

BOD 48(i)/2018

(Agenda item: 4)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25th April, 2018**

**Chief Executive’s Report**

**For Discussion**

As the new financial year has begun some contractual arrangements have been agreed in principle, but there remain considerable issues in some areas, particularly the finances and the targets to be achieved in relation to the Mental Health Five Year Forward View in Oxfordshire.

No contracts for FY19 have yet been signed. For Buckinghamshire, the overall value has been agreed although the detail of what has to be achieved in terms of the Mental Health 5YFV has to be finalised. In Oxfordshire there is overall agreement on the Community Physical Health contract with additional funding made available to address the GP Out of Hours service pressures. However, for the Mental Health service contracts further discussions will be required to reach a shared understanding both of the level of investment required to achieve the objectives of the Mental Health Five Year Forward View, and also, more immediately, to ensure that sufficient capacity is funded to deal with the substantial rises in demand for treatment, particularly in child and adolescent and adult services. NHSE Specialised Commissioning (mainly the forensic mental health services) have made a financial proposal which requires further explanation and clarification.

**Local issues**

1. **Financial Plan FY18**

The detail of our financial performance is routinely included in the finance report, but the headline result for the financial year to the end of March 2018 is an Income & Expenditure deficit of £1.8m, which is £3.6m adverse to plan. However, this includes a £3.7m gain on asset due to the transfer of Slade House from Southern Health NHSFT and a £5.1m impairment following revaluation of estate. After adjusting for these and other items excluded from measuring performance against the Trust’s Control Total, is an underlying performance of £2.1m adverse to the Trust’s Control Total. This compares to a reforecast position of £1.8m adverse as submitted to NHSI in January 2018. The reasons for the adverse position remain consistent being mainly due to a shortfall in delivery of CIP and operational pressures in services including the delay in taking on LD services. Based on these results the Trust’s overall Use of Resources risk rating would be a ‘3’. Within this the Agency metric is rated as a ‘4’ because spend on agency staff was significantly above the ceiling set by NHSI resulting in the Trust’s rating being capped at a ‘3’. The Trust continues to work on solutions to help address spend on agency.

2. **Financial Plan FY19**

The Draft FY19 financial plan was submitted to NHSI on 8th March 2018 and is for an Income & Expenditure surplus of £0.9m compared to a notified Control Total of £1.9m surplus. The plan is highly challenging and is regarded at this stage as a high risk plan. The Plan assumes that the Trust’s notified Control Total is reduced by £1.0m to recognise the revenue impact of GDE, requires a total benefit of £7.6m to be achieved through a combination of efficiency improvements and contribution from additional revenue and there is no contingency reserve available to manage unplanned events or pressures that may arise during the year. The level of CIP is challenging and the risks attached to achieving additional revenue contribution may result in having to achieve a higher level. The Final FY19 Plan due to be submitted to NHSI on 30th April 2018 is largely consistent with the Draft Plan submitted on 8th March 2018 although the acceptance of the Control Total will be considered later in this Board meeting taking into account the realistic expectations on the outcome of the contract discussions. In very recent guidance from NHSI all trusts have been asked to review the realism and robustness of their plans by 30th April.

1. **Operational forward plan**

As previously reported, the requirement to submit our draft Operational Plan to NHS England was achieved by the 8th March 2018 deadline. Further development of the final submission for Board approval has since continued and the final plan will be discussed later in the private Board session and subsequently submitted at the end of April.

1. **Workforce: Nurse Recruitment and Retention**

The monthly meeting of the taskforce continues to bring additional focus and impetus to this important area for the Trust and its services.  Specific areas of concentration this month include the following:

* Our Gender Pay Gap report was published and was discussed with stakeholder groups including Board, Staff Side and the Executive team, with plans to continue to improve our position.
* Although agency spend remains high there was not a significant “spike” in March as there has been for the last several years – this is down to centralisation of agency usage and more prompt management of billing and payments. Good work by the Staffing Solutions, Finance and Procurement teams has led to this improvement.
* We continue to work hard to get more Healthcare Assistants onto our Bank and our substantive payroll ahead of the planned cessation of agency use for these roles across the Trust in mid-May.
* We have offered the Freedom to Speak Up role (successor to Mike Foster) to an internal candidate who should be able to start in May.

1. **Joint Enterprise – GP Federations**

Further to discussions at the last seminar meeting, the Board will discuss at its April meeting the proposed joint enterprise in Oxfordshire with our GP Federation colleagues. As previously advised, the purpose of discussion in April is to support a business plan that can be approved by the respective stakeholder Boards and recommended for adoption to wider stakeholder groups.

1. **CQC Trust Well Led Inspection**

The inspection of core services has continued. As part of their trust-wide annual inspection, the Care Quality Commission (CQC) has inspected 33 teams, including wards, across mental health, learning disability and community hospital services. The majority of visits took place in March 2018. The CQC have also contacted partners and key stakeholders we work with for their feedback.

In addition to the annual inspection, the trust has had CQC follow-up visits to the care home at the Slade and to the GP Out of Hours (OOH) service to review previous action plans. The initial trust-wide verbal feedback so far from the CQCs visits to clinical teams has been encouraging, however it is important we await the formal draft report. The CQC has commented that:

* They are seeing improvements made by teams following the last inspection
* They have not had to escalate any patient safety concerns
* They have been very positive about the professional, caring and dedicated staff they have observed and met during the inspection.
* Quality of documentation in patient notes has been variable
* Knowledge and documentation around considering a person’s mental capacity has improved, although this is still not consistent in practice
* Training and competencies around medicines management have been variable
* Actions identified from regular checks are not always happening, e.g. when fridge temperatures exceed acceptable levels
* Staffing levels although improved, have been inconsistent across the services.

A series of staff focus groups have been held. The third and last phase of the annual inspection is interviews with a range of people including governors, senior clinicians, senior managers and the Board of Directors. Some interviews took place the week of 5th and 9th April although the majority of interviews are being held on 17th, 18th and 19th April. In total around 50 staff will be interviewed. At the same time of conducting interviews the CQC will be auditing a random selection of SI investigations, complaint investigations and reviewing how we learn from deaths. They will give some initial trust-wide verbal feedback on 19th April and then their draft reports and revised ratings will follow in May 2018.

1. **Research & Development (R&D)**
   1. **Academic Health Science Network (AHSN)**

A routine update on matters concerning our AHSN is given below:

* Three new lay partners have been appointed to work with the AHSN with a particular focus on patient safety and informatics – the Informatics oversight group is chaired by me. Two further Associate lay partners have also been appointed. They include Larry Gardiner who has worked with Oxford Health on a quality improvement project. Details here: <http://www.oxfordahsn.org/our-work/patient-and-public-engagement-involvement-and-experience/lay-partners/>
* People living in Buckinghamshire, Oxfordshire and Berkshire will be eligible for free access to a clinically-proven digital programme which tackles insomnia following an award of almost £1 million that could spur its adoption across the NHS. The Oxford AHSN is supporting the rollout of Sleepio, the online sleep improvement programme created by digital medicine company Big Health, later this year. It is funded by Innovate UK through the Digital Health Technology Catalyst programme. Read more here: <http://www.oxfordahsn.org/news-and-events/news/insomnia-initiative-could-help-thousands-kick-sleeping-pills/>

1. **CEO Stakeholder meetings and visits**

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

* BOB STP Executive Lead, Fiona Wise
* Oxford Out of Hours, Professor Carl Hennegan
* Buckinghamshire County Council, CEO Rachael Shimmin
* Bucks ICS Partnership Board
* BOB STP Operational Board
* BOB STP Chief Executives’ Strategy Group
* Buckinghamshire Healthcare NHS, CEO Neil MacDonald
* NHSI Quarter 4 Assurance meeting for Bucks.
* Oxfordshire Health Overview & Scrutiny Committee, Lay member, Dr Alan Cohen
* NHSI Quarter 4 Assurance meeting for Oxfordshire
* TVW Forensic New Care Models CEOs Steering Group
* NHS Confederation Community Services Shadow Board

1. **National and Regional issues and transformation developments**

A helpful digest of national and legal issues and guidance emerging since the last report is routinely attached as an appendix.  Other key developments worthy of particular reference are as included below.

* 1. **STP Capital Funding: Oxford Health NHS Foundation Trust, Highfield CAMHS Tier 4**

I am pleased to confirm that our above scheme is included in the list of projects announced in April that will be allocated funding to support STP transformation. This is part of the Government’s major multi-year funding package for additional capital investment in the NHS to deliver high quality care, in the right setting for patients.

The allocation is subject to standard business case approvals, including demonstrating recurrent savings and value for money. It is also conditional on the STP having a robust capital and estates plan, which includes agreed targets for disposing surplus land and buildings, and moving towards shared local clinical and financial accountability.

Our business case is required to work within the funding envelope included in our bid as a maximum. A funding agreement will be formalised once the final business case is agreed, taking into account disposal proceeds where appropriate.

* 1. **Health service developments in Oxfordshire**

Oxfordshire CCG Board at the end of March, approved a new way forward for tackling some of the future challenges in Oxfordshire’s health and care system. This means that there will be a new approach to future developments for health services in each of the six localities in Oxfordshire and no changes will be proposed to A&E and paediatrics at the Horton General Hospital or to the provision of Midwife Led Units in Oxfordshire.

This new approach will mean working with communities in localities across the county to understand the local health needs, the local resources and facilities available and together to plan integrated health and care services for the future. Patients, the public, local clinicians, local representative, voluntary organisations and others will all be involved in this work. NHS organisations and social care will be working closely together and a plan for how this engagement will work will be shared soon. In taking this approach, local communities will be working with the CCG as partners and the ultimate plans created together will be ones that are owned by all.

**HS2 Rail-link Buckinghamshire**

With the work to build the HS2 rail link due to start in early 2019, the Trust has now started to engage with the various groups and partners in Buckinghamshire to identify and wherever possible, reduce the significant impact that will be caused during the construction phase. From the discussions held so far, there will inevitably be an increased demand on health and care services from construction workers and their families and significant disruption to the road network and public transport services for a number of years. The Trust will continue to work with partners to identify and minimise risks and to ensure that services continue to be delivered as efficiently as possible during this national infrastructure programme.

1. **Board approvals**
   1. **Consultant appointments**

There have been two consultant appointments accepted since the last Board of Directors’ meeting:

* Dr Madalina Cristanovici achieved her medical degree and completed her medical training in Romania before moving to the UK (with specialist registration) to further her career. On arrival in the UK in September 2015, Dr Cristanovici worked for South London and Maudsley NHSFT as a specialty doctor in Learning Disabilities to broaden her psychiatry experience. In April 2017 she was appointed to a specialty doctor post in general adult inpatient psychiatry with CNWL, now that she has developed her experience of working in the NHS she decided to apply for her first consultant role with Oxford Health in Aylesbury AMHT.
* Dr Alexander Langford is an Oxford Health ST6 currently working in Early Intervention Services, Oxford. Alex joins us having completed his medical degree in Southampton and also a BSc in Psychology. He completed his foundation training with the South West Deanery before going on to complete his core training with South London and Maudsley NHSFT, he is also a member of both the Royal College of Physicians and the Royal College of Psychiatrists. Alex is near to completing his training with the Oxford deanery and is looking forward to commencing his consultant career with the Trust on Ruby Ward at the Whiteleaf Centre.

1. **Recommendation**

The Board is invited to ratify the consultant appointments; and note the report seeking any necessary assurances arising from it or its appendices.

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