

WELSH RISK POOL REVIEW RECOMMENDATIONS AND MANAGEMENT RESPONSE

Issue	Theme	Recommendations	CTM Action	Timescale	Priority rating	By Whom	Monitoring / responsibility to	Progress
Lack of clarity regarding which teams are responsible for the development of actions in response to issues identified in legal case	Learning	Embed responsibility for Learning and Improvement at the heart of service provision: -Responsibility for overseeing the LFER process should be placed with the ILGs. -a workflow has been recommended by the WRP -they have recommended Bridgend ILG as a mature positive model -discontinue use of taskforce	Work flow to be discussed with ILG Heads of Quality & Safety.	Jan-22	R	Interim Head of Concerns & Legal Services	Quality & Safety Committee	
			SBAR on workflow presented at Quality & Safety Committee and subsequent ILG sub committees.	Jan-22	A	Interim Head of Concerns & Legal Services	Quality & Safety Committee	
			The Corporate Team to support the new ILG workflow which incorporates CSG and ILG sign off prior to submission to the central team, via monthly meetings and LFER training.	Jan-22	A	Interim Head of Concerns & Legal Services	Quality & Safety Committee	
Data held on legacy information systems is significantly inaccurate and has conflicting information between systems	Data / Communication	Provide regular, up to date and accurate information relating to claims matters, redress cases and coronial investigations to support prioritisation	Establish fortnightly meetings with Datix Team	Oct-21	A	Interim Head of Concerns & Legal Services	Quality & Safety Committee	Datix Team attend the weekly team meeting in order to discuss any concerns in relation to data
Significant risk that inappropriate admissions are being made in response letters which are sent directly from Integrated Locality Groups and Clinical Service Groups. Very little support available for ILG teams when considering whether Qualifying Liability exists in a matter and the training available to local teams is very limited. We also found that this led to significant delays in providing a response in cases where local teams considered a qualifying liability may exist.	PTR / Process	Establish an effective process for guidance and oversight of complaint responses where qualifying liability is being considered or confirmed. -Review the process for issuing Regulation 24/26/33 responses by the ILGs	Devise a workflow for all ILGs in relation to Regulation 24/26/33 responses, whereby the HB Legal team are available for advice.	Nov-21	A	Legal Services Manager	Quality & Safety Committee	
			Review of the complaints templates/leaflets and ensure consistency across the HB	Jan-22	A	Interim Head of Concerns & Legal Services	Quality & Safety Committee	
			Provision of training for ILGs/CSGs in respect of Breach of duty, causation and qualifying liability	Feb-22	G	Legal Services Manager	Quality & Safety Committee	
			Develop a QA template and rolling audit of complaints responses. <i>(Links to Internal Audit action plan)</i>	Apr-22	A	Complaints Manager	Quality & Safety Committee	
Legal Services Team are well resourced for the tasks required of them. However, there is confusion between the tasks that should be carried out by the Legal Services Team and those by governance teams in ILG's and the corporate finance team.	Legal / Process	Establish a Legal Services workforce to meet the needs of the organisation; -Claims officers administrative tasks -Training -Caseload review -Engaging with ILG's -Financial delegated authority -Restructure of legal services team	Establish clear Legal Service vision with clear overview of service provision.	Jan-22	A	Interim Head of Concerns & Legal Services	Quality & Safety Committee	
			Review Legal Services Handlers work plans in line with WRP recommendations	Nov-21	A	Legal Services Manager	Quality & Safety Committee	
			Review Legal Services administrative function workplans in line with WRP recommendations	Nov-21	A	Legal Services Manager	Quality & Safety Committee	
			Ensure Legal Service Handlers complete the WRP Certificate in Healthcare Risk Management and Legal Services	Jun-22	G	Legal Services Manager	Quality & Safety Committee	
			Ensure that Legal Services Team are represented at pertinent ILG Meetings	Mar-22	A	Legal Services Manager	Quality & Safety Committee	

		Restructure of legal services team	Review and amend scheme of delegation	Dec-21	A	Interim Head of Concerns & Legal Services	Audit Committee	
			Review Legal Services structure, including benchmarking with other Health Boards and develop an efficient Legal Services Team. Secure funding if required.	Mar-22	A	Legal Services Manager	Quality & Safety Committee	
Incidents reported which were subsequently the subject of consideration for Qualifying Liability was very low. Not in line with PTR regs.	Incident/ PTR	Review the process for investigating adverse healthcare incidents reported within the Health Board to ensure that appropriate cases are subject to consideration for Qualifying Liability	Ensure that the Once for Wales CMS incidents functionality is implemented as soon as possible.	Apr-22	A	Deputy Director of Nursing		
			Ensure that staff are trained in PTR in respect of incident reporting and investigation and final sign off	Mar-22	A	Assistant Director of Quality, Safety & Safeguarding		
			Establish a panel and audit programme for review of closed incidents and whether they have been managed in line with PTR	Jan-22	A	Assistant Director of Quality, Safety & Safeguarding		
Information leaving the organisation which would not meet the Health Board's corporate standards and the required codes of practice. Threat of IG breach.	Claims/Process	Establish an effective process for the oversight and monitoring of case information leaving the organisation	Targeted Information Governance Training session to include: •How to process requests for information. •Timescales for disclosure of information. •Third Party Data •Exemptions and Redaction •The role of the Caldicott Guardian and when to engage them in disclosure of information •The role of Senior Information Risk Owner (SIRO)	Dec-21	A	Information Governance Manager		
			Formulation of a Desktop Aid for the Disclosure of Records: this will include a checklist of considerations that will need to be considered by the Claims/Concerns Handler prior to releasing or withholding records	Dec-21	A	Information Governance Manager		
Limited training provided to the team and a reliance on the legal & risk services team who provide advice on a case-by-case basis. It is widely recognised that those tasked with operating the Health Board's duties under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 require experience to ensure that they comply with the requirements and achieve the most effective outcome for service users and the Health Board.	PTR / Process	Introduce a learning & development programme to support staff involved in the management of the Putting Things Right process	Develop a training package and support material in respect of the Putting Things Right (<i>Links to Internal Audit action plan</i>)	Apr-22	A	Interim Head of Concerns & Legal Services		
			Review current team structure and establish a Redress Team, to enable focus on efficient management of Redress cases	Nov-21	A	Legal Services Manager		

<p>There have been a number of changes in senior personnel over recent years and the new Health Board organisational structure had created new senior leadership positions. Some senior staff were unclear with the requirements of the Putting Things Right process and that there was a desire for a structured familiarisation.</p>	<p>PTR/Inquests/ training</p>	<p>Provide a learning & development programme to support understanding of PTR and Inquests among Senior Leaders, Executive Officers and Independent Members</p>	<p>Board development session to be undertaken on PTR and Inquests</p>	<p>Mar-22</p>	<p>G</p>	<p>Interim Head of Concerns & Legal Services</p>		
<p>Disruption to the process of coronial investigations during the pandemic and this has led to a backlog of cases. Confusion among corporate and ILG teams regarding responsibilities for providing information to coronial investigations. Systems used to track cases is currently poor and there is a significant risk of delays due to cases not being prioritised. Requests for legal representation were commonly made very late. Clinicians feel unsupported when they are required to give evidence. Statements provided were regularly of limited quality and that this often led to staff being required to give evidence in person when this could have been avoided.</p>	<p>Inquests/ process</p>	<p>Review process for handling of coronial enquiries, provision of evidence and attendance at inquest hearings: -consider, Merthyr LG local model-Each ILG responsible for tracking the progress of requests for information from the Coroner and forthcoming inquests. - Consider adopting the BCUHB Model of Inquest Buddies -Training for "Supporting Professional Statements" -The Legal Services Manager overall responsibility for open inquests. -Review the process for managing Regulation 28 Preventing Future Deaths (PFD) reports</p>	<p>Option appraisal to be developed in conjunction with ILGs in respect of managing inquests</p>	<p>Mar-22</p>	<p>G</p>	<p>Legal Services Manager</p>		
			<p>Link with BCUHB to share best practice in respect of establishing Buddy system</p>	<p>Mar-22</p>	<p>G</p>	<p>Legal Services Manager</p>		
			<p>Review inquest supporting information documentation</p>	<p>Mar-22</p>	<p>G</p>	<p>Legal Services Manager</p>		
			<p>Training needs analysis to be undertaken in respect of key stakeholders for inquest statement training</p>	<p>Mar-22</p>	<p>G</p>	<p>Legal Services Manager</p>		
			<p>Review and develop a process for Regulation 28's Preventing Future Deaths (PFD) reports</p>	<p>Mar-22</p>	<p>G</p>	<p>Interim Head of Concerns & Legal Services</p>		