



QUESTIONS SUBMITTED FOR THE AGM 16 / 10 / 2020

- 1. There was a talk at the last AGM about improving communication and developing family involvement. The last year has been extremely challenging for Hft, but it has also been challenging for families. I am in touch with about a dozen families with other providers. They have all faced some difficulties particularly around communication and being able to visit. Some have been aware their relative has been very stressed and unhappy and there have been high levels of anxiety within families. I would like to see Hft perceived as the best provider for communication with and supporting families.**

Please will you update about the initiatives outlines last year such as the Family Advisory Group and the review of communication with members?

(Madeleine Cowley - attending)

Answered by Jacqui Roynon, Executive Director of People and Communications.

We are very aware that the pandemic has been challenging time for families and that due to the infection control measures gaining access to visit their relatives has sometimes been difficult. This is because, due to the strict infection controls we have in place, to keep people safe, we have necessarily taken a person-centred approach to risk assessing each individual case.

To keep families up to date, we have produced a number of Family Factsheets, distributed via our services, and hosted on our family webpages, giving regular updates on the changing guidance around the pandemic.

Many of our staff teams have also been creative in finding ways to maintain communication links between families and their loved ones. But, we know there is always more that we can do and we recently canvassed a sample of families in each region, to gain their views on the pandemic, what Hft did well and where we could improve. We are now looking at these responses to learn from them.

The Online Family Advisory Group was an initiative we had begun to put in motion, to form a small group of committed families, who would have the opportunity to respond

to the strategic questions set by our Trustee Board and help inform their thinking.

We informed families of the initiative in November and asked them to express their interest, with a plan to formally launch the initiative in March 2020. We were really pleased that a number of families did volunteer. Unfortunately, when the Covid-19 pandemic hit, we had to put many of our plans on hold, to make way for the day to day management of the crisis and our response to it. This project was one of those. We are committed to relaunching this as soon as we are able to.

- 2. In March 2020 I submitted a complaint form arising out of serious concerns we had regarding the quality of care a relative was receiving. I met a regional manager in early August and handed over relevant paperwork for Hft's further consideration. I have not heard anything since, despite sending a chasing email. This makes me question the commitment to the complaints system and leads me to ask:**

- a) at what stage will the Trustees intervene to take responsibility in the absence of a timely response from Hft staff?**
- b) instead of relying just on an annual review why do the Trustees not, through one of their committees, take an active supervisory role?**

(Charles Liddiard - attending)

Answered by Amanda Bunce, Chair of Trustees.

Firstly, we would like to apologize for the delay with the response to his complaint. The complaint was received in the middle of Covid-19 pandemic and despite regular updates there was not yet a resolution to his concerns. We will ensure that this concluded by the end of next week.

Hft's complaint process is a vital way of families raising concerns and helping us to improve our practice. We are keen to ensure that it works as effectively as possible and for this reason, we will be including this a topic for a governance review that we are currently planning. The review of Trustee's role will be included in this process as well.

- 3. Residents come and go and may not understand what is going on, particularly if there is a transfer to a new care provider. What protocols and staff training are in place to support residents, especially those with complex needs and communication challenges, in these circumstances? At what point in the transfer process does responsibility for the resident's welfare transfer to the new carer?**

(Charles Liddiard - attending)

Answered by Becs Gratton, Executive Director of Operations.

Each person who we support who has needs that are significant enough that they are not able to understand or process the fact that they are leaving one house or home and transitioning to another or even possibly to another provider with or without staff

that they know, will more than likely be supported under the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This means that they will have, overseeing their care and support, a manager who is registered with CQC (in England). These managers who will be in place in both providers are legally accountable to ensure that each person in their care receives the appropriate support for them to make the transition from their care to another registered managers care as easy, safe and successful a journey as possible.

The care providers themselves are also registered under the same regulations and they have a duty to ensure that their staff is trained to be equipped and confident when supporting each person to make such a transition. The way in which that should be carried out should be planned in a person centred way and so each transition will be different. The knowledge that the staff team has of the person in question is useful and by involving family members and other representatives in the planning such transitions do not have to be distressing or uncomfortable, however sometimes it is unavoidable.

As each person is with a care provider under the terms of a contract with the funding authority, the point in the transfer process where one care provider takes legal responsibility of that person's welfare will be detailed in that contract. If the person is transferring from a registered care home to another registered care home, then normally the point at which the new care provider is responsible is when the person moves out of one care home and enters into the new one.

- 4. What is being done by the LD sector to increase its visibility, and to show its exposure, to Government and LA's during the current pandemic - the sector appears to be ignored or taking a back seat compared to other sectors like age related care?**

(Ian Cooper – attending)

Answered by Jacqui Roynon, Executive Director of People and Communications.

We wholly agree with the sentiment behind this question. The sector has experienced a shocking lack of recognition and repeatedly received little or no specific government guidance to aid decision making and planning. When guidance was published it was often late and/or contradictory.

The VODG Voluntary Sector Disability Group and the National Carers foundation have raised the issues on behalf of the sector, but have been limited in the exposure and traction that they have been able to achieve. Once again elderly care receives the most focus.

- 5. Have there been any Covid-19 related cases or deaths in Hft owned or rented/leased accommodation?**

(Ian Cooper – attending)

Answered by Jacqui Roynon, Executive Director of People and Communications.

Sadly we have lost 12 people we support to this devastating virus.

You will have seen images of all of the people we have lost during the earlier presentation. We have worked hard to support the families and friends of each of them during this difficult time and offered specialist support to the staff teams involved in their care.

6. How are the people Hft supports and Hft staff being helped to deal with the mental stress resulting from Covid-19?

(Ian Cooper – attending)

Answered by Jacqui Roynon, Executive Director of People and Communications.

Mental wellbeing of staff

We began focusing on emotional and mental wellbeing as soon as lockdown began – the first meeting of the wellbeing group was on 23 March. The group involved a senior operations leader, human resources, the communications team and our Partnership Forum Lead

We have rolled out a central information point on the hub to signpost colleagues towards specialist mental health support organisations, as well as to share access to other sources of support such as the “Shout” text message service for NHS and care staff, specialist bereavement charities and the “Our Frontline” website, as well as highlighting the support provided by our own employee assistance programme

We called out to volunteers across our central support service and trained them to provide support to anyone shielding who might be lonely and want someone to chat to; although not heavily used, this “Check in and Chat” service remained available to shielders throughout the period they were absent from work

Our learning and development team ran mental health awareness sessions for all managers and those in leadership roles in order to help them support their teams better

We have tried to learn from and evaluate what we have done. Wellbeing focus groups took place in July with colleagues from across the organisation, enabling those involved to share their views on how they view the support they have received from Hft and what they believe our future priorities should be

As a result, the learning and development team are developing a further session “staying strong in challenging times” which our support workers will be able to access to support their resilience in the months ahead

Currently also using all the feedback we have had to co-create a wellbeing strategy for the future

Mental wellbeing of people we support

One of the most important factors that has enabled the Regions to support people

during this incredibly difficult time has been the work around trying to ensure consistent staffing. Managers have worked hard to develop emergency staffing plans and this has meant that where ever people we support have staff who know them well and who have been able to reassure people and help people to try and understand the implications of Covid -19.

Amy Gordon has been instrumental in developing a range of accessible resources which are all available on the hub which have helped staff explain to people what Covid 19 is and how to keep safe.

There has also been work to continue the Voices To Be Heard network and this has tended to happen remotely but has been an opportunity for people to talk about how they are feeling

The pandemic has also meant that staff have had to work really creatively in facilitating remote well-being sessions with people we support using technology. Some local authorities have funded some equipment but this has also been made possible through our fundraising efforts in the work linking in the Hft's Personalised Technology team.

Luv2meetU has also expanded its reach across all regions with the use of technology which has enabled people to stay in touch and to link in with other people who are experiencing similar challenges.

Managers have also worked with our Specialist Skills team where there maybe evidence of increased anxiety particularly if there has been a marked increase in someone's complex presentation. We have seen a slight increase in referrals from April and there is a noted connection with the anxiety of Covid - 19

In some regions the closure of day services and respite has been particularly challenging as many people we support and their families have found this reduction of support very difficult to deal with. Where possible Hft have offered outreach support within people's homes or in the community. At the moment Regions are working with Local authorities to safely re- open building based services to a limited number of people who may be at risk of going into crisis.

Managers have also had to work through some difficult situations in order to support families. Generally the feedback from families has been very positive. However, sometimes it has been a balance of best interest decisions to look at how we ensure we can maintain contact between people we support to support their mental health whilst at the same time work within government guidelines.

- 7. What is the estimated additional operating cost per month (or in 6 months to September 2020) being incurred by Hft to protect the people it supports and its staff - realise that this can only be a broad estimate - and is there any available external funding for this?**

(Ian Cooper - attending)

Answered by Louisa McCann, Executive Director of Finance (answer presented by Jacqui Roynon, Executive Director of People and Communications).

Hft have incurred additional costs of approximately £1.4m all of which have been funded by local authorities and the Infection Control Grants.

8. **The whole sad episode of the closure of the Hft Scheme at Milton Heights, and the manner in which this was implemented, has been a shocking and shameful event which was the result of a series of cases of mismanagement and/or incompetence by the most senior management staff, and therefore by implication the Hft Trustees. It would seem that serious errors were made, and that the Milton Heights scheme was subsequently made a scapegoat, causing devastating upset to residents, others receiving support, their families and local staff alike. The decision was made without any sense of partnership regarding responsibility, communication and honesty, which historically have denoted Hft's values. This has also damaged Hft's reputation greatly.**

At the very least, an acknowledgement to all members of Hft of the failings in this matter, and an apology to everyone concerned, is deserved.

We note that the Annual Report explains the current difficulties and issues of underfunding in the care sector, which we fully understand. We also note that in the report it also states that Hft may in future have to surrender the care of people it supports back to their own Local Authorities if financial situations prove necessary.

The closure of Milton Heights was brutally executed, and we want assurances that Hft will in future manage everyone's expectations from the outset that it cannot offer the security of a home for life, as it originally did when it was founded, and as was implied to those at Milton Heights right up to the recent crisis.

We also implore Hft to have in future due consideration for proper consultation, discussion and realistic transition time if circumstances necessitate further closures.

(Alan & Pat Waller - attending)

Answered by Amanda Bunce, Chair of Trustees.

We fully acknowledge that the closure of Milton Heights was a very difficult and unsettling time for the people we support, their families, who were naturally concerned for their loved ones, as well as our staff team at the service. The difficult decision to close was only taken after very careful consideration and exploration of all options.

Hft was founded in 1962 and our ethos then was to provide a home for life, however in the years since then best practice guidance has changed significantly. Our services need to continually evolve to follow this guidance and the changing needs of the people we support. As explained earlier a campus style site, like Milton Heights, would not be registered by CQC, should a provider propose to set one up now.

Hft and Oxfordshire County Council (OCC) support this guidance and the belief that supporting people to live independently in their own homes, within the community, offers better outcomes. Because of this, the local authority was no longer willing to

commission these types of residential services or consider the site for future referrals.

As a Board of Trustees we wanted to work in partnership with OCC to create a new safe environment for the people we support, but we must also meet our regulatory and statutory responsibilities to ensure the charity has a viable and sustainable future. This must mean we are paid fully for the services we provide.

Although it felt counter to our culture as a charitable organisation, we had to take a critical decision to stop the significant monthly losses we were sustaining through the ongoing underfunding of the service. The fees we were paid fell well short of even the direct costs of care.

The timescale for the closure was set by the Local Authority and this was a lot shorter than we proposed and would have liked, and understandably and regrettably this added to the concern for families. We have been fully committed to working in close partnership with OCC, and our staff team has worked incredibly hard with the people we support through the transition process. In the end, due to the Covid-19 pandemic, the original timescales for the closure were extended, with the support of the local authority, to keep the people we support safe.

There have been many learnings along the way which we have reflected on and taken on-board. We are sorry that it has been a very challenging time for all involved. We are continuing to work closely with Oxford to support the remaining few people as they move and were pleased to have been informed by OCC recently that those who have moved are now settled and happy in their new homes. We wish them and their families all the very best for the future as they adjust to the new opportunities available to them.

9. **Following questions 7 9, and 16 in the 2019 AGM minutes and promises of more effective communication with families and members, what happened to the promised improvements? This past year has seen huge changes in the senior management team of Hft plus a new Chair of Trustees, but members and families have received little if any information and certainly none to members specifically. If membership is to be sustained, Hft needs to demonstrate that it values its members and must communicate with them.**

Moreover there are now NO Trustees with a learning disabled family member supported by Hft or anywhere else, this is very concerning.

I quote from your website:

"Hft is one of the few learning disability charities where families and carers of people with a learning disability are actively involved in ensuring the needs of the people we support are kept at the centre of everything we do."

Where is the evidence beyond individual service level?

(Sue & John Picton – attending)

Answered by Jacqui Roynon, Executive Director of People and Communications.

During these unprecedented times the focus of our communication with families has been on the impact of Covid, Our approach has centred on local, personalised,

communication largely around the health and wellbeing of their family member. On a national level the communication has included:

- 3 full family Newsletters
- 12 family E-updates
- A suite of family Covid communications including:
 - A letter to all families from Exec in March
 - An E-update
 - 4 family factsheets
 - Regular updates on the family webpages

During this time our communication with Members had been mostly around fundraising, particularly the Pandemic appeal.

We know how important communication with families is and we know that, with all things, there are lessons to be learnt to help us improve in the future. We are currently reviewing feedback to ensure that we build the learnings (positive and negative) into our future communication planning.

As discussed at the 2019 AGM we are committed to ensuring that the voice and views of families are sought and considered when organisational decisions are taken. As such we announced the creation of an the Online Family Advisory Group. The plan was to create a small group of committed families, who would have the opportunity to respond to strategic questions set by our Trustee Board and help inform their thinking. At the same time we were actively seeking family member trustees

We informed families of the initiative in November and asked them to express their interest, with a plan to formally launch the initiative in March 2020. We were really pleased that a number of families did volunteer. Unfortunately, when the Covid-19 pandemic hit, we had to put many of our plans on hold, to make way for the day to day management of the crisis and our response to it. This project was one of those. We are committed to relaunching this as soon as we are able to. In addition we proactively approached families to seek volunteers to be an Hft Trustee. In addition prior to Covid families received a trustee recruitment flyer which resulted in 2 people showing an interest. The Chair has been in dialogue with these individuals.

- 10. Why are the contractors employed by Hft to manage the grounds of services so ineffective and so slow to respond? The excellence of the care and support delivered is compromised by poorly maintained buildings and grounds. First impressions are powerful so why are services not properly supported by effective garden contractors, and to whom are the contractors accountable?**

(Sue & John Picton – attending)

Answered by Chris Hughes, Executive Director of Environments.

Firstly, I would like to apologise that the people supported at Clementi Court have had to suffer the experience of a poorly kempt garden over the last few months.

Estates were made aware of poor performance of our ground's contractor by the service manager on 19th August, following which our contracts manager visited the

service the following day to assess the problem.

This was disappointing feedback for us, as we had earlier in the summer noted a decline in performance by the same contractor, at a number of other sites they maintain for us and had been promised the service provided would improve.

We were advised the contractor had struggled with their logistics and labour during the pandemic, but these problems had subsequently been addressed.

Following the issue being reported to us, further contact confirmed the contractor had dismissed a member of their regional management team responsible for the area as a result of this continued poor performance. However, action had then been agreed with the contractor to rectify the poor state of garden maintenance over a number of visits.

On the 10th of September, following a further complaint being received regarding 'lack of improvement'. The regional director of the contractor visited the site and met with a member of care staff to discuss the on-going issue in detail. There were a few items raised that were not part of the contractor's responsibility and these items are now being costed separately and are planned to be completed shortly.

However, the contractor has since confirmed the garden at Clementi would be back to a good state where it was previously, following a few planned visits over the coming weeks.

Please appreciate that our own service visits have been reduced during the pandemic as agreed protocol, to reduce risk of transmission and so we do rely on our local service teams to raise any concerns with contractor performance as they note it.

As to the issue related to building maintenance being poor at site, we have not been made aware of any particular issues of under provision and so cannot comment further without specific details being provided.