

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Carolyn Donoghue
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	19 February 2024
Summary of key matters considered by the Committee and any related decisions made	
<p>1.0 MENTAL HEALTH UPDATE (INCLUDING NEUROPSYCHIATRY PATIENT STORY)</p> <p>Members received a comprehensive presentation and an update on developments within Mental Health. The presentation delivered by David Roberts (DR) provided updates on the following key areas;</p> <ul style="list-style-type: none"> • Mental Health Strategy • Secure Services • CAMHS • Eating Disorders • Mother & Baby Unit (MBU) • Neuropsychiatry <p>The Interim Business Manager for the Wales Neuropsychiatry Service provided members with a presentation containing an outline of the Neuropsychiatry service in Wales and it was noted that the sustainability of the service was highlighted as a risk on the CRAF.</p> <p>Members received an informative patient story about a gentleman who had sustained a serious brain injury at the age of 59 and how a technique called "Rich Pictures" was used to obtain his thoughts and feedback. Members noted the challenges that the patient faced at the outset and how the Neuropsychiatry service helped the patient and his family to obtain much needed support. The patient story highlighted the positive impact that the Neuropsychiatry services had made to the patient's quality of life.</p> <p>2.0 WELSH KIDNEY NETWORK REPORT</p> <p>Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales. Some queries were raised on the new WKN risks which included Interventional Radiology and the Financial risk and growth within the Integrated Commissioning Plan (ICP).</p> <p>In terms of interventional radiology, it was noted that this was not a WHSSC commissioned service, but it has an impact on renal service provision as there is</p>	

a need to often access urgent treatments for patients following complications from kidney biopsies, urgent and elective vascular access procedures. Members were assured that all Chief Executives were currently aware of the issues and significant work was underway to address the sustainability of the service. Members of the committee asked for this to be highlighted to the JC.

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 and updates regarding services in escalation are attached in the tables at the end of the report.

3.1 Cancer & Blood

Members received an update of the quality issues for services relating to the Cancer and Blood Commissioning Team Portfolio.

- The All-Wales Lymphoma Panel (AWLP) service was removed from the WHSSC escalation process in November 2023 due to implementation of the agreed action plan and an improvement in immunohistochemistry turnaround times.
- The Burns service has been de-escalated from Level 3 to Level 2 due to the capital case having been approved by Welsh Government. It is anticipated that the interim staffing arrangements can be sustained until the new build is complete.
- Plastic Surgery outreach in BCUHB remains in Welsh Government escalation/special measures framework and the next escalation meeting is due to take place in March 2024. WHSSC is contributing to the Welsh Government escalation arrangements and continue to attend the Task and Finish Group as an advisor. There has been some progress on some of the Commissioning and operational arrangements.
- South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continued to breach the Ministerial measures waiting times for treatment at Swansea Bay UHB but there has been some improvement. The service will remain in escalation level 2 to ensure this continued improvement. The Health Board shared the plastic surgery delivery plan and trajectory at the escalation meeting in October 2023.
- An update on the BCUHB plastics surgery and the harms review was provided. The interim report found no evidence of patient harm but once completed, the report will be shared with WHSSC QPSC after it has been through BCUHB QPSC. Members requested that this be highlighted to the JC.

3.2 Cardiac

Members received an update of the quality issues for services relating to the Cardiac Commissioning Team Portfolio and noted that two new risks for the portfolio had been added to the Risk Register since the last report.

- The first risk relates to waiting times for patients from BCUHB and North Powys awaiting obesity surgery procedures in Salford Royal Hospital. The waiting times were unlikely to reduce in the short to medium term. Since writing the report, a pathway has been agreed and the pathway is open for patients to travel to south Wales to access treatment at the Welsh Institute of Metabolic and Obesity Surgery (WIMOS).
- The second risk relates to a cyber-security attack on the Trauma Audit Research Network Database (TARN) which resulted in the database being taken offline. A sustainable long-term solution for this data collection which will support the ability of the Network to benchmark performance is delayed. TARN has issued a standardised spreadsheet for interim data collection, but this will not be sufficient to undertake national benchmarking and WHSSC will be unable to monitor performance against the business case. A letter has been written to NHS England and this has been escalated and a response is awaited. There is also clinical concern as the data is also used for clinical audit.
- Both cardiac services remain in escalation level 2. In terms of CVUHB the planned repatriation of cardiothoracic surgery to UHW has been delayed until April 2024. An escalation focused review meeting with the Health Board was convened on in January 2024, at which progress against those outstanding escalation actions was noted with a follow up meeting arranged for March 2024.
- Swansea Bay Cardiac Surgery Service continues to make progress against its planned escalation actions as assessed by means of its performance dashboard. A report providing an update on the status of the remaining actions was delayed as a result of the HB reconvening its Gold Command meetings and the need for the report to be subject to internal governance and oversight. NJ provided members with assurance that the Gold command meetings were not as a result of cardiac surgery – the Gold command was instigated in response to very high levels of emergency pressures across the Health Board during December 2023 and January 2024.

3.3 Neurosciences

Members noted one new risk and one increased risk relating to neurosurgery waiting times in both south Wales and north Wales. Both are being managed through the Performance Management Framework and were being closely monitored.

Concerns with the Deep Brain Stimulation (DBS) service in Bristol were highlighted. Concerns had been raised around communication with referring clinicians and patients but there had been no engagement and no improvement despite repeated efforts. As a result, expressions of interest were requested for a new provider to support the south Wales gatekeeper.

The ALAC service review around Micro Processor Knee (MPK) was also highlighted, and it was noted that this will be fed into Individual Patient Funding Requests (IPFR) as part of the outcomes work.

3.4 Women & Children

Members received an update on the quality issues for services relating to the Women & Children Commissioning Team Portfolio. The risks largely mirror the services in escalation, and it was acknowledged that the volume of risks and escalation issues within the portfolio are concerning and make this a complex and challenging area.

Members were informed that the Paediatric Cardiac Surgery service in University Hospital Bristol had shown improved performance against waiting times. There had been a notable decrease in the number of children breaching their recommended treatment date and the length of time patients were waiting beyond their recommended treatment date had also decreased. The risk was reduced, and the service de-escalated to Level 2 in January 2024.

There remain three services in escalation Level 3 and one in escalation Level 4. Three of the services (Paediatric Surgery, PICU and Neonatal Intensive Care) are at Level 3 and are provided by Cardiff and Vale University Health Board. The escalation continues to be managed as a 'Triple Escalation'. Due to the complexity of managing all three escalations together there are two Executive Leads from the Health Board and two Executive Leads from WHSSC involved.

Neonatal Care

Members were informed that an escalation meeting took place this morning and WHSSC will consider the next steps following this meeting.

Paediatric Surgery

Members received an update following the Joint Committee workshop that was held in November 2023 in which Paediatric Surgery was discussed. Members were informed that a commitment was made by the HB to deliver against a target of zero paediatric patients waiting over 52 weeks by the end of March 2024. This was to be delivered to through a hybrid model of additional lists within the Health Board and continued outsourcing to Nuffield. There is evidence of improvement and there is a high confidence rating that the service will deliver. Joint Committee also agreed with a recommendation in the ICP 2024/25 that the 52 week is maintained now that the backlog is reduced.

Paediatric Intensive Care

Financial support has been provided to the HB to support winter pressures by increasing the workforce to support the unit. Despite previous assurance received from the Health Board regarding pressure area concerns WHSSC has been notified that a Joint Review of Child Protection Arrangements (JIGPA) that was undertaken in December 2023 has highlighted concerns which need to be

readdressed. A letter has been received from the CVUHB Director of Nursing on the 9th February outlining the request for the Acute Child Health Directorate to undertake a retrospective audit of the care of thirty children in PICU since September. The results of this audit will be shared with WHSSC on completion and brought back to the QPS committee. Assurance has also been given that the CVUHB Executive Team are sighted on the concerns and work needed to review the cases.

The Committee were informed that since writing the report a letter had been received from the DoN in CVUHB and this provided detail of the actions that they were taking. It was agreed to highlight these continued concerns to JC in the QPSC Chairs Report and await an update on the further actions currently being undertaken.

Wales Fertility Institute

Despite the service remaining in escalation Level 4 there has been some recent progress with securing a new Person Responsible (PR). The HB have nominated a number of staff to sit the HFEA exams ; this will enable each site Neath and Cardiff to have their own PR, with staff ready to step up should they become unavailable to fulfil the statutory requirements of the role of PR. The PR had been a single point of failure and the intention to have more than one PR will help mitigate this risk in the future.

3.5 Mental Health

The Mental Health and Vulnerable Groups update was provided during the presentation.

3.6 Intestinal Failure (IF) – Home Parenteral Nutrition

Members received an update on the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio and noted that no new risks for the portfolio had been added to the Risk Register and since the report had been written a letter of assurance had been received outlining measures for the sustainability for the service going forward. They will be appointing a local consultant, and it is likely that on the basis of this letter of assurance the risks will be reduced at the next commissioning team meeting.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

4.1 Services in Escalation Summary

Members noted the content of the report and the three Paediatric services in escalation Level 3 were noted and were discussed in detail above under the Women and Children's Report.

A copy of each of the services in escalation is attached to the report at **Appendix 1**.

4.2 CRAF Risk Assurance Framework

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

One new organisational risk was highlighted and this related to the formation of the new JCC and the business continuity risk associated with this. The mitigations required will be critical as we are close to the go live date for the new JCC and a lot of the detail was still unclear. Members requested for this to be highlighted as a matter of concern to the JC.

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

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period July 2023 to January 2024 was presented to the committee.

4.4 Incident and Concerns Report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance.

4.5 Service Improvement and Innovation

Members received a report providing an update on the Service Improvement and Innovation Days and similar externally organised events relating to specialised services.

Members noted the content of the report, the summary of activities, aims and key points of learning and sharing. The report demonstrated the positive work that had been achieved and undertaken by clinicians. Members also noted the comprehensive update following the WHSSC QPSC development day.

4.6 Duty of Quality

Members received a report providing the steps taken by the organisation to meet the requirements of the Duty of Quality Act and to consider the revised templates to support the reporting mechanisms in accordance with the Act. Members noted that the report and the template was developed following the work undertaken in the Development Day.

5.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee November 2023,
- Oversight and Escalation Framework – NHS Wales Organisations; and
- QPSC Distribution List.

6.0 ANY OTHER BUSINESS

There was no other business.

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

Key risks are highlighted in the narrative above and summarised below;

- The Interventional Radiology risk and impact on the renal service provision.
- The outstanding Harms review and BCUHB plastics.
- The pressure issues and Paediatric Intensive Care and general concerns with paediatric services CVUHB
- Approval of proposed templates to meet Duty of Quality Act
- The Business Continuity Risk on the CRAF

Members continued to express concerns regarding the number of services that were in escalation in the Women & Childrens portfolio and asked that these were escalated for the attention of the Joint Committee.

Summary of services in Escalation

- Attached (**Appendix 1**)

Matters requiring Committee level consideration and/or approval

None

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

TBC

Executive Director Lead: Nicola Johnson
 Commissioning Lead: Luke Archard
 Commissioning Team: Cancer and Blood

Service in Escalation: Burns

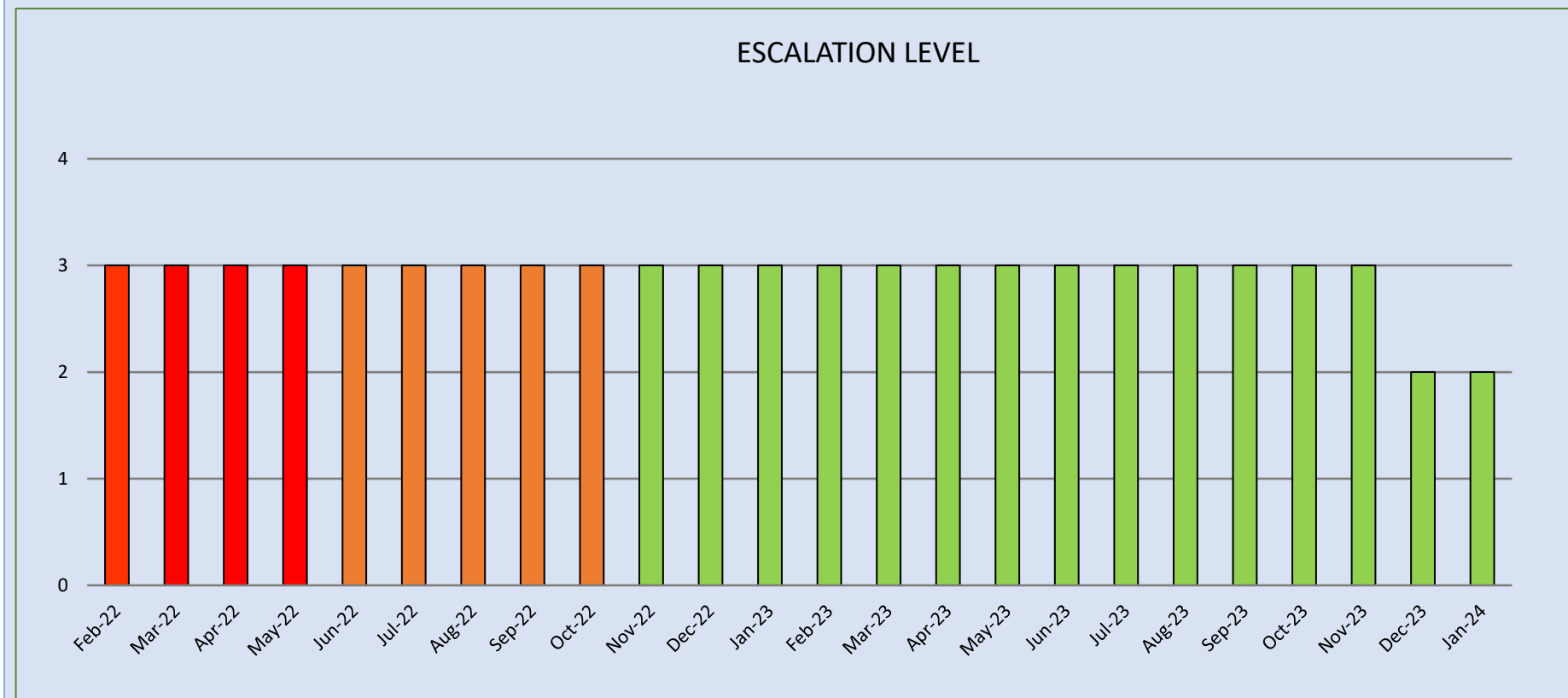
Date of Escalation Meetings: 27/09/22,
 01/12/2022, 03/03/2023, 03/05/2023
 Date Last Reviewed by Quality & Patient Safety
 Committee: 23/10/23

**Current Escalation
Level 2**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ December 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	4
February 2022 – WHSSC escalation	3
August 2022 – WHSSC escalation	3
September 2022 – WHSSC escalation	3
December 2022 – WHSSC escalation	3
December 2023 – WHSSC escalation	2

Rationale for Escalation Status :

De-escalated to 2.
 The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is Autumn 2024.

Background Information:

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 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.

Actions:

Action	Lead	Action Due Date	Completion Date
To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.	MD/CEO		Completed
To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	MD/Exec Lead WHSSC		Completed

	To monitor the SBUHB action plan through formal escalation meetings.	MD/ Exec Lead WHSSC		Ongoing
	The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 th December 21. The interim mitigations are still in place at present.	Senior Planner		Completed
	SBUHB are to provide a plan based on the recent peer review by the end of January 22.	Senior Planner		Completed
	A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.	Senior Planner WHSSC/ Service Manager SBUHB		Completed
	Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.	Senior Manager/ Senior Planner WHSSC	Ongoing	Completed
	WHSSC to look at the business continuity plan in the event of potential loss of staff.	Senior Planner WHSSC	Ongoing	Completed
	Since the last escalation meeting, there has been a degree of delay relating to the process of Welsh Government scrutiny of the case which went to their Investment in Infrastructure Board on 22 nd June; it had been hoped that the works would commence in May. There may, therefore, be a 2 month or so departure from original timelines. At the SLA with Swansea on 5 th June, it was confirmed that this message had been conveyed to the staff supporting the interim rota arrangements (one of the concerns has been to ensure the resilience of this rota which in turn is felt to depend in part on there being demonstrable progress with the business case so they can see the finish line).	Senior Team SBUHB/WHSSC Med Director/ Senior Planner WHSSC	Ongoing	Completed
	The capital case has now been approved by Welsh Government. The capital programme has commenced and is due to complete by October 2024. In view of this, the level of escalation has been reduced from level 3 to level 2. It is anticipated that the interim staffing arrangements can be sustained until the new build is complete. Level 2 escalation has been maintained in case issues or risks arise during the implementation of the capital development.	Senior Team SBUHB/WHSSC Med Director/ Senior Planner WHSSC	Ongoing	

Issues/Risks:

- July 2023 The Welsh Government Infrastructure Investment Board considered the burns case on June 22nd the outcome is not confirmed as yet.
- October 2023 The capital case has been approved by Welsh Government. Timeline tbc.

Executive Director Lead: Nicola Johnson
 Commissioning Lead: Kimberley Meringolo
 Commissioning Team: Women and Children

Service in Escalation: Paediatric Surgery

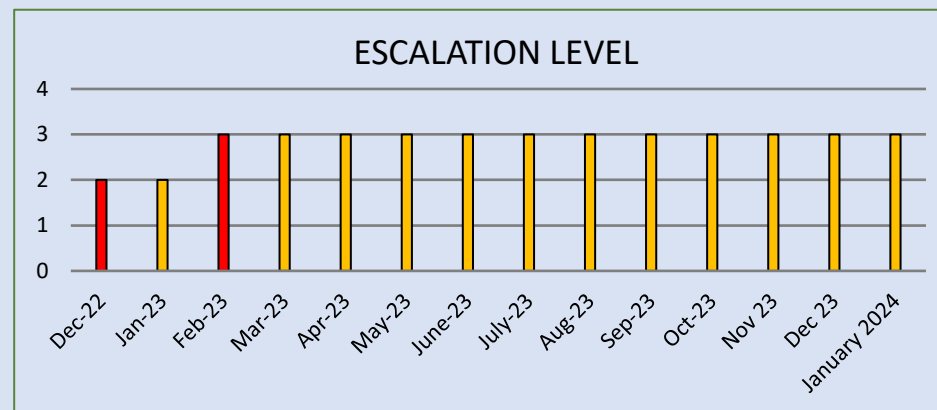
**Current Escalation
Level 3**

Date of Escalation Meetings: 26/04/23, 23/05/23,
 20/06/2023, 26/07/23, 12/09/23, 10/10/23 & 19/12/23
 Date Last Reviewed by Quality & Patient Safety
 Committee: 23/10/23

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ January 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	3

Rationale for Escalation Status :

As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.

- Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The original plan did not deliver contracted volume,
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

WHSSC assurance and confidence level in developments:

High – Action plan developed and positive progress made in designing a number of new pilot schemes and securing additional capacity, some delays in implementation. **The service has committed to deliver a 52-week inpatient waiting list position by year end. The delivery of this is against a robust plan of increasing day case surgery and outsourcing 37 cases to Nuffield. Monitoring progress on a monthly basis and the >52 weeks position is improving as set out in the trajectories.**

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Requested revised trajectories to be issued to WHSSC by the end of June 2023.	Senior Planning Manager	30 June 2023	Completed 20/06/23
Further reprofiling of waiting times being undertaken by the HB in line with meeting contract volumes by December 2023.	Senior Planning Manager	August 2023	Completed 06/10/23
Special Executive to Executive meeting scheduled with provider.	Director of Planning & Performance	23 October 2023	Completed 23/10/23
Triple escalation meetings established to monitor progress of all three services in escalation against overarching objectives.	DOP and DON	23 January 2023	

Issues/Risks:

April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.

May 2023 – A number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

Executive Director Lead: Nicola Johnson
 Commissioning Lead: Kimberley Meringolo
 Commissioning Team: Women and Children

Date of Escalation Meetings: 10/10/23 & 19/12/23
 Date Last Reviewed by Quality & Patient Safety
 Committee: 23/10/23

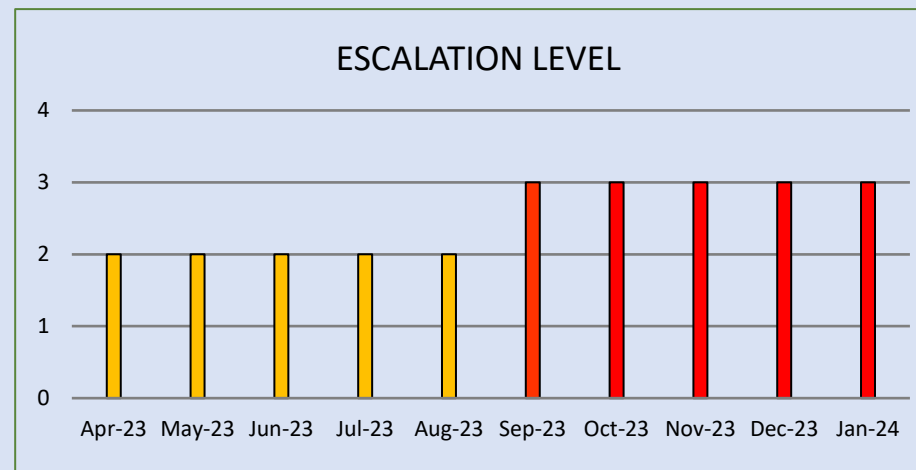
Service in Escalation: Paediatric Intensive Care

**Current Escalation
Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ January 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 2023	2
September 2023 – Increased level from 2 to 3	3

Rationale for Escalation Status :

Following concerns regarding bed availability due to workforce shortages, refusal rates and pressure sore incidents the service was escalated to level 2. There was limited progress over a 3 month period against the objectives therefore the decision was taken to further escalate to level 3.

Background Information:

There is a risk that a Paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that Paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment is not available or the patient being transferred out of Wales. The availability of a bed and staffing constraints have been brought to the attention of WHSSC through various routes including HiW and the daily SITREP.

WHSSC assurance and confidence level in developments:

Low – HB have submitted draft action plan, a final version has been requested. The escalation is predominantly linked to workforce and the lead in time for mitigations is medium term, in particular the recruitment of International Nurses. New streamliners have begun in the HB and although supernumerary at present and will not directly fill PIC vacancies it will support the wider workforce challenges across the Children’s Hospital. **WHSSC are still awaiting detailed demand and capacity in order to develop a sustainable contracting framework for Paediatric Intensive Care and High Dependency. Further work is required on the Pressure area concerns following a JIGPA review undertaken in December 2023.**

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD	Senior Planning Manager	23 January 2024	
Requested action plan to be developed against the escalation objectives.	Senior Planning Manager	31 October 2023	Completed 19/12/23
Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.	Director of Nursing	Ongoing	
Special Executive to Executive meeting scheduled with provider	Director of Planning	23 October 2023	Completed

Issues/Risks:

Executive Director Lead: Nicola Johnson
 Commissioning Lead: Kimberley Meringolo
 Commissioning Team: Women and Children

Date of Escalation Meetings: 10/10/23 & 19/12/23
 Date Last Reviewed by Quality & Patient Safety Committee: 23/10/23

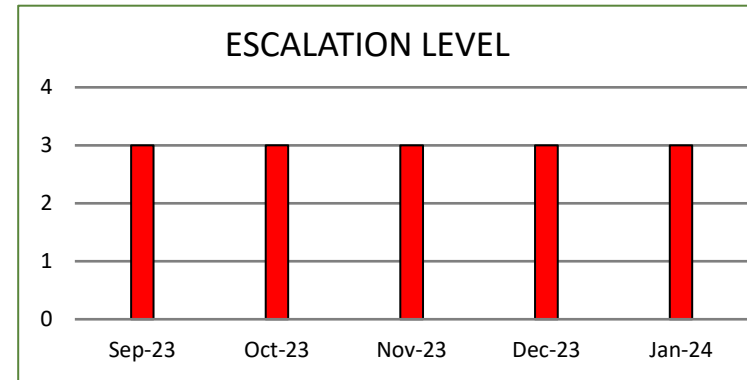
Service in Escalation: Neonatal Intensive Care Unit

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ January 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
September 2023	3

Rationale for Escalation Status :

High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration.

Background Information:

There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.

WHSSC assurance and confidence level in developments:

Low / Medium – First draft of an action plan has been received however further detail has been requested. The mitigations required to support safe staffing levels and improvements against infection rates requires a robust workforce plan which has a medium to long term lead time for completion.

Issues/Risks:

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Develop agreed objectives for escalation	Planning Manager	31 October 2023	Completed 19/12/23
Health Board to develop detailed action plan against the agreed objectives	Planning Manager	14 November 2023	Completed 19/12/23
Special Executive to Executive meeting scheduled with provider	Director of Planning	Date currently being agreed	

Executive Director Lead: Nicola Johnson
 Commissioning Lead: Kimberley Meringolo
 Commissioning Team: Women and Children

Service in Escalation: Paediatric Cardiac Surgery

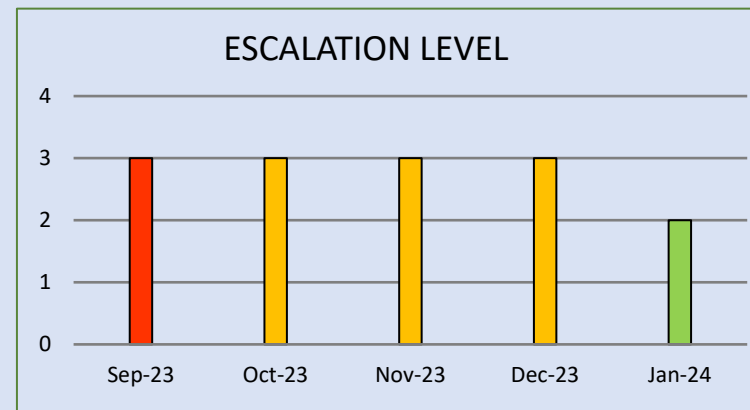
**Current Escalation
Level 2**

Date of Escalation Meetings: 14/12/23
 Date Last Reviewed by Quality & Patient Safety
 Committee: 23/10/2023

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ January 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
September 2023	3
January 2024	2

Rationale for Escalation Status :

A number of waiting were breaching the recommended date for treatment as set by the Joint Cardiac Committee. The period of time people were breaching was far in excess

Background Information:

Paediatric Cardiac surgery was placed in escalation level 3 due to the number of patients waiting in for surgery and those breaching their target date by over 200 days. Formal escalation meetings were established in September 2023 with Executive leadership from both the Trust and WHSSC.

WHSSC assurance and confidence level in developments:

High – Service de-escalated to level 2, robust reporting mechanisms have been established and the waiting list position has improved. There are currently only two patients that are breaching their recommended surgery date.

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Escalation meeting to discuss progress and trajectories	Director of Nursing & Quality	14 December 2023	Completed 14 December 2023

Issues/Risks:

Executive Director Lead: Iolo Doull
 Commissioning Lead: Dominique Gray-Williams
 Commissioning Team: Women and Children
 Date of Escalation Meetings: 07/08/23, 19/09/23,
 10/10/23, 07/12/23
 Date Last Reviewed by Quality & Patient Safety
 Committee: 23/10/23

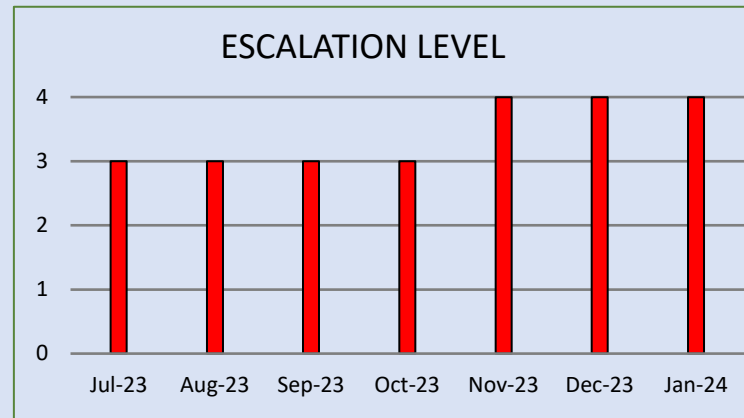
Service in Escalation: Wales Fertility Institute

**Current Escalation
 Level 4**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↑ November 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
July 2023 – WHSSC escalation	3
November 2023 – WHSSC escalation	4

Rationale for Escalation Status :

Concerns from a number of routes with regards to the service including the WHSSC contract monitoring data submission; adherence to WHSSC policies and HFEA performance outcomes below National average.

Background Information:

A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, WHSSC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.

There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023.

There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.

WHSSC assurance and confidence level in developments:

Medium – The Health Board have instigated regular Gold Command and operational service improvement meeting with positive progress made in addressing HFEA concerns. The Action plan has been agreed and progress has been made with regards to WHSSC data submissions, however, the service need to ensure time is given both internally and to WHSSC to allow for review and consideration of documentation.

The service submitted an audit of notes to the HFEA at the end of December, they are awaiting feedback from this submission.

The service have identified a number of suitable staff members to prepare and take on the role of PR. The intention is for all staff to sit the exam, to ensure sustainability of the service with a PR over Cardiff and a PR over Neath Port Talbot. Neath Port Talbot are due to be inspected in March 2024 and Cardiff in January 2024.

A review of the HB escalation process has been undertaken and reconfigured to form a WFI sustainability group which feeds into the WFI Assurance, Recovery and Accountability Board.

The Directorate Manger and Associate Directorate managers have left and being replaced with a clinical manager.

The HB have agreed to undertake a comprehensive service review to include, performance, finance, complaints, incidents and risks. This review is due to be completed by the end of January and identify if any outsourcing is required.

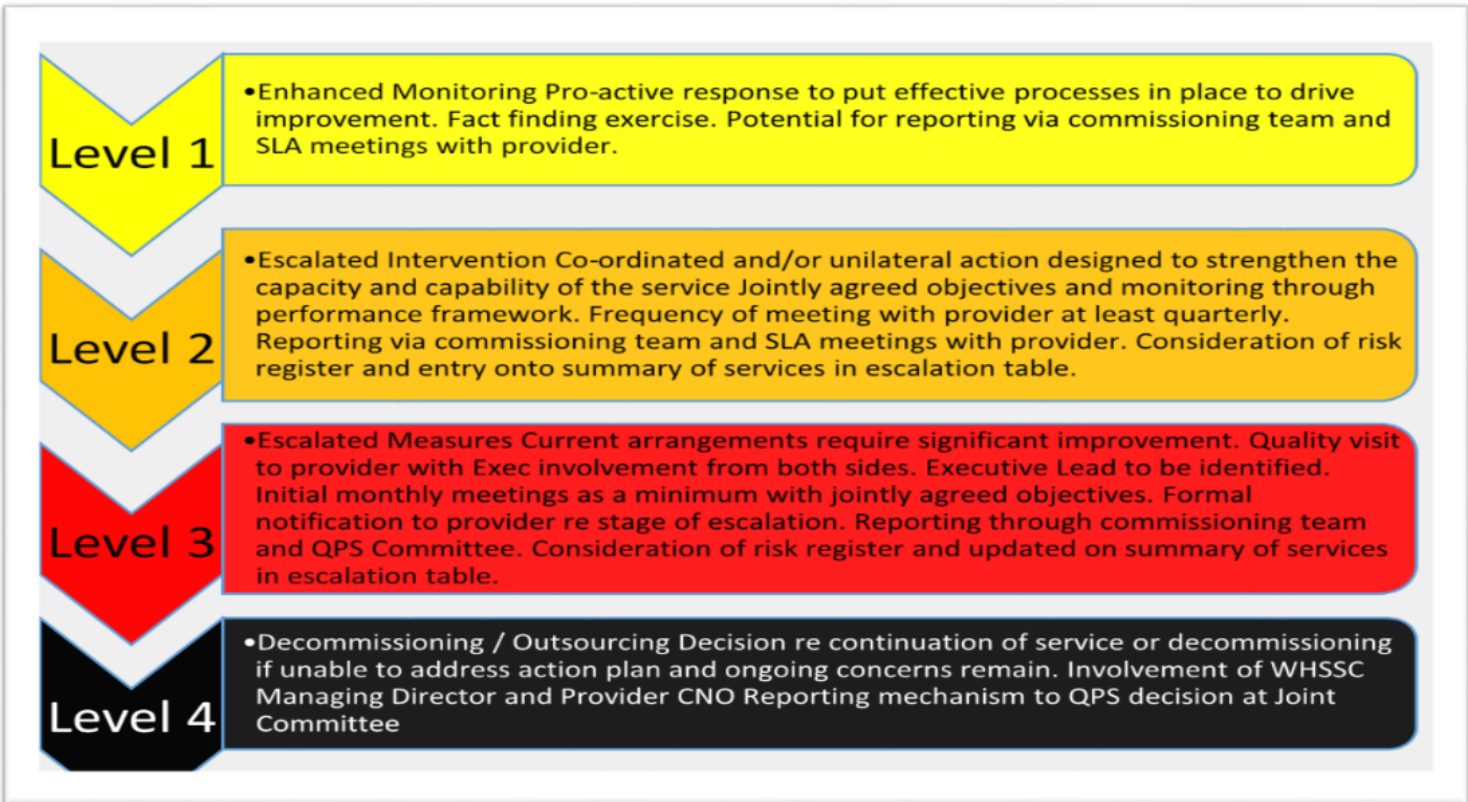
Actions:

Action	Lead	Action Due Date	Completion Date
Initial escalation planning meeting Exec to Exec	Assistant Specialised Planner	7 th August 2023	7 th August 2023
Monthly escalation meeting to review progress against Action Plan, Escalation meeting 19 th September 2023, 10 th October 2023, 7 th December 2023	Assistant Specialised Planner	Monthly	Ongoing
Quality visit, this has been temporarily paused due to increase in escalation level to escalation level 4	Assistant Specialised Planner	14 th November 2023	
SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues	Assistant Specialised Planner/ Service Manager	7 th August 2023	7 th August 2023
SMART Action plan reviewed and agreed	Service Manager	19/09/2023	19/09/2023
Regular Executive to executive meetings 16 th November 2023, 21 st November 2023, 1 st December 2023, 7 th December 2023, 21 st December 2023	Executive lead SBUHB/ Medical Director WHSSC	16 th November	Ongoing

Issues/Risks: There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.

Level 1 ENHANCED MONITORING	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • Chair (WHSSC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • WHSSC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

<p>Level 4 DECOMMISSIONING/OUTSOURCING</p>	<p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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SERVICES IN ESCALATION

