpool Heart and Chest, Alder Hey and Cardiff and Vale Adult and Paediatric teams were in attendance to showcase their excellent presentations and innovative work, with powerful patient stories featured including a patient from Liverpool Heart and Chest who dialled-in via Microsoft Teams to tell his story live!

Slides featured within the Children's Hospital for Wales Presentation:



Slides featured within the All Wales Adult Cystic Fibrosis Centre's Presentation:



Neuro-Endocrine Tumour (NETS) Celebration Event



From left to right: Yolande Mears, Dr Mohid Khan, Angela Hughes, Vicki Dawson-John, Mr Christmas

The NETS celebration took place at the Vale Resort, Cardiff on 13th October 2022. It was well attended by patients, their families, clinicians and stakeholders.

There was a plethora of patient stories that had a huge impact on the audience and it was a wonderful opportunity to network with all who attended in whatever capacity they represented.

There was a focus on how the service had evolved in order to achieve a Centre of Excellence status. Representatives from this process spoke warmly and with enthusiasm, as to the great efforts made by Dr Mo Khan and his dedicated team to achieve this goal.

Congratulations to all involved!



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All Wales Medical Genomic Service (AWMGS)



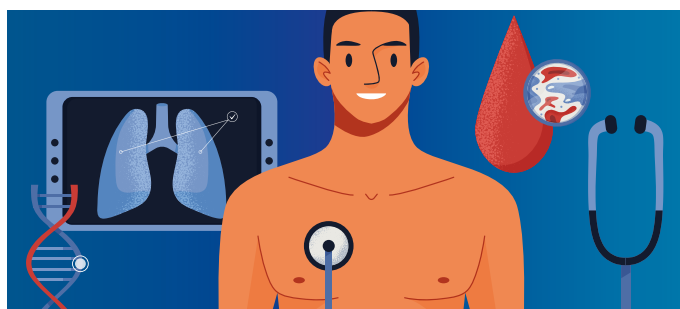
The All Wales Medical Genomic Service (AWMGS) has produced an excellent Quarter 2 Progress Report that highlights excellent work:



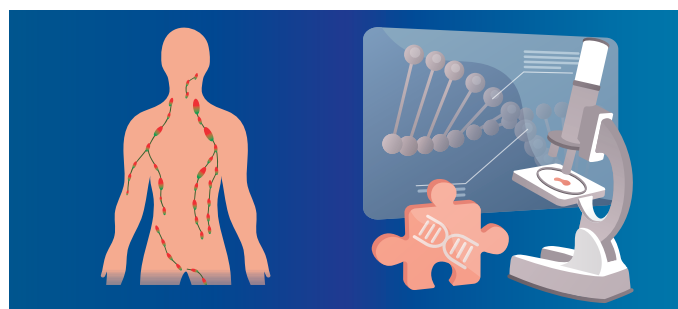
Launch of the PIK3CA Genomic Service for breast cancer in September 2022 which was followed up with an Education Event on 6th October 2022.



An update on the Wales Infants' & Childrens Genome Service (WINGS) that highlights rapid whole genome sequencing testing, diagnosis and patient outcomes.



Secured funding for a pilot to integrate a blood test into the lung cancer diagnostic pathway to accelerate access to personalised cancer treatments.



Development of the Angioimmunoblastic T-cell Lymphoma (AITCL) Service for the DNMT3A, TET2, IDH2 and RHOA genes.

The All Wales Medical Genomic Service (AWMGS) certainly deserve a massive "well-done" on their excellent work and their resulting fantastic news stories!

South Wales Adult Congenital Heart Disease (ACHD) Pilot Wellbeing Group

Dr Anna McCulloch and the ACHD Team recently completed a pilot wellbeing project based at the Orchard, Llandough. The project saw 10 patients with ACHD attend with some members also under the supportive care service. Patient feedback was fantastic and saw collaborations with the nursing team and with "Down to Earth" to provide the service. Dr Anna McCulloch and the Team are grateful to the Cardiff and Vale Health Charity for making it possible.

Some of the recommendations for future activity following the pilot were:

- The pilot showed the positive impact a group-based outdoor group can have on the physical and psychological wellbeing of people living with congenital heart disease.
- Patients reported finding peer support to be extremely beneficial.
- The positive outcomes highlighted the need for further group-based activities and for access to peer support.
- The team plan to run a second group, with some original members invited back to participate in a peer mentor training programme.

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SOUTH WALES ADULT CONGENITAL HEART DISEASE PILOT WELLBEING GROUP

Dr A McCulloch, Consultant Clinical Psychologist, Sarah Finch, Kindra Morgan, Claire Osmon, Katrina Spielman, Beth Shiers, Clinical Nurse Specialists, South Wales Adult Congenital Heart Disease Service

Facilitated by Down to Earth at the Orchard in UHL, and supported by the ACHD clinical psychology and nursing team, the six session once weekly wellbeing group was attended by 10 people with CHD. Group members had opportunity to connect with others and with nature, learn new skills and to challenge themselves. Having Down to Earth as activity facilitators enabled the clinical psychologist to facilitate both in session and out of session psychological learning and reflection and enabled the nursing team to support group members and to foster positive patient-healthcare professional team working. All participants completed the course. Written feedback was gained from 9 participants, and we provide the outcomes here. Improvements were reported in social connection, wellbeing, relationships with the ACHD team, fitness, and cognitions relating to their ability and their health condition.

SOCIAL CONNECTION

9/9 group members reported feeling more connected to others

CONNECTION WITH FAMILY OR FRIENDS

"Spending time at The Orchard had a lovely impact on my relationship with my wife. I left the sessions feeling connected and relaxed. This allowed the space emotionally to discuss with her the difficult topics of ill health, anger to our situation, and the uncertainty it brings as we drove home. Death is never an easy topic to discuss with a loved one".



PEER CONNECTION

The group particularly valued the benefits of peer support. They felt connected, valued and understood by each other. They now have a whatsapp group and plan to continue this support

This element has been invaluable for me"

"It has made me realise I am not alone, I felt valuable. It has been useful to hear other people's experiences and share my own"

CONNECTION WITH THE ACHD TEAM

9/9 group members felt the sessions improved their relationship with the team

"I feel that this relationship with the team has the potential to reduce stress and anxiety when attending appointments"

"It could also make it easier when times are tough and there may be some bad news that needs to be heard, it's a lot easier to hear this from someone you know a bit better and can be open and honest with."

WELLBEING

Mean scores using the Edinburgh Wellbeing Measure improved from 44.7 to 53

8/9 group members reported an improvement in their out of session wellbeing

"Reminded me that I am not just my condition"

"The session has an immediate impact right after the meet and then during the rest of the week. I feel I have a different perspective and look forward to the next"

SHIFTS IN THINKING

"Made me more confident about going out and about, and in looking for different ways of doing things"

"The sessions reminded me that despite my current ill health I could still attempt new tasks, without feeling anxious"

"I couldn't do the more physical tasks in the group. I was able to do other jobs. This made me look at things differently - I can't do everything but I can do something. It has helped my own lifestyle and mindset"



CONNECTION TO NATURE

"The group has enabled us to connect with nature also and with the environment around us"

VALUE AND MEANING

By supporting the development of the wildlife meadow, I have also felt connected to anyone who may use that facility in the future including others with health conditions, hospital inpatients, staff and the wider community"

FITNESS

4/9 group members reported an improvement in fitness and 6/9 saw shifts in beliefs about their physical ability

"I used to be afraid to go anywhere on my own and of doing exercise.....now I have joined a yoga class and am considering buying an exercise bike"

"I have been able to test myself in what I can do"

Maternity and Neonatal Safety Summit

Following on from our last Newsletter piece on the Maternity and Neonatal Safety Summit held on 6th September 2022, the 'Visual Minutes' map has been published that was creatively designed on the day by Scarlet Design.



[Click here](#) to be taken to the website which features the interactive 'Visual Minutes' map as well as videos from the day!



Healthcare Financial Management Association (HFMA)

The National Healthcare Finance Awards (HFMA) programme recognises the work of finance teams and individuals from across the UK.

WHSSC colleagues Kendal Smith, Richard Palmer, Dr Kerryn Lutchman-Singh, Karla Williams and some colleagues from outside WHSSC have been looking at access to, and the impact of, WHSSC interventions on our patients.

This cutting edge piece of work was recognised by the Healthcare Financial Management Association (HFMA) and the team were shortlisted for this brand new award and invited to attend the 'Celebrating innovation and excellence in healthcare finance' awards ceremony in London on 8th December 2022.

We are extremely proud to announce that the team won the Addressing Health Inequalities through NHS Finance Action award and we would like to extend our congratulations to all involved; what a fantastic achievement!



WHSSC staff Kendal Smith and Dr Kerryn Lutchman-Singh proudly displaying the award!

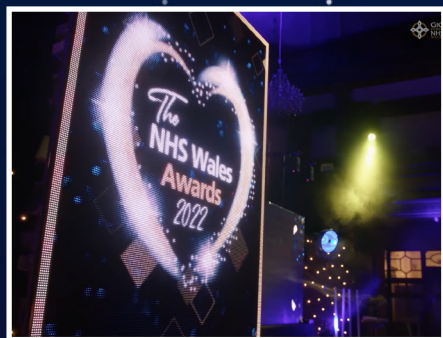


NHS Wales Awards 2022



Cardiac Surgical Team: Some of the Cardiac Surgical Team with the NHS Wales Award. Front row (l-r) Cardiac Theatre Scrub staff Chito Fababeir and Victoria Jobson, and Sobaran Sharma, Senior Clinical Fellow, Cardiothoracic Surgery. Back row (l-r) Mark Vernon, Trainee Clinical Perfusionist, Ian Bennett, Senior Clinical Perfusionist, Pankaj Kumar, consultant cardiothoracic surgeon and Deputy Medical Director, Morriston Hospital.

The NHS Wales Awards 2022 saw many excellent innovative projects nominated and Swansea Bay University Health Board were not only shortlisted for the Improving Patient Safety award with their submission 'Impact of implementation of an intra-operative checklist to reduce re-operation for bleeding and blood transfusion' – they went on to successfully win the award!



Quick Round up of Commissioning Teams



Mental Health

5 year Mental health strategy ongoing. Review of current services and further development of these underway.



Women and Children's

IVF Service Improvement and Innovation Day currently being planned.



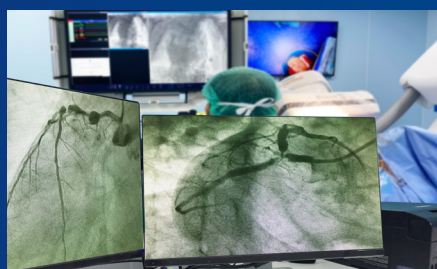
Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Days are currently being planned.



Cardiac

Evaluation and actions being taken forward from service developments such as dashboards for clinical practice reporting.



Intestinal Failure

Ongoing work being undertaken with the recently formed IF commissioning team and as a result of the IF review and Service Improvement and Innovation Day.



Specialised Services

Strategy is underway.



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Recognition of Significant Events and Thank You's

“

“I was at Ashworth this week with Alison Cannon from NHSE. We went to every unit in the service, also met with Clinical Director and Director of ops. The general consensus from the visit is that the contact they have from the case management team from Wales is second to none. Whilst they have concerns regarding contact from particular areas in England, they feel that the only area they don't need to worry about is Wales. I also saw a number of Welsh patients whilst there and they were also very complimentary about the service you are providing. Just thought I'd share with you all.”

Adrian Clarke, Assistant Director of Nursing and Quality, National Collaborative Commissioning Unit (NCCU)

“

“As you will know we are currently taking forward an engagement process around the WHSSC 10 year strategy. This is a really complicated piece of communications work and key to this has been inclusion on the WHSSC website and links to the Health Boards. It's been a fantastic piece of work and we couldn't have done it without our very own IT guru Laura Holborn. As ever she's stepped up and done a fabulous job and I wanted you to know how great she has been!”

Dr Sian Lewis, Managing Director, WHSSC

“

“I'm really proud to tell you about another great achievement by one of our WHSSC teams. We have recently been informed that the Quality Team were assessed by CTMUHB Internal Audit and were rated as providing “Substantial Assurance”. This is the highest rating possible and means we are doing our core business really well. I think this is probably the 5th team in WHSSC to get substantial assurance in the last year or so, which is something we should all be very proud of! Fantastic work - well done to Adele and the team.”

Dr Sian Lewis, Managing Director, WHSSC

”

Welsh Gender Service



The Welsh Gender Service published their second Newsletter in Summer 2022, scan the QR code below or [click this link](#) to access it!



Useful Links

Other useful links:

[Welsh Health Specialised Services Committee](#)





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Welsh Health Services Specialised Commissioning **NEWSLETTER**



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Winter 2023

For queries or detail on any aspect within this Newsletter, contact Adele Roberts, Head of Patient Safety and Quality or Leanne Amos, Quality Administration Support Officer.

Email: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk

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Shared Services
Partnership

**Designed by NHS Wales Shared Services
Partnership Communications**

| Patient Experience, Quality and Safety Committee | | Date of Meeting: 4 July 2023 |
|---|--|---|
| Subject: | Corporate Risk Register (Relevant to the committee) | |
| Approved and Presented by: | Director of Corporate Governance and Board Secretary | |
| Prepared by: | Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager | |
| Other Committees and meetings considered at: | Executive Committee – 17 May 2023 PTHB Board – 24 May 2023 | |

PURPOSE:

The purpose of the Committee Risk Register (CRR) is to draw together relevant risks for the Committee from the CRR) to provide a summary of the significant risks to delivery of the health board's strategic objectives.

RECOMMENDATION(S):

It is recommended that the Committee **CONSIDERS** the July 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee. This copy of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 24 May 2023.

The Committee is asked to **consider** the corporate risks within the committee's remit, **discuss** any relevant issues and take **assurance** that risks are being managed in line with the Risk Management Framework.

| Approval/Ratification/Decision | Discussion | Information |
|--------------------------------|------------|-------------|
| x | ✓ | ✓ |

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 | |
| | 2. Provide Early Help and Support | |
| | 3. Tackle the Big Four | |
| | 4. Enable Joined up Care | |
| | 5. Develop Workforce Futures | |
| | 6. Promote Innovative Environments | |
| | 7. Put Digital First | |
| | 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:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Patient Experience, Quality and Safety Committee and the risk targets within the Committee Based Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The group will lead the ongoing development of patient experience, quality and safety risks as set out above.

An updated version of the Corporate Risk Register is due to be presented to the Board on 26 July 2023.



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Patient Experience, Quality and Safety Committee (4 July 2023) Committee Based Risk Register

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Page 1 of 6

Patient Experience, Quality and Safety Committee
4 July 2023
Agenda Item: 6.1a Appendix A

CORPORATE RISK HEAT MAP:

There is a risk that...

| | | | | | | | |
|---------------|---------------------|----------|-------------------|-----------------|-----------------|--|-----------------------|
| Impact | Catastrophic | 5 | | | | | |
| | Major | 4 | | | | <ul style="list-style-type: none"> Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | |
| | Moderate | 3 | | | | | |
| | Minor | 2 | | | | | |
| | Negligible | 1 | | | | | |
| | | | 1 | 2 | 3 | 4 | 5 |
| | | | Rare | Unlikely | Possible | Likely | Almost Certain |
| | | | Likelihood | | | | |

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CORPORATE RISK DASHBOARD

| Risk Lead | Risk ID | Main Risk Category | Risk Description There is a risk that: | SCORE (Likelihood x Impact) | Board Risk Appetite | Risk Target | At Target ✓/✗ | Lead Board Committee | Risk Impacts on |
|-------------|---------|--------------------|--|--------------------------------|---------------------|-------------|------------------|--|---|
| DoNM/ MD | CRR 003 | Quality | Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | 4 x 4 = 16 | Minimal | 6 | ✗ | Patient Experience, Quality and Safety | Organisational Priorities Underpinning WBO 1 to 4 |

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Key

Risk Appetite Descriptors and Categories

| Risk Appetite | Description |
|---------------|--|
| Averse | Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk. |
| Minimal | Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk. |
| Cautious | Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent. |
| Open | Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk. |
| Eager | Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk. |

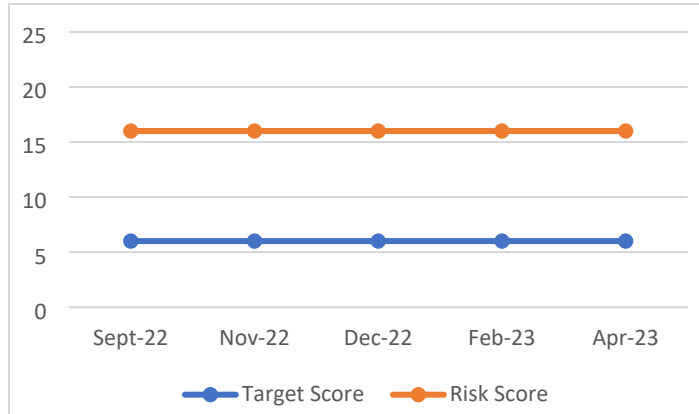
| Executive Lead: | |
|-----------------|---|
| CEO | Chief Executive |
| DPCCMH | Director of Primary, Community Care and Mental Health |
| DoNM | Director of Nursing and Midwifery |
| DFIIT | Director of Finance, Information and IT |
| MD | Medical Director |
| DPH | Director Public Health |
| DWOD | Director of Workforce and OD |
| DoTHS | Director of Therapies and Health Sciences |
| DPP | Director of Planning and Performance |
| BS | Board Secretary |
| DoE | Director of Environment |

Risk Scoring

| LIKELIHOOD | IMPACT | | | | |
|---------------------|--------------------|------------|---------------|------------|-------------------|
| | Insignificant 1 | Minor 2 | Moderate 3 | Major 4 | Catastrophic 5 |
| Almost Certain 5 | 5 | 10 | 15 | 20 | 25 |
| Likely 4 | 4 | 8 | 12 | 16 | 20 |
| Possible 3 | 3 | 6 | 9 | 12 | 15 |
| Unlikely 2 | 2 | 4 | 6 | 8 | 10 |
| Rare 1 | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | |
|----------|-----|-----|-----|----------|------|------|-------|
| Very Low | 1-3 | Low | 4-8 | Moderate | 9-12 | High | 15-25 |
|----------|-----|-----|-----|----------|------|------|-------|

| RISK APPETITE | |
|--|-------------------|
| Category | Appetite for Risk |
| Safety | Averse |
| Quality | Minimal |
| Regulation and Compliance | Cautious |
| Reputation and Public Confidence | Cautious |
| Performance and Service Sustainability | Cautious |
| Financial Sustainability | Cautious |
| Workforce | Cautious |
| Partnerships | Open |
| Innovation and Strategic Change | Open |

| CRR 003 Risk that: citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | | Executive Lead: Director of Nursing and Midwifery, Medical Director | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|--|------------|--------------|---------|----------|---|--------|-----------|--|--------|---------|-------------------|--------|---------|--------------------------------|------------------------------|---------|--|--|----------|
| Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4 | | Assuring Committee: Patient Experience, Quality and Safety | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6 | | Rationale for current score: <ul style="list-style-type: none">Intelligence from incidents, concerns and complaintsIntelligence from patient engagementIntelligence and communication from all stakeholders and partnersIncreased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic) | | | | | | | | | | | | | | | | | | | |
| Date added to the risk register Risk Updated September 2022 | | | | | | | | | | | | | | | | | | | | | |
|  <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>16</td><td>6</td></tr><tr><td>Nov-22</td><td>16</td><td>6</td></tr><tr><td>Dec-22</td><td>16</td><td>6</td></tr><tr><td>Feb-23</td><td>16</td><td>6</td></tr><tr><td>Apr-23</td><td>16</td><td>6</td></tr></tbody></table> | | Month | Risk Score | Target Score | Sept-22 | 16 | 6 | Nov-22 | 16 | 6 | Dec-22 | 16 | 6 | Feb-23 | 16 | 6 | Apr-23 | 16 | 6 | | |
| Month | Risk Score | Target Score | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 16 | 6 | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 16 | 6 | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Integrated Performance FrameworkPowys Clinical Audit planInternal Audit annual plan of auditsNHS Wales collaborative management groups and associated peer groupsCollaboration with the Delivery Unit (NHS Wales)Review of CQC and HIW reports for all providers where Powys residents receive careTriangulation of concerns, complaints (PTR) and incidentsOperational arrangements for operational delivery (e.g DCG)Partnership with PCCCommunication and engagement with the public and stakeholders | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr></tbody></table> | | Action | Lead | Deadline | Improve and refine the Integrated Performance Framework | DoPP | Sept 2022 | Monitor fundamentals of care (provider services) | DoNM | Ongoing | Mortality Reviews | MD | Ongoing | Address inequalities of access | DoPP/ DOMHP PC DoTH | Ongoing | Implement Patient experience system (Civica) | | Dec 2022 |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | | | | |
| Improve and refine the Integrated Performance Framework | DoPP | Sept 2022 | | | | | | | | | | | | | | | | | | | |
| Monitor fundamentals of care (provider services) | DoNM | Ongoing | | | | | | | | | | | | | | | | | | | |
| Mortality Reviews | MD | Ongoing | | | | | | | | | | | | | | | | | | | |
| Address inequalities of access | DoPP/ DOMHP PC DoTH | Ongoing | | | | | | | | | | | | | | | | | | | |
| Implement Patient experience system (Civica) | | Dec 2022 | | | | | | | | | | | | | | | | | | | |

| Current Risk Rating | Update including impact of actions to date on current risk score |
|--------------------------|---|
| <p>4 x 4 = 16</p> | <p>This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.</p> <p>Integrated Performance framework - Approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.</p> |

Patterson, Liz
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| Patient Experience Quality and Safety Committee 2023-24 | | | | | | | | | | | | |
|---|---|---------------|-----------------|-------------------------|--------------------|-------------------------------|--------------|---------------------|------------------|-----------------|--------------------|--------------------|
| Theme | Item Title | Item Required | Duration (mins) | Role of Committee | Reason / Rationale | Onward Journey to Board (Y/N) | Exec Lead | Route to Committee | April 25/04/2023 | July 04/07/2023 | October 24/10/2023 | January 11/01/2024 |
| Governance | Minutes of previous meeting | Y | | Approval | | N | DCG | Chair | ✓ | ✓ | ✓ | ✓ |
| Governance | Declaration of Interests | | | Compliance | | | DCG | DCG | ✓ | ✓ | ✓ | ✓ |
| Governance | Action Log | | | Approval | | | DCG | DCG | ✓ | ✓ | ✓ | ✓ |
| Governance | Committee Risk Register | | | Assurance | | | | | ✓ | ✓ | ✓ | ✓ |
| Governance | Annual Work Programme | | 15 | Recommendation to Board | | Y | DCG | Chair / Exec Leads | ✓ | | | |
| Governance | Work Programme (updated through year) | | 5 | Review | | N | DCG | DCG | | ✓ | ✓ | ✓ |
| Governance | Annual Assessment of Committee Effectiveness | | 25 | Review | | Y | DCG | DCG/Chair | ✓ | | ? | |
| Governance | Committee Annual Report | | 10 | Recommendation to Board | | Y | DCG | DCG | ✓ | | | ? |
| Governance | Review of Terms of Reference | | | Recommendation to Board | | Y | DCG | | | | ✓ | |
| Performance | Integrated Quality Report | | | Assurance | | ? | DoN | Executive Committee | ✓ | ✓ | ✓ | ✓ |
| Performance | Maternity and Midwifery | | | Assurance | | N | DoN | | | | ✓ | |
| MH Compliance | MH Power of Discharge Annual Report including MH compliance with legislation | | | Assurance | | N | D Ops | | | ✓ | | ✓ |
| Clincial Audit | Annual Programme | | | Assurance | | N | MD | | | | | ✓ |
| | Progress Report | | | Assurance | | N | MD | | | ✓ | | |
| | Potential Report giving sight of IA and EA reports, actions and management responses (ARAC retain responsbility for monitoring) | | | Assurance | | N | DCG | | | | | |
| Audit | Clinical Quality Framework | | | Assurance | | N | MD/DoN/DoTHS | | | | | |
| Clinical Quality | Clinical Quality Framework | | | Assurance | | N | MD/DoN/DoTHS | | | | | |
| Medicines Management | Annual Report of Accountable Officer for Controlled Drugs | | | Assurance | | N | MD | | | | | ✓ |
| | Medicines Management Annual Report | | | Assurance | | N | MD | | | ☒ | ✓ | |
| Safeguarding | Safeguarding Annual Report | | | Assurance | | Y | DoN | | | ✓ | ☒ | |
| | Children's Services | | | Assurance | | N | DoN | | | | | |
| Improvement and Innovation | Overview of research and development activity | | | Assurance | | N | MD | | | | | |
| | Alignment with national objectives published within Health and Care Research Wales | | | Assurance | | N | | | | | | |
| | An overview of the quality improvement activity within the organisation | | | Assurance | | N | DoN | | | | | |
| | More on Learning Organisation work | | | Assurance | | N | MD | | | | | |
| Infection Prevention and Control | IPC Assurance Report | | | Assurance | | Y | Don | | | ✓ | | |
| | IPC progress/focus | | | Assurance | | N | DoN | | | | | ✓ |
| Patient Experience | Patient Experience approach / outline - within IQR | | | Assurance | | Y | DoN | | | ✓ | | |
| Other reports/Action log requests | PEQS/22/51 Presentation on MH Services in public session | | | Assurance | | N | DoPs | | | ✓ | | |
| | Report on National Commissioning Functions Review | | | Assurance | | N | DPC | | | | | |
| | 111 press 2 - 12 week review | | | Assurance | | N | D Ops | | | ☒ | ✓ | |
| | Child Practice Review outcome (when completed) | | | Assurance | | N | DoN | | | | | |
| | Individual Patient Funding requests | | | | | N | DoN | | | | | |
| Additional Items: | Implementation of WG guidance on transition and handover from Children's to Adult's Mental Health Services | | | Assurance | | ? | | | | | ✓ | |
| | | | | | | | | | | | | |

Key

Date to be confirmed

Item to be confirmed

Item deferred

Item brought forward