

# Report to the Meeting of the

**CoG 04/18**

(Agenda item: 08)

# Oxford Health NHS Foundation Trust

# Council of Governors

**22 March 2018**

**Chief Executive’s Report**

**For: Information**

High levels of demand across services are sustaining and we continue to work hard to ensure that where possible people are treated in the right setting, but with capacity pressures in both inpatient facilities and in community-based services, staff resilience is under pressure and out of area placements have inevitably increased. Our mental health services also face the same challenges as acute services when it comes to timely discharge, with the right support packages in place. As we have discussed before, the adequacy of local funding for mental health services is lacking against both national and regional benchmarks and must be seen as broader context to the challenges facing the responsiveness of mental health services.

**Local issues**

1. **Financial Plan FY18**

The detail of our performance is included in the finance report, but the headline financial result for the ten-month period to the end of January 2018 is an Income & Expenditure surplus of £2.8m, which is £0.1m favourable to plan. However, this includes a £3.7m gain on asset due to the transfer of Slade House from Southern Health NHSFT and £1.3m of one-off benefits which when excluded results in an underlying deficit position of £2.2m, which is £4.9m adverse to plan. The reasons for the underlying adverse position remain consistent being mainly due to a shortfall in delivery of CIP, provision for risk on delivery of CQUINs and operational pressures in services including the delay in taking on LD services.

Based on the year-to-date 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 is considerably 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.

A revised forecast for FY18 was submitted to NHS Improvement with the supporting Board Assurance Statements. All revisions were accompanied with detailed actions and the trust will continue to explore all options to recover the position and achieve delivery of the original financial plan.

1. **FY18 – contract/risk share governance**

It remains unlikely that the anticipated activity levels will be realised and so the level of risk which could crystallise will be much lower than originally expected. Negotiations with regard to final allocations are ongoing albeit the current expectation is for no additional support above the forecast (consistent also with expectations re Buckinghamshire CCG). We continue to focus our attention on a framework which will best meet the challenges of the next financial year.

1. **Operational forward plans**

The recent publication of the planning guidance has clarified requirements with the following main points:

* Of the NHS cash announced in the November 2017 budget £650 million is allocated to NHS trusts and £600 million to CCGs
* CCGs will receive a total injection of £1.4 billion, once other pots of money have been liberated, with an explicit instruction that one of the uses of the money is to ensure "universal adherence" to the mental health investment standard. This is a further signal that the importance of investing in mental health has truly registered. We will be working with the CCG on the details, and how this works out in terms of money reaching the frontline.
* Recovering constitutional targets has been delayed – for A&E performance trusts will be expected to be at 90% by September this year and a full recovery by March 2019; waiting lists should be no higher in March 2019 than in March 2018 and, where possible, be reduced.
* The sustainability and transformation fund is now the provider sustainability fund; commissioners now have their own commissioner sustainability fund (CSF); and accountable care systems (ACS) are now integrated care systems (ICS).

The requirement to submit our draft Operational Plan to NHS England was achieved by the 8th March 2018 deadline. Further development of the final plan requiring Board approval will continue and the draft financial plans, will be presented to Governors at the meeting on 22nd March having been presented in detail at the Governor’s Finance Committee that same morning. The final plan will be 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 maintaining a strong attention to recruitment and retention of staff.  Specific areas of concentration most recently include the following:

1. The Staff Bank continues to grow, reflecting substantial effort to recruit to it. Agency spend remains stubbornly high however and continues to attract significant management attention.
2. A series of leadership engagement events have taken place in March around the themes of Recruitment and Retention.
3. I attended the Staff Partnership, Negotiation and Consultative Committee (SPNCC) in late January to understand its concerns with regard to caseloads and acuity levels.
4. We will cease to use agency staff to fill Healthcare Assistant (HCA) roles from April and instead use our own HCAs within Oxford Health to provide care for patients. Plans are progressing to ensure this happens safely and to communicate this with those staff affected to offer them the opportunity to move across to our own staffing bank.
5. **Freedom to Speak Up Guardian**

I previously advised Governors of Mike’s impending retirement, and now our Freedom to Speak Up Guardian, Mike Foster, has stepped down from his role this month as he leaves Oxford Health for a second time. I would like to thank Mike sincerely for establishing and fulfilling this role and helping ensure concerns can be raised easily, and that the culture of speaking up about issues and risks is well supported.

The trust is optimistic a successor to Mike will be announced later in March following the outcome of interviews and employment checks. Guy Harrison, our Head of Spiritual and Pastoral Care and a consultant in staff support, has kindly agreed to act as a first point of contact on issues that previously would have gone to Mike until our new appointment is in place.

I have also previously advised that the National Guardians’ Office (**NGO**) undertook a survey of Freedom to Speak Up Guardians during 2017 and published the results in September 2017. From the findings, the Office identified 10 principles for the role and made 10 recommendations to support their implementation. We have assessed our position against those recommendations and subsequently, the Freedom to Speak Up Guardian and the Director of Human Resources have reviewed them in relation to the current situation in the Trust.

The Trust meets or partially meets all the recommendations, with the 2 recommendations being partially met as follows:

* Local networks: There is no network of Freedom to Speak Up advocates or champions. The Guardian does link with the network of Fair Treatment at Work Facilitators and the new Guardian once appointed will consider developing a more formal network arrangement to support the role in the future.
* Feedback: The guardian seeks feedback from the staff that contact him using a Survey Monkey questionnaire and has also received feedback from trust managers but not in a structured way. Following the appointment of the new Guardian, the Trust will consider undertaking a survey of managers and partners.
1. **Never Event**

I am saddened to report that the Trust has reported a never event in relation to the circumstances surrounding the tragic death of a disabled child at their home in November 2017 who was receiving support from the children’s integrated therapies service. An internal investigation is close to conclusion and an independent investigation has been commissioned to consider whether the death was associated with a known risk around the use of a particular type of bed. We have informed the CCG, NHS England, NHSI and the CQC of the never event. The trust took immediate actions following the incident to ensure the safety of other children and continues to liaise with the family.

1. **Special Educational Needs / Disability (SEND)**

Ofsted and the CQC are jointly inspecting local areas to see how well they fulfil their joint responsibilities for children and young people with special educational needs and / or disabilities.

Oxfordshire’s Local Area inspection took place in the autumn. We were involved in discussions with inspectors engaging with a range of community and mental health services provided to children, young people and their families. Staff from adult mental health services and learning disability teams were also part of the inspection. Feedback from parents and carers across the range of OHFT services was positive with particularly high praise for the community therapy services. Despite robust operational service feedback inspectors found issues with both the timeliness and the quality of EHCP plans (Education health and care plans) for children and young people, and a lack of robust strategic leadership and accountability for the SEND reforms.

The outcome of the inspection has led to OCC and the CCG being required to submit a Written Statement of Action (WSOA) describing what actions will be taken to rectify the issues. The Oxfordshire SEND Board has been refreshed and now has lead member involvement to chair it. OHFT have appointed a substantive Designated Clinical Offer to lead this work as a host arrangement on behalf of the CCG. The new postholder takes up post on 1st April.

Additionally, a Wiltshire SEND inspection also took place the week beginning 29th January 2018. The trust had less of a role in this inspection as we only provide children’s mental health services in the area but in Wiltshire, whilst CAMHS is provided by Oxford Health, Community Child Health services is provided by Virgin Care. A number of CAMHS staff including managers and clinicians were interviewed as part of the inspection. Overall the inspection went well and the Inspectors did not feel that a written statement of actions was required.

The commissioners felt that the self-evaluation was honest and accurate and that there was a commitment to work collaboratively with services ambitious to deliver high quality despite budget constraints. They commented on strong joint commissioning and a well-integrated multiagency approach which was timely and outcomes driven. They commented positively on the high level of participation.

With regard to the areas identified for development, there is currently no Designated Medical Officer to provide oversight although the inspectors were happy that this is in hand. ASD is not so well served in all parts of the county, particularly the south. Not all parents understand the local offer although the inspectors thought that this was despite the LA’s best efforts to share information.

They were positive about the strong examples of joint working, pathways for transition and good joined up work with health, particularly for children with disabilities and early years.  The inspectors felt that there were good services for Looked After Children (**LAC**) and leaving care packages as well as for Asylum Seekers.

The specific health issues were around ASD pathways, where there is no current NICE compliant pathway (currently provided by Virgin Care for the majority and Oxford Health for those with comorbid mental health problems). The inspectors felt that work on the pathways for these was positive; with all agencies represented on a working group and that all agencies had confidence in the pathways being developed. They were pleased with the involvement of parents in the process.

Buckinghamshire OFSTED

Between 6th November 2017 and 30th November 2017 Ofsted undertook a re-inspection of Buckinghamshire County Council’s services for children in need of help and protection, children looked after and care leavers. They reported back their findings on 29th January 2018. Whilst the inspection identified progress in some areas since the last inspection in 2014 overall they found that progress has been inconsistent and too slow. This has resulted in an overall rating of ‘inadequate’. The council immediately put in an action plan and will be working with partners across Buckinghamshire.

The inspectors did recognise that the CAMHS services delivered through a partnership of OHFT and Barnardos offer a positive contribution to children and adolescent’s care.

1. **CQC Well Led Inspection**

I can advise that the inspection of core services has commenced and I will provide updates accordingly as the inspection progresses. The trust will receive a rating against each quality domain (caring, safe, effective, responsive and well led) for each core service inspected and also an overall well led rating for the trust. The results of the inspections and the ratings will be published.

We have been advised that the Well Led interviews will commence in April 2018 and a number of governors along with members of the Board will be involved in that process.

1. **CQC Oxfordshire Local System Review**

As previously commented on, the Oxfordshire local system review considered system performance along a number of pressure points on a typical pathway of physical health care with a focus on older people aged over 65. Both providers and commissioners were part of the inspection from 27th November to 1st December 2017.

The independent review of Oxfordshire’s health and social care system for older people by the Care Quality Commission (CQC) was published in February and [You can read the full report on our website here.](https://www.oxfordhealth.nhs.uk/wp-content/uploads/2018/02/LSR-Report-Oxfordshire-final-for-publication.pdf) Oxford Health services received many of the reports most positive comments - particularly in relation to community hospitals, engagement with older people in the dementia strategy, patient feedback tools and the development of services at Henley Townlands. Our achievement of Global Digital Exemplar status was also noted.

Across all areas of health and social care, an above-average proportion of services achieve a ‘good’ or ‘outstanding’ CQC rating in Oxfordshire, compared to the national average. However there remain significant challenges to systematically join up services across organisations in Oxfordshire. The final report has provided areas of action for senior managers in the NHS, social care and other bodies to act upon to make the whole health and care system work better.

 The report has been welcomed by the organisations involved in the review as a positive basis for improvement. All of the CQC’s recommendations for actions have been agreed by the five organisations involved. The CQC report concluded that in Oxfordshire they found that there was a lack of whole system strategic planning and commissioning with little collaboration between system partners. Although there was increased ambition to work together system leaders continued to face significant challenges in coming together to formalise their ambitions through a joint strategic approach.

CQC inspectors found the problems of recruiting care staff in Oxfordshire, which has a very high cost of living, were holding back improvement. Incompatible computer systems also hampered integration of services across the different organisations. However, the inspectors did find that Oxfordshire had make progress in tackling ‘delayed transfers of care’, where people are unable to leave hospital when they are medically fit to do so.

Health and social care leaders from the five organisations involved in the inspection have already met with the CQC to develop an action plan to address the concerns. The key points of the action plan will include:

* Making services more local by using a ‘place-based’ approach to design and delivery of care
* Improving information available to people who fund their own care so they can get the support they need more quickly
* Investing more in recruitment and retention of care staff so more care packages can be delivered, particularly for older people

The review took place against the backdrop of a variety of care settings in Oxfordshire being rated better by comparison than other areas of England on average. The CQC rates:

* 88% of social care organisations in Oxfordshire as “Outstanding” or “Good”. (national average 80%)
* 90% of independent health care organisations in Oxfordshire (private hospitals, hospices etc.) as “Outstanding” or “Good” (national average 82%)
* 57% of hospitals in Oxfordshire as “Outstanding” or “Good” (national average 51%)
* 98% of primary care services (GP surgeries etc) in Oxfordshire as “Outstanding” or “Good” (national average 96%)
1. **Joint Enterprise – GP Federations**

Further to previous references in my update reports to Governors, the Board will in March be considering the proposed joint enterprise in Oxfordshire with our GP Federation colleagues. By way of reminder, this venture focuses on the better coordination of primary care and community services using a neighbourhood and locality framework and also potentially creates a vehicle which, in time, could manage overall system risk in relation to urgent and/or elective care, along exactly the same lines as the mental health outcomes based contracting does for adult mental health services.

1. **Homicide Inquest**

The inquest into the sad death of Mr Justin Skrebowski on 7 December 2015, took place this month. The Board has considered information with regard to our internal investigation of this tragic incident and the improvements we have made. Publication of NHS England’s independent investigation report has been postponed but we acknowledge there were things we could have done better and for that we are sorry.

This has been a difficult experience and particularly challenging for Mrs Skrebowski, families and friends and those who gave evidence in person at the inquest and who have assisted with investigating the circumstances of the case. The inquest has concluded and the Coroner has handed down a narrative conclusion, the full text of which will be confirmed by the Coroner’s office imminently.

I appreciate that we have learned from this case and we will all support the Trust, Mrs Skrebowski’s and her family and also one another to continue to do everything we can to ensure that we provide the highest possible standards of care.

**National and Regional issues**

1. **Sustainability and Transformation**

In December, it was announced that Fiona Wise will take over the Executive leadership of the Buckinghamshire, Oxfordshire & Berkshire (**BOB**) Sustainability and Transformation Programme.  Fiona, who is currently CEO at Kettering General Hospital Foundation Trust takes over from David Smith who retired at the end of December and who I would like to thank for his support to Oxford Health.

Since the Governors last met, the process for the appointment of a new Accountable Officer (**AO**) for Oxfordshire CCG concluded and Lou Patten who remains also the AO of Buckinghamshire CCG has taken over the lead role on an interim basis.

The main aim of this appointment is to facilitate a system leadership approach and align the development of Oxfordshire taking into account the development of an Accountable Care System model in Buckinghamshire. Lou has led on that and discussions have already started on how we can better align commissioning plans across the two counties.

A judicial review has ruled positively on consultation carried out for phase one by the Oxfordshire CCG of the Sustainability Transformation Partnership for Oxfordshire. The ruling has backed what the OCCG believed was a robust and well conducted consultation on proposals to make urgent changes to some Oxfordshire health services, based entirely on safety and quality of patient care.

However, the OCCG are mindful that the campaign group and the district councils were unhappy with some aspects of the consultation and felt strongly enough to take legal action. The intention is to take away useful lessons from this experience and to work with communities in Oxfordshire and neighbouring areas so to benefit from this learning for future phases of public involvement and engagement.

The Oxfordshire and Buckinghamshire Mental Health Delivery Groups held workshops to develop a crisis pathway which included providers, commissioners, patients and carers from across the system.  In addition to the capital bid for Beyond Places of Safety the Trust applied for and was successful in being granted winter monies for the tactical delivery of Crisis Cafés and places of safety.

We continue to lead the Thames Valley and Wessex Forensic new care model and we have had confirmation from NHSE that they have approved the final business case for the Eating Disorders network (known at the moment as the HOPE network - Healthy Outcomes for People with Eating Disorders) wishing us to proceed accordingly. Discussions continue with Regional Specialist Commissioners to try to accelerate the development of similar new care models for Tier 4 CAMHS and specialist dentistry.

I am also delighted to confirm that since the governors last met, we have been successful in our tender for the provision of Community Forensic Child and Adolescent Mental Health Services (including secure outreach) to NHS England Specialised Commissioning, for two area lots:

* South West; Gloucester, Wiltshire, Swindon, Bristol, South Gloucester, BANES and North Somerset. This will involve the establishment of a new team to cover this large geographical patch which we are proposing will be based in our Keynsham CAMHS
* Wessex - Hampshire, Isle of Wight, Dorset, Berkshire, Oxfordshire, and Buckinghamshire

This forensic CAMHS tender builds upon the success we have had in delivering this service for a number of years across the Thames Valley and Wessex area in partnership with Sussex, with the service due to expand into Dorset as part of the new contract.

1. **Recommendation**

The Council of Governors is invited to note the report and to seek any assurances arising from it.

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