

CTMUHB Audit and Risk Committee – Part 2
Assurance Report

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| Reporting Committee | CTMUHB Audit and Risk Committee – Part 2 |
| Chaired by | Patsy Roseblade, Chair of CTMUHB Audit and Risk Committee |
| In attendance for WHSSC | Ian Wells, WHSSC IM – Audit Lead Stuart Davies, Director of Finance & Information Jacqui Evans, Committee Secretary |
| Date of Meeting | 4 October 2021 |
| Report Author | Committee Secretary |

Summary of key matters considered by the Committee and any related decisions made

The CTMUHB Audit & Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement states that the Audit Lead will provide reports to the Joint Committee following the Host Audit & Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.

1.EASC Standing Orders and Standing Financial Instructions

Stephen Harray, Board Director/Chief Ambulance Service Commissioner, Emergency Ambulance Services Committee (EASC) presented the updated Standing Orders (SO's) and Standing Financial Instructions (SFI's) for EASC.

The Committee **noted** the report.

2.WHSSC Corporate Risk Assurance Framework (CRAF)

Jacqui Evans (JE), WHSSC Committee Secretary gave a verbal update on the Corporate Risk and Assurance Framework (CRAF) and members noted that a risk management workshop was held with the Corporate Directors Group on the 16 September 2021, which reviewed the existing risks, reviewed the scoring and identified potential additional corporate and operational risks through discussion with each individual directorate.

The updated CRAF would be presented to the Joint Committee for review and approval on the 7 November and to the CTMUHB Audit and Risk Committee on the 7 December 2021.

The Committee **noted** the verbal update.

2.WHSSC Internal Audit Recommendations Tracker

Stuart Davies (SD), Director of Finance & Information gave a progress report on the implementation of internal audit recommendations and members noted that since 2018 8 reports have been issued, 21 recommendations have been made, 19 recommendations have been achieved and 2 recommendations are outstanding, which have not yet reached their due date.

To ensure effective governance and reporting the tracker document had been updated to capture the 7 recommendations made in the Audit Wales report "Committee Governance Arrangements at WHSSC".

The Committee **noted** the report.

3.WHSSC Standing Financial Instructions Authorisation Limits

SD gave an update regarding the need to amend the reference to healthcare contracts within the WHSSC Standing Financial Instructions (SFI's), as it had been discovered that a section within the standard LHB SFI's which lists the specific exemptions to the £1m Ministerial authorisation rule, had been omitted from the WHSSC model SFI's that had been approved by the Minister.

The Committee were assured that:

- The Welsh Government letter dated December 2020 reiterated that not all NHS contracts were covered in the requirement for Ministerial consent,
- WG have been made aware of the issue and following discussion the issue has been resolved,
- The model WHSSC SFI's will be updated to reflect the required amendment when they are next reviewed in their entirety in 2022.

The Committee:

- **Received assurance** that the concern regarding approval of healthcare contracts has been investigated with Welsh Government and resolved,
- **Noted** that WHSSC will consider the options for regularising this matter which will be presented to a future Audit and Risk committee, and
- **Noted** that the WHSSC SFI's will be updated to reflect the amendment when they are next updated in 2022.

4.EASC Risk Register

SH gave an update on the EASC risk register and advised that it had been extensively reviewed and updated by the EASC Team in August 2021 and approved by the EAS Joint Committee on the 7 September 2021. There were two red risks which scored 15 and above.

The Committee **noted** the report.

5.National Imaging Academy of Wales Verbal Update

Phillip Wardle, Director, National Imaging Wales gave a verbal update on the work of the academy.

The Committee **noted** the verbal update.

Matters referred to other Committees

None

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| Date of next scheduled meeting | 7 December 2021 |
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| Reporting Committee | Quality Patient Safety Committee |
| Chaired by | Ceri Phillips |
| Lead Executive Director | Director of Nursing & Quality |
| Date of Meeting | 12 October 2021 |

Summary of key matters considered by the Committee and any related decisions made

- **Patient Experience**

Members received an update on the Patient Engagement Framework. It was agreed that a plan from each of the commissioning teams outlining the patient experience priorities would feed into the work plan for the Committee for next year.

- **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:

1. Welsh Renal Clinical Network

It was pleasing to hear that transplant work has returned to pre Covid rates. An award has been issued by the Royal Pharmaceutical Society to a member of the Renal Pharmacy team in SBUHB in recognition of implementing the Electronic Prescribing and Medicines Administration (EPMA) programme in every dialysis facility in Wales. The Network Lead provided an overview of the peer review process and how the lessons learnt are shared across the network and Health Boards.

2. Blood & Cancer

The South Wales Neuroendocrine Tumour Service has reached the final of the BMJ Awards Cancer Team of the Year 2021. Work is ongoing to address the growing waiting list in plastics with the option of using the independent sector to expand capacity.

3. Cardiac

Members received a copy of the SBUHB highlight report re The Getting it Right First Time (GIRFT) report and action for Cardiac services, which has been considered by their Board. It was noted that safety actions have already been implemented and the positive engagement that SBUHB had displayed in an effort to improve the service. As a result, the service was due to be de-escalated to

level 3 in the escalation process. The Independent Member from SBUHB was able to confirm that this service and action plan is being closely monitored by the Health Board's Quality and Safety Committee. Members requested that they continue to receive updates at the next meeting to monitor progress.

4. Mental Health & Vulnerable Groups

In addition to an update on the services in escalation, members were informed of a number of providers within NHS England that were currently being monitored through Assurance Boards. They received assurance that WHSSC were cited and engaged in improvement works being undertaken and that site visits had taken place to review current placements and the care plans in place for individuals. As this was a complex area of commissioning members requested an update at the next meeting on the mental health strategy to fully understand the growing demands and pressure across the mental health pathways.

The Committee noted that a contract had been awarded by NHS England to New Victoria Hospital Ltd to undertake female to male gender reassignment surgery. The procurement process was ongoing with the aim to appoint further providers to expand the numbers in the longer term. The Gender Dysphoria National Referral Service (GDNRS) has notified all patients on the waiting list for the previous provider (St Peter's Andrology Centre) about this change.

The Gender Identity Development Service for Children and Young People (GIDS)

On the 17th September 2021, the Court of Appeal recognised the difficulties and complexities associated with the question of whether under 18s were competent to consent to the prescription of puberty blockers, but it was for clinicians to exercise their judgment knowing how important it was for the patient's consent to be properly obtained according to the particular individual circumstances. The NHS England Independent review of GIDS by Dr Hilary Cass is still ongoing, with regular updates posted on a dedicated website: <https://cass.independent-review.uk/latest/>. Once the Cass Review has delivered their recommendations, the NHS England National Specialised Commissioning Team will lead a review of the GIDS service specification following their established governance processes.

5. Neurosciences

As planned, 2 workshops regarding the cochlear implant service took place during September (9th and 30th respectively) to agree the preferred clinical model. There was good engagement across all affected Health Boards and next steps will be to make a proposal to Health Boards on the outcome of the workshops and, if supported, embark on a period of engagement and consultation on the service.

A Klebsiella Pneumoniae multi-drug resistant organism outbreak was identified at Spinal Rehabilitation and Neuro Rehabilitation wards in Llandough Hospital which forced its closure. This has been managed by the Directorate and infection prevention and control (IP&C), and routine patient screening has been

implemented. The unit was reopened on September 8th, 2 weekly meetings IP&C remain in place and there have been no new cases for 9 weeks. No harm was reported as a result of the closure

6. Women & Children

Significant pressure was reported on the neonatal cot capacity due to significant shortfalls in staffing resulting in cot closures across the Network. The risk has been added to the directorate risk register and, as it scored >15, onto the Corporate Risk Register. The concerns have been escalated to Chief Operating Officers and Welsh Government and the WHSSC commissioned elements are being closely monitored. The position is expected to improve in November when additional staff will come into post at Cardiff and the Vale UHB.

Members were updated that work regarding paediatric surgery. WHSSC is working closely with the W & C Clinical Board to secure a recovery plan and seek assurance on the clinical management of patients on the waiting list, which will continue to be monitored through this Committee.

A briefing paper updating the Committee on the Cleft Lip and Palate Service was received. Whilst it was acknowledged that progress had been taken to improve the Children's service it was disappointing to note that little progress had been made with the adult service and only one patient had received surgery. It also highlighted that a patient questionnaire which had been sent to all adults on the waiting list had demonstrated a negative impact on both physical and emotional health on their daily life of patients on the waiting list. The Committee also heard that patient stories had been presented to the SBUHB QPS Committee which, reinforced the impact on patients. The committee wished that their concern re lack of progress was escalated to Joint Committee.

- **Development Day**

A QPS Development Day has been organised for the 24th November. This will give members the opportunity to strengthen the role of the Committee and ensure that the Health Boards are cited and assured by the processes within WHSSC.

- **Other Reports received**

Members received reports on the following:

- **Services in Escalation Summary**
- **CRAF Risk Assurance Framework**

The Committee noted the significant work that had been undertaken on the risk management framework and that the next workshop is due to take place in January 2022.

- **WHSSC Policy Group**

The Committee received the report and were reassured by the work that had been undertaken by the policy group. They felt that it would be beneficial to hold a development session with members to fully understand the position and be able to support any future work to align with the Committee's work plan

- **CQC/HIW Summary Update**

- **Incidents and Complaints Report**

The Committee noted that two cases had been referred to the Ombudsman in this period of reporting, which have been dealt with within the given timescales. One of the cases related to neurology services, which is a Health Board responsibility. WHSSC has been working with both the Health Board and provider to ensure clarity for the Ombudsman in terms of the contracting arrangements in place.

- **Items for information**

Members received a number of documents for information only which members needed to be aware of:

- Chair’s Report and Escalation Summary to Joint Committee 13 July 2021;
- National Patient Safety Incident Reporting Policy;
- Health Board QPS Leads Contacts

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

GIRFT Report re Cardiac Services SBUHB – There is a detailed action plan which would be monitored through the Committee as a standing agenda item

Adult Cleft Services waiting lists and the adverse impact on patients – All patients listed in any category are regularly clinically reviewed to ensure their condition is not changing and in need of re-prioritising. All patients have been informed of the current position.

Summary of services in Escalation (Appendix 1 attached)

Matters requiring Committee level consideration and/or approval

The Committee were asked to note the lack of progress with the Adult Cleft Service and the adverse impact this was having on patients.



Matters referred to other Committees

None


Confirmed minutes for the meeting are available upon request


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| Date of next scheduled meeting: | 18 January 2022 |
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Services in Escalation



| Date of Escalation | Service | Provider | Level of Escalation | Reason for Escalation | Current Position 05/10/2021 | Movement from last month |
|---|---------------------------------------|----------|---------------------|---|---|---|
| November 2017 | North Wales Adolescent Service (NWAS) | BCUHB | 2 | <ul style="list-style-type: none"> Medical workforce and shortages operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions | <ul style="list-style-type: none"> 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. Participation in weekly bed management panel meeting. Environmental works complete. Unit currently able to accommodate full 12 bed establishment. |  |
| March 2018 Sept 2020 Aug 2021 | Ty Llidiard | CTMUHB | 4 | <ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance | <ul style="list-style-type: none"> Escalation meeting held on 10 August 2021. CTM UHB to revisit the work that they had undertaken internally previously in relation to the gap analysis to feed into future work. Follow-up meeting booked for |  |


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| | | | | <ul style="list-style-type: none"> • SUI 11th September | <p>29/9/21 with only 1 CTM rep in attendance. Needs confirmation of funding from WG to progress. Physician associate post will be advertise at risk to CTM and vacancies are being recruited to. CTM to conduct gap analysis against the service spec. WHSSC to confirm WG funding.</p> <ul style="list-style-type: none"> • CTM UHB to finalise the SOP for Medical Emergency Response by 6th August – ongoing discussions regarding CTM preferred use of 999 to 2222. Meeting to be scheduled by CTM with WHSSC and WAST • Follow-up meeting to be arranged to discuss CTM OD report to agree any additional elements and the time frame for delivery – OD plan revised and shared by CTM 29/9/21 • CTM UHB to share maturity matrix and agree a timeframe for the action plan – maturity matrix for maternity services shared. CTM to map against Ty Lliard and report progress accordingly. | |
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| September 2020 | FACTS | CTMUHB | 3 | <ul style="list-style-type: none"> Workforce issue | <ul style="list-style-type: none"> 6 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. Outstanding actions are in relation to medical workforce, assurance that service support/admin is in place and timely submission of activity and financial reporting. The FACTS service specification is still in development. Next CQV meeting is planned for 25th October. |  |
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| Date of Escalation | Service | Provider | Level of Escalation | Reason for Escalation | Current Position | Movement from last month |
|--------------------|--------------------------|-------------|---------------------|---|---|---|
| September 2019 | Cochlear Implant Service | South Wales | 4 | <ul style="list-style-type: none"> Quality and Patient Safety concerns from C&V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service. | <ul style="list-style-type: none"> C&VUHB treating all patients. Interim CHC arrangements agreed. WHSSC Corporate Directors agreed that an initial key piece of work, which was started prior to the concerns raised about the Bridgend service should be re-established before the commencement of the engagement process. 2 workshops took place in September. The first workshop concluded with the potential service models for appraisal. The second workshop undertook an option appraisal on the models. The next steps are to undertake a financial option appraisal and consultation and engagement. |  |

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| Date of Escalation | Service | Provider | Level of Escalation | Reason for Escalation | Current Position | Movement from last month |
|--------------------|-----------------|----------|---------------------|---|---|---|
| February 2020 | TAVI | SBUHB | 0 | <ul style="list-style-type: none"> Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address Serious Incidents relating to vascular complications. | <ul style="list-style-type: none"> Action Plan completed Service sustainability being monitored through the bi-monthly Risk, Assurance and Recovery meetings WHSSC Quality Team to monitor PROMS and PREMS on a quarterly basis Service de-escalated following sustained improvement. |  |
| July 2021 | Cardiac Surgery | SBUHB | 4 | <ul style="list-style-type: none"> Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review | <ul style="list-style-type: none"> QPS agreed the monitoring arrangements in place, with 6 weekly meetings Further discussions to be held with both South Wales centers regarding the future pathways for aorto-vascular cases Receipt of an improvement plan setting out the actions required to meet the |  |

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| | | | | | <p>recommendations in the GIRFT report.</p> <ul style="list-style-type: none"> Plan to de-escalate to Level 3 following executive meeting regarding aorto-vascular cases | |
| July 2021 | Cardiac Surgery | C&VUHB | 2 | <ul style="list-style-type: none"> Lack of assurance regarding processes and patient flow which impact on patient experience | <ul style="list-style-type: none"> C&VUHB in process of agreeing a Programme of improvement work to address the recommendations set out in the GIRFT report Outline programmed to be shared with WHSSC Bi- monthly meetings agreed for monitoring purposes. |  |



Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position