



Reporting Committee	Quality Patient Safety Committee
Chaired by	Emrys Elias
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	23 March 2021

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

1. Commissioning Assurance Framework

Members received an update regarding the review of the Quality Assurance Framework which has been renamed the Commissioning Assurance Framework and will be supported by the following suite of documents:

- Risk Management Framework;
- Performance Framework;
- Escalation Process; and
- Patient Engagement & Experience Framework.

The Commissioning Assurance Framework was circulated to Joint Committee on 16 February 2021 as an appendix to the 2021-22 Integrated Commissioning Plan. Further work is on-going to finalise the appendices.

2. Caswell Clinic Feedback from SUI

The committee received a presentation for Swansea Bay University Health Board following an untoward serious incident that occurred on the unit. They were reassured by the robustness of the investigation and asked that any lessons learnt would be shared wider amongst the network.

3. Risk Management

Members were reminded of the changes to the way in which risk is monitored and scored across the organisation and would be more aligned to the risk management process within Health Boards. It was proposed that a new Risk Register would be created for the new financial year and that this would be presented at the next meeting. There was agreement that there were long standing fragilities within the system before and this had been compounded by the COVID-19 pandemic. A workshop was being held on 11 May 2021 to discuss the deliverability of the ICP and to establish key principles regarding equity of access to services.

4. Commissioning Team 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 and Blood**

It was noted that the collaborative working between the thoracic surgery services in SBUHB and CVUHB had resulted in patients moving across to receive their surgery in a different centre where the waiting time is shorter. The BMT service in CVUHB had recently received notification that they had received JACIE accreditation. Non-recurrent funding had been used to support the plastic surgery service in SBUHB to allow them to run more theatre sessions. A formal impact of investment report would be available in May 2021.

- **Cardiac**

The TAVI service in SBUHB had reduced to level 2 of the WHSSC escalation process. Further work was ongoing regarding a regional approach to subclavian access.

- **Mental Health & Vulnerable Groups**

An update of the complex mental health patient was provided to the committee. The increase in Eating disorder referrals was also noted and the committee were updated of the ongoing work led by Welsh Government to review the pathway. An update was provided on the two CAMHS inpatient units and the review undertaken by the NCCU Quality Assurance Improvement Service would be available for the next meeting.

- **Women & Children's**

It was reported the Women & Children's Team had been subject to review by Internal Audit and had received an audit opinion of Substantial Assurance. An engagement plan was in the process of being put in place with the BAHA and Cochlear service around Cochlear services so that a final decision as to lead provider can be made. The committee were updated regarding the ongoing work around neonatal transport service and were reassured that the Joint Committee would be considering the issue at an Extraordinary meeting in early April 2021. Members raised concerns about the harm to the personal development and wellbeing of the 55 patients waiting for Cleft Lip and Palate treatment given their young age. Members were assured that the SBUHB Cleft Lip and Palate team were assessing the children regularly and were treating in highest priority order. A full update was requested for the next meeting.

- **Neurosciences**

Access to Mechanical Thrombectomy for stroke patients remained the main concern noted within the report. Work was underway with CVUHB to develop a thrombectomy service within University Hospital Wales and that it was hoped significant progress would be made over the next 6 months. All Health Boards and The Stroke Network were aware of the issues regarding access to Mechanical Thrombectomy. Members wished the Joint Committee to be made aware of the concerns.

5. Services in Escalation Report

Members received and considered a report proposing changes to the reporting of services in escalation to reflect the performance monitoring expectation in light of COVID-19. It was acknowledged that the Minister for Health & Social Services had made a decision to suspend the monitoring of RTTs. As a result it was proposed and supported that those service in escalation as a result of breach of RTT would be temporarily removed and monitored to be monitored through the recovery plans with the providers. The remaining services in escalation are attached to this report. It should be noted that the movement of arrows down is an improving picture and an arrow upward a rise in the escalation level. This is further expanded in the revised escalation proves which will be considered at the next meeting.

6. Other Reports Received

Members received reports on the following:

- **CQC/HIW Summary Update**
- **WHSSC Policy Group**
- **Concerns and SUI report**

7. Items for information

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

- Chair's Report and Escalation Summary to Joint Committee 09 March 2021
- Quality & Patient Safety Committee Annual Cycle of Business
- Health Board QPS Leads Contacts
- DOLS Replacement Arrangements
- Welsh Risk Pool Learning and Advisory Panel Newsletter

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




Matters referred to other Committees




None



Confirmed Minutes for the QPS meetings are available on request

Date of next scheduled meeting:	08 June 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
April 2015 Escalated to Stage 3 December 2018	Cardiac Surgery	CVUHB	3	<ul style="list-style-type: none"> Failure to deliver and maintain the Referral to Treatment times targets 	Emergency and elective work being undertaken where possible for the south Wales region. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Only emergency surgery being undertaken. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	<ul style="list-style-type: none"> Failure to maintain cancer targets/capacity to meet patient need 	Emergency and Elective work only being undertaken in Cardiff for the south Wales region. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	

March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Risks to service quality and sustainability 	<p>Priority work being undertaken:</p> <ol style="list-style-type: none"> Biopsy Proven Sarcoma Diagnostic biopsies for high Lipomata with atypical features on US/MRI that have been discussed at MDT. <p>GMOSS: Outreach clinics into Wales suspended. Phone appts in place. Surgery able to continue.</p>	
February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Failure to achieve maximum waiting times target 	<p>No provider update on whether any surgery is going ahead during COVID-19 although it is understood that all non-essential surgery has been cancelled. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.</p>	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	<ul style="list-style-type: none"> Failure to achieve quality indicators (in particular, turnaround times) 	<p>No provider update on service being delivered during COVID-19. SLA meeting to recommence this month to discuss recovery plans.</p>	

	North Wales Adolescent Service (NWAS)	BCUHB	3	<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 	<p>Paper taken to CDG Board in April resulting in a reduction in escalation of service. Interim solution to medical workforce with non-medical clinical lead appointed supported by Consultants from Community Teams. Unit back operating at full commissioned capacity with fully recruited nurse establishment. This has led to sustained reduction in out of area placements. Introduction of central MH CAMHS bed management system to be introduced from this month to monitor patient flow and use of surge beds.</p>	
December 2017	Paediatric Intensive Care	CVUHB	2	<ul style="list-style-type: none"> • Inadequate level of staffing to support the service 	No further update on PICU during COVID-19.	
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 	<ul style="list-style-type: none"> • C&VUHB were able to treat all patients who required both urgent and routine surgery within 26 weeks by the end of March. 	