

Reporting Committee	Quality Patient Safety Committee
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	30 March 2022

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

Presentation/Patient Experience

Members received an informative and sensitive presentation from Locality Nurse Director for Cwm Taf Morgannwg University Health Board (CTMUHB) in relation to the findings and determinations of an inquest held into the death of a patient at Ty Llidiard in 2018.

The presentation explained the focus of the inquest and provided a detailed explanation of the narrative findings. The coroner issued a Regulation 28 Report to Prevent Further Deaths and this centres on the absence of a single patient record. A briefing was received from the Health Board on 2nd February.

Development Day Feedback

Feedback from the WHSSC QPSC Development Day which took place on February 10th, 2022 was received and members approved the amended Terms of Reference for QPSC for consideration and approval for onward recommendation to the Joint Committee.

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

The Committee received the report. The Chair noted the WHSSC Integrated Governance Committee (IGC) had received a detailed update briefing from Stuart Davies, Executive Lead for the Network at their meeting on 30 March 2022. The Chair noted a number of reports were to be considered by the Committee in relation to the home dialysis service and peer review of Renal Units as discussed at IGC. The Chair further noted IGC had asked a number of questions about the nature of Vital Data and developments in data systems and that as a result the Network and Commissioning Team reports would be enhanced with that information in future.

2.0 Cancer & Blood

The Committee received a further update regarding the burns services at SBUHB that is currently in escalation level 3 because of the closure of the Morriston Hospital Burns ITU due to staffing constraints. The Swansea Bay University Health Board (SBUHB) Burns Service had re-opened on Monday 14 February 2022 with an interim service model delivered with the support of general anaesthetics and general ICU consultant. WHSSC would monitor the action plan with input and advice from the South West & Wales Burns Network (SW&WBN) with regard to maintaining burns standards of care through the process of transition to the new long-term service model,

Positron Emission Tomography Imaging Centre (PETIC) was still a cause for concern and the WHSSC escalation process would be used to discuss the options and put in place an action plan for strengthening the NHS service element of PETIC. This would be of key importance given the planned capital investment by WG into PETIC and therefore WHSSC's long-term commitment to commissioning services from University Hospital of Wales run by Cardiff University,

Thoracic surgery had been reduced from risk level 15 to risk level 9 because of the reduction in waiting list times due to joint working between SBUHB and Cardiff & Value University Health Board (CVUHB).

Members queried waiting times for plastic surgery patients at SBUHB. Members were assured that a management plan for patients on the waiting list was in place and that SBUHB was managing patients in line with Royal College of Surgeon guidelines. SBUHB was planning to outsource some patients for treatment and reconfigure services between Morriston and Singleton Hospitals. A recovery plan from SBUHB had been requested.

It was noted that a Service Innovation Day for sarcoma had taken place and that the Neuro Endocrine Tumour (NET) service in CVUHB had recently been inspected for ENET accreditation. Whilst they had not received formal notification the feedback on the day was very positive.

3.0 Cardiac

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. The Committee also noted that the Royal College of Surgeons review was taking place in April.

Bariatric surgery had restarted at SBUHB and a conversation was underway to ascertain if a second provider was required.

4.0 Mental Health & Vulnerable Groups

Members received the Mental Health & Vulnerable Groups Commissioning Team update and noted;

The CAMHS unit at Ty Llidiard remain at escalation Level 4. Health Inspectorate Wales (HIW) undertook an inspection on the unit in November 2021 and published its report on 4th March. In addition, the National Collaborative Commissioning Unit (NCCU) undertook their Annual Review of the unit. This was due to be published at the time of the meeting. Discussions remain ongoing with the Health Board through the escalation process and both reports will be considered through that process and fed back to the next committee meeting.

The Committee was updated regarding the notice of termination of the contract given by Oxford Health NHS Foundation Trust for Cotswold House their Specialist Eating Disorder Service. WHSSC is in the process of reviewing the specialised eating disorder services aligned to the development of the Specialised Services Strategy for Mental Health. In the meantime, NCCU had been scoping alternative providers and had identified a five-bedded unit which is potentially available from August 2022.

Dr Hiliary Cass published an interim report on Gender Identity Service for Children on 10 March 2022 WHSSC have subsequently met with Dr Cass and will be working with NHS England to consider the clinical model going forward.

5.0 Neurosciences

Members received the Neurosciences Commissioning Team update and noted;

The main risk remained around neurosurgical waiting lists which were reducing but theatre capacity had still not returned to pre COVID-19 levels. The WHSSC Team were working with CVUHB to discuss the recovery action plan and assurance had been given that they were prioritising patients in line with Royal College of Surgeons guidance. Outsourcing was also being considered

6.0 Women & Children

Members received the Women & Children Team update.

The committee was informed that there was an increased risk on Paediatric Intensive Care directly as a result of staffing issues. They were also assured that there were a number of control in place and ongoing monitoring at Quarterly Commissioner Assurance Meeting with the provider.

The committee heard that there was an ongoing risk in Paediatric Surgery with extensive waits for some children. The WHSSC team had asked for a recovery trajectory and plan and there is continuous monitoring with the Clinical Board at CVUHB and through SLA meetings.

Neonatal transport

Members noted that a Delivery Assurance Group was now in place chaired by the Director of Planning at WHSSC and that this was providing additional commissioner assurance. Additionally, members were updated on the progress being made to implement an operational delivery network. A task and finish group was in place chaired by the Executive Nurse Director of SBUHB.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. PETIC is a new service in escalation since the last meeting and no services have been de-escalated since the last report.

- **Draft QPSC Annual Report 2021-2022**

Members approved the draft QPSC Annual Report 2021-2022 for forward distribution to the Joint Committee.

- **CRAF Risk Assurance Framework**
- **CQC/HIW Summary Update**
- **Incidents and Complaints Report**

Items for information

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

- National Reporting and Learning System Letter from Welsh Government;
- Chair's Report and Escalation Summary to Joint Committee 12 October 2021;
- Q&PS Forward Work Plan;
- Q&PS Circulation List.

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

The items highlighted above.

Summary of services in Escalation (Appendix 1 attached)

Matters requiring Committee level consideration and/or approval

The Terms of Reference and the Annual Report will be submitted to the Joint Committee for final approval.

Matters referred to other Committees

None identified

Confirmed minutes for the meeting are available upon request

Date of next scheduled meeting:

7 June 2022 at 13.00hrs

1.0 SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	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. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	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. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce issue 	<ul style="list-style-type: none"> 10 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. Substantive Consultant Psychiatrist post is planned to go to advert in early May. Clinical Lead to be advertised once CAMHS Consultant posts have been appointed. The FACTS service specification is being finalized subject to input from CAMHS colleagues. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move- ment 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"> Six weekly meetings in place to receive and monitor against the improvement plan. Service de-escalated on delivery of the immediate actions as outlined in the GIRFT recommendations, including moving to consultant only operating and only mitral valve specialists operating on mitral valve repairs. Further work is required between SBUHB, C&VUHB and WHSSC to improve the aorto-vascular pathways and develop the preferred options. In the meantime due to the complexity, the 	

					pathway will remain unchanged	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Movement from last month
July 2021	Cardiac Surgery	C&VUHB	2	<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 have an agreed programme of improvement work to address the recommendations set out in the GIRFT report. Bi-monthly meetings agreed for monitoring purposes. C&VUHB have shared a plan setting out the intentions for improvements across the key process metrics outlined in the GIRFT report. However, the WHSS Team have again asked for a SMART action plan to enable appropriate monitoring of the actions within appropriate and realistic timeframes. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	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 escalation meetings will be led by WHSSC with support 	

					and advice from the Burns Network to ensure standards are maintained through the transition process.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move- ment 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. 	<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 is scheduled for Friday 25 March. 	New N/A

				<ul style="list-style-type: none"> Failure to produce a business case of sufficient quality in a timely manner for replacement of the scanner. 		
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position