



AGENDA ITEM

5.2

QUALITY & SAFETY COMMITTEE

**Concerns, Redress, Claims & Inquests –
Actions arising from Internal Audit & Welsh Risk Pool Reviews**

Date of meeting	24/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Stephanie Muir, Assistant Director of Concerns & Claims
Presented by	Stephanie Muir, Assistant Director of Concerns & Claims
Approving Executive Sponsor	Director of Corporate Governance / Board Secretary
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

PSOW	Public Services Ombudsman for Wales
------	-------------------------------------

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 The volume of coronial investigations and requirements for staff to give evidence at inquest hearings has risen sharply since the relaxation of restrictions associated with the pandemic.
- 1.3 With the challenges in respect of the management of redress, claims and inquests, the Health Board commissioned a review by Welsh Risk Pool.
- 1.4 At the same time, in line with the Internal Audit Plan for 2021/22, a review of processes for dealing with concerns was completed.
- 1.5 The Health Board underwent the following reviews in the latter half of 2021 and reports were received in Nov/Dec 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
- 1.6 The Health Board have accepted all recommendations from the Welsh Risk Pool and Internal Audit Reviews and have developed detailed action plans to address the recommendations.
- 1.7 This report gives an update of progress against actions and summarises the risks 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. Of the 28 actions:

16 actions cleared/completed	
11 actions in progress/on track	Most actions due for completion during summer 2022 and will be aligned to the operating model changes
1 action is currently outstanding	Factors contributing to delay in completion;

- 2.3 There are no specific challenges in relation to implementation of actions, however some actions already been taken, and planned actions need to be aligned to any changes to the operating model.
- 2.4 The Internal Audit Review of Complaints management had 28 overarching recommendations with 35 assigned actions to achieve the recommendations

Some progress has been made on actions which are due. However, whilst there are a number of actions which are not yet due, these will not be achieved within timescales as work cannot be undertaken until changes are made to the operating model. Of the 35 actions:

3 actions cleared/completed	All cleared through Audit & Risk Committee
4 actions in progress/on track	Most actions due for completion during summer 2022 and will be aligned to the operating model changes
28 actions are currently outstanding	Factors contributing to delay in completion; <ul style="list-style-type: none"> Staff absence in key complaints role Changes to the operating model that will impact on a review of policies and procedures

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

- 3.1 Some progress has been made, however it is important that momentum on actions is maintained and the completion of further actions are dependent on re-aligning resources resulting from the operating model review to support new processes.
- 3.2 It is important that actions, particularly in relation to systems and processes are aligned with any changes made to the operational model.

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.
	Governance, Leadership and Accountability



Related Health and Care standard(s)	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)
	External Reports
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 will be required to take forward this work that will be realised through the operating model review.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The Quality & Safety Committee is asked to:

- **NOTE** progress made in relation to the improvement programmes for Concerns and for Claims, Redress & Inquests.