

AGENDA ITEM

5.2

QUALITY & SAFETY COMMITTEE

Update Report on progress following Internal Audit on Concerns & Welsh Risk Pool Review on Claims/Redress/Inquests

Date of meeting 24/01/2023

FOI Status Open/Public

If closed please indicate reason Not Applicable - Public Report

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Presented by Stephanie Muir, Assistant Director of Concerns & Claims

Approving Executive Sponsor Executive Director of Nursing

Report purpose FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

WRP	Welsh Risk Pool
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1. SITUATION/BACKGROUND

- 1.1 The Health Board had experienced challenges in relation to the management of claims and redress cases over recent years, with the Welsh Risk Pool Creditor/Debtor level rising to an unacceptably high value and penalties applied by the Welsh Risk Pool Committee for deviation from the WRP Reimbursement Procedures.



- 1.2 With the challenges in respect of the management of claims and inquests, the Health Board commissioned a review by the Welsh Risk Pool.
- 1.3 At the same time, in line with the Internal Audit Plan for 2021/22, a review of processes for dealing with concerns was completed.
- 1.4 The Health Board underwent the following reviews in the latter half of 2021:
 - The Management of Concerns – Internal Audit Review
 - Review of procedures for the management of claims, redress cases and coronial investigations at CTM – Welsh Risk Pool
- 1.5 Reports were received at the end of last year.
- 1.6 The Health Board accepted the Welsh Risk Pool Review and Internal Audit Review findings and developed detailed action plans against the recommendations.
- 1.7 This report provides an update of progress against actions and any barriers/challenges facing achievement of actions

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Welsh Risk Pool review on the management of claims, redress cases and coronial investigations had 9 overarching recommendations, which had 28 assigned management actions to achieve the recommendations.
- 2.2 Good progress has been made to complete the Welsh Risk Pool actions, with only 7 actions remaining open and in progress.
- 2.3 There are no specific challenges in relation to implementation of actions.
- 2.4 The Internal Audit Review of Complaints management had 28 overarching recommendations with 35 assigned actions to achieve the recommendations.

- 2.5 Progress has been made on many actions, however 19 actions remain open, with progress delayed due to staff absence in the key complaints management role.
- 2.6 Whilst it is noted that more progress has been made in respect of the Welsh Risk Pool review and recommendations. The complaints manager has now commenced in post and has been progressing the outstanding actions from the internal audit.
- 2.7 It is envisaged that both action plans will be fully completed by the end of the financial year.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Progress continues on all actions, however, the new operating model and current organisational change process in respect of quality, safety and governance within CTM will have a bearing on some actions. Tracking delivery of these actions will take place through the clinical executive oversight group.
- 3.2 The operating model and the new arrangements for quality, safety and governance are being considered for all actions in progress and a review is currently underway in respect of any actions already completed to ensure that they are aligned to changes.
- 3.3 The 2022/2023 Internal Audit Plan includes a review of WRP concerns and claims and a follow up review of concerns management. These are scheduled to take place at the end of February 2023 and will be presented to the Audit and Risk Committee thereafter.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There are quality and safety implications. If actions arising from WRP and IA reviews are not undertaken and improvements note made.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.



	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Resource realised through the operating model re-alignment will be required to take forward this work. An 'invest to save' case is also being progressed to cover immediate resources to tackle the high number of Redress Cases being managed by the HB.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The Committee is asked to:

- **Note** progress made and any challenges highlighted.