

# Report to the Meeting of the

**CoG 13/18**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

# Council of Governors

**13 June, 2018**

**Chief Executive’s Report**

**For: Information**

Substantial elements of our contractual arrangements for the current year have yet to be agreed, particularly the finances and the targets to be achieved in relation to mental health services and the Mental Health Five Year Forward View in Oxfordshire and Buckinghamshire. No contracts for FY19 have yet been signed. We continue to supply the information requested of us to evidence activity increases and our high levels of efficiency, but we are now preparing for the possibility that we may need to review thresholds for access to services so that we have a realistic prospect of reducing activity levels to the capacity we are funded to provide. Clearly that is undesirable, and would have implications for the wider health and care system, but options are now being developed to prepare for those circumstances.

**Local issues**

1. **Unexpected death of a child**

Further to my update to the March meeting, I advised the Council about the tragic unexpected death of a child in our community therapy service. We have completed our internal investigation and the Executive will oversee the action plan that will deliver the improvements necessary. The inquest took place in April and concluded death by natural causes but we are clear there was learning for the Trust. We have continued to provide all the support we can to the family.

1. **Financial Plan FY18**

The Director of Finance will present the full detail as part of the annual report and accounts at the September meeting and AGM, 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.

1. **Financial Plan FY19**

The detail of our financial performance this financial year is included in the finance report, but in brief, performance for the period to the end of April 2018 is an Income & Expenditure deficit of £0.9m, which is £0.4m adverse to plan. After adjusting for items excluded from measuring performance against the Trust’s Control Total, the underlying performance is £0.4m adverse to the Trust’s Control Total. The reasons for the adverse position are pressures in the Adults directorate due to out of area treatments and residential care. There has been a particularly acute spike in activity over recent weeks and whilst progress is being made 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 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.

1. **Joint Enterprise – GP Federations**

We have reported to the Governors previously about our proposed joint venture. This is focusing on the better coordination of primary care and community services using a neighbourhood and locality framework and potentially creating 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. Work is ongoing to support a business plan that can be approved by the respective stakeholder Boards and recommended for adoption to wider stakeholder groups, and we are happy to comment further at the meeting if helpful but a formal report to the Council will follow in due course.

1. **Workforce: Recruitment and Retention**

Our taskforce continues to bring additional focus and impetus to this important area for the Trust and its services.  Our main attention has been on Healthcare Assistants (HCAs) where we have worked to recruit more HCAs onto our Bank and onto our substantive payroll ahead of the cessation mid-May of agency use for these roles across the Trust. We are no longer routinely using agency HCAsto cover Healthcare Assistant roles and staffing levels on wards are being closely monitored to ensure the safety of our patients and staff.

1. **Electronic Health Records**

The Trust has participated in a bid to NHS England for funding to develop a Local Health and Care Record Exemplar (LHCRE). The proposal involves 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.

In the meanwhile, as we are approaching the point at which the renewal of the contract with One Advanced for the provision of Carenotes and Adastra is being considered, a range of options for the future development of electronic health records, 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. The CIO is attending the Council meeting.

1. **Mental Health Awareness Week**

During last month, we have marked National Mental Health Awareness Week and the theme this year is stress. Stress affects nearly half a million people in the UK and accounts for 40% of all work related sickness and is both a bi-product of other negative things – too much work, not enough time, unhealthy relationships – and a cause of negative cycles by making it harder for us to focus on work and treating our family, friends and colleagues unfairly.

Here at Oxford Health, 40% of staff that responded to the NHS Staff Survey last year said they had felt unwell due to stress in the past 12 months, which is the same figure as the year before. We don’t want the trust to be a place that fosters stressful environments, so with this in mind we are working with our teams to see what can be done to help alleviate some of the things adding to feelings of stress.

Since the start of the year, we have set up a Stress Steering Group to look at the issues being experienced by staff and looking at what we are doing to comply with nationally recognised standards set out by the Health and Safety Executive (HSE). In May, we launched a survey of all staff across the trust to specifically look at the issue of stress here at Oxford Health so that we can get a better idea of the things that staff believe are the causes of stress.

1. **NHS 70 Celebrations**

We are inviting our teams and our governors to celebrate the NHS 70th birthday on Thursday 5 July by having a tea party across many of the Trust’s locations. We are making every effort to include patients and families as it’s a great opportunity to get everyone together to celebrate and share stories. Teams have started to register their events and members of the Executive will attend to help celebrate their work. Bicester Healthy New Town are also launching their new Town Walk on 5 July to celebrate NHS70 and will have a launch party including members of the Trust.

There are a number of other, related celebrations taking place over the coming months and I have listed only some of them below:

* 1. **Volunteers’ Week**

1-7 June marked the national Volunteers’ Week and provided an opportunity to celebrate the contribution of volunteers across the Trust. There are now just over 100 volunteers supporting the Trust in a variety of roles and this number is set to grow with a further 50 volunteers in the recruitment process.

* 1. **Carers’ Week**

18-22 June marks national Carers’ Week and the new Patient Experience and Involvement Lead for Carers, Di Hilson, is working on a Carers Conference to engage with Carers across the Trust.

* 1. **Windrush 70 awards**

Over the last 70 years, the NHS has relied on a talented workforce from all parts of the globe to make it work. The Windrush 70 awards (the ceremony takes place at 12th June in Manchester) aim to remember and celebrate the contributions of black and minority ethnic (BME) people to the NHS, from the Windrush generation of 1948, the south Asian arrivals in the 1960s and 70s, to today’s 200 plus nationalities represented in the workforce.

The award categories include excellence in nursing as well as allied health professionals (such as speech and language therapists, occupational therapists etc.), improving health inequalities, BME inspirational leaders, and many others. Anyone working in the NHS, patients, service users and the public can nominate: go to <https://windrush.crowdicity.com> to make your own nominations.

* 1. **HealthFest**

Planning is underway for a Trust and partner community event at the Warneford on 8 September. The aim of the event is to engage local communities in the activities of the Trust and its partners as well as working to reduce the stigma around mental health by inviting the community into the Warneford site. Further updates will be provided as the event plans materialize and we hope Governors will join us on the day.

1. **Council of Governors**

Along with the Chairman, I too following the 2018 elections am delighted to welcome our new governors and to congratulate Alan and Gill on their re-election, and also to note that Chris Roberts, our Lead Governor has been elected to represent the community constituency on the NHS Providers Governor Advisory Committee (GAC).  The GAC consists of eight governors and two foundation trust chairs.  GAC members provide oversight and feedback on NHS Providers work and areas that require debate and action. They will have the opportunity to help shape the governor services provided by NHS Providers such as the GovernWell training programme, annual Governor Focus conference, bespoke training and guidance resources.

1. **CQC – Trust’s Well Led Inspection**

By way of update:

* At the time of writing, we await the results of the Trust-wide well led inspection completed in mid-April 2018. The draft report is expected soon. Informal feedback was reported positively, although there remain a number of urgent, local actions that we need to complete to ensure that we consistently provide quality services. Each of these is being followed up, and assurance of progress will be monitored via the relevant Quality Committee sub-committee.
* The Slade Step Down care home, which was inspected in February 2018, achieved a ‘Good’ overall rating from the CQC. This service has improved from the previous rating prior to its transfer to Oxford Health.
* We have received the final results of the GP OOH service inspection which happened in March 2018. The overall outcome is a ‘Good’ rating, which again compares favourably to the November rating of ‘requires improvement’. This is positive progress and we know we still have more to do.

1. **CQC - Oxfordshire system review**
   1. **Health and Wellbeing Board Oxfordshire**

Following the Oxfordshire CQC system review previously reported upon, a meeting took place in May of the Health and Wellbeing Board which considered and approved implementation of its proposed new arrangements and membership. I am pleased that health providers are now appropriately involved and that I am a member of the Board on behalf of Oxford Health.

* 1. **CQC system inspection action plan**

Work is progressing with the CQC system inspection improvement plan. System COOs (or equivalents) recently presented an update to system CEOs which highlighted both key areas of progress and gaps in delivery. A cross-system group is being established, supported by a programme office, to ensure delivery is on track. Updates will be provided to the Quality Committee.

1. **Allied Health Science Network (AHSN)**

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

* Oxford Health staff were among those who took part in the Oxford Patient Safety Collaborative sepsis shared learning event on 1 May. Find the resources from this event here: <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/sepsis-patient-centered-learning-event/>
* The Oxford AHSN co-hosted a regional event on 10 May focussing on improving the health and wellbeing of older people living with frailty. More details here:
* <http://www.oxfordahsn.org/news-and-events/events/south-east-frailty-event-multi-agency-conversation/>
* The Oxford AHSN is leading a discussion on digital enablers including Sleepio, the sleep improvement app, at the NHS England South Medical Directorate New Horizons in Health and Social Care conference on 12 June. More details here: <http://www.oxfordahsn.org/news-and-events/events/new-horizons-in-health-and-social-care/>
* 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/>

**National and Regional issues**

1. **Sustainability and Transformation**

A major focus of the BoB STP has become the development of plans to enable Oxfordshire to move towards becoming an Integrated Care System along the lines of Buckinghamshire and West Berkshire. Whilst the future remit of STPs themselves is still very much under consideration, it is clear that the development of collaborative models between providers (including GP providers) is an essential part of the core functioning of integrated care systems at a local level, making the most effective use of allocated resources to meet the needs of the local population. That has an impact on the traditional role of CCGs, but fits well with the new model for the Health and Wellbeing Board in Oxfordshire, where providers are given proper representation. Buckinghamshire has already adopted that model.

An area which requires further development is the model for specialist services. In Oxfordshire for example both OH and OUH are major providers of specialist services covering a much broader geography (notwithstanding our own responsibility for providing local services in Buckinghamshire and the South West), and so the notion of a ‘shared control total’, if that remains relevant for an ICS, is problematic insofar as it brings to bear the impact of that specialist activity on the local care system. That is even more relevant in the particular case of Oxfordshire, because whilst the allocation for Oxfordshire CCG is significantly below the target level for the population, once the funding for activity currently commissioned by NHS England (which includes some funding for primary care, but is predominantly specialist care) is taken into account, then the overall level of funding for the population is more or less on target. That means that in order to achieve a balanced expenditure to meet the needs of the local population appropriately, some consideration will be necessary of shifting that specialist spending into local care. Any ICS in Oxfordshire will have to address that.

A form of integrated care model for specialist services has of course been developed through the New Care Models for Mental Health, but it is not yet clear whether acute providers would be able to operate in that way at the moment.

In any event, if this is the direction of travel it underscores the significance of the joint enterprise which is being developed with the GP Federations and which forms the core of our ‘Care Closer to Home’ strategic theme.

1. **NHS Buckinghamshire Integrated Care System (ICS) Operational Plan 2018/19**

The Buckinghamshire ICS operational plan has been published and describes the delivery priorities for 2018/19 and the infrastructure and governance arrangements to be put in place to ensure delivery. As previously reported, the ICS is a collaboration of system partners brought together to create a place-based care system, in which the system delivers transformation that improves and integrates care and supports operational and financial sustainability over the long term. We continue to be an active partner in delivery of the ICS in Buckinghamshire.

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**