



**AGENDA ITEM**

5.1

**QUALITY & SAFETY COMMITTEE**

**REVIEW OF PROCEDURES FOR THE MANAGEMENT OF CLAIMS,  
REDRESS CASES AND CORONIAL INVESTIGATIONS AT CTMUHB**

<b>Date of meeting</b>	18/01/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	WELSH RISK POOL
<b>Presented by</b>	Director of Corporate Governance / Board Secretary
<b>Approving Executive Sponsor</b>	Director of Corporate Governance / Board Secretary
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

WRP	Welsh Risk Pool
PTR	Putting Things Right
LFERs	Learning From Events Reports
CMRs	Case Management Reviews
ILGs	Integrated Locality Groups

## **1. SITUATION/BACKGROUND**

- 1.1 In May 2021, an external review was commissioned from the Welsh Risk Pool to provide assurance on process and procedures in place for the management of claims, redress cases (PTR) and coronial investigations at CTMUHB.
- 1.2 The Review was jointly commissioned by the Executive Nurse Director and the Director of Corporate Governance due to the imminent transfer of responsibility for the function from the Executive Nurse Director to the Director of Corporate Governance.
- 1.3 The review was commissioned as a result of a challenging period for Claims and Redress processes for CTM UHB during 2019/20, due to outstanding legacy Learning From Events Reports (LFERs) late submissions of LFER's and Claim Management Reviews to Welsh Risk Pool (WRP) and an inconsistency with debtors spreadsheets and miscommunication between the Claims & Redress Team, Finance Directorate and WRP.
- 1.4 The implementation of the Operating Model in CTM in early 2020 also resulted in some increased confusion around the role of the central team and those responsibilities afforded to the newly established ILGs.
- 1.5 The External Review was commissioned to explore the workflows and processes that are necessary for the Health Board within the new ILG structure in relation to claims, redress and inquests.
- 1.6 The Report resulting from the Review was received in November 2021, following which, an action plan was developed to address the recommendations arising from the Review.

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

- 2.1 The Review was a comprehensive and thorough review of the processes and working practices in the Health Board. The Report and all recommendations within are acknowledged and welcomed by the Health Board.
- 2.2 The action plan has been developed to address and respond to the recommendations in the report and is presented alongside the Review Report for completeness.

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

- 3.1 The Committee will note the significant work required to progress the recommendations to reflect best practice and the ambitious timescales afforded to the actions.
- 3.2 There are risks associated with delivering this challenging action plan including staff resources, increasing case numbers (unpredictable) and on-going clinical pressures due to the response to the pandemic.
- 3.3 Successful delivery of all actions in the attached action plan will rely on continued focus, commitment from ILGs to strengthen the learning and strong leadership. Progress against the actions will be reported quarterly to the Q&S Committee.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below) By implementing the recommendations, significant improvements are expected to the patient experience by improvements resulting from lessons learned and more efficient use of resources.
<b>Related Health and Care standard(s)</b>	Safe Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below. External Review
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

### 5. RECOMMENDATION

- 5.1 The Quality & Safety Committee are asked to **NOTE** and **SUPPORT** the External Review from the WRP and the associated HB action plan developed in response.