

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

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**RR/App\_BOD\_ 45(i)/2022**

(Agenda item: 17)

# Board of Directors

**20th July 2022**

***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 action/publications 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 development/improvement activity and focus of the Board and its committees.

Proposals regarding any matters arising out of the regular Legal, Regulatory & Policy 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 and best practice frameworks.

**BACKGROUND**

1. **NHS System Oversight Framework 2022/23**

These documents describe NHS England’s approach to oversight of Integrated Care Boards (ICBs) and trusts for 2022/23. It gives clear definition of roles and responsibilities between NHSE and ICBs in terms of oversight and support.

The new framework came into operation on 1 July as new ICBs were created, clinical commissioning groups ceased operation and system working was formally launched. The framework sets out how system and provider performance will be monitored against NHS priorities and identifies where boards or providers may need support. It will also provide the basis for triggering when and how NHS England will intervene.

The framework is built around six themes. Five of these – quality of care; access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; and leadership and capability – are underpinned by a set of high-level metrics at both ICB and trust level. A sixth theme specifically focused on systems – local strategic priorities – recognises the need to address local issues and challenges.

The intention is to identify emerging issues and concerns so they can be addressed early, with the metrics across all domains used to inform the allocation of ICBs and trusts to one of four segments. This determines the level of support needed ranging from no specific needs (segment 1) to a requirement for mandated intensive support (segment 4). Segment 2 is the default segment for all NHS bodies, unless the criteria for moving into another segment are met and this is where Oxford Health FT has been allocated.

Ninety-nine trusts are in this default segment with a further 32 in segment 1, according to an updated provider segmentation at the back of this report. There are 66 trusts judged to be in segment 3, deemed to be in need of significant support against one or more of the relevant five oversight themes with 15 trusts remaining in segment 4.

[**https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/**](https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/)

**Trust position: Due to the Trust’s financial position and efficiency ratings, it remains in segment 2. The guidance provides a clear definition of roles and responsibilities between NHSE and ICBs in terms of oversight and support and the importance of local context and our position of influence on the IC Partnership Board and other workstream groups will be of great import.**

**FIC will consider the implications in the context of this year’s financial performance. It is noted both MH trusts and their ICBs are to be held accountable for delivery of the standard this year and the main requirements include the known challenging areas for the Trust currently being monitored by the Board and its committees, particularly agency reduction and CIPs delivery which are to be central to the assessment of NHS trusts’ performance.**

1. **National Guidance on Quality Risk Response and Escalation in Integrated Care Systems**

The guidance is to support system leaders as they develop their approach to quality management, providing clarity on how quality concerns and risks should be managed through systems. It supersedes the National Quality Board (NQB) Guidance on Risk Summits and aligns with the NHS Oversight Framework (NHSOF) and the National Quality Board’s previous publications for Integrated Care Systems.

[**https://www.england.nhs.uk/publication/national-guidance-on-quality-risk-response-and-escalation-in-integrated-care-systems/**](https://www.england.nhs.uk/publication/national-guidance-on-quality-risk-response-and-escalation-in-integrated-care-systems/)

1. **Draft Guidance on good governance and collaboration**

Draft new guidance that links effective collaboration to a governance licence condition under the Provider Licence, has been published for consultation. Key points include: The success of individual NHS trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the integrated care system. The Board will be required to ensure that the Trust will have in place the governance arrangements to support effective collaboration which will need to be scheduled for a future strategy session once the obligations are clearer.

<https://www.england.nhs.uk/publication/draft-guidance-on-good-governance-and-collaboration/>

NHS Providers briefing: <https://nhsproviders.org/resources/briefings/consultation-on-draft-guidance-on-good-governance-and-collaboration>

**Trust position: In general, the provisions of the code do not greatly differ from the current version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust boards of directors. However, there are some themes underlying the key changes that following issue of the formal guidance will need to be considered by the People Leadership and Culture, and Nominations, Remuneration and Terms of Service Committees and ultimately the Board:**

* **Incorporation of requirements related to system working**
* **Inclusion of the board’s role in assessing and monitoring the culture of the organisation, including the wellbeing of its workforce**
* **Focus on addressing health inequalities, and on equality, diversity and inclusion among board members but also training for those undertaking director-level recruitment**
* **For foundation trusts, potentially greater involvement for NHSE in recruitment and appointment processes**
1. **Draft Mental Health Bill 2022**

The government is publishing a draft Mental Health Bill for pre-legislative scrutiny. This draft bill delivers on two government manifesto commitments: to reform the Mental Health Act; to improve the way that people with a learning disability and autistic people are treated in law. This draft legislation is intended to give effect to the policy approaches outlined in Sir Simon Wesseley’s review in 2018.

[**https://www.gov.uk/government/publications/draft-mental-health-bill-2022**](https://www.gov.uk/government/publications/draft-mental-health-bill-2022)

**NHS Providers briefing:** [**https://nhsproviders.org/resources/briefings/next-day-briefing-draft-mental-health-bill**](https://nhsproviders.org/resources/briefings/next-day-briefing-draft-mental-health-bill)

Also, in reforming the MHA, this additional briefing outlines the background to the reforms, some of the main proposals in the white paper and initial reactions. It also outlines the Government’s response to a consultation on the white paper proposal details of the draft Mental Health Bill.

[**https://commonslibrary.parliament.uk/research-briefings/cbp-9132/**](https://commonslibrary.parliament.uk/research-briefings/cbp-9132/)

**Trust position: The MH Act and Law Committee will oversee implementation of any new guidance which will be taken into account as and when it is published and is contributing to NHS Providers responses on behalf of Trusts. The Committee has recently undertaken some work to understand any racial inequality as part of detention practice. NHSE’s work on a Patient and Carer Race Equalities Framework to support mental health trusts to deliver appropriate care to ethnic minority communities will also be an ares within the MHA Committee’s remit and Quality Committee’s, and will be a significant step forward in improving services for minority groups.**

1. **NHS England commissioning functions for delegation to Integrated Care Systems**

In this letter Mark Cubbon, Chief Delivery Officer, sets out the next steps for the delegation of NHS England direct commissioning functions for April 2023, including a roadmap about integrating specialised services within Integrated Care Systems.

[**https://www.england.nhs.uk/publication/nhs-england-commissioning-functions-for-delegation-to-integrated-care-systems/**](https://www.england.nhs.uk/publication/nhs-england-commissioning-functions-for-delegation-to-integrated-care-systems/)

**NHS Providers briefing:** [**https://nhsproviders.org/resources/briefings/next-day-briefing-roadmap-for-integrating-specialised-services-within-integrated-care-systems**](https://nhsproviders.org/resources/briefings/next-day-briefing-roadmap-for-integrating-specialised-services-within-integrated-care-systems)

1. **Digital Health and Care plan**

The plan provides a plan of action for Trust leaders in support of digital transformation in their own organisations and local systems. The focus on workforce sustainability and patient experience, and empowering patients to be more involved in their care and data is evident. The plan recognises the role of NHSE supporting commercial negotiation and leveraging purchasing power at scale.

The document consolidates the different national digital goals and investments detailed in separate sector strategies and guidance into one single action plan for achieving goals across four complementary fronts.

[**A plan for digital health and social care - GOV.UK (www.gov.uk)**](https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care)

**Trust position: The Board has reviewed iterations of the Trust’s Digital Strategy and work has progressed during the pandemic to improve basic tech infrastructure to support ambitions. As a Global Digital Exemplar Trust, we continue to work with tech innovators to be better digitally enabled whilst ensuring patients have other ways of engaging with the Trust. Our response to the pandemic has sown us that the scale of opportunity that digital, data and technology offer is significant.**

**This Report includes the conditions which trusts and ICSs have to legally meet as part of their operation licence, and it is indicated that digital improvement will be added to the conditions and so, as stated regarding item 1. in this Report, Finance and Investment Committee will need to give consideration to appropriate oversight of compliance of this condition once formalised. Regulatory levers will be used to signal that digitisation is a priority so the Board will want to monitor and support compliance.**

1. **Health and social care review: leadership for a collaborative and inclusive future**

The independent report from General Sir Gordon Messenger and Dame Linda Pollard into leadership across health and social care in England has been published. Following extensive stakeholder engagement, the review has now completed with 7 recommendations. All 7 recommendations have been accepted by the government.

[**https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future**](https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future)

**Press release:** [**https://www.gov.uk/government/news/biggest-shake-up-in-health-and-social-care-leadership-in-a-generation-to-improve-patient-care**](https://www.gov.uk/government/news/biggest-shake-up-in-health-and-social-care-leadership-in-a-generation-to-improve-patient-care)

**NHS Providers briefing:** [**https://nhsproviders.org/resources/briefings/on-the-day-briefing-leadership-for-a-collaborative-and-inclusive-future-general-sir-gordon-messenger-and-dame-linda-pollard**](https://nhsproviders.org/resources/briefings/on-the-day-briefing-leadership-for-a-collaborative-and-inclusive-future-general-sir-gordon-messenger-and-dame-linda-pollard)

**NHS Confederation briefing:** [**https://www.nhsconfed.org/publications/messenger-review-nhs-leadership**](https://www.nhsconfed.org/publications/messenger-review-nhs-leadership)

**Trust position: It is welcomed that the recommendations focus on unifying approaches to management and leadership development and support across all sectors. They largely address NHSE and the government and again stress the importance of local and system collaborations. The difficulties faced by those taking on roles at challenged trusts is acknowledged as is the importance of equality, diversity and inclusion at all levels. We will await clarification of expectations at Trust level with regard to implementation of those recommendations with direct impact on the Trust which are likely to require the focus of the PLC Committee and the Nominations, Remuneration and Terms of Service Committees given the emphasis on inclusive leadership and culture on recruitment, morale and retention which will already be part of the developing Organisational Development strategy.**

1. **Draft Addendum to ‘Your statutory duties – reference guide for NHS foundation trust governors’**

A draft new Addendum to the existing guide which covers the impact of system working on councils of governors was published for consultation and NHS Providers have been working with the NHS to coordinate a response. Key points include: To support collaboration between organisations and the delivery of better, joined up care, councils of governors are required to form a rounded view of the interests of the ‘public at large’.

This draft addendum to the present guidance for governors seeks to place the existing, legal duties of councils of governors (**unchanged by the 2022 Act**) into the context of system working.  It addresses holding the non-executive directors (NEDs) to account for the performance of the board, representing the interests of trust members and the public, and approving or not, significant transactions, mergers, acquisitions, separations or dissolutions. This addendum only applies to a council of governors’ role within its own foundation trust’s governance.

[**https://www.england.nhs.uk/publication/draft-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/**](https://www.england.nhs.uk/publication/draft-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/)

**NHS Providers briefing:** [**https://nhsproviders.org/resources/briefings/consultation-on-draft-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors**](https://nhsproviders.org/resources/briefings/consultation-on-draft-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors)

**Trust position: The proposals will no doubt be welcome additions for our governors. It is not statutory guidance, we do have discretion over whether and how we choose to follow it and it applies solely and exclusively to the CoGs role within the Trust. It recognises how governors can support our contribution to a system by forming a rounded view in representing the interests of the public within a broader area than our immediate catchment area. The guidance provides further clarity with regard to the meaning of ‘holding to account’ the NEDs for the performance of the Board emphasising this is not about performance management. The Chair and Director of Corporate Affairs and Company Secretary will look to adapt the guidance to our local circumstances and take this forward with the Lead Governor and Council by way of improvement activity.**

**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 and reassurances 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**

***Mental health trust faces CQC prosecution after teenager's death***

BBC News, 30 June 2022

The patient, 17, took her own life at the former West Lane Hospital in Middlesbrough in June 2019. CQC said the Tees, Esk and Wear Valley Trust "failed to provide safe care and treatment" which exposed the patient to "significant risk of avoidable harm".

[***https://www.bbc.co.uk/news/uk-england-tees-61971402***](https://www.bbc.co.uk/news/uk-england-tees-61971402)

***CQC tells Greater Manchester Mental Health NHS Foundation Hospital Trust to make immediate safety improvements***

CQC, 30 June 2022

CQC carried out a short notice focused inspection on the safety of the community mental health services for adults of working age after receiving information of concerns about the standard of care from whistle-blowers. Following this inspection, the safety rating for this service has dropped from requires improvement to inadequate and CQC has issued the trust with a warning notice.

[***https://www.cqc.org.uk/press-release/cqc-tells-greater-manchester-mental-health-nhs-foundation-hospital-trust-make***](https://www.cqc.org.uk/press-release/cqc-tells-greater-manchester-mental-health-nhs-foundation-hospital-trust-make)

***CQC finds improvement at London eating disorders service and rates it good***

CQC, 15 June 2022

The specialist eating disorders service at South West London and St George’s Mental Health NHS Trust has been rated good by the Care Quality Commission (CQC) following an inspection in March. This is an improvement on the previous rating for the service.

[***https://www.cqc.org.uk/press-release/cqc-finds-improvement-london-eating-disorders-service-and-rates-it-good***](https://www.cqc.org.uk/press-release/cqc-finds-improvement-london-eating-disorders-service-and-rates-it-good)

***CQC publishes report on Charlton Lane Centre part of Gloucestershire Health & Care NHS Foundation Trust***

CQC, 16 June 2022

Charlton Lane Centre provides specialist assessment, treatment and care for older people with functional mental health problems and people with dementia. It has three wards Chestnut, Mulberry and Willow. CQC carried out an unannounced inspection of these wards in March, after receiving information that raised some concerns about the safety and quality of the service. The latest check of this service used CQC's new approach to inspection.

[***https://www.cqc.org.uk/press-release/cqc-publishes-report-charlton-lane-centre-part-gloucestershire-health-care-nhs***](https://www.cqc.org.uk/press-release/cqc-publishes-report-charlton-lane-centre-part-gloucestershire-health-care-nhs)

***CQC welcomes improvements and rates the forensic inpatient or secure wards at Nottinghamshire Healthcare NHS Foundation Trust***

*CQC, 1 June 2022*

Inspectors carried out an unannounced focused inspection to look at the specific issues raised at a previous inspection in February 2021, when the service was rated as inadequate overall and was issued with warning notices. At this inspection all concerns had either been addressed or in progress.

[***https://www.cqc.org.uk/press-release/cqc-welcomes-improvements-and-rates-forensic-inpatient-or-secure-wards***](https://www.cqc.org.uk/press-release/cqc-welcomes-improvements-and-rates-forensic-inpatient-or-secure-wards)

[***Roadmap for integrating specialised services within integrated care systems.***](https://protect-eu.mimecast.com/s/NlCxC28Vms8rv6qcKXSVX?domain=comm.knowledgeshare.nhs.uk) *NHS England and NHS Improvement; 2022.*

This document sets out the roadmap for how the commissioning model for specialised services will evolve in the coming years. It charts a phased and managed approach to integrating commissioning of specialised services with wider ICB (integrated care board) commissioning responsibilities.

[***https://www.england.nhs.uk/publication/nhs-england-commissioning-functions-for-delegation-to-integrated-care-systems/***](https://protect-eu.mimecast.com/s/fJ5wC36WnT23wx1uk5smr?domain=comm.knowledgeshare.nhs.uk)

[***Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers.***](https://protect-eu.mimecast.com/s/2xolC46XoTlPy6NT9vj9i?domain=comm.knowledgeshare.nhs.uk)

*NHS England; 2022.*

Who Pays? sets out the framework for establishing which NHS commissioner will be responsible for commissioning and paying for an individual’s NHS care. This revised version of Who Pays? and accompanying Appendix 3 is in draft form in recognition that the NHS needs to know what rules are likely to apply, in terms of responsibilities for commissioning and payment, from the date at which Integrated Care Boards (ICBs) are established under the Health and Care Act 2022.

[***https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers/***](https://protect-eu.mimecast.com/s/e6tSC57YpS68oRmT0WGlD?domain=comm.knowledgeshare.nhs.uk)

[***Speaking Up support scheme.***](https://protect-eu.mimecast.com/s/4pAuC6WZqTykEM2sKJNNb?domain=comm.knowledgeshare.nhs.uk)

*NHS England; 2022.*

The scheme is designed to support individuals who, following a formal speaking up process, have experienced significant adverse impact, leading to difficulties moving forward in both their professional and personal lives. The scheme, formerly known as the Whistleblowers support scheme was created in 2019 as a response to the recommendations from the 2015 Freedom to speak up review. It been revised based on learning from the previous iterations of the support scheme.

[***https://www.england.nhs.uk/publication/speaking-up-support-scheme/***](https://protect-eu.mimecast.com/s/lsAvC794rsZMvy5TwA5wq?domain=comm.knowledgeshare.nhs.uk)

[***Delivering racial equality in medicine.***](https://protect-eu.mimecast.com/s/N9OLCLZ4khQqAXxIBoyZ6c?domain=comm.knowledgeshare.nhs.uk)

*British Medical Association (BMA); 2022.*

This report is the latest stage in BMA’s programme of work aimed at understanding the causes of racial inequality in the medical profession. It proposes effective solutions to address racial inequality to ensure a future NHS that is equitable, fair, and inclusive for all healthcare workers and patients.

[***https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/race-equality-in-medicine/delivering-racial-equality-in-medicine***](https://protect-eu.mimecast.com/s/2txTCMZ4lhzPg9KFwX_NPH?domain=comm.knowledgeshare.nhs.uk)

[***People performance: an evidence review.***](https://protect-eu.mimecast.com/s/vLSOCPj4os3gOZYhzAUnQF?domain=comm.knowledgeshare.nhs.uk)

*Chartered Institute of Personnel and Development (CIPD); 2022.*

This research draws on the latest evidence to explore the definitions of individual and team performance and how it can be measured in practice, and evaluates the best models that can be used to explain what drives it. This will support HR leaders to develop a strong understanding of performance within their workforce.

[***https://www.cipd.co.uk/knowledge/fundamentals/people/performance/evidence-people-performance***](https://protect-eu.mimecast.com/s/1_UyCQk4puoV89GTx1Gy9f?domain=comm.knowledgeshare.nhs.uk)

[***Tackling health inequalities through inclusive recruitment.***](https://protect-eu.mimecast.com/s/L1R8C57YpS68oRmTz0RDAD?domain=comm.knowledgeshare.nhs.uk)

*NHS Employers; 2022.*

Information and prompts for NHS workforce leads to consider local approaches.

[***Inspire, Attract and Recruit toolkit: Resources and guidance to support your workforce supply.***](https://protect-eu.mimecast.com/s/kUeNCk2Ens5l74Vh25b_v-?domain=comm.knowledgeshare.nhs.uk)

*NHS Employers; 2022.*

This resource has been developed for NHS HR professionals, recruitment teams and managers to help inspire, attract and recruit your future workforce.

[***https://www.nhsemployers.org/inspire-attract-and-recruit***](https://protect-eu.mimecast.com/s/5MDPClRGoIXGykJcG2wI46?domain=comm.knowledgeshare.nhs.uk)

[**Delivering a personalised outpatient model.**](https://protect-eu.mimecast.com/s/JR_ICjYDmHR8R3lhNP6fg?domain=comm.knowledgeshare.nhs.uk)

*NHS England; 2022.*

This document and accompanying handbook provide guidance to support the delivery of a personalised outpatient approach. It has been developing using insights from a group of pilot trusts as well as strong clinical collaboration with national clinical directors, royal colleges and getting it right first time leads. Case study: Norfolk and Norwich University Hospitals NHS Foundation Trust.

[**https://www.england.nhs.uk/outpatient-transformation-programme/case-study-norfolk-and-norwich-university-hospitals-nhs-foundation-trust/**](https://www.england.nhs.uk/outpatient-transformation-programme/case-study-norfolk-and-norwich-university-hospitals-nhs-foundation-trust/)

[**Leading with compassion: supporting the health and wellbeing of NHS staff.**](https://protect-eu.mimecast.com/s/mZ0SCA64GTE4EnrFG2ncAp?domain=comm.knowledgeshare.nhs.uk)*The King's Fund; 2022.*

The latest NHS Staff Survey results paint a sobering picture of a workforce under intense pressure. Sally Warren, Director of Policy at The King’s Fund, speaks to Annie Laverty, Chief Experience Officer at Northumbria Healthcare NHS Foundation Trust and Steve Ned, Director of Workforce at Barnsley and Rotherham NHS Foundation Trusts, about the role of compassionate leadership in tackling the issues the survey highlights and the practical steps leaders at every level can take to support staff.

[***https://www.kingsfund.org.uk/audio-video/podcast/leading-compassion-health-wellbeing-nhs-staff***](https://protect-eu.mimecast.com/s/yzmtCBr4Js8j8MPSzrwx5a?domain=comm.knowledgeshare.nhs.uk)

[**What Is Strategy? The Three Levels of Strategic Planning.**](https://protect-eu.mimecast.com/s/21A2CLZ4khQKQmNIBGcaph?domain=comm.knowledgeshare.nhs.uk)

Mind Tools; 2022.

In this article, some common definitions of strategy. It focuses on three strategic levels – corporate strategy, business unit strategy, and team strategy – and we'll look at some of the core tools and models associated with each area

[**https://www.mindtools.com/pages/article/what-is-strategy.htm**](https://protect-eu.mimecast.com/s/OyKICMZ4lhzXzRxSw41IQE?domain=comm.knowledgeshare.nhs.uk)

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

A number of high profile corporate governance failures continually litter the headlines and the events that damage such organisations do not just happen. They are commonly linked to boards being blind to the underlying risks that threaten their organisations and to the effectiveness of governance systems. 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 of perception) and to give due regard to there being any risk of it being ‘true for us’.

**Multiple deaths due to care delays highlighted in damning CQC report**

The HSJ reported on the CQC’s publication of a report into emergency care in Cornwall. Dozens of patients were reported to have died or suffered ‘severe harm’ after long waits for ambulances during a three-month period in a health system facing ‘extreme pressure’ on its emergency services.

The 29 serious incidents in Cornwall included patients waiting many hours for assistance despite being in “extreme pain”, patients having suspected sepsis, patients in cardiac arrest, and patients experiencing a stroke.

The incidents were reported to the Care Quality Commission by staff at South Western Ambulance Service Foundation Trust during an inspection of the Cornwall integrated care system’s urgent and emergency care services. According to the CQC, the pressures on the ambulance service were “unrelenting”, while “significant work” was needed to “alleviate extreme pressure”.

This meant there was a “high level of risk to people’s health when trying to access urgent and emergency care in the county”, the report said. The ICS’ acute provider, Royal Cornwall Hospitals Trust, has been on the highest level of alert (critical incident) since October last year. The serious incidents reported by ambulance staff occurred between October and December.

*HSJ* has previously reported on a [surge in serious incidents at ambulance trusts across the country](https://www.hsj.co.uk/quality-and-performance/revealed-surge-in-serious-incidents-caused-by-ambulance-delays/7032314.article). In the CQC’s report, inspectors said the combination of increased handover delays and rising demand meant some patients were “coming to unintended harm” due to longer response times.

Kate Shields, CEO of the ICS, said the high demand for primary and secondary care services, along with the pandemic and vaccination programme, had placed “unprecedented strain across our services” and that the pressure is “most clearly seen in longer waits for ambulances and for patients to be admitted to hospital”. She added: ”“The CQC clearly recognises our biggest challenge as an integrated care system is creating a sustainable workforce, with a particular focus on encouraging people to work in domiciliary and adult social care to support those want to be in their own homes.”

**HSJ’s fortnightly briefing covering safety, quality, performance and finances in the mental health sector — headlined: The profession at ‘high risk’ of being lost**

*If changes are not made immediately, there is a high risk that this profession will be lost.*
That was the stark warning from Baroness Watkins of Tavistock in a [long-awaited Health Education England report last week, which set out the challenges facing the mental health nursing profession and how they might also be overcome.](https://protect-eu.mimecast.com/s/YlcHC57YpS6jwz7IOMgo2?domain=go2.wilmingtonplc.com)

A future without mental health nurses is unthinkable, but the numbers are worrying – vacancy rates now vary from 12 per cent in the North East and Yorkshire to 20 per cent in the East of England. And analysis of [December 2021 workforce data](https://protect-eu.mimecast.com/s/EA-2C6WZqTyOZgvtmv7JR?domain=go2.wilmingtonplc.com) indicates mental health trusts account for more than a quarter – 28 per cent – of all vacancies in nursing.

Leaver rates have also climbed to almost 7 per cent during the pandemic – [levels not seen since 2017-18](https://protect-eu.mimecast.com/s/YlcHC57YpS6jwz7IOMgo2?domain=go2.wilmingtonplc.com).

One area of particular concern for mental health chief executives are nursing shortages within core inpatient services.

*Mental Health Matters* understands that, while recent investment into community services has been welcomed [as part of the NHS long-term plan](https://protect-eu.mimecast.com/s/DFkdC794rsZpn0KtNE9KE?domain=go2.wilmingtonplc.com), it has led to staff from acute inpatient services moving into the community – in part to grasp new opportunities, to secure promotions, and for a change of scenery post-covid.

Nursing shortages in such services have left leaders concerned, particularly for the care of people with severe mental illnesses, and [for ensuring legal staffing obligations under the Mental Health Act are met](https://protect-eu.mimecast.com/s/X_DTC834vCYvBA0toC835?domain=go2.wilmingtonplc.com). It is clear more needs to be done, but Baroness Watkins stops short of sounding the death knell on the specialty just yet. In her report, she [spells out a series of recommendations](https://protect-eu.mimecast.com/s/YlcHC57YpS6jwz7IOMgo2?domain=go2.wilmingtonplc.com) for safeguarding the profession, including adequate funding for retention, investment in continuing professional development, and opportunities within clinical leadership.

Without credible workforce plans and sustained investment, the profession will continue to dwindle and timely access to good quality mental health care will be further stifled.

**The specialty needs back-up -** NHS Confederation mental health chief executive Sean Duggan said the Baroness’s recommendations must be supported [by an increase in nurse associates](https://protect-eu.mimecast.com/s/ukd5C994ws23r6Xh1karW?domain=go2.wilmingtonplc.com), peer support workers and apprentice roles, alongside close working with experts by experience, if they are to succeed.

**Bullying and harassment ‘normalised’ at trust put back in special measures**

The HSJ article highlighted an ambulance trust has been placed in special measures after the Care Quality Commission rated its leadership ‘inadequate’ and said staff felt unable to raise concerns without fear of reprisal. The CQC inspected South East Coast Ambulance Service Foundation Trust after being contacted by staff with concerns about bullying and harassment, inappropriate sexualised behaviour and a leadership team which failed to address concerns.

Many of the concerns echo those [raised in 2017 in an independent review into a](https://www.hsj.co.uk/south-east-coast-ambulance-service-nhs-foundation-trust/bullying-harassment-and-militaristic-leadership-exposed-at-trust/7020287.article)“culture of fear” at the trust, shortly after it was first placed in regulatory special measures. It was taken out in 2019 but has now been placed back in the equivalent “recovery support programme” on the CQC’s recommendation.

”It’s clear the trust needs help to ensure significant improvements in leadership are put in place to give hard working staff the support they need and deserve to deliver good care.”

The report sees the trust’s overall rating suspended – pending further full inspections – while its “well led” rating has been reduced to “inadequate”, having been rated “good” in August 2019. The CQC highlighted the pressures on staff from increasing demand which affected response times and warned this pressure was becoming unsustainable.

EOC staff said they felt morale was extremely low and they were working under intense pressure. They praised local management but said they didn’t feel the executive team listened to operational staff concerns. The CQC found many staff were working beyond their normal hours and managers did not know what their staffing establishment should be. Patient safety incidents were not always reported or investigated, and the outcomes were not reported back. The trust said it was taking the concerns around culture and leadership “seriously” and had begun work to implement improvements.

What the inspectors found: When inspectors visited the trust in they found leaders who were out of touch with the front line and were not always aware of the challenges the service faced. The trust was still operating a “command and control” style of leadership, adopted in earlier stages of the pandemic, with staff not feeling empowered to make decisions. Relationships in the executive team were “sometimes fraught” and there was insufficient assurance of challenge at committee level.

There was also a perception in the trust that the freedom to speak up guardian function only covered patient safety issues, and other matters – including issues of bullying and harassment and inappropriate behaviour, as well as staff well-being — when raised by the FTSUG were not addressed.

The inspectors also highlighted the trust’s financial position – with a draft plan for 2022-23 which would deliver a £39.8m deficit (almost 15 per cent of turnover). Board papers “did not fully reflect the financial sustainability challenge and the trust’s response”, the report says. The CQC saw “many examples of key concerns being raised that were not dealt with or not given necessary priority”. It raised concerns about the quality of serious incident and harm reviews, highlighting a backlog of 1,500 reported incidents which had not been addressed.

**ADDENDUM**

**Oversight Framework – Segmentation of NHS Trusts and Foundation Trusts**

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