

Reporting Committee	Quality Patient Safety Committee
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	June 7th 2022

Summary of key matters considered by the Committee and any related decisions made

Commissioning Team and Network Updates

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 for each service are summarised below:

1.0 Welsh Renal Clinical Network (WRCN)

The Committee received the report from the network. There were no issues to report.

2.0 Cancer & Blood

The Welsh Centre for Burns and Plastic Surgery, Morriston Hospital, Swansea Bay University Health Board (SBUHB) remained at escalation level 3. Work continued with Swansea around the long-term model, which was dependent on the redevelopment of Morriston's ICU unit, including receipt of capital for a long-term plan. WHSSC continued to monitor the two phase action plan with input and advice from the South West & Wales Burns Network (SW&WBN).

The Positron Emission Tomography Imaging Centre (PETIC) remained in Escalation and monitoring meetings were in place. Another concern around the of the age of the current scanner was also highlighted. There is a procurement process underway to replace this scanner which will mitigate this risk. The service was maintaining turnaround times within the agreed target of 10 working days.

The committee noted that there were long waiting times for plastic surgery within Swansea Bay. A recovery plan had been requested but this had not been received to date.

3.0 Cardiac

Members received an update regarding the two cardiac surgical services in South Wales that remained in escalation. An update was received on the action plan in place in response to the GIRFT report undertaken at SBUHB and the Committee

received assurance that SBUHB was making good progress on its delivery and the level of escalation would be reconsidered shortly.

Cardiff and Vale University Health Board (C&VHB) had recently been re-escalated from Level 2 to Level 3 due to the lack of assurance to engage with WHSSC regarding their GIRFT improvement plan. WHSSC have since received a more detailed action plan with involvement from the Surgical Clinical Board and good engagement at the last escalation meeting. WHSSC have facilitated the engagement of the two Health Boards to share learning and will continue to monitor the service against key indicators.

Despite the services being in escalation the committee noted that the risk for patients waiting for cardiac surgery had been reduced. Cardiac Surgery waiting lists were currently at their lowest for four years. However, there were growing concerns around diagnostics and cardiology clinical pathways within Health Boards as people are not making their way onto cardiac surgery lists.

4.0 Mental Health & Vulnerable Groups

Members received a separate update report regarding Ty Llidiard, which was currently in Escalation Level 4. Members requested that their concerns regarding the length of time that the services had been in escalation and the slow progress be escalated to Joint Committee for further discussion and assurance.

The committee were informed that a stakeholder engagement with NHS England, with the aim of securing a new Perinatal Mother & Baby Unit service for mid Wales and North Wales patients, was ongoing but this was dependent on the securing of capital funding by NHSE.

Following receipt of notice for the termination of the WHSSC contract with Oxford Health NHS Foundation Trust, colleagues in NCCU were scoping alternative providers to ensure ongoing and uninterrupted service provision.

Prior to the Welsh Gender Service (WGS) being set up in 2019, patients were referred to the London GIC in Charing Cross hosted by Tavistock & Portman NHS Foundation Trust (T&PNFT). In 2019, the WGS repatriated a number of patients based on the level of complexity they could manage at that time. The WGS has now completed the repatriation of the remaining validated waiting list of 130 patients. It was also noted that additional funding had been secured in order to set up a satellite clinic for North Wales and Powys patients to reduce the distance to access treatment.

The Committee was informed that work was ongoing with NHS England to consider a clinical model for the Gender Identity Development Service (GIDS) and explore a regional solution given the recommendation from the Cass Review to move away from a single provider.

5.0 Neurosciences

Members noted one significant area of concern about the use of an imaging platform that health boards have been using to transfer images between NHS Wales and thrombectomy providers in North Bristol and the Walton. The issue had been escalated to the Delivery Unit and Welsh Government and work was currently being undertaken to improve stroke pathways.

6.0 Women & Children

Concerns remained with paediatric intensive care beds, as a result of staffing issues, which could potentially result in paediatric patients requiring intensive care being transferred out of Wales. The Committee was assured that work was ongoing and a set of controls was in place to mitigate the risk.

Members were informed that Paediatric Surgery remained a concern. There was a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales were waiting in excess of 36 weeks, due to the COVID-19 pandemic and that, as a consequence, the condition of the patient could worsen. The WHSS team had asked for a recovery trajectory and plan and there is continuous monitoring with the Clinical Board at CVUHB and through SLA meetings.

7.0 Intestinal Failure (IF)– Home Parenteral Nutrition

The Committee was provided with a detailed update on the creation of a temporary IF commissioning team and the on-going review of IF arrangements. The report highlighted some concerns with the current supply issues with Calea and progress with the HPN contract renewal. It was confirmed that WHSSC had formally instructed procurement to act on behalf of WHSSC in raising concerns around the contract performance. The ultimate aim is to move to an NHS provided service in order to mitigate the risk further.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. One service had increased its level of escalation and all others remain unchanged; progress and further work was detailed in the commissioning team reports.

- **CRAF Risk Assurance Framework**

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers. There were currently 18 risks on the CRAF of which 16 were commissioning risks and two were organisational risks. Four risks were de-escalated during the period between February - May 2022 and work continues with the commissioning teams to address the remaining risks. It was noted that IPFR remained one of the highest risks. The Committee was informed that following a meeting with WG it had been confirmed that WHSSC were able to commence a wider engagement exercise to

consider the ToR and will be referenced in the Joint Committee's Managing Director's Report in July 2022 and a final report will be presented in September 2022.

- **CQC/HIW Summary Update**

- **Quality Newsletter**

Members received a draft copy of the First Quality Newsletter for comment and feedback. This was well received and is an appendix to the report for wider circulation as appropriate.

- **Service Innovation & Improvement Report**

The report which provided an update on the Service Improvement and Innovation Workshops and similar externally organised events that have taken place since the Covid-19 pandemic was received.

- **Policy Group Report**

Items for information

Members received a number of documents for information only, which members needed to be aware of:

- Chair's Report and Escalation Summary to Joint Committee 12 May 2022;
- Datix – Cymru Incident Investigation – User Guide
- QPS Forward Work Plan;
- QPS Distribution List

QPSC Committee Effectiveness Self- Assessment Results and Forward Work Plan

The findings of the self-assessment results were shared and it was confirmed that they had also been presented to IGC and to the JC in July. Overall the comments were positive. It was difficult for some members to comment as there had been a change in membership at the same time as the survey was circulated

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

The items highlighted above.

Summary of services in Escalation (Appendix 1 attached)

Quality Newsletter (Appendix 2 attached)

Matters requiring Committee level consideration and/or approval

Members agreed the following would be highlighted in the Chair's Report to Joint Committee.

- Ty Llidard updates and to include paper as Appendix to JC,
- Increased escalation of PICU,
- Intestinal Failure position; and
- CRAF - Concerns around IPFR more specifically the changes to the Terms of Reference and governance review.

Matters referred to other Committees	
Ensure chairs report are part of health board's agenda items	
Confirmed minutes for the meeting are available upon request	
Date of next scheduled meeting:	9 th August 2022 at 13.00hrs

1.0 SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> Medical workforce and short-ages operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions 	<ul style="list-style-type: none"> QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy. Participation in weekly bed management panel meeting. Medical workforce issues improved with further appointments made and the issue of GMC registration resolved for 1 clinician. 	

					<ul style="list-style-type: none"> Level of escalation will be considered following QAIS annual review in June 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
March 2018 Sept 2020 Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental short-falls and poor governance SUI 11 September 	<ul style="list-style-type: none"> Escalation meetings held monthly, however March 22 meeting stood down for the report on a visit from NCCU into the unit to be published to inform ongoing discussions. Service spec discussions progressed with work ongoing to consider the requirements of the unit. Awaiting publication and implementation of Medical Emergency Response SOP by CTM. Coroner's inquest concluded. Implementation of outcomes of inquest to be incorporated into escalation plan alongside the outcomes of HIW and NCCU visits 	

					<ul style="list-style-type: none"> • Executive meeting held on May 3rd 2022. • Managing Director wrote to CEO CTUHB on 6th May with agreed actions following meeting. • Response received from Health Board 12th May outlining work and jointly agreed improvement plan going forward. 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce issue 	<p>The 12 CQV meetings have now been held. The service remains at level 3. Good progress is being made against the key actions key actions remaining:</p> <ul style="list-style-type: none"> Substantive Consultant Psychiatrist job description is with the Royal College of Psychiatrists for approval. Clinical Lead to be advertised once CAMHS Consultant posts have been appointed. The service has been asked to submit a revised staffing plan to increase the resilience of the team using underspend. The FACTS service specification (for CAMHS) is planned to go to policy group on 	

					<p>13th July for approval to consult.</p> <ul style="list-style-type: none">• FACTS have ongoing issues in Parc Prison linked to offsite system access and personal safety that have been escalated via the appropriate channels.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review 	<ul style="list-style-type: none"> Continued six weekly meetings in place to receive and monitor against the improvement plan. Although the service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per March update), further work is required between SBUHB, C&VUHB and WHSSC to improve the aorto-vascular pathways and develop the preferred options. In the meantime, the pathway will remain unchanged. Escalation level will 	

					be reviewed on provision of six months of data following delivery of GIRFT recommendations.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
July 2021 April 2022 (from 2-3)	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding processes and patient flow which impact on patient experience 	<ul style="list-style-type: none"> C&VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report. In view of continued failure to provide the GIRFT improvement plan and HEIW report the service has been re-escalated First level 3 meeting scheduled for 1 June, with subsequent meetings at 6 weekly intervals; these supersede bi-monthly meetings previously agreed for monitoring purposes. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
November 2021	Burns	SBUHB	3	<ul style="list-style-type: none"> The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU. 	<ul style="list-style-type: none"> The burns ICU is restored to full capacity (3 beds) with support from general ICU and anaesthetics consultants (stage 1 of the plan). Mutual assistance is available via the South West and Wales Burns Network and wider UK burns escalation arrangements, should it be required. The three-stage plan has been agreed following advice and support from the Burns Network and a peer visit to Swansea. The service re- 	

					<p>opened on Monday 14 February with an interim service model delivered with the support of general anaesthetics and general ICU consultants.</p> <ul style="list-style-type: none"> • The escalation meetings will be led by WHSSC with support and advice from the Burns Network to ensure standards are maintained through the transition process. • An outline scoping case for the capital development of ITU at Morriston Hospital was shared with WHSSC in May. The first escalation monitoring meeting with SBUHB is currently being arranged. 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
February 2022	PETIC	Cardiff University	3	<p>Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</p> <p>These concerns include:</p> <ul style="list-style-type: none"> Recent suspension of production of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients. Failure to undertake a timely recruitment exercise leading to isotope production failures. Failure to produce a 	<ul style="list-style-type: none"> The quality control issue has been addressed and isotope production restarted on 25 February after a three week suspension. Analysis of the impact of the delays on patients indicates that while it caused patient anxiety and stress, it is unlikely there will be harm to patients' clinical outcomes. Current waiting times are within the target turnaround time of 10 days. The first escalation meeting took place on Friday 25 March. An action plan has 	

				business case of sufficient quality in a timely manner for replacement of the scanner.	been agreed with focus on the management and governance arrangements for the service. The next escalation meeting is on Tuesday 7th June 2022.	
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Level of escalation reducing / improving position

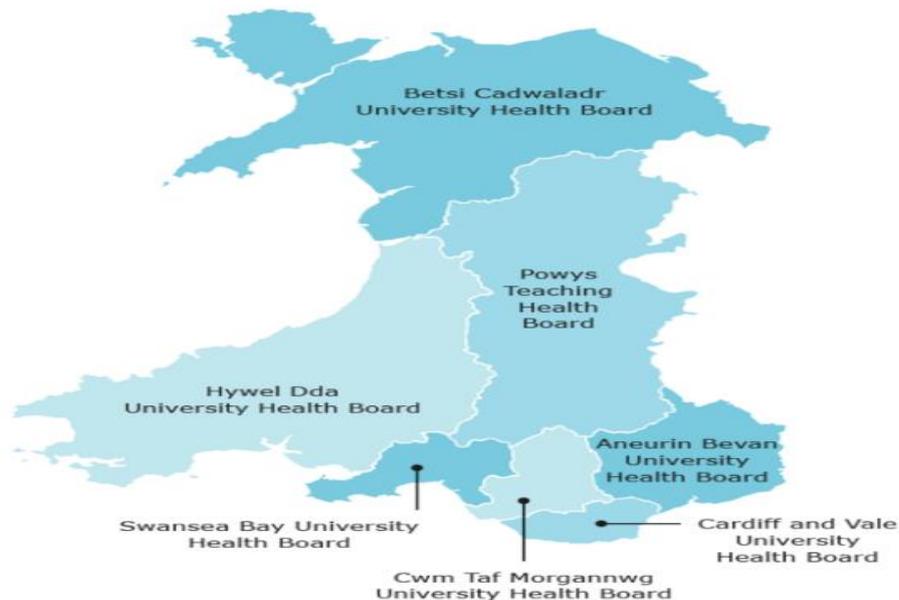


Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

WELSH HEALTH SERVICES SPECIALISED COMMISSIONING QUALITY UPDATE



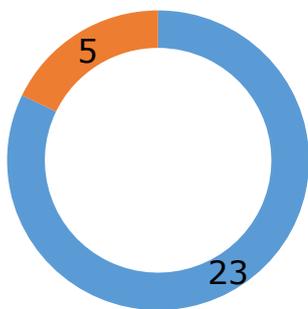
This is the 1st edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be developed on a quarterly basis to supplement some of the reports and data which already feedback through different forums into the Welsh Health Boards.

These are some of the highlights and an overview of some of the work we are involved with from a commissioning perspective. The services commissioned from WHSSC are both in Wales and with NHS England this will only provide a very brief snapshot of some of these.

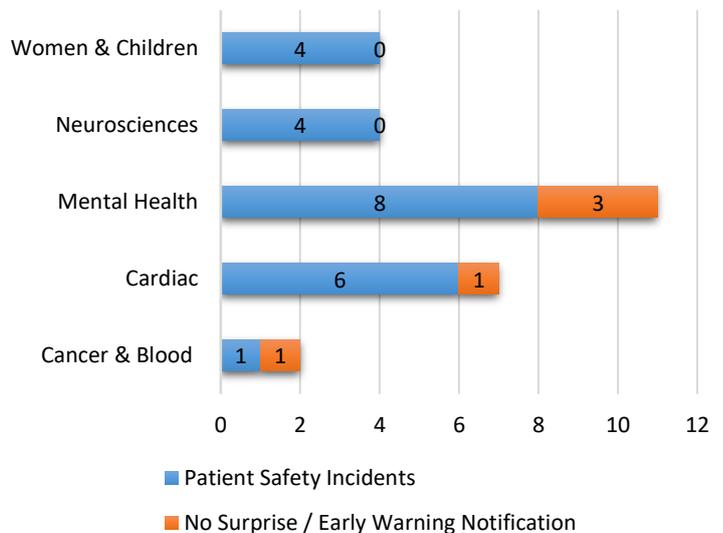
Reporting for the last Quarter

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 any action plans themes or trends arising from concerns are completed and support learning. WHSSC facilitate the continued monitoring of commissioned services and work with providers when any issues arise.

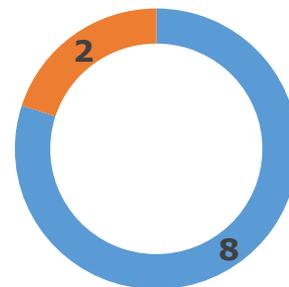
As at March 2022 there are **23** Patient Safety Incidents and **5** No Surprise/Early Warning Notification



■ Incidents
■ No Surprise/Early Warning Notification



As at March 2022 a total of **8** Patient Safety Incidents and **2** No Surprise/Early



■ Incident
■ No Surprise

Service Innovation and Improvement Days Formerly known as Audit and Outcome Days



During the Covid period these were put on hold but are now back and underway. To date, two days have been held this year one with the Intestinal Failure team and another with the Cancer Network and the Sarcoma specialist teams. A further date is planned for July 2022 with the Cystic Fibrosis team. The days have been really beneficial and the following is an illustration of some of the themes which have emerged:-



These have provided a forum for patient experience to be shared and an opportunity to hear about innovation and different ways of working which

have been adopted to support and deliver services through Covid. They have also provided an opportunity for services to discuss horizon scanning and the development of new services / pathways to support emerging new treatment and therapies. They have facilitated networking opportunities and provided a platform for benchmarking.

The following are some comments received from attendees of the day:-

Whatever the future holds, I am confident that I have received the very best treatment currently available to science to minimise the risk of a re-occurrence. It is reassuring that I am regularly being rechecked and have been made aware of the self-surveillance I need to be undertaking.

Know that I still have the support at the end of the telephone, helps me and my family get answers to questions when they arise, although I try to keep these to a minimum.

Overall having a team that I could have confidence in had a really positive impact on both my mental and physical health.

Thanks for the skills of the medical team and the care I have received. My quality of life is much the same as it was pre-sarcoma. I have come through this with as much of a positive mental attitude for the future as I enjoyed in the past.

The fact that to achieve this quality care incurred travelling a greater distance than to my local general hospital has been more than worthwhile. Throughout my treatment, I felt I was more part of the team than just a patient. This was achieved by keeping me well informed and giving me guidance on the options available.

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 2021 – 2022 (Quarter 1 – 4):

Qtr 1	
April – June	551
Qtr 2	
July – September	449
Qtr 3	
October – December	434
Qtr 4	
Jan – March	603

Total Number of IPFRs 2038

Feedback received to the IPFR team

You Said, We Did – listening to feedback and implementing change:-



Engagement with Patient Experience



Listening and learning from Patient stories and experience provides the team with great insight into the services commissioned by WHSSC. One story shared with the team last year was from the prosthetic team in Cardiff and involved a patient who had received a microprocessor prosthetic knee. The patient was able to demonstrate over Teams the difference this had made to his mobility and the impact and improvement this had on his quality of life. The prosthetic team were also able to demonstrate how important their work is and how individual this had to be to patients requiring their services.



Many teams have had to work in different ways over the last year and have had to be very innovative in their approach. Some of the teams have shared how they have had to adapt to working with SMART phones and apps with their patients to monitor their wellbeing over virtual appointments and how much they have learnt through doing them to this. Some of this has promoted independence in some of their client groups and been enabling for them.

Some data shared with the team from the Clinical Nurses in Adult Congenital heart disease included an evaluation from patients on virtual clinics.

The Survey was undertaken through survey monkey and sent to **64** patients, a total of **35** responses were received resulting in the following summary,

- A blended approach mix of virtual and face to face appointments thought to work well by patients

- Virtual clinics to be offered as video rather than telephone call to improve the patient experience
- Prior to virtual appointment, patients who require tests such as ECG and Echocardiograms beforehand are undertaken prior to the appointment.
- Promotion and support of patient self-management such as Blood pressure self-monitoring, weight management and symptoms, use of fit watches, pulse measurement apps for heart rhythm recognition felt to be helpful and supportive.

It was evident the Team had learnt to respond and manage patients during the pandemic in new and innovative ways. The experience has seen the team and the patients become more confident with the new ways of working and the ongoing approach to be more of a blended approach.

Other surveys and stories which WHSSC have supported have been the impact delays have had on patients in treatment within certain specialties, such as congenital cleft lip and palate, the following are just a few comments from patients into the survey:-



Quick Round up of Commissioning Teams

Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.

Women and Children's

Paediatric Strategy is gaining momentum and moving forward with improved engagement

Neurosciences and long term condition

Plan to develop All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation

Cancer and Blood

Recent successful Sarcoma Service Improvement and Innovation Day held.

Cardiac

Richard Palmer has joined the commissioning team as a planner . Andrea will be returning to supporting Patient care team after a brief retirement

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

Recognition of significant events and useful links

Well done to the team Professor Iolo Doull/ Sian Lewis and Andrew Champion on their recent publication:-

A Case Study on Reviewing Specialist Services Commissioning in Wales:

TAVI for Severe Aortic Stenosis

Applied Health Economics and Health Policy Journal

[**A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis | SpringerLink**](#)

Chief Nursing Officer Conference Wales



Sue Tranka, Chief Nursing Officer for Wales

The recent Chief Nursing Officer Conference held in April 2022 saw the launch of the CNO priorities included below. WHSSC team will be supporting and continuing to incorporate these into their practice. The theme of the conference was very much around professional leadership and delivering this with kindness and Compassion.



Developed in collaboration with stakeholders, the five priorities are:

- Leading the profession - invest in and develop nurse and midwife leaders at all levels in health and social care through dedicated leadership programmes;
- Workforce - close the vacancy gap and attract, recruit and retain a motivated, skilled workforce;
- Making the professions attractive - inspire people to enter the nursing and midwifery professions as the most attractive healthcare career choice in Wales;
- Improving health and social care outcomes - deliver equitable, good-quality, person-centred care; and
- Professional equity and healthcare equality - create a nursing and midwifery workforce that reflects the population it serves and addresses inequalities.



220405 Patient Safety
Update 5 April 2022 i:

OTHER USEFUL LINKS WHSSC WEBSITE

[Welsh Health Specialised Services Committee](#)