

Reporting Committee	Quality Patient Safety Committee
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	08 June 2021
Summary of key matters considered by the Committee and any related decisions made	
<p>1. Patient Story – Cleft Lip & Palate Services</p> <p>Members received a patient story and update from the Clinical Director Speech and Language therapist regarding the Cleft Lip & Palate commissioned from Swansea Bay University Health Board. Whilst it was acknowledged that progress had been made to address the waiting list for children as a result of COVID delays, this was not the case for the adult service. The Committee requested that a detailed piece of work was required with the provider to provide assurance that there was a recovery plan in place and that the adults were being supported and monitored whilst on the waiting list. In addition it was agreed that the Health Board of residence would also be notified of the individual cases. It was noted that there were 6 complaints relating to the service that WHSSC were not aware of and these too would also be followed up. A further paper was requested to update on progress.</p> <p>2. Commissioning Assurance Framework</p> <p>Whilst the commissioning Assurance Framework (CAF) has been signed off by Joint Committee on 09 March 2021, as part of the 2021-22 Integrated Commissioning Plan, the committee received a presentation on the CAF and supporting documents which would be ratified at the next meeting. It was reported that the WHSSC Director of Nursing and Director of Planning had done a presentation to the All Wales Chairs of Quality Patient Safety Committees updating them of the work undertaken by WHSSC and progress on the review of the CAF.</p> <p>3. Commissioning Team and 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. A discussion took place regarding the fragility of services and whether a strategic overview was required. This applied not only to Specialised Services but to services within Health Boards. The key points for each service are summarised below:</p>	

- **Blood & Cancer**

The South Wales soft tissue sarcoma service was removed from escalation due to the appointment of an additional consultant and a fully functioning MDT. The All Wales Genomics Service hosted by CVUHB has recently won an Innovation For Health Care Science Award which was the first in the UK to routinely offer whole genome sequencing to critically ill babies and children with unexplained diseases.

- **Cardiac**

Getting it Right First Time (GIRFT) As reported previously WHSSC have commissioned NHS England to undertake a GIRFT review of Cardiac Services which will start this month.

- **Mental Health & Vulnerable Groups**

It was noted that the complex mental health patient had been moved to an alternative provider. The increasing number of child eating disorders remained an issue and a letter had been sent to the Health Board CEO's outlining the steps being taken to consider the position. Access to medium secure LD beds also remained problematic. The NCCU published their Review of NHS Wales CAMHS In-Patient Services on the 28th April. The implementation/action plan covering the areas for consideration is in the process of being developed and agreed with Welsh Government prior to sharing with the two providers. It is proposed that QAIS will present a summary and next steps to the Committee at the next meeting. The newly commissioned Mother and Baby Unit opened in Tonna Hospital, Neath in April and the link to the website is as follows:

<https://sbuhb.nhs.wales/community-services/mental-health/perinatal/>

- **Women & Children's**

The Paediatric Intensive Care Service based at the Children's Hospital in Wales has been de-escalated to routine monitoring. One of the mitigations supported by WHSSC to address staffing shortages and reduce refusal rates was to increase the investment through the 2019/22 Integrated Commissioning Plan (ICP) The Neonatal Transport Governance risk remained a concern of the Committee and were supportive of a solution for a permanent model to support the 24hr service. The risks re the Cleft Lip and Service had been discussed in some detail at the patient story and are summarised in point 1 of the report.

- **Neurosciences**

A draft timeline for the engagement and consultation has been developed for Cochlear Services. This has been shared with Health Board Engagement Leads

4. Quality Patient Safety Annual Report

The draft report was presented to the Committee and approved for sign off at the Joint Committee in July

5. Other Reports received

Members received reports on the following:

- **CRAF Assurance Framework**
- **Services in Escalation Summary**
- **CQC/HIW Summary Update**
- **WHSSC Policy Group**
- **Concerns and SUI report**

The Committee noted that the Serious Untoward Incident regarding a Mother & Baby Unit placement had been closed. The findings will be presented at the next meeting and the lessons learnt have been shared with the newly commissioned MBU.

6. Items for information

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

- Welsh Government Patient Safety Incident Policy

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

Summary of services in Escalation (Appendix 1 attached)

Matters requiring Committee level consideration and/or approval

The Committee are asked to note the concerns raised regarding adult Cleft Lip and Palate Services and the actions requested.

Matters referred to other Committees



None


Confirmed Minutes for the meeting are available from
<http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con>

Date of next scheduled meeting:	10 August 2021
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Services in Escalation

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> Medical workforce and shortages and 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"> Weekly bed management bureau continues Reduced capacity in unit currently due to environmental works NCCU Tier 4 CAMHS Review received on 28th April action plan in process of being developed to address areas for consideration and implementation of service specification. 	↔
March 2018	Ty Llidiard	CTMUHB	3	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance SUI 11 September 2020 	<ul style="list-style-type: none"> Escalation meetings held on March 8th and May 11th Response received from CTUHB following letter sent on 01st March outlining three outstanding areas for improvement NCCU Tier 4 CAMHS Review received on 28th April action plan in process of being developed 	↔

Sept 2020					<p>to address areas for consideration and implementation of service specification.</p> <ul style="list-style-type: none"> Paper to be considered by CDG Board to discuss escalation status. 	
September 2019	Cochlear Implant Service	South Wales	4	<ul style="list-style-type: none"> Quality and Patient Safety concerns from C&V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service. 	<ul style="list-style-type: none"> C&VUHB treating all patients Interim CHC arrangements agreed Public consultation to be undertaken in respect of the permanent arrangement 	
February 2020	TAVI	SBUHB	2	<ul style="list-style-type: none"> Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address 4 Serious Incidents relating to vascular complications. 	<ul style="list-style-type: none"> Action Plan completed Service sustainability being monitored through the bi-monthly Risk, Assurance and Recovery meetings (next Meeting July 2021) WHSSC Quality Team to monitor PROMS and PREMS on a quarterly basis 	
	ALAC	CVUHB	2	<ul style="list-style-type: none"> Increase in waiting 	<ul style="list-style-type: none"> AAC Review report submitted 	

Nov 2019				times, failure to deliver Referral to Treatment target within 26 weeks and failure to provide timely waiting list and activity reports.	<p>to Management Group, February 2021</p> <ul style="list-style-type: none"> Corporate Directors Group recommended de-escalation of the service as they have demonstrated they have met the WHSSC performance requirements and have maintained a significant, sustained improvement in the waiting times for patients. 	
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce issue 	<ul style="list-style-type: none"> 5 CQV meetings have now been held. Still waiting for substantive Consultant Psychiatrist to be advertised. Plans in place for all other roles. FACTS service specification is in development and meeting with the service to review in June. Next CQV meeting is planned for 24th June. 	