

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# 

**Appendix to CEO Report BOD 73(iii)/2019**

(Agenda item: 5)

# Board of Directors

**24th July, 2019**

**Legal, Regulatory and Policy Update**

**For: Information**

**Executive Summary**

This is the monthly report to inform the Board of Directors on recent legislation, 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-May to mid-July 2019 and includes any noteworthy contributions covered 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.

**Governance Route/Approval Process**

This is a monthly report with direct relevance to the Board.

**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 compliance against any Trust’s obligations are appropriate and effective.

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

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

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 – all relevant*

***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.

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.

**BACKGROUND**

1. **NHS Long Term Plan – Implementation Framework**

The NHS Long Term Plan, published in January 2019, set out a number of ambitions for ensuring the NHS is fit for the future, and consolidated the expectation that local partners would increasingly plan and work collaboratively within Sustainable Transformation Partnerships (STPs) and Integrated Care Systems (ICSs). The NHS Long Term Plan Implementation Framework published in June, underpins the long term plan and requires system partners (within both STPs and ICSs) to create five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24. The Implementation Framework sits alongside NHS England’s recently published briefing Designing integrated care systems (ICSs) in England–as referenced below.

The implementation framework asks systems to set out how they see the provider and commissioner landscape developing and references further important documents yet to be published by NHSE/I. The framework makes clear that systems will need to deliver all the commitments in the long term plan but that systems can prioritise how this will be achieved according to local need. The document separates more urgent deliverables within the long term plan, or ‘foundational elements’ from the less urgent ‘wider service transformations’ including prevention, (smoking, obesity, alcohol, air pollution and antimicrobial resistance), maternity and neonatal services, services for children and young people, learning disabilities and autism, cardiovascular disease, stroke care, diabetes, respiratory disease, research and innovation, genomics, volunteering and wider social impact (see also: Annex D). For each of these areas, the framework outlines key long term plan commitments that should be addressed in system plans, funding that will be made available (with further detail in Annex A) and in most instances, further information detailing national support on how to achieve these goals.

<https://www.longtermplan.nhs.uk/implementation-framework/>

**OH Position: BOB has now been formally designated an Integrated Care System, rather than an STP, and the county-based arrangements are now known as Integrated Care Partnerships. The July Chief Executive’s Report to Board highlights the system work OHFT is engaging in as part of this ongoing process.**

1. **Designing Integrated Care Systems (ICSs) in England**

NHS England and NHS Improvement have published *Designing integrated care systems (ICSs) in England: an overview on the arrangements needed to build strong health and care systems across the country*.

The document includes a description of the possible functions of partnerships at different levels of population within an ICS and emerging regional and national arrangements to support and oversee systems. It also includes the new maturity matrix intended to help system leaders to assess their own progress and a chart of the proposed freedoms and flexibilities that NHS England/Improvement plan to award to mature systems.

[https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care- systems-in-england.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-%20systems-in-england.pdf)

**OH Position: We welcome clarification on aspirations and expectations of systems including system oversight, the maturity matrix and the freedoms system partnerships can access as they mature all of which will support BOB system activity.**

1. **Interim People Plan**

The interim People Plan published in July sets out a vision for people who work for the NHS to enable them to deliver the *NHS Long Term Plan*, with a focus on the immediate actions needed.

Demand for health and care services is growing as a result of a growing and ageing population and the ever-increasing possibilities of medical science. To meet that demand and deliver the vision set out in the *NHS Long Term Plan*, more people are needed working in the NHS over the next 10 years across most disciplines and in some new ones yet to be fully defined – with a rich diversity of roles and jobs across all settings.

The paper states more of the same will not be enough to deliver the promise of the *NHS Long Term Plan*. The NHS needs different people in different professions working in different ways and needs to address the cultural changes that are necessary to build a workforce that befits a world-class 21st century healthcare system.

The plan highlights the need to transform the way the entire workforce, including doctors, nurses, allied health professionals (AHPs), pharmacists, healthcare scientists, dentists, non-clinical professions, social workers in the NHS, commissioners, non-executives and volunteers, work together.

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf>

**OH Position: We will put workforce planning at the centre of our overall planning processes and our people strategy is part of discussions at the July Board development session. We are also working as part of the ICS on the people components of the overall five-year implementation plans being developed by local systems over the summer will be critical to their success.**

1. **What a difference a place makes: growing impact of Health and Wellbeing Boards**

This report highlights how health and wellbeing boards (HWBs) are making a real difference through a wide range of initiatives, including reducing hospital admissions and time spent in hospital, reducing demand for GP appointments, helping thousands of smokers to quit, imposing restrictions on fast food outlets near schools, and reducing unemployment, poverty and poor housing.

The resource aims to show how HWBs can fulfil their duty to improve health and care outcomes, through integration and prevention. It looks at how HWBs are engaging wider partners, including in sustainability and transformation partnerships (STPs) and integrated care systems (ICSs), in a collaborative effort to make best use of resources and achieve sustainable service provision.

<https://www.local.gov.uk/sites/default/files/documents/1%2095_Health_and_wellbeing_boards_V06%20WEB.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=10668062_NEWSL_HWB_2019-07-08&dm_i=21A8,6CNJ2,MFGQMA,P6U4E,1>

1. **NHS Patient Safety Strategy**

This document is described as having been curated by NHSI on behalf of the NHS and is a statement of collective intent to improve safety by recognising that to make progress, we must significantly improve the way we learn, treat staff and involve patients.

It highlights that the NHS will build on two foundations: a **patient safety culture** and a **patient safety system**. Three strategic aims will support the development of both:

* improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**Insight**)
* equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**Involvement**)
* designing and supporting programmes that deliver effective and sustainable change in the most important areas (**Improvement**).

[**https://improvement.nhs.uk/documents/5472/190708\_Patient\_Safety\_Strategy\_for\_website\_v4.pdf**](https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf)

**OH Position: We will work with NHS England and NHS Improvement integrated regional teams who will play a key role in delivering these commitments by supporting STPs/ICSs and healthcare providers to implement features of the NHS Patient Safety Strategy and supporting implementation of the NHS Long Term Plan through the LTP implementation framework.**

1. **Interim report publication: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability or autism**

The CQC has published the interim findings of their review of the use of restrictive interventions in places that provide care for people with mental health problems, a learning disability and/or autism. The interim report focuses on 39 people who are cared for in segregation on a ward for people with a learning disability or mental health problems for children and young people.

On visits the CQC found that a high proportion of people in segregation had autism, many staff lacked the necessary training and skills, and some of the wards did not have a built environment that was suitable for people with autism. The interim report makes a number of recommendations for the health and care system, including for CQC itself.

[Read the rest of the preliminary findings and download the full interim report.](https://protect-eu.mimecast.com/s/cbTTClRGoI2zlopfXiKiz?domain=links.govdelivery.com)

**OH Position: On 7th August the Trust will be inspected by the CQC as part of the second phase of the national thematic review of restraint, prolonged seclusion and segregation. This is not primarily an inspection of individual services, but individual inspections of wards will contribute to national conclusions. The team will be visiting forensic wards at the Littlemore site.**

**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 Trust’s obligations are appropriate and effective.

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