

Experience, Quality and Safety Committee Supplementary Agenda Pack

Thu 15 April 2021, 14:30 - 16:15


Teams

Agenda

14:30 - 14:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Apologies

 EQS_Agenda_15Apr21_Final.pdf (2 pages)

1.2. Declarations of Interest

1.3. Minutes of the Previous Meeting held on 4 February 2021, for approval

1.4. Matters Arising from Previous Minutes

1.5. Committee Action Log

14:30 - 14:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

2.1. Mental Health Services: Age Appropriate Beds

2.2. Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements

14:30 - 14:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Serious Incidents and Concerns Report

3.2. Regulatory Inspections Report

3.3. Clinical Quality Framework, Implementation Plan Update

3.4. Community Services: Approach to Clinical Quality

3.5. Commissioning Assurance: SATH

 EQS_Item_3.5_CAF Escalation Report SATH update.pdf (11 pages)

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3.6. Approach to Assessing Harm from COVID-19

14:30 - 14:30
0 min

4. ITEMS FOR INFORMATION

4.1. Update on Implementation of Once for Wales Complaints Management System

4.2. WHSSC Quality & Patient Safety Committee Minutes

4.3. Audit Wales Quality Governance Review, Terms of Reference

4.4. Welsh Government Written Statement: The Health and Social Care (Quality and Engagement) (Wales) Act 202- update on implementation

14:30 - 14:30
0 min

5. OTHER MATTERS

5.1. Items to be Brought to the Attention of the Board and Other Committees

5.1.1. Any Other Urgent Business

5.1.2. Date of next meeting:

3 June 2021 at 10:00AM via Teams

Jones, Shania
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**POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY
COMMITTEE**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**15 APRIL 2021,
14.30 – 16.15**

TO BE HELD VIRTUALLY VIA MICROSOFT TEAMS

AGENDA

Item	Title	Attached /Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes of the previous meeting held on 04 February 2021 (for approval)	Attached	Chair
1.4	Matters Arising from Previous Meetings	Oral	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	Mental Health Services: Age Appropriate Beds	Attached	Executive Director of Primary, Community Care and Mental Health
2.2	Mental Health Act Hospital Managers Power of Discharge Group Terms of Reference and Operating Arrangements	Attached	Board Secretary
3	ITEMS FOR DISCUSSION		
3.1	Serious Incidents and Concerns Report	Attached	Executive Director of Nursing & Midwifery
3.2	Regulatory Inspections Report	Attached	
3.3	Clinical Quality Framework, Implementation Plan Update	Attached	
3.4	Community Services: Approach to Clinical Quality	Attached	Executive Director of Primary, Community Care and Mental Health
3.5	Commissioning Assurance: SATH	Attached	Assistant Director of Commissioning Development
3.6	Approach to assessing Harm from COVID-19	Oral	Executive Medical Director

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4	ITEMS FOR INFORMATION ONLY		
4.1	Update on Implementation of Once for Wales Complaints Management System		
4.2	WHSSC Quality & Patient Safety Committee Minutes		
4.3	Audit Wales Quality Governance Review, Terms of Reference		
4.4	Welsh Government Written Statement: The Health and Social Care (Quality and Engagement) (Wales) Act 2020 – update on implementation		
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • 03 June 2021 at 10.00 AM		

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of the board or its committees, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Rani Mallison, Board Secretary, rani.mallison2@wales.nhs.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

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AGENDA ITEM: 3.5

EXPERIENCE, QUALITY AND SAFETY COMMITTEE		DATE OF MEETING: 15 APRIL 2021
Subject:	COMMISSIONING ESCALATION REPORT SATH UPDATE	
Approved and Presented by:	Director of Nursing and Midwifery (Assistant Director Commissioning Development)	
Prepared by:	Assistant Director Commissioning Development	
Other Committees and meetings considered at:	Scores were considered on the 17 th February 2021 at the Internal Commissioning Assurance Meeting. However, this report contains information about Shrewsbury and Telford Hospital NHS Trust (SaTH) received after that date.	

PURPOSE:

The purpose of this paper is to update the Experience, Quality and Safety Committee about Shrewsbury and Telford Hospital NHS Trust.

RECOMMENDATION(S):

It is recommended that the Experience, Quality and Safety Committee DISCUSSES this Report.

Approval/Ratification/Decision ¹	Discussion	Information
	✓	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	x
	7. Put Digital First	x
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report highlights providers in Special Measures or scored as Level 4 following the February 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). It updates the Experience, Quality and Safety Committee about concerns in relation to SaTH, including information reported to the Trust's Board in March and April 2021.

DETAILED BACKGROUND AND ASSESSMENT:

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients.

It considers patient experience, quality, safety, access, activity, finance governance and strategic change. It is a continuous process, considering information from a broad range of sources including "credible soft intelligence". It is not a performance report between fixed points.

Each PTHB Directorate is invited to contribute information to the CAF and to attend the ICAM.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Health Inspection Wales (HIW) and the Care Quality Commission (CQC). PTHB attempts to draw from providers' existing Board reports, plans, returns to Government and nationally mandated information wherever possible.

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SATH UPDATE

The usual commissioning arrangements have not been in place since March 2020 due to the pandemic. Since July 2020, PTHB has been working to restore the CAF, although there remain significant limitations. It is not possible to score all domains, for example the existing “block” financial arrangements do not reflect pre-COVID budgets or Long term Agreements. Escalation processes cannot operate in the usual way, for example, elective care delays are at an unprecedented level due to the suspension of services during the pandemic.

Special Measures										
Provider	Quality & Safety			Patient Experience		Access	Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change	
Shrewsbury & Telford Hospital NHS Trust	December 2020 January 2021 February 2021			Dec 2020	Jan 2021	Feb 2021 (no info)	December 2020 January 2021 February 2021	No Score – Block Agreement	↔	Not Rated
Cwm Taf Morgannwg University Health Board	December 2020 January 2021 February 2021			Dec 2020	Jan 2021	Feb 2021	December 2020 January 2021 February 2021	No Score – Block Agreement	↔	Not Rated
Level Four										
Provider	Quality & Safety			Patient Experience		Access	Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change	
Wye Valley NHS Trust	Dec 2020	Jan 2021	Feb 2021	December 2020 January 2021 February 2021		December 2020 January 2021 February 2021	No Score – Block Agreement	↔	Not Rated	

Shrewsbury and Telford Hospitals NHS Trust (SATH)

As previously reported to the Quality Governance Group SATH is in special measures and is rated as “inadequate” overall. There have been a series of concerning reports following inspections by the Care Quality Commission (CQC) resulting in Section 31 Notices imposing conditions on the regulated activity there. The full reports can be accessed via the CQC website (www.cqc.org.uk) but include concerns in relation to the management of:

- Pressure area care
- Falls
- Nursing documentation
- Learning from previous incidents
- Mental Capacity Act and Deprivation of Liberty Safeguards
- End of life care
- the oversight of audits and the improvement of outcomes
- the culture.

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SATH UPDATE

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Experience, Quality & Safety Committee
15th April, 2021
Agenda Item: 3.5

Unannounced Inspection January 2021: The CQC carried out an unannounced inspection of the Princess Royal Hospital (PRH) in Telford on the 8th January 2021, as it had received information giving concern about the safety and quality of the provision of anaesthetic cover at the hospital out of hours. The CQC's report was published on the 3rd March, 2021. The full report is embedded below.



PRH CQC Inspection
Published March 202

The CQC used its critical care inspection framework to carry out the inspection. Wards and services visited included: critical care, critical care outreach team, the maternity delivery suite, the children's ward, the emergency department, the head and neck surgical ward, the acute stroke unit, a general medical ward and a respiratory ward. Following the inspection, the CQC also gave the anaesthetic staff the opportunity to participate in a virtual focus group. In summary the findings were:

- Effective handover systems were in place locally to ensure appropriately qualified staff had access to the information they would need to respond to deteriorating patients in the critical care unit. Anaesthetic staff quickly acted upon patients at risk of deterioration. However, there was a risk of delays in responding to deteriorating patients as capacity and demand for critical care beds increased.
- The service made sure staff were competent for their roles. Managers held meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and received the right care promptly.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

However

- The service did not have enough anaesthetists with the right intensive care qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The risks posed by this were mitigated with the use of general anaesthetic staff out of hours
- Staff did not always recognise and report incidents relating to anaesthetic staffing. This meant managers could not effectively identify and take action to respond to anaesthetic staffing risks.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. However, the senior leadership team were not always visible and approachable in the service for patients and staff.
- Medical staff at the Princess Royal Hospital did not always feel respected, supported and valued. However, they were focused on the needs of patients receiving care. Some medical staff did not always feel that the service had an open culture where staff could raise concerns without fear.

Unannounced Inspection February 2021: The CQC carried out a further unannounced inspection on the 24th February, 2021, resulting in a Section 31 Notice on the 26th February, 2021, imposing conditions on SaTH.

Key areas of concern were in relation to children and young people with mental health needs, learning disabilities and behaviours that challenge. A paper was considered by the SaTH Board on the 8th April, 2021 and can be viewed via the following link: [07-Mental-Health-Report.pdf](#) . The Trust took immediate action in relation to the first two conditions and submitted improvement action to the CQC in relation to the remaining four by the 12th March. The conditions were:

1. The registered provider must undertake an immediate review of the clinical records of all patients under the age of 18 who are currently admitted with an acute mental health need. This review must include appropriate assessment and mitigation of risks relating to the patients' mental health or learning disability needs. The Registered Provider must provide the Care Quality Commission with a report of the review including action taken by 12pm on Monday 1 March 2021.

2. The registered provider must not admit patients; (a) under the age of 18 who present with isolated acute mental health needs (b) who do not have physical health needs that require inpatient assessment and treatment.

3. The registered provider must deliver appropriate training to ensure all staff working with patients under the age of 18 (including bank and agency staff) are appropriately competent in providing care and treatment to patients with mental health and learning disability needs. This must include effective

appropriate training in treating children and young people with mental health needs, learning disabilities, behaviours that challenge and the Mental Health Act 1983 to enable staff to assess and manage risks safely. This training system must be in place by 12 March 2021.

4. The registered provider must adopt an effective system to enable them to identify where all patients under 18 are located within the hospital. Appropriate oversight of the care of these patients must be provided by suitably competent staff. This must include continuous oversight by a registered mental health nurse and regular oversight from a child and adolescent psychiatrist for patients under 18 who are admitted with acute mental health needs, learning disabilities and behaviours that challenge. This system must be in place by 12 March 2021.

5. The registered provider must implement effective safeguarding systems for all patients which meets national and local standards and procedures. This must include the implementation of appropriate training and timely safeguarding referrals. This system must be in place by 12 March 2021.

6. The registered provider must implement an effective safeguarding oversight system to continually monitor staff compliance with safeguarding procedures. Weekly safeguarding oversight reports must be submitted to CQC on Friday of each week at 4pm, commencing Friday 5 March 2021.

It has been confirmed that children and young people with co-occurring mental health and physical health needs can be admitted to the DGH (in line with NICE guidance). Action was taken in Powys in response to the new conditions imposed on SaTH including:

- All relevant patients' (under the Mental Health Measure) care and treatment plans and WARRN risk assessments have been reviewed to identify all possible options to manage mental health crisis within the community and avoid unnecessary admissions to DGH or emergency departments.
- Where young people (aged 16 years and above) require admission for their mental health needs, this admission will be to Felindre Ward at Bronllys hospital, whilst awaiting a specialist Child and Adolescent Mental Health Service (CAMHS) bed.
- Children under the age of 16, requiring admission for their Mental Health needs, will be admitted to Wrexham Maelor Hospital while awaiting transfer to a specialist CAMHS bed. In north Wales, BCUHB manages the regional Specialist CAMHS inpatient unit and this service is commissioned by the Welsh Health Specialised Services Committee (WHSSC).
- PTHB also commissions a dedicated Psychiatric Liaison service within SATH – this service is provided by Midlands Partnership Foundation Trust who provide a mental health assessment service within SATH.

- Patients experiencing a co-occurring physical health condition are admitted to SATH, and discharged to a Mental Health unit when fit to transfer.

A Section 29A Waring Notice was also received with the draft inspection report on the 12th March 2021. This stated "the service was not inclusive, and it did not always take account of children, young people and their families' individual needs and preferences" which was in reference to:

- Choice for 16 to 17 year olds in relation to them being admitted to the Children's Ward. This has already been actioned as part of the Trust's initial response to the CQC conditions on the 12th March 2021.
- Taking account of children, young people and their families individual needs and preferences to ensure they receive patient centred care. This related to care plans and food choices for children and young people with eating disorders in particular. The Trust is currently developing a SOP for Children with an Eating Disorder in conjunction with the specialist service provided by the Mental Health Trust. They are also reviewing all paperwork to ensure these are individualised and allow choice of food and a documentation

PTHB Risk Based Plan. Following the publication of a CQC inspection report in June 2020 an "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) was put in place to help safe improve the quality and safety of its services.

Within PTHB work was undertaken, in collaboration with clinical and operational colleagues, to develop a plan focusing on actions which could be taken within Powys to mitigate risk. PTHB had previously developed a shared risk based plan as the basis of the CEO Level meetings and had contributed to the Shropshire, Telford and Wrekin system response.

SaTH was included as one of PTHB organisational Board level priorities during Quarter 3 and 4 of 2020/2021 and key actions were reflected in the Winter Plan including admission avoidance where possible, virtual clinics and supported early discharge. (Although progress was hampered by the conflicting need to focus on switching emergency pathways in South Powys during a COVID winter.)

Previous reports to PTHB Board Committees and the Quality Governance Group have explained the work undertaken through escalated CEO level meetings, the Commissioning Assurance Framework, the Maternity Assurance Framework and system level meetings in England. In addition, they have covered the work within the trust to improve patient experience and the quality of care and safety; the "Getting to Good" improvement plan; the renewed focus on governance and culture; the revised Board Assessment Framework (BAF); and integrated performance reports.

At its Board meeting, on the 11th March 2021, the key issues highlighted in the SaTH assurance report are set out below.

Alert	<p>The Quality Operational Committee has highlighted significant risks with respect to:</p> <ul style="list-style-type: none"> • Sustaining services linked to the diagnosis and treatment of cancer linked to the demands of the pandemic response; restoring elective surgery ; critical care staffing • There is a reported increase in Mortality (RAMI) for November 2020 which is probably associated with a rise in COVID-19 cases – this is currently being investigated. • There has been an increase in falls this winter although not in reported falls with harm – this is also likely to do with COVID-19 and linked to increased acuity and possibly the necessity to exclude visitors. • QSAC was concerned to hear that the implementation of Badgernet (due end of March 2021) has been delayed due to the requirements of staff training on the system • QSAC believes that the Trust Board need assurance that the Trust have the capacity and capability to deliver technology implementation projects effectively. As patient safety, quality of care and clinician experience should be enhanced through technology implementation this is of direct concern to QSAC. Assurances should include clear evidence that systems are interoperable and can produce the quality of data required to evidence high quality, safe care • Ensuring that clinicians are trained to level 3 Safeguarding remains a challenge, particularly in the current pandemic situation. This must be a focus of activity as pressures reduce. There are mitigations in place at present, but these do not represent a sustainable medium-term position • SATH has had its first case of MRSA Bacteraemia reported for 19 months. This is under investigation
Assure	<ul style="list-style-type: none"> • The evolution of RALIG and NIQAM and the high-quality report provided by these committees is very encouraging and improves assurance considerably • The initial tranche of overseas nurses is making an impact with evidence of high-quality nurses being recruited. Over 90% of the nurses successfully passed their OSCE assessment first time. There is now a second recruitment initiative being implemented and SATH are supporting the wider system in recruitment and OSCE assessment preparation • The maternity dashboard is developing impressively with evidence of successfully addressing adverse trends. This was demonstrated by a substantial improvement in the rate of post-partum haemorrhage following a planned response to a measurement indicating that the Trust was an outlier • The Trust intends to seek the removal of a number (11) of CQC’s section 31 notices through a process of evidence submission demonstrating that issues have been addressed through appropriate and sustainable actions. This approach is supported by the CCGs • There are concerns about CT scanning capacity at least in the short term as the old scanner on the PRH site is decommissioned and there is a temporary reduction in mobile scanning capacity
Advise	<ul style="list-style-type: none"> • The functioning of the Quality Operational Group needs review and the Medical Director and Director of Nursing are actively considering this and have the confidence of QSAC in ensuring that the committee is effective and “meshes” well with QSAC to provide assurance • Led by the Maternity Safety Champion, a subset of QSAC will undertake a review of the evidence available to support SATH’s CNST submission

- The new Divisions have been asked to put robust plans in place to address incident review backlogs that have developed. The backlog of DATIX reports had been eliminated but has reaccumulated.
- Board members should note that the 12 hour wait figure in Accident and Emergency from 1.4.2021 onwards will be measured from the patient's arrival rather than from the "decision to treat". This provides a better reflection on patient experience but may lead to some increase in breaches during times of pressure

At the SaTH Board on the 8th April, 2021, the results of the 2020 NHS Staff Survey for the trust, in which all NHS provider organisations participate in England, were published. The majority of the theme scores for the Trust were challenging. From the ten themes, eight fall below the average of the 128 benchmarked Acute Trusts with two achieving average scores.

The scores in relation to safety culture and staff engagement were particularly concerning. Staff Engagement has seen a decline in the last 5 years.



Ockenden: Following the publication on the 10th December, 2020, of the "Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust" (known as the first "Ockenden Report") SaTH has established a new committee to drive forward actions arising from the report. The Ockenden Report Assurance Committee (ORAC) will meet monthly in public. (The first

committee meeting took place on Thursday 25 March.) The Committee will be responsible and accountable to the SaTH Board of Directors. It will obtain and provide assurance in relation to the delivery, evidence, sustainability and impact of the implementation of the actions arising from the Ockenden report. It is expected that the Committee will be in place for 12 months and will include the Trust's Chief Executive and representatives from partner organisations. PTHB and the Community Health Council now have membership.

The first Ockenden Report contains local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers. An NHS England and Improvement (NHSEI) letter on the 14th December, 2020, set out the requirement for all Trusts to receive the report at their next public meeting. An assurance statement also had to be completed. The responses from all PTHB's providers to the first report Ockenden report will be collated to form the basis of a separate report.

Conclusion

There have been two unannounced CQC inspections at SaTH this year. The report of the first inspection took place in January 2021 and was published on the 3rd of March 2021. The focus of the inspection was anaesthetic cover at PRH. A second unannounced inspection of PRH in February has resulted in further conditions being imposed on SaTH's registration. The key concerns relate to children and young people with mental health needs, learning disabilities and behaviours that challenge. PTHB has put contingency plans and actions in place.

There will be a further separate report on the response to the first Ockenden report, but SaTH has set up an Ockenden Report Assurance Committee, which will meet in public, to which PTHB and Powys County Council have been invited.

NEXT STEPS:

A further update will be provided to the Experience Quality and Safety Committee, including a report on the responses of PTHB's providers to the first report Ockenden report.

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SATH UPDATE

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age		✓		
Disability		✓		
Gender reassignment		✓		
Pregnancy and maternity		✓		
Race		✓		
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language		✓		
<p>Reporting the outcome of the Internal Commissioning Assurance Meeting has no adverse impact on people with protected characteristics. It helps to ensure escalation and resolution of matters which could have a negative impact. However, at present, due to the COVID-19 pandemic, it is not possible to operate the Commissioning Assurance Framework in the usual way, meaning there is a reduced level of assurance. There is also a deteriorating position in relation to referral to treatment times.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			✓	
Financial			✓	
Corporate			✓	
Operational	✓			
Reputational			✓	
<p>The reporting of the outcome of the Internal Commissioning Assurance Meeting is designed to help identify and reduce risks within commissioned services. However, due to the COVID 19 pandemic, there is a reduced level of assurance and a deteriorating position in relation to waiting times.</p>				

Jones, Shania
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SATH UPDATE