



<b>Reporting Committee</b>	<b>Quality Patient Safety Committee (QPSC)</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>24 January 2023</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>Presentation – Mental Health Deep Dive</b></p> <p>The committee received an informative Mental Health (MH) presentation which covered the following key areas:</p> <ul style="list-style-type: none"> <li>• Mental Health Strategy – Consultation Feedback</li> <li>• Secure Services Review</li> <li>• Single Commissioner</li> <li>• CAMHS</li> <li>• Eating Disorders</li> <li>• Mother and Baby Unit</li> <li>• Governance and Incident Reporting</li> </ul> <p>Dai Roberts (DR) explained that the majority of HBs had submitted consultation feedback and from the initial review of responses there was no firm opposition to the key elements of the MH strategy. The consultation responses would be used to inform the development of the final strategy and an implementation plan for the strategy was also under development.</p> <p>Shane Mills (SM) provided a detailed overview of the Secure Mental Health review which he conducted and highlighted the general differences between High, Medium and Low Secure Services, the average lengths of stay as well as other classifications by gender, sexual orientation etc. for patients in each sector.</p> <p>DR explained that the Single Commissioner Model had been to the WHSSC Joint Committee on 10 January 2023 and that Secure Mental Health Services in Wales should be commissioned by WHSSC. More detailed work needed be done to define the appropriate timescales, but the programme of work is unlikely to be completed before April 2024 at the earliest.</p> <p>DR provided an update on the positive progress in relation to CAMHS and the de-escalation of Ty Llidiard to Escalation Level 3. The service had been in Escalation Level 4 for a considerable length of time. There will be a piece of work undertaken on referral management, which will be undertaken by NCCU.</p> <p>In relation to Eating Disorders, interim arrangements are currently in place with</p>	

the Priority to ensure access to Eating Disorder beds for adults. A tender process is underway to secure a medium-term solution for the next 2-3 years. The long-term solution will be considered as part of the Specialised Services Strategy for Mental Health.

Several recommendations were made following the review of Tonna Mother and Baby Unit (MB) and an analysis of a permanent option is being conducted in line with the Mental Health Strategy Work.

### **Welsh Kidney Network (WKN)**

QPS members were provided with an update around the two risks documented as they scored above 15, the first being around the financial element and possible inability to meet demands through the current budget. The second high level risk was around the limited outpatient capacity in Morrision Hospital, where there is a plan to establish two new satellite units around the Swansea area which should be running early 2024. The funding for these dialysis units had been approved by the Joint Committee during January 2023.

Ashraf Mikhail (AM) provided an update on the peer review process and gave details on the Quality Statement that was released by WG in 2022, which summarised the aims and objectives for the WKN.

### **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:

#### **Cancer & Blood**

Within the Cancer & portfolio and in relation to the Burns service, WHSSC were notified this week that the Mutual Aid arrangements through the Burns Network had been triggered due to a nurse staffing issue and all the arrangements with the Burns network worked appropriately.

The Corporate Directors Group Board (CDGB) had also agreed to de-escalate the PETIC service.

#### **Neurosciences**

There was a performance issue that had been a pre-COVID issue within the Neurosurgery Service, but that had now been de-escalated. Nicola Johnson (NJ) highlighted the good progress that had taken place in terms of access.

The single-handed Consultant within the Neuroendocrine Tumour service (NETS) has taken a leave of absence, but WHSSC have received assurance that contingency arrangements are in place. A Consultant from another accredited Centre is providing support and cover for these clinics.

Within the Neurosciences Commissioning Team, the Cochlear and Baha engagement was launched in December 2022 and this will close on 14 February 2023.

## **Cardiac**

Within the Cardiac surgery services, unfortunately the escalation status has remained at the same level in both C&VUHB and SBUHB.

Following receipt of the Royal College of Surgeons (RCS) Report, it was not considered appropriate to de-escalate the service in SBUHB. WHSSC will be meeting again with the HB at an escalation meeting in February to consider the Action Plan that they have put in place to address the issues highlighted in the report. The position will then be considered again under the Escalation Framework processes.

C&VUHB has reported that hood discussion had taken place around their strategic issues and cultural changes. The provider had expressed the view that the escalation process has helped to maintain the focus of the Health Board on these issues. There will be a further meeting in April 2023.

NJ commented that the RCS Report had been written on the basis of a visit to the HB in March 2022 and the HB had undertaken significant action as a result. WHSSC had written to the HB outlining the areas of concern and the evidence required to provide WHSSC with the necessary assurance. NJ explained that she and Sian Lewis had also met with the Medical Director and Chief Executive of the Health Board and explained the progress that was expected by the next Escalation meeting.

## **Women & Children**

During the winter there had been increased pressure within the paediatric intensive care service. This was anticipated post Covid with a return to children mixing on top of the usual respiratory pressures during the winter months.

AR reminded the Committee that WHSSC continued to attend the Paediatric Intensive Care SitRep meetings. There continues to be high demand for PICU beds.

In response to a query around Paediatric activity levels in C&VUHB, NJ explained that WHSSC had received assurance from the HB that they would be able to deliver the contract for 2022/23, but throughout the year due to pressures of theatre and staffing allocation across other Paediatric surgical disciplines the HB has not been able to deliver the level of planned contract activity. This has remained a focus of the performance meetings with the HB. NJ highlighted that, in conjunction with the JC, WHSSC would be reviewing the contract for next year and the provision for Paediatric Surgery. Outsourcing options remain on the table.

## **Mental Health & Vulnerable Groups**

NJ explained that details around the Nwas and Ty Lliard Services had been covered within the Mental Health presentation.

Adele Roberts (AR) felt it was important to add to the Mental Health update that WHSSC received a report on 7 November 2022, jointly undertaken by NHS Wales and NHS England, relating to a serious incident, which had led to the death of a patient on 20th April 2022. There were 12 recommendations, which will be considered by the Mental Health and Vulnerable Groups Commissioning Team. The

date of the Inquest has not yet been confirmed. The final report and findings of the inquest will be reported to the Quality and Patient Safety Committee once concluded. An update will be provided to the Joint Committee through the Chair's report.

### **Intestinal Failure (IF) – Home Parenteral Nutrition**

The action on the Intestinal Failure (IF) invoices had been closed and an update has been provided within the report. Some new IF risks will be added onto the CRAF in January 2023 mainly around the financial and contractual arrangements.

### **4.0 Other Reports Received**

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has 6 services in escalation to report, although this will be reduced to 4 as 2 services are scheduled to come out of escalation. One service has also reduced its level of escalation and there are no new services in escalation. The table at the end of this paper provides a summary of each of those services.

- **CRAF Risk Assurance Framework**

Members were provided with an updated position regarding the WHSSC CRAF. Members noted the updated Risk Appetite Statement that had recently been approved by the JC.

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

AR provided a briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period October to December 2022.

It was acknowledged that the structure of the CQC had recently changed and may have had an impact on the structure for producing the reports. However, going forward WHSSC will continue to work closely with the CQC on their action plans and meet with them regularly.

### **Incident and Concerns report**

An update report was noted and received by the Committee for assurance. The Chair asked for the content of the report to be considered with perhaps some additional information added to the next report.


### **5.0 Items for information:**



Members received a number of documents for information only:


- Chair's Report and Escalation Summary to Joint Committee 8 November 2022,
- QPSC Distribution List; and
- QPSC Forward Work Plan.


<b>Key risks and issues/matters of concern and any mitigating actions</b> Key risks are highlighted in the narrative above.	
<b>Summary of services in Escalation (Appendix 1 attached)</b>	
<b>Matters requiring Committee level consideration and/or approval</b> None	
<b>Matters referred to other Committees</b> As above	
Confirmed minutes for the meeting are available upon request	
<b>Date of next scheduled meeting:</b>	21 March 2023 at 13.00hrs

**SERVICES IN ESCALATION**

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 17.01.23	Movement from last month
September 2020	FACTS	CTUHB	2	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>Last escalation meeting was held on 14/12/22</li> <li>Assurance was provided for the remaining key requirements</li> <li>The service was formally de-escalated to level two on 16/12/22</li> </ul> <p>Service will continue to be monitored through an improvement plan for further de-escalation (confirmation of clinical leadership and recruitment of remaining psychology posts)</p>	<p><b>To be removed from escalation</b></p> 

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 17.01.23	Movement from last month
March 2018  Sept 2020  Aug 2021	Ty Llidiard	CTMUHB	3	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> <li>SUI 11 September</li> </ul>	<ul style="list-style-type: none"> <li>Escalation meetings held monthly, Exec Lead identified from Health Board. <b>Last escalation meeting 5<sup>th</sup> December 2022</b></li> <li>Improvement Board established to oversee delivery of an integrated improvement plan</li> <li>Emergency SOP has been fully implemented</li> <li><b>Majority of posts recruited to or start dates agreed.</b></li> <li><b>Improved leadership evident via escalation meetings</b></li> <li><b>Progress against de-escalation action plans, and a favorable report following the latest quality visit provided assurance to support de-escalation of service to Level 3</b></li> <li><b>Further audit being conducted around the referral processes to enable consideration of further de-escalation.</b></li> </ul>	
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review</li> </ul>	<ul style="list-style-type: none"> <li>Continued six weekly meetings in place to receive and monitor against the improvement plan.</li> <li>The service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per March update), but remained in level 3 whilst the impact of these actions is ascertained.</li> <li><b>The escalation level was discussed at the most recent</b></li> </ul>	

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					<p>meeting in October 2022 and, although significant progress towards the GIRFT benchmarks was noted, it was agreed that WHSSC would need to review the final report of the Royal College of Surgeons of England (RCS England) Invited Service Review to be prior to any potential further de-escalation.</p> <ul style="list-style-type: none"> <li>This report was received in November 2022 and was subsequently reviewed by the Cardiac Commissioning Team. As a result of the report's urgent recommendations to address patient safety risks, and in view of a small number of new concerns identified by the RCS, WHSSC concluded that further assurance was required further assurance before de-escalation could be taken forward, and the service remains in Level 3 escalation.</li> </ul>	
<p>July 2021 (original escalation)</p> <p>April 2022 (escalated from 2-3)</p>	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding processes and patient flow which impact on patient experience</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report.</li> <li>In view of a failure to provide the requested GIRFT improvement plan and HEIW report, the service was re-</li> </ul>	

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					<p>escalated in April 2022.</p> <ul style="list-style-type: none"> <li>The service has since provided both a GIRFT improvement plan and HEIW report (and action plan), and WHSSC has developed de-escalation criteria based on the GIRFT recommendations and action plans.</li> <li>The de-escalation criteria were discussed at the November 2022 escalation meeting. It was agreed that there was no expectation that the criteria would need to be delivered in full to facilitate de-escalation, but that the service would need to evidence demonstrable progress as a result of targeted actions</li> <li>A further escalation meeting has been scheduled for April 2023.</li> </ul>	
November 2021	Adult burns	SBUHB	3	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Escalation monitoring meetings held on 12<sup>th</sup> August, 27<sup>th</sup> September and 1<sup>st</sup> December 2022.</li> <li>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.</li> <li>The capital case remains on target with the planned timeline.</li> <li>The next escalation monitoring</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 17.01.23	Movement from last month
				concerns the progress of the capital case for the long term solution and sustainability of the interim model.	meeting is arranged for 3 <sup>rd</sup> March 2023.	
February 2022	PETIC	Cardiff University	1	<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"> <li>Recent suspension of production of PSMA due to critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients.</li> <li>Failure to undertake a timely recruitment exercise leading to isotope production failures.</li> <li>Failure to provide a business case of sufficient quality in a timely manner for replacement of the scanner</li> </ul>	<p>PETIC has taken forward the agreed actions with regard to increasing management capacity within the service and clarifying the governance arrangements for the service.</p> <p>PETIC has been de-escalated and therefore removed from the table of services in escalation. WHSSC corporate directors agreed to de-escalate PETIC following confirmation on 5th December 2022 that the actions in the escalation action plan had been completed. The service has returned to routine monitoring.</p>	<p><b>To be removed from escalation</b></p> 