

# Report to the Meeting of the

**BOD 117/2017**

(Agenda item: 17)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 September 2017**

**Transition of specialist health and forensic services for people with a learning disability.**

**For: Information**

**Executive Summary**

The Trust transferred specialist health, outreach and forensic services from Southern Health on the 1st July 2017.

**Governance Route/Approval Process**

This paper is an update to the previous ‘Status Report for the Learning Disability Transition and Mobilization’ as of the 28 June 2017.

The Executive Team continues to receive a weekly status update during this period defined as the first hundred days of the project mobilization.

**Recommendation**

The Board is asked to note the progress made within this report.

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**Lead Executive Director:** Dominic Hardisty, Chief Operating Officer

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust:*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*7) Using our Estate efficiently*

*(Goals: patients and staff will benefit from safe and appropriate environments; our estate will be sustainable and environmentally-friendly; and our estate will be cost-effective)*

***MAIN BODY OF THE REPORT***

**SITUATION**

This paper is being presented to offer the Board an update in regards to the transition of specialist health, forensic and outreach services to people with a learning disability.

**BACKGROUND**

The Trust transferred the learning disability (LD) services from Southern Health, as planned on the 1st July 2017. This consisted of:

* The community LD service specialist health services (including forensic step-down) commissioned by Oxfordshire CCG;
* The Evenlode forensic service, including building a business case for a new forensic pathway to include provision of a new ‘low secure’ commissioned by NHS England; and
* Vision Outreach service commissioned by Oxfordshire County Council (OCC), which was an additional service added to negotiations during June 2017.

The transactions for the community LD service and Evenlode completed on 1st July 2017. The final details of the OCC Vision Outreach service are being concluded.

The transfer of the Slade site from Southern to Oxford Health is being concluded.

The full status of each of these projects is described below.

The Board is asked to review the report which covers the transition of specialist health services, the outreach service and the forensic service and note the progress made, outstanding risks and offer comment.

**ASSESSMENT**

**Community LD specialist health service.**

The Trust signed a 5 year contract (plus option to extend for 2 years) with the CCG as of the 1st July for the provision of community LD specialist health services.

The value of this contract 17/18 block value, inclusive of CQUIN is £6,299,520, plus £509k per annum pro-rata, until the last remaining OCCG patient in the Stepdown service has moved on. *Other patients remain in stepdown on a spot purchase basis and both the mental health and forensic leads have expressed an interest in using the service, which will be worked up into a full option appraisal.*

Continuing healthcare staff costs were removed from this contract and varied into the Mental Health Outcomes based contract as agreed by all parties (£48k part year effect for 2017/18; full year effect of the variation is £63k from 1st April 2018 onwards).

**Vision Outreach service**

There remains some outstanding operational detail in regards to this service and contracts colleagues have advised not to sign final contracts until this detail is agreed.

A final meeting is scheduled for 25th September 2017 with OCC colleagues, where, should agreement not be reached an escalation to the COO of OHFT and the Director of Adult Social Services will be made to ensure agreement is reached.

**Programme Management**

In terms of onboarding the community services including outreach there is a full ‘first 100 days’ project plan and a small project team in place, led by Liz Williams. Some project functions overarch all services to people with learning disabilities.

Key workstreams are similar to those for the transition and include:

* Communications
* People
* Money & buildings
* Information management & technology
* Enablers/operations

Please see RAG rated highlights attached appendix one.

This team reports weekly to the Executive team via a highlight report which also includes the forensic service update and risks/risk mitigation under each of the workstreams.

A ‘wash up’ report based upon the Verita 2 report in regards to the transfer of services from the Ridgeway to SHFT is being completed and any action identified as a result of this will be taken.

There will potentially be a three way report following this report between OCCG, SHFT and OHFT to enable all three organisations to learn from this transfer process.

The transition and transformation of the services forms part of the wider Trust LD strategy which is being drafted under the new NHSI provider standards, linked to Healthcare for all.

**Forensic LD service**

Discussions concluded with NHS England Specialised Commissioning for the transfer of the forensic LD service.

A variation to our existing NHSE forensic contract was completed with a 21 month term, to commence 1st July 2017 for 10 medium secure beds on block contract.

* The contract value is £2.4m per annum (pro-rated for year 1) which equates to an OBD cost of £650.
* 1:1 and 2:1 observations chargeable after initial 72 hours from commencement of EO episode
* Non recurrent projects costs of £563K were included.

The variation included in principle commitment from NHSE either to transition to a new pathway or to undertake consultation regarding planned service closure, with consultation to commence no later than 1st April 2018 with cover for redundancy cost liability (NHSE provision up to £750k).

The variation also included NHSE’s intention to invest non-recurrently in 2018/19 to pump prime the clinical team to support an individual repatriation plan that supports delivery of the transforming care programme for the Thames Valley area (not exclusively). The actual sum is to be confirmed and is contingent on successful application by NHSE to secure transformational funding with an anticipated range of £0-£750k.

A project team is current mobilizing to support the business case to open the new pathway as of July 2019.

*The option remains that the LD forensic pathway may move to a ‘tertiary commissioning’ model as has happened with broader forensic services under ‘new models’. No formal intentions have been announced, so no assumptions made. However, under the national LD ‘transforming care’ initiative NHSE has stated a number of outcomes to achieve by 2019/20, as well as a source of new funds to support the model.*

**Slade House.**

Southern Health has agreed to transfer the Slade House site to Oxford Health. The proposed method is something called ‘transfer by absorption’, which is described below.

* The Slade would be recognised in our balance sheet on the date of transfer at Southern Health’s book value (estimated £3.6m).
* Ignoring any other LD assets/liabilities transferring, the corresponding entry would be a gain on transfer of £3.6m within income. Note it is possible that Public Dividend Capital (PDC) may also transfer (balance sheet), but this depends on the legal documentation. Any PDC transferred would reduce the gain on transfer reflected in income.
* The opposite entries would be reflected by Southern Health (de-recognition of the assets and a loss on transfer/reduction in PDC).
* After the transfer the Slade would be revalued on a consistent basis with our existing land/buildings.
* No cash would be exchanged relating to the Slade.

This work is ongoing and is covered under the business transfer agreement for a period of up to three months following transition (1st July 2017). The transfer of the site is fully expected to be completed in advance of the 30th September 2017.

We currently occupy the site under a three month license agreement whilst we complete the freehold transfer and pay running costs which equate to £10,627.082 per calendar month.

As expected, included in the transfer is a gain share clause stipulating that Southern would receive 50% of the proceeds if the site is sold within 5 years of transfer, rather than retained for the benefit of the Oxfordshire health and care economy.

The annual revenue impact of £3.6m of land/buildings would be:

* Depreciation of c.£100k (assuming land of £1m, buildings of £2.6m with a reasonably long life left); and
* PDC dividend of £126k.

An options appraisal is in the process of being conducted on the site and brought to Board at a future date.

**RECOMMENDATION**

The Board is asked to consider and discuss the paper and confirm that it is happy with the direction of travel and continued delegation of oversight to the executive team.

**Appendix One**

RAG rated Highlight report

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| Communications | Outstanding/ risks | Mitigations |
| Welcome pack for all staff at transition | Complete | Complete |
| Regular transition newsletter | On-going until end of transition period. | Setting staff up on Yammer as a communication tool, plus Trust’s weekly comms going forward |
| Communication lead in place | *Weekly review as part of highlight report to Exec* | None |
| Consultancy arrangement set up with My Life My Choice regarding Trust wide communications | Complete | Complete |
| Press release/s taking into account sensitivity regards the date | Complete | Complete |
| Overarching comms plan in place and being monitored weekly | Ongoing consideration of the press and social media | Comms team proactively monitoring these as part of the plan |
| Team Managers and senior clinicians met with OHFT senior leads including at Adult Directorate SMT | Complete | Complete |
| Arranging Exec and NED visits to the teams | Some visits have taken place with more booked in over the coming weeks | Liaising with PAs to finalise arrangements |
| Review of comms channels to include leaflets, website, etc. | On-going review and development of materials. | Website updated at transition as an interim measure whilst a new website is developed |
| OHFT met with SHFT’s Legacy Team to share approaches/ information | Complete | Complete |
| Directory of Services – notify services of new contact details | Uncertainty of who maintains the Directory of Services to ensure correct contact details are recorded/ CCG action | Majority of service numbers maintained at transition, with the exception of the three community teams, which do not provide emergency provision. A recorded message was left on the ‘old’ phone number to inform callers of the new number. |

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| People | Outstanding/ Risks | Mitigations |
| Project ‘buddy’ allocated to each team | Complete | Complete |
| Project team visited all teams following transition | Complete | Complete |
| Rolled out bespoke induction programme | Complete | Complete |
| Formal consultation completed | Complete | Complete |
| Staff pay issues have been resolved, e.g. the issuing of P45s to some staff in error and some staff being placed on emergency tax | Complete | Complete |
| DBS and Eligibility to Work checks complete | Complete | Complete |
| Issue and re-issue of ID badges as incorrect job titles provided | Complete | Complete |
| Staff engagement ongoing | *Weekly review as part of highlight report to Exec* | None |
| Advisory on call rota for four weeks from LD consultants | Complete | Complete |
| Consultant and Operational Management on call arrangements (including education sessions) | Complete | Complete |
| Community on call guidance written and circulated | Working document | Continues to be updated and circulated to incorporate new operational issues as they arise |
| Recruitment to vacancies | Recruitment to both established and new vacancies at various stages | HR working overtime to process |
| Transfer of documentation (OH been delayed/ outstanding; historical sickness data not provided) | OH records received, but specific software required to ‘view’ documentation (firewall).  Sickness data at time of transition received, but not historical data | Working with IM&T colleagues to resolve issue. Assurance discussion has taken place.  Request submitted to SHFT for copy of 2 years’ worth of sickness data. |
| Training records received and uploaded onto Learning and Development portal | Complete | Complete |
| Training matrices for teams are being developed | No historical matrix for Outreach provided/ records only recently provided for Outreach | Mapping against training records received and review against other social care services within the Trust. |
| BLS training | BLS refresher training does not meet OHFT’s full requirements (following pre-transition analsyis) | When BLS training due for renewal, staff to attend OHFT’s full day BLS training (within 6 months of transition). |
| Staffing establishments/ people in posts | Discrepancies in establishment data for community services (under not over) | Establishment data being worked through |
| DBS checks | Some DBS issues highlighted | Assurance discussions with HR and risk meetings being held in line with Trust policy. |

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| IM&T | Outstanding/ risks | Mitigations |
| Clinical records successfully transferred (SARs) | Complete | Complete |
| Floor walking support provided for first week of transition | Complete | Complete |
| ‘Mop up’ Care Notes training sessions provided | Complete | Complete |
| Uploading and configuration of Care Notes to meet needs of LD provision | Reduced resource due to staff sickness | Working with EHR team to review and prioritise |
| VPN granted to all key staff | Complete | Complete |
| Installation of OHFT’s network circuit at Slade site | Complete | Complete |
| EHR – and care planning | Care planning will not be of the standard expected | Joint working looking at quality and accessibility (standard operating procedure – working group); support from IC5  Audits being scheduled as part of overall and local schedule/ working group feeding |
| Performance data | Performance data not coming through care notes for community services | Working with all relevant parties and some remedial actions agreed; additional records being kept to report against |
| Fault with some phone lines at Slade site, which impacted Step Down service | Complete | Complete |
| Not all mobile phone numbers transferred over | Complete | Complete |

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| Estates and Finance | Outstanding/ risks | Mitigations |
| New signage | Replacement of SHFT signage at Slade site following transfer | New signage being worked on (comms group recommended a version) |
| Transfer of Slade site | Slade site not transferred as yet but will be in line with the BTA deadline (three months).  Option appraisal of Slade site buildings completed/ OHFT starting amenities. | BTA cover. |
| New forensic pathway | Business case for new build for LD secure pathway in final draft/s, with initial project team. Workshop booked/ estates team mobilized against their project plan and timescales. NHSE deadline is July 2019 for mobilization of whole pathway. | Separate project team will work up joint estates and clinical project plan aligned to estates and NHSE timescales |
| Amenities and Cleaning arrangements at Slade site | Assurance from SHFT that cleaners continuing until the transfer of the site/ amenities being transferred | OHFT making arrangements to commence from date of transfer |
| Temporary room booking system set up at Abell House | Complete | Complete |
| Set up and trained identified staff in e-procurement and budget management | Complete | Complete |
| Set service budgets | Complete | Complete |
| Transfer of charitable funds complete | Completed | Completed |
| Repairs to pool car | Damage to pool car pre-transition, estimated repair cost of £650 | SHFT to cover the cost up to the agreed value |

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| Enablers | Outstanding/ risks | Mitigations |
| OUH complex health needs project has gone live | Complete | Complete |
| Medical devices and equipment | Medical devices /physiotherapy equipment being inspected and costed by Key Health Solutions | Activate protections under BTA when costed |
| CQC action plan | CQC action plans were not completed as assured. | One such issue was in regards to fire protection at stepdown which the quality team swiftly resolved – we can activate protections under BTA if needed (unlikely now) |
| Health and social care separate recording mechanisms | Health staff no longer have access to OCC care records | Arranging meeting with Martyn Ward to investigate options |
| CHC | Staffing levels following transfer not maintained. Review needed for 11 of 23 clients and one complaint arisen post transfer. | Internal operational action taking place (all cases reviewed in regards)/ joint work agreed between CHC and CLDT. Consideration of activating protection under BTA |
| Weekly team managers’ meetings  and monthly governance meetings | Ongoing | Ongoing |
| Community team alignment with the adult’s directorate and wider trust progressing. | LD teams are smaller and the structures don’t fully align. | Agreeing attendance and participation on a meeting by meeting basis with relevant chairs/ recruiting to full leadership team will ease this |
| Trust wide plan including assurance to Board | Board have asked for assurance on Healthcare for All | LD strategy group reconvened to lead overarching work beyond first 100 days and trust wide (all age/ all geographies), including clinical areas of priority – epilepsy (now being linked into Physical Health strategy), CPA. Reporting to take place under the NHSI 4 core areas |
| Reviewed and prepared audit schedules for LD services with Salma Ashraf | In quarter two already and local schedule only just being finalized. Trust wide audits from SHFT don’t align with OHFT Trust wide audits for quarter one and two. | Use historical audits completed by SHFT (which were only shared post transition)/ agree Trust wide audits that need to be completed from Quarter one and two and ensure these are included in the revised schedule for quarter three and four. |
| Review of QIPs taking place, preparation for continuous improvement plans and CQC visits | All reviewed via IC5 | Continuous improvement plans being completed, prioritized in areas of concern. |
| Systems and processes testing and embedding e.g. Ulysses/ secondary commissioning SI reporting/ mortality reviews | Ongoing. | Team Managers all completed LedER (nationally recognized and mandated training)/ presentation to VAM following publication of retrospective mortality report by the CCG. |
| No local beds for people with LD in crisis | People have to go out of area and risk poor outcomes as a result | Out of area placement model and MH crisis response being reviewed – reasonable adjustments in MH transformation plans and looking at three beds in Ashurst for flexible person centred model of triage/ assessment/ stabilization. Considering a MH liaison nurse post. |
| Joint work with social care | Concerns were raised that both assessment and outcomes for people with learning disabilities would be poor due to the impact of social care changes including their move to generic locality based social work teams and away from specialist teams | Three senior practitioners agreed to link to teams. Joint meetings monthly.  Community joint working with OCC much improved. Development of feedback mechanisms to capture this.  Reviewing jointly all cases where decision making has led to poor outcomes (intended or otherwise). |
| Lack of evidence base for some work with people with LD | Nationally recognized risk. | Special Interest research group established, in patient mental health champions meetings underway, Human factors project work progressing with Patient Safety, Leading Together programme being devised. All in partnership with local universities and national bodies. |
| Working group established to review the clinical model at Evenlode | This is different to the OHFT model but needs to be different by design not default. | Agreed to funded matron full time post, being recruited to.  Service continues to use quality pro forma used for workstream and added to during peer review pre-transition in order to support quality improvements. |