

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

#

**RR/App 60/2021**

(re Agenda item: 28)

# Board of Directors

**29th September 2021**

***READING ROOM PAPER***

***LEGAL, REGULATORY AND POLICY UPDATE***

**SITUATION**

This report provides an update to inform the Board of Directors on recent regulation and compliance guidance issued by such as NHSI/NHS England, the Care Quality Commission and other relevant bodies where their actions have a consequential impact on the Trust, or an awareness of the change/impending change is relevant to the Board of Directors. A section in the Addendum to pick up learning or consider a ‘True for Us’ position is also included to support improvement activity and focus.

Proposals regarding any matters arising out of the regular Legal & Regulatory Update report will where necessary be received by the Executive Team to ensure timely updates, to enable the Trust to respond as necessary or where helpful to consultations and to ensure preparedness for the implications of, and compliance with changes in mandatory frameworks.

**BACKGROUND**

1. **Integrated Care System (ICS) Engagement Document**

The last report to the Board included the detail of the ICS Design Framework. In September, the Department of Health and Social Care (DHSC) published an engagement document outlining the role of Integrated Care Partnerships (ICPs) within statutory Integrated Care System (ICS) arrangements. This briefing provides a summary of this publication and sets out NHS Providers’ initial analysis.

The Integrated Care Partnership (ICP) engagement document, which was co-produced with NHS England and NHS Improvement (NHSE/I) and the Local Government Association, aims to help systems prepare to establish ICPs from April 2022 (subject to the passage of the Health and Care Bill). It outlines the role and expectations of ICPs, and provides clarity on the timings of establishment. It also positions ICPs as a critical part of ICSs and begins to describe how the ICP relates to other elements of the ICS, such as the integrated care board (ICB) and place-based partnerships.

This briefing sets out the operating model for ICSs from April 2022, after the enactment of the Health and Care Bill which will place ICSs on a statutory footing. It also acts as interim guidance for how ICSs need to continue developing and preparing for new statutory arrangements over the next ten months.

[**https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document**](https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document)

**NHS Providers briefing:** [**https://nhsproviders.org/resource-library/briefings/next-day-briefing-integrated-care-partnership-engagement-document**](https://nhsproviders.org/resource-library/briefings/next-day-briefing-integrated-care-partnership-engagement-document)

**NHS Confederation briefing:** [**https://www.nhsconfed.org/publications/integrated-care-partnership-icp-engagement-document**](https://www.nhsconfed.org/publications/integrated-care-partnership-icp-engagement-document)

**Integrated Care Systems: Guidance**

***NHS England, updated 2 Sep 2021***

Four additional guidance documents: Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems; ICS implementation guidance on working with people and communities; ICS implementation guidance on effective clinical and care professional leadership; ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector.

[**https://www.england.nhs.uk/publication/integrated-care-systems-guidance/**](https://www.england.nhs.uk/publication/integrated-care-systems-guidance/)

**NHS Providers briefing:** [**https://nhsproviders.org/resource-library/briefings/nhs-providers-next-day-briefing-ics-and-place-based-partnerships-guidance**](https://nhsproviders.org/resource-library/briefings/nhs-providers-next-day-briefing-ics-and-place-based-partnerships-guidance)

**OH Position**: **The flexibility given to systems to locally determine their ICP arrangements within the constraints of the Bill’s statutory requirements is welcomed and it is helpful to have the additional detail around what the ICP’s integrated care strategy should cover. However, there remains uncertainty around the delineation between the roles and responsibilities of the ICP, ICB, place-based partnerships and health and wellbeing boards, and we await the response to NHSP which have sought further clarity on mutual accountability arrangements, ICB assurance to the ICP, and the reference to ICP integration workplans.**

1. **Consultation on new race equality strategy launched**

NHS England and NHS Improvement (NHSEI) is developing a long-term race equality strategy for the NHS, and has launched a consultation to gather views.

[**https://www.nhsemployers.org/news/consultation-new-race-equality-strategy-launched**](https://www.nhsemployers.org/news/consultation-new-race-equality-strategy-launched)

**OH Position: The race equality strategy is aligned with the work undertaken on the NHS Long Term Plan and the People Plan 2020/21. The new strategy is expected to be published in October 2021 and the Trust will respond accordingly with any new obligations.**

1. **NHS Providers’ response to Mental health clinically-led review of standards: models of care and measurement consultation**

NHSP’s response is based on feedback from members on the proposed new standards for mental health services which was a consultation included in the last report to the Board.

[**https://nhsproviders.org/resource-library/submissions/nhs-providers-response-to-mental-health-clinically-led-review-of-standards-models-of-care-and-measurement-consultation**](https://nhsproviders.org/resource-library/submissions/nhs-providers-response-to-mental-health-clinically-led-review-of-standards-models-of-care-and-measurement-consultation)

**Trust Position: There will be a need for clarity with regard to resource and time needed to introduce these standards successfully, taking full account of the current operationally challenged context and ongoing and anticipated long-term impact of the COVID-19 pandemic. Implementation and planning guidance is expected.**

1. **Consultation on mandatory vaccination for frontline health and care staff**

The consultation launched in September on making vaccination a condition of deployment for frontline workers in health and care settings considers three risks in clinical settings and how they can be mitigated by vaccination.

[**https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector**](https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector)

Press release: [**https://www.gov.uk/government/news/consultation-on-mandatory-vaccination-for-frontline-health-and-care-staff**](https://www.gov.uk/government/news/consultation-on-mandatory-vaccination-for-frontline-health-and-care-staff)

1. **Government launches major consultation on the future of data protection law**

If enacted, the legislation may lead to significant changes in how to comply with data protection law.Importantly, while the proposal contains significant and wide-ranging changes, the core principles in the UK GDPR are unaffected. The data protection principles and legal bases for processing are largely unaffected - though there are some minor tweaks at the margin.

[**https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1016395/Data\_Reform\_Consultation\_Document\_\_Accessible\_.pdf**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016395/Data_Reform_Consultation_Document__Accessible_.pdf)

1. **MHRA launches public consultation on future of medical device regulation**

MHRA are seeking views from across the medical devices and healthcare sectors, medical practitioners, patients and the wider public, to inform their future approach, following the UK’s departure from the European Union. The consultation will close on 25 November 2021.

[**https://www.gov.uk/government/news/mhra-launches-public-consultation-on-future-of-medical-device-regulation**](https://www.gov.uk/government/news/mhra-launches-public-consultation-on-future-of-medical-device-regulation)

1. **The Department of Health and Social Care’s White Paper, *Integration and innovation*: an evidence submission by the National Audit Office to the Health and Social Care Committee Inquiry**

This evidence submission highlights the main risks and opportunities the National Audit Office sees in the White Paper. It believes the DHSC and the NHS must pay particular attention to the following five areas: achieving integration at the local level; financial sustainability; wider system reform; securing change in adult social care; and national-level governance.

[**https://www.nao.org.uk/report/briefing-for-health-select-committee/**](https://www.nao.org.uk/report/briefing-for-health-select-committee/)

1. **Working together at scale: Guidance on Provider Collaboratives**

This guidance outlines minimum expectations for how providers should work together in provider collaboratives, offering principles to support local decision-making and suggesting the function and form that systems and providers may wish to consider.

Further NHS England guidance:

• Building strong integrated care systems everywhere: guidance on the ICS people function

• HR framework for developing integrated care boards

• Interim guidance on the functions and governance of the integrated care board

<https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

NHS Providers response: <https://nhsproviders.org/news-blogs/news/new-guidance-on-provider-collaboratives-welcome-but-outstanding-questions-remain>

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**RECOMMENDATION**

The Board of Directors is invited to consider and note the content of the report and where relevant, members should each be satisfied of their individual and collective assurances that the internal plans and controls in place to deliver or prepare for compliance against any of the Trust’s obligations are appropriate and effective.

**Lead Executive and Author: Kerry Rogers, Director of Corporate Affairs & Company Secretary**

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**Addendum A**

**AWARENESS/LEARNING/’TRUE FOR US’/THOUGHT PIECES**

**CQC Inspections and updates**

**John Radcliffe Hospital: Requires improvement**

***CQC, 2 Sep 2021***

**Latest inspection: 27 May 2021**

**Report published: 2 September 2021**

[**https://www.cqc.org.uk/location/RTH08**](https://www.cqc.org.uk/location/RTH08)

**Isle of Wight NHS Trust: Good**

**Latest inspection: 22 June to 23 July 2021**

**Report published: 23 September 2021**

[**https://www.cqc.org.uk/provider/R1F**](https://www.cqc.org.uk/provider/R1F)

**CQC takes urgent action at mental health services for children and adolescents at Essex Partnership University NHS Foundation Trust**

***CQC, 15 Sep 2021***

Due to the serious concerns found on inspection, urgent conditions have been placed on the trust’s registration. The conditions demand that the trust must not admit any new patients without consent from CQC. The trust must also ensure there are adequate staffing levels on all three wards so observations can be carried out safely and patient needs are met.

[**https://www.cqc.org.uk/news/releases/cqc-takes-urgent-action-mental-health-services-children-adolescents-essex-partnership**](https://www.cqc.org.uk/news/releases/cqc-takes-urgent-action-mental-health-services-children-adolescents-essex-partnership)

**Devon Partnership NHS Trust: Good**

**Report published: 2 September 2021**

[**https://www.cqc.org.uk/provider/RWV**](https://www.cqc.org.uk/provider/RWV)

**CQC press release:** [**https://www.cqc.org.uk/news/releases/adult-mental-health-services-devon-partnership-nhs-trust-rated-good-following-cqc**](https://www.cqc.org.uk/news/releases/adult-mental-health-services-devon-partnership-nhs-trust-rated-good-following-cqc)

**CQC commends emergency department staff at St. Thomas’ Hospital for response to high demand for mental health support**

***CQC, 1 Sep 2021***

[**https://www.cqc.org.uk/news/releases/cqc-commends-emergency-department-staff-st-thomas-hospital-response-high-demand**](https://www.cqc.org.uk/news/releases/cqc-commends-emergency-department-staff-st-thomas-hospital-response-high-demand)

**CQC finds improvement at Tees, Esk and Wear Valleys NHS Foundation Trust**

***CQC, 27 Aug 2021***

CQC carried out an unannounced inspection in May of the acute inpatient wards and psychiatric intensive care units (PICU) to check on the progress of improvements the trust were told to make, after being issued with a warning notice in January this year.

[**https://www.cqc.org.uk/news/releases/cqc-finds-improvement-tees-esk-wear-valleys-nhs-foundation-trust**](https://www.cqc.org.uk/news/releases/cqc-finds-improvement-tees-esk-wear-valleys-nhs-foundation-trust)

**CQC publishes report on Kent and Medway NHS and Social Care Partnership Trust**

***CQC, 27 Aug 2021***

CQC carried out an unannounced inspection of the acute wards and psychiatric intensive care units at Littlebrook Hospital in Dartford, after receiving information giving inspectors concerns about the quality of care being provided.

[**https://www.cqc.org.uk/news/releases/cqc-publishes-report-kent-medway-nhs-social-care-partnership-trust**](https://www.cqc.org.uk/news/releases/cqc-publishes-report-kent-medway-nhs-social-care-partnership-trust)

**CQC has published a report on Sheffield Health and Social Care NHS Foundation Trust**

***CQC, 19 Aug 2021***

CQC carried out an unannounced inspection in May of the acute wards and psychiatric intensive care units, mental health wards for older people, and crisis and health-based places of safety. Following this inspection, there remained areas that required improvement in the acute wards and psychiatric intensive care units. It also rated two services as requires improvement; mental health wards for older people and the crisis and health-based places of safety.

[**https://www.cqc.org.uk/news/releases/cqc-has-published-report-sheffield-health-social-care-nhs-foundation-trust**](https://www.cqc.org.uk/news/releases/cqc-has-published-report-sheffield-health-social-care-nhs-foundation-trust)

**Provider:** [**https://www.cqc.org.uk/provider/TAH**](https://www.cqc.org.uk/provider/TAH)

**South London and Maudsley NHS Foundation Trust: Good**

**Report published: 20 August 2021**

[**https://www.cqc.org.uk/provider/RV5**](https://www.cqc.org.uk/provider/RV5)

**COVID-19 Insight: Issue 13. Recovery of NHS hospital services**

***CQC, 20 Sep 2021***

In this month’s report, the CQC look at how NHS trusts are now planning for people’s care while tackling the backlog caused by COVID-19 and their assessment of challenges.

[**https://www.cqc.org.uk/publications/major-report/covid-19-insight-issue-13**](https://www.cqc.org.uk/publications/major-report/covid-19-insight-issue-13)

**Provider collaboration review: care for people with a learning disability living in the community during the pandemic**

This report looks at what CQC have found through their provider collaboration review about the care for people with a learning disability who live in the community.

[**Provider collaboration review: care for people with a learning disability living in the community during the pandemic | Care Quality Commission (cqc.org.uk)**](https://www.cqc.org.uk/publications/themes-care/provider-collaboration-review-care-people-learning-disability-living)

**Four health systems have been put into NHS England’s replacement for the special measures regime, as well as four more acute trusts.**

Integrated health systems have yet to be created in law, but four areas have already been classed as requiring “intensive mandated support” in the regulator’s [new “recovery support programme”](https://www.england.nhs.uk/system-and-organisational-oversight/national-recovery-support-programme/). Those systems are: Devon; Lincolnshire; Norfolk and Waveney; and Shropshire, Telford and Wrekin.

NHSE will subject the four systems to strict control measures, including the ability to enforce changes to the ICS board and executive team, and appointing an improvement director. It can also bring in an external third party to provide intensive support, and there are stringent approval processes over finances and decision making.

The new support regime was [introduced this March](https://www.hsj.co.uk/service-design/nhse-launches-new-intervention-regime-for-struggling-providers-and-health-systems/7029794.article), to place trusts, clinical commissioning groups and ICSs into one of four categories, the fourth of which replaces the special measures regime. The segmentation takes into account NHSE’s previous ratings on financial performance as well as Care Quality Commission quality ratings.

**Home For Good: Successful community support for people with a learning disability, a mental health need and autistic people**

***CQC, 8 Sep 2021***

This report celebrates successful community support. It includes eight stories of people who have previously been placed in hospital settings, often called Assessment and Treatment Units. Although there is no single model of care and support that explains why some community support works better than others the stories have common threads.

[**https://www.cqc.org.uk/publications/themed-work/home-good-successful-community-support-people-learning-disability-mental**](https://www.cqc.org.uk/publications/themed-work/home-good-successful-community-support-people-learning-disability-mental)

**The Health and Care Bill: six key questions**

***King's Fund, 6 Sep 2021***

The purpose of the reforms are to promote more joined-up services and collaboration rather than competition – here the King’s Fund respond to some of the most frequently asked questions.

[**https://www.kingsfund.org.uk/publications/health-and-care-bill-key-questions**](https://www.kingsfund.org.uk/publications/health-and-care-bill-key-questions)

**The NHS Long Term Plan and COVID-19**

***The Health Foundation, Sep 2021***

Assessing progress and the pandemic’s impact. Some long term plan commitments have been accelerated by the COVID-19 response, such as improving access to remote consultations in primary care and outpatients. However, the report highlights the overall picture is of one of major delay, disruption and increased demands on services.

[**https://www.health.org.uk/publications/reports/the-nhs-long-term-plan-and-covid-19**](https://www.health.org.uk/publications/reports/the-nhs-long-term-plan-and-covid-19)

**Patient Experience in England**

***Patient Experience Library, 7 Sep 2021***

This annual overview of the evidence gives a patient's-eye view of service quality, and of some of the big issues in healthcare, including: The elective care backlog, where the question for patients is not just "why are we waiting", but "how are we waiting"; Digital healthcare, taking in people's anxieties about data sharing, and looking at the quality and reliability of healthcare apps; Compliments and complaints.

[**file:///C:/Users/katie.treherne/Downloads/pe%20england%202021%20final.pdf**](file:///C%3A%5CUsers%5Ckatie.treherne%5CDownloads%5Cpe%20england%202021%20final.pdf)

**A thematic analysis of HSIB's first 22 national investigations**

***Healthcare Safety Investigation Branch, 9 Sep 2021***

This work was undertaken as HSIB recognised that similar issues were arising in investigations that were undertaken in very different clinical fields. The analysis identified the following three recurring patient safety themes: access to care and transitions of care (when patients move between care providers or care settings); communication and decision making; checking at the point of care.

[**https://www.hsib.org.uk/investigations-and-reports/a-thematic-analysis-of-hsibs-first-22-national-investigations/**](https://www.hsib.org.uk/investigations-and-reports/a-thematic-analysis-of-hsibs-first-22-national-investigations/)

**Non-executive directors and integrated care systems: What good looks like**

***NHS Confederation, 20 Sep 2021***

Examining the role of non-executive directors (NEDs) in integrated care systems, and how they can engage with and within the system to make a meaningful contribution. Examples of where non-executive directors have engaged with and within their systems to integrate their independent voice.

[**https://www.nhsconfed.org/publications/non-executive-directors-and-integrated-care-systems**](https://www.nhsconfed.org/publications/non-executive-directors-and-integrated-care-systems)

**Future systems leadership scoping project**

***NHS Confederation, 3 Sep 2021***

How to enable and facilitate multi-agency, multidisciplinary clinical leadership within integrated care systems. This scoping report, from NHS Clinical Commissioners and NHS England and NHS Improvement (NHSEI), helped to inform NHSEI's ICS implementation guidance on effective clinical and care professional leadership.

[**https://www.nhsconfed.org/publications/future-systems-leadership-scoping-project**](https://www.nhsconfed.org/publications/future-systems-leadership-scoping-project)

**Clinical and care professional leadership in integrated care systems**

***NHS Confederation, 3 Sep 2021***

A thematic report from engagement events on ‘what good looks like.’ This work was backed up by a mini literature review on clinical and care professional leadership, which included a review of ten case studies across the country.

[**https://www.nhsconfed.org/publications/clinical-and-care-professional-leadership-integrated-care-systems**](https://www.nhsconfed.org/publications/clinical-and-care-professional-leadership-integrated-care-systems)

**Unpacking system leadership**

***NHS Confederation, 21 Sep 2021 [blog]***

[**https://www.nhsconfed.org/articles/unpacking-system-leadership**](https://www.nhsconfed.org/articles/unpacking-system-leadership)

**Harnessing technology for the long-term sustainability of the UK’s healthcare system: report**

***Government Office for Science (via King's Fund), 23 Aug 2021***

This report presents recommendations aimed at creating system change to improve outcomes for patients and support health care professionals, focusing on the successful integration of existing health care technologies to enable health system leaders to radically reshape the model of health and care delivery.

[**https://www.gov.uk/government/publications/harnessing-technology-for-the-long-term-sustainability-of-the-uks-healthcare-system/harnessing-technology-for-the-long-term-sustainability-of-the-uks-healthcare-system-report**](https://www.gov.uk/government/publications/harnessing-technology-for-the-long-term-sustainability-of-the-uks-healthcare-system/harnessing-technology-for-the-long-term-sustainability-of-the-uks-healthcare-system-report)

**'I'm not mad, I'm me'**

***NHS Confederation, 1 Sep 2021 [blog]***

The communications team at St Andrew’s Healthcare made a patient documentary to help shift people’s thinking about complex mental health conditions.

[**https://www.nhsconfed.org/articles/im-not-mad-im-me**](https://www.nhsconfed.org/articles/im-not-mad-im-me)

**Right time, right place: Urgent community-based care for older people**

***British Geriatrics Society, 17 Aug 2021***

This document explores emerging community models for responding to an older person’s urgent care needs without them being admitted to hospital. It identifies commonalities and connections between different community responses, offering a brief explanation of the main models, such as hospital at home and urgent community response.

[**https://www.bgs.org.uk/righttimerightplace**](https://www.bgs.org.uk/righttimerightplace)

**Primary care networks: two years on.**

**NHS Confederation; 2021.**

A report on the progress made by primary care networks and the challenges they have faced, two years since their creation. This report is based on a series of engagement sessions, hosted by the PCN Network, and a survey of more than 150 PCN clinical directors and PCN managers.

[**https://www.nhsconfed.org/publications/primary-care-networks-two-years**](https://protect-eu.mimecast.com/s/9MxoCnRKqIl1nkXf9YagNZ?domain=comm.knowledgeshare.nhs.uk)

**NHSX What good looks like and Who pays for what guidance**

NHSX has published the [**What good looks like**](https://protect-eu.mimecast.com/s/rUlwC08QksJvo92U3Ewfz?domain=news.nhsproviders.org) framework, which sets out best practice on digital transformation for NHS leaders. The guidance sets national standards for digitally enabled care across seven success measures: well led, ensure smart foundations, safe practice, support people, empower citizens, improve care and healthy populations. An NHSX support offer to aid implementation is under development and will include frontline, online resource and peer-to-peer support. NHS Providers is working with NHSX to build out this support offer.

The accompanying finance guidance released by NHSX, [**Who pays for what**](https://protect-eu.mimecast.com/s/P26oCgpzjsP60jlCZbIh1?domain=news.nhsproviders.org) and the [**Unified tech fund**](https://protect-eu.mimecast.com/s/sTgaCjYDmHlE5wjixzmWe?domain=news.nhsproviders.org)**,** aim to outline and address the current barriers to investment in digital transformation. A summary of all released guidance along with initial reflections from NHS Providers can be found in our on the day [**briefing**](https://protect-eu.mimecast.com/s/oSMcCk2EnsYlWRns0cfWU?domain=news.nhsproviders.org)**.**

**Planning and evaluating remote consultation services: a new conceptual framework incorporating complexity and practical ethics.**

Empirical findings have shown that decisions about remote consultation are fraught with contradictions and tensions—for example, between demand management and patient choice—leading to both large- and small-scale ethical dilemmas for managers, support staff, and clinicians. A novel framework, Planning and Evaluating Remote Consultation Services (PERCS) has been developed which focuses attention on the organizational digital maturity and digital inclusion efforts.

[**https://www.frontiersin.org/articles/10.3389/fdgth.2021.726095/full**](https://www.frontiersin.org/articles/10.3389/fdgth.2021.726095/full)

**High Profile failings – learning/’true for us’**

A number of high profile corporate governance failures continually litter the headlines over and the events that damage such organisations do not just happen. They are commonly the results of boards being blind to the underlying risks that threaten their organisations. Whilst these are predominantly headline news items with some containing merely allegations – they are presented to the Board in this report to stimulate consideration of the importance of corporate governance (and perception).

There are still “significant unresolved issues” at Southern Health Foundation Trust which has not “reached the standards expected”, a report has found, six years after its leadership was heavily criticised in relation to major care failings.

[The latest independent report](https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/) , written by a panel led by lawyer Nigel Pascoe QC, said while progress had been made, it has “some way to go on its journey”. The panel outlined 39 recommendations and five further learning points in the report published in September, which “are intended to move forward a process of constructive and necessary reform”.

The mental health, learning disability and community service trust was the subject of major failings around 2011-15.[In 2015 an independent review said there had been repeated failures to investigate and learn from patient deaths](https://www.hsj.co.uk/patient-safety/southern-health-leadership-condemned-in-report-on-patient-deaths/7001220.article). It was commissioned by NHSE in response to the death of 18-year-old Connor Sparrowhawk, who had autism and epilepsy.

Subsequent reviews have found failings in relation to the deaths of five other patients at the trust. A previous inquiry report let by Mr Pascoe, published in February 2020, found “significant, serious and deeply regrettable failures” by the trust as well as “disturbing insensitivity” and a lack of “proper communication” with family members.

This led to the latest investigation, which focused on the way complaints are handled at the trust, communication with family members and ongoing practices, such as risk assessments. The report said: “In the last two years, there has been a welcome move towards increased engagement with service users, carers and family members. There have been quality improvement projects, co-production work, regular invitations for service users, carers and family members to present at Board meetings, amongst other improvements, which are identified in this report.

The report highlights that those changes have not been universal in their impact. The panel heard examples from individual service users and carers which suggested that change has not happened to the standards expected, or in some cases, at all.

“The panel is driven to conclude there is a real need for continuing systematic and practical reform in SHFT. There are still significant gaps to be filled and some difficult unresolved issues.

**A US-backed tech firm has taken three clinical commissioning groups to court after claiming they ‘unlawfully’ awarded a contract to another company.**

According to court papers, Bristol, North Somerset and South Gloucestershire, Bath and North East Somerset, and Gloucestershire CCGs have been sued by Consultant Connect, which wants the court to order a new procurement in which it can compete.

The contract — for a technology service to enable GPs to quickly receive advice from hospital consultants about their patients — was awarded to Cinapsis (the trading name for Monmedical Limited) and went live this April.

Consultant Connect had been providing services to around 40,000 patients in the Bath, Swindon and Wiltshire area when the CCGs made the decision to procure the new contract.

The CCGs used a national procurement framework for clinical communications tools, which NHSX set up last year. However, in its filing to the Technology and Construction Court, Consultant Connect alleged the contract could “not lawfully be awarded by the [CCGs] pursuant to the framework agreement under which the defendants have purported to act for the purposes of the award”.

Consultant Connect wants the court to overturn the contract award and order a new procurement process, it said. The firm told *HSJ*it was not seeking damages in the action.