

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee (QPSC)</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>25 October 2022</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1.0 Patient Story</b></p> <p>The committee heard a patient video/story from a couple who had accessed neonatal intensive care for their two children. The family were very complimentary of the service they received both from the tertiary and local unit focusing on the importance of communication and bringing care as close to home as soon as possible. The family were thanked for sharing their story and how the issues they raised can feed into the current work being undertaken re cot configuration.</p> <p><b>2.0 Welsh Kidney Network (WKN)</b></p> <p>QPS members were advised of 3 high risks on the WKN risk register. One risk referred to the introduction by Welsh Government of a Quality Statement for kidney disease and the capacity of the WKN as currently configured to ensure delivery of all components of the Statement. They noted that further clarity is being sought from Welsh Government regarding the role of the WKN in this regard. Two further high risk relate to vascular access capacity at BCUHB and dialysis capacity at Ysbyty Glan Clwyd. Members were informed of actions being undertaken to mitigate these risks. A Peer Review on vascular access has recently been undertaken at BCUHB. The report and subsequent action plan is in the process of being completed. The actions are intended to address the vascular access capacity issue. With regard to dialysis capacity, members noted that this facility is independent sector provided and discussion are ongoing with the provider and the HB regarding options to increase capacity. Members noted that patients access to dialysis is not being compromised whilst these discussions conclude.</p> <p>Members were also informed that a governance review of the WKN had recently been completed, an action plan was being developed and this would be brought to the Joint Committee in January 2023. They were also appraised of the recent Annual Audit Day held by the Network which was well attended and an informative learning event.</p>	

### **3.0 Commissioning Team and Network 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 & Blood**

The risk register for the commissioning team was presented to the committee. There was one new risk relating to the management of outreach clinics delivered by St Helen's & Knowsley NHS Trust on two sites in Betsi Cadwalader University Health Board. Assurance and progress were provided against the two services that are in escalation and further information is provided in the summary of services in the escalation table, which is attached.

- **Cardiac**

The risk to bariatric services remain unchanged; however conversations with an alternative provider remain ongoing. WHSSC is still awaiting the Royal College of Surgeons' report for Swansea Bay University Health Board. The committee requested that this was escalated if not received shortly.

- **Neurosciences**

A neurosciences update was received by the committee. Members noted that the risk that patients were being prevented access to the Thrombectomy services in North Bristol, due to the current 3D biotronics-imaging platform not meeting the current Welsh Government cyber security credentials was now resolved and had subsequently been closed by the Commissioning team in October 2022. The risk relating to neurosurgery in South Wales had also been lowered, due to an improvement in both theatre and bed capacity and will be monitored over the coming months. The committee was informed that the Community Health Council (CHC) had undertaken a positive visit to the spinal unit in Llandough Hospital and the report would be published shortly. The quality team would follow this up with CVUHB.

- **Women & Children**

The committee was updated re the risks and, in particular, the risk regarding Paediatric surgery and noted the ongoing work being undertaken. Information had been requested from the Health Board and options regarding outsourcing were continuing to be explored and a detailed recovery paper was due to go to Joint Committee on the 8<sup>th</sup> November 2022.

It was noted that there is now a Commissioning Assurance Group meeting for each specialised paediatric service at CHfW. There is a rolling monthly schedule, to capture every service. Within the Quality agenda, work is currently being undertaken to address how assurance is reported with the aim of creating a dashboard to gain assurance for each specialised service.

The committee received a progress update on Paediatric neurology and pathology, noting an improved position and the work that was ongoing to secure a longer term sustainable position.

- **Mental Health & Vulnerable Groups**

The committee received a report on any Quality and Patient Safety issues for services relating to the Mental Health & Vulnerable Groups Commissioning Team portfolio. This included a summary of the services in escalation which contained a progress update on the work being undertaken in Tŷ Lliidiard.

Members were provided with an update regarding service on Eating Disorders. Following the end of the contract with Cotswold House on 31st August 2022, arrangements have been made to secure beds with the Priory Group for Welsh patients. These arrangements are in place until January 2023, in the first instance, with options to extend this arrangement. In the interim, options are being scoped and considered to inform an options appraisal exercise for long term sustainable options for eating disorder services, through the Specialised Services Strategy for Mental Health, and a medium term solution to stabilise services for the next 3-5 years.

In July 2022, in response to the recommendations of the Cass Review Interim Report, NHS England took the decision to de-commission the Tavistock and Portman NHS Foundation Trust and introduce two early adopter providers from Spring 2023. The committee was assured that WHSSC are involved in the NHS England programme work and noted that the interim service specification has been released for a 45-day consultation. An update paper on GIDS has been submitted to Corporate Directors Group Board and Management Group for information.

The committee was pleased to note that NHS England has provisionally allocated £5m capital funding to the North West Mother Baby Unit scheme at Chester. It is expected that the provider, Cheshire & Wirral Partnership Trust, will develop a full business case for submission to NHS England in next 3 months.

The Committee noted the work that the Commissioning Team was undertaking and felt it would be helpful to receive a deep dive and invite the newly appointed Director of Mental Health to present the work at the next meeting. The Secure Services review was also outstanding and would therefore be an opportune time to fully understand how the strands will fit in the Mental Health Strategy going forward.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

A detailed report was received by the committee. Reassurance was received regarding the substantial work that had been undertaken and it was pleasing to note that the risk had reduced since the last report. A query was raised regarding the invoicing position, which would be addressed outside of the meeting and reported in the next report if there were ongoing concerns or had an impact on quality and patient safety issues.

#### **4.0 Other Reports Received**

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. The status of each service in escalation remains unchanged. However, the Cardiac services are making good progress and it is hoped that WHSSC will be in a position to de-escalate these over the next few months. The North Wales Adolescent Unit is also waiting for the NCCU review and should also be in a position to be de-escalated. The template for reporting would alter from next year in line with the work presented at the Development Day.

- **CRAF Risk Assurance Framework**

Members were provided with an updated position regarding the WHSSC CRAF and noted the proposed engagement work to support the IPFR risk. Members noted the risk workshop that had taken place on September 20<sup>th</sup> and the SWOT analysis undertaken on each risk to support the process of review and updating.

- **Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**

The committee received the report and agreed that any inspections undertaken by the CHC would be included in the future.

- **Incident and Concerns report**

An update report was noted and received by the committee for assurance. There have been 10 new incidents reported to WHSSC over the period July 2022 to end September 2022.

- **Development Day summary report**

A second Development Day was held on the 16<sup>th</sup> September 2022. Committee members received a summary from each of the sessions and a copy of the presentations. Six out of the seven Health Boards were represented and positive comments were received regarding the content of the day. An evaluation of the day had been circulated and will be used to consider the content for forthcoming days and any improvements that could be made.

- **WHSSC Quality Unit Final Internal Audit Report**

A copy of the Final Internal Audit report, undertaken in June 2022, was received by the Committee. Substantial assurance was received with one matter requiring management attention:

- There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair's report to their own quality committee meetings for scrutiny and assurance.

The agreed management plan has been accepted and a discussion was initiated at the Development Day. It was agreed that the report would to be considered by the All Wales Health Board Chairs QPS Committee and future auditing of compliance would be monitored through that group. Assurance was received that Health Boards do already have reporting systems in place to address the issue. A copy of the report is attached.

- **Quality Newsletter**

A copy of the second Quality Newsletter was received by the committee and is an Appendix to this report

### **5.0 Items for information:**

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 6 September 2022,
- Welsh Risk Pool and Legal & Risk Services Annual Review
- QPSC Distribution List; and
- QPSC Forward Work Plan.

### **Key risks and issues/matters of concern and any mitigating actions**

Key risks are highlighted in the narrative above.


### **Summary of services in Escalation (Appendix 1 attached)**


### **WHSSC Quality Unit Final Internal Audit Report (Appendix 2 attached)**

### **Quality Newsletter (Appendix 3 attached)**

<b>Matters requiring Committee level consideration and/or approval</b> The committee requested that the findings of the Quality Internal Audit Report were noted and considered by the Health Boards.	
<b>Matters referred to other Committees</b> As above	
Confirmed minutes for the meeting are available upon request	
<b>Date of next scheduled meeting:</b>	23 January 2023 at 13.00hrs


SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> <li>Medical workforce and shortages operational capacity</li> <li>Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions</li> </ul>	<ul style="list-style-type: none"> <li>QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy.</li> <li>Bed panel data submitted electronically</li> <li>NCCU undertook Annual Review on 29<sup>th</sup> June 2022 report yet to be published.</li> <li>Escalation status will be considered thereafter.</li> </ul>	


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
March 2018  Sept 2020  Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> <li>SUI 11 September</li> </ul>	<ul style="list-style-type: none"> <li>Escalation meetings held monthly, Exec Lead identified from Health Board. Last escalation meeting 11<sup>th</sup> October</li> <li>Improvement Board established to oversee delivery of an integrated improvement plan</li> <li>Emergency SOP has been fully implemented</li> <li>Majority of posts recruited to or start dates agreed.</li> <li>Candidate withdrew from Physician Associate post and further advertisement to be progressed.</li> <li>Psychologist/Family Therapist post interviews scheduled for w/c 17th October</li> <li>JD under development for Psychology Assistant post with recruitment to progress following the appointment of the Family Therapist</li> <li>Improved leadership evident via escalation meetings</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>Last escalation meeting was held on 01/09/22</li> <li>Next meeting is on 09/11/22</li> <li>Consultant Psychiatrist Interviews are on 1<sup>st</sup> November and will be followed by Clinical Lead appointment</li> <li>Recommendation will be made to CDGB on November 7th that service is de-escalated to level 2 if all outstanding issues are addressed at next escalation meeting</li> </ul>	↔
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 18.10.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review</li> </ul>	<ul style="list-style-type: none"> <li>Continued six weekly meetings in place to receive and monitor against the improvement plan.</li> <li>The service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per</li> </ul>	↔

					<p>March update), but has remained in level 3 whilst the impact of these actions is ascertained.</p> <ul style="list-style-type: none"> <li>• The escalation level was discussed again in October 2022 and significant progress towards the GIRFT benchmarks was noted.</li> <li>• WHSSC is waiting for the final report of the recent Royal College of Surgeons of England (RCS England) Invited Service Review to be submitted, with the Health Board's response, after which the potential for further de-escalation and revised monitoring arrangements will be considered in line with the Escalation Framework.</li> </ul>	
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<p>July 2021 (original escalation)</p> <p>April 2022 (escalated from 2-3)</p>	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> <li>Lack of assurance regarding processes and patient flow which impact on patient experience</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report.</li> <li>In view of a failure to provide the requested GIRFT improvement plan and HEIW report, the service was re-escalated in April 2022.</li> <li>The service has now provided both GIRFT improvement plan and HEIW report (and action plan), and WHSSC has developed de-escalation criteria based on the GIRFT recommendations and action plans.</li> <li>The de-escalation criteria will be discussed at the next escalation meeting.</li> <li>Level 3 meetings were held in June and July, and a meeting was scheduled for September, but this was postponed due to staff availability.</li> <li>In view of the following meeting being scheduled for November, an updated action plan was requested</li> </ul>	
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					(due for submission 11 October 2022)	
Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 19.10.2022	Movement from last month
November 2021	Adult burns	SBUHB	3	At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2002. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model	<ul style="list-style-type: none"> <li>Escalation monitoring meetings held on 12<sup>th</sup> August and 27<sup>th</sup> September 2022.</li> <li>The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.</li> <li>The next escalation monitoring meeting is arranged for 1<sup>st</sup> December 2022.</li> </ul>	↔

February 2022	PETIC	Cardiff University	3	<ul style="list-style-type: none"> <li>Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</li> <li>Recent suspension of population of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients.</li> <li>Failure to undertake a timely recruitment exercise leading to isotope production failures.</li> <li>Failure to produce a business case of sufficient quality in a timely manner for replacement of the scanner.</li> </ul>	<ul style="list-style-type: none"> <li>PETIC is taking forward the agreed actions with regard to increasing management capacity within the service and clarifying the governance arrangements for the service.</li> <li>The next escalation monitoring meeting is arranged for 5<sup>th</sup> December.</li> </ul>	
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

# Welsh Health Specialised Services Commissioning NEWSLETTER

2<sup>nd</sup> Edition, Autumn 2022



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee



## South Wales Neonatal Units



This is the 2<sup>nd</sup> edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available  
in Welsh on request.  
Mae'r Cylchlythyr hwn ar  
gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from Welsh Health Specialised Services Committee (WHSSC) are provided both in Wales and in England this will only provide a snapshot of our work.



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee

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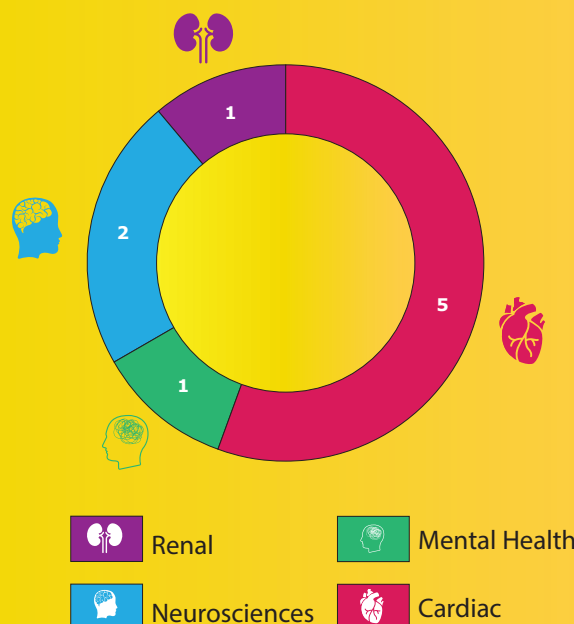
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# Reporting for the Last Quarter

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have action plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.

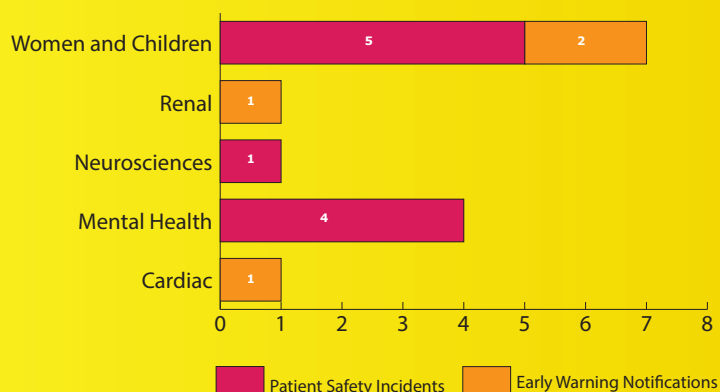
## Patient Safety Incidents

Between March to July 2022, there were **9** Patient Safety Incidents closed:



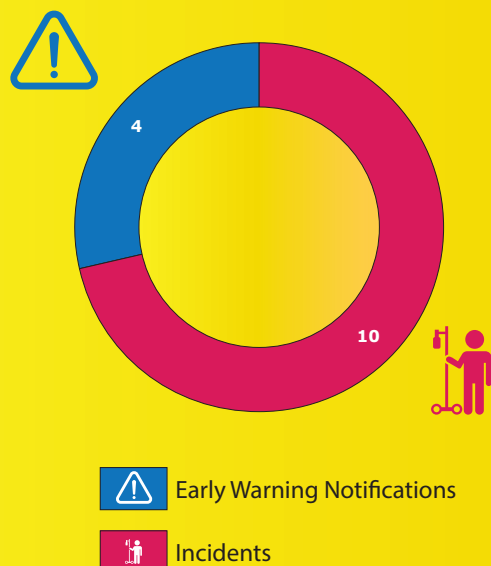
Concerns raised with WHSSC may involve a direct response from the organisation or involve a joint response with the commissioning Health Board or WHSSC may need to ask the Health Board to respond directly.

## Type by Commissioning Team



## Patient Safety Incidents and Early Warning Notifications

Between March to July 2022, there were **10** Patient Safety Incidents and **4** Early Warning Notifications logged:



Concerns



Incidents



Putting Things Right



Complaints



## Update from the Patient Care Team IPFR (Individual Patient Funding Request)

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

### An overview of IPFRs processed in Quarter 1 2022-23:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPFR Panel
<b>April 2022</b>	16	-
<b>May 2022</b>	7	14
<b>June 2022</b>	2	10

## Welsh Gender Service

The Welsh Gender Service published their first ever Newsletter in Spring 2022 and a Summer edition is to follow. For now though, please see the Spring edition here:



[Welsh Gender Service: Spring Edition Newsletter April 2022](#)



## April and June 2022 Patient Safety Updates



[Patient Safety Update: 5 April 2022](#)

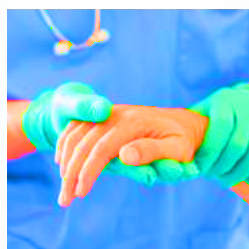


[Patient Safety Update: 28 June 2022](#)

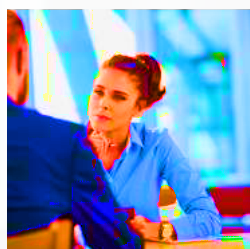


# Quality and Patient Safety Development Day

WHSSC will be holding a Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent member from across Welsh Health Boards will be in attendance. The day will feature data systems presentations from NHS England, the data team in WHSSC and presentations from the Delivery Unit team and NWSPP. A recap and feedback from the day will be provided in the next newsletter!



Patient Safety  
Incidents



Listening



Never Events



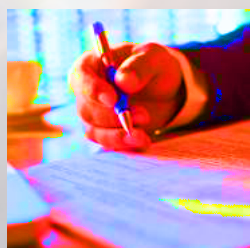
Reassurance



Reporting



Learning



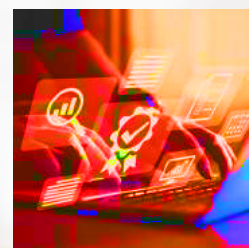
Compliance



Quality



Culture



Assurance



Feedback



Experience



Improving



Developing



Innovation



# Ty Llidiard Co-production Event

Ty Llidiard have recently hosted a co-production event that involved young people, their carers and the staff based at Ty Llidiard. The event focused on the four C's: Compassionate, Calm, Confident and Caring.



Through consultation with Staff and the Young People who use Ty Llidiard, Scarlett Design came up with 4 potential design proposals with examples of how we would like to use them to create an internal and external philosophy and identity.



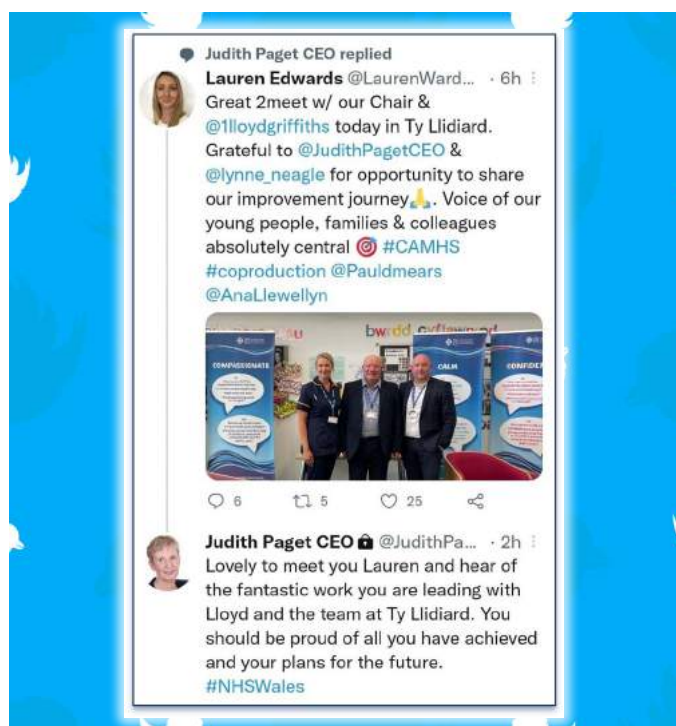
The day was split into 3 sessions:-

- ✓ Former service users and their families along with external stakeholders.
- ✓ The young people who were admitted at the time.
- ✓ The Ty Llidiard staff.

Over 70 people attended on the day with another 50 giving feedback electronically and by using the feedback forms and box that was left in the Ty Llidiard foyer for 6 weeks after.

The main themes to come from the young people were reducing boredom through engagement and activities and from the staff it was around communication and support.

Over 100 people voted on the visual identity / logo with nearly 70% voting on this design. The next steps are to use the agreed logo on uniforms, signage and on the exterior of Ty Llidiard. Positive feedback was received from the Director General of Health & Social Services/Chief Executive NHS Wales.





## North Wales Adolescent Unit

There are positive developments for Children & Young People (CYP) who are being treated for Eating Disorders (ED) within the service. Over time, there has been a recognition that, the needs of young people admitted to Kestrel ward with an eating disorder have changed. Historically, Kestrel ward had a high proportion of admissions associated with Anorexia Nervosa (AN).

Across North Wales, there has been an increase in young people presenting with complex presentations around eating who require intervention. This is in line with the referrals and presentations seen within the inpatient context.

Kestrel ward have historically followed a weight restoration model for eating disorders, there has been no formal review of the ED pathway completed within the last decade. The recognised change in presentation of CYP has driven the change of pathway from one of weight restoration to a

pathway with a stronger focus on Young People engagement. The inpatient ward is committed to developing an Autism friendly environment working alongside the National Autistic Society (NAS). The journey to accreditation with NAS has begun with the first meeting taking place in August 2022. Following a review of the environment, the NAS advisor was able to make suggestions as to what could be developed to ensure that the service could improve meeting the needs of CYP with a diagnoses of Autism Spectrum Disorder. The development of the environment is clinically led by the nursing team and operationally partnered by the broader MDT.

The service has welcomed a new role this year, the Patient Liaison Officer role was developed following a trend in concerns noted by CYP & families that recognised how communication between the service and families was not as effective as it could be.

The liaison officer has taken an active role in enhancing parts of the admission pathway including the information that is distributed to CYP & families pre admission, this includes the development of an North Wales Adolescent Service (NWAS) [specific website](#).

There is a strong emphasis on what the role is and how this can support the CYP & family journey. In addition, the liaison officer is also closely linked to the regional Betsi Cadwaladr University Health Board (BCUHB) Child and Adolescent Mental Health Services (CAMHS) patient experience leads who have developed an action plan for improved patient experience in practice.

The liaison officer supported the children's charter events held by the CAMHS BCUHB patient experience leads, building on the existing principles of CYP engagement and enhancing the focus of patient centred care.

The development of the Advanced Nurse Practitioner (ANP) pathway is now complete, the service currently has 4 ANP trainees with a 5th joining in December, all of which are in the final phase of their academic studies, during their training phase the trainees are undertaking advanced level nursing tasks under supervision to ensure that they are able to meet all 4 pillars of their advanced level training.

## Ty Llewellyn Medium Secure Unit

A meeting with the quality team in WHSSC took place with Ty Llewellyn Medium Secure Men's Adult Mental Health Unit in July 2022. An update was provided on the progression of the environmental, workforce and quality developments which have been underway to support a more therapeutic environment and clear recognition of physical health monitoring in mental health patients.

These have included the development of a more robust handover, physical health check monitoring, NEWS training and access to medical cover 24 hours 7 days a week and a policy to support individual therapeutic monitoring.

Staff sessions on physical health checks have included further training around sepsis management and the recognition and monitoring of side effects which may occur following the long term use of medications.

A culture of openness and transparency is continuously being encouraged and supported.

Outcome measure training is being facilitated for some of the staff and there are some further developments within the unit to capture patient experience, which will be shared once completed.



# Moondance Awards

The Moondance Cancer Awards 2022 held on June 16<sup>th</sup> to celebrate 'brilliant people across NHS Wales and its partners who maintained, and innovated, cancer services despite the extraordinary circumstances of the last two years'.

Among the lucky shortlist of delegates eagerly awaiting the results were colleagues from the All Wales Positron Emission Tomography (PET) Advisory Group who submitted an application to the 'Achievement: Working Together' category and All Wales Genomics Oncology Group (AWGOG), All Wales Medical Genomics Services (AWMGS) and Velindre Cancer Centre (VCC) who submitted a co-application to the 'Innovation in Treatment' category.

Presiding over judging of the innovation category were an esteemed panel of judges including UK Medical Director of the Telemedicine Clinic, Cancer Clinical Director for Wales Prof Tom Crosby, CEO of Tenovus Judi Rhys MBE and Prof Neil Mortensen, President of the Royal College of Surgeons.

The judges were reportedly *"delighted and humbled by the number and quality of submissions received"*.



**WHSCC staff enjoying the Moondance Awards, from left to right:** Professor Iolo Doull, Dr Andrew Champion and Sarah McAllister. Dr Champion and Sarah McAllister were part of the shortlisted All Wales PET Advisory Group!

Upon declaring the winning result to the AWMGS/AWGOG/VCC application, the judges noted the formidable achievements of each of the following three initiatives commissioned via WHSCC:

1. The DPYD gene testing pilot in collaboration with VCC saw Wales become the first UK nation to routinely offer DPYD pharmacogenetic screening for cancer patients in receipt of certain types of chemotherapy
2. The All Wales Genetics Oncology Group (AWGOG) since its formation has published timely clinical guidance on NTRK gene and FGFR2 gene fusion diagnostic testing for cancer treatment following NICE recommendations
3. Cymru Service for Genomic Oncology Diagnosis (CYSGODI) launched in 2021 offer high-quality oncology precision medicine services using next generation sequencing technology to screen for targeted genes in a tumour and haematological malignancy.

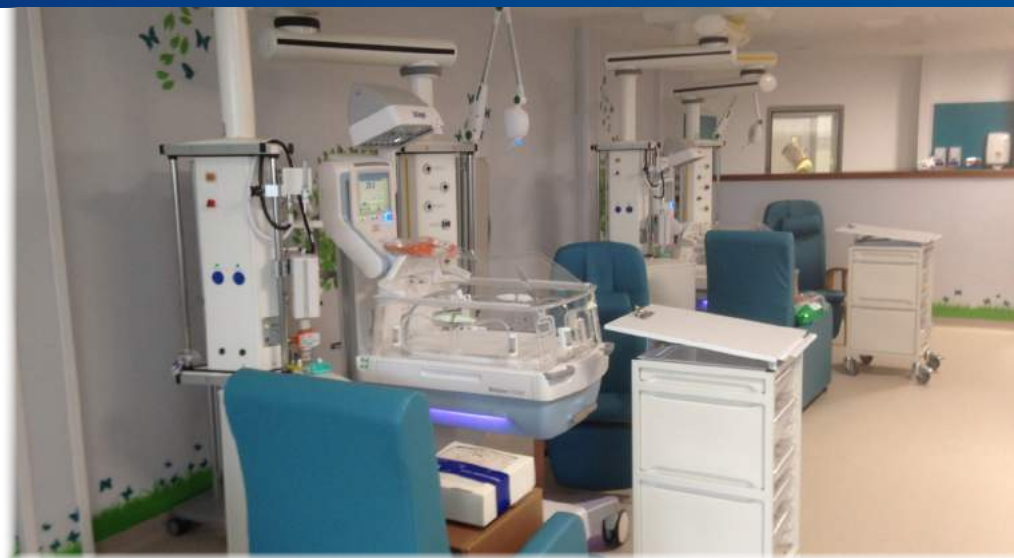
A huge congratulations to The All Wales Genomics Oncology Group for winning the Innovation in Treatment Award and also to The All Wales PET Advisory Group for being shortlisted in the Working Together category!

# South Wales Neonatal Units

**T**he WHSSC Quality team are undertaking scheduled neonatal visits within South Wales. The face to face meetings are intended to strengthen relationships and to develop an understanding of the role of the quality team within commissioning. WHSSC are responsible for commissioning the ITU and HDU cots in South Wales.

This is alongside supporting the importance of reporting and data collection in light of publications such as the Independent Maternity Services Oversight Panel (IMSOP) and Ockenden report and an awareness that the services have had a great deal of activity and had a number of workforce pressures. During the visits, the units have been encouraged to share evidence of Quality Improvement, good practice alongside areas of concern including workforce plans and recruitment.

Discussions have also included capturing patient experience and signposting to the Health Board team to support facilitation of this.



During the visits there was evidence of inspiring innovations to benefit patients, families and the staff and we have asked that this be continuously shared with WHSSC.

Alongside some workforce initiatives to utilise some of the current vacancies more successfully into advanced practice role development and Band 4 role development. To date the team have visited Hywel Dda University Health Board (H DUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB).



## H DUHB

H DUHB provided the WHSSC Quality team with the opportunity to visit the new unit and to meet with the neonatal team. It was evident moving into a better environment and managing the care of neonates within the new facility had a positive impact on the team.

## CTMUHB

Very positive visit to the team in CTMUHB, it provided the opportunity to understand how the team have worked to address the issues identified by Independent Maternity Safety and Oversight Panel. There was evidence of practice development and support for the clinical team alongside the rotation of staff into different clinical areas and support to work with the regional Centres.

## SBUHB

The Team have recently had nurses join them from overseas and are in the process of supporting their development with specific clinical programs. These have included the development of Objective Structured Clinical Examinations to enable a smooth transition into the workforce and to meet the NMC requirements. During the visit alongside meeting the Neonatal Intensive Care Unit (NICU) team the Quality team met with the midwifery team who demonstrated the work which had been undertaken with a Neonatologist and maternity to enable the Transitional care model to be better utilised to support a model of more rapid step down from Special Care Baby Unit (SCBU).

## CVUHB

The NICU visit provided the Quality team with an opportunity to understand how the Operational Team are continuously addressing the daily priorities of managing the ever changing clinical picture. This was demonstrated through their facilitation of a twice daily huddle and their reporting to the Clinical Board. The clinical team welcomed an opportunity to share their concerns regarding workforce, repatriation and training issues.

These included the difficulties of sometimes having families who had become dependent on the regional Centres and their concerns about being repatriated back to their local health boards, due to a perceived lack of understanding on how their particular specialist needs would be met. This concern was highlighted from both a family perspective and the clinical teams perspective. The clinical team raised concern around local skill and knowledge in relation to managing some of the more complex surgical cases.

There had been recent recruitment event with some success at external recruitment. A number of nursing vacancies exist within the team and there is a plan to support student streamlining with over recruitment into some of these vacancies.



## Maternity and Neonatal Safety Summit

Sue Tranka, Chief Nursing Officer for Wales has launched the Maternity and Neonatal Safety Support Programme to improve safety, experience and outcomes for mothers and babies in Wales. Maternity and neonatal champions will be appointed to every health board in Wales to improve the quality of services and to support the Maternity Five Year Vision.

The Programme aims to create national standards to ensure that all pregnant individuals, babies and their families will experience safe, high quality health care along with influencing their decisions regarding the care they receive.

The Maternity and Neonatal Safety Summit was held in August 2022 and was well attended both in person and remotely. There was engagement from the participants, who were encouraged to submit online questions to the presenting panel. This identified collaborative themes amongst the audience and facilitated an opportunity to network in person.

## Welsh Pharmacy Awards 2022



The Blueteq High Cost Drugs (HCD) software programme was procured for NHS Wales by the WHSSC and the Welsh Government via the Advanced Therapies Wales Board, to support the implementation of Advanced Therapy Medicinal Products (ATMPs) and other HCDs commissioned by WHSSC. A Blueteq Project Working Group piloted the system in May 2021. In January 2022, the system went live for all WHSSC commissioned HCDs.

This new system allows NHS Wales to audit the initiation of complex HCDs in line with evidence based health technology appraisal recommendations, to support clinical data collection and evaluation and to strengthen financial governance.

A Blueteq form is created for all WHSSC commissioned National Institute for Health and Care Excellence (NICE) Technology Appraisals, Highly Specialised Technologies and All Wales Medicines Strategy Group approved medicines by the WHSSC Medical team in collaboration with Welsh clinical experts.

The implementation of Blueteq ensures equitable and timely access to specialised HCDs for eligible patients across Wales. The Blueteq project has been shortlisted as a finalist in the Welsh Pharmacy Awards 2022, which is a fantastic achievement.

**Well done team!**



# FINALIST

THE VALE RESORT,  
GLAMORGAN  
WEDNESDAY 7TH  
SEPTEMBER 2022

DRINKS RECEPTION  
6.30PM

AWARDS BEGIN  
7.30PM

# Quick Round up of Commissioning Teams



## Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.



## Women and Children's

Paediatric Strategy is gaining momentum and out for consultation.



## Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



## Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Day to be organised. ENETS won a Patient Experience award and will be hosting a celebration event on 13<sup>th</sup> October.



## Cardiac

Cystic Fibrosis Service Improvement and Innovation Day scheduled for 11th November 2022.



## Intestinal Failure

Ongoing work being undertaken with the recently formed Intestinal Failure commissioning team and as a result of the Intestinal Failure review and Service Improvement and Innovation Day.

## Recognition of significant events, thank you's and useful links

Adele Roberts, Head of Quality at WHSSC, receives a special parcel from a patient who was supported through the NHS England Gender pathway:



### Lieutenant Colonel

On behalf of the whole military in Wales I am very grateful for the enhance patient care the systems providers and for the friendly, flexible and efficient way it is administered by you and Catherine. Patients enjoy fantastic care from the providers in Wales. The options for select-ed individuals to be seen quickly in order to make them fit for duty and progress their care is transformational.....This support to the military in Wales is envied by my colleagues in other parts of the UK



### Ministry of Defence (MOD)

A thank you from a Lieutenant Colonel with the MOD was received into WHSSC by the Director of Finance Stuart Davies and Catherine Dew IPFR manager.

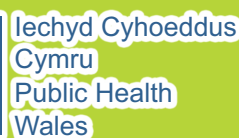
### Useful Links

- [Welsh Health Specialised Services Committee](#)

## Public Health Wales - 30 month implementation evaluation for NIPT (Non-invasive Prenatal Testing) evaluation

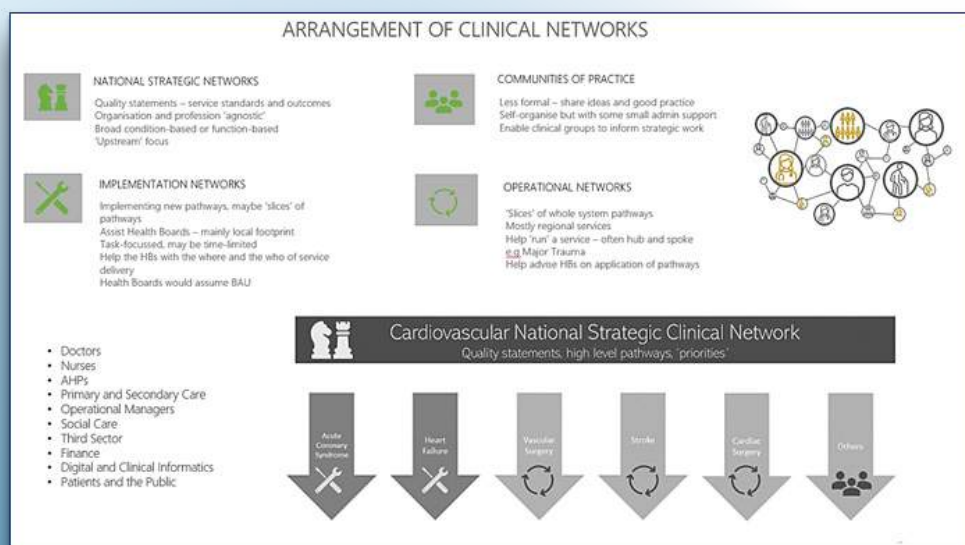
WHSSC commission NIPT and were informed by Public Health Wales of the evaluation findings from the first 30 months following the implementation of this as a contingent test as part of the antenatal Screening programme in Wales were formally published in the May edition of Prenatal Diagnosis, a peer reviewed journal.

**Implementation of non-invasive prenatal testing within a national UK antenatal screening programme: Impact on women's choices - Bowden - 2022 - Prenatal Diagnosis - Wiley Online Library**



# Clinical Network Programme

As part of the strategy work WHSSC has been working closely with the Clinical Network Programme and whilst the names and arrangements of networks in the diagram below are still under discussion we felt it would be helpful to share as part of the stakeholder engagement that has been undertaken over the past year. The Clinical Networks Programme is part of the National Clinical Framework implementation within the NHS Executive.



## NETS

South Wales Neuroendocrine Cancer Service has received a Centre of Excellence Accreditation with ENETS (European Neuroendocrine Tumour Society) – a massive congratulations to Dr Mohid Khan:

**ENETSCoE**  
ASSURING QUALITY SINCE 2009



DR Mohid Khan, Cardiff and Vale University Health Board

*A well-done from Dr Sian Lewis, Managing Director for WHSSC the neurosciences commissioning team received substantial assurance form the Audit and Assurance team and to the pharmacy team Eleri Schiavone, Dr Andy Champion and Professor Iolo Doull on reaching the pharmacy finalist awards.*

*"Well done team we are proud of you!"*



**ENETS Audit Checklist/ Report Cardiff**



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CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee

# Welsh Health Services Specialised Commissioning **NEWSLETTER**



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Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee

***whssc.nhs.wales***

**Autumn 2022**

For queries or detail on any aspect within this Newsletter, contact Adele Roberts, Head of Patient Safety and Quality or Leanne Amos, Quality Administration Support Officer.

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# Quality Assurance Reporting Final Internal Audit Report


October 2022

Welsh Health Specialised Services Committee

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Final report issued:	6 October 2022
Auditors:	Lucy Jugessur, Internal Audit Manager Emma Samways, Deputy Head of Internal Audit
Executive sign-off:	Carole Bell, Director Nursing Quality
Committee:	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

## Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

## Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Health Specialised Services Committee Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## Executive Summary

**Purpose**

To evaluate and determine the adequacy of the systems and controls in place within WHSSC in relation to quality assurance reporting.

**Overview**


We have issued substantial assurance on this area.

There was one matter requiring management attention:

- There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair’s report to their own quality committee meetings for scrutiny and assurance.

### Report Opinion

Substantial



Few matters require attention and are compliance or advisory in nature.

**Low impact** on residual risk exposure

### Assurance summary<sup>1</sup>

Objectives		Assurance
1	Roles and responsibilities of the Quality and Commissioning teams	Substantial
2	Processes and mechanisms to allow the Quality and Commissioning teams to co-ordinate the quality monitoring	Substantial
3	Effective quality assurance reporting arrangements in place	Reasonable

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Monitoring of WHSSC quality matters in Health Board committee meetings	3	Operation	Medium

## 1. Introduction

- 1.1 Our review of quality assurance reporting within the Welsh Health Specialised Services Committee (WHSSC) was completed in line with the 2022/23 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 WHSSC is responsible for the joint planning of specialised services on behalf of the Local Health Boards in Wales. Their strategic aim is to ensure that there is equitable access to safe, effective and sustainable specialised services, as close to patients' home as possible, within available resources. The quality of care and experience that patients and their families receive is central to the commissioning of specialised services. The specialised services commissioned by WHSSC are managed through five programme commissioning teams and include areas such as mental health, cancer & blood and neurosciences.
- 1.3 In 2014 a WHSSC Quality Framework was developed to provide an infrastructure around quality assurance. The framework has since been revised and renamed the Commissioning Assurance Framework (CAF) to encompass components necessary to provide assurance. A quality team was set up in 2019 to strengthen the focus of quality monitoring, improvement and reporting. The quality team have a pivotal role in the co-ordination of quality monitoring, interventions and reporting across the commissioned services. In turn, relevant quality information is required by health boards from WHSSC so they can meet their responsibilities to deliver high quality, safe healthcare services for all their citizens.
- 1.4 The risks considered in this review were:
  - Serious concerns and performance related issues are not identified meaning remedial action cannot be taken.
  - WHSSC is unable to provide assurance to health boards on the quality of care it commissions on their behalf.
- 1.5 We focussed on the role performed by the Quality function, and not the CAF as a whole.

## 2. Detailed Audit Findings

**Objective 1: The role and responsibilities of the Quality team and the Commissioning service teams in relation to quality monitoring and reporting have been captured.**

- 2.1 The CAF identifies that the Quality team was appointed in 2019 to "strengthen the focus on quality monitoring and improvement". It further details their role in the co-ordination of quality monitoring and interventions within commissioned services.
- 2.2 The Quality team comprises of a small number of staff, with each providing support to a number of commissioning teams. Their role is integral in the Commissioning teams and they provide quality information from internal and external reports and visits to the service providers, on matters such as infection control, serious untoward incidents (SUIs) and patient experience. Our testing has not identified

any concerns with the current set up of the team, though should the remit of their work expand in the future, the current resource and set up of having a shared quality lead overseeing a few commissioning teams may need to be reviewed.

- 2.3 The Quality team do not carry out the investigations into complaints and SUIs, this is undertaken by the service provider. However, the team link in with the provider and ensure that investigations are carried out in a timely manner, that responses address the issues of concern, and that lessons learnt are shared and themes are considered. They will also advise the Health Board who are commissioning the service of any complaints or SUIs.
- 2.4 The Quality team have been involved in re-introducing Service Improvement & Innovation Days (previously called Audit and outcome days). The days are to "support and strengthen the reporting of patient outcomes and experience, sharing of best practice and benchmarking across commissioned services". At the time of our audit, four improvement days had been hosted for Intestinal Failure, Sarcoma, Gender and Traumatic Stress Wales (TSW) Services, and there were key learnings and actions taken from the events.
- 2.5 The Quality team have recently produced a quarterly Quality Newsletter. The newsletter is to highlight some of the work that the team are involved with from a commissioning perspective and includes an update on the Service Innovation & Improvement Days, data about the number of incidents and complaints and short updates in relation to each of the Commissioning Teams.

#### Conclusion:

- 2.6 The roles and responsibilities of the Quality team members within the Commissioning teams is clearly set out. The Quality team have embedded quality monitoring and quality reporting within the commissioning services. The team have progressed since they were established, ensuring that quality and quality monitoring is a key priority in all commissioning teams. We have provided a Substantial assurance rating for this objective.

#### **Objective 2: Processes and mechanisms are in place that allow the Quality and Commissioning teams to co-ordinate the quality monitoring and interventions within commissioning teams to enable reporting.**

- 2.7 There are service specifications and Service Level Agreements (SLAs) in place for each of the services commissioned and these are monitored through SLA meetings with the provider. Prior to the meeting, the quality team review any available data on the services of the provider. During the meetings updates are provided on the services being commissioned and issues are discussed including actions to resolve the issue.
- 2.8 The WHSCC Quality team also meet with the health boards to discuss the services that WHSSC have commissioned on their behalf. These meetings allow the health boards to feedback concerns they may have, and for WHSSC to update the health boards about the commissioned services.
- 2.9 Where quality issues are identified with a service provided, an escalation process is in place that allows for enhanced monitoring to ensure issues are resolved as

soon as possible. The Corporate Directors Group Board are responsible for placing services in escalation. The escalation steps are aligned to a tiered approach:

- Level 1 – Enhanced monitoring. This is for any quality or performance concerns that have been identified and will be reviewed by the Commissioning Team.
- Level 2 – Escalated Intervention – For services where Level 1 Enhanced Monitoring identifies the need to further investigation/ intervention.
- Level 3 – Escalated Measures – Evidence that the action plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified.
- Level 4 – Decommissioning / Outsourcing – Services that have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage.

2.10 WHSSC are in the process of enhancing the process by developing an 'Escalation on a page' document. We understand that this will provide greater detail on the escalation status, highlighting a trajectory showing movements within the escalation level, to allow for more granular monitoring.

2.11 We reviewed the quality monitoring arrangements for Adult Gender Services and Cardiac Services, to ensure that there were appropriate processes in place and in line with the CAF. Both services had specifications in place, albeit one was in draft, which detailed the quality indicators and key performance indicators for the provider. There was evidence of meetings with the provider to discuss the services. Both commissioning teams for these services reported into the WHSSC Quality Patient Safety Committee (QPSC) and detailed reviews undertaken by other external functions and services that were in escalation. They also reported actions that had been taken since the previous review and the current position.

#### Conclusion:

2.12 There are appropriate processes and mechanisms in place that allow the Quality and Commissioning teams to review the providers and services in place. Where there have been issues with a service, an escalation process was in place. We have provided a Substantial assurance rating for this objective.

#### **Objective 3: Effective quality assurance reporting arrangements are in place.**

2.13 The CAF details the required quality reporting mechanisms. We confirmed that the QPSC receive consistent update reports from the Commissioning teams including information on services in escalation and any actions taken, quality visits and meetings undertaken, details of serious incidents, safeguarding concerns, complaints and compliments.

2.14 Following each QPSC meeting, a Chair's report is produced. We reviewed the minutes and papers of the WHSS Joint Committee and confirmed the Chair's report of the QPSC was presented at each Joint Committee meeting. A 'Services in Escalation' report was also provided detailing the current position of these services.

- 2.15 The QPSC Chair's report is also issued to health boards for inclusion on the agenda of their respective quality committees. Our review of a sample of Health Board quality committee meetings identified that for some of the health boards' Chair's report was not always presented to the committee. **(Matter Arising 1)** We acknowledge the Independent Members and officers from health boards sit on the WHSS committees and are therefore made aware of quality matters. However, the regular inclusion of the Chair's report in health board committee papers ensures that the information contained in the reports is available for review and scrutiny by a wider audience, including the public.
- 2.16 Our review of the minutes and papers from the QPSC identified a number of other quality update reports including:
- Reports that had been undertaken by Health Inspectorate Wales (HIW) and Care Quality Commission (CQC) on the commissioned services.
  - An update report and action plan on one of the services within Mental Health & Vulnerable Groups that was at escalation level 4.
  - Information in relation to the recent QPSC development day. The day consisted of an update on the CAF and how the Quality team are able to obtain assurance through areas such as SLAs, Service Specifications and performance & escalation.
- 2.17 We also saw a copy of the QPSC annual report which is provided to health boards. The report provided an update of the areas that were reported to the Joint Committee in the Chair's report, which included updates on the commissioned services.

#### Conclusion:

- 2.18 We recognise that there are sufficient quality assurance reporting arrangements on the commissioned services within WHSSC. However, the onward reporting of the quality of commissioned services is not always evident within the health boards. We have provided a Reasonable assurance for this objective.

## Appendix A: Management Action Plan



Matter Arising 1: Monitoring of WHSSC quality matters in Health Board committee meetings (Operation)	Potential Impact
<p>The Quality and Patient Safety Committee (QPSC) Chair's report provides an update from each of the Commissioning Teams and a summary of services that are in escalation. Chair's reports from each QPSC are presented at the Joint Committee meetings and are forwarded onto the health boards for inclusion within the papers of their respective Quality Committee meetings. We reviewed the papers of the last four quality committees for four health boards and found:</p> <ul style="list-style-type: none"> <li>• In one health board the Chair's report was an agenda item on three out of four of their quality committee meetings.</li> <li>• In two health boards the Chair's report was an agenda item on only one of their four meetings.</li> <li>• One health board did not appear to have the Chair's report as an agenda item at any of the quality committee meetings that we reviewed.</li> </ul>	<p>WHSSC is unable to provide assurance to health boards on the quality of care it commissions on their behalf.</p>
Recommendation	Priority
<p>1.1 We acknowledge that the action of including Chair's reports on health board quality committee agendas is outside of WHSSC's control. However, WHSSC should liaise with health boards to communicate to them the importance of their committees being sighted on this information in order to scrutinise, and gain assurance from it, on behalf of their local population. WHSSC should work with the health board officers and Independent Members who sit on WHSSC committees to facilitate this.</p>	<p><b>Medium</b></p>

Agreed Management Action		Target Date	Responsible Officer
1.1	Consider the draft report in QPS Development Day.	26/10/2022	Director of Nursing & Quality
	Present Final report and Management Action Plan to WHSSC QPS Committee.	25/12/2022	Director of Nursing & Quality
	Appendix report to QPS Chairs report for submission and consideration by WHSSC Joint Committee.	8/11/2022	Chair WHSSC QPS Committee
	Report to be considered by All Wales Health Board Chairs QPS Committee.	Nov 2022	Chair WHSSC QPS Committee
	Future auditing of compliance to be monitored by the above committee.	Ongoing	All Wales Chairs QPS Committee

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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