

**Report to the Meeting of the**

**Appendix to   
CEO report**

# Oxford Health NHS Foundation Trust

# Board of Directors

**26th April 2017**

**Legal, Regulatory and Policy Update**

**For: Information**

**Executive Summary**

This is the monthly report to inform the Board of Directors on recent regulation and compliance guidance issued by bodies such as NHSI, the Care Quality Commission, NHS England, 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. This report covers the period from mid-March 2017 to mid-April and includes noteworthy contributions covered in the media and by health think tanks.

The Update Report is designed to reflect changes in legislation, guidance, the structure of the NHS, and government policy and direction on health and social care. A summation of the change is provided for each item. **The Board of Directors is asked 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 controls in place to deliver compliance against any Trust’s obligations are effective.** Chairs of Board Committees should consider whether more detailed assurances relevant to their committees, are necessary, utilising this report as a constructive stimulant to inform the composition of meeting agendas and reporting focus as necessary or appropriate.

The Executive team meeting agenda will make certain Executive Directors are aware of the changes relevant to their portfolios and will take forward any key actions arising from the Legal, Regulatory and Policy Updates. Progress updates on any relevant actions will be reported to the Board of Directors, as pertinent and appropriate either through the report itself or via the relevant Board reports of individual Executives.

The Director of Corporate Affairs will continue to develop or enhance internal control mechanisms to support the Trust in complying and being able to evidence compliance with relevant mandatory frameworks/obligations.

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**LEGAL, REGULATORY AND POLICY UPDATE REPORT**

1. **PURPOSE OF REPORT**

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.

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

1. **LEGAL/POLICY UPDATES**
   1. **Hospital patients at risk of clamping thanks to out dated machines**

The Telegraph reports that an investigation by the RAC has found that four in 10 NHS trusts will only take parking payment in loose change and one third require drivers to pay up front, meaning that many going to hospital could face penalty notices or being clamped if visits take longer than expected. The data collected from 164 out of 206 hospital trusts in England has led to the RAC calling on hospitals to modernise their systems of parking to allow drivers to use contactless payments, credit cards and to pay on exit. The study found 38% of trusts had no option to pay by credit or debit card at any of their sites, and only one third allowed people to pay by card at all their hospital sites.

<http://www.telegraph.co.uk/news/2017/04/07/hospital-patients-risk-clamping-thanks-out-dated-machines/>

**OH position: It is not the Trust’s current practice to clamp vehicles.  Individuals can park for 30 minutes without charge allowing sufficient time to make arrangements to purchase a ticket if needed.  The Trust does not have existing plans to change the machines to card or contactless payments due to the cost involved in altering the current machines. It will however take notice of any complaint trends in this regard.**

* 1. **Care Quality Commission (CQC) plans to move to unannounced inspections**

The HSJ reports that the Care Quality Commission is planning to shift its approach to inspections and will in future carry out more unannounced visits and focus more on specific services. CQC chair Peter Wyman suggested that the quality of inspectors’ findings is “more real” during an unannounced inspection and that providers go to “a great deal of effort” in preparing for announced visits, which in some cases can represent “badly spent time and money”. He has called on “the system” to get better at flagging up bad providers before the CQC carries out inspections.

<https://www.hsj.co.uk/topics/policy-and-regulation/more-unannounced-inspections-of-providers-ahead-says-cqc-chair/7017109.article?blocktitle=News&contentID=15303>

**OH position: The Trust will continue with its own programme of work to understand and respond to its on-going status of compliance with both CQC standards and with its own quality and safety ambitions. The Trust will remain eager to welcome the scrutiny of external partners in assessing the quality of its services and in identifying the areas for improvement.**

* 1. **Mental health trusts more reliant on private hospitals to deliver care**

A BBC investigation has revealed that mental health trusts across the UK are becoming increasingly reliant on private hospitals to deliver care. It found that spending on private mental health inpatient beds went up 42% over five years across 40 mental health authorities. The figures suggest that some patients have been placed in private units far from their home. Freedom of information requests were sent to all 81 NHS mental health authorities across the UK. The number of NHS mental health patients treated privately rose from 1,842 in the 2012 financial year to 3,323 in the 2015 financial year, across 30 authorities able to respond. Based on responses from 32 mental health trusts in England, the average occupancy rate of inpatient beds rose by 3.2 percentage points in the five financial years to April 2016, from 86.3% to 89.5%, excluding patients that were on leave from their ward. The Royal College of Psychiatrists recommends that wards should ideally be no more than 85% full. Dr Ranga Rao, of the Royal College of Psychiatrists, said: "It's clear, that there are not enough acute inpatient beds or teams providing crisis care in the community. Clearly it's not good for the NHS to be spending more money, but as a clinician my concern is about the patient, and it's not good for their recovery."

<http://www.bbc.co.uk/news/health-39534532>

**OH position: The Trust responded to the FOI request and relevant extracts are included below to support Board’s understanding of the Trust’s respective position.**

**Occupancy rates:**

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* 1. **Secured inpatient beds. b. Children’s inpatient beds. c. All inpatient beds**

**Numbers of patients transferred to private mental health inpatient units and associated spend:**

**2012/2013 51 £1,937,430**

**2013/2014 67 £1,389,219**

**2014-2015 97 £2,199,193**

**2015-2016 145 £2,363,783**

**2016/2017 155 (month 10) £2,615,845 (month 10)**

* 1. **Mental health patients set to benefit from pioneering new digital services**

NHS England has announced new funding for seven mental health trusts to enable these organisations to pioneer world-class, digital services to improve care for patients experiencing mental health issues.

This will include, for the first time, all key professionals involved in a patient’s care having access to real-time records – from triage and initial assessment, through to admissions or referrals, as well as transfer between services and follow up care

The trusts will also develop remote, mobile and assistive technologies to empower patients to manage their conditions and enable family and carers to provide the best possible support.

The trusts will have up to £70m to invest in digital services – consisting £35m with additional match funding from themselves of £35m – in order to become ‘Global Digital Exemplars for Mental Health’ helping the organisations become world-leading in the use of IT, providing knowledge and expertise to the wider NHS in order to reduce time and costs for others. This is all part of the NHS’ plan to harness technology to improve services and become more efficient.

The successful organisations are:

* Berkshire Healthcare NHS Foundation Trust
* Birmingham and Solihull Mental Health NHS Foundation Trust
* Mersey Care NHS Foundation Trust
* Northumberland, Tyne and Wear NHS Foundation Trust
* Oxford Health NHS Foundation Trust
* South London and Maudsley NHS Foundation Trust
* Worcestershire Health and Care NHS Trust

<https://www.england.nhs.uk/2017/04/mental-health-patients-set-to-benefit-from-pioneering-new-digital-services/>

**OH position: Oxford Health NHS Foundation Trust will be working in partnership with the University of Oxford to develop an online platform for people experiencing a range of conditions (including post-traumatic stress disorder, depression and anxiety) to receive tried-and-tested psychological therapies on their computer or mobile phone.**

* 1. **Next steps on the NHS Five Year Forward View - veterans and service personnel to benefit from £9m investment in new and improved NHS mental health services**

NHS England is set to launch (April 1) a brand new mental health service which has been specially tailored to support and treat ex-armed forces veterans and service personnel who are approaching discharge.

The newly commissioned £9m service, known officially as the [NHS transition, intervention and liaison (TIL) veterans’ mental health service](https://www.england.nhs.uk/2016/09/armed-forces-veterans-mh/), will act as a front door to a range of mental health services across the health and care system for 17,500 people over the next three years. Different levels of specialist treatment, support and healthcare experts will be available and on hand – ensuring those who proudly serve and put their lives on the line for their country, get the care they deserve, as quickly as possible – all of the time.

Available across England, service personnel approaching discharge and veterans will be able to either self-refer or request referral via their GP or mental health provider or through a military charity like Combat Stress, the Royal British Legion, Help for Heroes and SSAFA. An initial face to face assessment will be offered within a fortnight and where appropriate, a clinical appointment two weeks later.

The service has been designed to help recognise some of the early signs associated with mental health difficulties and will provide access to a number of interventions, therapeutic treatments for complex problems and psychological trauma and prevent patients reaching crisis point.

It will also help tackle some of the most common mental health issues such as alcoholism, anxiety and depression and join up services across the board, working with local authorities and charities, so that the whole of a person’s needs and their families, are looked after. This might also include help and support on practical issues such as housing after discharge, as well as quick access to social care where necessary and an out of hours contact in the event of an emergency.

The three main elements of the service are as follows:

* Transition (service for those leaving the armed forces): Feedback from veterans and their families highlighted more should be done to support a smoother transaction from the armed forces to the NHS. The new service will work with the MOD to offer mental health support for armed forces personnel before their discharge date.
* Intervention (service for veterans with complex mental health issues): Service personnel approaching discharge and veterans will have an assessment within 14 days of referral. Depending on their individual needs, they will be offered a clinical appointment. They will be treated by a clinician with an expert understanding of armed forces life and culture. They may also be supported by a care coordinator who will work with other services and organisations and act as a single point of contact, to ensure a coordinated approach to their care.
* Liaison (general service for veterans): Patients, who do not have any complex presentations, but might benefit from mainstream services, will be referred into local NHS mental health services where they will receive treatment and support.

<https://www.england.nhs.uk/2017/04/next-steps-on-the-nhs-five-year-forward-view-veterans/>

* 1. **Next steps on the NHS Five Year Forward View – NHS Acts to ‘cut inappropriate out of area placements for children and young people’ in mental health crisis**

NHS England will announced the next steps in the drive to ensure children and young people don’t have to travel far from home for mental health care, funding between 150-180 new beds.

The increase will be focused on those who are most unwell, be dependent on need and placed in under-served parts of the country. It remains an NHS priority to stop children and young people reaching crisis point by diagnosing and treating them at the earliest opportunity and the number receiving treatment has increased by 20,000 over the last three years.

A programme of work is underway to improve timely treatments in the community for those needing urgent or emergency assessment to reduce the number of hospital admissions, with an expected increase of 35,000 treated through community services next year compared with 2014/15, with an extra 49,000 in two years.

Alongside this there are 67 newly established community eating disorders services being developed and recruitment to get the teams up to full capacity is well under way. This means at least 3,350 children and young people a year will receive swift, effective eating disorder treatment in the community – for many this will mean they will be treated earlier and no longer need to go into hospital.

While this work ramps up, the introduction of the new beds for children and young people will reduce the need to travel long distances for specialist inpatient care, rebalancing beds from parts of the country where the local CAMHS can reduce inpatient use.

<https://www.england.nhs.uk/2017/03/nhs-acts-to-cut-inappropriate-out-of-area-placements-for-children-and-young-people-in-mental-health-crisis/>

**OH position: It remains a Trust priority to continue to work organisationally and with partners to reduce system reliance on out of area placements.**

* 1. **Next steps on the NHS Five Year Forward View – England’s Chief Nurse announces ‘Nurse First’ to attract the best and brightest graduates to nursing.**

Chief Nursing Officer for England, Professor Jane Cummings, has announced a new fast track ‘Nurse First’ programme to attract high achieving graduates into a career in nursing.

The NHS in 2020 will be treating increasing numbers of people and caring for an ageing population with more complex needs and so attracting and keeping staff will become even more important.

The Nurse First programme will create a new postgraduate programme that will fast track high achievers to registered graduate nursing positions, inspired by the Teach First programme.

With the first trainees due to begin their studies in September, it will help address workforce capacity and support the development of future nurse leaders in key areas, targeting mental health and learning disabilities in the first instance.

Successful applicants will attend an educational course as well as receive hands on experience and training within the NHS. Ambitious and committed individuals will then be given the opportunity to enter a development scheme to rapidly progress their careers to leadership posts within 5-7 years.

<https://www.england.nhs.uk/2017/03/englands-chief-nurse-announces-nurse-first-to-attract-the-best-and-brightest-graduates-to-nursing/>

**OH Position: The Trust welcomes this development and looks forward to discussing and developing plans for how this can benefit nursing in Oxfordshire, Buckinghamshire and Swindon and BANES.**