Experience, Quality and Safety Committee

Thu 15 July 2021, 10:00 - 12:30

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

EQS_Agenda_15July21_Final.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes of the previous meeting held on 03 June 2021 for approval

EQS_Item_1.3_Unconfirmed Minutes_03 June 2021 AD.pdf (12 pages)

1.4. Matters Arising from Previous Minutes

1.5. Committee Action Log

EQS_Item_1.5_EQS Action Log_15July_2021 v2.pdf (3 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

10:00 - 10:00
0 min

3. ITEMS FOR DISCUSSION

3.1. Service Group, Quality Governance Reporting: Mental Health

EQS_Item_3.1_Experience Quality Safety Committee Mental Health Quality Governance Framework June 2021 JM.pdf (10 pages)
EQS_Item_3.1i_Appendix 1.pdf (1 pages)
EQS_Item_3.1ii_Appendix 2.pdf (17 pages)
EQS_Item_3.1iii_Appendix 3.pdf (44 pages)
EQS_Item_3.1iv_Appendix 4.pdf (2 pages)

3.2. GP Access Standards to include:

3.2.1. Performance report

EQS_Item_3.2_GMS Access update report 2020 2021 FINAL.pdf (12 pages)

3.2.2. GP Access during Covid-19 pandemic: A Report of the Community Health Council

EQS_Item_3.2i_Access Standards.pdf (9 pages)
EQS_Item_3.2ii_PTHB Access Forum Terms of Reference.pdf (4 pages)
EQS_Item_3.2iii_Access Standards final achievement at 31st March 2021.pdf (1 pages)
EQS_Item_3.2iv_Access Standards Internal Audit Report 2020-21.pdf (13 pages)

EQS_Item_3.2v_CHC GP Access Report During Covid.pdf (36 pages)
EQS_Item_3.2vi_DPCCMH response to CHC report.pdf (3 pages)

3.3. Mortality Report

EQS_Item_3.3_Mortality Review Paper July 2021.pdf (6 pages)

3.4. Resuscitation Group Report

EQS_Item_3.4_Resuscitation Report.pdf (4 pages)

3.5. Commissioning Escalation Report

EQS_Item_3.5_CAF Escalation EQS Report July 2021.pdf (7 pages)

3.6. Putting Things Right, Compensation and Claims Report

EQS_Item_3.6_Concerns report.pdf (12 pages)
EQS_Item_3.6a_Appendix 1 Review of PTR Arrangements in Powys_V3.pdf (11 pages)
EQS_Item_3.6i_Review of PTR Arrangements in Powys_V3.pdf (11 pages)
EQS_Item_3.6ia_ Appendix 1 Improvement Plan PtR.pdf (5 pages)
EQS_Item_3.6ii_Appendix 2 - Patient Safety Incident policy - 2021- 05-10 - PDF2.pdf (9 pages)
EQS_Item_3.6iii_Appendix 3 - Letter from DCMO issuing the Patient Safety Incident Policy to the NHS -2021-4-23 - PDF.pdf (2 pages)

3.7. Regulatory Inspections Report

EQS_Item_3.7_Regulatory Inspections Report.pdf (4 pages)
EQS_Item_3.7i_Appendix 1 - Clywedog Ward Updated Improvement Plan 24 June 2021.pdf (3 pages)
EQS_Item_3.7ii_Appendix 2 - 2021.06.02 Alun Jones HIW to NHS Health Boards Wales - COVID 19 inspection measures pdf.pdf (2 pages)
EQS_Item_3.7iii_Appendix 3 - HSCRRR Dashboard.docx.pdf (1 pages)

3.8. Clinical Quality Framework, Patient Experience: Revised Priorities

EQS_Item_3.8_CQF Patient Experience-Revised Priorities.pdf (6 pages)
EQS_Item_3.8i_Appendix 1 - You said we did Four Quadrant v2-07062021.pdf (6 pages)
EQS_Item_3.8ii_Appendix 2 - Civica Experience - NHS Wales.pdf (19 pages)

3.9. Medical Devices and Point of Care Testing Report

EQS_Item_3.9_Medical Devices and PoCT revised from QGG.pdf (10 pages)

3.10. Report of the Learning from Experience Group

EQS_Item_3.10_Learning from Experience Report July 2021.pdf (3 pages)

10:00 - 10:00
0 min

4. ITEMS FOR INFORMATION

10:00 - 10:00
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: 07 October 2021 at 10.00 AM

POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY COMMITTEE

15 JULY 2021,
10.00AM – 12.30PM
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 03 June 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	*There are no items for inclusion in this section*		
3	**ITEMS FOR DISCUSSION**		
3.1	Service Group, Quality Governance Reporting: Mental Health	Attached	Director of Primary and Community Care and MH
3.2	GP Access Standards to include: • Performance report • GP Access during Covid-19 pandemic: A Report of the Community Health Council	Attached	Director of Primary and Community Care and MH
3.3	Mortality Report	Attached	Medical Director
3.4	Resuscitation Group Report	Attached	Medical Director
3.5	Commissioning Escalation Report	Attached	Director of Planning and Performance
3.6	Putting Things Right, Compensation and Claims Report	Attached	Director of Nursing and Midwifery
3.7	Regulatory Inspections Report	Attached	Director of Nursing and Midwifery
3.8	Clinical Quality Framework, Patient Experience: Revised Priorities	Attached	Director of Therapies and Health Sciences
3.9	Medical Devices and Point of Care Testing Report	Attached	Director of Therapies and Health Sciences
3.10	Report of the Learning from Experience Group	Attached	Medical Director

4	**ITEMS FOR INFORMATION**		
4.1	*There are no items for inclusion in this section*		
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: • 07 October 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 committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, 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.

POWYS TEACHING HEALTH BOARD
EXPERIENCE, QUALITY & SAFETY COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON THURSDAY 3 JUNE 2021 VIA MICROSOFT TEAMS

Present:

Trish Buchan	Independent Member (Chair)
Frances Gerrard	Independent Member
Susan Newport	Independent Member

In Attendance:

Alison Davies	Director of Nursing and Midwifery
Kate Wright	Medical Director
Claire Madsen	Director of Therapies and Health Sciences
Wendy Morgan	Assistant Director of Quality and Safety
Julie Richards	Head of Midwifery and Sexual Health (Joined for Item 3.2 and 3.3 only)
Louise Turner	Assistant Director of Women and Children's (Joined for Item 3.2 and 3.3 only)

Observers:

Sara Utley	Audit Wales
Rhobert Lewis	Independent Member
Ronnie Alexander	

Apologies for absence:

Melanie Davies	Vice-Chair (Committee Chair)
Jamie Marchant	Director of Primary, Community Care and Mental Health.
Julie Rowles	Director of Workforce, OD and Support Services
Rani Mallison	Board Secretary

Committee Support:

Elizabeth Patterson	Corporate Governance Manager
Shania Jones	Charity Administration Support Officer

EQS/21/22	**WELCOME AND APOLOGIES FOR ABSENCE** The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.
EQS/21/23	**DECLARATIONS OF INTERESTS** No interests were declared.
EQS/21/24	**UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 15 APRIL 2021** The minutes of the previous meeting held on 15 April 2021 were AGREED as being a true and accurate record.
EQS/21/25	**MATTERS ARISING FROM PREVIOUS MEETINGS** No matters arising were declared.
EQS/21/26	**COMMITTEE ACTION LOG** The Committee received the action log and the following updates were provided: ARA/20/82 – Fire Safety Internal Audit Report – this item was now overdue – the Director of Nursing and Midwifery undertook to check with the Board Secretary when this would be rescheduled. EQS/19/89 – Assurance that visiting clinicians were compliant with training – the Medical Director advised this was a complex situation as PTHB do not appraise visiting clinicians who are employed by other Health Boards. Visiting clinicians tend to be a stable workforce and assurance could be taken from that however, it was acknowledged that there would be more risk around substitute clinicians. A paper would be brought to committee outlining the key areas of risks and work undertaken to address this. The remaining actions were not yet due.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
EQS/21/27	*There are no items for inclusion in this section*
ITEMS FOR DISCUSSION	
EQS/21/28	**CLINICAL QUALITY FRAMEWORK, IMPLEMENTATION PLAN UPDATE**

	The Director of Nursing and Midwifery presented the report noting it had previously been identified that each of the five goals outlined within the paper would need an Executive Director as lead. The review and priorities for 2021/22 were noted, with revised priorities to be presented to the Quality, Governance Group in July 2021. The RAG ratings remained the same. *Regarding the RAG rating, are the items that are white because they are not due or have not been re-prioritised?* The Director of Nursing and Midwifery explained the process is operated within a three-year cycle and the white areas were added as previously included in year 2 priorities and are only now entering the cycle however, there may be changes to priorities following the review process. The Committee DISCUSSED and NOTED the Clinical Quality Framework, Implementation Plan Update.
EQS/21/29	**SERVICE GROUP, QUALITY GOVERNANCE REPORTING:** **a) MENTAL HEALTH** This item had been DEFERRED. **b) WOMEN AND CHILDREN'S** The Director of Nursing and Midwifery introduced the paper and the recently appointed Assistant Director of Women and Children's Manager presented an update on the refinement of the Women's and Children's Quality Governance Framework 2021/22 which had been developed in 2020 and had since been implemented. It was highlighted that the service groups report to the Director of Primary, Community Care and Mental Health and that the Women and Children's service group comprises of midwives, health visitors, school nurses amongst others. The reporting structure was outlined within the report including the links with the PTHB Clinical Quality Framework. The Governance Framework includes the following forums: • Individual teams and services • Incident Oversight Groups • Audit • Policies and Procedures • Child Death Review meetings • Patient Experience Forum • Health and Safety These all feed into the Senior Clinical Leadership Group and ultimately to the Director of Primary, Community Care and

	MH. The Assistant Director of Women and Children's Manager wished to build on this foundation to ensure that frontline practice was observed and learning embedded across the directorate. *Women and Children are more likely to have suffered silently during the pandemic. How does the undisclosed suffering get translated into support?* The Assistant Director of Women and Children's explained that this is a continuous challenge, the aim was to build upon the patient experience forum to collectively keep the communication channels open. It was important that the feedback from the mechanisms outlined within the report was acted upon and staff were working together to meet those challenges. The Director of Nursing and Midwifery further explained that this was a national issue and one way in which PTHB were responding was by focussing on children and young people in the annual plan, where a specific priority has been identified. The Medical Director added that there was a research group in place that looked at harm and it was important to listen to all voices and not just to those that shouted the loudest. *Do frontline staff who see this have the opportunity to raise concerns?* There were a number of forums and opportunities for where these issues could be raised. PTHB was well placed for this as the organisation was close to its communities. *What is the expectation moving forward? Will this be within an aggregated report provided by the Director of Primary, Community Care and Mental Health?* The Director of Nursing and Midwifery confirmed the report highlighted the structure in place which enables the women and children's service group can discharge its responsibility in terms of quality and patient safety, and this in turn will help the service group generate data to inform the aggregated report, expected next time. The intention was to receive a single report of collated information from the service groups that identified the important elements of quality governance for those groups. The Women and Children's Service Group report was DISCUSSED and NOTED.

EQS/21/30	**MATERNITY SERVICES ASSURANCE FRAMEWORK & IMPROVEMENT PLAN** The Head of Midwifery and Sexual Health presented the report highlighting updates in regard to the Maternity Service Improvement plan, the scheduling of a Powys Maternity and Neonatal Performance Board by Welsh Government, development of an assurance committee in SaTH and reference to work underway within the maternity and neonatal workstream of the South Powys Programme Board. *What is the national stance on partners being present during birth?* The Head of Midwifery and Sexual Health explained that the visiting framework provided by the Welsh Government (issued in July 2020 and updated in November 2020) was used nationally which allowed the support of a birth partner during active labour. In Powys it was possible to offer birth partner support from the onset of labour through to post birth support. Powys women who attend District General Hospitals were subject to the visiting arrangements in the hosting Health Board. In Powys labouring women are offered a home assessment to enable them to stay at home with support for the most appropriate time. The National Visiting Framework was being reviewed in respect of post-natal support and scan attendance. PTHB was already offering support attendance at scans and was examining the potential to invite support partners to antenatal appointments. The key feedback from families was that they would like to be considered as families not visitors when the baby is on special care unit. Maternity Services Assurance Framework and Improvement Plan was DISCUSSED and NOTED by the Committee.
EQS/21/31	**APPROACH TO ASSESSING HARM FROM COVID-19** The Medical Director gave an oral report regarding the approach to assessing harm from COVID-19 outlining that this was a rapidly evolving field and there was a large amount of work being undertaken locally and nationally. It was important that there was a consistent approach to assessing harm. There were several aspects of harm that could be identified including harm directly from COVID-19, from stress on the system or from stopping normal activity. The challenge presented was to prioritise and to make a fair assessment on the basis of where was the greatest need. It was not

	just about assessing the harm but about the use of mechanisms to assess and mitigate simultaneously. There were several national initiatives underway which PTHB were involved with including nosocomial harm and harm from long delays to planned treatment. Each Health Board are assessing the delays in order to gauge what proportion of individuals no longer need planned care and which individuals need to be prioritised. A mini pilot has taken place within Powys, where the orthopaedic list was triaged, patients were contacted and the list re-triaged. This identified a number of patients who no longer needed to be on the list, a number of patients who could be offered bridging treatment and for the remaining patients the problem had been defined and a plan for care produced. This would inform consideration of other lists. It had been ascertained that the old system of simply referring a patient to the orthopaedic waiting list was not the best approach. It was important to be aligned to the national frameworks due to the level of work commissioned by PTHB. It was intended to bring a more defined framework to Committee later in the year. *Regarding orthopaedics, is there movement towards a strategy where patients are able to access a physiotherapist instead of seeing a GP first? This happens in England and patients then end up on an orthopaedic list without the opportunity for alternative approaches outlined above. Is PTHB or Wales looking to emulate this approach?* The Medical Director explained that this was an opportunity to review the system regarding valued-based care to ensure duplication is avoided. Historical pathways may need to change. The Director of Therapies and Health Sciences confirmed that England had a different system for triaging patients whereby GPs no longer see orthopaedic patients. Powys are reviewing their pathways and there are several options including a first contact physio or podiatrist and there was potential for other therapists to be based in GP practices. At present the pathway is convoluted and needed to be rationalised. *Whilst there is total support for expertise of first care practitioners there is concern that GPs will be deskilled by the loss of this work to other staff.* The Medical Director agreed the concern noting one of PTHBs strength was the expertise amongst primary care.

	It was expected that the pathways would be different to those in England. *Can assurance be given that Independent Members will be sighted on this progress?* The Director of Therapies and Health Sciences explained it was part of the renewal priorities around the managing long term conditions and as such will be reported through this mechanism. The Board Secretary to advise of the reporting arrangements for this item. **Action: Board Secretary** The Committee DISCUSSED and NOTED the approach to assessing harm from COVID-19.
EQS/21/32	**APPROACH TO LEARNING UPDATE** The Medical Director presented the paper outlining that PTHB already had a strong learning culture. It was a complex organisation with many small teams spread over a large area interfacing with many other health boards across Wales and England. This could bring opportunities as well as challenges. The principles, culture, mechanisms, and opportunities for developing shared learning were outlined. *Regarding commissioned work, what is in place to give assurance that learning takes place in those environments? Do these come through the National Practice and Audit Wales?* The Medical Director explained that there are commissioning assurance frameworks which will seek to take assurance from some areas. However, the Health Board will aim to seek more assurance from commissioners regarding some of those compliances with National Audit. *In respect of the silent harms known to be taking place can assurance be given that the Health Board be focus on protected characteristics and socio-economic duty when re-viewing the learning?* The Medical Director assured the Committee that the protected characteristics and the socio-economic duty would be considered at the learning and experience group which was attended by a large range of participants. The Committee NOTED and DISCUSSED the Approach to Learning Update.
EQS/21/33	**SERIOUS INCIDENTS AND CONCERNS REPORT** The Assistant Director of Quality and Safety presented the Serious Incidents and Concerns Report to the Committee.

	It was noted that the serious incidents and concerns report would change in its contents because the service groups will be reporting on their performance in terms of patient experience, incidents, concerns and other quality related matters. Additionally there would be changes as part of the move from the Datix system to Once for Wales Concerns Management System that might mean that data will be presented differently. It was confirmed that te Putting Things Right Policy had been sent to the Public Services Ombudsman for Wales after the May 2021 Board meeting and it was intended to develop a Complaints Charter. This would be shared with Members on completion. The performance on responding to complaints within 30 working days is improving. Training had been arranged on complaints handling by the Public Services Ombudsman for Wales and it was intended to provide this training to a wider cohort of staff. *The number of complaints on a monthly basis is small, how does this number compare with other Health Boards?* The Director of Nursing and Midwifery explained it would be difficult to compare numbers of complaints with other health boards as the way in which services were commissioned and provided, differed for other health boards in Wales and therefore not comparing like for like. The Assistant Director of Quality and Safety further explained that there is no benchmarking data available for concerns. On average the organisation receives approximately 20-30 complaints per month (up from around 15-19 during the covid pandemic). Complaints regarding commissioned services were considered but only if the PTHB is advised by a commissioned service they had been received. In terms of incidents the PTHB average is approximately 250 per month (2,000 to 3,000 per year) compared to approximately 17-20,000 in a large health board who provide secondary care service. The caveat regarding comparisons outlined above also applies to comparisons of incidents. *Do the complaints team investigate complaints regarding long waits. If so do all patients know this is a method that can be used?*

	There are complaints are received in relation to waiting timers. As systems recver post covid and patient experience are brought to the fore, the aim is always for matters to be resolved to the complainants satisfaction informally wherever possible. The Committee NOTED and DISCUSSED the Serious Incidents and Concerns Report.
EQS/21/34	**INSPECTIONS AND REGULATION REPORT** The Assistant Director of Quality and Safety presented the inspections and regulation report noting that Tier 1 Quality Checks had taken place at Clywedog Ward, Llandrindod Wells Memorial Hospital and two improvements had been identified: • The health board must provide HIW with assurance as to how the site can best meet the needs of these patient groups [functional and organic] in both the short term and longer term, specifically if the use of bays in accommodating patients with organic and functional needs fully promotes patient wellbeing and dignity. • The health board is advised to review and update its environmental/COVID-19 related risk assessment(s). A response would be submitted to Health Inspectorate Wales (HIW) in June 2021 and it was confirmed that the second recommendation had been completed. The Quality Check of the Felindre Ward at Bronllys Hospital had been scheduled for 30 March 2021 however, it had been postponed to 27 April 2021 which had also been postponed by HIW. A new date was awaited. The paper highlighted the current position of the recommendations, actions and progression across the Health Board which provided assurance of those taken forward and the ones that had been closed. *When will Independent Members have an opportunity to consider the plans to address the accommodations for patients with organic and functional needs for Clywedog Ward?* The Assistant Director of Quality and Safety explained that a date had been issued for completion, and initial work had been undertaken but was still work in progress. An update was due to be submitted to HIW end of June 2021 which may provide more clarity.

	The Director of Nursing and Midwifery offered to include the response in the Regulatory Inspections Report at the next meeting. **ACTION: Director of Nursing and Midwifery** The Committee NOTED and DISCUSSED the Inspections and Regulation Report.
EQS/21/35	**INFECTION PREVENTION AND CONTROL REPORT** The Director of Nursing and Midwifery presented the report to Committee noting that Infection Prevention Control (IPC) was a shared responsibility across the organisation. The ICP plan was developed proactively pre-COVID and majority of the plan had been delivered. The outstanding actions had been carried over to the current year. The team were recruiting a registrant and an administrator to help with the pressures on this service due to the pandemic. Attention was drawn to the Environmental Cleanliness dashboard which the IPC group receive, and the expectation of receipt of Welsh Government guidance in relation to revised cleanliness standards. It was noted that the 2020-21 Infection Prevention and Control Annual Report was currently being drafted and progress would be reported to the IPC Group in June 2021. A new approach to post-infection review around all blood stream infection will help to identify areas of learning and improvement. The team had worked with partners to monitor water safety and improve ventilation together with other estates-based activity in response the pandemic. Decontamination work had been strengthened with senior leadership identified in this area and a nosocomial group formed to consider Welsh Government policy and guidance, and aspects of prevention of nosocomial transmission. *Is it known if the drop in C.difficile cases is due to a reduction in sampling or a reduction in prescribing?* The Director of Nursing and Midwifery advised that the Chief Pharmacist would be asked for their views on this question which would be included in the next Infection Prevention and Control update. **Action: Director of Nursing and Midwifery** *Will the annual report be brought back to the Committee once it has been agreed by the ICP Group?* The Director of Nursing and Midwifery assured the Committee that the Annual Report will be presented to EQS

	Committee once it has gone through the internal governance arrangements. The Committee NOTED and DISCUSSED the Infection, Prevention and Control Report.
EQS/21/36	**MEDICAL REVALIDATION PROGRESS REPORT 2019/2020** The Medical Director presented the Medical Revalidation Progress Report 2019/2020 to Committee noting that overall the organisation was doing well as it was on a par or slightly better than the rest of Wales. However, it was expected the number of referrals would increase in line with the national trend. There had been an increase in the number of deferrals as it has not been possible to undertake the 360^{o} feedback element. This was a temporary position. Attention was drawn to the need to appoint a Lay person to the group along with additional appraisers including a dedicated appraiser for secondary care. Whilst the quality of appraisals was good there was a need to undertake Whole Practice Appraisals. *One of the aspects of the pandemic has been the sudden opportunity for learning and an appraisal offers the opportunity to reflect.* It was confirmed that one of the areas where it had been easy to find evidence in the appraisal process was quality improvement. The Committee DISCUSSED and NOTED the Medical Revalidation Progress Report 2019/2020.
EQS/21/37	**CLINICAL AUDIT PROGRAMME REPORT** The Medical Director presented the report highlighting that the audit plan for the coming year had been agreed in December 2020, and was running to plan. Many planned audits for the 2019/20 period had not taken place due to the pandemic and the service groups have reviewed and risk assessed them. Some had been cancelled while others have rolled over to 2021/22. The majority of audits that did take place had good results. *The Falls Audit has been delayed due to insufficient capacity. When will this take place?* The Assistant Director of Quality and Safety explained that a number of directorates were working together on this. The Falls Group had recently been re-established and it work would progress over the next few months. This will be included in the report of the Director of Primary, Community Care and MH.

	Action: Director of Primary, Community Care and MH The Committee DISCUSSED and NOTED the Clinical Audit Programme Report.
EQS/21/38	**SAFEGUARDING DURING COVID** The Director of Nursing and Midwifery presented the Safeguarding during COVID report in response to a question raised at Board. It was noted that there was recognition across all agencies and services related to the possible wider societal harm from Covid-19. The paper set out the Health Board's approach to working together to prevent and address the elements of domestic violence wherever possible. The report set out the next steps to address and engage recommendations from the internal audit report. The Committee DISCUSSED and NOTED the Safeguarding during COVID paper.
ITEMS FOR INFORMATION	
EQS/21/39	**WHSSC QUALITY & PATIENT SAFETY COMMITTEE, MEETING HELD 11 MAY 2021, CHAIRS REPORT** The Committee NOTED the paper.
OTHER MATTERS	
EQS/21/40	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There are no items for inclusion in this section.
EQS/21/41	**ANY OTHER URGENT BUSINESS** No urgent business. The Committee Vice-Chair thanked all members.
EQS/21/42	**DATE OF THE NEXT MEETING** 15 July 2021, at 10:00, via Microsoft Teams

Key:

Completed
Not yet due
Due
Overdue
Transferred

EXPERIENCE, QUALITY & SAFETY COMMITTEE

ACTION LOG July 2021

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
IC_EQS/21/06 Complex Concerns & SIs	15 April 2021	A final brief on the PSOW report be provided to EQS (In-Committee)	Director of Nursing and Midwifery		
Transferred from Audit, Risk & Assurance Committee ARA/20/82 Internal Audit, Fire Safety	3 November 2020	Internal Audit Report: Fire Safety (Limited Assurance). A follow-up report to be presented to the Experience, Quality and Safety Committee.	Board Secretary / Director of Workforce & OD and Support Services	Audit, Risk and Assurance (ARA) Committee has requested a specific update on Fire Safety as a number of audit recommendations arising from Internal Audit's review are overdue. The ARA Committee will therefore report progress to Board.	Transferred back to Audit, Risk and Assurance Committee
EQS/19/89 Follow on from EQS/19/54 (IPC Training)	4 February 2020	Information regarding how PTHB receive assurance that visiting clinicians are compliant with training will be circulated with Committee Members.	Medical Director and Director of Workforce, OD and Support Services	It is proposed that an overview of governance arrangements in respect of Visiting Clinicians is built into the Committee's workplan for 2021/22	
EQS/19/76 Research and Development	3 December 2019	The Research and Development and Innovation Update report	Medical Director	update on Research and Development is built into	

& Innovation Update		was requested to be strengthened and taken forward in conjunction with the Clinical Quality Framework.		the Committee's workplan for 2021/22	
EQS/21/31 Approach to Assessing Harm from Covid-19	3 June 2021	Reporting arrangements to Committee in respect of changes as a result of harm from covid to be clarified	Board Secretary	Scheduled for inclusion on the EQS Committee agenda for October 2021	
EQS/21/34 Inspections and Regulation Report	3 June 2021	Response regarding plans for Clywedog Ward to be included in the Regulatory Inspections Report at July 2021 meeting	Director of Primary, Community Care and MH	Suicide Prevention and Self-Harm Presentation Scheduled for inclusion on the Board Briefing agenda for October 2021	
EQS/21/35 Infection Prevention and Control Report	3 June 2021	Chief Pharmacist to be asked for views on reasons for drop in C.difficile infections	Director of Primary, Community Care and MH	The following response from the Chief Pharmacist was received: "The drop is not due to a drop in antimicrobial prescribing which has increased since the arrival of COVID. The drop-in diagnosis is most likely to be due to the drop-in sampling".	
EQS/21/37	3 June 2021	Update on Falls Audit to be included within report of DPCCMH	Director of Primary, Community Care and MH	This audit to be completed in Q2 after which an update will be provided by DPCCMH	

Clinical Audit Programme Report					

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Experience, Quality & Safety Committee	**Date of Meeting: 15 July 2021**
Subject:	**Mental Health and Learning Disabilities Service Group** **Quality Governance Framework**
Approved and Presented by:	Jamie Marchant Executive Director of Primary Care, Community and Mental Health Services
Prepared by:	Ruth Derrick Head of Nursing Quality & Safety Mental Health and Joy Garfitt, Assistant Director Mental Health & Learning Disabilities (MH&LD)
Other Committees and meetings considered at:	Quality Governance Group 19.05.2021 MHLD SMT 26.05.2021
References:	**National Confidential Inquiry into Suicide and Safety in Mental Health** The assessment of clinical risk in mental health services (manchester.ac.uk)

PURPOSE:

The purpose of this paper is to outline the processes relating to quality governance in the MH&LD service group including how the service group uses the Commissioning Assurance Framework.

RECOMMENDATION(S):

The Experience, Quality & Safety Committee is asked to NOTE and DISCUSS the Mental Health Learning Disabilities Service Group Quality Governance approaches including the use of a Commissioning Assurance Framework.

Approval/Ratification/Decision	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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	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:

The basis of this report is to outline the approach within the MHLD Service Group for quality governance including the use of the Commissioning Assurance Framework (CAF) for Mental Health and Learning Disabilities (MHLD) Service Group, a quality assurance and performance process within the health board reflecting the progress the Mental Health (Wales) Measure 2010.

The CAF is monitored outside of MHLD through a monthly meeting chaired by the Head of Commissioning and internally at MHLD Senior Management Team also on a monthly basis. The Commissioning Assurance Framework is a risk-based approach with reports including soft intelligence and information on any emerging provider or performance issues that could pose a risk to the health board. The soft intelligence provides some context analysis alongside the data. A partly populated CAF is included at **Appendix One** to demonstrate the measures that are monitored on a routine basis. The full detail has not been included on this occasion as it would often include patient identifiable information and is solely provided as an example as this time. The CAF is presented in this report in this format as the purpose of the paper is to outline how MHLD service group undertakes the quality governance work and not to provide a report on metrics.

Future service group reporting across the Executive Director of Primary Care, Community and Mental Health portfolio and respective service groups to the

Quality and Governance Group and Experience, Quality and Safety Committees will provide analysis on specific indicators including outputs through the CAF.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The Mental Health and Learning Disability Service Group provides comprehensive care, treatment and support to those of all ages who are affected by mental illness, learning disabilities and autistic spectrum conditions. Quality and performance are measured across a range of activities at monthly Senior Management Team meetings. This brings together the varied MH/LD activities in order to promote the quality thread throughout the whole service, including monitoring of the MHLD Risk Register prior to this being prioritised towards inclusion in the Primary, Community Care and Mental Health Executive Risk Register.

MH/LD services during COVID-19

During the COVID-19 pandemic, all Mental Health and Learning Disability services remained open to patients – with a greater focus on delivering remote and video-conferencing appointments to patients to enable social distancing and reduce the likelihood for transmission of COVID.

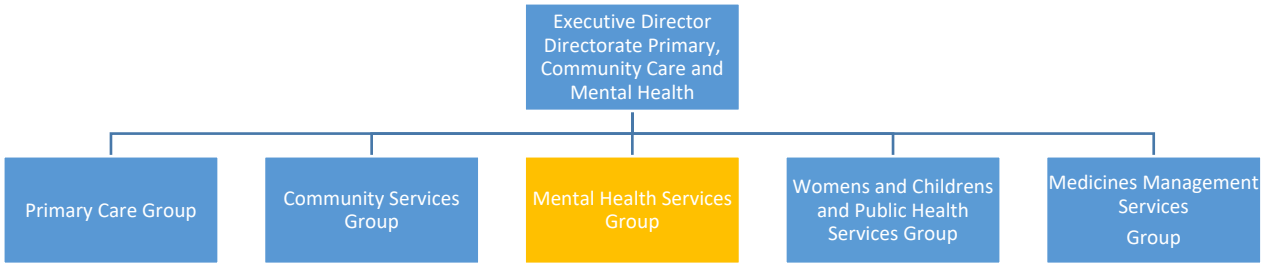
The priority was therefore maintaining services within the context of the impact of staff shortages through shielding, mandatory isolation and sickness absence. The in-patient areas worked within strict guidance and were able to remain free of Covid-19 up until the very end of December 2020, the only mental health in-patient setting in Wales to achieve this.

Service Culture

The MHLD service group has a culture based on transparent and accessible leadership, which in turn leads to learning and development as an ongoing process. Since 2017 when the management of mental health returned to the health board, there has been an assertive journey to move towards the creation of a cohesive set of emerging services that can be dynamic and responsive to changing need. The service actively listen to service users and include them as part of a natural co-production culture. **Appendix Two** shows our commitment to including service users in recruitment.

The Mental Health Services Group is one of five Service Groups within the portfolio of the Executive Director of Primary, Community Care and Mental Health.

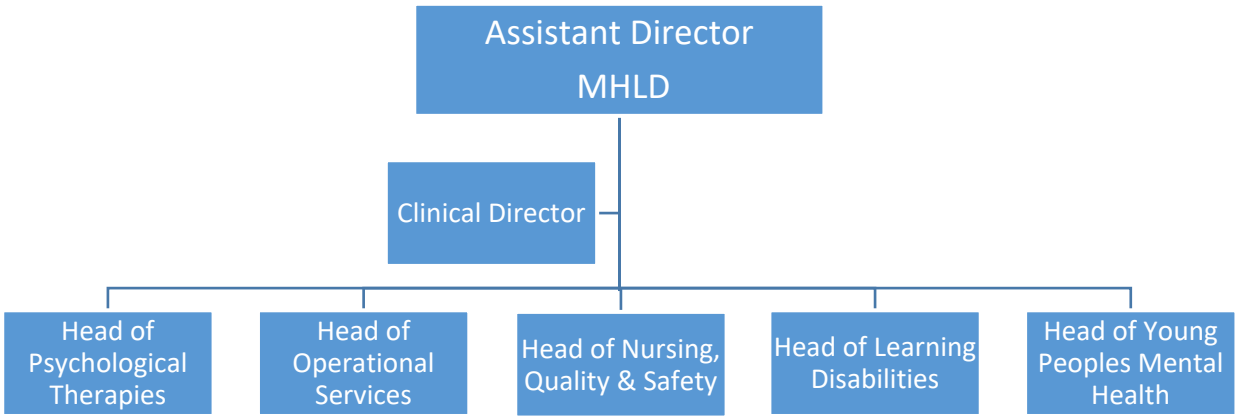
Fig 1: Service Group Structure



The Mental Health Group has 395 staff in total (325.77 FTE) from a wide range of professional groups including Doctors, Nurses, Psychologists, Social Workers, Occupational Therapists, Support Workers, Administrators and Counsellors. Teams, roles and services are varied, including:

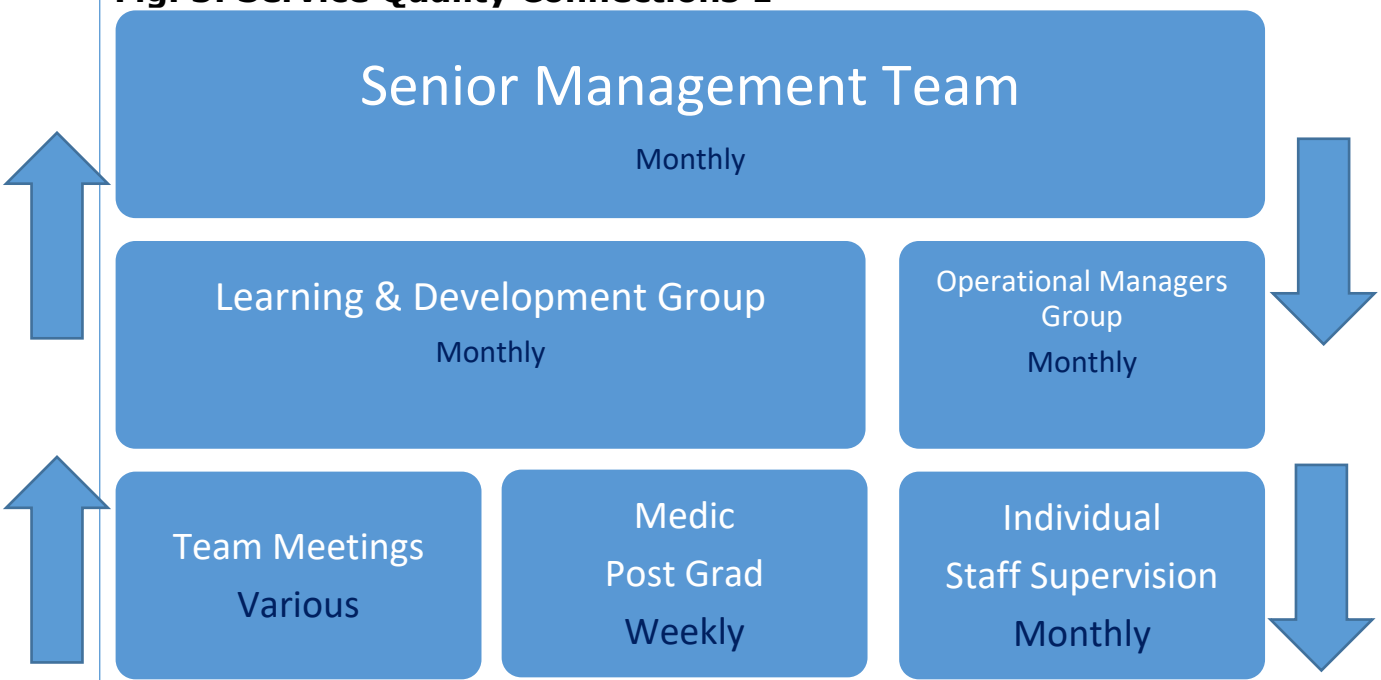
- Four in-patient wards (one currently closed as part of the pandemic management arrangements)
- Five Community Mental Health Teams - Adult
- Five Community Mental Health Teams - Older Adult
- Two Dementia Home Treatment Teams
- Two Crisis Resolution Home Treatment Teams
- Two Memory Assessment Services
- Partnership and Patient Participation
- Psychological Therapies including a new Trauma pathway
- Business and Performance Improvement Manager
- Complex Risk and Placement Team
- Mental Health Act Management and Administration
- Three Local Primary Mental Health Support Services

Fig 2: Senior Leadership Team



Service Governance and Quality

Fig. 3: Service Quality Connections 1



Outcome Measurement in Wales

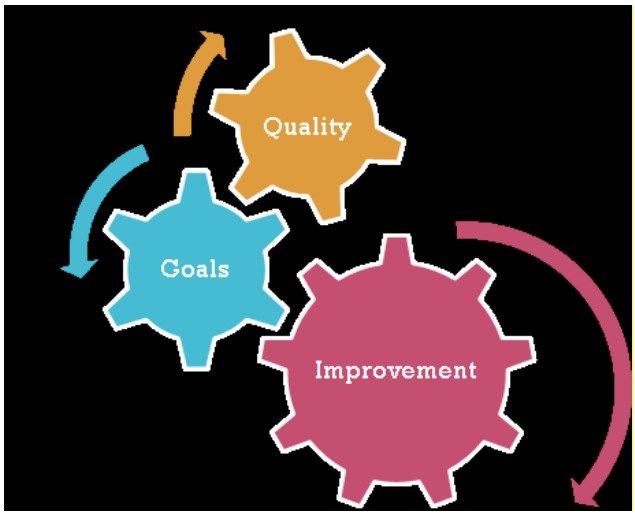
Extensive national work has shown what is important to service users, families and carers, identified within Together for Mental Health2 (T4MH), the Welsh Government's 10-year cross-sector strategy for improving mental health services in Wales.

Services should offer timely, evidence-based interventions that are proportionate and do no harm. Service user experiences of care, the development of consistent data across Wales, improvements in the delivery of

psychological therapies are all highlighted within the T4MH delivery plan (**Appendix Three**). MHLD in Powys Teaching Health Board work within these principles and key staff are included in opportunities for influencing the direction of the service improvement journey through national work streams.

An all Wales framework for the use of outcome tools in mental health and learning disabilities has been developed, with tools being placed in three clusters; *Improving My Wellbeing, Being Able to Set My Own Goals and Aspirations and My Experience and Satisfaction.* It is expected that all practitioners will use outcome tools in their day-to-day practice with patients/service users in due course. A multi-disciplinary, multi-sector implementation group is working to develop the processes that will support practitioners, service users and family members and carers in the use of tools across services.

Straight forward processes, procedures and associated assurance are critical to the provision of quality services, alongside an understanding of their impact. Those who receive services, practitioners and researchers are all identifying need for a change of focus towards achieving agreed, meaningful and demonstrable outcomes. Ensuring that individuals have a voice about what matters to them, building on strengths and goal-setting through a co-production approach must be integral to mental health service delivery. This means involving families and wider communities in discussions about care and support when appropriate, including transparency around risk and safety planning.



Appendix Four shows the draft staff awareness raising outcomes poster. Training for PTHB staff commences on 14th June 2021 with the Outcomes Framework aiming to be fully implemented across Wales at the end of 2022.

Training, Learning and Development for Quality Improvement

MHLD has a Learning and Development Group that meets monthly. The group is consistently well attended and valued by a wide staff group. The agenda includes a review of learning from concerns and SI's, but is also a much wider forum for engaging with staff and supporting the opportunity for a wide range of quality improvement topics.

A recent example of this included analysis and discussion arising an incident between WAST, PCC and MH services. This was addressed through a WAST professional attending the group to exchange views on working together for better outcomes. This had arisen out of a practice issue and anticipated challenges were quickly dissipated through a mutual understanding of expectations that may not have been previously explicit. Quality improvement through better partnership is recognised as a core value within MHLD and this needs to take place on a continuum. Shared learning comes through this forum of openness and at times, professional courage to address that which is uncomfortable.

Management of Concerns and Serious Incidents

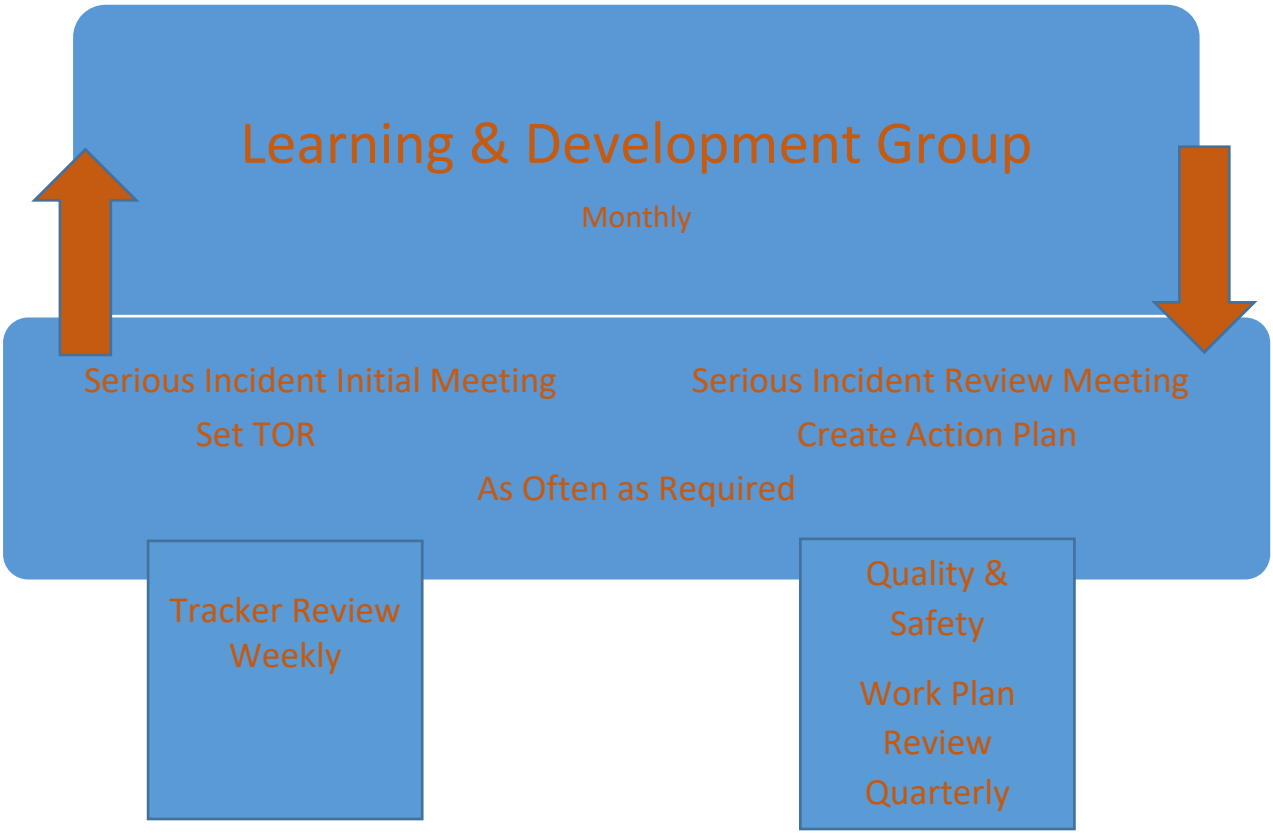
There is a robust management system in place within the MHLD service group. On receipt of a serious untoward incident, an initial meeting generally chaired by the Head of Nursing, Quality & Safety, facilitates the confirmation of the Investigation Officer (IO)and sets the terms of reference for the investigation. This is followed by support to the IO from the Clinical Lead, Quality & Safety if required. We recognise that staff members are at different skill levels and many do need training and support. On completion of the investigation report, a review meeting is set up to enable the clinical group to reflect on the serious incident and crucially, identify both learning and good practice. Final reports are reviewed and signed off by the Head of Nursing, Quality & Safety. All meetings are minuted and attended by the Clinical Director who takes a central role in the action planning process. All activity around concerns and SI's are reviewed through a progress tracker on a weekly basis for onward scrutiny by the corporate team. Learning is reviewed annually to identify themes.

The quality and safety element of MHLD has been significantly depleted since October 2020 and this has impacted on the work plan. However, we have a start date of July 1st for a new, full-time Clinical Lead which will enable the service to include more proactive steps around quality improvements. The Public Services Ombudsman for Wales published their thematic report; *At Your Service: A Good Practice Guide* in March 2021 and there are some very positive recommendations within this that MHLD is keen to progress around the management of concerns. Clear communication and early resolution are key factors that the service has been building on since December 2020.

Mandatory training and PADR rates have slipped throughout the pandemic but we are confident that we will start to see an improvement as systems return to a normal standard and absent staff return to work. The value of monitoring both

these activities is part of an overall quality indicator. The supervision system in place supports managers to know their staff and subsequent learning and development needs.

Fig. 4: Service Quality Connections 2



Clinical and Ligature Risk Management

It is well understood that the management of risk in MHLD should be an individualised component of a whole system approach, strengthening the standards of care as confirmed as an outcome of the National Confidential Inquiry into Suicide and Safety in Mental Health. Clinical risk in mental health cannot be just a number or a checklist. Tools need to be accessible, useful as a prompt, but can only be a part of a wider assessment process. Therefore, treatment decisions cannot be determined by a score, but should be an overall

formulation with the individual and family/carer involvement in the assessment process at the centre. Risks are personal and the management of risk must respond accordingly.

Environmental Health and Safety factors work hand in hand with clinical risk factors. A significant risk factor for the provision of mental health in-patient services are the ligature risks presented within the environment. Recently, there has been a change in the previously determined status that a low positioned ligature point presents a low harm risk. This is not the case and has been addressed by MHLD through undertaking a significant clinical and environmental development programme around the management of ligature risks over the past two years, supported by Estates colleagues. The clinical policy has been reviewed in May 2021 to reflect these changes and all sites are reviewing their risk assessments. In addition, there is a new programme of national work about to start with the aim of implementing consistency across Wales to provide assurance to health boards that all that can be done to reduce risks, is being done within the parameters of a consistent standard. Within the health board, there is a new anti-ligature project board led by the Estates team to ensure that the environmental work remains on target.

Next Steps

Further evaluation of SilverCloud the online Cognitive Behavioural Therapy (CBT) programme which offers support for a range of issues including anxiety and depression. The programme became national in September 2020, led by Powys Local Health Board.

The new Once for Wales System to replace DATIX is anticipated as being able to provide the service with improved data quality for analysis and learning as services come out of the pandemic. We would aim to improve the clinical intelligence available to support MHLD towards continuous quality improvement.

Into the future, MHLD will engage with national working groups to ensure that services align with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Act received Royal Assent in June 2020, with a view to fully implement the Act by April 2023. The Act includes a new broader Duty to ensure that health services are organised and delivered in a way that seeks to secure continuous improvement in quality and improved outcomes for the population. This fits very well with the All Wales framework for the consistent use of outcome tools in mental health and learning disability.

RECOMMENDATIONS:

The Experience, Quality & Safety Committee is asked to NOTE and DISCUSS the Mental Health Learning Disabilities Service Group Quality Governance processes in place.

Appendices

Appendix One

Appendix Two

Appendix Three

Appendix Four

Powys Providers Mental Health - EXAMPLE CAF Report — Level 3

QUALITY AND SAFETY

Ratings	Jan-20	Feb-20	Mar 20 - No score	Apr-20

Summary

	Incidents (**serious incidents) - SUIs	Complaints - (Concerns)
Mar-20		
Apr-20		
May-20		
Jun-20		
Jul-20		
Aug-20		
Sep-20		
Oct-20		
Nov-20		
Dec-20		
Jan-21		
Feb-21		
Mar-21		

ACCESS

Ratings	Jan-20	Feb-20	Mar 20 - No score	Apr-20

Part 1 20/21

All Powys all ages	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	March 21 No's	Average
% of assessments within 28 days (target 80%)	92.8%	96.5%	97.9%	100.0%	95.6%	99.2%	98.0%	98.7%	97.7%	96.7%	98.7%	92.8%	141 of 152	97.0%
% of interventions within 28 days (target 80%)	61.6%	79.0%	75.9%	75.8%	87.4%	90.4%	86.7%	92.3%	96.2%	78.5%	89.8%	81.1%	137 of 169	82.9%
CAMHS	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**March 21 No's**	Average
% of assessments within 28 days (target 80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	97.4%	97.8%	97.1%	97.3%	96.9%	31 of 32	98.4%
% of interventions within 28 days (target 80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.4%	100.0%	100.0%	89.3%	96.2%	100.0%	20 of 20	97.7%
North Powys	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**March 21 No's**	Average
% of assessments within 28 days (target 80%)	89.4%	94.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	61 of 61	98.4%
% of interventions within 28 days (target 80%)	40.4%	89.8%	90.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	98.3%	98.1%	52 of 53	90.3%
South Powys	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**March 21 No's**	Average
% of assessments within 28 days (target 80%)	94.1%	100.0%	100.0%	100.0%	85.0%	96.6%	94.7%	100.0%	91.7%	95.0%	96.2%	70.6%	24 of 34	93.7%
% of interventions within 28 days (target 80%)	72.9%	65.3%	56.1%	60.2%	78.0%	84.9%	78.1%	85.1%	92.0%	81.3%	80.0%	67.1%	53 of 79	75.1%
South Powys (Ystrad)	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**March 21 No's**	Average
% of assessments within 28 days (target 80%)	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	96.6%	100.0%	100.0%	26 of 26	98.6%
% of interventions within 28 days (target 80%)	60.0%	84.6%	100.0%	100.0%	75.0%	90.9%	94.1%	100.0%	100.0%	91.7%	85.7%	70.6%	12 of 17	87.7%

GOVERNANCE & STRATEGIC CHANGE

(1) Key Governance/Organisational Risks:

FINANCE & ACTIVITY

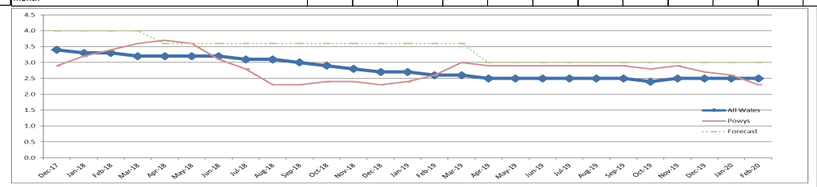
Ratings	Oct-20	Nov-20	Dec-20	Jan-20	Feb-20	Mar 20 - No score	Apr-20
£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Month	**Budget**	**Actual**	**Variance**	**Budget**	**Forecast**	**Variance**	**Change**
1-21							
2-21							
3-21							
4-21							
5-21							
6-21							
7-21							
8-21							
9-21							
10-21							
11-21							
12-21							

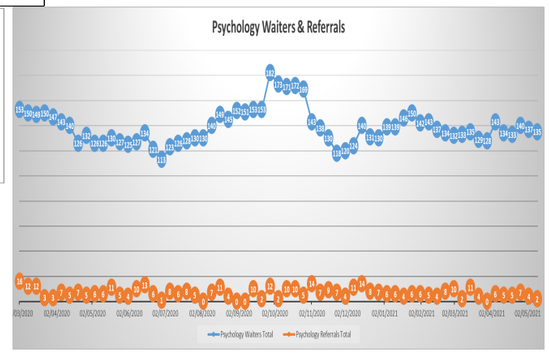
Summary - Month 12 20/21

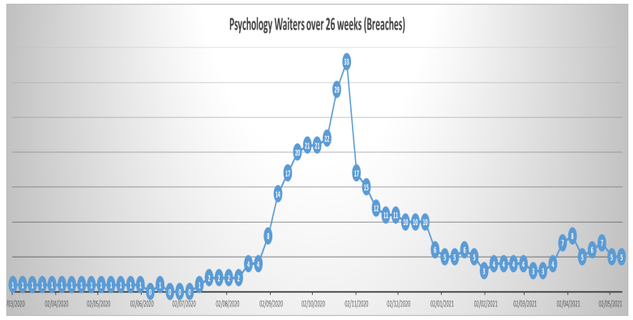
PATIENT EXPERIENCE

Ratings	Jan-20	Feb-20	Mar 20 - No score	Apr-20
Target 90%	Patient Experience (in-patients)	Any flags of concerns		
Mar-20				
Apr-20	100%			
May-20	110%			
Jun-20	94%			
Jul-20	93%			
Aug-20	94%			
Sep-20	96.70%			
Oct-20	97%			
Nov-20	100%			
Dec-20	100%			
Jan-21	83.00%			
Feb-21	82%			
Mar-21	92%			

PTHB Part 3 Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%. of HB residents who have been assessed and sent a copy of their outcome assessment report up to & including 10 working days after the assessment has taken place	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	100.0%	100.0%	100.0%	#DIV/0!	100.0%	#DIV/0!	100.0%
Total number of patients resident in your LHB sent a copy of their outcome assessment up to & including 10 working days after assessment	3	1	5	0	0	2	1	1	0	1	0	7
The total number of outcome of assessment reports sent within the month	3	1	5	0	0	2	1	1	0	1	0	7







Mental Health Service User and Carer Involvement Framework

Version No:	1	
Issue Date:	15th October 2020	
Review Date:	October 2021	
Author:	Mental Health Partnership Participation Officer	
Document Owner:	Assistant Director of Mental Health and Learning Disabilities	
Approved By:	Mental Health Senior Management Team	
Approval Date:	12th October 2020	
Document Type:	Framework	Non-clinical
Scope:	Mental Health Staff	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	First draft for consultation	20/08/2020
2	Post consultation draft for approval	22/09/2020
3	Final approved version	12/10/2020

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Interim Operational Manager for Mental Health
Mental Health Partnership Participation Officer

Circulated to the following for Consultation

Date	Role / Designation
13/08/2020	Mental Health Quality and Safety Clinical Lead
19/08/2020	Interim Operational Manager for Mental Health
20/08/2020	Mental Health Senior Management Team
26/08/2020	Mental Health Team Leads & South Powys Co-Production Group
27/08/2020	Engage to Change Subgroup of the Mental Health Planning and Development Partnership Board

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area. • Together for Mental Health Delivery Plan: 2019-22 (Welsh Government) • Prosperity for All: The National Strategy (Welsh Government, 2017) • The General Data Protection Regulation (EU) 2016/679 (GDPR) • Health and Care Standards: Theme 4 – 4.1 Dignified Care • Health and Care Standards: Theme 3 – Effective Care - 3.2 Communicating Effectively • Health and Care Standards: Theme 6 – Individual Care - 6.3 Listening and Learning from Feedback • Health and Care Standards: Theme 7 – Staff & Resources - 7.1 Workforce

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age				X	This framework aims to support the application of Welsh Government's Together for Mental Health Delivery Plan (2019-22) by ensuring the voice of people using services is heard in the design, planning and delivery of the mental health agenda in Powys. An Equality Impact Assessment has been undertaken for the review of this document. The findings show that it will have a positive impact on the protected characteristics listed on the left.
Disability				X	
Gender reassignment				X	
Pregnancy and Maternity				X	
Race				X	
Religion or Belief				X	
Sex				X	
Sexual Orientation				X	
Marriage and Civil Partnership				X	
Welsh Language				X	

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?

No risks identified

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?

During the staff selection process, Service Users and the people who support them will have access to job applications. This framework stipulates that all personal information from applications must be redacted by the Appointing Manager prior to release of applications to ensure compliance with the General Data Protection Regulations and the protection of applicants' data.

Service Users and Carer Representatives must be made aware of the requirement to maintain confidentiality at all times when they are provided access to personal information. For example, Representatives taking part in the staff interview process will have access to the applicants' names and details of current employers. Representatives must be made aware that the applicants have a right that all information they disclose is kept confidential including their attendance at the interview. This is due to the sensitive nature of seeking employment and to ensure that applicants' current employers are not made aware of their application to work for PTHB.

Have you identified any training and / or resource implications as a result of implementing this?

Service Managers should ensure that all staff working in Mental Health Services are aware of this framework and are actively encouraged to include Service Users and the people who support them in as many decision-making processes as possible.

Training can be arranged via the Mental Health Partnership Participation Officer to Service Users and Carer Representatives who request support (such as the Shared Power Training created and delivered by Powys Association of Voluntary Organisations). An induction pack for Representatives will be created to provide information on PTHB interview processes and how to work in partnership.

1 Introduction

The Welsh Government's 'Together for Mental Health' Delivery Plan seeks to ensure that individuals and communities in Wales are effectively engaged in the planning and delivery of their local mental health services. The Welsh Government also highlight the importance of involving people in shaping the services they use every day in the national strategy, Prosperity for All, (2017).

The Mental Health Service is committed to ensuring Service Users and the people that support exercise the right to be involved in as many decision-making processes as possible, such as the selection and recruitment of staff employed by the Health Board. As long-standing recipients of a variety of services they often give a very valuable perspective on the qualities which they look for in staff such as empathy and understanding. The Service understands that in order to participate in a full and meaningful way, people require the support both of the mental health service and those people who are important to them, (this may include paid or unpaid Carers, family members or advocates).

The benefits that the service-users can gain from being active participants in decision-making processes, can include but are not limited to:

- Increased service ownership
- Acquisition of new skills which can be applied whilst seeking employment or further education (i.e. greater understanding of recruitment processes such as shortlisting, job descriptions and person specifications)
- Increasing self-esteem/self-efficacy (participants can draw on their own life experiences, skills and knowledge).

This framework demonstrates our organisational commitment to service user and carer involvement in decision-making processes. The framework also outlines the support that the Mental Health Service will extend to ensure the full and appropriate level of engagement of people using services in decision making processes, and the way that this will be measured and reported.

2 Objective

The objective of this framework is to ensure that people using services are involved in decision making and have the appropriate assistance from services, and those who support them, to be part of the selection of staff process and to meaningfully participate and contribute to service development work.

3 Definitions

- **PTHB** – Powys Teaching Health Board
- **Service User / Service User(s)** – A person who has accessed Powys mental health services.
- **Carer / Carer(s) also referred to as 'those who support' or 'People who support them'**– someone who is responsible for looking after another person, for example, a person who has a disability or has an enduring health condition.
- **MHPPO** – Mental Health Partnership Participation Officer
- **MHPDPB** – Mental Health Planning and Development Partnership Board
- **GDPR** – General Data Protection Regulations

4 Responsibilities

4.1 Staff Group or Specific Role

The framework applies to all staff in Powys Teaching Health Board's Mental Health Service and Appointing Officers within the recruitment process. It is relevant to the following Standards for Health Services in Wales:

1. Governance and Accountability Framework
2. Equality, Diversity and Human Rights
5. Citizen Engagement and Feedback
11. Safeguarding Children and Safeguarding Vulnerable Adults
18. Communicating Effectively
25. Workforce Recruitment and Employment Practices

4.2 Staff Selection Process

All Appointing Officers must consider the value of including service users and the people who support them in recruitment processes and consider how to involve and support them.

The Appointing Officer for patient facing vacancies is responsible for actively including Service Users and the people who support them in the recruitment process.

It is the responsibility of the Appointing Officer to ensure that personal information contained within job applications is redacted appropriately prior to releasing copies to the Service Users and Carers, to protect the applicant's data and comply with General Data Protection Regulations (2018).

	Where Service Users and Carers are being asked to participate in the recruitment process, remuneration of their travel expenses will be paid. It is the responsibility of the Appointing Officer to facilitate this payment, with the support from the Mental Health Partnership Participation Officer. The Appointing Officer will: Consult with the Service User(s) or Carer(s) and consider the level of assistance required throughout the recruitment process to ensure that the job specification of the advertised post is fully understood. This may require preparatory work, e.g. consideration of the job role and what characteristics are important to carry out that role. Develop processes as appropriate to allow Service Users and Carers to be involved. This may take the form of: • Involvement in short listing • Pre-interview preparation meetings to review the application forms e.g. who is being interviewed and why they were short listed • Informal meetings with candidates • Formal meetings with candidates • Attending the interview panel • Develop questions from Service Users/Carers • Provide feedback from meetings and interviews. Ensure that at all stages of the process the necessary support is in place to assist the Service Users and Carers whenever they are involved. Such preparation may include factoring in the additional breaks a Service User or Carer may require; or ensuring that their communication needs are met. Ensure that consideration is given to any cultural/ religious beliefs and obligations such as allowing time for prayer or taking account of requirements to fast. Consideration must also be given to any physical health needs the Service User or Carer may have. Ensure that whichever stage of the recruitment process Service Users or the people who support them are involved in, that they are part of the conclusion of the process where the selection is made.
4.3	**Service Development Work**

	All staff involved in planning design and development of services must consider the value of including service users in recruitment processes and consider how to involve and support them. The staff member leading service development work is responsible for actively including Service Users and Carers in the decision-making process where appropriate. Where Service Users or the people who support them are being asked to participate in the service development work, remuneration of their travel expenses will be paid. It is the responsibility of the staff member leading the work to facilitate this payment, with the support of the Mental Health Partnership Participation Officer. The Staff Member leading the service development work will: Consult with the Service User(s) or Carer(s) and consider the level of assistance required throughout the process to ensure that the purpose of the service development work is fully understood. This may require preparatory work, e.g. an introductory meeting between the Service User or Carer representative and the staff member. Develop processes as appropriate to allow Service Users and the people who support them to be involved. Ensure that at all stages of the process the necessary support is in place to assist Service Users and the people who support them whenever they are involved. Such preparation may include factoring in the additional breaks a Service User or Carer may require; or ensuring that their communication needs are met. Ensure that consideration is given to any cultural/ religious beliefs and obligations such as allowing time for prayer or taking account of requirements to fast. Consideration must also be given to any physical health needs the Service User or Carer may have. Ensure that whichever stage of the process Service Users or the people who support them are involved in, that they are part of the conclusion of the process.
5. Essential Implementation Criteria	
5.1	**Service Development Work** Senior Managers will ensure that where new roles or posts are being considered as part of service development and modernisation,

	consultations will take place which will include Service User groups and the people who support them. This may include: • Consultation with the Engage to Change Sub Group of the Mental Health Planning and Development Partnership, • Producing easy read versions of business plans, • Information circulated to Service User groups such as Peoples First. • Contacting the 'Your Voice Project' members. This should ensure that a wider network of people using mental health services and those close to them will be aware of the strategic direction of the Mental Health service, and the range of professionals and support staff who will be recruited to support that development. The nature of the consultation process will ensure that there will be a realistic period of time to allow feedback, and that the views of Service Users and the people who support them will be considered. Conflicting views will arise from time to time. For decision making processes, in the eventuality that the collective is unable to reach a mutual agreement the PTHB staff member leading the work must ensure to handle the situation with respect and professionalism at all times. You must remember that Service Users and Carers are equal members when involved in these decision-making processes. If you are unable to reach a mutual agreement you can seek advice and support on how to proceed from your Line Manager or the Mental Health Partnership Participation Officer.
5.2	**Staff Selection Process** At the time of a staff vacancy arising in new or existing services, an Appointing Officer will be identified. The Appointing Officer will carry the responsibility of ensuring that the recruitment process is adhered to in line with Powys Teaching Health Board policy and procedure on Recruitment and Selection. When selecting the interview panel and agreeing the process of recruitment, the Appointing Officer must ensure that there is Service User or Carer involvement in the recruitment of patient-facing staff, or provide a sound rationale to Mental Health Senior Management team when not involving Service Users or the people who support them in the process. An example of sound rationale could be an extremely limited timeframe to recruit in.
6. Recruiting Service User and Carer Representatives	

6.1	**How Service Users and Carers register their interest** In order to provide equal opportunity to our Service Users and Carers, a representative recruitment process has been devised. Service Users and Carers interested in volunteering opportunities can register their interest via: • Completing the 'Your Voice Project' Microsoft Form: bit.ly/YourVoiceProject • Completing the paper 'Your Voice Project' application form (see Appendix B) • By emailing powysmentalhealthLD@wales.nhs.uk • Or calling the Mental Health Partnership Participation Officer on 07870 362 874 All of the above responses received will be entered into the 'Your Voice Project' database and added to the 'Your Voice Project' email circulation list.
6.2	**Selecting Service User and Carer representatives** When a staff member identifies an opportunity to involve Service Users and Carers in a decision-making process (such as staff recruitment or becoming a member of a project team), they should contact the Mental Health Partnership Participation Officer for representative recruitment support. The staff member and Mental Health Partnership Participation Officer will draw up an advert for the voluntary opportunity, ensuring to clearly define what is expected of the representative. The advert will be emailed to the 'Your Voice Project' mailing list and shared on the Mental Health Service's Facebook Page with a minimum response time of 5 calendar days. The Mental Health Partnership Participation Officer will collate the applications received and discuss the outcome with the Appointing Officer. The Mental Health Partnership Participation Officer is responsible for contacting the applicants and informing them if their application has been successful.

	The Mental Health Planning and Development Partnership Board (MHPDPB) Individual Representatives will have first refusal on all representative opportunities they apply for (providing they meet the role criteria). In the event an Individual MHPDPB Representative applies for a voluntary opportunity, they will automatically be accepted. Should new Service User and Carer representatives apply for the same voluntary position advertised, they too can be accepted for the opportunity and the Individual MHPDPB Representative will act as a peer support mentor to the new Service User or Carer representative. Where an advert for a Service User or Carer involvement opportunity is shared and garners no applications, staff are permitted to progress with the staff selection / project development work without the participation of a Service User or Carer representative.
7	**PTHB Staff acting as Service User or Carer representative** As this is a public opportunity rather than professional, any PTHB staff undertaking a Service User or Carer representative role will be expected to do so in their own time.
8	**Training** Training for Service Users and Carers about the recruitment process can be made available if required which would involve: • Equal opportunities • Confidentiality • PTHB recruitment processes (e.g. understanding JD/PS; short-listing, scoring of candidates; generating interview questions in accordance with service-users' priorities; the interview process) It remains the role of the Appointing Officer / Staff Member leading the service development work to ensure that Service Users and Carers are supported throughout the process by the most appropriate person/s.
9	**Raising a Complaint / Issue** If Service Users or Carers would like to make a complaint or raise an issue relating to the co-production process, they should be put in touch with the Mental Health Partnership Participation Officer who will seek resolution.

10	**Monitoring Compliance, Audit & Review** The process of Mental Health Service User and Carer involvement will be monitored by senior management within the Mental Health Service. This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise. This framework will be applied at all stages of the recruitment policy, and audited by the Mental Health and Learning Disability Senior Management Team.
11	**References / Bibliography** • Quality Care & Clinical Excellence (Welsh Office 1999) • Together for Mental Health Delivery Plan: 2019-22, (Welsh Government, 2020) • HR011 - Recruitment and Selection Policy and Procedure • 'Doing Well, Doing Better' Standards for Health Services in Wales (April 2010)

Appendix A

Service User and Carer Involvement Process Flowchart

Staff member identifies a Service User / Carer involvement opportunity

Email to be sent to powysmentalhealthLD@wales.nhs.uk outlining involvement opportunity *(example: interviews for a CPN position or Service User/Carer position available on a project team)*

Staff Member and Mental Health Partnership Participation Officer (MHPPO) to write advert for Service User involvement opportunity and share with the 'Your Voice Project' Mailing List & Service Facebook Page

Advertisement closes after minimum of 5 calendar days. Applicants to be collated by MHPPO and forwarded to staff member who raised the opportunity

Staff member selects appropriate applicant

MHPPO responsible for contacting unsuccessful applicants and informing successful applicant that they have been selected

Applicant introduced to staff member by MHPPO. Staff member then becomes responsible for supporting the Service User/ Carer through their representative role

Any costs the representative accrues in respect of associated travel is to be reimbursed. Staff member to forward evidence of expenses to MHPPO to raise a cheque request payment

Upon completion of work, questionnaire is to be sent to staff member and representative to assess experience and identify good practice and improvements required to the volunteering process

Appendix B

Your Voice Project Application Form – English Version

Application Form

Once complete, please email this form to powysmentalhealthLD@wales.nhs.uk or alternatively post it to:

Mental Health Partnership Team, Mental Health Department, Defynnog Ward, Bronllys Hospital, Bronllys, LD3 0LU

Full Name			
Address			
Email Address			
Telephone Number			
Do you use Powys Mental Health Services or care for someone who does? (please tick the relevant box)	I use / have used Powys MH Services	I am an unpaid carer	I use / have used MH services and care for someone who does
In which area(s) of Mental Health Service provision in Powys would you like to make your voice heard? (please tick the relevant boxes)	Adult Mental Health Services (18-65)	Older Adult Mental Health (65+)	Child and Adolescent Mental Health Services
	Autism Services	Psychology Services	Local Primary Mental Health Support Services
	Crisis Resolution Home Treatment Support	MH Inpatient Care	Community Mental Health Services
	Eating Disorder Support	Substance Misuse Services	Dementia Services
	Perinatal Mental Health Services	Veterans	Other
Finally, please tell us a little bit about why you would like to have your say in mental health services in Powys.			

Appendix C

Your Voice Project Application Form – Welsh Version

Ffurflen Gais

Unwaith y bydd y ffurflen wedi'i llenwi, anfonwch hi i powysmentalhealthLD@wales.nhs.uk neu postiwch hi i:

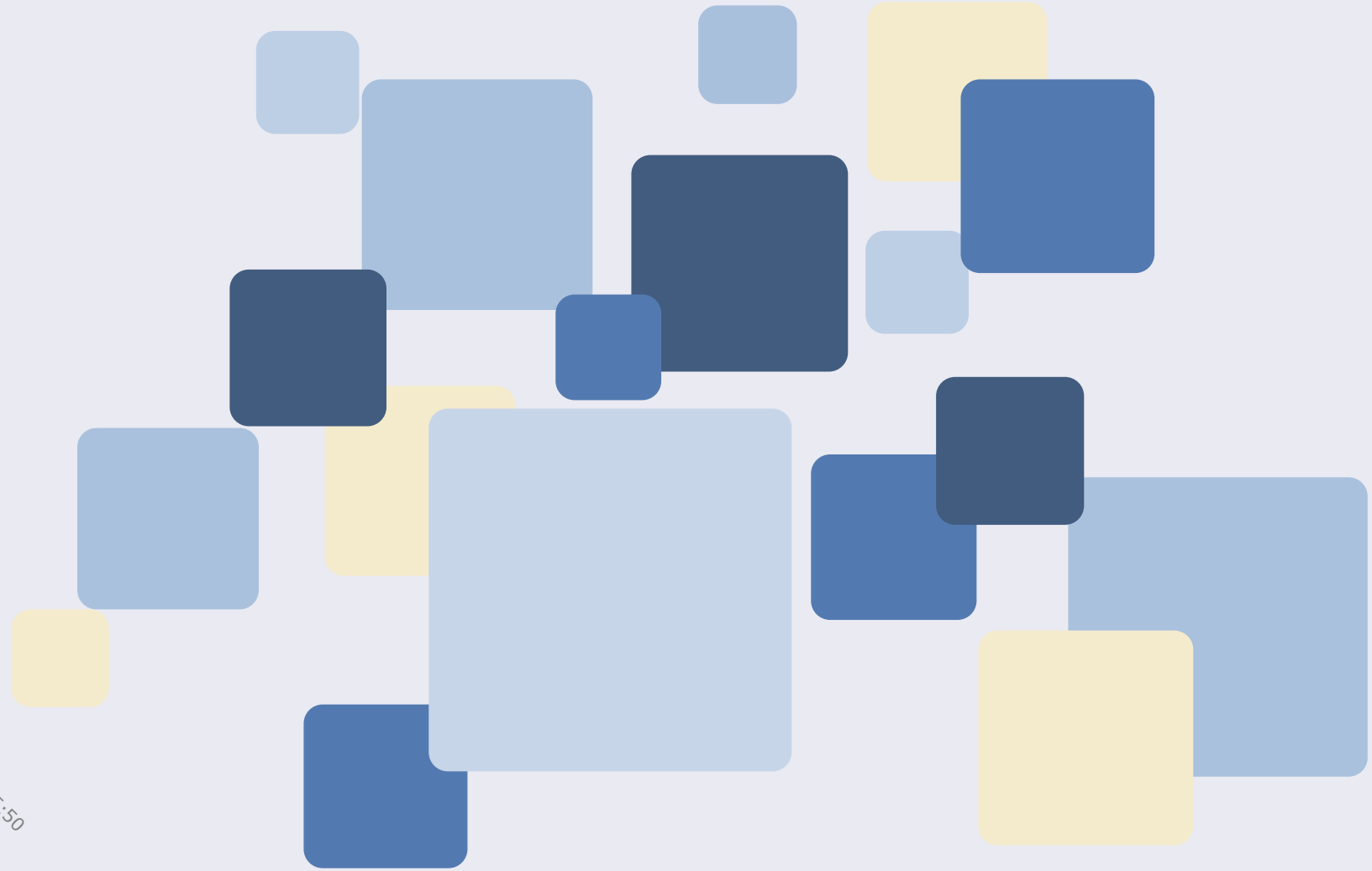
Tîm Partneriaeth Iechyd Meddwl, Yr Adran Iechyd Meddwl, Ward Defynnog, Ysbyty Bronllys, Bronllys, LD3 0LU

PROSIECT EICH LLAIS CHI POWYS

Enw Llawn:			
Cyfeiriad			
Cyfeiriad E-bost			
Rhif Ffôn			
Sut ydych chi'n defnyddio Gwasanaethau Iechyd Meddwl Powys neu'n gofalu am rywun sy'n eu defnyddio? **(ticiwch y blwch perthnasol)**	Rydw i'n defnyddio/ wedi defnyddio Gwasanaethau Iechyd Meddwl Powys	Rydw i'n ofalwr di-dâl	Rydw i'n defnyddio/ wedi defnyddio gwasanaethau iechyd meddwl ac yn gofalu am rywun sy'n eu defnyddio
Ym mha faes/ feysydd o'r ddarpariaeth Gwasanaeth Iechyd Meddwl ym Mhowys fyddech chi'n hoffi cael dweud eich dweud **(ticiwch y blychau perthnasol)**	Gwasanaethau Iechyd Meddwl Oedolion (18-65)	Iechyd Meddwl Oedolion Hŷn (65+)	Gwasanaethau Iechyd Meddwl Plant a'r Glasoed
	Gwasanaethau Awtistiaeth	Gwasanaethau Seicoleg	Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol
	Cymorth Triniaeth yn y Cartref i Ddatrys Argyfwng	Gofal Cleifion Mewnol Iechyd Meddwl	Gwasanaethau Iechyd Meddwl Cymunedol
	Cymorth Anhwylderau Bwyta	Gwasanaethau Camddefnyddio Sylweddau	Gwasanaethau Dementia
	Gwasanaethau Iechyd Meddwl Amenedigol	Cyn-filwyr	Arall
Yn olaf, dywedwch rhyw ychydig wrthym ni am pam yr hoffech chi gael dweud eich dweud ynglŷn â gwasanaethau iechyd meddwl ym Mhowys.			

Review of the Together for Mental Health Delivery Plan 2019-2022 in response to Covid 19

Llywodraeth Cymru
Welsh Government



 WG38630 Digital ISBN 978-1-83933-611-9

Mae'r ddogfen yma hefyd ar gael yn Gymraeg. / This document is also available in Welsh.

TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2019-2022

COVID-19 MENTAL HEALTH AND WELL-BEING RECOVERY SUPPORT	
These actions aim to respond to the impact of Covid-19 on mental health and well-being and to support services to meet changing mental health needs.	
Actions	**Milestones**
C1. (NEW*) Welsh Government and partners to respond to the impacts of Covid-19 to ensure that all people in Wales have access to appropriate mental health support. *Where current action areas have been accelerated or modified these have been included within the individual priority areas.*	**(NEW*) Year 1 (2020)** • Health Boards to undertake a series of rapid reviews assessing changes to practice made during Covid-19, on the following themes: - Telehealth[1] and Digital Solutions. - Referral and Admission Management. - Integration and Co-location. - Enhanced Support at Point of Contact. • Health boards to set out in their Operational Framework quarterly reports how they will consider and adapt to how the needs of individuals may have changed in the context of Covid-19 (with a particular focus on crisis care / access to recovery and psychological therapies / suicide and self-harm prevention) and to maintain access to mental health services. • To work with health boards and Public Health Wales to review research and survey poll findings as they relate to the mental health and wellbeing of the population during Covid-19 to inform new actions

[1] Provision of healthcare / information remotely by means of telecommunications technology

	• To work with the Mental Health National Partnership Board and other stakeholder groups, to undertake regular reviews of the delivery plan priorities. • To support services to provide access to mental health support in the context of the restrictions (e.g. social distancing) through the timely development of guidance and advice. • Working with partners to further develop capacity and access to tier 0/1 provision including the roll out of Online Cognitive Behavioural Therapy, to reduce demand for more specialist services.

OVERARCHING THEMES

Key areas that underpin the actions in the delivery plan. They are longer term, running beyond the life of the plan.

O1 – Reducing health inequalities, promoting equity of access and supporting the Welsh Language.	
These actions aim to provide equity of access to services and to enable services to offer a Welsh Language choice. They support ongoing improvements; however, all actions should be taken in the context of equality of access and use of an individual's language of choice.	
Actions	**Milestones**
O1 (i) Welsh Government (Health and Social Services) to work with health boards and trusts to develop their capacity and capability to improve Welsh language provision in mental health services.	**Ongoing (six monthly reporting):** • Health boards to report on how they are developing capacity and capability to improve Welsh language provision in mental health services including delivering on the 'Active Offer' – a key principle of More than Just Words.[2] • **(NEW*)** Health boards and local authorities to examine the impact of Covid-19 on Welsh language provision including delivery of the 'Active Offer'. This to include impact of relatives / friends being unable to visit/ attend appointments to provide Welsh language support.

[2] More than just words is the Welsh Government's strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack the confidence to ask for services in Welsh. The active offer therefore means offering a Welsh language choice without patients having to ask for it. [2] NHS Delivery Framework and Guidance 2019-20 https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-delivery-framework-and-reporting-guidance-2019-2020march-2019.pdf.

	• Health boards and local authorities to ensure that mental health forms and systems include questions agreed on a national level to record users' Welsh language needs.
O1 (ii) Health boards and trusts, through the NHS delivery framework,[2] to evidence how they will deliver services equitably and ensure access to information is provided when needed and in a form that is accessible including consideration of language.	**Ongoing (six monthly reporting):** • Health boards to provide qualitative reports detailing evidence of; o advancing equality and good relations in the day to day activities of NHS organisations, including reporting on the ongoing delivery of *Treat Me Fairly* training o the implementation of the all Wales standard for accessible communication and information for people with sensory loss • **(NEW*)** Welsh Government to work with partners to alleviate the impact of Covid-19 on the BAME community. To respond to the "Covid-19 Black, Asian and Minority Ethnic (BAME) socio-economic group report. • **(NEW*)**To ensure mental health is incorporated within the forthcoming Race Equality Action Plan for Wales.
O1 (iii) Welsh Government (Health and Social Services) along with Public Health Wales and the World Health Organisation (WHO) European Regional Office to develop a Health Equity Status Report (HESR) for Wales, including data and policy analysis with related options for policy action supported by relevant investment to reduce health inequities.	**Year 1 (2020)** • **(NEW*)** To examine the indirect harms of Covid-19 and publish a report that sets out the likely short, mid and long term impact on the population of Wales, with a particular focus on the most vulnerable groups. **Year 2 (2021) (**modified**)** • To publish a full HESR and consider findings in order to identify further actions to address health inequalities.

O1 (iv) Welsh Government (Health and Social Services) to work with health boards, trusts, local authorities and the third sector organisations to continue supporting a range of programmes and initiatives to protect vulnerable groups and to improve access to services for individuals with additional needs.	**Ongoing (six monthly reporting):** • Health boards to continue to support Veterans NHS Wales to deliver timely and appropriate services and, alongside Welsh Government and the third sector organisations, to raise awareness of veterans' mental health needs with medical professionals and the general population. • To support professionals and services to deliver more appropriate care and support through adoption of the Diverse Cymru and UKIED BME Mental Health Workplace Good Practice Certification Scheme (WGPCS)[3] and Cultural Competency Toolkit. **Year 1 (2020)** • Working with health boards and other partners to ensure mental health services are able to meet the needs of refugees and asylum seekers in a timely and effective manner by supporting the implementation of the Mental Health Care Pathway and associated guidance. **Year 1 (2020) and Year 2 (2021)** • **(NEW*)** To work with Diverse Cymru and extend support to embed the WGPCS scheme across more organisations in Wales. • **(NEW*)** To ensure the BAME Helpline Wales links with the CALL mental health help-line to provide access to mental health support.

[3] http://bmemhcert.diversecymru.org.uk/

O2 – Strengthening co-production and supporting carers.	
These actions set out how we will support people with lived experience, carers and the third sector to play a role in shaping, delivering and evaluating services, through better links with local, regional and national networks.	
Actions	**Milestones**
O2 (i) Welsh Government (Health and Social Services) to support the Mental Health Forum to develop national guidance aimed at increasing co-production and involvement including peer-led approaches.	**Year 1 (2020)** • National Forum to scope national guidance work, including the development of a communications plan. **Year 2 (2021)** • National Guidance on coproduction produced.
O2 (ii) Welsh Government (Health and Social Services) to review current arrangements for third sector engagement to ensure it reflects the increased number and breadth of third sector mental health organisations.	**Year 1 (2020)** • (Modified) Liaising with third sector organisations including Wales Alliance for Mental Health (WAMH) to review and strengthen current arrangements for third sector engagement and to establish better communication with diverse organisations of all sizes to enable effective participation and co-production. **Year 2 (2021)** • Implementation of findings of review.

O2 (iii) Welsh Government (Health and Social Services) to further improve the support available to carers through the development of a new strategic action plan, based on the three National Priorities for Carers which are: - Supporting life alongside caring. - Identifying and recognising carers. - Providing information, advice and assistance to carers.	**Year 1 (2020)** • Following work of the Carers' Ministerial Advisory Group to advise Welsh Ministers on the issues that matter most to carers, Welsh Government to develop in co-production with statutory bodies and stakeholders, a new carers' strategic action plan. **Year 2 (2021)** • Progress implementation of new strategic action plan.

O3 – Workforce.	
These actions set how we will take a strategic approach to workforce planning to ensure that it is sustainable for the future and that the mental health workforce is supported to deliver compassionate and high-quality care.	
Actions	**Milestones**
O3 (i) Following the publication of a new 10 year health and social services workforce strategy, Health Education Improvement Wales (HEIW) and Social Care Wales (SCW) to work with the third sector, local authorities and the NHS to produce a workforce plan for mental health services.	**Year 1 (2020)** • HEIW/SCW workforce strategy published. • To develop contents of mental health plan with stakeholders. • **(NEW*)** To respond to Phase I workforce priorities identified from consultation and review documents. **Year 2 (2021)** • To consult and publish workforce plan for mental health and begin implementation of plan.
O3 (ii) Mental Health work stream of the All Wales Nurse Staffing Programme to develop and test evidence based workforce planning tool(s) for adult mental health inpatient wards which would enable the eventual extension of the	**Year 3 (2022)** • To develop an evidence base to underpin the workforce planning tools. • To work with health boards to test the tools in mental health settings.

second duty of the Nurse Staffing Levels (Wales) Act 2016[4] to that setting.	

04 – Research, data and outcomes.	
These actions set out how we will improve use of research, the capability and consistency of data and outcomes collection in Wales for mental health. Common IT systems, better information sharing between health, social care and the third sector, and an outcomes focused workforce are all key goals of the mental health and learning disability core dataset. These actions also include learning from a range of projects, including the Healthier Wales Transformation projects, to inform the delivery of actions throughout the life of this plan and beyond. We are also committing to improve transparency and reporting of information to the public.	
Actions	**Milestones**
O4 (i) Welsh Government (Health and Social Services) and partners to consider learning and evaluation of Healthier Wales transformation fund projects to inform actions relating to service and quality improvement.	**Year 1 (2020)** • Regional Partnership Boards (RPBs) to submit first mid-point report with early learning/progress. • Welsh Government to publish national evaluation report summarising key findings, including specific mental health and learning disabilities projects. **Year 2 (2021)** • Welsh Government to publish national evaluation report on impact of the fund to inform next steps. **Year 3 (2022)** • Welsh Government to publish follow-up national evaluation report on impact of the fund.

[4] Nurse Staffing Levels (Wales) Act 2016: http://www.legislation.gov.uk/anaw/2016/5/contents.

O4 (ii) Welsh Government (Health and Social Services), NHS Wales Informatics Service (NWIS) and partners to implement a nationally standardised mental health and learning disability core dataset including the roll out of the Welsh Community Care Informatics Service (WCCIS) computer system.	**Year 1 (2020)** • Assure dataset through Welsh Informatics Standards Board (WISB) processes. • Commence publication of both the new section 135/136 dataset and the psychological therapies 26-week target on Stats Wales. • To develop and implement a common set of forms for assessment, care and treatment planning, and reviews across health and social care teams. To pilot outcomes focused model and develop process to roll out using quality improvement methodology.[5] **Year 2 (2021)** • Roll out Word versions of forms across services. • Improve the way data is shared with the public, making user-friendly information available on the Stats Wales website. **Year 3 (2022)** • Roll out of dataset alongside WCCIS system across Wales. • Roll out outcomes focused model across Wales.
O4 (iii) National Collaborative Commissioning Unit (NCCU) to undertake the annual NHS UK and International Benchmarking project to ensure that we learn from within the UK and abroad and understand the landscape of current services.	**Ongoing (annual review)** • Health boards to use findings from Benchmarking Project in order to inform service delivery and improvement.

[5] More information, including a paper detailing the outcomes model, can be found on the 1000 Lives/Improvement Cymru website at http://www.1000livesplus.wales.nhs.uk/datacollection-and-outcome-measures.

O4 (iv) Welsh Government (Health and Social Services) to undertake an independent evaluation of progress against the *Together for Mental Health* strategy 2012-2022.	**Year 1 (2020)** • To commission evaluation. **Year 2 (2021)** • Commence evaluation. **Year 3 (2022)** • To publish report and to inform future strategy.
O4 (v) Welsh Government (Health and Social Services & Education), NHS Wales and the Wolfson Centre for Mental Health to work together to strengthen existing partnership and rapidly translate new research into practice thereby improving the mental health and well-being of young people.	**Year 2 (2021)** • Establish Wolfson Centre. • Scope research across five work streams including population health, genetics, early intervention in high-risk groups, schools and digital health. **Year 3 (2022) and beyond** • Evaluate youth mental health strategies including whole school approach. • Develop digital intervention package for school counsellors/primary care. • Train youth mental health practitioners in schools and NHS.[6]
O4 (vi) Welsh Government (Health and Social Services) to maintain awareness of the progress and outcomes of the Welsh Government investments in mental health and social prescribing research as part of the Health and Care Research Wales research development infrastructure.	**Ongoing (six monthly reporting)** • Update reports in relation to relevant research projects.

[6] More information on this research can be found on the Wolfson Centre website at https://www.wolfson.org.uk/cardiff-university-win-10m-wolfson-award-for-adolescent-mentalhealth-research/.

O4 (vii) (Modified) Welsh Government (Health and Social Services), working with the third sector to develop the evidence for mental health social prescribing to inform future investment.	**Year 1 (2020) and Year 2 (2021)** • (Modified) British Red Cross and Mind Cymru to deliver mental health social prescribing projects. **Year 3 (2022)** • (Modified) Projects to submit final reports on social prescribing pilots.

O5 – Legislation.	
These actions set out how we will implement the legal changes to be made by the Mental Capacity (Amendment) Act 2019 and to develop a strategic position of what changes to the Mental Health (Wales) Measure 2010 and the Mental Health Act 1983 are needed to support implementation of policy intentions and outcomes.	
Actions	**Milestones**
O5 (i) Welsh Government to consider amending the regulations to Part 1 of the Measure to facilitate a competency based approach to be used in establishing the workforce to undertake Part 1 assessments.	**Year 1 (2020) and Year 2 (2021)** (Modified) • As part of the work to develop a mental health workforce strategy, HEIW and SCW will consider the impact of amending the Part 1 regulations.
05 (ii) Welsh Government (Health and Social Services) to consider the UK Government commissioned 'Independent Review of the Mental Health Act 1983' and subsequent response to decide which actions are required in Wales.	**Year 1 (2020) and Year 2 (2021)** • Strategic position on the implications of any changes to the Mental Health Act for Wales is established.

O5 (iii) Welsh Government (Health and Social Services) to prepare and support the implementation of the Mental Capacity (Amendment) Act 2019.[7]	**Year 1 (2020) and Year 2 (2021)** (Modified) • Department for Health and Social Care and Ministry of Justice (re)drafting of the Code of Practice to the Mental Capacity Act and Liberty Protection Safeguards reflects the position for Wales. • Secondary legislation to the Mental Capacity (Amendment) Act 2019 is prepared. • Implementation of the Mental Capacity (Amendment) Act 2019/ Liberty Protection Safeguards with necessary guidance and training. • Monitoring arrangements and data collection mechanisms are established. **Ongoing (six monthly reporting)** • Continuous programme of work in place to strengthen Mental Capacity Act 2005 principles and processes in practice.

Priority 1: To improve mental health and well-being and reduce inequalities through a focus on strengthening protective factors.

These actions will ensure that I am able to access activities that help me to stay well and to develop positive relationships. My community will promote positive mental well-being and encourage talking about mental health. Mental Health will be perceived as 'everybody's business'.

How will we know? *Improved mental well-being of the population and people feeling less lonely.*
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Source: National Survey for Wales, Welsh Government. Percentage of people feeling lonely. Source: National Survey for Wales, Welsh Government.

[7] Mental capacity (Amendment) Act 2019 https://services.parliament.uk/bills/2017-19/mentalcapacityamendment.html.

1.1 – Tackling stigma and discrimination.	
Actions	**Milestones**
1.1 (i) Welsh Government (Health and Social Services & Economy, Skills and Natural Resources) to continue to work with third sector delivery partners on Phase 3 of the Time to Change Wales (TTCW)[8] campaign with a focus on middle-aged men and Welsh speakers.	**Year 1 (2020) and Year 2 (2021) (six monthly reporting)** • To increase the number of employers signing up to the TTCW and making changes to HR policy and practice. • To increase the number of adult champions, with a target of 20% Welsh speakers and 50% men.
1.1 (ii) The Stigma and Discrimination working group of the Mental Health National Partnership Board (MHNPB), supported by the Equality and Human Rights Commission (EHRC), to report and recommend further actions to reduce stigma and discrimination.	**Year 1 (2020)** • Stigma and Discrimination report submitted to MHNPB on proposed recommendations. **Year 2 (2021)** • Welsh Government (Health and Social Services) to consider all evidence to inform long term actions for reducing stigma and discrimination in Wales, in consultation with MHNPB and other stakeholders.

1.2 – Strengthening protective factors.	
Actions	**Milestones**
1.2 (i) Welsh Government (Health and Social Services) to support people with mental health conditions into employment or to remain in work through delivery of a health-led employment support programme which consists of the Out of Work Peer Mentoring Service, the In-Work Support Service and an Individual Placement Support pilot.	**Year 1 (2020)** • Prioritise access to rapid therapeutic support available through the In-Work Support Service to those most at risk of falling out of employment.

[8] Time to Change Wales https://www.timetochangewales.org.uk/en/.

	• Confirm approval of additional European Social Funding to enable the Out of Work Peer Mentoring Service to continue until 2022. • Publish the Out of Work Peer Mentoring Service evaluation report and implement the findings and recommendations. • Publish an evaluation of the Individual Placement Support pilot and consider next steps. • **(NEW*)** To provide additional capacity for in-Work Support to aid employee retention for those at risk of unemployment due to musculoskeletal or mental health problems; and expand the Out of Work Peer Mentoring Support for short-term unemployed with mental health and/or substance misuses issues as a result of Covid-19. **Year 2 (2021) (six monthly reporting)** • Increase the number of small and medium-sized enterprises (SMEs) being trained to take positive action to improve mental health and well-being in the workplace through the In-Work Support Service. • Increase the number of people with mental health conditions being supported into employment through the Out of Work Peer Mentoring Service.
1.2 (ii) Welsh Government (Health and Social Services & Economy Skills and Natural Resources) and Public Health Wales to support and encourage employers to promote good mental health and well-being in the workplace through Healthy Working Wales and the Economic Contract.	**Year 1 (2020)** • Work with the Health and Employability work stream through the Employability Plan to review the evidence of what works and identify good practice for the promotion of mental wellbeing at work. • Use the refresh of the Economic Contract as an opportunity to ensure it continues to evolve to reflect policy priorities. To ensure we are supporting the businesses across Wales that we work with to take positive actions to mitigate and address mental

	health concerns in their workforce in return for support from Welsh Government as part of our values based recovery. • **(NEW*)** Healthy Working Wales will work with partner organisations to develop guidance and tools to support employers' crucial role in protecting and enhancing health and wellbeing in their organisations by creating a supportive working environment. • **(NEW*)** Work with training providers to ensure the additional £40m provided to support the Welsh Government's Covid-19 commitment for jobs and skills is targeted effectively to help those groups most impacted by Covid-19, including young people aged 16-24.. • **(NEW*)** Work closely with the Department of Work and Pensions and regional partners to offer a coherent 'youth employability offer'. This will include considering how the 'kick-start' scheme (with placements due to begin November 2020) can be embedded into a wider network of advice and support available to young people. **Year 2 (2021)** • (Modified) Disseminate evidence-based advice and tools through Healthy Working Wales to support the promotion of mental well-being at work and support and place emphasis on developing mentally healthy workplaces whilst taking into account the impact of Covid-19. • **(NEW*)** Review Welsh Government's medium to long-term approach to addressing youth unemployment with the aim of preventing long term scarring effects of long term unemployment.

1.2 (iii) Welsh Government (Health and Social Services) to tackle loneliness and social isolation through implementing a nationwide cross-government strategy. **(NEW*)** Welsh Government to assess and respond to the impact of Covid-19 on loneliness and isolation in Wales and on implementation of its cross-government strategy	**Year 1 (2020)** • Publication of Loneliness and Social Isolation strategy, which will include agreed priority areas. • **(NEW*)** Working with stakeholder advisory group to determine appropriate actions in response to Covid-19.
1.2 (iv) Health boards to support people to manage their own health, including those with long-term conditions, through administering a self-management and well-being grant. This grant will support initiatives that enable people to improve physical functioning, psychological (and spiritual) well-being and social connectedness.	**Ongoing** • (Modified) Health boards and third sector to work together to develop proposals to the self-management and well-being grant from 2021-22. • Following award of grant, Welsh Government (Health and Social Services) to monitor impact of grant.
1.2 (v) (Modified) Welsh Government (Education and Public Services & Health and Social Services) to support the delivery and evaluation of the move to rapid re-housing approach including Housing First projects to enable tailored mental health and substance misuse support for individuals to manage tenancies independently.	**Year 1 (2020)** • **(NEW*)** To initiate rapid rehousing through homelessness Phase II funding to support partnership approaches that ensure people who are homeless with complex needs are in housing with integrated support. **Year 2 (2021)** • (**NEW*)** To initiate rapid reviews of partnership working across sectors to deliver homelessness re-housing initiatives in response to Covid-19 and to build on what works to support people into long term housing in a sustainable and consistent manner across Wales **Ongoing**

	• (Modified) To support the ongoing evaluation of new approaches to working in partnership to address homelessness and complex needs including Housing First
1.2 (vi) Welsh Government (Education and Public Services & Health and Social Services) to develop model joint working protocols for engaging mental health and substance misuse services with rough sleepers.	**Year 1 (2020)** • (Modified) Consider a review of new measures implemented as a result of the response to Covid-19. Learning from evaluation and best practice, work with local authorities and local health boards to develop joint working protocols, including the development of assertive outreach approaches, multiagency case conferences and urgent/crisis referral routes. **Ongoing (six month reporting)** • Support the trial of new approaches to working in partnership to support rough sleepers and people who are homeless or who are at risk of homeless.

1.2 (vii) Welsh Government (Education and Public Services) to support the development and delivery of a training module to support social and private landlords to identify and support people with mental health issues.	**Year 1 (2020)** • Rent Smart Wales[9] to include mental health awareness as part of the training for private landlords prior to 2020 relicensing. • Further bespoke mental health awareness training to be developed for private landlords including specific topic of reducing stigma. • Database of support services being developed by Rent Smart Wales, accessible on the website. **Ongoing (six month reporting)** • Continue to roll out appropriate training to front line housing professionals including landlords.
1.2 (viii) Welsh Government (Education and Public Services) to support the delivery and development of mental health services that allow for closer alignment between housing management services and private landlords in order to prevent evictions from existing tenancies.	**Year 1 (2020)** • Work with local authorities and local health boards to develop best practice guidance on joint commissioning of tenure neutral support services to provide emergency support to allow people to stay in their own homes and avoid evictions. • Develop communication channels to ensure advice and training is available to landlords on where to access support services for tenants. • **(NEW*)** Develop and implement an "Early Alert" scheme for tenants who are struggling with rent arrears and maintaining a tenancy in general. This will include signposting/referral to other advice services where necessary. • **(NEW*)** Introduce a loan scheme for tenants with rent arrears as a result of Covid-19, these loans will be paid directly to

[9] Rent Smart Wales https://www.rentsmart.gov.wales/en/.

	landlord as rent, which will remove the ability of a landlord to evict for serious rent arrears. • **(NEW*)** Further extend notice periods for eviction from assured and assured short hold tenancies to six months (excluding Anti-Social Behaviour related grounds) and keep under review the need for further use of powers under the Coronavirus Act 2020.
1.2 (ix) Welsh Government (Education and Public Services) to help people to access debt and money advice to support improved mental health, through its financial inclusion and advice services and working with key stakeholders	**Year 1 (2020)** • (Modified) The New Single Advice Fund commenced in January 2020 and will make grant funding available for the provision of information and advice services. The delivery model includes both Access Partners (including those with established links in relation to mental health) and Advice Partners. **Year 2 (2021)** • **(NEW*):** To implement actions for Wales in the UK Money and Pensions Service strategy for financial inclusion **Ongoing (six monthly reporting)** • **(NEW*)** A Debt Task and Finish Group has been established to recommend policies that will help people across Wales who are struggling to maintain their financial commitments to find sustainable pathways out of debt. The Group will also explore how to strengthen the link between money management/debt advice services and the wide range of mental health support services that are available.

1.2 (x) (Modified) Welsh Government to consider the mental health impact of Brexit and Covid-19 to ensure support is available, particularly for at-risk communities.	**Ongoing (six monthly reporting)** • Take forward the recommendations and findings from the 'Supporting Farming Communities at Times of Uncertainty'[10] report published by Public Health Wales in 2019. • (Modified) Encourage and support the Wales Farm Support Group to deliver against the recommendations collaboratively to ensure a joined up service to the farming industry.
1.3 – Improving and promoting mental health and resilience.	
Actions	**Milestones**
1.3 (i) Public Health Wales to facilitate Hapus Program – a social movement model to hold a national conversation about mental wellbeing, to better understand what it means to be well.	**Year 1 (2020)** • Project and evaluation plans for national conversation to be agreed. • **(NEW*)** To deliver the Public Health Wales campaign "How are You Doing?" **Year 2 (2021)** • Launch Hapus Programme. • Develop and commence delivery of longer-term plan to improve mental well-being/resilience at a population level.

[10] Supporting Farming Communities at Times of Uncertainty Report https://whiasu.publichealthnetwork.cymru/en/news/supporting-farming-communities-times-uncertainty/.

1.3 (ii) Welsh Government (Education and Public Services) will work with partners to create 'Adverse Childhood Experience (ACE) aware' public services which take a more preventative approach to avoid ACEs and improve the resilience of children and young people.	**Ongoing (six monthly reporting)** • Update report on working with partners to create 'ACE aware' public services. **Year 1 (2020)** • (Modified) Undertake a review to inform the Welsh Government's future policy direction on ACEs'
1.3 (iii) Welsh Government (Economy, Skills and Natural Resources) to work with Public Service Boards to encourage and support participation in cultural activity at a local level.	**Ongoing (six monthly reporting)** • Work through 'Fusion: Creating Opportunity through Culture Programme' to increase access to cultural activity.
1.3 (iv) Welsh Government (Health and Social Services and Economy, Skills and Natural Resources) to evaluate the Healthy and Active Fund to determine whether a similar funding mechanism should be used again and to identify and support projects which make a difference to physical activity and mental well-being.	**Year 2 (2021) and Year 3 (2022)** • Complete evaluation and determine next steps informed by these findings.
1.3 (v) The Welsh Physical Activity Partnership (joint partnership between Sports Wales, Public Health Wales and Natural Resources Wales) to develop a national physical activity action plan and agree next steps to encourage engagement in sport and physical activity which will help to support positive mental health and well-being.	**Year 1 (2020)** • Development of national action plan.

1.3 (vi) Welsh Government (Economy, Skills and Natural Resources) to lead on the delivery of the Natural Resource Policy[11] which sets priorities on the ways Wales' natural resources are managed and can support mental health and wellbeing; including bringing communities together through opportunities for outdoor recreation; access to the natural environment and local green spaces, and improving the quality of our environment.	**Ongoing (six monthly reporting)** • To deliver a range of grants schemes making clear links between improving the resilience of natural resources and our health and well-being. • Enabling local action through Natural Resource Wales' area statements.

1.4 – Preventing suicide and self-harm.	
Actions	**Milestones**
1.4 (i) Welsh Government (Health and Social Services), working with the Suicide and Self-Harm National Advisory Group to drive implementation of the Talk to Me 2 Suicide and Self Harm Prevention Strategy[12][13] (extended to 2022) through regional forums/plans and national coordinator posts.	**Year 1 (2020)** • To appoint a national co-ordinator and three regional posts for suicide and self-harm prevention**.** • To work with regions and leads to establish priorities and commence projects which require targeted action. • **(NEW*)** To review deaths by suicide and self-harm (0-25 year olds) as part of the Child Death Review process and to improve timely access to data supporting interventions. • **Year 2 (2021) and Year 3 (2022) Six-monthly reporting** Continue to implement regional project plans.

[11] https://gov.wales/natural-resources-policy
[12] Talk to Me 2 Strategy and Action Plan https://gov.wales/sites/default/files/publications/2019-08/talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-
[13] .pdf

1.4 (ii) Suicide and Self-Harm National Advisory Group and Welsh Government (Health and Social Services) to strengthen bereavement support in Wales.	**Year 1 (2020)** • National bereavement study published and plan of action established. • National delivery framework for bereavement care developed and implementation commenced.
1.4 (iii) Suicide and Self-Harm National Advisory Group and Welsh Government (Health and Social Services) to improve access to information and support about suicide and self-harm prevention including in educational settings, at risk occupational groups, rural areas and primary care. We will also highlight areas of good practice.	**Year 1 (2020)** • To develop an educational module for GP's and primary care. • To develop the *Talk to Me Too* website[14] which is a central point of information and support to individuals, organisations and families.
	• Wales Farm Support Group to share knowledge and expertise and to increase collaboration. **Year (2020)** • To develop a national training framework, hosted on the *Talk to Me Too* website, which provides information about training programs across Wales.

[14] Talk to Me Too website www.talktometoo.wales.

Priority 2: Improving access to support for the emotional and mental well-being of children and young people.

These actions will support me to develop my ability to cope better with everyday challenges. They will also help teachers and others recognise when I need more support and how to access it. If I do need to access specialist services, these actions will ensure I can get the help I need, when I need it.

How will we know? *Improved mental well-being of children and young people and timely access to services* Mental well-being rates for boys and girls aged 14. Wales. Source: Millennium Cohort Study.
Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting times. Source: Stats Wales, Welsh Government.

2.1 – Improving access to mental health support in schools.	
Actions	**Milestones**
2.1 (i) Welsh Government (Education and Public Services & Health and Social Services) to develop and implement a multiagency whole school approach to mental health and emotional well-being.	**Year 1 (2020)** • Develop guidance for the implementation of whole school approaches, which includes joint working across agencies with clear roles and responsibilities. • Publish guidance on suicide and self-harm prevention, accompanied by a suite of complimentary resources and activities. • **(NEW*)** Increased funding for school counselling in light of Covid-19 alongside age appropriate support for younger children • **(NEW*)** Deliver universal and targeted wellbeing interventions for learners and train teachers and other school staff in mental health issues **Year 2 (2021)** • Implement schools guidance on whole school approaches across Wales.

	• Work with schools to implement good practice guidance linked to self-evaluation process. • Support Public Health Wales in refreshing the Welsh Network of Healthy School Schemes (WNHSS) and implementing changes. • (Modified) Work with stakeholders to determine current good practice and evidence based interventions.

2.1 (ii) Welsh Government (Education and Public Services) to support schools to deliver the new curriculum including the health and well-being area of learning and experience which supports resilience in children and young people.	**Year 1 (2020)** • Publish revised curriculum framework guidance following 2018 consultation to assist schools to prepare. • Curriculum and Assessment bill introduced. **Year 2 (2021) and Year 3 (2022)** • Schools to design the new curriculum for 5 to 16 year olds. • Non-maintained nursery settings prepare to adopt a new curriculum for 3 and 4 year olds. • Education Other Than at School (EOTAS) providers to prepare to deliver a curriculum appropriate to their learners. **Year 3 (2022)** • New Curriculum for Wales is delivered to all learners up to and including Year 7. *The roll out continues on a yearly basis concluding in 2026 for learners in Year 11.*

2.1 (iii) Welsh Government (Education and Public Services) to introduce professional learning for all levels of school staff on mental health and emotional well-being.	**Year 1 (2020)** • Conduct scoping exercise to establish what is currently taught and which gaps there are that need to be filled. • Work with Higher Education Institutions to develop bespoke training packages targeting different school staff roles. **Year 2 (2021)** • Continue development of training packages and roll out to school staff. • Work with National Academy for Educational Leadership (NAEL) to receive accreditation for leadership training. • (Modified) Enhance mental health and well-being training in Initial Teacher Education (ITE) through enrichment modules.

2.1 (iv) Welsh Government (Education and Public Services) working with NHS and Public Health Wales to implement key learning from the CAMHS in-reach pilots.	**Year 1 (2020)** • Begin initial evaluation and early learning from in-reach pilots. **Year 2 (2021)** • Receive formal evaluation of in-reach. • Scale up the in-reach pilots and implement key elements nationally.
2.1 (v) Welsh Government (Education and Public Services) to develop and implement proposals to ensure that the views of children and young people are incorporated into developing whole school related activity	**Year 1 (2020)** • Maintain a working group of young people drawn from a diverse geographical and social background which includes lived experience • Co-produce a work programme of activity throughout the year, which enables young people to inform and shape policy as it develops.

2.1 (vi) (Modified) Welsh Government (Education and Public Services) are working with further education Institutions (FEI's) to ensure the mental health and wellbeing of learners and practitioners are supported through professional learning, projects and research across the FE sector and adult learning.	**Year 1 (2020)** • **(NEW*)** Development and implementation of well-being strategies for every FEI and design and delivery of professional learning and leadership development, including professional standards, e-learning modules and "train the trainer" materials. • **(NEW*)** Working collaboratively across the sector to develop bilingual resources and guidance for sector-wide benefit, including work-based and adult learning.
2.2 – Improving access to support in the community for children and young people.	
Actions	**Milestones**
2.2 (i) By working with a number of Early Years Transformation pathfinders across Wales we are exploring options for how early years services can be delivered in a more integrated and systematic way to ensure children and families get the right help, at the right time and in the right way.	**Year 2 (2021) and Year 3 (2022)** • (Modified) Building on the co-construction approach adopted with the Early Years pathfinders and developed across services as they responded to the pandemic we will test delivery models that target support to more families where it could have the greatest impact over the longer term. **Year 3 (2022)** • (Modified) Share learning across Public Service Boards (PSBs) with the aim of scaling up good practice to regional levels in a systematic way.

2.2 (ii) Welsh Government (Health and Social Services) to provide funding to Regional Partnership Boards (RPBs) to support the development of local approaches to improve access to lower tier, non-clinical community based services.	**Year 1 (2020)** • Issue funding to RPBs to pilot local approaches to improve access to lower tier, non-clinical community based services. **Year 2 (2021)** • Monitor and review of funding to RPBs to pilot local approaches to improve access to lower tier, non-clinical community based services.
2.2 (iii) Welsh Government (Education and Public Services) working with local authorities and their partners, to embed early intervention and preventative approaches to improving mental health and well-being through youth work approaches.	**Year 1 (2020)** • (**NEW*)** Introduce additional flexibility into the Youth Support grant and National Voluntary Youth Organisation Grant to enable local authorities and the voluntary sector to support young people most affected by pandemic issues, to boost their emotional health and well-being through youth work approaches, including online activities, keeping in touch, and face-to-face contact for the most vulnerable young people. **Year 2 (2021)** • (Modified) Work with local authority and voluntary youth services to develop ideas and share good practice, including alternative approaches to youth work developed during the pandemic, to further support children and young people.
2.2 (iv) Welsh Government (Health and Social Services) to explore the development of pilots in relation to online support for children and young people.	**Year 1 (2020)** • Review existing provision and the cost-benefit of developing online support and develop an implementation plan for the provision of online support for children and young people. • **(NEW*)** To provide ongoing wellbeing and mental health online self-help provision for CYP via the Hwb educational platform (accessible to all children including those not in education) and Silvercloud for those aged 16+.

	Year 2 (2021) • Implementation of agreed plan.

2.3 – Improving children and young people's mental health services.	
Actions	**Milestones**
2.3 (i) Welsh Government (Health and Social Services) investment to support health board improvement plans that take forward recommendations from the recent NHS Delivery Unit (DU) review of primary care CAMHS.	**Ongoing (six monthly reporting)** • Health boards to implement improvement plans following review of primary care CAMHS and continue to monitor progress.
2.3 (ii) Welsh Government (Health and Social Services) to support improvements in transitions between CAMHS and adult services.	**Year 1 (2020) and Year 2 (2021)** (Modified) • Review current transition guidance in the context of the development of wider NHS transition guidance. **Year 2 (2021) and Year 3 (2022) (six monthly reporting)** • Develop arrangements to monitor use of the guidance with children and young people.
2.3 (iii) NHS to ensure specialist mental health services meet the needs of young people and that services are equally accessible for those children and young people who are looked after or on the edge of care.	**Year 1 (2020**) • Develop proposals for better integration and joint commissioning arrangements between health and social services. • Agree scope for Early Help and Enhanced Support work stream of the extended *Together for Children and Young People* programme. **Year 2 (2021)** • Implement actions following the CAMHS Network review of Tier 4 Enhanced Inpatient Care. • Implement arrangements for joint commissioning between health and social services.

Priority 3: Further improvements to crisis and out of hours for children, working age and older adults.

These actions will help me access support when I'm in distress. People with whom I come into contact will know how to support me and I will have access to services at any time.

How will we know? *Outcomes are improved for people in crisis, including those detained under section 135 and 136 of the mental health Act.* Source: Detentions under Section 135 and 136 of the Mental Health Act. Stats Wales, Welsh Government and Mental Health Core Dataset (when available).

3.1 – Strengthening partnership working.	
Actions	**Milestones**
3.1 (i) Mental Health Crisis Care Concordat (MHCCC) and Regional Mental Health Criminal Justice Groups to implement the new National Crisis Concordat Action Plan[15] across health boards, police forces, local authorities, the Welsh Ambulance Service NHS Trust (WAST) and the third sector.	**Year 1 (2020)** • All partners sign and agree to local implementation plans with formal reporting to the Concordat group. **Year 2 (2021) and Year 3 (2022) (six monthly reporting)** • Report on progress against the local implementation plans.
3.1 (ii) National Collaborative Commissioning Unit (NCCU) to complete a rapid urgent mental health access and conveyance review across health boards, police forces, local authorities, WAST and the third sector to make recommendations for improvement.	**Year 1 (2020)** • Complete urgent access review. **Year 1 (2020) and Year 2 (2021)** • Implement recommendations from urgent access review.

[15] Crisis Care Concordat Plan https://gov.wales/mental-health-crisis-care-agreement-action-plan-2019-2022.

3.1 (iii) Welsh Government (Health and Social Services) investment to support health boards to extend and standardise the delivery of crisis and out of hours services to provide 24/7 access across all ages, including delivering on the priority areas in the National Crisis Care Concordat Action Plan.	**Ongoing (six monthly reporting)** • Health boards to implement investment plans and continue to monitor progress.
3.1 (iv) Welsh Government (Health and Social Services) and partners to support a range of pilots, including street triage, hub models, et cetera to inform evidence based practice and the MHCCC to identify the good practice and models for roll out.	**Year 1 (2020)** • Agree and support pilot projects. **Year 1 (2020) and Year 2 (2021)** • Agree national actions to improve crisis system based on access review and evaluation of pilot projects.

Priority 4: Improving the access, quality and range of psychological for therapies children, working age and older adults.

These actions will ensure that I can access the most appropriate and evidenced based psychological therapies to support me in a timely manner. I will also be involved in making decisions about my care.

How will we know? *Health boards achieve waiting time standards on a sustainable basis and outcomes are reported through the dataset (when available).*
Percentage of Local Primary Mental Health Support Services (LPMHSS) assessments undertaken within 28 days of referral & percentage of therapeutic interventions started within 28 days following a LPMHSS assessment. Source: Mental Health (Wales) Measure data collection, Welsh Government.
Percentage of specialist psychological therapies interventions commencing within 26 weeks. Source: Stats Wales, Welsh Government (from 2020).

4.1 – Improving the access, quality and range of psychological therapies.	
Actions	**Milestones**
4.1 (i) Welsh Government (Health and Social Services) to continue to support the delivery of the Reading Well Books scheme[16] including lists for common mental health conditions.	**Year 1 (2020)** • All libraries to stock books about mental health conditions, with roll out across communities. • (**NEW***) To explore access to e-books to improve accessibility. **Year 2 (2021)** • Formal evaluation of the Reading Well adult scheme. • To launch the Children and Families book scheme pending outcome of reviews.

[16] Reading Well Scheme Wales: https://reading-well.org.uk/wales

4.1 (ii) Welsh Government (Health and Social Services) to introduce a psychological therapies infrastructure in Wales, supported by National Psychological Therapies Management Committee (NPTMC) that will support service improvement, workforce development and strengthen governance.	**Year 1 (2020)** • Introduce infrastructure to support psychological therapies. • To develop 'Children and Young People Matrices' document. • **(NEW*)** To assess the impact of Covid-19 on the delivery of psychological therapies, recovery and rehabilitation and further consider roll out evidence-informed, psychotherapeutic digital mental health interventions. **Ongoing (six monthly reporting)** • Children and Young People's matrics to be published and implemented. • To ensure the Matrics Cymru[17] evidence tables continue to be updated. • Following recent investment, health boards to report on progress in achieving targets for the Local Primary Mental Health Support Services (LPMHSS) and specialist psychological therapies. • Health boards to report on developing psychological services across the system including those with physical or long-term conditions.
4.1 (iii) Welsh Government (Health and Social Services) to commission the development of an evidence based All Wales Traumatic Stress Quality Improvement Initiative for all ages, taking into account other specific population groups including victims of sexual assault, perinatal mental health, refugees, asylum seekers, people in prison or in contact with criminal justice system and other vulnerable groups.	**Year 1 (2020)** • (Modified) To accelerate delivery of the All Wales Traumatic Stress Quality Improvement initiative (AWTSQII). • **(NEW*)** Use the AWTSQII to support the quality of trauma informed services across Wales. • (NEW*) To produce online reference guide for practitioners with basic interventions to support stabilisation for those experiencing distress related to traumatic events.

[17] Matrics Cymru and Evidence Tables http://www.1000livesplus.wales.nhs.uk/psychological-therapies.

	Year 2 (2021) and Year 3 (2022) (six monthly reporting) • Health boards to report on the implementation of Traumatic Stress Initiative. • (**NEW*)** To facilitate pilot train the trainer program across sectors for at-risk populations including those who are working with individuals with complex needs,
4.1 (iv) Welsh Government (Health and Social Services) and partners to consider scoping the potential to expand the Health for Health Professionals (HHP) Wales Service to both NHS dentists and paramedics. Currently HHP Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area.	**Year 1 (2020)** • (Modified) Due to the higher levels of stress and anxiety caused by Covid-19 the Health for Health Professionals Service was enhanced in April 2020 to provide, as a matter of urgency, the service to all of the NHS workforce**.** **Year 2 (2021)** • (Modified) Gather evidence and conclusions to inform future service delivery particularly in light of any psychological factors, which may manifest and have a significant impact on the mental health of the workforce long term.

Priority 5: Improving access and quality to perinatal mental health services.

These actions will ensure that if I struggle with my mental health during or after my pregnancy, I will be able to access appropriate support. If I need more specialist support, I will be able access this closer to my home and with my baby.

How will we know? *Health boards meet the Royal College of Psychiatrists' quality standards.*
Achievement of Royal College of Psychiatrists' quality standards. Source: Health board returns.

5.1 – Improving access and quality of perinatal mental health services.	
Actions	**Milestones**
5.1 (i) Welsh Health Specialised Services Committee (WHSSC) and lead health board to establish a specialist in-patient perinatal mother and baby unit in Wales.	**Year 1 (2020)** • Commencement of build project to establish a mother and baby unit, in line with agreed Royal College of Psychiatrists' standards. **Year 2 (2021)** • Establishment of the mother and baby unit.
5.1 (ii) NHS Collaborative to establish a perinatal mental health network to assist health boards in further driving improvements to services, including the collection of core performance management data.	**Year 1 (2020) and Year 2 (2021)** (Modified) • Establishment of the Perinatal Mental Health Network. • Achievement of All Wales Perinatal Mental Health Steering Group's standards, including relevant data collection. • The implementation of the Perinatal Mental Health Clinical Network delivery plan including an All Wales Fully Integrated Care Pathway for Perinatal Mental Health. • Developing a curricular framework for perinatal and infant mental health, improving access to information, strengthening links with third sector organisations across Wales and undertaking work to recognise the unique needs of fathers.

	Year 2 (2021) and Year 3 (2022) Modified • Achievement and continued compliance of Royal College of Psychiatrists' quality standards.[18]

[18] Royal College of Psychiatrists Community Mental Health Team Quality Standards for Perinatal Mental Health, 4th Edition: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a_4.

Priority 6: Improving Quality and Service Transformation.

These actions will assure me that the services that I need to access will continually improve and are responsive to my individual needs.

How will we know? *More people receive care in the community and outcomes reported through the dataset (when available).*
Number of admissions to mental health facilities. Source: Admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), Welsh Government.

6.1 – Supporting access to appropriate mental health support for children, young people, working age adults and older adults.	
Actions	**Milestones**
6.1 (i) Welsh Government (Health and Social Services) and NHS Wales to include delivery milestones for Primary Care Model for Wales to improve access to mental health support.	**Year 1 (2020)** • Each health board to work with GP Cluster leads to produce a mental health crisis pathway for 111/Out of Hours. **Year 2 (2021) and Year 3 (2022) (six monthly reporting)** • Implementation of mental health crisis pathway for 111/Out of Hours • Inclusion of further milestones for 2021-22 linked to mental health priority areas.
6.1 (ii) (Modified) Health boards to undertake an annual audit of Care and Treatment Planning (CTP), focusing on the importance of building in a recovery approach to service development and quality improvement, and ensuring the implementation of the NHS Delivery Unit (DU) recommendations on care and treatment planning.	**Year 1 (2020)** • Health board to undertake a follow up audit detailing progress, including ensuring appropriate service user input and to report findings including areas for improvement. **Year 2 (2021) and Year 3 (2022) (six monthly reporting)** • Health boards to demonstrate ongoing improvements.

6.1 (iii) Welsh Government (Health and Social Services) to work with partners to articulate what we want services to look like by setting a common set of values, reviewing models, learning from the evidence of the transformation fund and producing guidance for Wales.	**Year 1 (2020)** • Review/map service configurations and research models of care, run workshops to define core functions in primary/secondary care. **Year 2 (2021) and Year 3 (2022)** • (Modified) Produce guidance on the delivery of mental health services, using a quality improvement, systems/journey approach.
6.1 (iv) Health boards to implement improvement plans from the joint Care Inspectorate Wales (CIW)/Healthcare Inspectorate Wales (HIW) review of Community Mental Health Teams and report progress against these plans.	**Year 1 (2020) and Year 2 (2021)** • Health boards to undertake follow up audit detailing progress and to report on ongoing improvements.
6.1 (v) National Collaborative Commissioning Unit (NCCU) will support health boards to undertake an audit of current secure inpatient provision and to develop a secure inpatient strategy for mental health.	**Year 1 (2020)** • Audit of current secure inpatient provision. **Year 2 (2021)** • Develop a secure inpatient strategy.
6.2 – Improving support for eating disorders.	
Actions	**Milestones**
6.2 (i) Welsh Government (Health and Social Services) to work with service users, carers and health boards to develop a new model of service in response to the recent independent review.	**Year 1 (2020) and Year (2021)** • Develop and begin implementation on local improvement plans.

6.3 – Improving support for people with co-occurring mental health and substance misuse issues.	
Actions	**Milestones**
6.3 (i) Welsh Government (Health and Social Services) continue to monitor the delivery of the Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework.[19]	**Year 1 (2020)** • (Modified) Welsh Government to undertake a best practice review of emerging pathways for individuals with a co-occurring problem **Year 2 (2021)** • Ensure services commissioned to support co-occurring cases are aligned and working in partnership with housing services. • Ensure barriers to joint work between mental health and substance misuse services are being reduced, through monitoring of both Area Planning Boards and Local Mental Health Partnership Boards. **Ongoing (six monthly reporting)** • Monitor impact of the additional investment allocated through Area Planning Boards to support improved delivery of mental health and substance misuse support to those with complex needs.
6.4 – Improving Early Intervention in Psychosis Services.	
Actions	**Milestones**
6.4 (i) Early Intervention in Psychosis National Steering Group and Community of Practice to work with Royal	**Year 1 (2020)** • To develop work plan based on audit findings, including a focus on physical health checks and quality of life in line with the focus on patient reported outcome measures.

[19] Treatment Framework for People with a co-occurring substance misuse and mental health problem (2015): https://gov.wales/sites/default/files/publications/2019-02/serviceframework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf.

College of Psychiatrists to develop and embed best practice service models in line with standards.	**Year 2 (2021)** • Repeat audit.
6.5 Improving support for people in contact with the criminal justice system.	
Actions	**Milestones**
6.5 (i) Welsh Government (Health and Social Services), working with health boards, Public Health Wales and Her Majesty's Prison and Probation Service (as part of the Partnership Agreement for Prison Health)[20] to develop; - Consistent mental health, mental well-being and learning disability services across all prisons. - Develop approaches to improve mental health support for young people and women who access the criminal justice system.	**Year 1 (2020)** • Establish joint Prison Health and Social Care Oversight Group. • Establish work streams to underpin the four priorities in the Partnership Agreement for Prison Health, which includes the development of standards for mental health services in prisons. • Respond to recommendations from the Health, Social Care and Sport Committee and their inquiry into health and social care in the prison estate in Wales. **Year 2 (2021)** • Complete and commence implementation of mental health standards and report on key indicators. **Ongoing (six monthly reporting)** • Monitor impact of the additional investment for primary healthcare in public sector prisons in Wales, which will include a focus on mental health and co-occurring substance misuse issues.

Annex 1: Glossary of terms

CAMHS Child and Adolescent Mental Health Services.

[20] https://gov.wales/partnership-agreement-prison-health-wales.

LHB	Local Health Board.
LMHPB	Local Mental Health Partnership Board.
LPMHSS	Local Primary Mental Health Support Services.
LPS	Liberty Protection Safeguards.
MCA	Mental Capacity Act.
MCCA	Mental Capacity Amendment Act.
MHA	Mental Health Act.
MHCCC	Mental Health Crisis Care Concordat.
MHNPB	Mental Health National Partnership Board.
MH(W)M	Mental Health (Wales) Measure.
NAG	National Advisory Group (Suicide and Self-Harm).
NCCU	National Collaborative Commissioning Unit.
NWIS	NHS Wales Informatics Service.
ONS	Office for National Statistics.
PEDW	Patient Episode Database for Wales.
PHW	Public Health Wales.
RPB	Regional Partnership Board.
SCW	Social Care Wales.
T4CYP	Together for Children and Young People.
WAST	Welsh Ambulance Service NHS Trust.
WCCIS	Welsh Community Care Informatics System.
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scales.
WHSSC	Welsh Health Specialised Services Committee.

Annex 2: List of initial measures to be monitored to track the impact of the actions in the plan.

Measure
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Source: National Survey for Wales, Welsh Government.
Life satisfaction and mental well-being scale. Source: National Survey for Wales, Welsh Government.
Mental Well-being rates for boys and girls aged 14. Wales. Source: Millennium Cohort Study.
Percentage of people feeling lonely. Source: National Survey for Wales, Welsh Government.
Percentage of secondary school children feeling lonely during summer holiday, 2017. Source: School Health Research Network / Health Behaviour in School-aged Children 2017.
Number of rough sleepers. Source: National Rough Sleeper Count, Welsh Government.
Number and Percentage of children receiving care and support with mental health issues. Source: Census. Changed from Children in Need Census (2010 to 2016) to Children Receiving Care and Support (CRCS) Census, 2017 to 2018.
Age-standardised suicide rates. Source: Office for National Statistics.
Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population. Source: Patient Episode Database for Wales (PEDW).
Number of referrals for a Local Primary Mental Health Support Services (LPMHSS) assessment received during the month. Source: Mental Health (Wales) Measure data collection, Welsh Government.
Percentage of LPMHSS assessments undertaken within 28 days of referral. Source: Mental Health (Wales) Measure data collection, Welsh Government.
Percentage of therapeutic interventions started within 28 days following a LPMHSS assessment. Source: Mental Health (Wales) Measure data collection, Welsh Government

Percentage of patients resident in the LHB, who are in receipt of secondary mental health services, who have a valid Care and Treatment Plans (CTPs). Source: Mental Health (Wales) Measure data collection, Welsh Government.
Percentage of outcome assessment reports sent less than or equal to 10 days after the assessment had taken place. Source: Mental Health (Wales) Measure data collection, Welsh Government.
Number of children and young people attending counselling. Source: Local Authority School Counselling Services collection, Welsh Government.
Main presenting issues on referral for children and young people receiving counselling. Source: Local Authority School Counselling Services collection, Welsh Government.
Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting time. Source Stats Wales, Welsh Government.
Number of admissions to mental health facilities. Source: Admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), Welsh Government.
Number of patients in mental health hospitals and units in Wales with a mental illness. Source: Psychiatric Census, NHS Wales Informatics Service.
Average daily NHS beds available/occupied for mental illness. Source: QueSt1 return, NHS Wales Informatics Service (NWIS).
Average duration of stay in NHS beds and percentage occupancy for mental illness. Source: QueSt1 return, NHS Wales Informatics Service (NWIS).
Number and percentage of outpatient attendances for Adult Mental Illness and Child and Adolescent Psychiatry. Source: Outpatient activity minimum dataset, NHS Wales Informatics Services (NWIS).
Number of referrals by treatment function including Adult Mental Illness and Child and Adolescent Psychiatry. Source: Outpatient Referral Dataset, NHS Wales Informatics Service (NWIS).
Number of delayed transfer of care by delay reason. Source: Delayed transfers of care database, NHS Wales.

OUTCOME MEASURES

What are outcome measures?

An all Wales framework which describes the importance of effectively using 'patient' reported outcome and experience measures in mental health and learning disability services[1] has been developed. These tools are often known as PROMS and PREMS.

A number of tools have been agreed for consistent use across Wales – they were chosen because they are evidenced based, easy to use, and available in Welsh. They can be used in paper or electronic versions and used in different settings.

The tools measure overall wellbeing, progress in achieving goals and service user experience.

Why are we doing this?

Using outcome tools and gaining service user feedback supports:

- discussions about goals/outcomes.
- outcome-focused interventions.
- celebrating positive changes and improvement in mental wellbeing.

Over time it will also allow us to:

- better understand the mental health needs of those we work with.
- ensure we continue to have appropriate services.

Training and support

There will be one or two people from each team across Wales offered a 1-day training course to equip them with the understanding and resources to introduce the use of the tools into their team.

We have chosen to give teams this flexibility because we recognise that one size does not fit all and different teams will have different needs and pressures. More information on what is involved in the training is available on request.

[1] **PROMS and PREMS for learning disability services are in the process of being agreed.**

What tools have been chosen?

There are three clusters into which the agreed outcome tools have been placed.

All tools are free, available in Welsh and can be used in paper and electronic versions.

Improvement In My Wellbeing	
Adults	Children and Young Adults
CORE	Young Person's CORE (YP CORE)
Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)	Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)
Recovery of Quality of Life (ReQoL)	Strengths and Difficulties Questionnaire
Being Able To Set My Own Goals And Aspirations	
Adults	Children and Young Adults
Goal Based Outcomes (GBOs)	Goal Based Outcomes (GBOs)
Social Services and Wellbeing Care and Support Plan 10 Point Scale	Social Services and Wellbeing Care and Support Plan 10 Point Scale
Recovery Star	
Goal Attainment Scaling (GAS)	
My Experience and Satisfaction	
Adults	Children and Young Adults
My NHS Wales Experience	My NHS Wales Experience
Social Services Measuring Wellbeing	Experience of Service Questionnaire

GWELLIANT CYMRU IMPROVEMENT CYMRU

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

Experience, Quality and Safety Committee	**Date of Meeting: 15 July 2021**
Subject :	**Update on General Medical Practice Access arrangements**
Approved by:	**Executive Director of Primary, Community Care & Mental Health, Jamie Marchant**
Prepared and Presented by:	**Assistant Director of Primary Care, Jayne Lawrence**
Other Committees and meetings considered at:	**Quality, Governance Group – 6 July 2021**

PURPOSE:
This paper focusses specifically on General Medical Services (GMS) Access and its various components including opening hours, appointment availability and Access Standards achievement for 2020/2021. In addition, it includes the findings of a Powys Community Health Council (CHC) access report following an access survey undertaken in autumn 2020.
RECOMMENDATION(S):
The Committee is requested to discuss and note the report.

Approval/Ratification/Decision	**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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	×
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	✓
	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:

The GMS regulations allow individual practices to decide which services to provide and when, to meet the reasonable needs of their patients. From a contract management perspective this can present challenges due to the lack of clarity and the definition of 'reasonable', however PTHB captures a variety of information and data to gain assurance around access arrangements in general practice. This encompasses both quantitative and qualitative information covering opening hours, and minimum expectations relating to access.

- 100% of the 16 Powys Practices are accessible during core hours 8am to 6.30pm, Monday to Friday excluding bank holidays.
- 100% of practices are open during the lunchtime period – no lunchtime closing.
- 100% of practices do not undertake half day closing, recognising however, that in some multi-site practices, access to either the main or branch site will be available to patients.
- 100% of practices have an 'Open List', enabling patients to register with a practice if they reside within a practices defined practice area.
- 100% of practices offer same day access via triage
- 19% of practices offer a 1st bookable appointment at 8:00am
- 75% practices offer a 1st bookable appointment at 8:30 am
- 6% offer a 1st bookable appointment at 8:45 am

- 100% offer urgent access up to 6:30 pm
- 81% offer a routine appointment after 5pm, days per week
- 63% offer a routine appointment after 5:30pm, days per week
- 50% offer a routine appointment after 6pm, days per week

PTHB has in place an Access Forum to review and monitor practice performance against the All Wales National Access standards. Performance against the standards is incorporated into to the Primary Care - General Medical Services Commissioning Assurance Framework (CAF) reporting. The CAF will be reported through PTHB groups and committees in the future months once year end data is available.

The Access Standards are underpinned by practice achievement against measurable standard, split across two distinct groups

- Group 1: Infrastructure and systems
- Group 2: Understanding patient needs

There has been an improvement in achievement against the standards in 2020/2021 compared to 2019/2020 with only one standard not achieving 100% compliance in 2020/2021.

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional. It is pleasing to note that 100% of Powys practices are committed to aspire to achieve the Access Standards.

PTHB provides a supportive role in assisting practices with achievement of the Standards. Through the PTHB Access Forum and aligned to national work, the health board work closely with all practices to improve access standards achievement.

During 2020/21, NHS Wales Shared Services Partnership Audit and Assurance Services Internal Audit undertook a review of the Access Standards to provide assurance that PTHB was progressing work to support GP practices to comply with the Access Standards. The audit concluded that 'substantial' assurance was in place.

Powys Community Health Council undertook an access survey during September 2020. The survey was set against the context of the Covid pandemic and peoples experiences of accessing general practice services. The survey was specifically interested in seeking views on people's experiences relating to telephone and video appointments. The report recommendations offer practices further considerations when planning future access models.

DETAILED BACKGROUND:

The NHS (General Medical Services Contracts) (Wales) Regulations 2004 state that a practices core hours are the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays. Regulation 20 goes on further to detail the provision of services during core hours, as follows;

20. A contract must contain a term which requires the contactor in core hours
(a) to provide -

(i) *essential services, and*

(ii) *additional services funded under the global sum, at such times,*

within core hours, as are appropriate to meet the reasonable needs of its patients; and

(b) to have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

General Practitioners Committee (GPC) Wales represents all NHS GPs in Wales by negotiating the GP contract with Welsh Government. GPC Wales, are very clear that that General Medical Services (GMS) regulations do not require practices to

a) be open at all times during core hours,
b) deliver all services at all times when they are open

The regulations do however require practices (either themselves or through subcontracting arrangements) to:

- provide services at times that are appropriate to meet the needs of patients
- ensure arrangements are in place for patients to access services throughout core hours in case of emergency

In summary, the view of GPC Wales is the GMS regulations allow individual practices to decide which services to provide when, to meet the needs of their patients. Therefore, from a contract management perspective this can present challenges due to the lack of clarity and the definition of 'reasonable needs' is yet to be agreed by Welsh Government and GPCW.

PTHB can confirm

- 100% of Powys Practices are accessible during core hours 8am to 6.30pm, Monday to Friday excluding bank holidays. The majority of practices subcontract to Shropdoc to support access to core hours through a 'margins cover' arrangement between the hours of 8am – 8:30 am and 6pm – 6:30pm, whereby Shropdoc provides a call handling service for patients to access. This arrangement is between individual practices and Shropdoc.

- 100% of practices are open during the lunchtime period – no lunchtime closing.

- 100% of practices do not undertake half day closing, recognising however, that in some multi-site practices, access to either the main or branch site will be available to patients.

- 100% of practices have an 'Open List', enabling patients to register with a practice if they reside within a practices defined practice area.

  From 09/01/20 until 31/12/20 the Newtown Medical Practice temporarily suspended their list to new registrations due to sustainability issues, however reopened their list on 1st January 2021. During the 'suspended list' period, new patients requiring registration were directed to other available practices. If a patient only resided in the Newtown practice area, then the patient was allocated to the Newtown Practice. Patient access to general medical services was not compromised during the suspended period.

During the height of the pandemic general medical service provision remained consistently very good and 100% of Powys Practices remained open and accessible to patients. The model of delivery changed to a predominant telephone triage model for all urgent and routine appointments and the consultation offer to patients was via telephone consultation, video consultation and if clinically necessary via face to face. Clinician discretion and judgement was used for the appropriate consultation required.

A small number of branch surgeries temporarily closed or had reduced service provision due to staff sickness/isolation levels; therefore, forcing practices to consolidate on one site. A PTHB '*Temporary Urgent Closure/Change of service provision*' process was introduced to monitor this and to keep the Community Health Council continually updated on patient access provision.

All Main and Branch sites have resumed normal service since 2nd September 2020 apart from

- Brecon Practice, Sennybridge branch site who continue to offer a limited service. However, from 30/06/2021 in addition to GP availability, Nurse and HCA appointments and repeat prescription collection service will be reinstated. This is an improvement to current services, however will not mirror the pre-covid service offer. Contractual discussions with the practice continue in this area.

- Haygarth Practice - In August 2020 PTHB considered a proposal from the partnership to reduce opening hours across the two sites in Hay and Talgarth. PTHB noted disappointment with the proposal however had to

recognise that the proposed changes were within the GMS contract regulations as the practice would continue to fulfil its contractual obligations. Therefore, reduced hours across both sites was introduced from 1st October 2020. PTHB in conjunction with the Community Health Council (CHC) have worked closely with the practices to implement a number of mitigations to address access concerns raised by the health board, CHC and patients.

As we come out of the pandemic, practices are maintaining a hybrid model of both triage and face to face appointments, recognising that social distancing and infection control requirements continues to impact, resulting in ongoing reduced patient footfall for face to face consultations.

The GMS Contract Annual Return provides additional data around appointment availability:-

- 100% of practices offer same day access via triage

- 19% of practices offer a 1st bookable appointment at 8:00am
- 75% practices offer a 1st bookable appointment at 8:30 am
- 6% offer a 1st bookable appointment at 8:45 am

- 100% offer urgent access up to 6:30 pm

- 81% offer a routine appointment after 5pm, days per week
- 63% offer a routine appointment after 5:30pm, days per week
- 50% offer a routine appointment after 6pm, days per week

National Access Standards:

Improving access to services, delivered at, or close to home, continues to be a key strategic priority for Welsh Government and is central to the Primary Care Model for Wales. On 20th March 2019, the Minister for Health & Social Services announced the Access to in-hours GMS Services Standards, underpinned by clear achievement measures.

Originally the standards were in place until March 2021, but have since been extended to March 2022 as due to the pandemic the Standards did not provide a true platform to demonstrate improved access and maintaining until 31st March 2022 will allow the measures to embed, to gain a true measurement of how effective the standards have been in improving access for all.

When the standards were first nationally introduced significant investment was made available through the GMS contract during 2019-20 to support practices in working towards meeting the standards and providing additional payments linked to achievement.

The Standards are underpinned by practice achievement against 8 measurable standard, (**Appendix 1**). In summary the standards are split across two distinct groups

Group 1: Infrastructure and systems (5 standards)

1. Appropriate telephony and call handling systems are in place, which support the needs of callers and avoid the need for people to call back multiple times
2. People receive a prompt response to their contact with a practice via telephone
3. Practices have in place a recorded bilingual introductory message, which includes signposting to other local services and emergency services for clearly defined life-threatening conditions.
4. Practices have in place appropriate and accessible alternative methods of contact, including digital solutions, SMS text messaging, email and face to face.
5. People are able to use email to request a non-urgent consultation or call back

Group 2: Understanding patient needs (3 standards)

6. People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals, as well as the level of service they can expect from their practice.
7. People receive a timely, coordinated and clinically appropriate response to their needs.
8. All practices have a clear understanding of patient needs and demands within their practices and how these can be met.

The standards detail clear requirements for practices in terms of minimum expectations relating to access, including an increased digital offering. It is important to note that (apart from Standard 3), there is more than one criteria/measurement to be achieved within each Standard. 100% compliance with all the required criteria is needed before a standard is achieved.

During 2020-21 due to the pandemic Welsh Government temporarily suspended

- Standard 5 measurement of 25% of pre-bookable appointments to be available on line
- Standard 8 measurement of practices undertaking a demand and capacity audit.

The above two suspensions will remain for 2021-22 also.

It is important to note that General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice

participation is optional. It is pleasing to note that 100% of Powys practices are committed to aspire to achieve the Access Standards. The PTHB Access Forum, (with PTHB, General Practice, Cluster, CHC and LMC representation) reviews and monitor performance against the Access Standards, shares best practice and assists with the development of access initiatives through clusters. **Appendix 2** details the Terms of Reference for the Group which is chaired by the Assistant Director of Primary Care.

PTHB provides a supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB are working closely with all practices to improve access standards achievement.

Results of the Access Standards final achievement at 31st March 2021 can be found in **Appendix 3**. Practices were required to submit evidence to confirm achievement of each individual standard.

A summary of overall Powys final achievement against the standards for 2019/2020 and 2020/2021 is detailed below. An all wales comparison to benchmark Powys against the 2020/2021 standards is not available, however it is noted that there has been Powys practice improvement in achievement in 2020/2021 compared to 2019/2020.

	Mar-20	March -21	
GROUP 1 - Infrastructure and systems			
Standard 1 – Phone system capability	88%	100%	↑
Standard 2 – 90% of calls answered within 2 minutes	94%	100%	↑
Standard 3 – bilingual telephone message	100%	100%	⇔
Standard 4 – use of My Health On Line (MHOL) for appointments and repeat prescription ordering	100%	100%	⇔
Standard 5 -email facility for patients to make appointments	75%	94%	↑
GROUP 2 Understanding patient needs			
Standard 6 – information sharing on practice processes	100%	100%	⇔
Standard 7 – appointment systems (triage, same day, pre-bookable)	100%	100%	⇔
Standard 8 – patient survey and demand and capacity audit	100%	suspended	n/a

In 2020/21, one standard did not achieve 100% compliance.

- *Standard 5* - email facility for patients to make appointments or have a call back. One practice has chosen not to implement this process (Knighton Medical Practice).

  The Mid Cluster Practice representative on the Access Forum is linking in with the practice to offer support and advice to meet this indicator in the future.

Internal Audit Review:

During 2020/21, NHS Wales Shared Services Partnership Audit and Assurance Services Internal Audit undertook a review of the Access Standards to provide assurance that PTHB was progressing work to support GP practices to comply with the Access Standards. The Audit scope was limited to the Access Standards only and recognised the audit did not fully address all issues relating to GP access. **Appendix 4** details the audit report.

The audit concluded that 'substantial' assurance was in place, confirming that PTHB had

- engaged well with GP practices;
- provided support to enable practices to identify and implement access improvements in line with the Standards; and
- enabled practices to achieve a high level of compliance with the Standards in advance of the March 2021 deadline.

	Assurance summary Objectives	**Assurance**
1	The health board has an appropriate governance and reporting structure over the monitoring of GMS contract performance, in particular with regard to the Access Standards	Substantial
2	The health board has engaged and supported GP practices in identifying and implementing improvements required to meet the Standards, as per the health board's 2020/21-2022/23 IMTP	Substantial
3	The health board monitors progress against implementing the above improvements and compliance with the Standards. There is escalation of issues to highlight non-compliance and identify areas of support to assist GP practices to address these issues where necessary	Substantial

CHC Access Survey:

Powys Community Health Council undertook an access survey during September 2020. The survey was set against the context of the Covid pandemic and peoples experiences of accessing general practice services. The survey was specifically interested in seeking views on people's experiences relating to telephone and video appointments.

The survey had a total of 819 responses (of which 114 were paper returns).

Appendix 5 details the report and **Appendix 6** outlines the initial response of the DPCCMH. As outlined in the DPCCMH response, this report was also shared and discussed at the PTHB Patient Experience Group.

The report covers a range of questions and as well as the numerical returns, the report also provides some direct quotes from the respondents. The report ends with a series of recommendations for practices to consider.

The report has been directly shared with the practices for their consideration including an individualised report for each practice. The CHC has not shared the individual practice reports with PTHB.

The Powys wide report was shared at the PTHB Access Forum who felt that the survey sample 0.6% of Powys population was too small of a sample to provide true population representation. The Practice Managers represented on the Forum concurred that this became further evident in individual practice reports.

The Forum noted the general recommendations at the end of the report as being useful for practices further consideration when planning future access models and noted

- Practices reflect and continually review their patient facing messaging.
- PTHB continue to support messages that primary care is "open for business" and people should make contact for the appropriate assessment/appointment. Currently PTHB is working on communications around themes of 'zero tolerance' as many practices are reporting regular verbal abuse from patients.
- Social media communication is very effective and far reaching, recognising that it has limitations for non IT users. Practices overcome this by displaying posters on practice front doors and also utilising telephone messaging when appropriate.
- Practices routinely capture, record, flag and share the communication needs of patients with sensory loss. The GMS Contract Annual Return requires practices to confirm their offer to patients with sensory disabilities. Any areas of concern are followed up on an individual practice basis.

Powys Practices GMS offer to patients with sensory disabilities	Practice compliance
Patient registration form ask patients to specify whether they have a sensory or communication	100%
Clinicians and administrative staff record any sensory or communication needs identified opportunistically on the clinical record	100%
Signage clear and easy to understand	100%
Clinicians include information about communication needs in their referrals to secondary care	100%
Hearing loop induction system in place	94%
Reception staff responsible for ensuring that patients with sensory loss are made aware of when the doctor/nurse is ready to see them	94%
Patients asked specifically about the kind of communication support they need	94%

- Practices are offering both triage and face to face appointments to meet the appropriate clinical needs of patients
- 100% of practices have a recorded bilingual message which includes signposting to both local and emergency services for life threatening conditions. The Welsh Government Access Standards stipulate that the message must no last longer than two minutes. It is noted that COVID rules has increased the length of the message.

Supporting Documents

Appendix 1 Access Standards	Access Standards 20-21 - Guidance.pd
Appendix 2 PTHB Access Forum Terms of Reference	200124 ToR Access Forum.docx
Appendix 3 Access Standards final achievement at 31st March 2021	GMS Access Results April 2021.xlsx
Appendix 4 Access Standards Internal Audit Report 2020-21	PTHB 2020-21_GP Access Standards_FI
Appendix 5 CHC GP Access Report During Covid	Report GP Access During Covid-19 Par

Appendix 6 DPCCMH response to CHC report	Letter to Andrea Blayney of CHC. GP /

NEXT STEPS:

1. PTHB Access Forum to continue to meet quarterly to review GMS Access Standards compliance.
2. Support GP practices with appropriate PTHB communications to manage patient expectations as we progress through the pandemic.

Access to In-Hours GMS Services Standards

Supplementary Guidance for the GMS Contract Wales

2020/21

Background

On 20 March 2019, the Minister for Health and Social Services announced the Access to In-Hours GMS Services Standards. Underpinned by clear measurables, expected achievements by March 2021 and supported by a delivery milestone under the Primary Care Model for Wales, the Standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering.

It is also important to recognise the role of the public in making the right choice when seeking help and advice. A cultural shift is also required to recognise that a GP, or the GP surgery, is not always the most appropriate professional or location for the issue. Health boards have supported practices in adopting the principles of the Primary Care Model for Wales based around triage and signposting to ensure patients are seen by the right person at the right time in the right place.

The Standards set out within this guidance have been amended from the 2019/20 guidance, to take account of changes in working practice necessitated by the Covid-19 pandemic. All amendments have been agreed between Welsh Government, GPC Wales and NHS Wales. A full review will be undertaken as part of the development process for the 2021-23 Access Standards, to come into force from April 2021. This guidance is supplementary to the original Access Standards guidance published in September 2019 and focuses on the changes that have been agreed.

Summary of changes

Standard	Measure	Action
II	90% of calls are answered within 2 minutes of the introductory message ending.	Reworded
III	100% of practices to have recorded bilingual introductory message that usually lasts no longer than 2 minutes. (Standardised message to include Covid local messaging to explain cluster solutions).	Reworded
IV	25% of pre-bookable appointments to be available online.	Removed
V	100% of practices are contactable via a digital package for patients to request non-urgent appointments or call backs. (For example; Email, E-Consult, Ask my GP)	Reworded
VIII	100% of practices to undertake a demand and capacity audit on an annual basis. Findings are then to be considered at cluster level. These will support the identification of how extended roles could support the delivery of care.	Activated

	100% of practices participate in local patient surveys and act upon findings.	Reworded

Reporting requirements

Practices are required to report quarterly to health boards against the standards using the Access reporting tool developed by NWIS. The tool should be completed at the end of September, December and March. It is important to note that the reporting tool is now live, and there will be a 2 week window for submitting returns. The deadline for the end of September reporting is 16th October 2020. The functionality of the tool will be developed to assist the provision of evidence for year-end achievement purposes. The intention is for the functionality to be in place at the end of December to enable practices to attach evidence as a trial run. Health boards will only use the evidence submitted at the end of March for verification purposes.

Funding

The funding available to practices for achievement of the standards assessed at 31 March 2021 is in addition to payments practices received for achievement at 31 March 2020.

Access Standards – Group 1

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
I	Appropriate telephony and call handling systems are in place which support the needs of callers and avoids the need for people to call back multiple times. Systems also provide analysis data to the practice.	Practices have the appropriate telephony systems in place to support people's needs and avoid the need to call back multiple times. Practices will check that they are handling calls in this way.	A planned two year programme of implementation of appropriate systems resulting in: • 100% of practices have a recording function for incoming and outgoing lines. • 100% of practices have the ability to stack calls and are utilising this fully. • 100% of practices interrogate their phone systems and analyse the data provided.	Patients will not be required to ring back multiple times in order to make contact with a practice and will experience an improved telephone service. Practices will be able to interrogate and analyse data in relation to telephony systems.
II	People receive a prompt response to their contact with a practice via telephone.	People receive a prompt response to their contact with a GP practice via telephone.	90% of calls are answered within 2 minutes of the introductory message ending. Less than 20% of calls are abandoned (REPORTED BUT NOT MONITORED) Data to be taken from analysis capability of telephony system.	A reduction in patient waiting times on telephone lines. No patient should need to ring multiple times in order to make contact with a practice.

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
III	All practices have a recorded bilingual introductory message in place, which includes signposting to other local services and to emergency services for clearly identified life threatening conditions.	People receive bilingual information on local and emergency services when contacting a practice.	100% of practices to have recorded bilingual introductory message that usually lasts no longer than 2 minutes. (Message to include Covid local messaging to explain cluster solutions).	Patients are able to be signposted quickly and appropriately without the need to speak directly with the practice. This will reduce the demand on telephone lines and the need for appointments.
IV	Practices have in place appropriate and accessible alternative methods of contact, including digital solutions such as SMS text messaging and email, as well as face-to-face.	People can use a range of options to contact their GP practice and to make an appointment.	By end of March 2021: 100% of practices offer access to repeat prescriptions through a digital solution (e.g. MHOL). 100% of practices offer care homes access to repeat prescription ordering service through a digital solution.	Patients are able to contact their GP practice through a range of communication methods that suits their needs. Improved digital access to GMS Services. Reduction in demand for telephone and face-to-face contact at the practice.
V	People are able to request a non-urgent consultation, including the option of a call back via email, subject to the necessary national	People are able to email a practice to request a non-urgent consultation or a call back.	100% of practices are contactable via a digital package for patients to request non-urgent appointments or call backs. (For example; Email, E-Consult, Ask my GP)	Patients are able to contact their GP practice through a range of communication

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
	governance arrangements being in place.		Practices have in place the necessary governance arrangements for this process, which could include standardised and bilingual auto-responses.	methods that suits their needs. Patients will receive an improved digital access offer.

Access Standards – Group 2

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
VI	People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals. Practices will display information relating to these standards.	People are able to access information on how to get help and advice.	Practices display information on requesting a consultation in the surgery, in practice leaflets and on the practice website. 100% of practices publicise how people can request a consultation (urgent and routine). 100% of practices display information on standards of access.	Patients are aware of the different ways in which to book an appointment, and don't have to be in the practice to access important information.
VII	People receive a timely, co-ordinated and clinically appropriate response to their needs.	People receive the right care at the right time in a joined up way that is based on their needs.	Appropriate care navigation and triaging (with relevant training undertaken) and appointment systems in place:	Patients receive the right care at the right time. Patients understand why they are being asked triaging questions and know that the

			All children under 16 years of age with acute presentations are offered a same-day consultation. URGENT – people who are clinically triaged as requiring an urgent assessment are offered a same day consultation (could be face to face, telephone, video call or a home visit). Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services.	appointment they receive will be within a reasonable timescale.
VIII	All practices have a clear understanding of patient needs and demands within their practice and how these can be met.	Practices understand the needs of their patients and use this information to anticipate the demand on its services.	An annual audit and subsequent plan to be discussed at cluster level and submitted to the health board. 100% of practices to undertake a demand and capacity audit on an annual basis. Findings	Practices are more aware of their patients' needs and wants, and actively make changes to act upon these. Patients feel their voices are heard and the service they receive meets their needs.

			are then to be considered at cluster level. These will support the identification of how extended roles could support the delivery of care. 100% of practices participate in local patient surveys and act upon findings.	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Primary Care Department

Terms of Reference

PRIMARY CARE GMS ACCESS FORUM

1. Purpose of the GMS Access Forum

The purpose of the Primary Care GMS Access Forum is to drive forward improved and sustainable access within Primary Care General Medical Services across the Powys Health Board area by reviewing and monitoring performance against the GMS Access Standards, share best practice and assist with the development of good access initiatives through clusters. The Forum will be cognisant of the workload pressures faced by general practice in the face of increased demands for access to services.

The Forum will have oversight of the

- Access to In-hours GMS Services Standards 2019, as part of the GMS contract, Quality Assurance & Improvement Framework (QAIF)
- National Operating Framework standards:-
  47. Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment.
  48. Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours

2. Key responsibilities of the GMS Access Forum

- Review, monitor and develop good quality access across GP Practices using the Access to In-hours GMS Services Standards 2019 to inform this;
- Review the Welsh Government GP access monitoring assurance report;
- Review the current access issues across the Health Board and consider how improvement in patient experience can be achieved;
- Review themes of access related complaints and patient experience;
- Ensure that the themes arising from Cluster IMTPs are reviewed and identify areas for improvement;
- Establish a mechanism to share learning from key initiatives; for example, pacesetters, practice initiatives and cluster development;
- To compare and provide a benchmark for Access measures across Powys, using all Wales data to inform this (where available) ;
- Review Access Achievement and the mechanism for quality assurance for access;
- Receive and act upon Community Health Council and Health Inspectorate Wales Reports, in particular actions relating to access.

- Role of members of the group would be to disseminate and share responsibilities and actions where appropriate.
- Consider developments to help improve access, to be progressed by a sub group of the forum or via Task and Finish Groups, where required.

3. Membership

Chair: Jayne Lawrence, Assistant Director of Primary Care
Deputy Chair: Jeremy Tuck, Assistant Medical Director

Name	Role
Jayne Lawrence	Assistant Director of Primary Care, PTHB
Jeremy Tuck	Assistant Medical Director, PTHB
To be confirmed	Senior Primary Care Manager, PTHB
Fleur Thompson	Cluster Lead Representative
Jan Powell	LMC Representative
Katie Blackburn	Chief Officer, Powys Community Health Council
Margot Jones	Practice Manager North Cluster Representative
Jane Stephens	Practice Manager Mid Cluster Representative
Denise McNamara	Practice Manager South Cluster Representative

All members are encouraged to attend the meetings as a priority, however, if on occasions members are unable to attend, they should send a deputy in their place. Additional representatives leading on key areas of work will be invited to attend, as required.

4. Frequency and Structure of Meetings

The meetings of the Forum are scheduled to take place on a quarterly basis in the first instance, but may occur more frequently depending upon the needs of the forum. Papers will be circulated electronically to members 5 days in advance of the meeting.

5. Quoracy

Meetings will be quorate with the Chair or Deputy chair plus three other members.

6. Reporting Arrangements

The Primary Care GMS Access Forum will report to the PTHB Delivery & Performance Committee on a quarterly basis.

7. Review Terms of Reference Frequency

Terms of Reference will be reviewed on a 12 month annual basis.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

ACCESS TO IN-HOURS GMS SERVICE STANDARDS CONTRACT 2020/21 - Qtr 4 20/21

		North Powys							Mid Powys					South Powys					
		Dyfi Valley	Llanfair Caereinion	Llanidloes	Llanfyllin	Montgomery	Newtown	Welshpool	Builth Wells	Llandrindod	Knighton	Rhayader	Presteigne	Brecon	Crickhowell	Hay on Wye	Ystradgynlais	% YES ANSWERS	% NO ANSWERS
GROUP 1																			
Standard 1	Does your phone system have a recording function for incoming and outgoing lines?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Does your phone system have the ability to stack calls?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Are you able to interrogate your phone system to analyse data such as:- Call abandoment? Call waiting times?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
S1	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0
Standard 2	Are you able to demonstrate if 90% of your calls are answered within 2 minutes of your recorded message ending?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Are you able to demonstrate if less than 20% of calls are reported as abandoned?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
S2	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0
Standard 3	Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	if yes, please confirm if you have used the national bilingual message	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
S3	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0
Standard 4 - My Health Online	Can you confirm if your practice offers patients access to order repeat prescriptions thorugh a digital solution eg. MHOL	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Can you confirm if your practice offers care homes access to order repeat prescriptions through a digital solution?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
S4	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0
Standard 5 - Email	Can you confirm if your practice offers an email facility for patients to request non-urgent appointments or a call-back?	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	94	6
	Does the practice have the necessary governance arrangements in place for this process?	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	94	6
S5	Overall achievement	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	94	6
GROUP 2																			
Standard 6 - informing patients	Can you confirm that your practice publicises information for patients on how to request an urgent, routine or advanced consultation?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Can you confirm if your practice displays information on Standards of Access?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
S6	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0
Standard 7 - Appointments	Does your practice use a triaging system?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Does your practice offer same day consultations for children under 16 with acute presentations?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Does your practice offer pre-bookable appointments within 2/3 weeks and up to 6 weeks in advance?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Does your practice actively sign post queries to alternative cluster based services, health board wide and national services?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100	0
	Overall achievement	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	100	0

GP Access Standards

Internal Audit Report

2020/21

Powys Teaching Health Board

NHS Wales Shared Services Partnership
Audit and Assurance Services

CONTENTS

Review reference:	PTHB-2021-21
Report status:	Final
Fieldwork commencement:	8th October 2020
Fieldwork completion:	2nd December 2020
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Final report issued:	18th December 2020
Auditors:	Helen Higgs, Head of Internal Audit Osian Lloyd, Deputy Head of Internal Audit Emma Rees, Audit Manager
Executive sign off:	Jamie Marchant, Director of Primary, Community & Mental Health Services
Distribution:	Jayne Lawrence, Assistant Director of Primary Care
Committee:	Audit, Risk & Assurance Committee Performance & Resources Committee

ACKNOWLEDGEMENT

Thank you to management and staff for the time given to us and for their cooperation while we carried out this review.

We conform to all Public Sector Internal Audit Standards.

Validated through an external quality assessment undertaken by the Institute of Internal Auditors.

Please note:

We have prepared this audit report in line with the Service Strategy and Terms of Reference approved by the Audit Committee. It is for internal use only.

We address our reports to the Independent Members or officers, including those designated as Accountable Officer, for the use of Powys Teaching Health Board only. Our staff members have no responsibility to any director, officer or third party in their individual capacity.

Executive Summary

Purpose

To provide assurance that Powys Teaching Health Board (the health board) is progressing work to support GP practices to comply with the Access Standards (the Standards).

Our assessment considers the impact of Covid-19 on the arrangements in place.

Limitation of scope

The assurance provided is over the health board's work around the Standards, which do not fully address all issues relating to GP access.

Overview of findings

The health board has:

- engaged well with its GP practices;
- provided support to enable them to identify and implement access improvements in line with the Standards; and
- enabled their practices to achieve a high level of compliance with the Standards in advance of the March 2021 deadline.

No significant issues for reporting were identified in our review.

Matters arising concern areas for refinement and further development.

Report classification

		Trend
Substantial 	Few matters require attention and are compliance or advisory in nature. **Low** impact on residual risk exposure.	N/a – area not audited previously

Summary of matters arising

	High	Medium	Low
Control design	-	-	1
Operation	-	-	-
Total	**-**	**-**	**1**

Matters arising

1	GP access reporting	Design	Low

Assurance summary

Objectives		Assurance
1	The health board has an appropriate governance and reporting structure over the monitoring of GMS contract performance, in particular with regard to the Access Standards	Substantial
2	The health board has engaged and supported GP practices in identifying and implementing improvements required to meet the Standards, as per the health board's 2020/21-2022/23 IMTP	Substantial
3	The health board monitors progress against implementing the above improvements and compliance with the Standards. There is escalation of issues to highlight non-compliance and identify areas of support to assist GP practices to address these issues where necessary	Substantial

Limitations of scope

This review covered the Access Standards for 'in hours' GP services only. The following areas were excluded from the scope:

- wider GP practice performance monitoring, including further aspects of GP access usually monitored through the Annual Returns and the Quality Assurance and Improvement Framework (all stood down due to the Covid-19 pandemic);
- Out of Hours GP services; and
- other aspects of primary care, including prescribing and mental health services.

Note: The GP Access Standards do not currently address all issues relating to GP access. Therefore, the substantial assurance given over the health board's work with regard to the GP Access Standards does not translate to substantial assurance over GP access within Powys, which was out of scope for this review.

Risks

The key risks considered in the review were potential patient harm or poor patient experience arising from non-compliance with the Access Standards.

1. Background

1.1 Audit Wales undertook a review of primary care across all Welsh health boards, publishing the health board's individual report in December 2018 and a national report in October 2019. This identified that steps were being taken to improve and strengthen primary care, but that change needed to happen at a greater pace and scale to ensure services are future fit.

1.2 In March 2019, the Minister for Health & Social Care announced a set of Access Standards aligned with the 2019/20 General Medical Services (GMS) Contract Wales. Detailed guidance was released in September 2019. Supported by health boards, Welsh Government expect all GP practices across Wales to meet these Standards by March 2021 – this requirement remains in place in spite of Covid-19. Practice participation in meeting the Standards is not a contractual requirement, although all Powys GP practices are committed to achieving them.

1.3 Whilst GP contract performance monitoring and reporting was relaxed by Welsh Government during March-September 2020 to support the Covid-19 pandemic response, improvement work and monitoring around the Access Standards was still required.

1.4 The Standards provide requirements for GP practices in terms of minimum expectations relating to access, including an increased digital offering. They focus predominantly on phone systems, information sharing and appointment systems. As stated in its 2020/21-23 Integrated Medium Term Plan, the health board is also engaged in wider initiatives (which are out of scope for this audit) that will have an impact on GP access such as:

- plans for the development of primary care base on 'A Healthier Wales' and the National Primary Care Model for Wales;
- the Pacesetter programme. involving work around multi-disciplinary teams working at a cluster level;
- working with partners across primary, community health and social care to identify improvement and design/test care pathways;
- monitoring of practice sustainability through the health board's Sustainability Toolkit; and
- addressing issues around recruitment of GPs through the establishment of a Primary Care Workforce Group and plans to attract more GPs to the county.

1.5 The current Access Standards only partially cover matters relating to access to GP practices and, therefore, the related improvements implemented by practices will not fully address the wider access picture. Our review of concerns and complaints about GP access showed that the number received remained consistent before and after the practices had implemented the identified improvements.

1.6 Our audit focused on the health board's work to support GP practices to comply with the Standards. As such, the assurance provided can only be taken in the context of the areas covered by the Access Standards and cannot be applied to the wider work around GP access.

1.7 Welsh Government's approach to the Standards is incremental and work is currently ongoing to further develop and expand the Standards for 2021-2023. To achieve this, Welsh Government has engaged the health boards and practices across Wales and Powys Teaching Health Board is seeking to use this opportunity to ensure the Standards appropriately address wider access issues. To this end, the health board is refining its GP Access Patient Survey in conjunction with its GP practices (through the Access Forum – see paragraph 2.4) to help gain further insight into access issues within Powys and identify areas to incorporate into the updated Standards.

1.8 As with most organisations, Covid-19 has changed the way in which GP practices operate, with triage systems and virtual services being put in place. We understand that the practices are feeling the benefits of these new processes. However, the Community Health Council has stressed the importance of public consultation if these processes are to be implemented on a permanent basis.

2. Detailed Audit Findings

2.1 We identified one **low** priority matter arising. This is highlighted further in paragraphs 2.21 and 2.22 and fully detailed in Appendix A.

Governance & reporting structure over GMS contract performance

2.2 The governance and reporting structure over the monitoring of GMS contract performance, including the Access Standards, is clearly documented in the GMS Commissioning Assurance Framework (CAF), which was approved by the Executive Strategic Planning & Commissioning Committee (a subgroup of the Executive Committee) in May 2019. As a new CAF for the health board, the GMS CAF is subject to refinement and development as it is implemented.

2.3 Covering five key areas (access to care, quality & safety, finance & activity, patient experience and governance & strategic change), the GMS CAF includes frequent monitoring of GMS contract performance at bi-monthly GMS Contract Monitoring meetings and with individual GP practices (triennial meetings as standard, more frequently if performance issues are identified). As the GMS CAF and Access Standards are focused on GP practice performance, they not routinely discussed at Cluster meetings, although significant issues or items of interest may be raised.

2.4 The GMS CAF has clear lines of escalation up to Board level, ultimately reporting by exception to the Performance & Resources Committee via the Executive Delivery & Performance Group (DPG, a subgroup of the Executive Committee) if significant issues are identified.

2.5 In line with the Standards, the health board established an Access Forum in December 2019. The purpose of the Access Forum is to:

- oversee the improvement work related to the Standards;
- provide engagement with, and support for, its GP practices; and
- monitor compliance with the Standards.

2.6 The Standards also require the Access Forum to report quarterly to the health board on its work. Whilst this requirement was stood down by Welsh Government during the initial Covid-19 response, the Assistant Director of Primary Care continued to provide updates to the DPG and PRC (see paragraphs 2.19-2.20).

2.7 The health board commenced collection of data for the GMS CAF for the first time in late 2019. However, due to the Covid-19 pandemic and standing down of GP contract performance monitoring and reporting, no formal reporting has taken place. Additionally, the health board has been unable to take forward the planned development and refinement of the GMS CAF. We understand that performance monitoring and, therefore, the GMS CAF have been stood back up from October 2020 and that the Primary Care team is continuing to develop and refine the process.

2.8 During this period, the Access Forum continued to meet virtually and to fulfil its duties as described above (see also paragraphs 2.10-2.11), providing an appropriate mechanism for monitoring and reporting on the Standards despite other performance mechanisms being stood down.

Matters arising:

2.9 No matters were identified for reporting under this objective.

Engaging and supporting GP practices around the Standards

2.10 The health board engaged with its GP practices on the Access Standards. This was achieved through the Access Forum meetings, attendance at the Powys Practice Managers' Forum (owned and run by the Practice Managers) and through discussions with individual practices where necessary.

2.11 Membership of the Access Forum includes representation from the health board, clusters, GP Practice Managers, Community Health Council and Local Medical Council.

2.12 As the Standards are not enforceable (see paragraph 1.2), each GP practice was individually responsible for developing their own improvement plans in line with the Standards, with the health board required to undertake a supportive role. The health board provided this support through:

- undertaking a baseline assessment for each GP practice against the Standards to assist with identifying areas for improvement;
- the Access Forum, which, in particular, was used to discuss the baseline assessment, develop a consistent pan-Powys GP access survey and discuss and help resolve issues, including around the bilingual phone message; and
- direct contact with individual GP practices where needed.

2.13 As part of our review, we met with the three Practice Manager Cluster Representatives from the Access Forum to discuss their views on the engagement and support from the health board around the Standards. They were unanimous in confirming:

- the health board has provided good engagement and support its GP practices;
- the Access Forum has been an effective part of this process;
- the Powys GP practices have a good, two-way relationship with the health board's Primary Care team; and
- GP practices are able to have constructive conversations with the Assistant Director of Primary Care – they felt listened to and that the differences between the Powys practices are understood.

Matters arising:

2.14 No matters were identified for reporting under this objective.

Monitoring progress against, and compliance with, the Standards

2.15 NWIS has developed a National Access Standards Portal (the Portal), allowing GP practices to submit their compliance information on a quarterly basis. The Portal went live for the first required submission in September 2020 (this element of monitoring was also stood down during the initial Covid-19 response).

2.16 For quarters 1-3, practices are only required to identify whether they have or haven't complied with each element of each standard. For the quarter 4 submission, they are required to provide evidence to support their assertions and the health board is required to provide assurance over compliance through validating the evidence provided.

2.17 To support the quarter 4 evidence submission and assurance process, we understand that:

- the National Access Standards Group (upon which the health boards Assistant Director of Primary Care sits) will develop an All Wales approach to the evidence required and the assurance process (this was delayed by the Covid-19 pandemic but work is now starting again); and
- NWIS is further developing the Portal to allow practices to upload the required evidence.

2.18 The Access Forum continued to meet virtually throughout the Covid-19 pandemic. It discussed compliance with the Standards as reported at March 2020 and was due to discuss the September 2020 submissions in its next meeting.

2.19 The requirement for quarterly reporting on the Standards was stood down in the initial pandemic response, restarting from October 2020 onwards. In spite of this, the Assistant Director of Primary Care continued to provide update and monitoring reports to the DPG and PRC.

2.20 The October 2020 PRC report on the Access Standards identified significant improvements in practice compliance at March 2020 compared to the October 2019 baseline assessment (see table below) and highlighted the remaining areas of non-compliance, outlining the reasons behind them.

Standard	October 2019	March 2020
Group 1		
1. Phone system capability	38%	88%
2. 90% of calls answered within 2 minutes	44%	94%
3. Bilingual telephone message	25%	100%
4. Use of My Health Online for appointments and repeat prescriptions	19%	100%
5. Email facility for patients to make appointments	25%	75%
Group 2		
6. Information sharing on practice processes	6%	100%
7. Appointment systems (triage, same day, pre-bookable)	75%	100%
8. Patient survey and demand & capacity audit	0%	100%

Note: March 2020 compliance was based upon assertions made by GP practices which, due to Covid-19, were not validated by the health board in line with Welsh Government guidance.

Matters arising:

Full details of the below matters can be seen in the related matters arising in Appendix A.

2.21 Due to the standing down of GP contract performance monitoring and reporting, the health board was not in a position to tangibly demonstrate how the Access Standards fit in to the access to care element of the GMS CAF. As noted in paragraphs 1.4-1.6, the current Access Standards do not fully cover all GP access related issues. The health board should ensure that its GMS CAF covers those issues not directly addressed by the Standards (MA1).

2.22 The health board's reporting and monitoring of the Access Standards to date has been proportionate to the requirements of the Standards and has ensured a good position to demonstrate compliance by March 2021. Going forward, the health board may be able to improve efficiency in the reporting process by incorporating it into existing mechanisms, for example, the Integrated Performance Report (MA1).

Appendix A: Matters Arising and Management Action Plan

Matter Arising 1: GP access reporting (Design)	Low priority
The health board commenced collection of data for the GMS CAF for the first time in late 2019, following its approval earlier in the year. However, due to the Covid-19 pandemic and standing down of GP contract performance monitoring and reporting, no formal reporting has taken place. As a result, the health board was not in a position to tangibly demonstrate how the Access Standards fit into the access to care element of the GMS CAF. The Access Standards do not fully cover all GP access related issues. Whilst the health board is seeking to influence the development of the Standards for 2021-2023, it is possible that there may be access issues that remain unaddressed in the updated Standards. The health board's reporting on the Access Standards to date has been proportionate to the requirements of the Standards. Regular monitoring through the Access Forum has ensured the health board and its GP practices are in a strong position to demonstrate compliance by March 2021. Going forward, the health board could improve efficiency in the Access Standards reporting process by incorporating this reporting into its business as usual reporting mechanisms, for example, the Integrated Performance Report, rather than producing standalone reports. *Note: the priority rating of this finding is considered low in the context of the scope of this report, which concerns the health board's work around the Access Standards. This does not reflect the importance of this finding in the monitoring of wider GP access issues and GMS contract performance.*	Potential risk of: • GP access issues not being identified and addressed on a timely basis; and • patient harm or poor patient experience; and • inefficiencies within the reporting process.

Recommendations
1.1 The health board should ensure that its GMS CAF covers GP access issues that are not addressed by the current and updated Access Standards.
1.2 From March 2021 onwards, the health board should consider incorporating reporting on the Access Standards into its business as usual reporting mechanisms.

Management response	Responsible individual	Target date
1.1 The GMS CAF incorporates wider assurance on Access and pulls together various strands to provide holistic access assurance. The CAF includes the Access Standards, practice opening	Assistant Director of Primary Care	March 2021

Matter Arising 1: GP access reporting (Design)		Low priority
hours, appointment availability and times, open/closed lists and practice recruitment issues. Reporting on these areas within the GMS CAF will be in place by March 2021.		
1.2 Annual reporting against the Access Standards and their achievement will continue as a defined standalone report, reported to the appropriate PTHB Executive Committee. Consideration of the mechanism for quarterly reporting within usual PTHB reporting mechanisms such as the Integrated Performance Report will be progressed in readiness for reporting from April 2021.	Assistant Director of Primary Care	March 2021

Appendix B: Audit Opinion and Priority Ratings

Audit Assurance Ratings

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

 **Substantial assurance** – Few matters require attention and are compliance or advisory in nature. **Low** impact on residual risk exposure.

 **Reasonable assurance** – Some matters require management attention in control design or compliance. **Low to moderate** impact on residual risk exposure until resolved.

 **Limited assurance** – Significant matters require management attention. **Moderate** impact on residual risk exposure until resolved.

 **No assurance** – Action is required to address the whole control framework in this area. **High** impact on residual risk exposure until resolved.

McLellan,Holly
07/09/2021 10:55:50

Prioritisation of Recommendations

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

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

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

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Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
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Powys Community Health Council

GP Access During COVID-19 Pandemic

November 2020

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

www.communityhealthcouncils.org.uk

Accessible formats

This report is also available in Welsh.

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Contents

About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the "patient and public" voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

Background & introduction

The coronavirus pandemic changed the way appointments are conducted in GP practices. In line with Government guidance, GP practices moved to a 'total triage' model which means that all patients requesting an appointment receive an initial telephone assessment to decide the most appropriate mode of follow-up consultation, whether that is face-to-face, via video call or over the telephone.

On 7 June 2020, Vaughan Gething, Health Minister, stated that "New digital technology fast-tracked to support non-contact consultations in NHS Wales during the coronavirus pandemic, is here to stay".[1]

We decided that we wanted to hear from people about their experience of accessing GP services during the pandemic. In particular, we wanted to hear people's views about telephone and video appointments.

[1] https://gov.wales/digital-services-introduced-nhs-wales-during-coronavirus-are-here-stay

What we did

We published a survey which was available from 2nd September 2020 to 30th September 2020. The survey was available online and in paper format. We promoted the survey on our CHC website, through our social media channels and we circulated it to our local Members of Parliament (MPs), Members of the Senedd (MSs), County Councillors, Town and Community Councils, GP practices and via email to our list of stakeholders. Posters and paper copies of the survey were delivered to our CHC members around Powys for them to distribute in their local communities. The survey was available in English and Welsh.

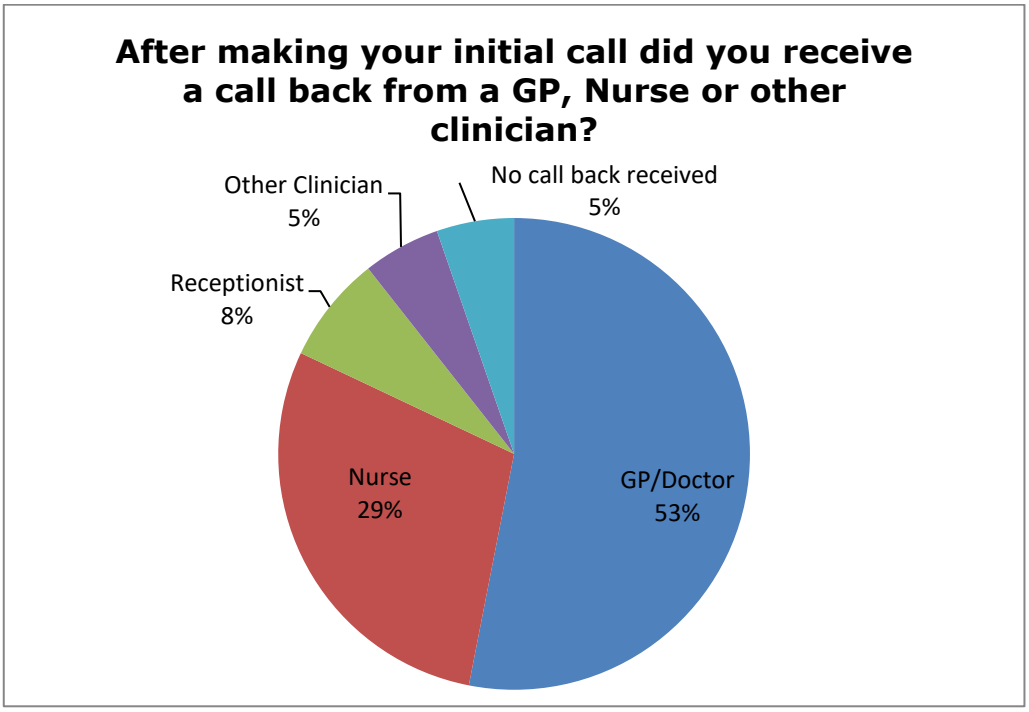
We received a total of **819 responses** to the survey and **114** of those responses were **paper returns**.

Our report highlights the key things we heard from people.

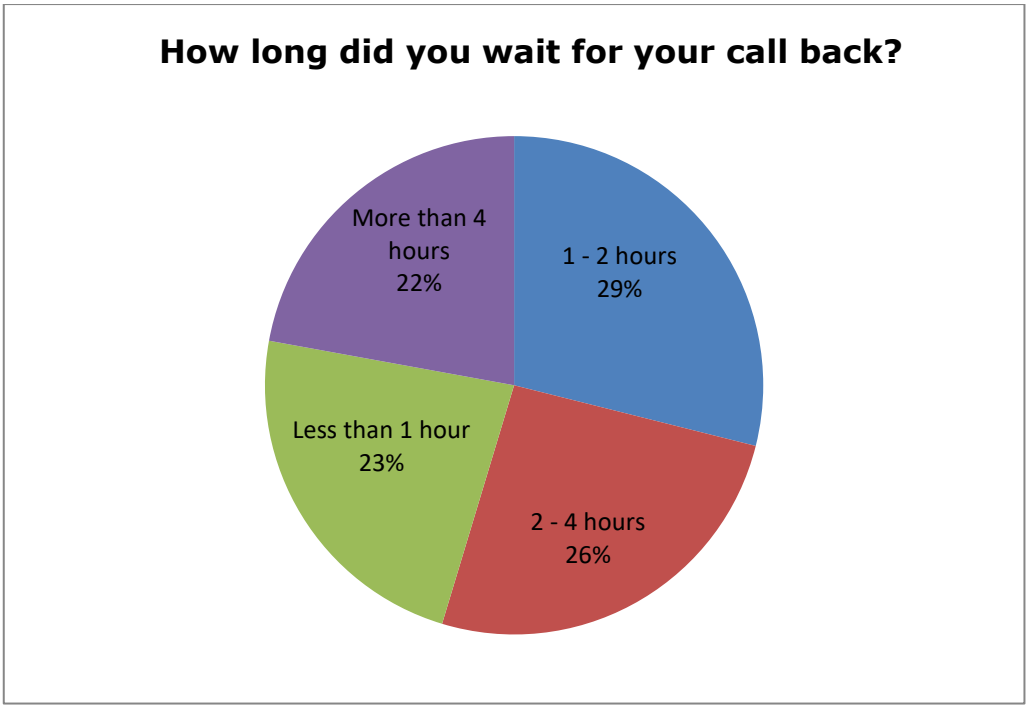
What we heard

85.9% of respondents told us they **had contacted their GP practice** to request an appointment during the pandemic.

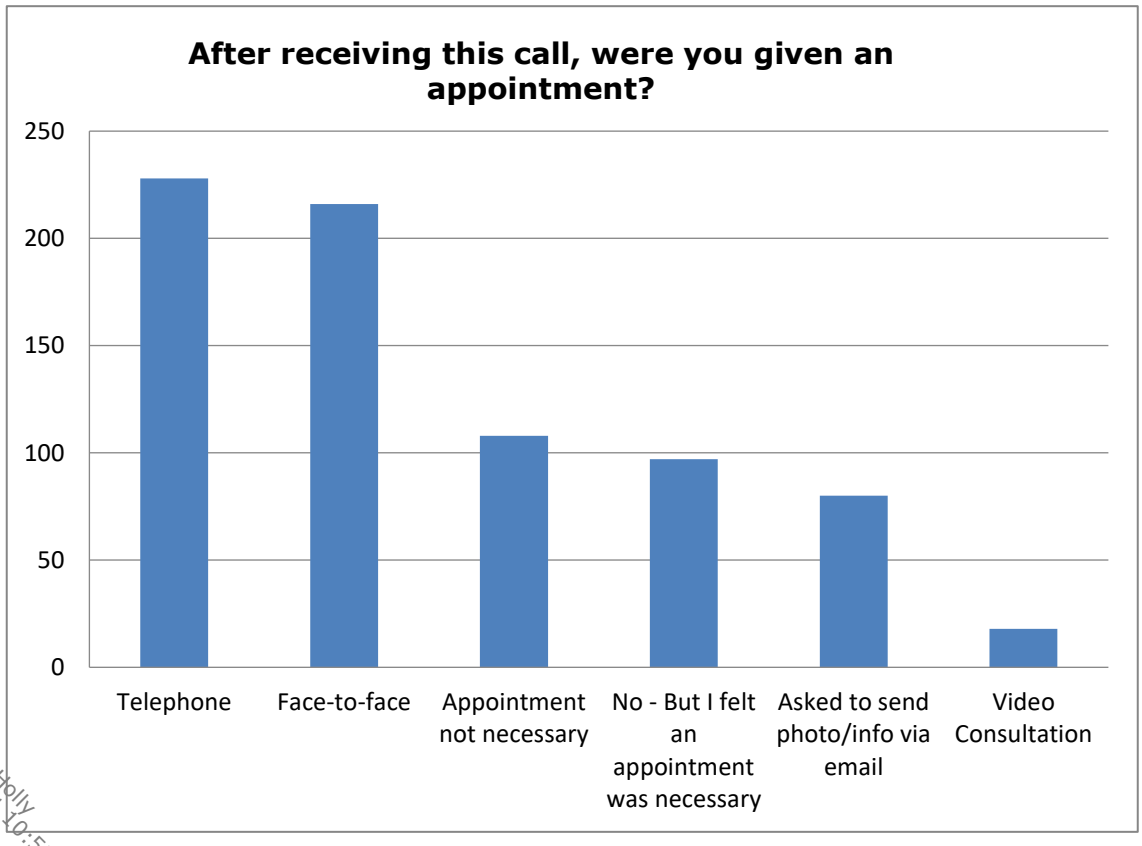
We asked people to tell us whether they received a call back after making their initial call and who called them. The **majority of people (87.3%)** were called by a **GP/doctor, nurse or other clinician.**



More than **three-quarters** of respondents told us they were **satisfied** with the length of time they waited for the call back. **13.8%** of people were **not at all satisfied** with the wait.



We asked people to tell us whether they were given an appointment and, if so, what type of appointment.



30.5% received a **telephone appointment**, **28.9%** attended the surgery for a **face-to-face appointment** and **10.7%** were asked to send a **photograph or information via email**. Only **18** people told us they had received a **video consultation**.

13% of respondents said they were **not offered an appointment but felt that an appointment was necessary**.

Telephone Appointments

Of the people who received a telephone appointment, **almost half (48.2%)** were either **completely satisfied** or **very satisfied** with the appointment; **12.1%** were **slightly satisfied** and **16.8%** were **not at all satisfied** with the appointment.

We asked people to explain why they were dissatisfied.

The most common response was that people **felt that they needed to be examined** or that a **face-to-face consultation was necessary**. The next most common response was that **nothing was done** or they were **not satisfied with the outcome**.

The main themes from other comments made were:

- People felt that they were not being listened to or that the doctor was not taking them seriously or they felt 'fobbed off'
- People did not believe the telephone call gave sufficient opportunity to diagnose their condition or they don't see how they could be diagnosed without being seen
- People were worried that they were provided with a prescription or medication without being seen or having proper checks
- People were worried that there could be misdiagnosis or a missed diagnosis
- People felt that it was difficult to get past the receptionist or that the receptionist was unhelpful
- People felt that GPs were refusing to see patients face-to-face and that GPs did not seem interested or caring. Some people

asked what GPs are doing

- People found it difficult to explain fully over the phone what the issue was
- Some people commented that they were not given a time for telephone call back and they did not know how long they would have to wait. They felt that it would be better if a time could be provided
- Some people said the service they required was not available during COVID
- People with hearing impairment said they were unable to find a way of contacting the surgery because telephone appointments were very difficult for them
- Some people commented that they felt very rushed on the phone and felt that they were not given chance to discuss everything

"I have severe hearing loss and find the phone almost impossible. This creates real problems for me and yet I have as yet been unable to find a way of contacting the surgery"

"I believe that a GP needs to see patients as the way a person holds themselves or acts is just as important for the GP to make a diagnosis."

"What really concerns me is the fact that being 96 and very deaf he could not cope with the telephone system to access the surgery. Why can't a human person answer the calls to put the client through to the correct department? The GPs appear to be putting an insurmountable barrier between them and vulnerable clients. Please do all you can to make GPs accessible to all vulnerable people."

"It was for my partner who is mentally disabled and after coming off the phone he'd forgotten what the doctor said. There should be better support and understanding with patients with special needs or mental disabilities."

"I emailed the surgery as I am deaf and received a response. Waited over 4 hours but in circumstances felt response time was OK. I was given a telephone appointment but had to explain that I couldn't do this."

"I am not very good at explaining what is wrong and often under report problem. I feel that seeing someone by face-to-face or video call I can show and explain better what the problem is. I feel that the information given wasn't very helpful and I feel that my condition could have been sorted out more quickly."

"Because of my [hearing disability], this makes using a telephone extremely difficult at the best of times (even when the context is casual – and considerably worse when the context is important, as with health issues). As a result, I do not cope well with serious telephone conversations (even when the doctor I am consulting is one of the more empathetic ones). Consequently, although I usually prepare my narrative in advance of the call the level of anxiety reduces my ability (a) to cover all essential points I intended to discuss, and (b) reduces my ability to speak as lucidly as I normally think."

Video Appointments

We asked people for their comments about the video system.

2 people said it was **easy to use**, **one** person said that they received a **text** with the **instructions** which was great and one person said the system was **better than** the one used at **Newtown Hospital**.

- Some people said they do not have the technical knowledge to use video systems
- They do not have the necessary equipment
- Wi-Fi / network is too slow to be able to use the technology
- Had to get someone to help with technology
- Some people were not able to connect
- Video is not suitable because of hearing impairment

"Lack of confidentiality due to mother not able to do this independently."

"As I had an eye problem it was quite difficult to see the problem on the screen."

"I would not be able to carry out a video appointment due to my hearing impairment and the need to rely a lot on lip reading. Video are difficult because the sound and image do not sync, the screen freezes etc. It would not be a reliable method to conduct a consultation."

"Could not connect so I had to send a photo."

Face-to-face Appointments

We asked people how they felt if they had to attend the surgery for a face-to-face appointment.

Many people said that they **felt safe** and that **all measures were in place**. The next most common comment was that people had **no concerns** and were **happy to attend**, then a number of people said that they were **nervous or apprehensive** to attend but all precautions were in place and they **felt at ease when there**.

Other themes were:

- People were relieved and pleased to be seen face-to-face
- They were told what precautions were in place and everything was explained to them
- Other people said they had not been told that a face mask was required; they felt that they needed better information on what to expect and they were unsure of where to go
- Process is different and so it was unsettling
- Good to be seen at appointment time and did not have to wait around

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"I felt very safe. The surgery is set up well and the entrance used was completely separate from the general entrance. I only saw the GP so was no in contact with any other staff. PPE was worn. The GP had time for me."

"More info on what to expect. As an autistic person change is hard."

"The surgery was clean with great measures in place, once seeing a doctor we were put at ease, the doctor explained all her PPE to my 7 year old daughter."

"OK, couldn't go in through the door, the worse part was not being able to hear what the receptionist said when given me the mask as a car was running behind me and she spoke too quiet, instead of repeating she closed the door and I didn't know where to wait. The nurse was brilliant though when I saw her at the door I was called in but other patients were unsure what to do, not enough signage outside (but this was back in May and it may have changed)."

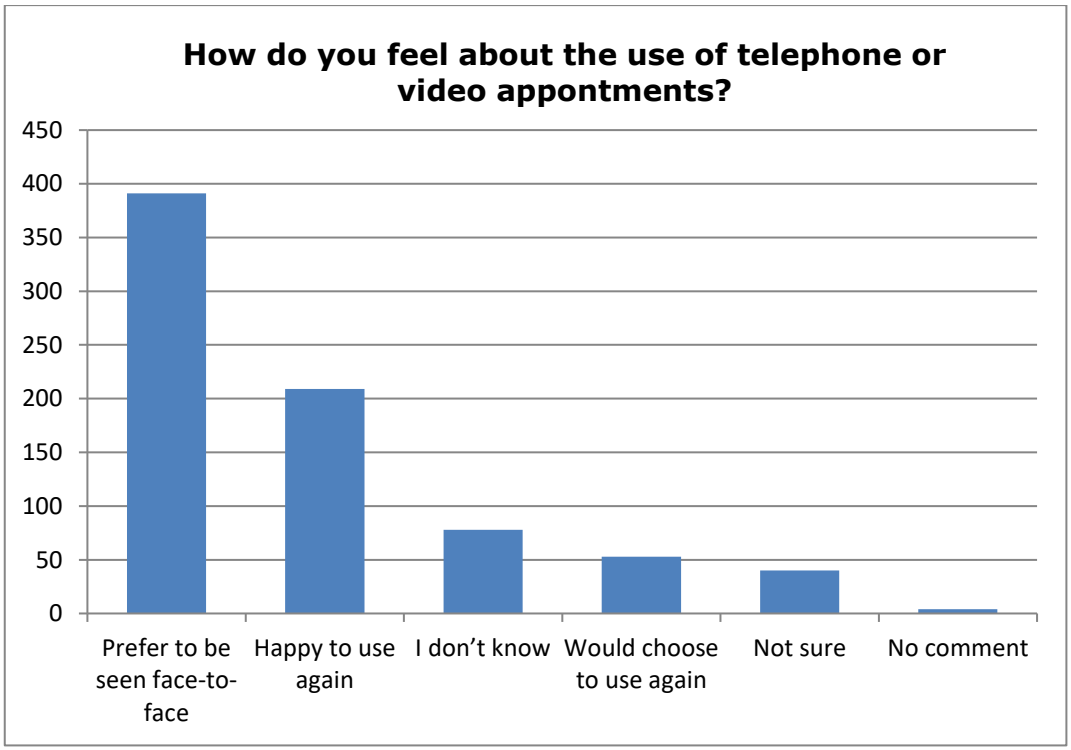
"Went for a routine blood test. The procedure went smoother than a normal appointment."

"Did not feel comfortable going in to surgery. Had to wait for blood test (I was on time). Told to sit down but not too sure what seat to sit in as all of them had a black/yellow danger tape over them. The atmosphere was quite frightening at the time, will always remember it."

Use of Telephone or Video Appointments in the Future

We asked people how they feel about the use of telephone or video appointments in GP practices in the future (if it is appropriate, and no physical examination or blood test is required).

Half of respondents said they would **prefer to be seen face-to-face** and just over a **quarter** would be **happy to use** telephone or video appointments.



"Very disappointed and dissatisfied. Feel it is the duty of care for the GP to physically see me!"

"If it's for a new condition or symptoms not good, but if for repeat or known problem would be ok."

"For me I would hate it. It is not a reliable method of communication for me. I often misunderstand when face-to-face. Over the telephone/video there is even more risk of misunderstanding."

"Although I haven't had a video appointment I feel this is the way ahead for GP appointments."

"I am unable to access telephone appointments due to disability. Having to use the telephone to make appointments is not accessible for me and makes me completely dependent on my partner to enable me to access medical care."

"Personally, I feel the use of such appointments would benefit me. I suffer frequently with nasty chest infections and know each time I am ill that I need antibiotics, being able to do this over the phone for known illnesses is a much better use of my time."

How to Make Experience of Accessing GP Services Better

We asked people to tell us what they think would make their experience of accessing GP services better.

The most common themes were:

- Must be the ability to see GP in person / face-to-face appointments
- As long as correct procedures are in place, GPs should be seeing patients again
- People expressed difficulty with getting through on the telephone. Some people reported they had to phone numerous times before they managed to get through. It was suggested that there should be more telephone lines or dedicated lines for appointments
- People said that they don't like to tell the receptionist their condition and that receptionists should not be part of triage
- There needs to be a shorter recorded message at the start of the call and simplify the phone system
- Find caring/more friendly/approachable receptionists, educate receptionists in empathy and provide better training for receptionists
- The offer of telephone / video appointments in appropriate circumstances
- Shorter waiting times or the ability to access GP services in a timely manner
- People worry that it is not always possible to diagnose over the telephone or without seeing a patient face-to-face

- Surgery staff need to be more welcoming or more patient friendly

- There was worry that illnesses will be missed, that patients' conditions are deteriorating, or that there could be misdiagnosis

- There needs to be better ways to access services for people with hearing impairment / disability / mental health / and for older people. Only being able to access via the telephone was difficult for some and it caused worry and stress for them. This was making some people not want to contact the practice

- There needs to be the ability to book appointments in advance for non-urgent or routine matters

- Provide a specific time for a call back. The fact that no time was provided caused difficulties for people who work or who were in situations where they were unable to use their phones or if they were in an area which has poor mobile signal

- Routine checks and services which were stopped during the pandemic need to start running again

- Patients should be given the choice about the type of appointment they have

- Provide the ability to request a video call

- Better opening hours / GP services should be 7 days a week and local practices should have a doctor on call in the evenings

- People expressed the desire for continuity of care and they would prefer to name the doctor they wish to see or speak to for follow-up appointments

- Faster response times to the initial enquiry

- More appointments available and attainable
- Some patients are less likely to contact GP when telephone only appointments offered

"The current system is excellent. I didn't need to take any time off work to attend the appointment or travel to the surgery."

"I sent photo via email. Very happy with outcome! Quick and easy. Would like to see this service available long-term."

"The phone intro is very long for people on prepaid phones if their credit is low."

"The intro message is far too long with different options to select, however certain options then cut the call off and you have to redial and listen to the long intro again."

"Simple leaflet to explain new procedures. I was worried in case I made a mistake!!"

"Telephoning the surgery can be frustrating, having initially to listen to a long spiel, then being asked to press the relevant button only to be told that your enquiry cannot be dealt with until after a particular time. This can involve making a further call later and having to go through the whole procedure a second time. The old system of making an appointment via the receptionist or triage nurse was far more customer-friendly."

"It is very difficult to get an answer when you call. As I work full time I can't stay on phone for half hour. Plus call backs are tricky while at work. If you miss the call, or phone signal poor you don't get another call. Still think it's so important to see a doctor face-to-face. Was difficult before but impossible now. Surely if we all wear masks and don't touch anything, it should be ok?"

"With more telephone only consultations I feel less likely to contact the GP if I have a problem as I am not good at explaining things over the phone, and a video consultation is not always offered."

"It would be better if you got an actual time for your phone app so you don't have to wait all day."

"People with long term conditions need regular face-to-face monitoring, especially as consultant appointments are now by phone. You need someone to actually see you. I had physio and 8 week post op all done by phone. It is impossible to measure degrees of movement without physically seeing someone. I have had to choose my specially made shoes over the phone, not ideal. With the current practices it takes a long time waiting on the phone to let receptionist know you are waiting in your car for your appointment."

"From personal experience many who ring find the triage system off-putting and often loath to call. Older people especially, from comments of these I know, there is widespread lack of faith in the current triage setup. I've been told they feel they are being "grilled" and on times have felt intimidated when they feel pressured by being rushed to describe symptoms, issues etc."

"I subsequently had to go to the surgery to pick up a prescription. I wasn't quite sure what to do at the surgery – the signs were a bit confusing – so a bit more information given over the phone would have been helpful prior to my visit."

"I am autistic and have found (by trying to access MH health services by phone and video) that it just doesn't work for me at all. I have been advised to speak to GP but haven't rung because of the lengthy automated message, the need to explain to Receptionist something which I would struggle to engage with GP about means I can't phone. Also, knowing they don't want to do F2F appointments anyway."

"I would be happy to have a video / telephone and face-to-face consultation as appropriate. I realise a GP's time is precious and should be used appropriately. What I am concerned about is the apparent blanket use of telephone and no face-to-face which I feel is an unacceptable risk for both patient and Doctor. There is great skill required in assessing someone on the telephone, particularly if not known to the GP. An experienced GP will have sufficient experience to manage most tel consults and assess if face-to-face is required but newly qualified Drs lack the experience to judge this putting them and patient at risk. Part of a successful consult is the face-to-face encounter when all body language can be assessed and the patient examined if required. Putting a hand on a patient is more often than not required. I speak as an ex clinician."

"I found it quite repetitive, I had to explain to a receptionist, then a nurse, then a trainee doctor and then another doctor."

We received a number of comments about the fact that people have to wait outside to collect a prescription or to wait for an appointment and people are concerned about how this will work during the colder, winter months.

"Making adequate provision for shelter for patients who are collecting prescriptions. People collecting prescriptions have for the whole of the summer, which hasn't been the most clement, have been required to stand outside in the elements with no shelter. One has been recently been erected but is inadequate as under the current social distance rules it can only accommodate one person. It will further undermine the surgery's reputation, if the sick and infirm or their hard pressed carers have to queue outside this winter in the wind and rain in sub-zero temperatures, while through the surgery window staff can be seen enjoying hot beverages in a warm benign environment."

"Not having to stand in the rain to collect my prescription through a window."

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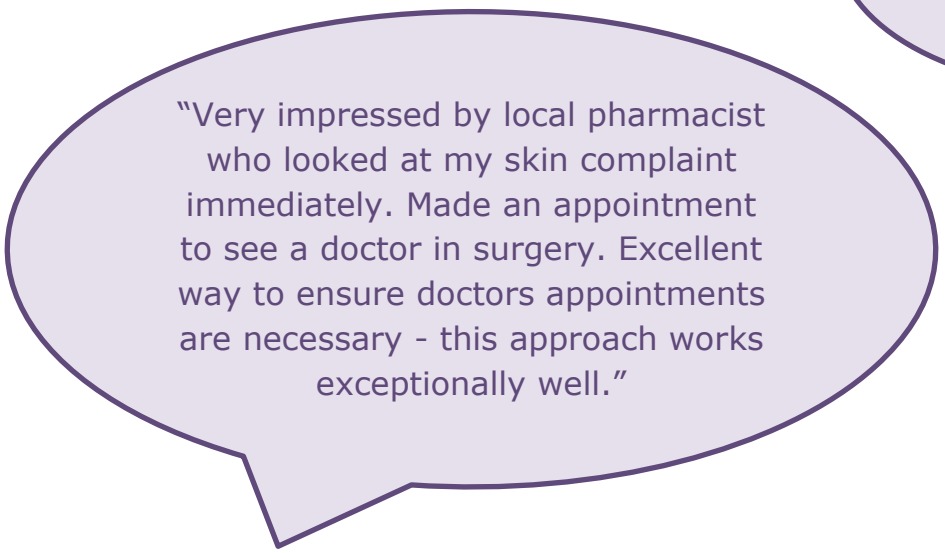
Other Comments

We gave people the opportunity to provide any other comments they wished to make.

There were a number of very positive comments about practices:

- Worked well / overall satisfied / great service
- Excellent surgery working so hard in very difficult times / outstanding while under pressure
- Planning and organisation has been good
- Have dealt really well with the pandemic
- Feel safe and cared for
- Staff were amazing / staff doing brilliant job



Some of the main themes for other comments received were:

- NHS / services / routine surgery need to re-open
- Face-to-face needs to be an option
- It's dreadful / disgraceful / rubbish / unacceptable service
- System puts people off phoning
- Routine services / monitoring of health conditions should be carried out
- Why are GPs not seeing patients? What are they doing?
- Not possible to diagnose properly over the telephone / worry about misdiagnosis
- Using COVID as an excuse
- Dissatisfied with apparent 'lockdown' of GP surgery / GPs need to be seeing patients

"I have been lucky had a lovely gp looking after me whilst I've been unwell, I've even been seen face-to-face which was reassuring. I am now struggling to see that doctor who has been looking after me, she has no appointments. To have consistency in care is really important when you are not well. I also find that a small minority of receptionists are particularly unfriendly."

"I think practice needs to be made aware that restricted access to GPs is extremely stressful."

"My experience during lockdown has been terrible. I had a baby at the beginning of June with serious complications and had to fight to be seen for an 8 week check up. My [baby's] jabs have also been forgotten at every stage, I have had to call and ask for them to be made, despite being told that the practise would make them on each occasion."

"Older patients find the technology and the lack of personal contact especially difficult, confusing and unsatisfactory. My mother-in-law who is 93 has been unable to get a visit despite being very unwell."

Learning from what we heard

The model of general practice changed very quickly in March. This was in line with Welsh Government policy and guidance and the main reason for it was to provide good infection control, to limit face-to-face contact and help stop the spread of Coronavirus.

Although we received some very positive comments about patients' experience of accessing GP services during the pandemic, we heard from many people who felt that GPs were not providing the services patients expect to receive. This could be due to insufficient information provided to the public about how GP services are operating at the current time.

Most practices in Powys have information on their website about how they are operating and the reasons why. We do not know whether practices have provided this information to their patients in other ways.

We noted that the majority of patients received a call back from a member of the clinical team after their initial telephone call.

We heard from people who had difficulty accessing services via the telephone because they were deaf or had a hearing impairment. We also heard that some older people, people with mental health problems or Autism also had difficulty in making contact via the telephone. In some cases, people were putting off contacting their GP at all.

People told us that it was important for practices to be able to give them an approximate time to expect a call or a time for a telephone appointment. This was particularly important for

people who were working or who were in situations where they would be unable to use their mobile phone or would be in areas where they had no mobile signal.

In response to the question about the use of telephone and video consultations in the future, over half of the respondents said they would prefer to be seen face-to-face. However, about a quarter of respondents said they would be happy to use telephone or video consultation in the future. Some people would have liked the opportunity for a video consultation but this was not offered to them. Many people thought that patients should be given the choice of type of appointment.

Concerns were expressed about whether there was a risk of misdiagnosis or missed diagnosis from telephone consultations. Some people said they had difficulty expressing their health issues over the telephone and some people felt rushed and did not have the opportunity to explain fully.

People expressed frustration with the telephone systems, with difficulty getting through, long introduction messages, calls being cut off and confusion for some people about different numbers to press for different reasons.

Recommendations

- People need to have confidence that GP services are available for them but it is important for them to understand why services are operating differently during the Coronavirus pandemic.

  It is important that information for patients about how they can access services is clear, that it encourages them to contact their GP where necessary, and that face-to-face care always remains available when clinically appropriate.

- Information should be provided in different formats and practices need to consider how they can share it with patients who do not have access to websites or social media.

- In line with the NHS Accessible Information Standard[2], practices should capture, record, flag and share the communication needs of patients with sensory loss. This information should be kept up to date so that patients are always communicated with in the appropriate way.

- All practices are reminded that adjustments should be in place to ensure that those who find it difficult to engage in virtual consultation are able to access the appropriate care.

- Practices should review their telephone systems to make sure the system is easy to use for all patients. Consideration should be given to making the introductory messages shorter.

- Although the use of digital technology has increased dramatically during the pandemic, it must not be assumed that this should become the default at the end of the pandemic. It is important for healthcare services to seek feedback from patients and to listen to people's views and experiences of accessing services in this way.

[2] https://phw.nhs.wales/services-and-teams/equality-and-human-rights-information-resource/accessible-information-standard/

There should be a mixture of appointment types available for patients and the type of appointment offered to them must be based on their individual needs.

- If it is accepted that there should be more use of digital technology in general practice in the future, there must be improvements to mobile and broadband services in rural areas such as Powys.

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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25th January 2021.

Dear Andrea

Thank you for sharing the Powys Community Health Council (CHC) report entitled "GP Access During Covid 19 Pandemic". I understand that you have shared this already with GP Practices and the Local Medical Committee (LMC) also. When you shared the final version of the report shortly before Christmas 2020, you did ask that you received a formal response before the end of January and I am happy to provide a response at this time. You will recall I have provided some brief comments via email to you but this is a more comprehensive one.

Firstly, thank you to members for the time they have put into the fieldwork and the report. I personally found it an interesting read. The last year has been an unprecedented year in so many ways, including the way in which clinical services have been provided and how patients and clinicians interact in all sectors of the health service. It is therefore of great interest to see this feedback from patients and I am pleased this has been shared with the practices.

As I am sure you will be aware the Health Board is currently focusing its time on responding to the Covid pandemic and the more recent, positive challenge of mass vaccination. At this stage I have not been able to take this report to any formal meetings as they are not scheduled in the month of January. Our intention is that this report will be discussed at the next Access Forum (April 2021) with the respective Practice leads where our Assistant Director of Primary Care will seek comment and feedback from the individual practices. This forum also includes the LMC and CHC. You will be aware that there is an Access survey as part of the standards under the GMS Contract and we normally would be suggesting that the practices reflect on the CHC report as part of their overall reflection. Recent Welsh Government guidance has however confirmed that the survery is not required this year in order to allow practices time to support the covid vaccination programme Clearly the CHC report is not practice specific but it will assist the practices in their reflections and will be discussed however in the Access Forum

The Health Board also operates a Patient Experience Group, chaired by our Executive Director of Therapies and Health Sciences and this report will be discussed also in that forum. I note the sections on methods of interaction such as video and phone consultations.

Whilst in reality the numbers in the CHC report who have experienced a video consultation are low, it still provides interesting points and can be looked at through the wider lens of how we are also using “Attend Anywhere” solutions within the Health Board. This forum will meet in mid-February. We will confirm further handling of this report to either our Executive Committee or Experience, Quality and Safety Committee in that forum.

With the above in mind, I do not have a wider formal comment for you but as the Executive Director of Primary Care, Community and Mental Health Services I can provide some comment beyond the confirmation of how we will consider this report in wider forums, as noted above. I will focus my comments on the key recommendations as listed on page 28 of the report and I wish to re-state these are my views and are prior to any wider discussions as outlined above;

Recommendation 1 relates to patient facing information and one I would expect practices to reflect on for them to continually review their messaging. I accept this will rely heavily on social media. As a Health Board we continue to support messages that primary care is “open for business” and people should make contact for the appropriate assessment/appointment. I suggest from the information on demand levels in general practice, which is as high as same period last year in some cases, that patients are aware of their ability to access their practice. That will of course vary by practice.

Recommendation 2 relates to the reliance on social media. I believe we can all understand this dilemma, even more so in this Covid pandemic when normal approaches to contact and communication are dramatically hampered. I believe that this is a wider theme than just primary care and one we need to work together on with all partners in the coming years. We will internally flag this comment with our Equality Lead for consideration and advice also.

Recommendation 3 relating to NHS Accessible Information Standard. I have no specific comment at this stage and I cannot confirm the level of compliance across practices. I note that this recommendation is clear in your report, which has been shared with practices and we will follow this up with them when this report is discussed in the next Access Forum meeting.

Recommendation 4 requests that those who find it difficult to engage with virtual consultations have access to face to face. I believe virtual covers both phone (i.e. audio) and video. The use of the latter has commenced but as your report notes is still relatively low in use. I believe we can all accept that the latter may present technology problems for a small number of people whilst the use of audio consultations is far less challenged, out with of any underlying sensory loss/hearing issue for the patient. Audio consultations are common place prior to Covid and increasingly more so since Covid in all aspects of health care provision but it is my expectation that when a clinician is not able to undertake the relevant consultation/assessment via these methods that a face to face appointment will be necessary.

Recommendation 5 relates to the length of the telephone message and is a perennial issue I know. I believe this will generate a level of discussion at the forum I have noted above. I fully understand the experiences here and can recognise with the need for messaging which explains the approach to triage and also the Covid rules of the surgeries this has become an even longer messaging than before, which of course must be bilingual. I will be asking the Access Forum if there is any good practice for the shortest time of message which can be shared.

Recommendation 6 relates to the need for patient feedback on digital technology experiences. This recommendation slightly overlaps with my comment on Recommendation 4 in part. I believe we all welcome the early feedback that the report provides in this area of

access and one I believe practices will wish to consider. I have already noted that this report will be considered by the Health Boards Patient Experience Group and I believe that whilst the report relates to access methods in primary care it could well be applicable to similar approaches now emerging across Health Boards also. I would absolutely agree that it should not be assumed this is the default. I believe a national dialogue on this matter is necessary and I will seek opportunities to promote this need with national partners.

Recommendation 7 relates to the need for national funding of broadband. I would fully support this recommendation and feel that whilst we will need to consider all options and seek patient feedback, I believe that digital solutions to health appointments is here to stay and we will not revert to solely face to face provision. I am sure you will lobby in this matter and we will continue to work with partners when opportunities arise to inform that discussion

I hope at this stage my letter provides you with a comment from the Health Board which also outlines how we propose to discuss this further.

May I end my letter by once again thank members for this report and providing the health board an opportunity to consider it with practices.

Yours sincerely

Jamie Marchant
Executive Director of Primary, Community Care and Mental Health Services

Cc: Vivienne Harpwood, Chair PTHB.
Carol Shillabeer, Chief Executive Office, PTHB
Claire Madsen, Director of Therapies and Health Science, PTHB
Jayne Lawrence, Assistant Director of Primary Care, PTHB
Rani Mallison, Board Secretary, PTHB
Hayley Thomas, Director of Planning & Performance, PTHB
Adrian Osborne, Assistant Director of Communications, PTHB

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

Experience, Quality and Safety Committee	**Date of Meeting: 15 July 2021**
Subject:	**Mortality Review (Community Hospital Deaths)**
Approved and Presented by:	Kate Wright, Medical Director
Prepared by:	Howard Cooper, Safety & Quality Improvement Manager
Other Committees and meetings considered at:	Quality Governance Group

PURPOSE:

This purpose of this paper is to provide an update to Experience, Quality & Safety Committee on the mortality data for the period 1 January 2021 to 30 April 2021 and to update the group on developments in the mortality review process.

RECOMMENDATION(S):

The Experience, Quality & Safety Committee is asked to NOTE the content of this paper.

Approval/Ratification/Decision	**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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	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 paper provides a summary report on the deaths of Powys residents occurring both in Powys community hospitals and in the services commissioned in out of county District General Hospitals during the period 1st January 2021 to 30th April 2021.

The paper also details the findings of the second round of independent reviews of deaths occurring in Powys Community Hospitals.

Finally, the paper provides a brief update on the Datix Mortality Module and the roll out of the Medical Examiner project.

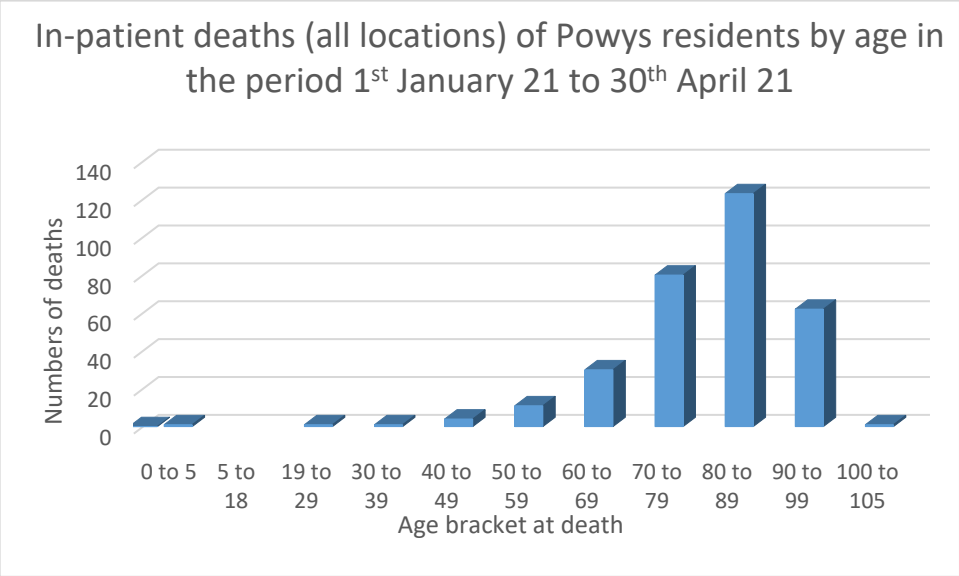
DETAILED BACKGROUND AND ASSESSMENT:

Deaths of Powys Residents in Hospitals (1st January 2021 – 30th April 2021)

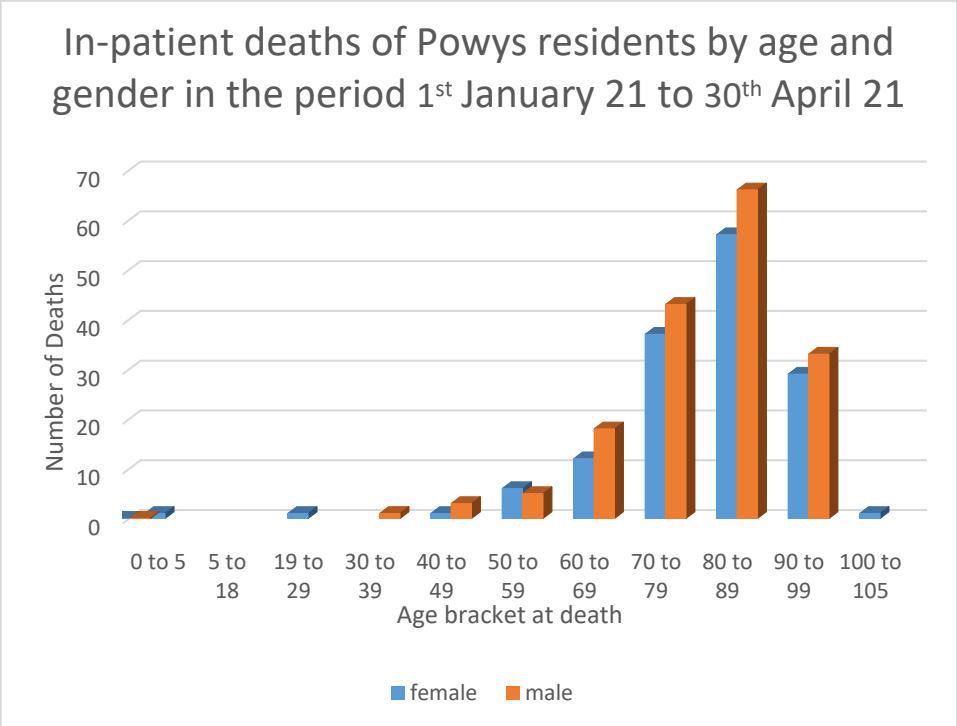
During the period under review there have been 314 deaths of Powys residents in either Powys community hospitals or in acute units of neighbouring Health Boards and NHS Trusts.

Deaths in Powys community hospitals	64
Deaths in acute units in neighbouring English NHS Trusts	203
Deaths in acute units in neighbouring Welsh Health Boards	47
Total number of reported deaths of Powys residents in hospitals.	**314**
Total number of deaths that were subject to a serious incident (SI) investigation	0
Infant and child deaths	0
Perinatal deaths	<5
Maternal Deaths	0

The graph below demonstrates that the majority of deaths of Powys residents in all hospitals are of people over the age of 60 with the greatest number being those aged between 80 and 89 years of age.



The graph below breaks these deaths down by gender.

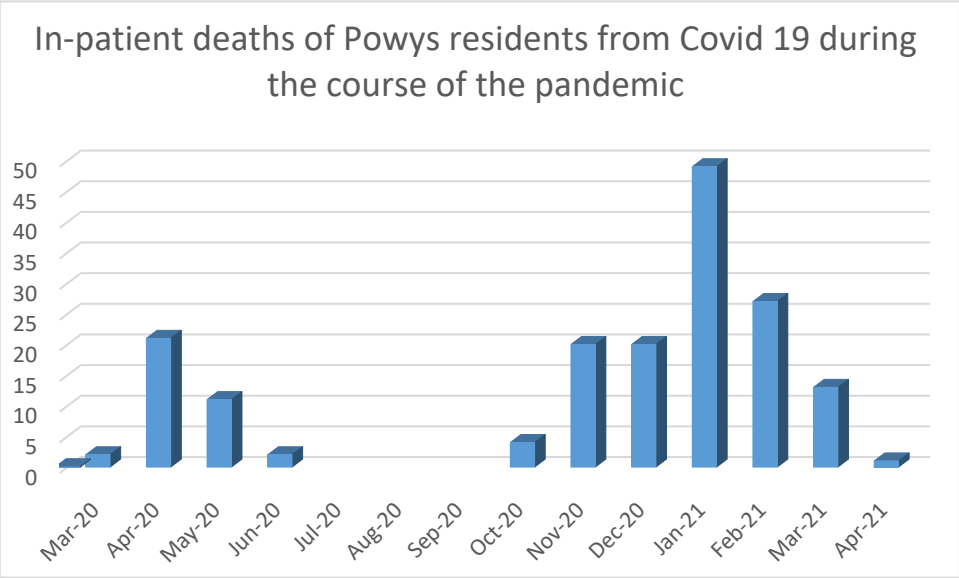


The table below gives the numbers of deaths due to the following conditions.

- 'The Big Four' Cancer, Mental Health, Respiratory and Cardio Vascular
- Dementia
- Covid-19
- Other

	Primary Cause of Death	PTHB Provider Male	PTHB Provider Female	Commissioned Services: Male	Commissioned Services: Female	Total
The Big Four	Cancer	12	6	17	16	51
	Mental Health	0	0	0	0	0
	Respiratory Disease (not Covid 19)	0	<5	15	14	30
	Cardiovascular Disease	5	8	36	30	79
	Dementia	<5	4	5	<5	13
	Covid 19 (includes cases awaiting lab confirmation)	5	6	40	21	72

The next graph shows the numbers of deaths of Powys residents from laboratory confirmed or suspected Covid 19 infection over the course of the pandemic which occurred in either Powys community hospitals or at out of county hospitals.



Senior Staff Mortality Reviews of Deaths on Powys Wards

As described more fully in the February 2021 mortality report to this group the Medical Director has convened a group of senior clinicians to undertake an independent review of all deaths that have occurred on the wards of Powys community hospitals. As before, following the Stage 1 review of the notes using the agreed proforma, any cases requiring further discussion are flagged for a meeting of all the senior reviewers.

The second round of these reviews has now been completed. The majority of deaths occurring on Powys wards between the 1st September 2020 and 28th February 2021 have been reviewed. Deaths due to Covid 19 infections were excluded as they are to be reviewed under a separate process.

The number of cases which had a Stage 1 review were as follows;

- Bronllys 7
- Brecon 15
- Ystradgynlais 13
- Llandrindod 9
- Llanidloes 15
- Newtown 8
- Welshpool 12
- Machynlleth 7

Total 86.

10 Sets of notes were flagged for attention at the Stage 2 meeting. Eight were to illustrate comments about the completion and organisation of the notes whilst two concerned the clinical care given to the patient.

Conclusions of the senior review team

The reviewers felt that overall the notes contained a good narrative of personal care given to the patient. However, whilst the content of the notes was good there was significant site to site variation in how easy the reviewers found it to find the information that they needed.

Whilst the needed information could usually be found somewhere in the notes there were some sites where the good organisation of the notes made the task far simpler. The reviewers praised Welshpool in particular for having consistently well organised and easy to review notes.

The existing admissions documentation pack was also commented on. The standard pack contains assessment forms that are not needed for every patient but the presence of uncompleted forms which are not clearly marked as "not applicable" could give the wrong impression of incomplete care. It was noted that a new set of admission documents are shortly to be rolled out which will hopefully address this issue.

It was noted that there had been an improvement in the recording of cause of death in the case notes a cause of death now being recorded in 64% of the notes examined.

The issuing of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders was also examined. A completed DNACPR order was found in 100% of the cases examined, though in one case it was noted to be over 18 months old.

Where the notes were felt to be lacking was in a failure to explicitly document what the plan of care was for the patient at every stage of their hospital stay. This was particularly the case for patients who had been admitted for assessment and evaluation but went on to receive palliative care.

There was plenty of evidence of good care being delivered on the ward but this was perhaps a little obscured by the failure to explicitly record discussions with family members about the care of the patient and the infrequency with which clinicians formally recorded their thinking in respect to the clinical care they were providing.

A clear, documented, clinical plan on admission and greater use of the standard last days of life documentation would help cement this focus of having a more explicitly recorded narrative on the clinical decisions around patient care at the end of life.

The Medical Director will raise these issues at the Cluster Leads meeting and explain the importance of developing a consistent, and well organised record, that can feed easily into the Medical Examiner process. The Medical Examiner will require a copy of the notes from the last patient episode. More uniformity will assist in this.

The Medical Director will also lead on the formation of a small group of clinicians who will agree the ideal content and format of the patient record. This will tie into work underway by Emma McGowan who is leading on the development of electronic patient records.

Cases of potential clinical concern

The reviewers discussed the case of a frail and elderly patient with AKI/elevated Potassium. There was a delay in formally recording the decision not to escalate the patient to out of county care. The clinical decision was felt to be appropriate but perhaps could have been made earlier.

The reviewers also wished to follow up on the case of a patient who suffered a fractured neck of femur in a fall on the ward. After treatment at Wye Valley Hospital they returned to Powys where they died. No Concerns have been raised by the family over the care provided, but the contribution of the fall injury to the patient's death needs to be investigated.

The Datix Mortality Module and the Medical Examiner Role

There is good progress to report on the mortality module from the Once for Wales Concerns Management System (OfWCMS). The developing company has been able to solve most of the technical issues that had affected the project. The current plan is that the module which is to be offered to the Health Boards will support the roll out of the Medical Examiner Service (MES).

The Medical Examiner Service is expected to formally launch in April of 2022, but is hoping to be operational for acute hospital deaths in September 2021, with community hospitals possibly being brought on board by the end of 2021.

The MES will essentially take over the Stage 1 mortality reviews for the Health Boards but will refer back to the organisations any cases that the MES fell needs further local review. The mortality module of the OfWCMS will be used to manage the cases that are sent back for local review. In preparation for this new process it is hoped that the final version of the mortality module will be released to the Health Boards by August.

Further reports will be submitted to the Experience Quality and Safety Committee once the route to implementation has been agreed.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4

Experience, Quality and Safety Committee	**Date of Meeting: 15 July 2021**
Subject :	**Resuscitation Group Report**
Approved and Presented by:	Kate Wright, Medical Director
Prepared by:	Howard Cooper, Safety & Quality Improvement Manager
Other Committees and meetings considered at:	Quality Governance Group

PURPOSE:
The purpose of this paper is to inform the Experience, Quality and Safety Committee of the work of the Resuscitation Sub-Group.
RECOMMENDATION(S):
The Experience, Quality and Safety Committee is asked to note the content.

Approval/Ratification/Decision	**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	✓
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	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:

The Resuscitation Sub-Group acts as a liaison forum for the parties with an interest in supporting good clinical practice to meet and discuss quality and improvement. The Sub-group acts as an advisory body to assist the Medical Director in determining policy and practice for the organisation with respect to resuscitation.

Historically the Sub-group has met twice per year, under the Chairmanship of the Medical Director, but can be called on to provide advice outside of a meeting if required.

DETAILED BACKGROUND AND ASSESSMENT:

Cardio Pulmonary Resuscitation (CPR) is an uncommon event on Powys wards. In any given 12-month period it would be usual to have just one or two CPR attempts made across all of the Powys wards. In the past decade, staff have been as likely to be involved in the resuscitation of a member of the public who has been brought in distress to the door of the hospital, as they are to have attended the CPR attempt of an in-patient on the ward.

The Resuscitation Sub-Group acts to advise the organisation on the degree of training required by staff, and on what equipment should be provided in order to ensure the safe and effective practice of resuscitation. The Sub-group holds no budget and has no managerial powers but achieves its goals through recommendations to the offices of the individual members.

The work of the Sub-Group falls under three main headings:

Equipment and Supplies for Resuscitation

In 2016 the Sub-Group was advised that the entire Powys stock of automated defibrillators were due to go end of life at the end of the calendar year. The Sub-Group supported the Quality and Safety team in their successful bid to obtain capital funding for thirty replacement devices.

The Health Board has a Service Level Agreement with Cwm Taf Morgannwg University Health Board (CTMUHB) for the resupply of single-use equipment and consumables related to the defibrillators. CTMUHB staff visit our sites ten times per year and maintain a database of consumables to alert them as to when supplies need to be refreshed.

The CTMUHB resuscitation manager attends meetings of the Sub-group to report on these visits so that any issues can be discussed.

Drugs related to resuscitation are provided and checked by Health Board Pharmacists who visit each ward once a week. A pharmacist sits on the Sub-group and reports on any issues arising.

There is an annual inspection of devices by the Electro-Biomedical Engineering (EBME) team and reports brought to the Sub-Group by the Medical Devices Manager who is a group member.

A daily inspection of the resuscitation devices and supplies remains one of the standard checks to be conducted by the ward staff.

Action

It is noted that there are 13 further defibrillator devices held by the Community Dental staff which are taken by them on home visits where they are attending vulnerable patients who cannot attend a clinic appointment. These devices are maintained by the Community Dental Service and are not part of the SLA with CTMUHB. They will need to be reviewed in the near future to understand when replacement machines may be needed.

Staff Training

Resuscitation is provided at three levels. Unregistered clinical staff receive the Basic Life Support (BLS) course training. This is delivered in-house by the Health Board's clinical skills trainers. Registered Clinical staff receive the Immediate Life Support (ILS) course training which includes training on the use of the automated defibrillators. This training is delivered by staff from CTMUHB under a Service Level Agreement held by the Workforce Directorate. Bespoke training has been developed to address the needs of midwifery and dental staff.

In addition to the formal classroom training, the CTM staff hold a mock arrest exercise once per year at each Powys hospital site. This is arranged with the senior nurse at each site but staff are otherwise unaware that the exercise will happen. Staff have found these unexpected real-world simulations both useful and enjoyable allowing them to practice their skills in a familiar environment.

Reports on the training delivered, and on any issues arising, are discussed at the Resuscitation Sub-Group.

The third level of training, the Advanced Life Support (ALS) course, is a specialist course not currently offered either internally or by the Cwm Taf training team. It is a certificated course which required renewal every four years. Many PTHB staff are due or overdue for recertification. The Covid Pandemic has meant that, UK wide, there is a significant shortage of courses and a backlog for re-certification. This is likely to remain the case for a significant length of time.

Action
There is no current consensus on how ALS accreditation will be maintained in the near future. As guidance emerges it will be followed and discussion will be had regarding mitigating measures. This was considered at the recent Sub-Group meeting and will be reviewed in the follow up meeting.

Policy and Governance
The Sub-Group supports the development of any Policies or Procedures required to support the delivery of safe and effective resuscitation. The Sub-Group is currently working on refreshing the existing CDP 004 Resuscitation Policy.

Action
The role of the Resuscitation Officer is currently under discussion. The Resuscitation Officer, a recommended but not statutory position, should be an ALS qualified individual who spends 50% of their time training other staff, as well as being the main point of contact for advice on all things resuscitation related. Powys Teaching Health Board has never had a Resuscitation Officer, relying on the services of the Cwm Taf Health Board to discharge this function on our behalf. Advice is that this position is no longer recommended and that PTHB should seek to appoint its own resuscitation officer.

NEXT STEPS:

As a result of the pandemic, there has been a longer interval since the previous meeting. Given several key actions, a further meeting will be held at three months to support the completion of the actions.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.5

EXPERIENCE, QUALITY AND SAFETY COMMITTEE	**DATE OF MEETING: 15 July 2021**
Subject:	**COMMISSIONING ESCALATION REPORT**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Assistant Director Transformation and Value
Other Committees and meetings considered at:	Scores were considered on the 27th May 2021 at the Internal Commissioning Assurance Meeting. This report provides supplementary information in relation to the two providers with services in Special Measures. Reports have also been considered by the Performance and Resources Committee on the 24th June, the Executive Committee Delivery and Performance Group on the 28th June and the Executive Committee Quality Governance Group on the 6th July.

PURPOSE:

The purpose of this paper is to highlight to the Experience, Quality and Safety Committee the providers in Special Measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework.

RECOMMENDATION(S):

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

Approval/Ratification/Decision	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	×
	2. Provide Early Help and Support	×
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	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 and above following the 27th May 2021 PTHB Internal Commissioning Assurance Meeting (ICAM). At the time of the last meeting there were:

- 2 providers with services in Special Measures
- 1 provider at Level 4

The report also provides a high level summary of key issues in relation to the two providers with services in special measures

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.

The usual commissioning arrangements have not been in place since March 2020 due to 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 pandemic. There has also been some disruption to the "thematic" periodic Maternity Assurance Framework under the CAF policy. The Public Health resource assisting with the interpretation of the Clinical Health Knowledge System results was diverted to COVID 19 outbreak. However, in line with the CAF policy, there has been maternity representation at the majority of ICAMs.

Special Measures

Provider	Quality & Safety			Patient Experience			Access			Finance (Cost & Activity)	Change in Level Status	Governance & Strategic Change
Shrewsbury & Telford Hospital NHS Trust	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021 - No ICAM score	May 2021 -	Mar 2021 - No ICAM score	Apr 2021	May 2021	No Score – Block Agreement	↔	Not Rated
Cwm Taf Morgannwg University Health Board	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 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	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	Mar 2021 - No ICAM score	Apr 2021	May 2021	No Score – Block Agreement	↔	Not Rated

PTHB is approximately 0.1% of the activity of CVUHB where there has been difficulty providing PTHB specific information. However, the roll out of the all-Wales Datix solution should help to address this.

Shrewsbury and Telford Hospitals NHS Trust (SATH)

Shrewsbury and Telford Hospitals NHS Trust (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
- Oversight of audits and the improvement of outcomes
- Culture
- Maternity services
- Children and young people with mental health needs, learning disabilities and behaviours that challenge

Key issues and assurances in the papers for the Trust's Board on 10th June, 2021 are summarised below. (The information for the 8th July, 2021, Board meeting in SaTH was not available at the time of preparation of this paper.)

- During April and May there has been a focus on restoring services. A Vanguard theatre is in place for the year to provide additional capacity for elective day surgery. Elective performance is exceeding the national threshold for recovery but long waiting times are expected to continue through 2021/22.
- A&E activity has returned to pre-COVID 19/20 levels. 12 hour breaches are being experienced but are improving.
- The Hospital Standardised Mortality Rate for February 2021 was 111.3. Work is underway to seek assurance in relation to the peer group.

SaTH's Quality and Safety Assurance Committee has alerted the Board to the following matters:

- Delays in implementing IT systems including Badgernet for maternity services and a system for A&E;
- The continuation of non-recurrent posts funded through "COVID monies";
- Provision of information to nurse managers about vacancies and the lack of standardisation of job descriptions;
- The management of incidents on Datix;

- Documentation of clinical assessments, actions and outcomes;
- and complaints response times.

A Secretary of State initiated Independent Review of Maternity Services at the Trust, chaired by Donna Ockenden, is underway. The first report of the Independent Review was published on the 10th December 2020 and presents emerging findings and recommendations from 250 clinical reviews, highlighting significant failings in maternity care at the Trust between 2000 and 2018/19. 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") recommended 52 actions in total. These include local actions which are specific requirements for SaTH, together with immediate and essential actions for all NHS providers.

Four actions are reported to be off-track. The arrangements for the lead Midwife and lead Obstetrician are only interim at present. Clarification is being sought about a Neonatal Intensive Care recommendation, which appears to differ from national and network requirements. The public Board will receive information about all Maternity Serious Incidents from August, 2021. More traction is needed in relation to public involvement to ensure women can participate equally in decision making.

SaTH has established a committee to drive forward actions arising from the report. The Ockenden Report Assurance Committee (ORAC) is now meeting monthly in public. PTHB is represented through the Director of Nursing and Midwifery and Powys Community Health Council is also invited.

The PTHB Executive Committee and relevant Board Committees have been receiving up-dates through the Commissioning Assurance Framework (CAF) Escalation Report since SaTH was placed in special measures.

Reports to the Experience, Quality and Safety Committee and Performance and Resources Committee have explained the work undertaken through escalated CEO level meetings, the Commissioning Assurance Framework, the Maternity Assurance Framework and system level meetings in England. (Whilst PTHB is not the main commissioner of SaTH, its DGH services are strategically important to the highly rural population in North Powys. The next nearest DGH was, until last year, also part of an organisation within special measures).

The PTHB CEO liaised with key stakeholders including the Clinical Commissioning Group, NHS England Improvement (NHSEI) and the CQC to secure a way forward to improve the quality and safety of services. SATH has been placed in an "Improvement Alliance" with the University Hospitals Birmingham NHS Foundation Trust (UHB) to help improve the quality and safety of its services. Work is underway within the trust including a "Getting

to Good" improvement plan; a renewed focus on governance and culture; a revised Board Assessment Framework (BAF); and improved integrated performance reports.

SaTH was included as one of PTHB's organisational Board level priorities during Quarter 3 and 4 of 2020/2021. Key risk reducing actions for Powys are embedded in the PTHB Annual Plan for 2021/22 ranging from initiatives to reduce admissions through to the long term development of services in North Powys through the North Powys Programme.

SaTH remains an escalated matter. The key questions from the PTHB perspective have been:

- whether the Trust has a clear understanding of the issues of concern;
- whether there is a comprehensive plan for improvement with the endorsement of key stakeholders;
- and whether the organisation has the capacity and capability in place to deliver those improvements.

The Executive Committee held a deep dive meeting in relation to SaTH on the 23rd June, 2021, considering progress against the questions above. A separate report setting out next steps is now being prepared including further liaison with the UHB, the Clinical Commissioning Group and the Care Quality Commission.

Cwm Taf University Health Board (CTMUHB)

Experience, Quality and Safety Committee Members received an update in relation to CTMUHB through the Maternity Services Update Report on the 3rd June, 2021. An Independent Maternity Oversight Panel (IMSOP) provides independent oversight arrangements of maternity and neonatal services at CTMUHB. An update about the independent oversight arrangements of maternity and neonatal services at CTMUHB was provided by the Minister for Health and Social Services on the 22nd March 2021.

Whilst there has been neonatal expertise as part of the IMSOP's work in relation to the Clinical Review Programme and within the Quality Assurance Panel, there is now also neonatal expertise within the full Panel. This is timely given that the neonatal reviews are underway and it will be important to ensure that as the learning emerges it is fed into the wider improvement programme.

Alongside this the panel will also begin a deep dive to take stock of the current neonatal service and its improvement plan to provide assurance that services are safe, effective, well led and importantly integrated with the maternity service to provide a seamless service for women and babies. This should help inform improvements CTMUHB is making on their journey to provide exemplar maternity and neonatal services.

In September 2020, the Panel had concluded that the health board had done remarkably well to maintain the focus and momentum of its Maternity and Neonatal Improvement Programme (MNIP) during the first wave of the COVID-19 pandemic. In the circumstances which have prevailed over the past twelve months and the last six months in particular, the Panel has advised that the current pace of progress is entirely understandable in their view. The Panel has identified the key areas of focus to regain momentum over the coming months and have determined that September 2021 would be an appropriate time to next provide a full report on progress.

A paper is being considered by the PTHB Executive Committee on the 7th July about the proposed way forward in relation to the South Powys Pathways Programme so that an update can be provided to the PTHB Board.

Conclusion

Due to the civil contingency arrangements needed in order to respond to the COVID-19 pandemic the usual commissioning processes are not in place. However, PTHB has been working to reintroduce the Commissioning Assurance Escalation Report, although it is not possible to score all the domains in the previous way.

The pace of improvement at SaTH remains an escalated matter and the PTHB Executive Committee has completed a "deep dive", which will be the focus of a further report.

The next Independent Maternity Oversight Panel (IMSOP) report in relation to Cwm Taf University Health Board is expected in September.

As reported nationally there is now an unprecedented challenge in relation to timely access to routine services across the NHS as a result of the response to the pandemic. Addressing this situation is a key focus of the renewal approach in the annual plan for 2021/2022. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. The scale of the challenge will not be met by existing approaches and will require new, radical solutions bounded in a value-based healthcare. £2.5million non recurrent revenue and £550,000 capital have been secured to help take forward phase 1. However, at present, there are significant risks in relation to recruitment and procured solutions. The potential impact of the third wave, on maintaining elective capacity, is being closely monitored.

NEXT STEPS

In line with the PTHB Commissioning Assurance Framework providers scored as Level 4 or in Special Measures will continue to be reported to the relevant Board Committee.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.6

EXPERIENCE, QUALITY & SAFETY COMMITTEE	15 July 2021
Subject:	**PUTTING THINGS RIGHT, COMPENSATION CLAIMS REPORT**
Approved by: **Presented by:**	Alison Davies, Director of Nursing & Midwifery Wendy Morgan, Assistant Director Quality & Safety
Prepared by:	Wendy Morgan, Assistant Director Quality & Safety Alison Davies, Director of Nursing & Midwifery
Other Committees and meetings considered at:	Quality Governance Group 06/07/2021

PURPOSE:

The purpose of this report is to provide the Experience, Quality & Safety Committee with an overview of the way in which Putting Things Right is discharged within the health board and compensation claims activity for the period 1 April 2021 to 31 May 2021.

The report also provides the opportunity to share the internal review undertaken following the publication of a Special Report by the Public Service Ombudsman for Wales in October 2020, and the accompanying improvement plan.

Recommendation(S):

The Experience, Quality & Safety Committee is asked to discuss and note the contents of this report.

Approval/Ratification/Decision	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	×
	2. Provide Early Help and Support	×
	3. Tackle the Big Four	×
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	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	✓

DETAILED BACKGROUND AND ASSESSMENT:

1. Background

This paper provides an overview of the health boards approach to Putting Things Right, including the systems and processes in place to support discharge of the function, along with any outputs and outcomes. Reference is made to patient experience and concerns, including complaints, patient safety incidents, and compensation claims for the period 1 April 2021 to 31 May 2021, including trends.

This paper compliments the newly revised reporting arrangements for service groups, presented by the Director of Primary Care, Community and Mental Health and assist in triangulation with other data and intelligence sources including national audit, mortality review, research, clinical guidelines and professional standards.

2. Assessment

2.1 Improving health board wide systems and processes, Putting Things Right

Following the publication of a Special Report to the health board from the Public Service Ombudsman for Wales in October 2020 and to compliment the independent review, an internal review was undertaken to ensure that all learning and opportunity for improvement was captured and used to drive improvement. The internal review and improvement plan are included in **appendix 1**. Along with the deep dive, commenced in November 2020, the health board can demonstrate some improvement in compliance, supported by maturing quality governance arrangements within service groups. The findings of the quality governance review being undertaken by Audit Wales will assist further in ensuring the health board has robust arrangements.

2.2 Revised Putting Things Right Policy

Following presentation at Board during May 2021, the revised policy: 'Putting Things Right' and Management of Concerns was provided to the Public Services Ombudsman for Wales as required by the Public Services Ombudsman (Wales) Act, 2019.

In support of improved complaints handling, 2 learning sessions have been provided by Public Service Ombudsman for Wales officers during April 2021, which was evaluated as helpful and informative, boosting participants confidence to handle complaints in the future. Areas for future consideration in terms of additional training included practical sessions on how to set up an investigation, types of questions, analysis of information, structuring the response and training on face to face meetings with complainants. Work will be

progressed over the summer months to establish a structured programme to support staff going forward.

2.3 Putting Things Right Audit and Assurance Plan

The agreed annual programme is in place and first quarter audit has commenced. Any findings and recommendations arising from the audit will be reported to the next scheduled Experience Quality & Safety Committee.

2.4 **Once for Wales Content Management System**

The new Once for Wales Content Management System (RLDatix) was received by the health board on 7 May 2021. A programme board approach has been taken to the preparation and instigation of the system, led by the Director of Finance and IT. Following initial testing of the system over a two-week period, the Concerns/ Patient Experience Team, following training, started to use the new system. A number of issues have been identified and mitigated during its use, with phasing out the use of the old system. The incident reporting module has been launched Powys-wide on the 14 June 2021, with the mortality and safeguarding modules scheduled for the coming months.

Arrangements during this transition phase include weekly monitoring of clinical incident reporting to ensure that any areas demonstrating lower than expected reporting are supported to use the new system, which overall has been largely noted to be more intuitive and user friendly than the system it has replaced.

2.5 **Patient Safety Incident Policy – Changes to national reporting**

A Patient Safety Incident Policy was issued to health boards and NHS Trusts on 10 May 2021 (**appendix 2**), development led by the Delivery Unit and supported by the Deputy Chief Medical Officer (**appendix 3**). The new policy increased the focus on learning and improvement, is iterative and replaces previous serious incident reporting policy and processes. All NHS organisations are expected to share learning from near misses as part of the national reporting and learning framework, being developed.

A series of all Wales workshops and a Wales wide implementation group has been established to refine the policy in readiness for its full adoption by April 2022. Workshops are being held to provide the opportunity for NHS organisations to engage in the co-production of the policy guidance document to support the phased implementation of the policy.

Incidents occurring within commissioned services are reportable by the organisation where the incident occurred. The guidance advises assurance is sought that the patient and / or their family form part of the investigation process, that any immediate make safes have been put in place, and any learning is shared with the service commissioner.

2.5.1 Changes introduced on 1 June 2021 include:

- Adoption of specified national incident categories
- Generation of Learning from Events report, already used in redress and compensation claims, a template is currently in development for incidents.
- The reporting of avoidable pressure ulcers, introduced in 2019 and stood down during the pandemic, is reinstated.
- Early warning notifications introduced and replace no surprises notification, used in circumstances to alert Welsh Government to issues of concern.

2.5.2 Phase 1 includes:

- NHS organisations are no longer required to report against specific incident categories, albeit there will be a limited list in place that must be reported.
- Step change in behaviour and approach, to review all incidents on an individual basis at local level, the aim to determine what should be reported nationally.
- Need to assess incidents based on level of harm caused, potential harm and likelihood or risk of recurrence.

2.5.3 Phase 2, starting 5 July 2021, will focus on:

- developing new thematic ways of reporting certain incident types across a number of specialities. The sense that learning and intelligence is more valuable when aggregated, e.g. falls, maternity and neonatal incidents.
- periodic reporting, with a requirement for incidents to be reported on a specialty basis nationally to understand and consider any potential areas of concern / risk or to provide insight and learning into a particular area of interest. Organisations will be advised of this in advance.
- further development of the early warning notification system to report an incident where it is already reported by another body, e.g. English NHS Trusts reporting via STEIS.

2.5.4 An Executive led implementation group has been established setting out the governance and oversight arrangements for implementation of the new policy. Meeting weekly at present, an implementation plan is in development, this will take account of systems, processes, policies, procedures and guidance, scrutiny of incidents and investigations, learning and assurance. To date three workshops have been held to appraise staff of the new policy in addition, the development an easy guide and flowchart to assist staff in day to day implementation of the policy.

2.6 Supporting learning and improvement

Opportunities to promote and share learning continues to be a focus. The learning from experience group is scheduled to meet during June 2021 with a developing agenda. The quarterly newsletter of Welsh Risk Pool's learning Advisory Panel

was shared in May 2021 via Powys Announcements (**appendix 3 & 4),** focuses on learning gerenated from over 260 redress or clinical negligence cases across Wales. Service specific learning is included within the service group quality report.

2.7 Outputs and outcomes of Putting Things Right

The data used within this report has been extrapolated from the Datix system in use prior to the introduction of the Once for Wales Content Management System with the associated limitations related to data quality and confidence. The new Once for Wales RLDatix system introduced on 7 May 2021 and will be the basis for reporting in future reports.

2.7.1 Compliments

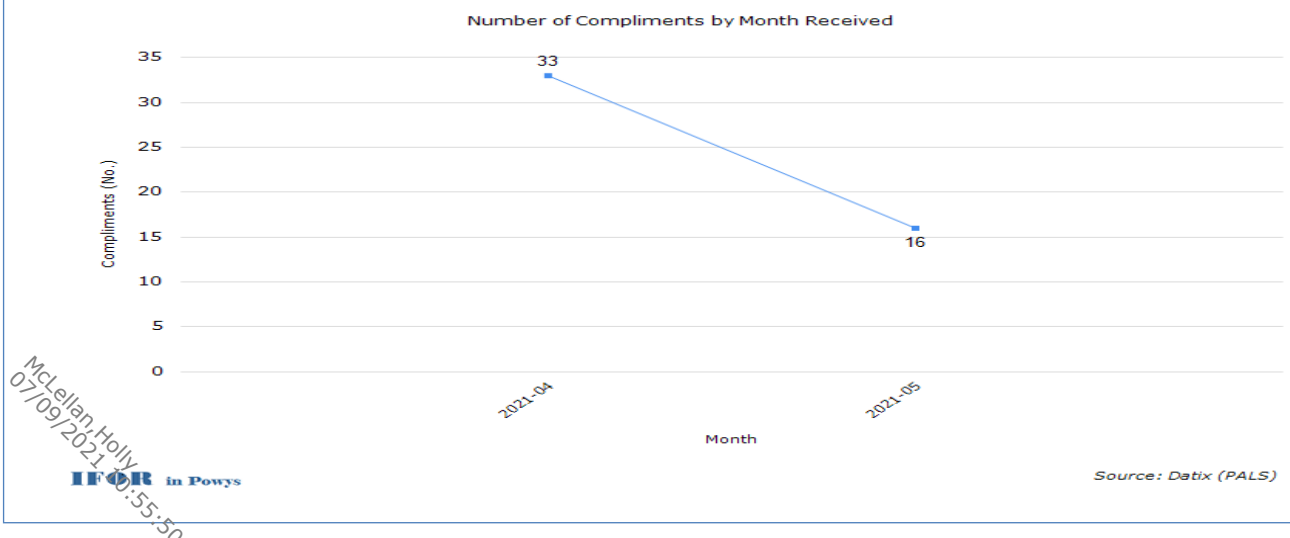
Between 01 April 2021 to 31 May 2021, a total of 49 compliments received. This is similar to the number of compliments received month on month the previous year, varying from 15-43 per month, with an average of 27 per month. The main specialities recording compliments are audiology (16), mass vaccination (10) and the continence service (7).

Feedback for the mass vaccination team was very positive and related to peoples experience from the point of booking through to receiving the vaccination, timeliness, efficiency and effectiveness of the programme.

Compliments for audiology comprised feedback received via cards, email, telephone and social media. The prompt response to requests for hearing aid replacements praised and the difference they made to people's lives.

The continence service was described as dynamic, wonderful and providing brilliant care, the staff described as very supportive and helpful.

Graph 1 – Total number of compliments received between 01 April 2021 to 31 May 2021



2.7.2 Concerns (complaints) Summary Position

Early resolution concerns (often termed 'informal' or 'on the spot' concerns), are usually issues which can be resolved quickly, the majority by the next working day. Formal concerns, are acknowledged within two working days. Our internal target for the acknowledgement of informal concerns is 100%. During the period of 01 April 2021 to 31 May 2021 the health board achieved 100% of this target.

For formal concerns, during the same period, 01 April 2021 to 31 May 2021, the health board achieved 93% in April 2021, with 2/29 out of target, and 96% in May 2021, with 1/28 out of target.

Between 01 April 2021 and 31 May 2021, the health board received 57 formal concerns. The top subject areas related to access to services (n16) and treatment and intervention(n11) followed by referrals (n5) and other (n5) across a range of services.

Issues of access has focussed mainly on dental and primary care services, the former mainly about the distance and timeliness to see a dentist, particularly out of hours and the latter often related to the method of contact and consultation.

Treatment and intervention related to a variety of areas, for example, mental health, where attitude of staff and issue related to discharge from services, were themes, with the former reduced compared with last year. More information is available within the service group's quality report. Concerns about minor injury units and podiatry mainly relate to access and assessment.

A continued downward trend in numbers of concerns relating to the mass vaccination programme is evident, with most of these previously relating to eligibility for vaccination and accessibility of differing vaccines. There have now been less than 5 being received weekly. A total of 118 concerns have been recorded since January 2021 to date. Weekly meetings continue with the Mass Vaccination Team, who are managing the concerns on a daily basis.

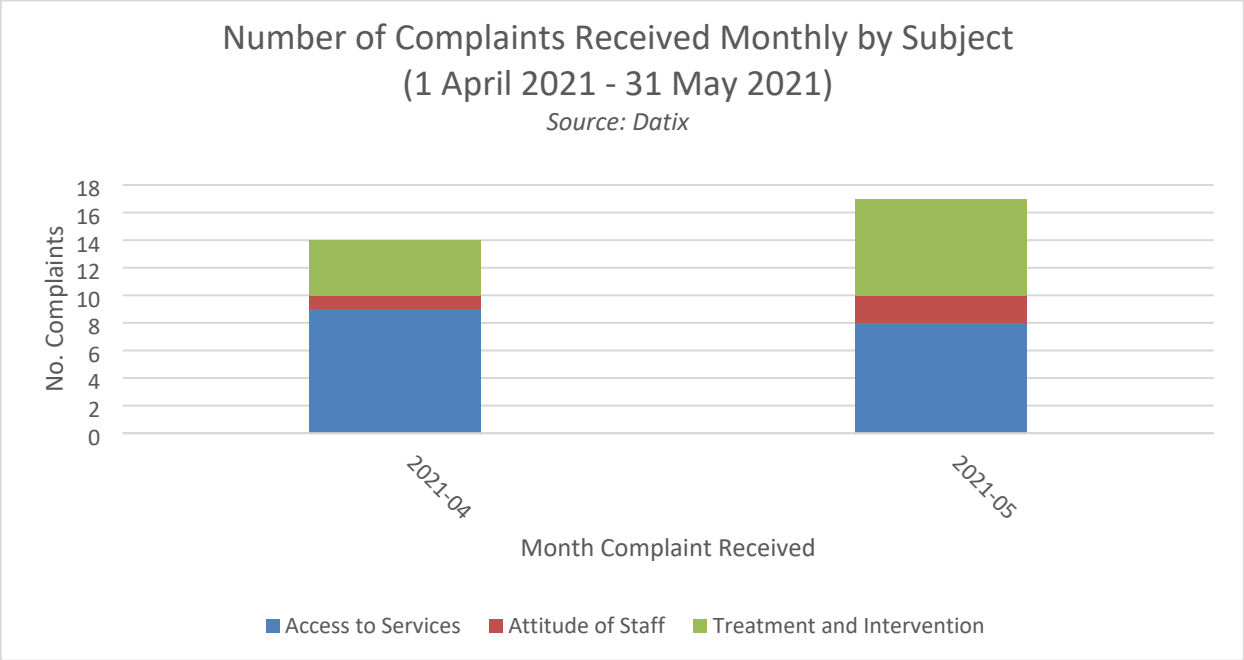
The graph below illustrates the month on month compliance with the 30-working day target since April 2020, recognising compliance varies, an upward trend seems to be a sustained pattern, with an over 90% compliance rate for the first time in at least the last 18 months. The step change is thought to be as a result of the deep dive and improvement work being undertaken. Similar improvement trajectory is beginning to be demonstrated in the management of redress and is anticipated to become evident in the management of incidents requiring national reporting.

Graph 2: Percentage of concerns responded to within the 30-working days from 01 April 2020 to 31 May 2021

Data Source: IFOR

Data highlights, in line with last year's picture, that General Practice Services (n19), Mental Health (n6), Community Hospitals (n9) and Commissioned Services (<5 generated directly with the health board) generate the highest number of complaints. Complaints for other areas are very small numbers.

Graph 3: Number of complaints received monthly by subject (01 April 2021-31 May 2021)

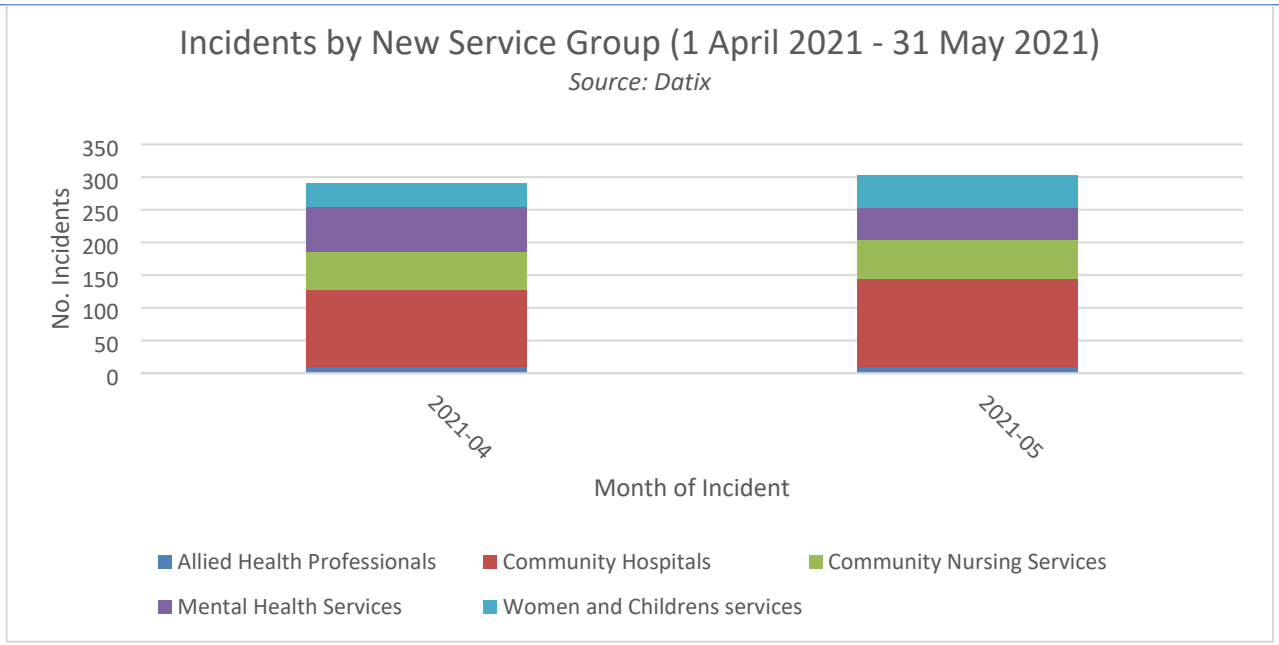


2.7.3 Incident Reporting

An incident is defined as an event that occurs in relation to NHS-funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor. During the period of 01 April 2021 to 31 May 2021 the health board reported 6 serious incidents to the Delivery Unit a variety of reasons, including related to services that were not provided during lockdown, and documentation of results. Please note that in future reports, this section will relate to incidents that require national reporting and therefore comparison to previous reporting patterns may be less effective initially.

Graph 4 shows the incidents reported (n584) by service group for the period 01 April 2021-31 May 2021, with Community Hospitals (n251), Community Nursing Services (n119), Mental Health Services (n117), Women & Children's Services (n86) and Allied Health Professionals (n20) displayed. The numbers reported are consistent with previous years data and may be a focus in service group quality reporting.

Graph 4: Incidents reported by Service Group 01 April 2021-31 May 2021



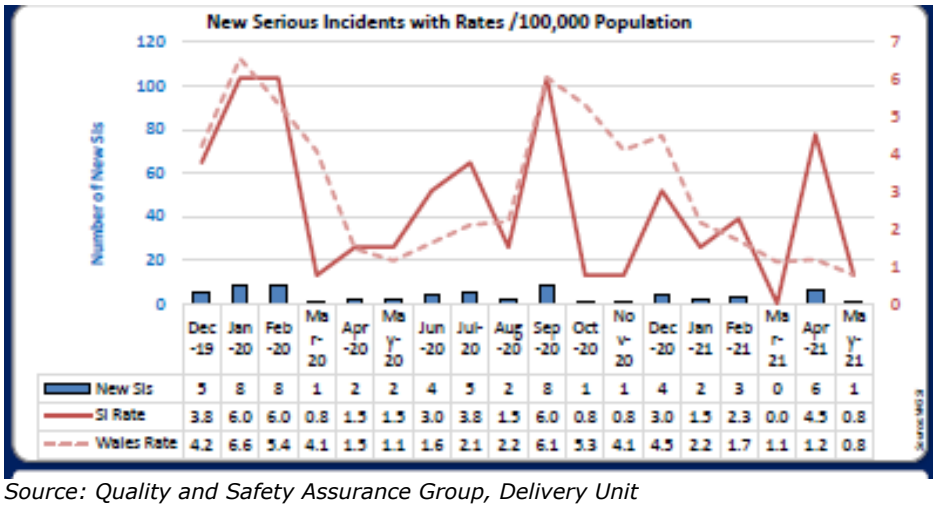
2.7.4 No surprises notifications

Welsh Government are notified of sensitive issues via a process known as no surprises, which are subsequently closed automatically within 3 working days of reporting. Between 01 April 2021 to 31 May 2021, the health board have reported 5 no surprises to Welsh Government, no themes or trends identified.

2.7.5 Serious Incidents (renamed Patient Safety Incidents for national reporting from 14 June 2021)

The below graph provides the position as at May 2021 on Powys' position reference All Wales reporting of new serious incidents per 100,000 population.

Graph 4: Powys Serious Incident Reporting Rate reference All Wales Reporting Rate



Source: Quality and Safety Assurance Group, Delivery Unit

2.7.6 Inquests

During the period of 01 April 2021 to 31 May 2021 there have been <5 HM Coroner enquiries opened, all relate to mental health services. There remains some delay in the undertaking of inquests as a result of the pandemic.

2.7.7 Public Service Ombudsman for Wales

If a patient remains dissatisfied with a response to a concern investigated by the health board, the person has the right to raise the matter the Public Services Ombudsman (PSOW). The PSOW determines whether to pursue a full investigation, with the authority to impose sanctions on the health board by way of financial compensation to the complainant. In addition, the PSOW can issue a Public Interest Report and reports issued under Section 16 or Section 21. During the period of 01 April 2021 to 31 May 2021, the health board have received <5 PSOW enquiries, and provided information to the PSOW for open cases in the system, which are currently being considered. Evidence has been submitted to the PSOW in relation to a longstanding complaint about mental health services. The PSOW's opinion in awaited as to whether the health board has satisfied the improvements required.

2.7.8 Claims

Powys Teaching Health Board has a small claims portfolio; with 12 open, inclusive of clinical negligence and personal injury claims. Following review of the claims for the health board, there have been no identified themes and trends.

2.7.9 Patient Safety Solutions

Performance for all Health Boards and Trust in Wales can be found at **http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data**

Local improvement work is being undertaken to improve the way in which patient safety alerts and notices are managed within the health board which will be reported as soon as it becomes available.

Compliance with one overdue patient safety solution continues to be indicated as non-compliant (PSN 034): Supporting the introduction of the National Safety Standards for Invasive Procedures. Theatres have reported some training required in some areas, along with policy review. The lead for this work will be requested to provide a fuller report to the Experience, Quality & Safety Committee, as part of the service group quality report, during its next scheduled meeting.

One new notice has been received: PSA12: Deterioration due to rapid offload of pleural effusion fluid from chest drains, compliance due 1 July 2021 (relevant

to acute and specialist hospital services). This has been reported as not-applicable to the health board.

A new All Wales Patient Safety Solutions Group became established on 14 June 2021, led by the Delivery Unit, Welsh Government. The health board is represented in this work which aim to address barriers to compliance, horizon scan, consider future notices for Wales, contribute to the development of notices/briefings and provide views on the most recent alerts/notices issued.

NEXT STEPS:

(1) To DISCUSS and NOTE the contents of this paper.

Review of Putting Things Right Arrangements

Date of Report: 15th April 2021

Prepared by: Marie Davies – Deputy Director of Nursing

Purpose of the review:

This paper provides an overview and initial findings of a review undertaken of the arrangements in Powys Teaching Health Board for Putting Things Right.

Early learning and recommendations are made including mitigations put in place to support performance.

The Director of Nursing and Midwifery is asked to:

- Receive the initial findings of this review
- Note the mitigations put in place to improve arrangements under Putting Things Right arrangements
- Note the further development of a detailed improvement action plan
- Note the temporary staffing arrangements in place to support the team handing complaints and serious incidents
- Discuss opportunities to develop and strengthen governance arrangements between corporate nursing and service groups

1. Background

Putting Things Right refers to the guidance put in place by the Welsh Government to enable responsible bodies to effectively handle concerns according to the requirements set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations"). These Regulations came into force on 1 April

2011 except Part 7, which came into force on 1 April 2012 and are attached for information at Appendix 1.

This guidance applies to all Health Boards in Wales, NHS Trusts in Wales, independent providers in Wales providing NHS funded care and primary care practitioners in Wales. The Redress elements of the Regulations and the guidance relating to those aspects do not apply to primary care practitioners or to independent providers.

This detailed guidance also services to assist staff in interpreting the Regulations and provide practical advice on applying best practice at the various stages of handling and investigating a concern.

At the time of release in November 2013 it was stated that these arrangements represented a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong to include a single approach for reporting and investigating concerns and bringing an openness to the process. The need to actively involve the person raising the concern was, and continues to be, at the heart of the arrangements.

Finally, the framework also outlines the process for Welsh NHS bodies (Health Boards and NHS Trusts) to having a duty to consider when a concern notified contains an allegation that harm has, or may have been caused, whether they have caused harm to a patient through a breach in duty of care. If proven redress arrangements will apply and where indicated compensation may be required.

These arrangements underpin the approach for concerns, complaints and serious incidents in Powys Teaching Health Board. They also serve to improve patient safety and experience, ensure an openness for investigating when things go wrong and ensure the organisation (and individual services) learn from these events.

In October 2020, the health board received a Special Report issued under Special Report issued under s28 of the Public Services Ombudsman (Wales) Act 2019 following a complaint made by Mrs A against Powys Teaching Health Board (Appendix 2). The subsequent report was published under s29 of the Public Services Ombudsman (Wales) Act 2019.

2. Findings of the Section 28 Special Report

Mrs A had complained to Powys Teaching Health Board ("the Health Board"), and a second local health board in July 2019, concerning the care and treatment that had been provided to her mother.

Mrs A had complained to the Ombudsman in January 2020, where she outlined why she was dissatisfied with the care and treatment provided to her mother and she asked the Ombudsman to investigate the Health Board's handling of her complaint as it had not provided her with a complaint response, despite her chasing up the lack of response.

In accordance with his powers, the Ombudsman resolved the complaint (as an alternative to investigation) on the basis of the Health Board's agreement to the following two actions; it would provide Mrs A with a written apology and a complaint response by 14 February 2020. Being dissatisfied that the Health Board had not complied with either of the 2 recommendations within the timescales agreed, the Ombudsman invoked his powers under section 28 of the Act to issue a Special Report. This was critical of the Health Board's handling of Mrs A's complaint and its failure to implement the recommendations that it had expressly agreed to.

Two specific recommendations were made to the Health Board:

(a) To issue a written apology to Mrs A's for the way in which it has handled her complaint.

(b) Within 2 months of the final report, that the Health Board's CEO personally responds to the Ombudsman, having undertaken a review of its complaints handling team and its ability and capacity to deal with complaints under the PTR regime in an effective and timely way. This review should consider not only capacity, but whether additional training on the PTR requirements should be undertaken.

These recommendations have now been concluded and are considered outside the remit of this paper.

Furthermore, to these specific actions, the Executive Director of Nursing and Midwifery commissioned a local review of arrangements under Putting Things Right to be conducted by the author, working in partnership with the team responding to concerns, complaints and serious incidents.

3. Mapping processes relating to concerns, complaints and incidents

A workshop was conducted on the 13th of November 2020 to map out the arrangements for handing concerns, complaints and incidents. This was led by the Assistant Director of Innovation and Improvement.

This brought together the dedicated team that oversees concerns, complaints and incidents corporately and key members of the service groups and considered respective roles, interfaces and developed key areas of learning for further development.

Learning included a need to digitally map out processes so pathways could be streamlined, the development of templates to improve consistency, and ensure learning is shared.

These findings have been incorporated into the daily approach by the team but further work is ongoing in respect of these areas.

The Innovation and Improvement Team is also involved in developing the auditing approach of the Putting Things Right arrangements. This is also outside of the remit of this paper.

4. Changes in the Corporate Putting Things Right Team

Since the Ombudsman report in November 2020 there have been significant changes in the concerns, complaints and incidents (PTR) team. This has included releasing the Assistant Director of Quality and Safety from some corporate responsibilities to ensure closer scrutiny and senior leadership in the PTR team.

Following resignation of a team member, temporary staffing arrangements have ensured the retention of capacity and capability whilst reviews of the team structure conclude.

Options for the future team structure are being developed and will be concluded in Quarter 1 2021/22. Learning from review show the need for senior clinical oversight within the team; the need for effective tracking of the concern, complaint or incident; and also, will need to take account of the maturity and development of governance structures within the service groups.

As arrangements in the service groups mature, the corporate team will develop into a quality assurance approach, tracking timely turnaround of concerns and ensuring high quality responses for the people of Powys. Where service group arrangements are less mature, senior clinical leadership in the corporate team is required, to ensure appropriate actions and learning is taking place within the clinical areas.

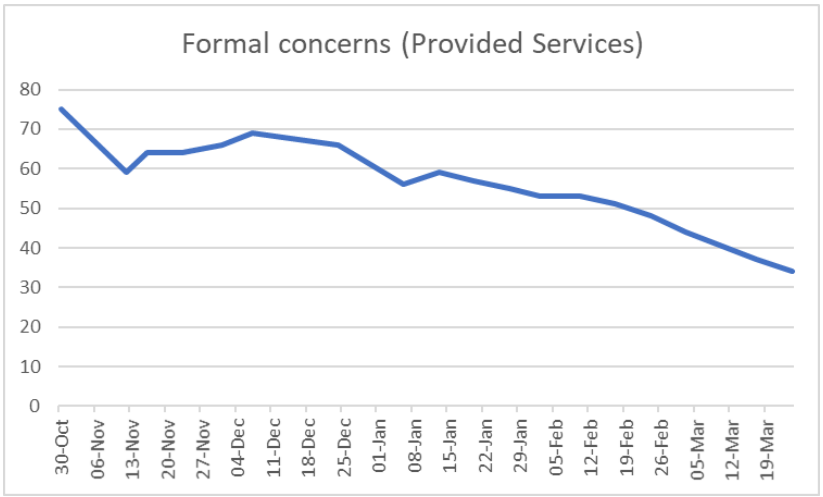
5. Performance in concerns, complaints and serious incidents

Since November 2020 weekly meetings to oversee performance have been in place. Meetings are led by the Chief Executive Officer and attended by the Executive Director of Nursing and Midwifery, and the Assistant Director of Quality and Safety.

The Assistant Director of Quality and Safety also holds weekly meetings with service group leads to review any outstanding cases and updates are actively chased. This is recorded through a dedicated tracking system.

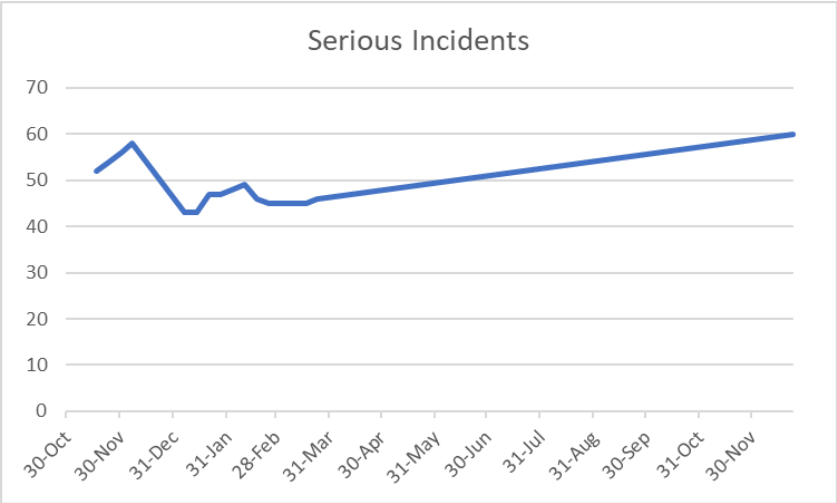
In reviewing the two key performance measures of complaints and serious incidents, it can be seen significant improvement has been made in reducing the backlog of complaints shown in Table 1.

Table 1: Formal Concerns (Provided Services)



Further work has been identified to reduce serious incidents, which despite focused work with service groups, have not been reduced significantly shown in Table 2.

Table 2: Serious Incidents



6. Local Review of Putting Things Right Arrangements

In November 2020 a local review of arrangements was commenced by the author and included reviewing the work undertaken. In discussion with the PTR team, mitigations were put in place to prevent further backlogs of complaints and serious incidents, and in ensuring senior capability and capacity within the team. In broad terms this is described earlier in this paper.

A review of outstanding cases was conducted and examples of developing, and developed, responses to concerns, complaints and incidents.

On the basis of this review, focused conversations were undertaken with the team members of the Putting Things Right arrangements and the learning is summarized below.

Themes for action for concerns, complaints and serious incidents:

Themes	Learning and Action Taken
a. **Concerns are not consistently processed by the simplest path** e.g. a patient who is requesting help to obtain an appointment may require several conversations	Ongoing development with service group leads. Where a short turnaround is identified this is actively followed up by the concerns team

between the concerns team and the service group, incurring delays and the conversion of a concern to a formal complaint.	
b. Process pathways for responding to complaints need clarification and simplification	This was actively flagged for development in the November workshop and needs further development. This will include the use of revised templates for reports and responses to ensure consistently high-quality delivery.
c. Service group governance needs strengthening to ensure capacity and capability at a local level	Ongoing work. Plans are in place to develop governance support in Primary and Community Services. A new governance lead has been appointed in the Womens' and Children service group.
d. Corporate concerns team structure review	The Assistant Director of Quality and Safety has been released from some corporate responsibilities temporarily to provide senior oversight. An options appraisal is underway and is due to report in Q1 21/22.
e. Capability needs further development to include a structured training programme	Training is being commissioned by the Assistant Director of Quality and Safety in conjunction with the Executive Director of Nursing and Midwifery. Training conducted in 2021: *January 2021* – 2 day Investigating Officer training conducted. *February 2021* - Two webinars took place on the topics "Writing Witness Statements and What to Expect When Attending Court"

f. Performance monitoring including quality assurance	Performance against the standards for Putting Things Right needs further development and a dashboard / scorecard for both corporate and service group individual performance. Initially this should be monitored weekly and then reduced to monthly as performance improves. An audit programme for monitoring assurance against the standards should be in place.
g. The health board should consider introducing an executive panel for oversight of complaints and serious incidents chaired jointly by the Executive Director of Nursing and Medical Director	This panel would maintain oversight of formal complaints, serious incidents, coroner cases and Public Health Ombudsman cases including driving performance with service groups.
h. Learning from concerns, complaints and incidents	The health board's first 'Learning from Experience Group', chaired by the Director of Clinical Strategy, took place in March 2021. This group will provide assurance and inform the strategic direction from learning on issues of quality and safety.

The findings of the local review will be further explored through the development of a work programme for 21/22. Updates provided to the Quality and Governance Group.

7. Supporting Developments – Once for Wales Project

Arrangements under the Putting Things Right framework will also be supported by the development of the Once for Wales Project. This is a national project focusing on the Datix risk management reporting system.

This project, starting in April 2021 (subsequently delayed until June 2021), aims to deliver one risk management system for Wales so that that over the next two years all health boards and NHS Trusts will move to a cloud-based system for reporting incidents, complaints, claims, safety alerts and risks.

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9. Summary and Recommendation

This paper provides an overview and initial findings of a review undertaken of the arrangements in Powys Teaching Health Board for Putting Things Right.

Early learning and recommendations are made including mitigations put in place to support performance.

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- Work programme for 2021/22 to be further developed
- Review of the corporate team which oversees Putting Things Right arrangements to be concluded by Q1 21/22.

Appendices:

Appendix 1: Putting Things Right national arrangements

Appendix 2: Public Health Ombudsman s28 Report


EQS_ Review of PTR arrangements_Appen


EQS_Review of PTR_Appendix 2_ Fina

Review of Putting Things Right Arrangements

Date of Report: 15th April 2021

Prepared by: Marie Davies – Deputy Director of Nursing

Purpose of the review:

This paper provides an overview and initial findings of a review undertaken of the arrangements in Powys Teaching Health Board for Putting Things Right.

Early learning and recommendations are made including mitigations put in place to support performance.

The Director of Nursing and Midwifery is asked to:

- Receive the initial findings of this review
- Note the mitigations put in place to improve arrangements under Putting Things Right arrangements
- Note the further development of a detailed improvement action plan
- Note the temporary staffing arrangements in place to support the team handing complaints and serious incidents
- Discuss opportunities to develop and strengthen governance arrangements between corporate nursing and service groups

1. Background

Putting Things Right refers to the guidance put in place by the Welsh Government to enable responsible bodies to effectively handle concerns according to the requirements set out in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations"). These Regulations came into force on 1 April

2011 except Part 7, which came into force on 1 April 2012 and are attached for information at Appendix 1.

This guidance applies to all Health Boards in Wales, NHS Trusts in Wales, independent providers in Wales providing NHS funded care and primary care practitioners in Wales. The Redress elements of the Regulations and the guidance relating to those aspects do not apply to primary care practitioners or to independent providers.

This detailed guidance also services to assist staff in interpreting the Regulations and provide practical advice on applying best practice at the various stages of handling and investigating a concern.

At the time of release in November 2013 it was stated that these arrangements represented a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong to include a single approach for reporting and investigating concerns and bringing an openness to the process. The need to actively involve the person raising the concern was, and continues to be, at the heart of the arrangements.

Finally, the framework also outlines the process for Welsh NHS bodies (Health Boards and NHS Trusts) to having a duty to consider when a concern notified contains an allegation that harm has, or may have been caused, whether they have caused harm to a patient through a breach in duty of care. If proven redress arrangements will apply and where indicated compensation may be required.

These arrangements underpin the approach for concerns, complaints and serious incidents in Powys Teaching Health Board. They also serve to improve patient safety and experience, ensure an openness for investigating when things go wrong and ensure the organisation (and individual services) learn from these events.

In October 2020, the health board received a Special Report issued under Special Report issued under s28 of the Public Services Ombudsman (Wales) Act 2019 following a complaint made by Mrs A against Powys Teaching Health Board (Appendix 2). The subsequent report was published under s29 of the Public Services Ombudsman (Wales) Act 2019.

2. Findings of the Section 28 Special Report

Mrs A had complained to Powys Teaching Health Board ("the Health Board"), and a second local health board in July 2019, concerning the care and treatment that had been provided to her mother.

Mrs A had complained to the Ombudsman in January 2020, where she outlined why she was dissatisfied with the care and treatment provided to her mother and she asked the Ombudsman to investigate the Health Board's handling of her complaint as it had not provided her with a complaint response, despite her chasing up the lack of response.

In accordance with his powers, the Ombudsman resolved the complaint (as an alternative to investigation) on the basis of the Health Board's agreement to the following two actions; it would provide Mrs A with a written apology and a complaint response by 14 February 2020. Being dissatisfied that the Health Board had not complied with either of the 2 recommendations within the timescales agreed, the Ombudsman invoked his powers under section 28 of the Act to issue a Special Report. This was critical of the Health Board's handling of Mrs A's complaint and its failure to implement the recommendations that it had expressly agreed to.

Two specific recommendations were made to the Health Board:

(a) To issue a written apology to Mrs A's for the way in which it has handled her complaint.

(b) Within 2 months of the final report, that the Health Board's CEO personally responds to the Ombudsman, having undertaken a review of its complaints handling team and its ability and capacity to deal with complaints under the PTR regime in an effective and timely way. This review should consider not only capacity, but whether additional training on the PTR requirements should be undertaken.

These recommendations have now been concluded and are considered outside the remit of this paper.

Furthermore, to these specific actions, the Executive Director of Nursing and Midwifery commissioned a local review of arrangements under Putting Things Right to be conducted by the author, working in

partnership with the team responding to concerns, complaints and serious incidents.

3. Mapping processes relating to concerns, complaints and incidents

A workshop was conducted on the 13th of November 2020 to map out the arrangements for handing concerns, complaints and incidents. This was led by the Assistant Director of Innovation and Improvement.

This brought together the dedicated team that oversees concerns, complaints and incidents corporately and key members of the service groups and considered respective roles, interfaces and developed key areas of learning for further development.

Learning included a need to digitally map out processes so pathways could be streamlined, the development of templates to improve consistency, and ensure learning is shared.

These findings have been incorporated into the daily approach by the team but further work is ongoing in respect of these areas.

The Innovation and Improvement Team is also involved in developing the auditing approach of the Putting Things Right arrangements. This is also outside of the remit of this paper.

4. Changes in the Corporate Putting Things Right Team

Since the Ombudsman report in November 2020 there have been significant changes in the concerns, complaints and incidents (PTR) team. This has included releasing the Assistant Director of Quality and Safety from some corporate responsibilities to ensure closer scrutiny and senior leadership in the PTR team.

Following resignation of a team member, temporary staffing arrangements have ensured the retention of capacity and capability whilst reviews of the team structure conclude.

Options for the future team structure are being developed and will be concluded in Quarter 1 2021/22. Learning from review show the need

for senior clinical oversight within the team; the need for effective tracking of the concern, complaint or incident; and also, will need to take account of the maturity and development of governance structures within the service groups.

As arrangements in the service groups mature, the corporate team will develop into a quality assurance approach, tracking timely turnaround of concerns and ensuring high quality responses for the people of Powys. Where service group arrangements are less mature, senior clinical leadership in the corporate team is required, to ensure appropriate actions and learning is taking place within the clinical areas.

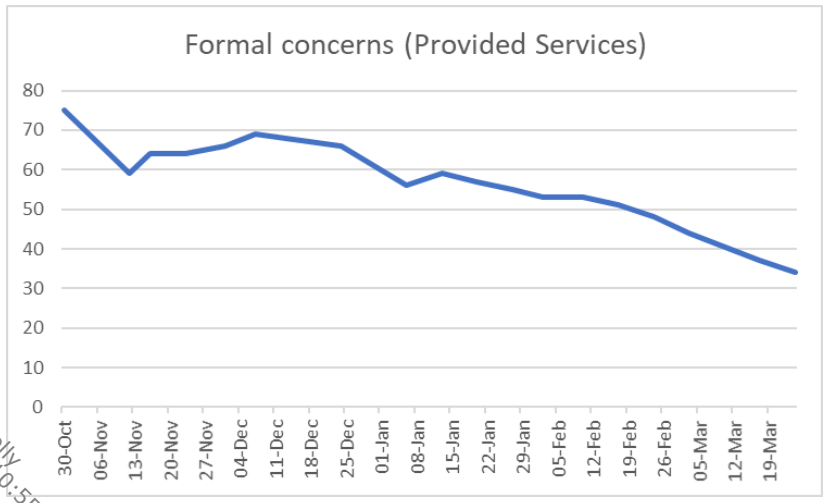
5. Performance in concerns, complaints and serious incidents

Since November 2020 weekly meetings to oversee performance have been in place. Meetings are led by the Chief Executive Officer and attended by the Executive Director of Nursing and Midwifery, and the Assistant Director of Quality and Safety.

The Assistant Director of Quality and Safety also holds weekly meetings with service group leads to review any outstanding cases and updates are actively chased. This is recorded through a dedicated tracking system.

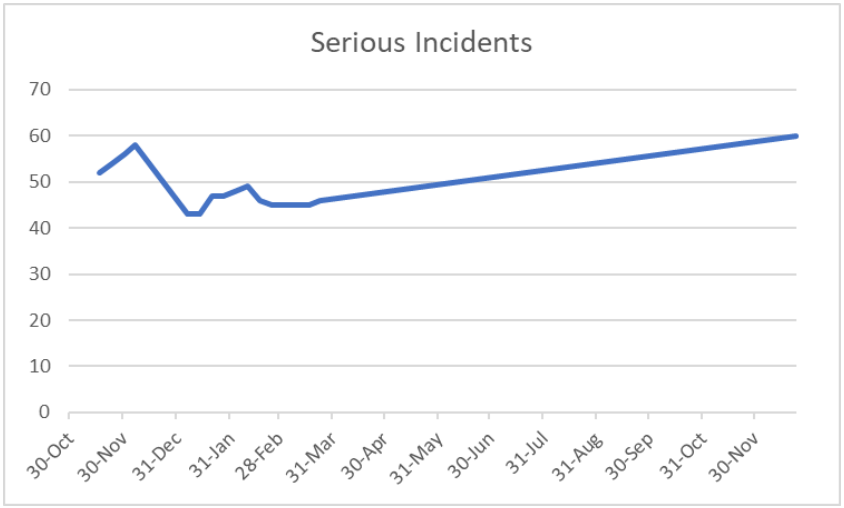
In reviewing the two key performance measures of complaints and serious incidents, it can be seen significant improvement has been made in reducing the backlog of complaints shown in Table 1.

Table 1: Formal Concerns (Provided Services)



Further work has been identified to reduce serious incidents, which despite focused work with service groups, have not been reduced significantly shown in Table 2.

Table 2: Serious Incidents



6. Local Review of Putting Things Right Arrangements

In November 2020 a local review of arrangements was commenced by the author and included reviewing the work undertaken. In discussion with the PTR team, mitigations were put in place to prevent further backlogs of complaints and serious incidents, and in ensuring senior capability and capacity within the team. In broad terms this is described earlier in this paper.

A review of outstanding cases was conducted and examples of developing, and developed, responses to concerns, complaints and incidents.

On the basis of this review, focused conversations were undertaken with the team members of the Putting Things Right arrangements and the learning is summarized below.

Themes for action for concerns, complaints and serious incidents:

Themes	Learning and Action Taken

a. Concerns are not consistently processed by the simplest path e.g. a patient who is requesting help to obtain an appointment may require several conversations between the concerns team and the service group, incurring delays and the conversion of a concern to a formal complaint.	Ongoing development with service group leads. Where a short turnaround is identified this is actively followed up by the concerns team
b. Process pathways for responding to complaints need clarification and simplification	This was actively flagged for development in the November workshop and needs further development. This will include the use of revised templates for reports and responses to ensure consistently high-quality delivery.
c. Service group governance needs strengthening to ensure capacity and capability at a local level	Ongoing work. Plans are in place to develop governance support in Primary and Community Services. A new governance lead has been appointed in the Womens' and Children service group.
d. Corporate concerns team structure review	The Assistant Director of Quality and Safety has been released from some corporate responsibilities temporarily to provide senior oversight. An options appraisal is underway and is due to report in Q1 21/22.
e. Capability needs further development to include a structured training programme	Training is being commissioned by the Assistant Director of Quality and Safety in conjunction with the Executive Director of Nursing and Midwifery.

	Training conducted in 2021: *January 2021* – 2 day Investigating Officer training conducted. *February 2021* - Two webinars took place on the topics "Writing Witness Statements and What to Expect When Attending Court"
f. Performance monitoring including quality assurance	Performance against the standards for Putting Things Right needs further development and a dashboard / scorecard for both corporate and service group individual performance. Initially this should be monitored weekly and then reduced to monthly as performance improves. An audit programme for monitoring assurance against the standards should be in place.
g. The health board should consider introducing an executive panel for oversight of complaints and serious incidents chaired jointly by the Executive Director of Nursing and Medical Director	This panel would maintain oversight of formal complaints, serious incidents, coroner cases and Public Health Ombudsman cases including driving performance with service groups.
h. Learning from concerns, complaints and incidents	The health board's first 'Learning from Experience Group', chaired by the Director of Clinical Strategy, took place in March 2021. This group will provide assurance and inform the strategic direction from learning on issues of quality and safety.

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High Level Implementation Plan

Putting Things Right

Quarter 2 (April – June 2021)

Version 1 01/07/21

Key:

Complete
On track
Delayed
No Progress

Actions Remaining	Deadline	Status	Comments
(1) Maintain triage process (2) Increased focus on early resolution across all specialties/ services.	30 September 2021		
(1) Revision of templates to align with Once for Wales project (2) Trackers to be included in PTR audit programme	30 September 2021 31 December 2021		
(1) Service Groups to present governance arrangements including handling concerns, incidents and general quality and safety matters to QGG (2) Improvement trajectories to be agreed with each service group - in line with Section 1.6 (3) Develop dashboard	31 October 2021		Presented papers to be embedded

Actions Remaining	Deadline	Status	Comments
to monitor performance within service groups and use of CAF process by corporate team to provide assurance of performance			
(1) Report the outcome of the options appraisal.	30 August 2021		
(1) Training Programme to be formalised and yearly programme set including induction requirements (2) Training to be aligned with revised PTR arrangements and new patient safety framework (3) Procure incident investigation training in Q2	31 October 2021 31 October 2021 30 September 2021		

Actions Remaining	Deadline	Status	Comments
(1) Development of dashboards on the new OFWCMS to support monitoring. (2) Weekly overview meetings continued. (3) Report Quarter 1 findings audit and assurance cycle. (4) Establish improvement trajectory to achieve compliance by 30/09/21 (5) Use of CAF process for commissioning services to performance monitor	30 September 2021 Ongoing 31 August 2021		The Health Board is on track for delivery of plans to improve performance, however current performance is below Welsh Government targets
(1) To confirm agreement and planned approach in line with the requirements for PTR and the new patient safety incident framework. (2) Develop examples of 'good practice' responses to concerns; investigation reports for incidents so investigators understand 'what good looks like'.	01 March 2022		The new incident framework is formally in place from April 2022 and the Health Board is working towards compliance in 2021-22

Actions Remaining	Deadline	Status	Comments
(1) Active reporting through QGG; EQS; Service Group Quality and Safety arrangements; Internal bulletins	31 March 2021		In place. For ongoing monitoring and audit. Chair changing to Medical Director from July 2021

Patient Safety Incidents Policy

Purpose

The purpose of this document is to set out expectations for patient safety incident reporting and learning in NHS Wales. In particular it describes new arrangements for the management of patient safety incidents at a national level. This builds on the extensive learning we have gained from the current process in order to maximise learning opportunities to improve patient safety, at both a local and national level.

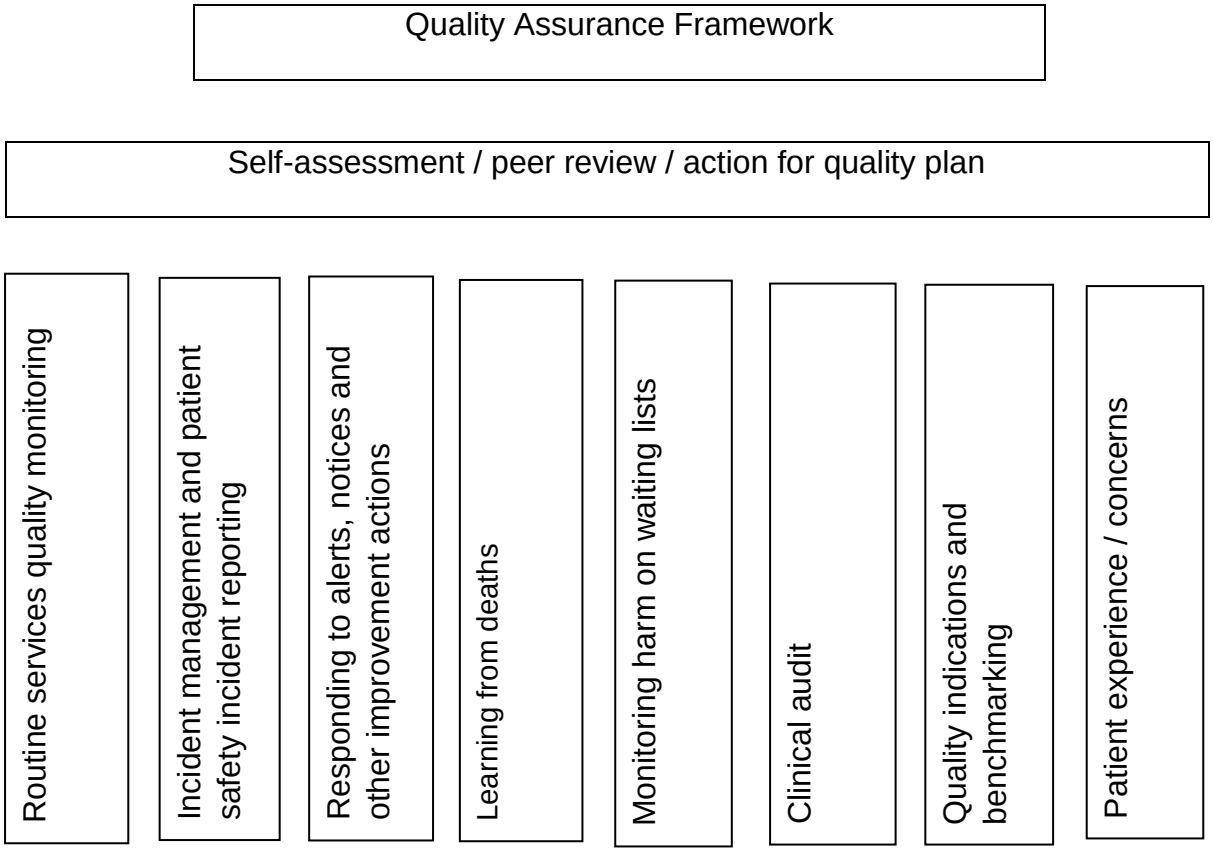
This policy should be used alongside the wider requirements when responding to concerns, including incidents, as set out in *Putting Things Right* (PTR). PTR applies to all local health boards, NHS trusts and independent providers providing NHS funded care[1] as well as primary care practitioners in Wales, in terms of patient safety reporting. The principle of being open is at the heart of PTR and that coupled with improved shared learning remain the drivers within this policy to improve the quality and safety of care provided.

Strategic context

Patient safety incident reporting is just one area where shared learning can help improve the quality of care provided. Patient safety alerts and notices will continue to be issued where specific actions have been identified, through the reporting of incidents, to strengthen safety systems. Learning must continue to be drawn from service inspection reports or reviews, including those undertaken by Healthcare Inspectorate Wales (HIW), Public Services Ombudsman Wales (PSOW) Reports and Regulation 28 reporting by Coroners.

All organisations will need to ensure this information is triangulated with a range of other qualitative and quantitative data sources submitted to their Boards, as part of their overall Quality Assurance Framework reporting processes.

[1] Putting Things Right (PTR) is the process for raising concerns or complaints in NHS Wales, https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right . Independent healthcare providers providing NHS funded healthcare and primary care providers must also follow the PTR process, apart from redress where this element of the Regulations does not apply to the.



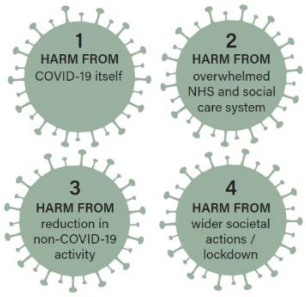
It is also important to take into account implementation of the forthcoming Duties within the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Quality requires organisations to set out all decisions that are taken to secure improvement in the quality of services provided within the NHS in Wales, in the journey towards ever higher standards of person-centred health services.

The Duty of Candour focusses on the need to be open with patients, families and carers when things go wrong, building on the requirements already set out in PTR. Evidence suggests that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. When the duty of candour is implemented (projected to be in April 2023), the outcome of candour investigations will also be an important source of learning and improvement.

The Once for Wales Concerns Management System (OfWCMS) being rolled out across Wales from April 2021, will support the quality assurance agenda with timely access to patient incident and concerns related information which will help inform service planning and provision at a local and national level.

Covid-19 has and continues to have a huge impact on services as well as outcomes for patients. Organisations will need to ensure they have robust processes in place

to be able to track the impact of Covid-19 and the implications and outcomes for patients, relating to the four harms detailed below.



A separate NHS Wales national framework for managing incidents following nosocomial transmission of Covid-19 has been published and will ensure a consistent approach across Wales.

Patient safety incidents

A patient safety incident occurs when an unintended or unexpected incident could have or did lead to harm for one or more patients receiving healthcare. From the well-established incident reporting systems in the NHS we know the vast majority of incidents do not result in harm or significant harm, but do provide extensive opportunities for learning and improvements in safety to prevent future harm occurring. There will be occasions, however, when serious incidents do occur, resulting in serious harm, which can be life impacting or sadly result in an avoidable death.

In such cases the consequences for patients, families and carers, as well as the staff providing that care can be devastating. When incidents such as these occur a comprehensive response is required to ensure immediate make safe actions are taken. This must be prior to any wider learning identified from an investigation into the event and to ensure those affected are fully supported and involved in any investigation process as required. Sometimes a serious 'near miss' can provide important learning and therefore also needs careful consideration to prevent future harm.

Patient safety incidents can be single isolated events or multiple recurring events, which can signal more systemic failures in care, including omissions in care provision or demonstrate system weaknesses. They can also include events which indirectly impact patient safety or an organisation's ability to deliver a service, such as a failure in an IT system. Consequently there should be no definitive list of what constitutes a patient safety incident – but there will be a small number of events that will always be deemed reportable at a national level.

Local and national reporting

Local reporting requirements

All NHS organisations are accountable for the quality and safety of care provided to their respective populations. They must report all incidents of patient harm and near misses locally through their local risk management systems. This includes incidents across the whole patient pathway including primary and community care, emergency departments, out of hours' services, prisons and commissioned services including those in social care settings and those identified through medical examiner reviews. They should be investigated appropriately and proportionately with actions taken accordingly, in line with PTR requirements

National reporting requirements

The reporting of patient safety incidents at a national level will:-

- provide oversight and assurance relating to the most 'serious' incidents occurring in healthcare
- enable the identification of organisational and/or system risks
- inform learning and action, including the development of patient safety alerts and notices, policies and improvement programmes, national priorities, outcome measures and any potential service reforms.

Experience has shown that some incidents require rapid reporting on an individual basis in order to enable national oversight and assurance. In particular this will relate to incidents where significant harm has occurred or the incident otherwise represents a significant and serious risk to patients, the organisation and/or the delivery of care.

We also know there are a number of incident types where information would be better shared nationally as part of a thematic analysis. Taking this approach, where appropriate, enables better learning from all incidents, not just those where the outcome has led to significant harm or death and will support both local and national learning and improvement.

This policy change will be taken forward in two phases, allowing more detailed work to be undertaken regarding thematic reporting and what this will mean in practice to ensure a consistent approach across Wales.

Phase 1

Patient safety individual incident reporting – to be implemented from 14 June 2021

Phase 1 primarily relates to the reporting of individual incidents which have occurred during NHS funded healthcare and tend to result in significantly harmful outcomes.

Whilst there will remain a requirement to report specific types of incidents at a national level (to the NHS Wales Delivery Unit - NationalSIreports@wales.nhs.uk), as specified below, organisations will no longer report against specific incident categories. Instead NHS organisations must have systems and processes in place to review all incidents on an individual basis to determine what should be reported nationally. This will require a change in behaviour and approach with organisations using existing / preferred methods to assess incidents based on the level of harm caused, potential harm and likelihood or risk of recurrence. This applies to all service areas, not just acute services, across the patient pathway including primary care, out of hours, emergency departments and commissioned services.

The following patient safety incident types will continue to be reportable nationally:-

- unexpected or avoidable deaths (wherever they occur) and or severe / permanent harm of one or more patients, staff or members of the public, which could include, but is not limited to, incidents relating to the following (this is likely to be where an initial 'make safe'/ 72 hour review has identified issues to trigger a patient safety incident investigation, to then be reported within 7 days) :-
    - delays and omissions in care in any setting
    - maternity and neonatal including maternal death
    - children
    - serious medication errors

  The following must always be reported:
    - suspected homicides where the alleged perpetrator has been under the care of mental health services in the past 12 months
    - in-patient suicides in any clinical settings;
    - maternal deaths
- all Never Events, as specified within existing all Wales guidance;

- incidents where the number of patients affected is significant such as those involving screening, IT, public health and population level incidents possibly as the result of a system failure;

- occasionally incidents may present which are unusual, unexpected or surprising, where seriousness of the incident requires it to be nationally reported and the learning would be beneficial. Incidents of this nature will be considered further through the implementation guide.

The above list may change as the thematic work relating to specific service areas develops.

Unexpected deaths of mental health / learning disability patients in the community (either open episodes of care or closed within the last year)

Any unexpected death in the community must be reported locally and investigated proportionately, including patients in contact with primary and/or secondary mental health and learning disability services, within the 12 months immediately preceding

their death. Proportionate investigations should seek to identify learning opportunities and/or identify any areas of concern in the care provided, which caused or contributed to the death, including concerns raised by the family.

Where an investigation confirms concerns in care were directly attributable to severe harm or an individual's death, an individual patient safety incident should be retrospectively reported at the earliest opportunity.

Incidents where the investigation does not identify concerns in care directly attributable to harm/death will be thematically reported in line with Phase 2.

Incidents which are already externally reportable

There is already a requirement for certain incidents to be reported to external organisations and this must continue. These include (but are not limited to):-

- Human Tissue Authority (HTA) and the Human Fertilisation and Embryology Authority (HFEA)
- Ionising Radiation (Medical Exposure) Regulations (IRMER) – reportable to HIW depending on the harm incurred
- Health and Safety Executive (HSE) - incidents including Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)
- National audit programmes including Mothers and Babies: reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE), Joint Registry, National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)
- Medicines and Healthcare products Regulatory Agency (MHRA), including Serious Adverse Blood Reactions and Events (SABRE)
- Professional regulators including General Medical Council, Nursing & Midwifery Council etc.

Where the external organisation has a mandatory reporting requirement, this should be followed. Incidents of this nature also need to be reported as patient safety incidents nationally where they meet the criteria set out above.

Phase 2

Phase 2 will be implemented throughout 2021/22 in accordance with the implementation plan published by the NHS Wales Delivery Unit.

The primary focus of Phase 2 is to instigate a shift from national reporting of individual incidents, to thematic reporting of certain incident types. These thematic reviews will take into account all incidents of a relevant type to draw out the learning which is often not always evident when reviewing individual incident cases, where themes or system failures may not be evident. It also helps reduce outcome bias by no longer focusing solely on incidents where significant harm is the outcome.

The Delivery Unit will work collaboratively with NHS organisations in Wales to develop thematic reporting processes which are fit for purpose for each incident type.

Thematic reporting

Thematic reporting will be undertaken for incident types which tend to occur more frequently and where learning and intelligence is more valuable on an aggregated or cluster basis rather than through a case by case analysis.

Thematic reporting and its practical implementation will be taken forward through the implementation plan. Incidents which will fall into this method of reporting will be:-

- healthcare acquired infections
- patient falls
- healthcare associated pressure damage
- maternity and neonatal incidents
- mental health and learning disability incidents:-
  - absconsions (includes leaving a ward without permission and failure to return at an agreed time) – consider early warning notification reporting at time of incident
  - admission of children and young people to adult mental health settings
  - unexpected deaths in the community of patients known to Mental Health and Learning Disability services (as stated above).

Periodic reporting / areas of focus

From time to time there may be a requirement for incidents to be reported on a specialty basis nationally to understand and consider any potential areas of concern / risk or to provide insight and learning into a particular area of interest. Organisations will be advised of this in advance.

Near miss reporting

Near misses can provide a valuable source of learning. All NHS organisations are expected to share learning from near misses as part of the national reporting and learning framework. This will be considered in more detail through the implementation guide and plan.

Patient safety incident investigations

All patient safety incidents must be investigated proportionately in line with PTR requirements. The depth of the investigation will vary according to the issues under

consideration and the level of harm caused. Organisations should ensure they have access to a range of suitable investigation approaches / tools to support a proportionate approach across a range of outcomes. It will not be appropriate to conduct in-depth investigations for all cases and so it is important to determine as accurately as possible from the outset what will be proportionate in the circumstances, with immediate make safes put in place as soon as possible and assurance the focus is on system safety at all times.

Where appropriate, joint investigations must be undertaken when patient safety incidents relate to two or more organisations e.g. patient handovers at emergency departments; system failures; cross border commissioned services; health and social care responsibilities etc.

The accountability for closing an incident investigation sits solely with reporting organisations. All NHS organisations must ensure robust processes are in place to inform and assure their Boards that the quality of their investigation processes is of a high standard, patients and families are being engaged in the investigation process, appropriate actions are being taken and that learning is being shared across their organisations, to allow Boards to be assured that incidents have been dealt with appropriately and can be closed.

Investigation outcomes will need to be shared nationally as set out in the implementation guide.

Commissioned services

Most health boards and trusts will commission some NHS services, within their own boundary and from neighbouring health boards / NHS trusts (including WAST) or outside of Wales. Where this happens the following principles will apply to ensure equity:-

- the organisation where the patient safety incident occurred is responsible for reporting and investigating in line with its relevant national framework;
- when notified of an incident the service commissioner should liaise with the investigating organisation as appropriate as part of the investigation
- assurance should be sought that the patient and / or their family form part of the investigation process
- assurance must be obtained to confirm any immediate make safes have been put in place which protects the ongoing safety of patients or consideration is given to remove patients from a particular care setting where appropriate
- any incident learning should be shared with the service commissioner, as part of its internal assurance processes that commissioned services outside of its boundaries are safe and of high quality.

Early warning notifications

Early warning notifications will replace ‘no surprises’ and should be used in circumstances where the Welsh Government needs to be alerted to an immediate

issue of concern or prior warning of something due to happen which might relate to the following:

- has the potential to affect a number of patients/ staff / communities etc
- has a significant impact on service provision;
- may have an adverse impact in the media;
- might cause national or political embarrassment;
- following an inquest which has resulted in a Regulation 28 or public interest in a Public Services Ombudsman for Wales (PSOW) report OR
- a positive good news story.

NHS organisations are expected to work closely with local and national communications teams where required to mitigate potential impact through the media.

Early warning notifications will continue to be submitted to Welsh Government via the improving patient safety mailbox – improvingpatientsafety@gov.wales .

Professor Chris Jones
Dirprwy Brif Swyddog Meddygol
Deputy Chief Medical Officer
Dirprwy Gyfarwyddwr Gofal Iechyd Poblogaeth
Deputy Director Population Healthcare Division

Llywodraeth Cymru
Welsh Government

Chief Executives – LHBs and NHS Trusts
Nurse Directors – LHBs and NHS Trusts
Medical Directors - LHBs and NHS Trusts
Assistant Directors of Quality and Safety – LHBs and NHS Trusts

10 May 2021

Dear Colleagues

Patient Safety Incidents Policy

As you are aware *A Healthier Wales* places a significant emphasis on patient safety and the importance of good quality care and improved outcomes for patients. Incident reporting and shared learning go hand in hand to help improve the quality and safety of patient care.

Much learning has been gained from the existing serious incident reporting process, at both a local and national level, but discussions with NHS colleagues have provided a consensus view that the current system needs to change. You will know therefore, we have been reviewing the existing serious incident reporting process to establish a new framework, which has a clear focus on shared learning and quality assurance.

Covid-19 has impacted significantly on the NHS over the past year, which has seen serious incident reporting relaxed at a national level to help reduce the burden on NHS staff. The enclosed patient safety incident policy builds on some of the temporary changes put in place during this period. Over the next nine months, the NHS Wales Delivery Unit (DU) will, through its national implementation plan, work collaboratively with all NHS organisations to refine the policy and determine what it means in practice.

All patient safety incidents must continue to be reported locally, a requirement which has not changed. To determine reporting at a national level however, organisations will see a change in approach, with an expectation that systems are put in place to assess all incidents on an individual basis, to determine what should be reported nationally. There will still be a requirement to report some specific incident types, which are set out in the policy. In addition organisations will be expected to ensure immediate make safes are put in place and a greater emphasis on proportionate investigation in line with *Putting Things Right* guidance.

Another noticeable change will see a shift to thematic reporting for certain incident types, which lend themselves better to an aggregated / cluster based review rather than individual case by case analysis. More work is planned to determine what is expected from this thematic reporting to ensure consistency across organisations and for this reason thematic reporting will form part

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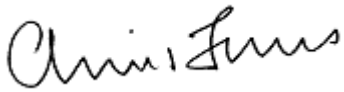
of phase two of the policy. This work will be led by the DU through a series of workshops during 2021/22, as set out in the attached implementation plan. The dates may be subject to change but I would ask that your teams are made fully aware of the work that is planned and every effort is made to ensure representation and engagement at these events to help shape this work going forward.

Finally you will also note a planned change to the way organisations close incidents. Further detail regarding the process will be discussed at the first workshop, prior to the introduction of the policy.

Phase one of the policy will commence from 14 June 2021, following an initial engagement event on the 20 May. Detailed information will follow shortly from the DU. In the meantime if you have any queries regarding the content of this letter or the attached framework please contact Jan Firby jan.firby@gov.wales who will be happy to help.

Yours sincerely



PROFESSOR CHRIS JONES

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

EXPERIENCE, QUALITY & SAFETY COMMITTEE	**15 July 2021**
Subject:	**Regulatory Inspections Report**
Approved and Presented by:	Alison Davies, Executive Director of Nursing & Midwifery
Prepared by:	Wendy Morgan, Assistant Director Quality & Safety Susannah Jermyn, Service Development Officer
Other Committees and meetings considered at:	Quality Governance Group 06/07/2021

PURPOSE:

The purpose of this report is to articulate the receipt and outcomes of regulatory inspections that have occurred during this reporting period and to share the Health and Social Care Regulatory Reports dashboard.

RECOMMENDATION(S):

The Experience, Quality & Safety Committee is asked to DISCUSS the contents of 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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	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:

Recent activity relating to Healthcare Inspectorate Wales (HIW) inspections includes the submission of an updated improvement plan relating to a Tier 1 Quality Check report.

An unannounced inspection of a mental health ward was carried out on 15 June 2021, with no immediate improvements identified.

A dashboard overview of the current position is provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

DETAILED BACKGROUND AND ASSESSMENT:

1. Health Inspectorate Wales Inspections

1.1 Tier 1 Quality Checks

Within 3 months of the publication of the report for the Clywedog Ward, Llandrindod Wells Memorial Hospital: Quality Check, evidence is required to demonstrate that actions in the improvement plan have been completed. An updated improvement plan, included in **appendix 1**, was submitted to HIW on 24 June 2021; feedback is awaited.

1.2 Unannounced Inspections

In early June 2021, following Healthcare Inspectorate Wales notified that routine onsite inspection activity was to be reinstated, communication was received setting out the steps being taken to ensure the risk of COVID-19 transmission was minimised and mitigated, along with an information leaflet for staff; included in **appendix 2**. This set out a number of measures to include staff training, awareness of infection control policies and risk assessment and risk mitigation plan. An unannounced inspection took place 15 June 2021 on Felindre Ward, Bronllys Hospital. There were no immediate improvements issued and the draft report is awaited.

2. Health and Social Care Regulatory Reports: Recommendations and Tracker

An overview of the current position relating to the implementation of recommendations following HIW inspections, and any made by Care Inspectorate Wales, is included within **appendix 3**. Validation of the tracker continues to ensure a current position on progress against all recommendations is captured.

The table below sets out the inspections where all actions have been completed since the previous reporting period, which is unchanged:

Table 1: Inspections with actions completed

2017/18	171803	Mental Health Service Inspection (Ystradgynlais Hospital)
2018/19	181901	Ionising Radiation Regulations and Follow Up Inspection (Brecon and Llandrindod Hospitals)
2018/19	181902	General practice Inspection (Presteigne Medical Practice)
2018/19	181903	Joint HIW & CIW National Review of Mental Health Services Inspection visit to (announced): Welshpool Community Mental Health Team
2019/20	192001	Joint Community Mental Health Team Inspection - The Hazels, Llandrindod
2019/20	192003	Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod)

2019/20	192004	Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection
2019/20	192007	Birth Centres (Free Standing Midwifery Led Unit) Across Powys
2019/20	192008	NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital
2020/21	20045	Tier 1 Quality Check: Tawe Ward, Ystradgynlais Hospital

Inspections added to the tracker since the last report, featured in Table 2 below, support ongoing monitoring and assurance on actions as they are implemented.

Table 2: Inspections added to the tracker

2021/22	212203	Tier 1 Quality Check Felindre Ward. Unannounced visit 15 June 2021.
2021/22	212204	Deprivation of Liberty Safeguarding annual monitoring report – no actions required
2021/22	212205	Notification of: National Review of Mental Health Crisis Prevention in the Community - Powys Teaching HB – no actions required at this stage
2021/22	212207	CIW Inspection of Cottage View – report awaited

2.1 Community Health Council

Whilst there have been no recent visits by the Community Health Council, work is underway in exploring the opportunity for Community Health Council colleagues to undertake virtual visiting, following a successful pilot in a neighbouring health board.

2.2 Environmental Health Services

There have been no recent inspections.

Improvement plan

Setting: Llandrindod Wells Memorial Hospital

Ward: Clywedog Ward

Date of activity: 23 March 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale	Update
1	The health board must provide HIW with assurance as to how the site can best meet the needs of these patient groups [functional and organic] in both the short term and longer term, specifically if the use of bays in accommodating patients with organic and functional needs fully promotes patient wellbeing and dignity.	**Standard 12 Environment** **Regulation 26/ 40**	Due to the Covid-19 pandemic, engagement on new models of inpatient services has been suspended. The mental health service will follow national guidance around the option of progressing this work until such time as it becomes possible to fully consult in a face to face manner with our communities, to consider the best way	**Assistant Director Mental Health/ Learning Disabilities**	Workshop with stakeholders in the autumn of 2021 to produce bed configuration options including the potential for separating clinical needs for	The first preparatory planning meeting for the autumn workshop is scheduled for 14th July 2021.

			forward. Risks to service users are identified, assessed, managed, recorded and reviewed on an individual basis through the WARRN assessment. Necessary action is taken as quickly as possible to mitigate risks and safeguard the wellbeing of each individual patient. Care and Treatment Plan (CTP) Audit will identify the effectiveness of this. Wherever possible, we seek to separate patients with functional and organic needs from sharing accommodation within the same bay.		the benefit of patient care. **31st October 2021** CTP Audit is annual next due: **December - January 2022**	
2	The health board is advised to review and update its environmental / COVID-19 related risk assessment(s).	**Standard 7 Safe and Clinically Effective care Regulation 15** **Standard 13 Infection Prevention and**	The Risk Assessment has been reviewed and updated 12.04.2021 Next review of the Environmental Risk Assessment will become due on October 12th 2021 or sooner if any changes	**Service Manager/ Head of Operational Services**	**Completed**	The assessment has been further reviewed and updated to include sign off by the Senior Health

		Control (IPC) and Decontamination Regulation 9, 15 **Standard 22 Managing Risk and Health and Safety Regulation 9, 19, 26**	prompt this. Further review of the risk assessment and earlier review date based on advice of Health & Safety Lead.			& Safety Lead

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Ruth Derrick, Head of Nursing, Quality and Safety, Mental Health

Date: April 12th 2021

First Review Date: 23rd June 2021

Direct Line: 03000 628120
E-mail: Alun.Jones39@gov.wales

Chief Executives and Chairs
Health Boards and Trusts Wales
Via Email

02/06/2021

Dear Chief Executive and Chair

Further to my letter dated 15 April 2021, where I outlined our approach to the restarting of routine onsite inspection activity, I have received a small number of queries regarding the impact of our inspection activity on COVID-19 transmission. I thought it would be useful, therefore, to set out our approach and offer you some assurance on the measures we have taken to ensure that our staff are protected and to reduce the impact their presence may have on healthcare settings in relation to COVID-19.

As I'm sure you will agree, as a statutory organisation, the presence of our inspectors should be treated as essential and similar to that of visiting professionals rather than members of the public. I would expect, therefore, access to be granted to settings as necessary.

In recognition of this, during a pressured time, we have taken a number of steps to ensure that our staff are not only protected from COVID-19, but also to minimise the risk of transmission from their presence. I would be grateful if you could share the attached quick reference guide with your settings, so that they are aware of these measures prior to any inspection activity.

1. All inspection staff and clinical peer reviewers have received the following training from our clinical team:

- Level 1 infection control
- COVID-19
- PPE selection and use
- PPE donning and doffing

2. All inspection staff members are subject to an individual robust, risk assessment.

3. HIW has an Infection Control Policy which includes a section on COVID-19 designed in collaboration with Public Health Wales. All staff are required to follow this policy and the measures set out in this.

4. All inspection activity is decided through our monthly internal Risk and Escalation Committee (REC). This committee scrutinises any requests for inspection and has representatives from the executive, clinical and senior operational teams to ensure robust oversight and scrutiny. This includes considering all aspects of risk including how our presence may impact on services.

5. Every onsite inspection is subject to a thorough and extensive written risk assessment and risk mitigation plan. This is reviewed by our Heads of Inspection and then assessed and approved by our executive team. This is specifically tailored to risks associated with COVID-19.

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www.hiw.org.uk

6. All inspection staff members are part of our lateral flow testing process. This involves twice weekly asymptomatic, self testing using lateral flow devices.

7. All inspection staff have been issued with personal protective equipment (PPE), which meets national guidelines. This PPE is used by all members of the inspection team during the inspection.

8. Where possible, any activities that can be undertaken off site (remotely) or away from clinical areas will be carried out this way. This is to minimise the time our teams are in patient care areas.

9. HIW inspection staff were offered the COVID-19 vaccine as visiting healthcare professionals.

10. Inspection planning processes also take into account the scheduling of inspections, to avoid individual inspectors visiting multiple sites in close succession.

11. On arrival at any setting, inspection staff will check the COVID-19 and other infection status of the clinical areas they are visiting. Our staff will ask to be updated with any changes in the infection status of the clinical areas and will continually assess any risks identified during the course of the inspection.

I hope this provides assurance that we are taking all the steps possible, to ensure the risk of our activity on COVID-19 transmission is minimised and mitigated.

If you do have any queries about individual inspections or the information in this letter please can I ask you to direct them to your HIW relationship manager or me personally.

Yours sincerely

Alun Jones
Interim Chief Executive
Healthcare Inspectorate Wales
Cc.
HIW Interim Deputy Chief Executive, Stuart Fitzgerald
HIW Relationship Manager

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Appendix 3-DASHBOARD OF IMPLEMENTATION OF HEALTH AND SOCIAL CARE REGULATORY REPORT RECOMMENDATIONS

Health and Social Care Regulatory Report Recommendations Dashboard 16/06/21

Ref	Ref	Inspection Title	Recommendations Made	Recommendations Complete	Recommendations Overdue (agreed timescale)	Overdue Recommendation Revised Timescale	Recommendations Not Yet Due	All recommendations implemented
2017/18	171808	Mental Health Service Inspection (Clywedog Ward, Llandrindod)	9	8		1		
	TOTAL		9	8		1		
2019/20	192003	Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod)	23	20		3		
	192004	Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection	20	19	1			
	192006	Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital	13	12	1			
	192007	Birth Centres (Free Standing Midwifery Led Unit) Across Powys	9	6	3			
	192008	NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital	23	21	1	1		
	192009	HIW Review of Healthcare Services for Young People	37 (5 N/A)	31	1			
	TOTAL		125	114	7	4		
2020/21	20050	Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital	2		2			
	TOTAL		2		2			
2021/22	212201	HIW National Maternity Improvement Plan 2021 Priorities	25	3	7		15	
	212202	Tier 1 Quality Check Clywedog Ward, Llandrindod Wells	2	1			1	
	212207	CIW Inspection of Cottage View	Outcome awaited					
	TOTAL		27	4	7		16	
	GRAND TOTAL		163	121	16	5	16	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.8

Experience, Quality & Safety Committee	**Date of Meeting: 15 July 2021**
Subject:	**Clinical Quality Framework, Patient Experience: Revised Priorities**
Approved and Presented by:	Claire Madsen, Executive Director of Therapies & Health Sciences
Prepared by:	Wendy Morgan, Assistant Director Quality & Safety
Other Committees and meetings considered at:	None

PURPOSE:

The purpose of this report is to articulate service user/ patient experience activity over the past year and current work in progress, reflecting Goal 1 of the Clinical Quality Framework.

RECOMMENDATION(S):

The Experience, Quality & Safety Committee is asked to NOTE progress with service user/ patient experience and revised priorities.

Approval/Ratification/Decision	**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	×
	2. Provide Early Help and Support	×
	3. Tackle the Big Four	×
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	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 paper highlights examples of service user/ patient experience activities over the past year, in addition to sharing new ways of working that have contributed to positive experiences through the recent pandemic.

Focusing on the improvements identified through the health board's Clinical Quality Framework the paper sets out the main priorities the first quarter of 2021/22.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The health board approved Clinical Quality Framework (January 2020) set out the organisational goals for 2020-2023. Goal 1 focussed on the dimensions of clinical quality, namely safety, effectiveness and experience. The element of patient experience in the framework related to the documented experience of patients and service users who are using or have used the services of Powys Teaching Health Board. Specific actions included but not limited to:

1. Review and develop arrangements for learning from patient experience in all PTHB clinical services, to ensure that patient experience (both

positive and negative, including complaints) is used to inform staff and clinical service development.
2. As part of this - in light of learning from the current "four quadrant" approach to patient experience in PTHB: refresh the PTHB Patient Engagement Framework and plan, including development of real-time user/patient feedback, in line with current WG expectations.
3. Ensure that the resources allocated to the PTHB Patient Experience programme are sufficient to ensure that the intelligence gathered is robust and fit for purpose, in terms of influencing clinical care and Board decisions.
4. Review and develop the link between documented patient experience of PTHB clinical services and Board decision-making in relation to service improvement (including as part of the PTHB Board Assurance Framework).
5. Review the impact of the patient stories presented at PTHB Board - to ensure the stories appropriately inform and influence Board decision-making.

Year 1 (2020/21) of the framework focussed on a refresh of the health board patient experience framework and to review arrangements for learning from patient experience in all clinical services.

Looking back over 2020/2021

It is acknowledged the pandemic has impacted on progress in this area. Work during the last year has centred on learning from concerns and patient experience. Directorates continued to use the four-quadrant framework for reporting quarterly updates on patient experience initiatives and activity through the Patient Experience Steering Group. The Group, chaired by the Executive Director Therapies & Health Sciences, met twice - November 2020 and February 2021.

The Directorates reported on a multitude of patient activities and key initiatives for sharing, examples included:

- The use of smart phones and tablets to facilitate remote communication for patients with their families, particularly over the lockdown period to safeguard patients, staff and the public.
- Feedback from virtual appointments had been positive.

A key message in the last year that covid-19 had been instrumental in implementing new ways to work and connect with patients and service users, extending across paediatric and adult services.

Maternity services shared how they had used social media with their own Facebook® page and YouTube videos, examples such as the Maternity Parent

& Voices Partnership (MPVP) who launched a workshop and questionnaire attracting social media responses on infant feeding and on the service provision. The service responding to indicate how they would use the feedback. The team had delivered three hypnobirthing programmes via Microsoft Teams. Also taking account of service user feedback received via key reports, one example, the 'Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury And Telford Hospital NHS Trust (December 2020).

Mental Health Service shared how they have taken forward co-production, working with service users and the success of their Engage to Change programme which continued throughout the pandemic. Also, how the service had engaged with Powys Association of Voluntary Organisations and how representatives were working with them on a variety of service user activities. One example, the inclusion of service users in a variety of groups such as the working group for patients who were unclear if they had received their part 3 letter following discharge from secondary mental health services. Initiatives such as welcome packs were introduced for patients, which had been created for Felindre Ward, the team looking to roll out across other mental health wards.

Activity was initiated to understand the experience of Powys residents who access services elsewhere, one example, a patient satisfaction survey whereby 48 patients provided feedback on their care and treatment received through Shrewsbury and Telford NHS Trust. The feedback highlighted issues relating to nutrition and discharge, the feedback subsequently anonymised and presented to the Trust for review and identification of areas for improvement, they welcomed the opportunity this presented to them to make changes.

Learning from concerns and patient experience activity is shared at the quarterly patient experience meetings, in the form of key messaging and themes alongside reported patient stories.

A task & finish working group focussing on the **patient experience strategy**, regrouped in February 2021. Reflecting on the previous strategy and what worked well and what did not work well, one of the first tasks was to review the variety of activity and initiatives being undertaken across the Directorates, the intention to understand the breadth of work and identify any obvious gaps. The outcome of this work showed the Directorates were utilising the four-quadrant framework. A review of national guidance was also progressed which confirmed the continued use across Wales of the four-quadrant framework for gathering service user experience.

Looking Forward 2021/22

A number of priorities have been identified the first quarter of this year, focussing on the refresh of the patient experience strategy, the review of the existing four quadrant framework for reporting patient experience and progression of a bid to procure a service user feedback system, further details are set out below:

The task & finish working group focussing on the **patient experience strategy**, will progress the development of the strategy over the coming months. Further information on its progress will follow.

A recent review has been completed of the **four-quadrant framework** (see **Appendix 1**) currently used across the health board to provide an overview of patient experience activity reported via the quarterly Patient Experience Steering Group. The main changes have focussed on sharing key outcomes of activity undertaken and inclusion of the following additional questions:

- What difference does this make?
- What changes have been made to improve the patient experience?
- What can be shared with other areas to promote improvements elsewhere?

The template has been shared across Directorates and will be used for reporting to the next patient experience steering group meeting in August 2021.

Work has commenced to initiate procurement of an **electronic service user feedback system** (see **Appendix 2**). A draft paper has been developed for consideration by the health board's Investment Benefits Group prior to Executive Committee consideration. Procured through the Once for Wales Concerns Management System National Team the system enables the gathering of real time feedback from Powys residents regardless of where they access healthcare services.

The system is provided via a company named 'Civica'. The decision to opt in to this contract via the Once for Wales work provides the health board the opportunity for the first time to introduce an electronic system that captures 'real time' service user feedback in a systematic, coordinated and timely manner. The benefits of this system enable prompt action on both good and not so good patient experience, supporting the health board the opportunity to respond timely to reported poor experience, patient safety issues and positive feedback. This has benefits in reducing/ preventing potential harm identified, respond to issues raised and prevent potential for concerns to be escalated. Providing further a greater opportunity for learning and quality improvement work to be progressed.

Currently, the health board monitor patient experience of Powys residents through commissioned services by accessing Friends and Family Test results in England, but this is limited in Wales as systems do not exist in the same way. Furthermore, they are not Powys resident specific. Surveys are currently being issued manually to Powys residents who have accessed services in the Royal Shrewsbury Hospital, Shrewsbury and Telford NHS Trust. This has taken considerable time in printing, posting, receiving questionnaires, analysis and evaluation and is not efficient or a good use of the resource. The service user feedback system will be more efficient, effective and have greater impact due to its ability to produce data/ information in a variety of formats, languages, etc. and capture a wider audience, providing timely analysis and evaluation.

Benchmarking will be achievable as patient experience is analysed and offers the opportunity to look across services, this is not currently possible. Will support greater triangulation of quality and safety data to highlight where there is good practice and where practice is not so good, enabling timely action.

Patient Experience
In Action

Directorate Report for:……..Four Quadrant Approach

To support the Patient Experience Strategy and to demonstrate improvement and share learning, the four quadrant approach has been revalidated by the Health Board as a mechanism to capture the patient experience activity, outcomes and to incorporate "You said, We did"

Below is an example of elements to considered under each four quadrant sections be of the

"REAL TIME"	"RETROSPECTIVE"
Short surveys used to obtain views on key patient experience indicators whilst patients, carers and service users are in our care (such as in hospital) or very shortly afterwards (such as on discharge or immediately after an out-patient appointment). ***Limitations*** **May be subject to bias, not related to longer term outcomes**	**Surveys post discharge or any clinical encounter in any setting to gain in depth feedback of service user experience. They can also incorporate quality of life measures and Patient Reported Outcome/Experience Measures (PROM/PREM)** ***Limitations*** **Low response rates, reflect average experience not the highs and lows**
"PROACTIVE/REACTIVE"	**"BALANCING"**
Provide opportunities for all service users/families/carers to provide feedback. **Includes feedback cards, permanent and temporary online surveys and emerging methods such as text, QR codes and social media.** ***Limitations*** **Results may not apply to all areas, may be expensive to set up**	**Concerns and complaints** **Compliments** **Clinical incidents** **Patient stories** **Patient groups** **Third party surveys such as Community Health Councils, Healthcare Inspectorate Wales and voluntary organisations** ***Limitations*** **Small numbers, potential respondent bias**

Real Time

Activity *(Describe the activity, who, what, where, when and why (if a specific identification)*	Embed outcomes report if produced What was the key outcome?	What difference does this make? What changes have been made to improve the patient experience? What can be shared with other areas to promote improvements elsewhere?

Retrospective

Activity *(Describe the activity, who, what, where, when and why (if a specific identification)*	Embed outcomes report if produced What was the key outcome?	What difference does this make? What changes have been made to improve the patient experience? What can be shared with other areas to promote improvements elsewhere?
McLellan,Holly 07/09/2021 10:55:50		

Proactive/ Reactive

Activity *(Describe the activity, who, what, where, when and why (if a specific identification)*	Embed outcomes report if produced What was the key outcome?	What difference does this make? What changes have been made to improve the patient experience? What can be shared with other areas to promote improvements elsewhere?

Balancing

Activity *(Describe the activity, who, what, where, when and why (if a specific identification)*	Embed outcomes report if produced What was the key outcome?	What difference does this make? What changes have been made to improve the patient experience? What can be shared with other areas to promote improvements elsewhere?

You said / We did

List key areas of learning from your report above

Outcome Number	You Said	We Did

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EXPERIENCE
Turning patient feedback into real-time insights

Simon Kimber
Product Manager

Ellerie Bennett
Customer Experience Manager

Andreas Norgren
Head of Product

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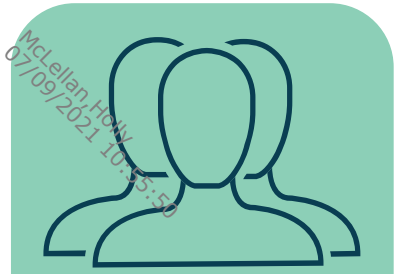
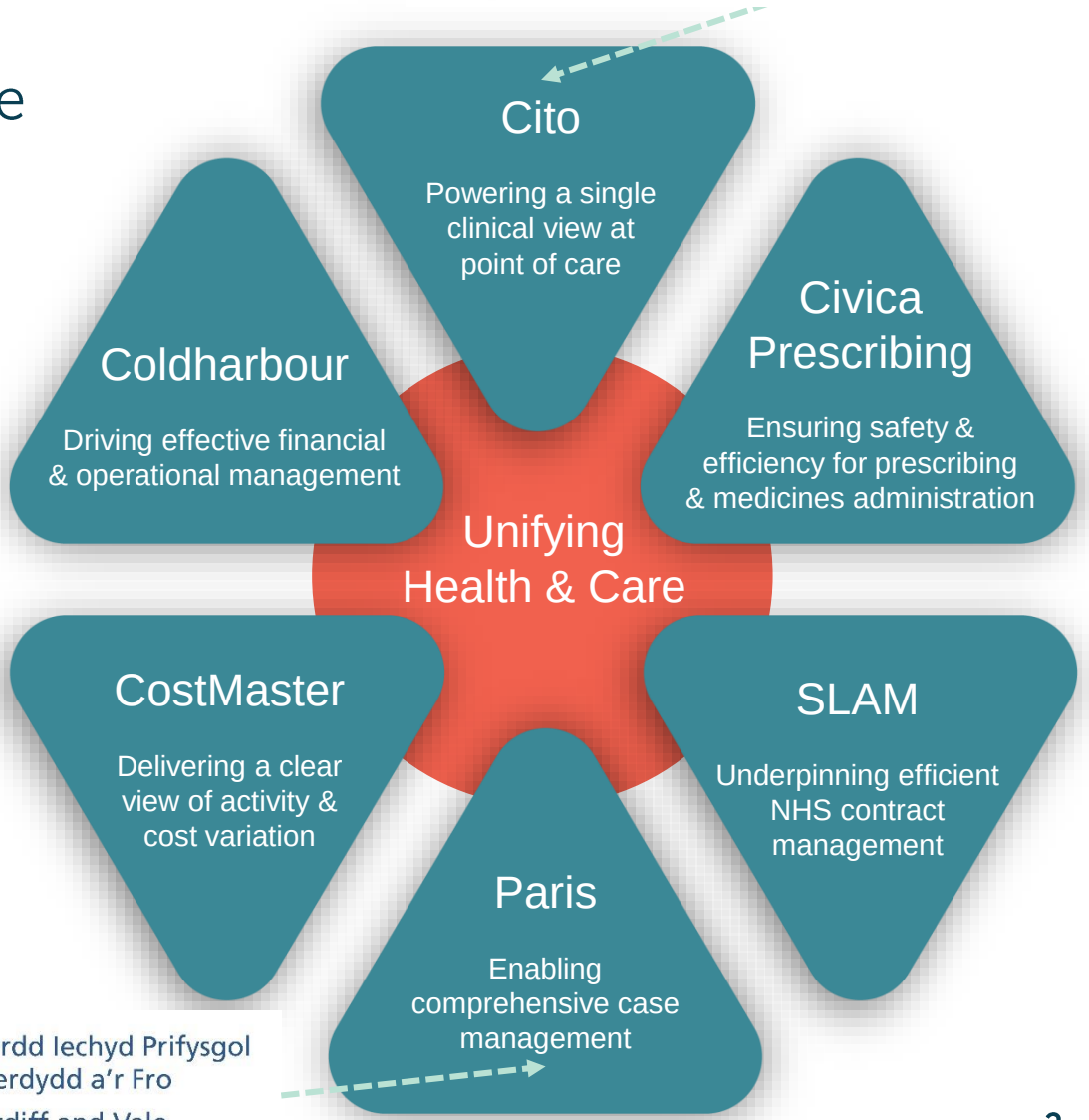


More than 5,200 employees globally

18 years of unbroken growth



Civica Engagement Solutions

Our purpose is to drive our customers to have meaningful conversations, empower people and strengthen democracy.

Technology

ENGAGE
Membership engagement

DECLARE
Conflicts of interest

NTROPY
Citizens panels

EXPERIENCE
Patient experience

EMPOWER
Employee experience

People

Community engagement

Membership services

Focus groups

Recruitment

Workshops

Communications

Events & Roadshows

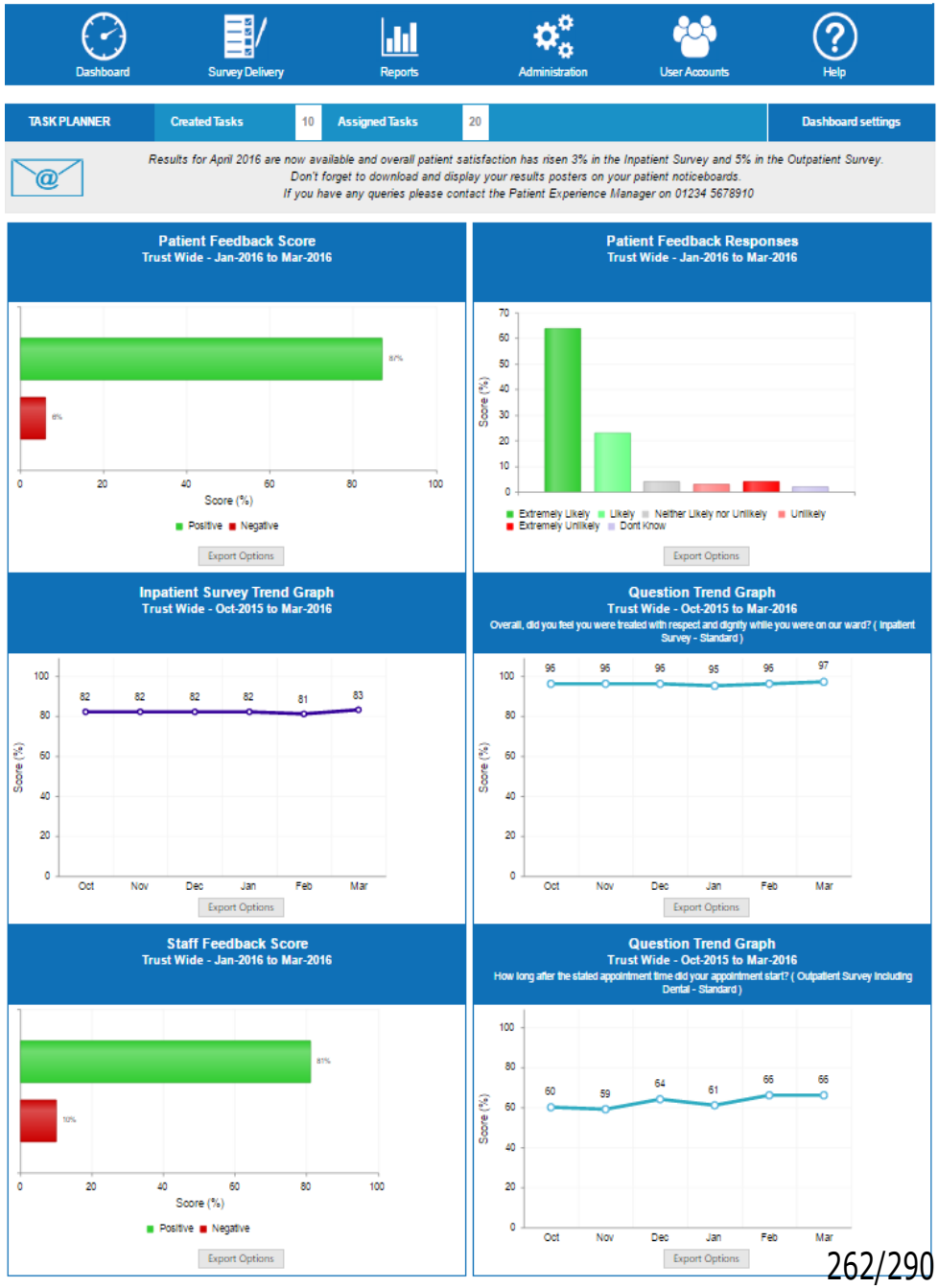
Market Research

Customers

+200 organisations

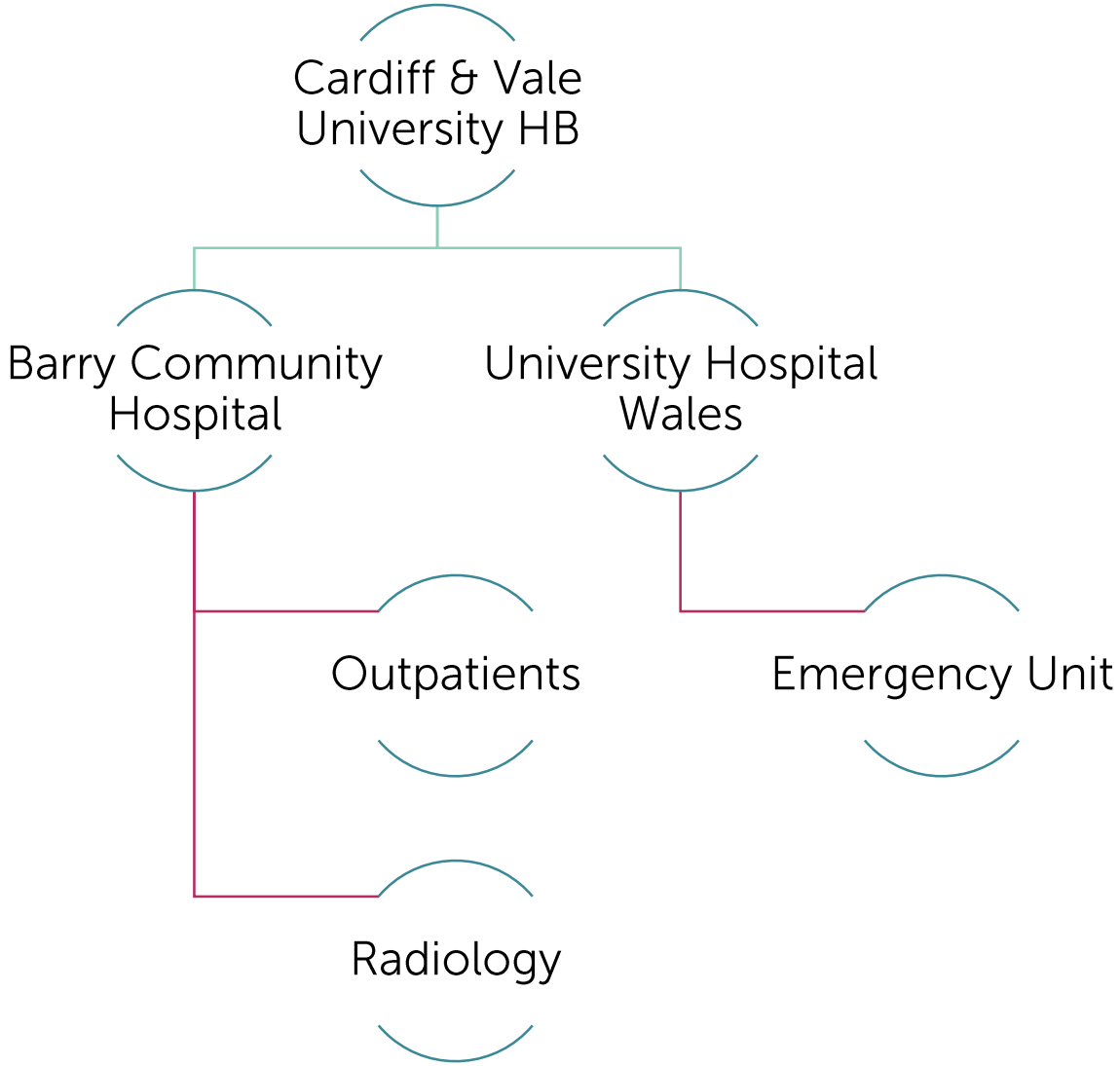
EXPERIENCE – overview

- Patient experience insights platform
- Cloud: accessible 24/7/365 through web-browser
- Multi-channel survey data collection
- Scalable platform with unlimited questionnaires
- Real-time reporting
- Smart text analytics: emotions, themes, sentiments
- Unlimited user accounts – roles based access
- Workflow tools: Action management, Comment flagging, Event-driven alerts, Push reporting
- Built in partnership with healthcare customers
- Knowledgeable customer support & training



Data hierarchy

- All data collected against a hierarchy – e.g. Site, Division, Service, Ward, etc.
- Most organisations have 3 - 5 levels (system holds up to 10)
- Reports can be run against any part of the hierarchy
- Hierarchy can be updated as required
- Data can be tracked over time (e.g. if tier moves, data is tracked against new location)
- Survey links contain hierarchy information (no need to ask patient “Where were you seen?”)



Data collection – multichannel

Online

Tablet & Kiosk - iOS & Android App (online & offline, remote config, video)

Email – survey links

QR codes / NFC stickers (e.g. on posters)

SMS:

i) Survey links – link to online survey
ii) Q&A – questions & answers as plain text

Phone:

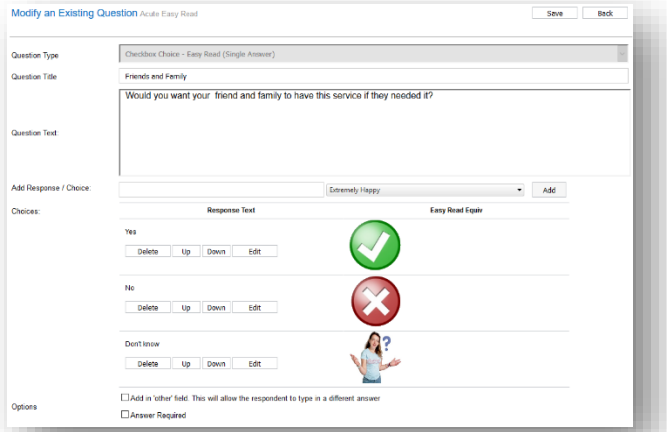
i) IVR/IVM
ii) Agent (human) calls

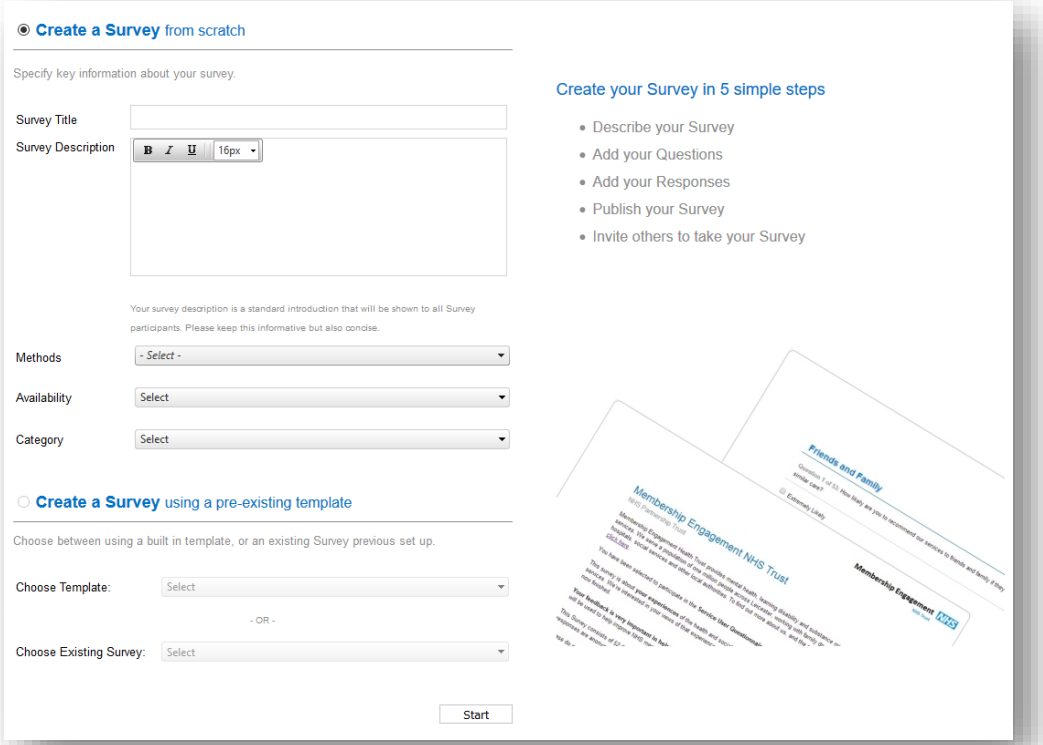
Paper:

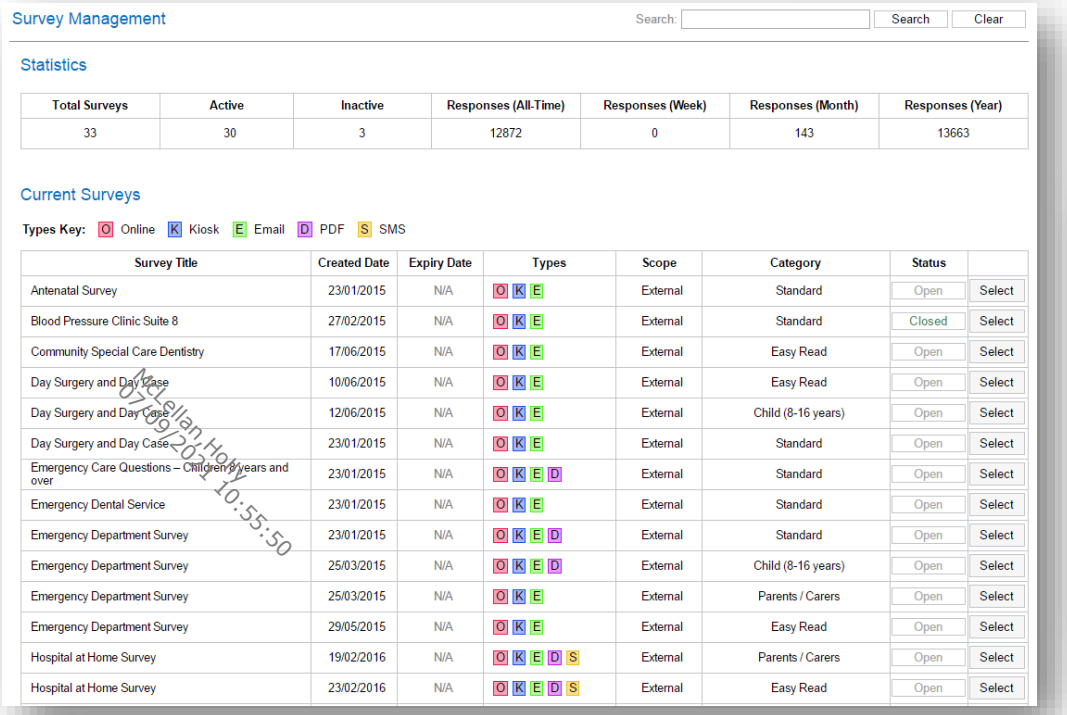
i) Fully managed print and scanning facilities
ii) Print to PDF + data entry tool

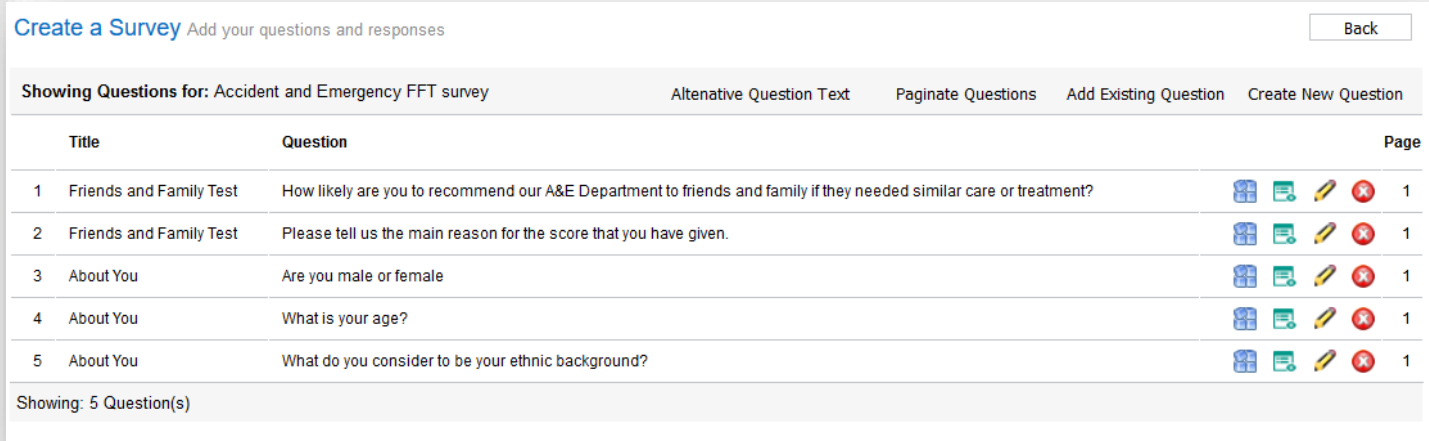
Survey library

- Manage all your surveys in one place
- Build your own surveys on-the-go









Typical workflow – survey distribution and completion

Patient attends Inpatient Ward, Outpatient Clinic, etc.

Customer PAS

7 days/week

Civica SFTP / SharePoint

Customer provides patient data from their Patient Administration System, with only required fields for carrying out surveys (e.g. clinical location, contact email/phone number, demographics, and uniqueID)

Surveys sent to patients

Patient completes survey

Processing

Data is processed by Civica according to agreed rules: e.g. duplicates are removed, survey fatigue rules applied, validity of numbers and emails are checked, consent and STOP lists are checked.

Real-time

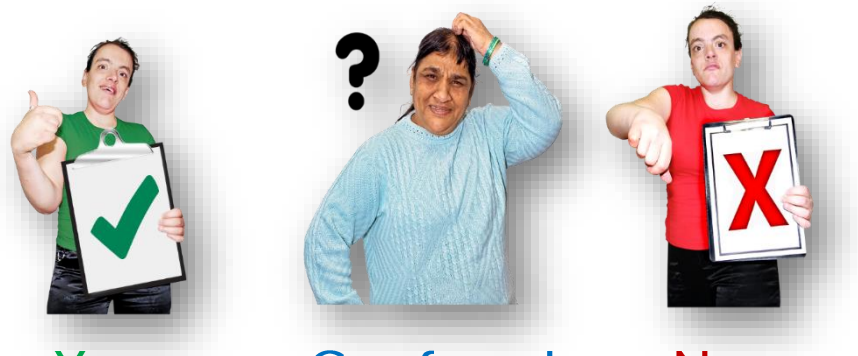
Analysis & reporting

Customer admins, managers and clinicians can view results through Experience reporting tools and dashboards

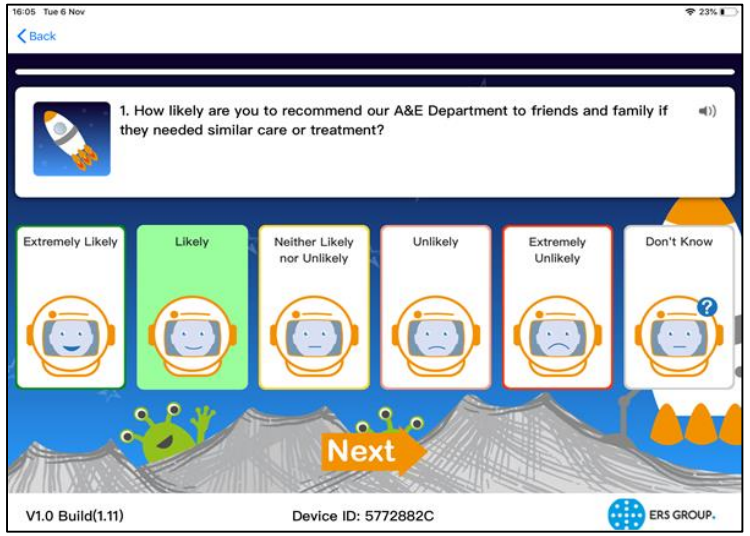
McLellan Holly 07/09/2021 10:55:50

Survey accessibility

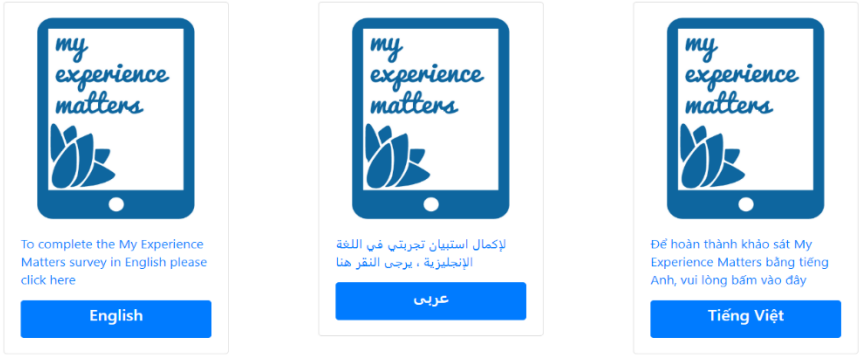
- Informative, clear and user friendly survey pages – logical layout, sharp colours and contrast
- Mobile friendly survey pages – rescale to screen size
- All surveys available in English and Welsh - other languages can also be added
- Photosymbols.com – learning difficulties
- Children & young people – themes
- Text-to-speech & speech-to-text – via mobile survey app
- Communication strategy support



Yes Confused No

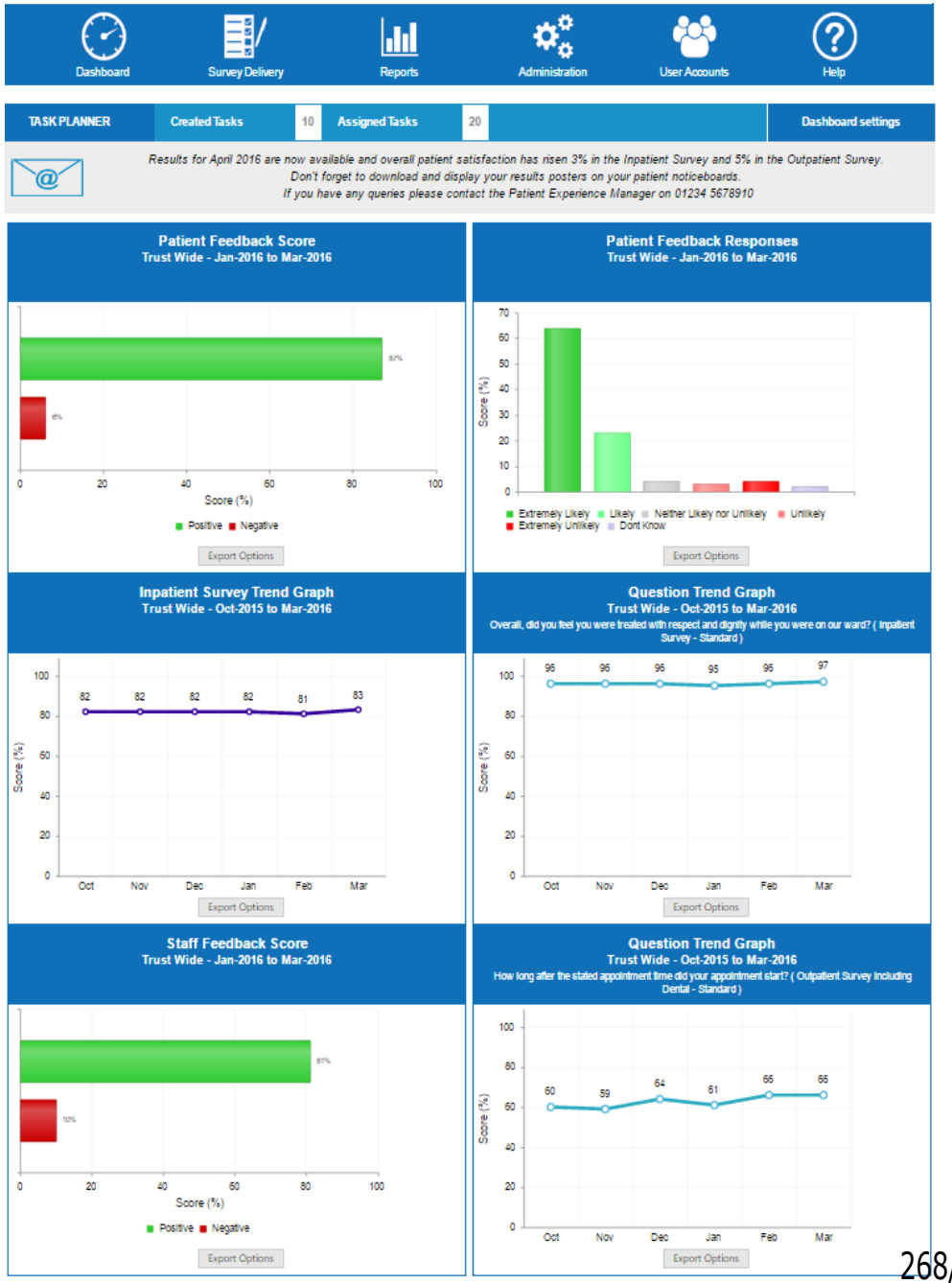


NSW GOVERNMENT Health South Western Sydney Local Health District



Reporting – snapshot dashboard

- Real-time dashboard
- Showing key metrics across 6 tiles
- Dashboard view can be customised to individual users:
  - Type of tile (patient scores, FFT/NPS, trends, etc.)
  - Which parts of the hierarchy to include results from
  - Which surveys and questions to include
  - Date range (from - to), e.g. last 3 months
  - Position on the dashboard

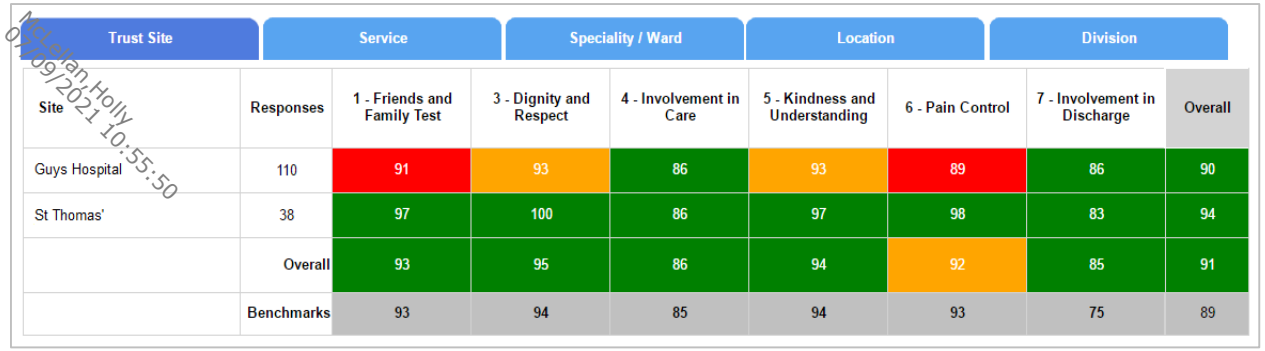


Reporting suite

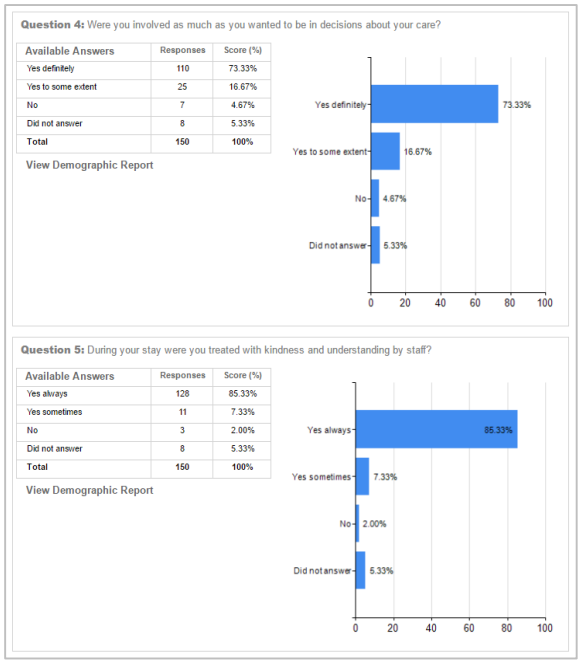
- Wide set of SSRS reports available
- Will create additional reports bespoke to each client
- Data feeds for data warehouse available

Rank	Service Line	Location/Ward	Score	Questionnaires
1	Acute 24/7 services	The Beacon (Rehabilitation Unit)	95.71%	1
2	Acute 24/7 services	The Orchards (ADTU)	93.62%	1
3	Adult MH N Locality	Saffron Ground	93.02%	1
4	Older Peoples` Services	Colne House (EMDASS)	91.41%	1
5	Adult MH IAPT	Colne House, Watford (Wellbeing)	91.00%	1
6	CAMHS	Downs Farm Centre	90.63%	1
7	CAMHS	Oxford House (Child & Family Clinic)	88.28%	1
8	CAMHS	15 Forest Lane (Eating Disorder Services)	86.96%	1
9	Older Peoples` Services	Oxford House (Community Older People)	86.81%	1
10	Older Peoples` Services	Rosanne House (Community Older Poeple)	86.36%	1
11	Older Peoples` Services	Colne House (Community Older People)	85.34%	1
12	Herts LD	LD North & East Community Assessment &	84.67%	1
13	Adult MH E&SE Locality	Oxford House (Team 2)	82.35%	1
14	Older Peoples` Services	Saffron Ground (Community Older People)	82.05%	1

League tables

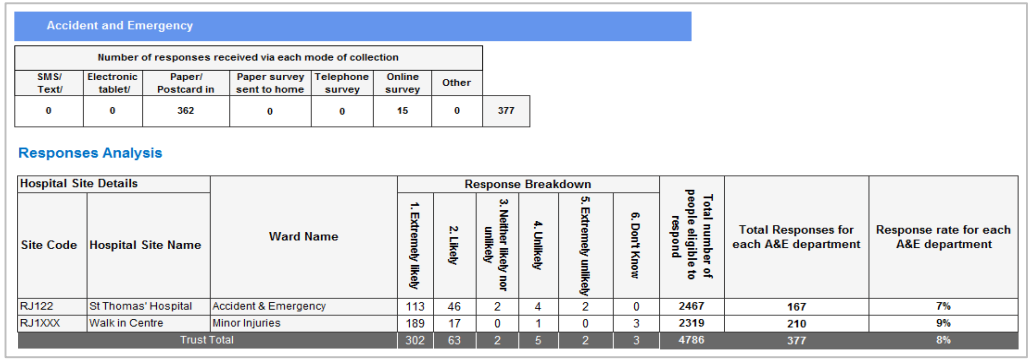


Heat Maps



Survey Analysis

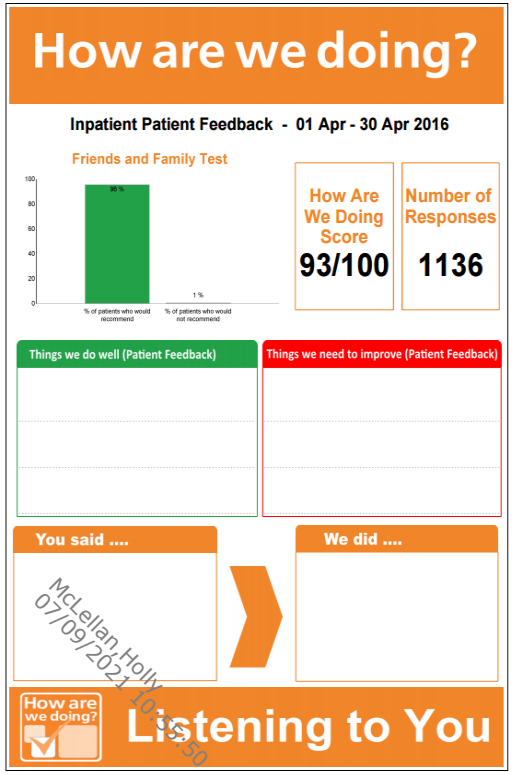
Demographics analysis

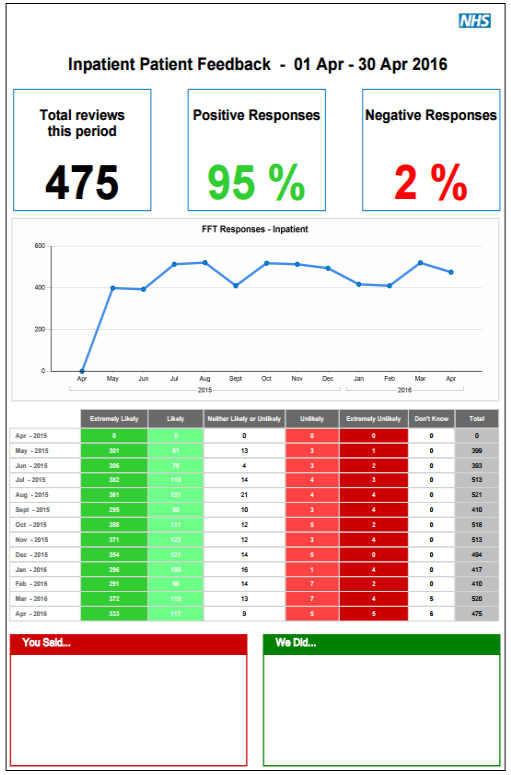


Statutory

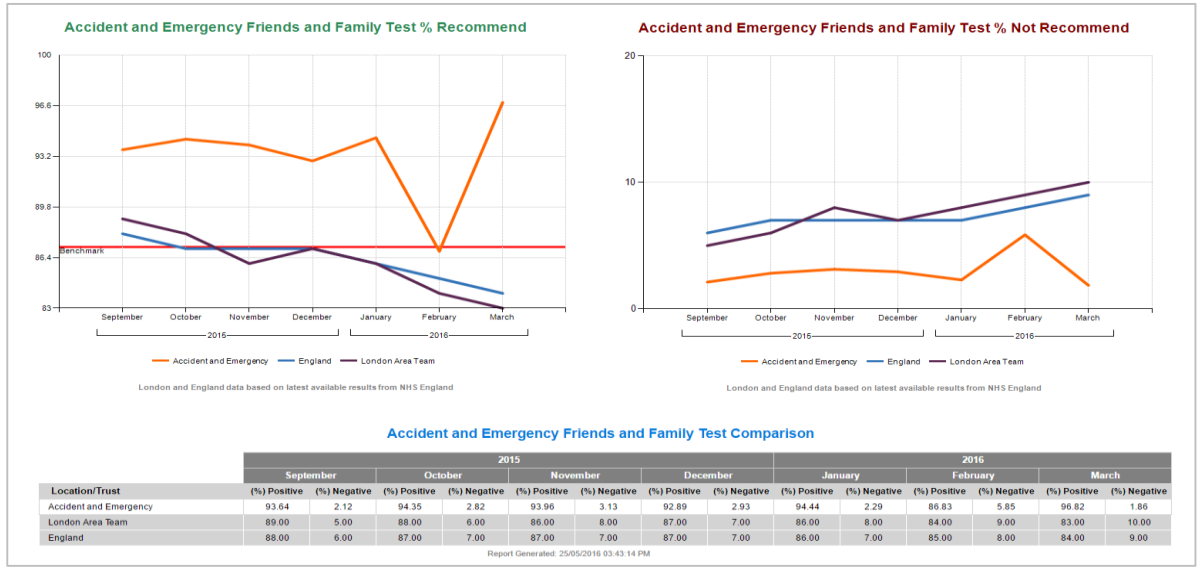
Reporting suite

- Further example reports; can create additional reports bespoke to customer needs

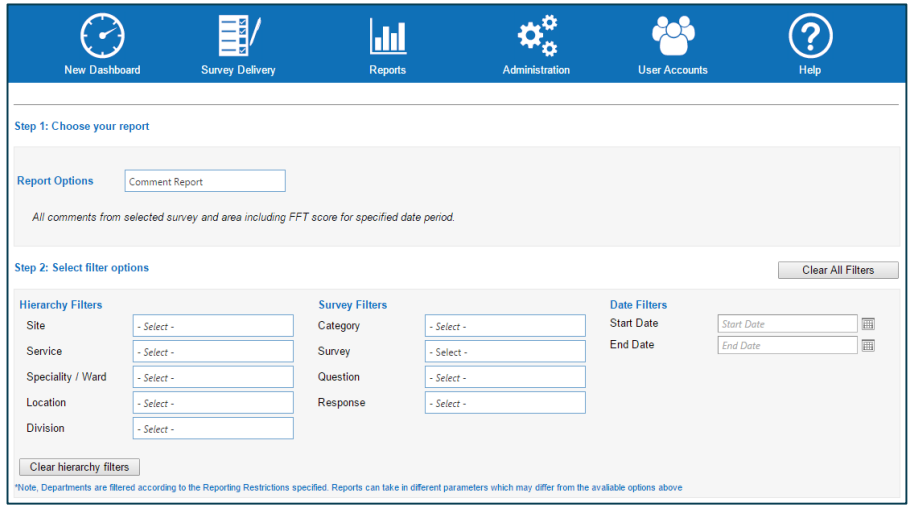




'You said, We did' feedback posters, designed with your branding guidelines in mind



Trend and benchmarking

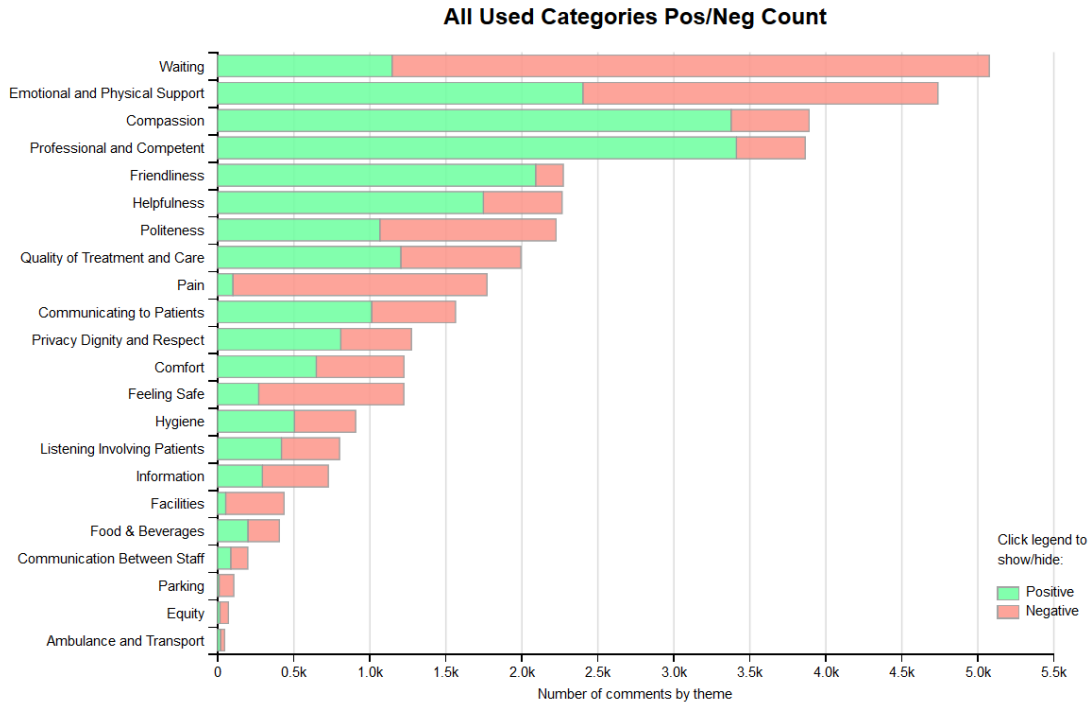


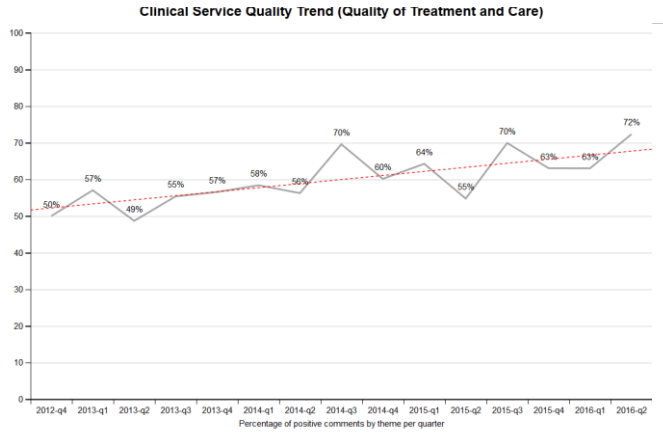
All reports filterable & exportable (XLS, PDF, PPT, DOC, CSV, JPG), XML

Smart text analytics dashboard

Quantitative data helps you understand '*what*', but only qualitative data helps you understand '*why*'

- Emotion analytics
- 22 patient experience themes
- Positive and negative sentiment analysis
- Trend analysis
- In-context word clouds (by theme or emotion)
- Analysis by staff groups
- Interactive dashboard
- Drill down to verbatim comments
- Unique solution developed with the NHS





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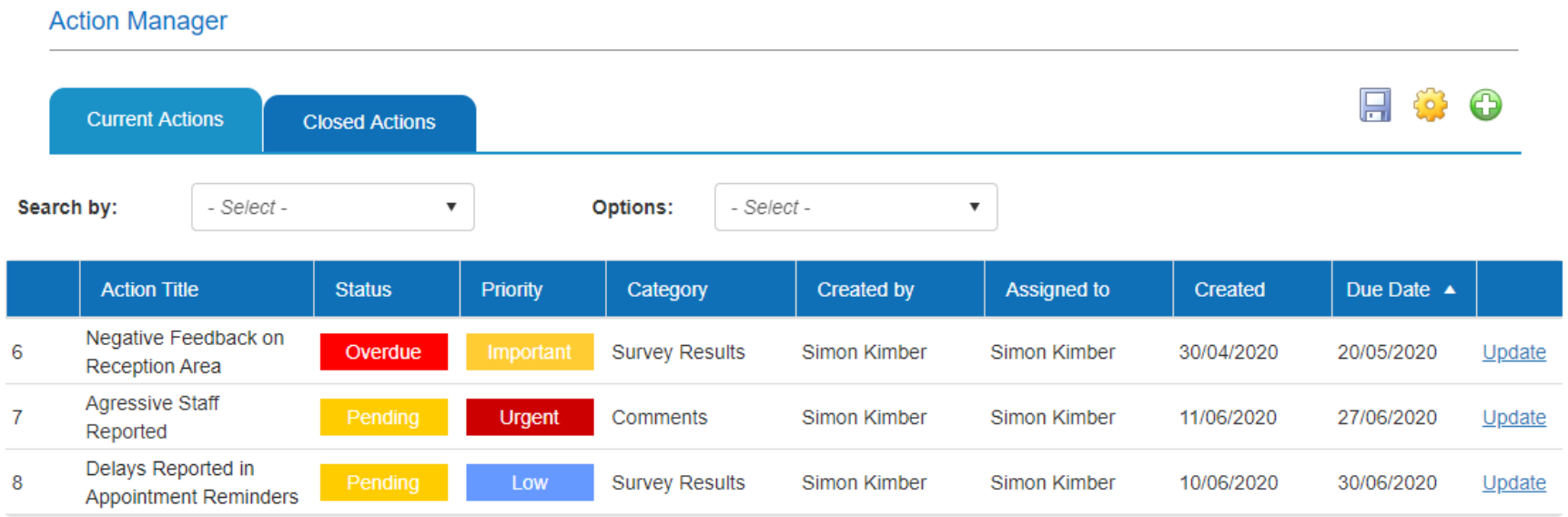
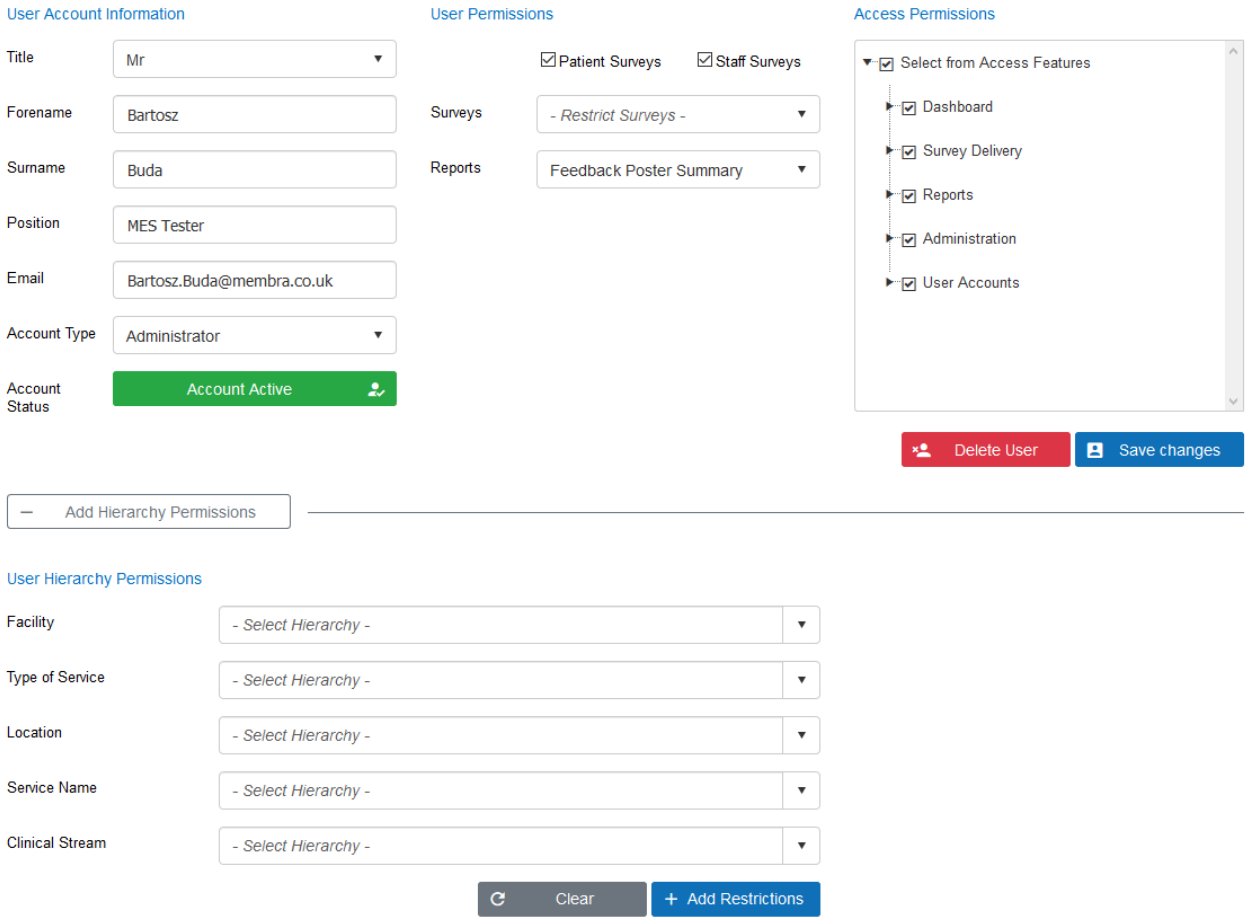
Workflow tools to drive usage and improvements

- **Action manager**
  - Assign actions to other system users
  - Track and record when completed
  - Add notes
- **Push reporting**
  - Schedule reports to be sent via email to system users
  - Daily, weekly, monthly, quarterly, annually
- **Event driven email alerts**, e.g.
  - Survey completed
  - Negative feedback
- **Comment flagging**
  - Explicit language, legal terms, personal identifiers, Covid terms, safeguarding, etc.
  - Comments are quarantined before released to reports



User accounts

- User accounts can be restricted to either particular parts of the hierarchy, or to particular surveys
- Access to features can also be set on individual user level
- Unlimited report viewer user accounts, incl. push reporting
- Automated reset process for forgotten passwords
- ADFS integration possible for authenticating, user permissions configured in Experience



Example Implementation Plan – 8-12 weeks

What	When	Who
Implementation workshop onsite (or online) with key customer stakeholders ensuring all requirements have been fully understood, plus updating detailed implementation plan.	Week 1	Civica
Customer to complete setup documents with the support of Civica and provide hierarchy details to Civica	Week 1-2	Civica
Iterative co-design process whereby Civica manages the build of the system, refining the service until the customer is satisfied: • configuring organisation data hierarchy • discussing, designing and creating online surveys plus additional surveys across IVR, SMS, tablets, email • discussing, designing and creating core reports and advanced bespoke reports • creating a secure process for transferring service user contact details • configuring automated alerts, push reporting, comment flagging • creating user accounts	Week 3-7	Civica with input from Customer
User Acceptance Testing (UAT)	Week 7	Customer
Additional configuration following UAT	Week 7-8	Civica
User training (typically done at end of implementation to ensure training is provided on system configured to client requirements as opposed to demo system)	Week 8	Civica
Go live	Week 8	Civica/ Customer
Historical data migration (if applicable)	Week 9 -12	Civica/ Customer

Please note, the above is a typical implementation plan, and we will revise detailed timings and plans together with you.

Customer support, training, product development

- Unlimited email and telephone support
  - For Admins, e.g. Patient Experience Team, IT Team
- Training likely online (due to Covid travel restrictions)
- User guides – full and shorter bespoke guide
- Annual user group
  - Meet other clients, share learnings, co-design new features
- 1 major release per year, several smaller releases
- Webinars, white papers, annual conference

Data Security & Protection, and Business Continuity

- ISO 27001:2013 certified – Information Security Management System
- Registered Data Processor under the UK Data Protection Act 2018, and GDPR compliant
- Compliant with NHS Digital's Data Protection & Security Toolkit
- Cyber Essentials certified
- Business Continuity Plan (BCP) and Disaster Recovery Plan in place
- ISO 9001:2015 certified – Quality Management System

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.9

Experience, Quality & Safety Committee	**Date of Meeting: 15 July 2021**
Subject:	**Medical Devices and Point of Care Testing Report**
Approved and Presented by:	Claire Madsen, Executive Director of Therapies and Health Science
Prepared by:	Lucie Cornish, Assistant Director of Therapies and Health Science Helen Kendrick, Medical Device & Point of Care Testing Manager
Other Committees and meetings considered at:	Quality Governance Group – 6th July 2021

PURPOSE:
The purpose of this paper is to provide an update on Medical Devices and Point of Care Testing.
RECOMMENDATION(S):
The Experience, Quality & Safety Committee is asked to NOTE and DISCUSS the content of the paper.

Approval/Ratification/Decision	**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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	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 is intended to provide the group with an update on the current position in terms of Medical Devices and Point of Care Testing Management within Powys Teaching Health Board. It includes background information in relation to recent organisational changes, the current structure which supports this area of work and briefly outlines the functions of the team.

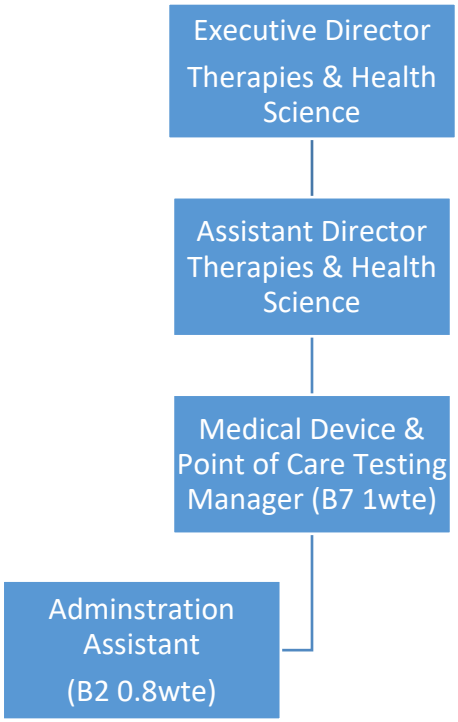
Information on key activities, progress and risks associated with Medical Devices and Point of Care Testing (PoCT) have been included for information and discussion by the Quality Governance Group.

DETAILED BACKGROUND AND ASSESSMENT:

Background

Following the 'Best Chance of Success': Organisational Realignment to Deliver 'A Healthy, Caring Powys' in May 2019, Medical Devices and Point of Care Testing transferred from the portfolio of the Executive Director of Nursing to the Executive Director of Therapies and Health Science. In January 2021, a new Assistant Director of Therapies and Health Science came into post and the post of Quality and Safety Manager converted to the Medical Device and Point of Care Testing Manager, transferring to Therapies and Health Science.

Diagram 1: Organisational Chart for the Management of Medical Devices and Point of Care Testing within PTHB



The Medical Device and Point of Care Testing function provides support to many services and departments across the health board. Examples include:

- Inpatient Units
- Outpatient Departments
- Theatres & Endoscopy
- Therapy Departments
- Birth Centres & Maternity Units
- X-Ray
- Childrens Centres
- School Nursing
- Health Visiting
- Community Teams
- Mental Health Teams
- District Nursing Teams
- Dental Clinics
- Primary Care (Managed Practice)

The Key Roles of the Medical Devices and PoCT team are as follows:

- To lead and coordinate the delivery of medical devices, ensuring systems and processes for medical devices are robust; promoting best practice in relation to medical devices.

- To develop policies/procedures for medical devices that reflect best practice and provide advice and support to the service directorates in the implementation of policies locally.
- Working in close liaison, where applicable, with theatre staff, ward staff, Senior Infection Prevention & Control Nurse, Senior Health & Safety Officer, Environment & Sustainability Manager and directorate leads to achieve effective medical device management, to ensure that all parties have clear roles and responsibilities as outlined in policies and procedures.
- To collaborate with others and /or develop and present written and verbal reports on progress against action plans, audits and standards in relation to medical devices.
- To manage the e-Quip information system in relation to medical devices, ensuring regular reports on compliance.
- Keeping the health board up to date with medical device legislation, regulations, guidance and best practice.
- Ensuring incidents involving medical devices are promptly and correctly reported, investigated and acted upon by the relevant staff or service groups.
- Ensuring that MHRA Alerts and Internal alerts are disseminated across the health board, targeting specific staff as necessary.
- Ensuring that nominated staff take responsibility for key devices and equipment.
- Leading on relevant projects involving the implementation of new medical devices e.g., infusion devices.
- Reviewing and updating the Management of Medical Devices and Equipment Policy and Policy on the Management of Point of Care Testing in line with current legislation guidance and best practice.
- Co-ordinate and manage replacement/additional Point of Care Testing Devices e.g., Blood Glucose Monitors in line with contractual arrangements.

As PTHB doesn't have a designated Medical Engineering Service, this is currently outsourced to EBME at Shrewsbury and Telford Hospitals. The majority of equipment is maintained under this contract. However, there are many additional maintenance contracts in place with other providers for specific items of equipment. For example, beds, hoists & lifting equipment, medication fridges, mortuary trollies and baths. All contracts are arranged and managed by the Medical Device and Point of Care Testing Manager. As there isn't a designated medical device or equipment budget, the requisitions are raised against Therapies budget and recharge undertaken in conjunction with finance colleagues. This process applies to all contracts.

Governance Arrangements

Clarification on reporting streams has recently been received. Both Medical Devices and Point of Care Testing Groups now report into Quality Governance Group.

Both the Management of Medical Devices and Equipment Policy (CDP 002) and the Policy on the Management of Point of Care Testing (CDP 015) have recently been reviewed through their respective Groups. They are due to go to the Clinical Policy Group on 06 July 2021 for approval. Valued input has been received from key personnel in the review of the Medical Devices Policy, particularly in relation to roles and responsibilities with Service Groups reinforcing these amongst their staff groups.

A Work Plan for PoCT & Improvement Plan for Medical Devices is in place and reviewed internally twice monthly monitoring progress against previous Internal Audit recommendations.

Key Areas of Note:

Internal Audit
NWSSP Internal Audit will be undertaking an audit of Medical Devices and Point of Care Testing. This was initially scheduled for Q1, schedule to be confirmed, awaiting contact from IA team.

Review of Alerts Management
The Health Board is currently undertaking a review of how medical device alerts are managed. As of 7th June, responsibility for the distribution of medical device alerts has transferred from the Datix Team to Medical Device & Point of Care Manager, supported by the administration assistant. This will allow for close monitoring of responses and action taken by services, leading to alerts being closed down in a timely manner. A working group of key stakeholders involved in the alerts process met on 11th June 2021, actions from this group meeting are in progress and a further meeting is scheduled for July 2021.

e-Quip Implementation
The implementation of the e-Quip Medical Device Asset Management System has not met initial timeframes as a result of both capacity/resource challenges and the impact of COVID. This work has now re-commenced. The additional capacity the Band 2 Administration Assistant has offered has enabled this, along with some ad hoc support from staff who have been working from home during the pandemic. It is envisaged the target date for completion of September 2021 will be achieved. Following implementation, regular validation and monitoring in conjunction with service managers will be required.

Benefits to Implementation of e-Quip include:

- Equipment Inventory
- KPI Generation

- Information Governance aspects of device management
- Support replacement programme planning
- Maintenance Contract management

Liquid Nitrogen Gas

Liquid Nitrogen is now classified by the MHRA (Medicines and Healthcare products Regulator Agency) as a Class IIA Medical Device. The Health Board has taken the decision to exclude Liquid Nitrogen from the Medical Gases Policy, implementing a Standard Operating Procedure as an alternative to ensuring its safe management. The Medical Device and Point of Care Manager is leading on the development of a Standard Operating Procedure which is currently in draft form and due to be approved by the Medical Gases Governance Group in August 2021. Both the Medical Gases Governance Group and Medical Devices Group have agreed that Liquid Nitrogen Gas will remain under the remit of the Medical Gases Governance Group but will also be a standing agenda item on the Medical Devices Group for oversight.

Maintenance Contracts

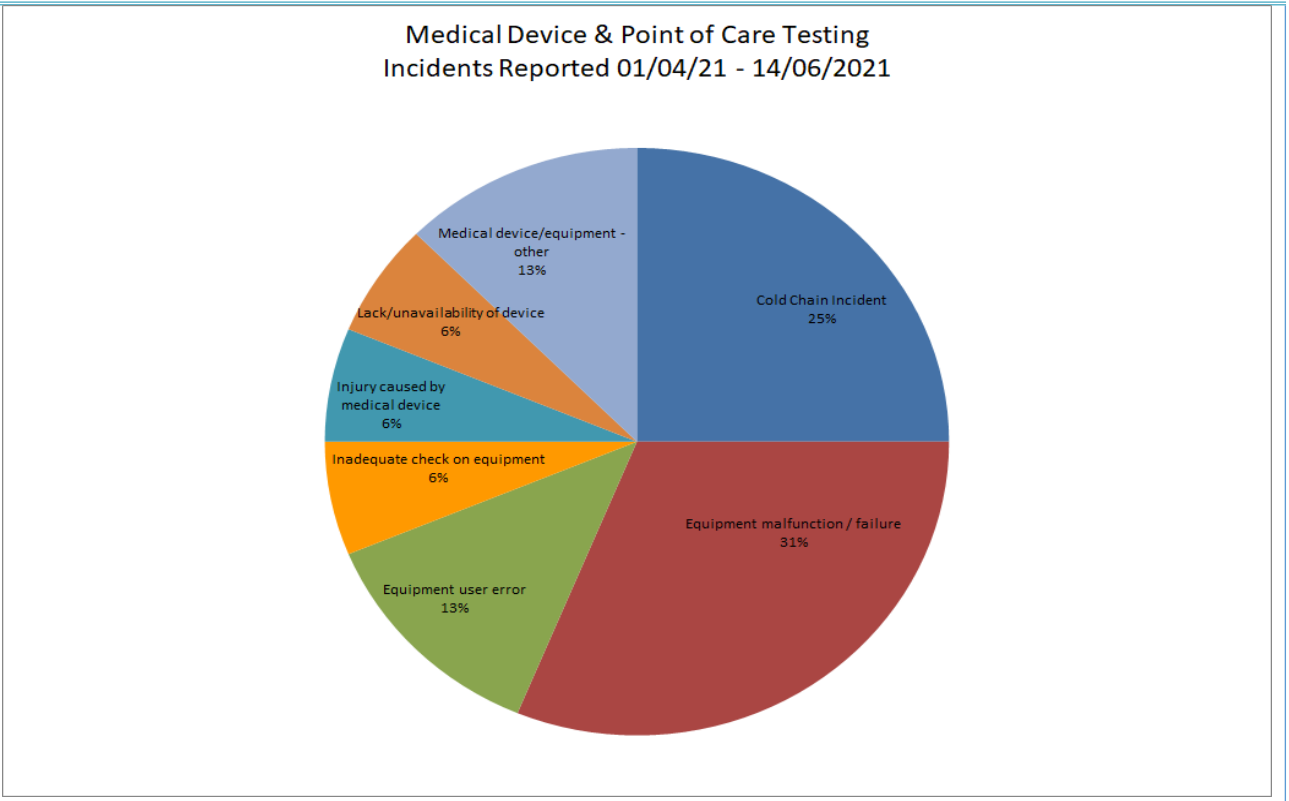
There is constant activity in the management of maintenance contracts including regular review and renewal of various contracts across the Health Board. It is a challenge to ensure there is robust monitoring of the services provided whilst also ensuring any possible identification of cost savings is achieved. Given the limited resource within the team this challenge will continue, and this should be accounted for in any future plans to increase medical equipment holdings within the HB. Renewal of the main contract with EBME, Shrewsbury & Telford Hospitals is underway. This renewal is required to go through formal tender process, the Medical Devices and Point of Care Testing Manager is working with NWSSP Procurement towards the 31st March 2022 renewal date.

Training

Collaborative working between Medical Devices & Point of Care and Clinical Education will work towards the development of a competency framework for all staff groups. This will enable staff and their managers to ensure they are trained appropriately in the use of all equipment they are expected to use and to ensure robust recording processes are implemented via ESR. Benchmarking across other health boards has also commenced to support this work.

Incidents

All incidents related to medical devices and point of care testing are reviewed by the Medical Device and Point of Care Testing Manager. Where required, urgent action is taken in conjunction with service leads. All incidents are reported into the quarterly Medical Device Group meetings where lessons learned and good practice are also shared. For the reporting period of 01/04/21 - 14/06/21 (Q1 to date), incidents have been reported within the categories identified in the chart below.



Examples of incidents reported within the above categories are as follows:

Category	Incident Type
Medical Device/Equipment - other	• Privacy screen fallen on patient • Lost Blood Glucose Monitor • Infusion pump not in use as a result of Alert
Equipment Failure/Malfunction	• Dental X-Ray machine • Call bell failure (not medical device)
Lack/Unavailability of Device	• Lens for cataract procedure
Injury caused by Medical Device	• Catheter (suspected cause)
Inadequate check on equipment	• Urinalysis strips used beyond expiry date
Equipment User Error	• Incorrect syringe type selected for Syringe Driver • Suction pump not charged
Cold Chain	• Fridge temperature excursion

The reporting of medical device and point of care related incidents has greatly improved. Implementation of the Once for Wales Incident Reporting System will support with improving the accuracy in the classification of medical device incidents which will ensure correct recording and categorisation. This will lead to increased confidence in data and identification of key themes and any areas where good practice is evident or areas of concern.

Point of Care Testing
The Health Board submitted an Urgent Primary Care Centre Pathfinder proposal for Point of Care Testing underpinning the existing Virtual Ward and MIU model. Through delivery of the Virtual Ward model and feedback from stakeholders in Primary Care and Minor Injury Units, it has been identified that patients in Powys are being transferred to Community and District General Hospitals for diagnostic testing which potentially could be conducted in Primary Care or a Minor Injury Unit with an enhanced PoCT service thereby preventing unnecessary conveyances and admissions. The bid for an initial scoping exercise in partnership with Life Sciences Hub Wales as Horizon Scanning for PoCT has been supported and implementation planning is underway.

COVID Equipment
In response to the COVID-19 pandemic the health board acquired additional items of medical devices and equipment to ensure any increase in capacity could be supported. The equipment was acquired through local procurement, central procurement and Department of Health. To date items have been deployed into service as and when required. There is a requirement to ensure the equipment is commissioned and maintained according to regulations and guidance. There is also requirement for a robust process to support the long-term management of the items. The options have been outlined in an SBAR format and submitted to Executive Leads for guidance.

Directed Enhanced Service (DES): Oral Anticoagulation with Warfarin (INR)
Anticoagulants are one of the classes of medicine most frequently identified as causing preventable harm and admission to hospital. A Patient Safety Alert was issued in 2007 detailing actions to make anti-coagulant therapy safer. From April 2017 the delivery of testing and dosing services are through a DES. Health Boards are responsible for procuring testing machines, consumables and dosing software. All Wales work has taken place for the procurement of monitoring equipment, consumables and training of which the Health Board is included. The contracts have been awarded and Procurement are guiding PTHB through the final stages of the contract. The challenges brought with limited resources and lack of governance in the management of Point of care Testing will determine timescales of implementation across PTHB.

Capital Funding Prioritisation Process
The Capital Funding Prioritisation Group continues to meet when bids for Capital Funding are received via the Equipment & Device Ordering Form (EDOF). Positive feedback from Capital Control Group and Internal Audit provides assurance the evaluation process supports and assists decision making in allocating Capital funding.

NICE Guidelines

NICE Guidelines pertinent to Medical Devices and PoCT are shared by the Medical Directorate with Assistant Director of Therapies and Health Science and the Medical Devices and Point of Care Testing Manager on a quarterly basis. Recommended actions would be shared at the Medical Devices and Point of Care Testing Groups. To date there have been no recommended actions for PTHB.

Risks

The following Medical Device and Point of Care Testing associated risks are currently reported via the Therapies & Health Science Risk Register:

Medical Devices Risks

Risk 1: Inadequate provision to manage medical devices

Actions to date:

- Band 2 0.8wte commenced April 2021
- Internal Audit Review scheduled for Q1 21/22
- Review and establishment of clear governance pathways
- Paper to be developed following Internal Audit review

Risk 2: Delays to Planned Preventative Maintenance of Medical Devices as a result of COVID pandemic.

Actions to date:

- Internal Alert advising all services of delay and appropriate action to take
- Prioritisation of high-risk items undertaken – all complete
- Continuous review with maintenance provider of timescales ensuring schedule in place. Scheduled for completion by September 2021.

Risk 3: T34 Syringe Drivers – various issues both Version 2 and Version 3 models (poor performance of certain battery models; software upgrade required for Version 3 as a result of poor battery life)

Actions to Date:

- Issues managed at a national level with Procurement involvement
- Selected locations (hospital only) of implementation of Version 3 to enable close monitoring of battery life.
- Recommended battery adopted across PTHB,
- Continues communication with supplier, Procurement, All Wales colleagues and internal service leads (e.g. Palliative Care). Software upgrade expected to be complete by September 2021.

Point of Care Testing Risks

Risk 1: Poor understanding of current status of POCT and inability to provide POCT support

Actions to date:

- Internal Audit Review scheduled for Q1 21/22
- Proposal submitted for funding of scoping exercise as reported above.

Issues:
Capacity to progress with the PoCT Work Plan and Medical Devices Improvement Plan is challenged by additional unplanned workload. Some of this is related to management of alerts for products not classified as medical devices and it is hoped that this will be improved through the work of the recently formed Alerts Management Working Group. Other areas of unplanned workload include urgent equipment requirements some of which could be avoided through better management of local equipment replacement programmes.

There are some grey areas in terms of responsibility and leadership which can create confusion and delays in progressing some key areas of work. These grey areas must be managed in collaboration as opposed to responsibility sitting within one area. For example, Liquid Nitrogen Gas. It is formally classified by the MHRA as a Medical Device. However, the management and use cross several different staff groups, each with their own specific responsibilities and part to play in ensuring the Safe Use of Liquid Nitrogen Gas.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.10

Experience, Quality and Safety Committee	**Date of Meeting: 15 July 2021**
Subject :	**Report of the Learning from Experience Group**
Approved and Presented by:	Kate Wright, Medical Director
Prepared by:	Howard Cooper, Safety & Quality Improvement Manager

PURPOSE:

The purpose of this paper is to inform the Experience, Quality and Safety Committee of the work of the Learning from Experience Group

RECOMMENDATION(S):

The Experience, Quality and Safety Committee is asked to discuss and note the content of this report.

Approval/Ratification/Decision	**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	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	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:

The Learning from Experience Group is a new forum established in March 2021. Its purpose is to support the safe and effective delivery of the care given to Powys residents both within the county and at commissioned services.

The Group comprises the Executive Clinical Directors for Medicine, Nursing and Therapies & Health Sciences together with the Chief Pharmacist. The Group meets quarterly under the Chairmanship of the Director of Clinical Strategy and Medical Director.

DETAILED BACKGROUND AND ASSESSMENT:

The Group met on 30th June 2021 and the following topics were discussed.

Findings of the Powys in-patient mortality review

The review of the care provided to people at the end of their life on Powys wards painted an overall picture of kind and compassionate care. It was noted that there is a degree of inconsistency in the way in which the written record is ordered. This made the task of determining what the explicit clinical care plan was for each stage of the patient's care often difficult.

It was also noted that although there is evidence of discussion regarding decisions around end of life care, an explicit plan of care stating actions required in the event of the patient's deterioration was not consistently present.

Action: Hospital Clinical Leads and Multidisciplinary teams are to be asked to formally record an explicit plan of care, including ceilings of care, in the patient notes on a weekly basis.

Action: The Medical Director will lead a small group of clinicians in a project to agree a consistent content and layout of the ideal note set.

Clinical Quality Improvement Events

Management of sepsis and acute kidney injury were discussed. The Group agreed that the organisation should hold an Annual Clinical Safety event with all the Clinical Executives leading on a particular aspect of care such as Sepsis or Acute Kidney Injury.

Action: The Group will begin planning for the Annual Safety Event

Action: In the interim period the group thought that there should be a focus on sepsis at its next meeting.

National Clinical Audits

The Group discussed the latest reports from the following National Clinical Audits

- **Cancer**
- **Care at the End of Life**
- **Diabetes**
- **Mental Health**

The Group agreed that it did not have a formal governance role in responding to the findings of National Audits regarding results from commissioned health boards, but will act as just one of the organisation's antennae, alerting the organisation's formal governance groups to any concerns they had over findings revealed by National Audits.

The Group will meet again in three months' time.