

BOD 02/2016

(Agenda item:4)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 JANUARY 2016**

**Chief Executive’s Report**

**For Approval**

1. **Care Quality Commission Inspection**

The CQC published the report of the inspection it undertook commencing 28th September 2015 on 15th January 2016. The trust was inspected across 15 core services (two core services, Community Dentistry and GP Out of Hours were not inspected on this occasion) against five domains of quality – caring, responsive, well-led, effective and safe. Of those 75 specific assessments, 49 were rated ‘good’, 6 ‘outstanding’ and 20 as ‘requires improvement’. None were found to be ‘inadequate’ and we received no enforcement notices.

We were over-all rated ‘good’ in three out of five quality domains – *caring*, *responsive* and *well-led* and ‘requiring improvement’ in the remaining two, *effective* and *safe*. Based on weighted scoring across all services inspected the trust therefore has an over-all rating of ‘requires improvement’.

Within this composite picture the majority (10 out of 15) of the trust’s core services were over-all rated ‘good’ (10) and one, our children and young people’s community service, which includes school health nurses, health visitors and children’s community nurses, was rated as ‘outstanding’. Four core services, Community Health Inpatient Services, the Rehabilitation Mental Health Ward, Community Based Mental Health Services for Adults, and Acute Wards for Adults of Working Age, were overall rated as ‘requires improvement’.

The CQC found that Oxford Health NHS Foundation Trust was *well-led* with: accessible visible management at all levels and good working governance systems.  It was *responsive* to people’s needs across services especially in a crisis, including reducing the need for police involvement in mental health crises, and in providing emotional support and counselling, especially for end of life care and bereavement. Patients and staff knew how to raise concerns and there was good learning from incidents and complaints. Perhaps most importantly, staff were found to be *caring*.

The report notes: “In most services, we found that staff were committed, dedicated and passionate about the work they did. Patients and their carers spoke positively about the care they received and felt they were treated with dignity and respect.” In some services *caring* was rated ‘outstanding’… “Luther Street medical practice, CAMHS community services and community children’s services … showed passion, enthusiasm and received overwhelmingly positive feedback.” (CQC Oxford Health NHS Foundation Trust Quality Report p10).

Improvements are required in *safety* to ensure that across all trust services the same high standards are observed. Inspectors noted “On the whole services were safe, but the trust received a rating of requires improvement because we found pockets of poor practice.” They also noted that some of our older estate, especially inpatient mental health settings at the Warneford Hospital, was outdated for the delivery of modern mental health care... Other areas of for further work are around:

* Improving how we record and demonstrate patients’ involvement in their own care planning
* Ensuring consistent high quality records of care plans and assessments
* Continuing our work to implement a new end of life care pathway and monitoring the impact of this work
* Continuing to monitor and respond to increasing demands on staff specifically in community services
* Reviewing ‘blanket’ restrictions on some wards for example allowing all patients free access to garden areas
* Tightening monitoring arrangements around equipment including resuscitation equipment and trust labelling for ‘To Take Out’ medicines
* Continuing to work with staff to ensure all mandatory training specifically resuscitation is completed.

Inspectors noted that: “Across all services trust staff were good at recognising safeguarding and reporting incidents. Teams learnt from incidents and there was shared learning across services, through regular ‘briefing notes’ and “staff had good access to mandatory training and good induction programmes, as well as opportunities for continuous professional development.”

On partnership working inspectors noted, “the trust is clearly committed to services that are multi-agency and multi-disciplinary and this was evident from the board discussions we observed and how staff at the frontline described the care.”

Effectiveness was rated as requiring improvement. The main area is involving patients in planning and reviewing their care and noting it on their records. A major piece of work on developing a new Patient Involvement and Engagement Strategy, in collaboration with patients and people who care for them is underway and due for completion by Spring 2016. The second area for improvement is around embedding more consistent patient assessments to evaluate pain (although timely administration of pain relief was reported positively by patients) and swallowing difficulties; and the third area is continuing to implement and assess the impact of our new end of life care pathway. Work has been completed or is underway to address all of these matters. Overall inspectors found that National Institute for Health and Care Excellence (NICE) guidelines were followed.

A Quality Summit will take place on 29th January, involving the CQC, Monitor and a range of local stakeholders. The CQC has indicated that is considers the action arising from the inspection is of such a nature that it would be able to return for a focussed inspection in around six months time, with a view to assessing whether, by that point an overall rating of ‘good’ had been obtained. In the meanwhile the follow up action to the individual recommendations will take place under the aegis of the Quality Committee. The full report will be considered later on the agenda.

1. **Oxfordshire Devolution**The Oxfordshire devolution proposal was submitted to central government at the end of November. Follow up discussions are taking place mainly through the CCG and County Council, but are closely related to the need to develop a five year ‘place based’ plan outlined in the most recent planning guidance. Further updates will be provided as the situation develops.
2. **Delayed Transfers of Care – Oxfordshire**

The plans developed to use temporary intermediate care capacity commissioned in Nursing Homes and supported by outreach from OUH and OH FTs as a means of addressing the high numbers of delayed transfers of care in Oxfordshire appear to be working in line with expectations. A large number of patients who have been assessed as medically fit to move have been discharged from acute and community hospitals to intermediate care facilities, and the expected proportion have continued their rehabilitation and returned to their homes. The planned changes have been made to the disposition of acute beds within OUH, and staff so released have been redeployed to support the new model of care. The next key step is when the number of intermediate care beds is scaled back in February as part of the plan to move the system of care to a new state of equilibrium. Discussions are continuing with commissioners about the best way to secure long term stability of the combined Supported Hospital Discharge/Reablement service, as the ability to maintain that equilibrium is critically dependent upon maintaining capacity to support patients in their own homes.

1. **National Issues**

Kerry Rogers has provided a helpful digest of national issues and guidance emerging since the last report. This is attached as appendix 1. You will note that it has been a period of considerable activity following the Comprehensive Spending Review, and in the light of the significant financial challenges across the whole of the NHS.

Since completion of the attached report, Monitor has issued its technical guidance with regard to the Annual Plan Delivering the Forward View: Technical guidance for NHS planning 2016/17, which, in turn, supports the main planning guidance Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21

It requires NHS commissioners and providers to submit two separate but interconnected plans in 2016:

* a strategic, local health and care system Sustainability and Transformation Plan (STP), covering the period October 2016 to March 2021
* an operational plan by each organisation for 2016/17, that should be consistent with the emerging local strategy and completed in time to enable contract sign-off by the end of March 2016.

This technical annex outlines NHS Improvement’s requirements of providers for the 2016/17 operational plan only. Further detail on the STP requirement will be released later in January 2016.

In short, provider plans must do the following:

* plan for a reasonable and realistic level of activity
* demonstrate the capacity to meet this
* provide adequate assurance on the robustness of workforce plans and the provider’s approach to quality
* be stretching from a financial perspective, taking full advantage of efficiency opportunities (including those identified by Lord Carter and the new rules around agency)
* demonstrate improvement in the delivery of core access and NHS Constitution standards
* contain affordable, value-for-money capital plans that are consistent with the provider’s clinical strategy and clearly demonstrate the delivery of safe, productive services
* be aligned with commissioner plans, and underpinned by contracts that balance risk appropriately
* link to the local health and care system’s emerging STP, the requirements for which are set out in *Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21*
* be internally consistent between activity, workforce and finance plans.

Draft operational plans

Providers’ draft, one-year operational plans for 2016/17 should be submitted to TDA and Monitor by midday on **Monday 8 February 2016.** This year, for both NHS trusts and NHS foundation trusts, the draft operational plan will include:

* a draft operational plan narrative (max. 20 pages), which should outline the provider’s approach to activity, quality, workforce and financial planning for 2016/17, and link to the local health and care system’s STP.
* a full set of draft finance, activity and workforce data:
* NHS trusts will be required to submit separate finance, activity and workforce returns, in line with previous planning rounds
* NHS foundation trusts are required to submit one return containing a full set of finance, activity and workforce data.

Final operational plans

Providers’ final, one-year operational plans for 2016/17 should be submitted to TDA and Monitor by **midday on Monday 11 April 2016**. The final operational plan should include:

* an updated final version of the operational plan narrative (max. 25 pages)
* a one-page cover sheet for the final plan narrative, drawing attention to any material changes from the draft version
* a separate version of the final plan narrative, in a format suitable for external publication (see end of Section 4 for further details)
* updated final versions of the finance, activity and workforce data returns.

The Financial plans and supporting narrative will be considered through the governance structures, most notably the Draft Plan will be presented to the Finance and Investment Committee on 2nd February and progress in the plans development will be debated at the private session of the Board.

Board declarations in final operational plans

Monitor requires each NHS foundation trust board to make a series of declarations as part of its final operational plan for 2016/17 **(deadline 11 April 2016).** These declarations do not need to be made in the draft plan submission.  Future reports from the Company Secretary to the Board will include the relevant information to support this self-certification process.

1. **CEO Stakeholder Meetings & Visits**

Since the last meeting, key stakeholders that I have met with, visits I have undertaken and meetings that I have attended have included:

* Oxfordshire Transformation Board.
* Department of Health: Mental Health Payment Systems Roundtable
* Oxfordshire Health and Overview Scrutiny Committee.
* Picker Institute Board
* Oxfordshire Transformation Board: Informatics work stream.
* Oxfordshire Clinical Commissioning Group: Chief Executive’s and Chief Operating Officers, Delayed Transfer of Care Planning meetings.
* National Institute of Health Research ‘CLAHRC’ Oxford Symposium.
* World Health Organisation: Reforming the Mental Health System in the Czech Republic Symposium
* Board to Board with Oxford University Hospitals NHS Foundation Trust.
* Department of Health: Mental Health Payment System Steering Group.
* Learning Disabilities Transition Board.
* Chairing the Care Quality Commission Inspection of Lincolnshire Partnership NHSFT.
* Department of Psychiatry: Joint Research Office meeting.
* Thames Valley Police Chief Executive’s meeting.
* NHS Providers Chairs and Chief Executives meeting.
* Health Bucks Leaders.
* Linking Leaders Conference – Oxford.
* Bio Medical Research Planning meeting.
* Oxfordshire Clinical Commissioning Group: Oxfordshire Transformation Board – interviews for the new Programme Director.
* Oxfordshire Health and Overview Scrutiny Committee.
* Oxfordshire Transformation Board: Chief Executive’s briefing session on I&MT strategy and roadmap.
* Trust Linking Leaders Conference – Swindon.
* Trust Linking Leaders Conference – Aylesbury.
* Oxfordshire Clinical Commissioning Group: System Resilience Group.
* Advanced Healthcare meeting with the Managing Director.
* Meeting with Oxford City Council to discuss key worker accommodation and planning matters.
* Chief Executive’s visit to Thames House, Littlemore.
* Department of Psychiatry: Dementia Research Institute Oversight Group.
* Price Waterhouse Cooper Chief Executives’ Group.
* National Institute of Health Research CLAHRC Phase 2 Project Review.
* Department of Psychiatry Strategic Awayday.
* University of Oxford: Medical Sciences Division Retreat.
* Department of Health: Mental Health Outcomes Event.
1. **Board appointments**

I am pleased to report that Dr Mark Hancock has been appointed as Medical Director to succeed Dr Clive Meux upon his retirement at the end of March. Dr Hancock is currently Deputy Medical Director, and so arrangements will need to be made to fill that position. Subject to the usual clearances the post of Chief Operating Officer and Deputy Chief Executive has been accepted by Mr Dominic Hardisty, who is currently Deputy Chief Executive of Northamptonshire Healthcare NHS FT. The details of his start date are still to be finalised, but I remain very grateful to Pauline Scully for acting as COO in the meanwhile.

**Recommendation**

The Board of Directors are asked to note the report

**Lead Executive Director:** Stuart Bell, Chief Executive