

**Report to the Meeting of the**

BOD 78(i)/2018

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th June, 2018**

**Chief Executive’s Report**

**For Discussion**

Since my last report, it remains the case that contracts have not been signed for FY19, although significant progress has been made in discussions with Buckinghamshire and an exercise has commenced involving an independent former MH Trust Finance Director looking at the overall funding position in Oxfordshire, initiated by the STP.

**Local issues**

1. **Financial Plan FY19**

The detail of our financial performance is routinely included in the finance report, but the headline result for the period to the end of May 2018 is an Income & Expenditure deficit of £1.8m, which is £0.8m adverse to plan. After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding) the underlying performance is a deficit of £2.0m, which is £0.8m adverse to the Trust’s Control Total.

The main reasons for the adverse position are: not having secured additional income from commissioners in relation to Mental Health Standards; the non-delivery of CIP; and pressures in the Adult directorate due to Out of Area Treatments and residential care. There has been a particularly acute spike in activity during April and May, and whilst progress is being made to reduce this spike the pressures are continuing. 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 NHS Improvement (NHSI). The Trust continues to work on solutions to help address spend on agency. Additionally, the capital service cover metric is rated as a ‘4’ because of the operating deficit position in the month, though this metric is expected to improve during the year.

2. **Workforce: Recruitment and Retention**

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| The decision to cease using agency HCAs (Healthcare Assistants) was implemented in mid-May. We are closely monitoring the situation with regard to quality, safety and cost. Tight team work between operational leaders, nursing leaders and the HR staffing solutions team has been evident in this initiative and the early signs are that it is a good change to have made, from all perspectives.  Further work on Stress has been undertaken including a staff survey which around 1200 people completed. We are using the Health and Safety Executive’s Management Standards as our guide for this work and are setting up working groups to focus on the main causes of workplace stress according to our staff which are Demands, Control and Change.  Recruitment work continues at a pace with over 500 new staff joining us in the first four months of the year. Retention is still a challenge and in the same period we lost just over 400 staff.  The CEO’s team held an initial discussion on Talent and Succession, concentrating on the direct reports to the CEO’s team.  An insightful contribution around diversity and inclusion was made by Raj Tulsiani from Green Park at the June Board Seminar. |

1. **Electronic Health Records**

As reported last month, the Trust has participated in a bid to NHS England for funding to develop a Local Health and Care Record Exemplar (LHCRE). The proposal involved health and social care partners from the BOB, Frimley and Surrey STPs and Milton Keynes. The outcome is awaited, but if successful this will complement existing funding for Global Digital Exemplars (GDEs), of which there are several in the LHCRE area.

We have now successfully concluded our negotiations with OneAdvanced related to Carenotes and Adastra. Both parties have agreed to reset the contract to remove certain undelivered items and renew the contract for a further term of five years. The commercials related to this position are in keeping with the parameters agreed in the original contract.

The Trust is also considering how best to provide electronic health records in the longer-term. A range of options for strategic solutions, encompassing interoperability with other partners’ systems, operational flexibility and ease of use and the ability to support advanced analytics for population heath management and research are being reviewed.

1. **Organisational restructure**

As reported in May, we have moved into phase 2 of the restructure and the COOs update report to the Board will provide further information in this regard. Dominic McKenny, Chief Information Officer (CIO), will leave the Trust at the end of this month to take up a new role as the Head of Healthcare for Apple in the UK. Following his departure, it has been agreed that Martyn Ward, Director of Strategy & Performance, should become CIO and take charge of Trust ICT functions. Responsibility for Contracting functions will transfer to Mike McEnaney, Director of Finance. The Board will be aware of Ros Alstead’s intention to retire at the end of November as Director of Nursing & Clinical Standards; a recruitment process for a suitable successor has commenced.

1. **Learning Disabilities (LD) – potential unit for adults with LD who need specialist care in a low secure setting**

The Board in private session will be considering potential options to create a new LD Low Secure Unit to complete the LD forensic pathway and complement the existing Medium Secure unit at Evenlode; this would be further to the community LD services which the Trust provides. A bid for capital funding for this scheme has been agreed as a priority for the BOB STP capital funding bids to be submitted at the end of this month, as has a scheme for the development of primary and community care integration in Didcot.

1. **Linking Leaders**

Linking Leaders in June has focussed on the patient experience, with presentations, video and interactive Q&As. The event featured presentations on: a case study of how improvements have been made to patient experience on Ruby Ward (from Jeff Parker, Senior Matron); how we are capturing and using patient experience information (from Cara-Mia Grossi, from IWantGreatCare); and how the Trust is putting patient experience at the heart of what we do (from Jane Kershaw, Head of Quality Governance, Nursing and Clinical Standards, and Donna Mackenzie, Patient Experience and Involvement Manager). Over fifty staff attended the Aylesbury event; over a hundred the event in Oxford; a further event is scheduled for Swindon.

1. **Care Quality Commission (CQC) inspections**

The Board has previously been appraised of the informal feedback received from the CQC during the period of their Trust-wide well led inspection and I have previously provided an update on the outcome of the Slade Step Down care home inspection which achieved a ‘Good’ overall rating.

The GP Out Of Hours service inspection report has been received since my last report to Board and has also achieved a ‘Good’ overall rating from the CQC. This service has improved from its previous inspection in November 2016 when it was rated ‘Requires Improvement’ overall; the latest inspection was completed in March 2018.

By way of further update we have since received the draft report from the CQC’s Trust-wide well led inspection completed in mid-April. We are working on a detailed factual accuracy response and I will update Board members in more detail at the Board meeting.

1. **Armed Forces Covenant**

I am delighted to confirm that the Trust has committed to honour the Armed Forces Covenant and to support the Armed Forces Community in recognition of the value which service personnel, both regular and reservist, veterans and military families contribute to our work and our country. We have covenanted that those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant and I am pleased the Trust can commit to it.

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

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

* NHS England has approved a new five-year licence for Oxford AHSN and the other 14 AHSNs covering England. More details here: <https://www.oxfordahsn.org/news-and-events/news/ahsns-relicensed-as-key-innovation-arm-of-the-nhs/>
* The Oxford AHSN is co-developing with partners developing a sustainable programme of improvement and innovation to support providers of mental healthcare. More details here: <https://www.patientsafetyoxford.org/clinical-safety-programmes/mental-health/overview-2/>
* In the run-up to the NHS 70th birthday celebrations on Thursday 5 July, the AHSN Network has teamed up with NHS Digital to showcase some of the latest healthcare innovations via an online calendar including some from the Oxford AHSN. More details here: <http://www.oxfordahsn.org/news-and-events/news/nhs70innovations-celebrating-70-years-of-the-nhs-with-a-70-day-calendar-of-nhs-innovations/>

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:  

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| * Meeting with Dame Hilary Boulding to discuss student mental health in Colleges * CLAHRC Management Board * Joint University and Trust Planning Group * Seminar on ‘The Perfect Health System -Emerging Issues in Global Health’ * Meeting with Oxfordshire Mental Health Partnership CEOs * Meeting to discuss the Oxfordshire Integrated Care System development process * OHFT Carers conference * Meeting of BOB STP and Matthew Swindells – NHS England * Oxfordshire HOSC | * Meeting with Oxfordshire local authorities to discuss the implications of growth and development * AHSC Board * Discussion with Trevor Shipman about MH funding * Linking Leaders conferences in Buckinghamshire and Oxfordshire * Buckinghamshire ICS Board * Professor Paul Salkovskis * BOB Estates strategy sign off * CEA Panel * Oxfordshire Integrated System Delivery Board * Visit of Oxfordshire MPs to Townlands Hospital RACU |

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

Key developments worthy of particular reference are as included below:

* 1. **Prime Minister’s speech on NHS funding commitment (18 June 2018)**

The Prime Minister has announced a new five year funding settlement for the NHS and also tasked the NHS with producing a 10-year plan to improve performance, specifically on cancer and mental health care. The funding is for the NHS England commissioned budget only and therefore does not include capital funding, public health, health education or social care. The Prime Minister has set out five priorities: (i) putting the patient at the heart of how care is organised; (ii) a workforce empowered to deliver the NHS of the future; (iii) harnessing the power of innovation; (iv) a focus on prevention, not just cure; and (v) true parity of care between mental and physical health.

NHS Providers have responded and welcomed the extra funding and ambitions for a long term plan to improve quality of care, whilst noting that the NHS would still face difficult choices on what its priorities should be. NHS Providers’ ‘On the Day Briefing’ can be accessed here: <http://nhsproviders.org/resource-library/briefings/on-the-day-briefing-prime-ministers-speech-on-nhs-funding-commitment>

* 1. **NHS England and NHS Improvement closer working**

Ian Dalton has written to Chairs and Chief Executives outlining how most NHSE and NHSI national functions will move to single integrated teams reporting to both organisations, or as hosted teams, working in one organisation on behalf of both.

The proposals include the creation of seven integrated regional teams, each led by a Regional Director, who will have much wider responsibilities and greater power compared to the current structure. The proposals also include changes to a number of national roles, with the function of the national level arms-length bodies changing to being one of supporting the Regional Directors and working with them to create the national level strategic framework.

We welcome the action NHSI and NHSE are taking to work more closely together.

* 1. **Carter report on operational productivity in mental health and community health services**

NHSI has published a report *NHS operational productivity: unwarranted variations* following the review led by Lord Carter of the productivity and efficiency of mental health and community health services. The attached appendix is the ‘On The Day Briefing’ from NHS Providers which outlines the report’s recommendations for those areas where operational improvement can be made and the structural issues that need to be resolved in order for efficiency and productivity savings to be achieved.

* 1. **Health and Social Care Select Committee report of its inquiry into the development of new integrated ways of planning and delivering local health and care services**

This inquiry focused on the development of Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and Accountable Care Organisations (ACOs). The inquiry found that the greatest risks to accelerating progress were lack of funding and workforce capacity to design and implement change; it recommended that the government recognise the importance of adequate transformation and capital funding in enabling service change and that long-term funding settlement include dedicated, ring-fenced funding for service transformation and prevention. Although the Committee found that more integrated care would improve patient experience, particularly for those with long-term conditions, and may reduce demand on hospital services, the Committee concluded that there was lack of evidence that integration, in the short term, would save money. The Committee found that although STPs provided a useful forum through which local bodies could come together in difficult circumstances to manage finite resources, local bodies had faced challenges in doing so within tight timeframes and in areas without a history of collaborative working. The Committee therefore recommended that STPs were not the sole solution to the funding and workforce pressures on the system and noted that national bodies should not overburden STPs by increasingly making them the default footprint for the delivery of national policies.

The Health and Social Care Select Committee report can be accessed here: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/650/65002.htm>

NHS Providers’ ‘On the Day Briefing’ which summarises the key recommendations from the inquiry can also be accessed here: <http://nhsproviders.org/resource-library/briefings/on-the-day-briefing-health-and-social-care-select-committee-report-integrated-care>

* 1. **BOB STP**

As reported last month, the major focus of the BoB STP continues to be on the development of plans to enable Oxfordshire to move towards becoming an Integrated Care System along the lines of Buckinghamshire and West Berkshire.

1. **Announcements**

I am delighted to announce that Dr Wendy Woodhouse has been deservedly awarded an OBE in the Queen’s Birthday honours for her services to children and young people’s mental health, marking over 32 years’ NHS service, with 22 years in Swindon and Wiltshire, where she continues to practice. For eight years she led our child and adolescent mental health (CAMHS) and children’s services across our five counties. We congratulate Wendy on this well-deserved award. She has made a tremendous contribution to child and adolescent mental health. Having developed many key services over her years as clinical director at the Trust, she continues to provide care for young people as one of our most experienced consultants.

1. **Consultant appointments**

None since the last Board meeting.

1. **Recommendation**

The Board is invited to note the report seeking any necessary assurances arising from it or its appendices.

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

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*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust):*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*3) Delivering Innovation, Learning and Teaching*

*(Goals: the impact of the AHSN, AHSC and CLAHRC will be maximised; we will collaborate in research and innovation; and we will deliver high quality teaching)*

*4) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*5) Developing Leadership, People and Culture*

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*

*6) Getting the most out of Technology*

*(Goals: our patients and staff will have the right technology available; our workforce will have the necessary IT skills to do their jobs well; and an outstanding IT service will be delivered)*

*7) Using our Estate efficiently*

*(Goals: patients and staff will benefit from safe and appropriate environments; our estate will be sustainable and environmentally-friendly; and our estate will be cost-effective)*