



Oxford Health NHS Foundation Trust

Operational Plan Document for 2018 & 2019

Oxford Health NHS Foundation Trust

Operational Plan for 2018/2019

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The attached Operational Plan is intended to reflect the Trust's business plan over the next 12 months. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

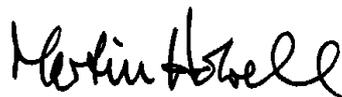
In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name <i>(Chair)</i>	Martin Howell
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Stuart Bell CBE
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Mike McEnaney
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Signature



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1. Executive Summary

Oxford Health Foundation Trust (OHFT) provides community and mental health services for children and young people, adults and older adults across Oxfordshire and Buckinghamshire, and child and adolescent mental health services (CAMHS) in Swindon, Wiltshire, Bath and North East Somerset. One of the core principles in all of our work as a Trust and with our partners is in closing the health gap for all our patients, aiming to achieve parity of esteem between physical and mental health.

OHFT continues to be one of the most efficient NHS Foundation Trusts in the country, as demonstrated by its reference cost index (RCI) of 92 (MFF adjusted) in 2017. Benchmarking and the recent Good CQC rating is a testament to the high value care that the Trust delivers. During 2017/18, we consistently met an average of 90% of all national and locally contracted indicators (800+ performance & quality indicators).

OHFT Board has decided to accept the NHS Improvement Control Total for 2018/19 but does so recognising that the risks of not being able to achieve it are severe and that, without any contingency reserve, there is limited opportunity to mitigate any material shortfalls. This is consequently regarded as a high risk plan. Delivery of the Operational Plan is dependent upon improving the revenue OHFT receives for its Mental Health services, particularly in Oxfordshire, and activity levels remaining flat at best.

We are committed to the development and delivery of local Sustainability and Transformation Plans (STPs). We have supported the formation of the Buckinghamshire Integrated Care System (ICS) during 2017/18 and are now operating as core partner at the provider collaborative, ICS Executive and ICS Partnership Board levels. OHFT continues to support the outcomes based approach that has been developed with five of our voluntary sector partners in Oxfordshire. Over the next year, we will explore the potential of extending that approach into the neighbouring counties within our STP partnership area.

As part of a comprehensive review of its organisational strategy, the Trust is realigning all current service change and improvement activities around three strategic themes. Over the next 3 – 5 years, the Trust will focus on:

- **NHS Five Year Forward View for Mental Health** – Work is currently underway to develop a cross-cutting programme to not only address specific national targets but also to respond to the twin pressures on our Mental Health services of increasing need for services coupled with an under-resourced workforce. This 3-year programme will review and remodel core elements of our mental health services, drawing on evidenced best practice and alliances with our research partners and adopting or adapting examples of best practice nationally and internationally. In line with the lifespan approach of the MHFYFV, we are working across our partnerships and geographies to develop an integrated approach to prevention, suicide reduction and early intervention for long term conditions and physical health problems, and to deliver a joined up response to the needs of patients and their families;
- The delivery of **Care Closer to Home** – In addition to the work to improve our community hospitals throughout 2018/19, we are developing a substantial programme of works that will reduce wherever possible the need for admission. We are currently

planning to strengthen our offer in communities by introducing Urgent Treatment Centres that will enhance our current Minor Injuries Units and other community bases. In addition, working with GP Federations, Social Care and our third and voluntary sectors, we are currently planning to integrate and deliver care using our established locality and neighbourhood model. One of our principal aims of this improvement work is to avoid admissions not just in our own community hospitals, but also to relieve the substantial pressures on our acute sector partners;

- **New Care Models for Specialised Commissioning** – Building upon our success in establishing the regional Forensics network, we are currently planning to develop further opportunities in Forensic CAMHS, Eating Disorders and specialist community dentistry.

The OHFT board's priorities for 2018/19 continue to be:

- 1 To make care a joint endeavour with patients, families and carers
- 2 To improve the quality of care by transforming services
- 3 To support teams to improve the safety and quality of care they provide
- 4 To support leaders to maintain a positive culture for teams
- 5 To ensure Oxford Health NHS FT is high performing and financially viable
- 6 To lead research and adopt evidence that improves the quality of care
- 7 To embed and enhance the electronic health record

2. Activity Planning

Activity planning is based on historic activity data trends and extrapolations taking into account demographic changes in the region, with forecasts being jointly discussed with commissioners in Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath & Northeast Somerset (BaNES), as well as specialist commissioners (NHS England). We also forecast the impact of achieving local targets relating to the Five Year Forward View objectives.

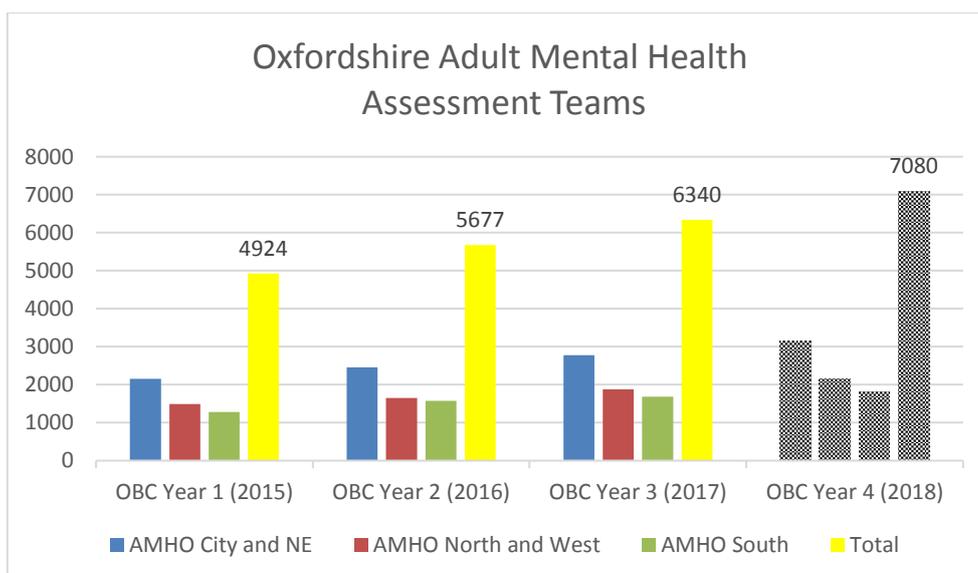
The Trust has faced significant and sustained increases in demand for many of its key services over the past few years, particularly in Oxfordshire where there is also ongoing pressure to achieve parity of funding for mental health services. In addition to increased levels of activity, we are facing more complex cases and increased acuity. Taken together, these changes strongly suggest that demand is likely to exceed capacity to deliver.

Looking at each primary area of activity in turn:

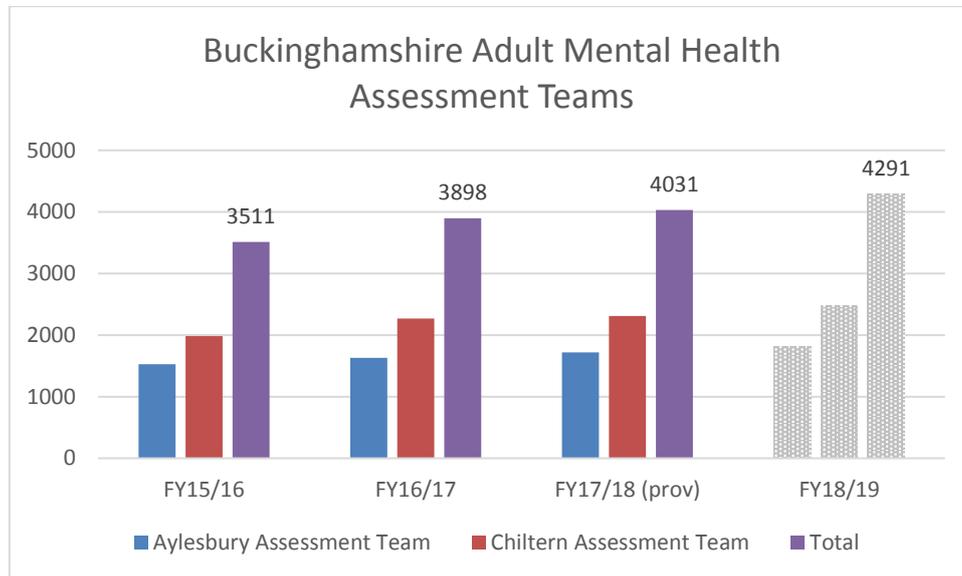
Adults of Working Age (AWA)

There has been a consistent increase in referrals for adults in Oxfordshire and Buckinghamshire. These referrals are seen, assessed and treated as part of a process where assessment teams will aim to assess and treat to with an aim of minimising the need for further treatment by the specialised Treatment Teams.

The volume of referrals to Oxfordshire Adult Mental Health Assessment Teams has increased by over 1,400 cases, or almost 30%, over the past three years (the revenue received for this contract has increased by only 1.1% in the same period). That trend is set to continue with the Trust forecasting to have received over 7,000 referrals by October 2018.



The volume of referrals to Buckinghamshire Adult Mental Health Assessment Teams has increased by over 500 cases, or almost 15%, over the past three years (the revenue received for this contract has increased by 9% over the same period). That trend is set to continue with the Trust forecasting to have received almost 4,300 referrals in Buckinghamshire in 2018/19.



The Trust will have an increased focus on patient and carer engagement through the appointment of a patient and carer involvement lead within the service who will be focusing on supporting teams in both training and linking in with patients and carers. The Trust has seen a month on month increase in engagement scores as well as starting to see an increase in the amount of feedback that received. The Trust has also held carers events across both counties in various forms to encourage carers to provide feedback, share their experiences and find out more about services. We are also working with Rethink to develop a part time carer lead post in the Oxford City AMHT.

The adult mental health services continue to work in partnership with a range of other services, including 3rd sector organisations, with successful outcomes. Some of the examples of the work include:

- CCG/OHFT review of Oxfordshire Mind’s Wellbeing Service within both Talking Space plus contract and OMHP contract in Oxfordshire
- Drop in benefit advice clinics started on all adult inpatient wards in Oxfordshire.
- Mixed model day hospital starts with two days run at Oxfordshire Mind’s Wellbeing Hubs.
- More accommodation options on offer for patients and closer working with the Homelessness pathway in Oxfordshire.
- Peer Support Worker project

One of our priority areas for next year is the complex care pathway, and is an area that needs to include primary care as well as thinking about secondary specialist mental health services. We have already held internal workshops with clinicians and developed some guiding principles which have been shared. We have now started to bring together the leaders within the Oxfordshire and Buckinghamshire system to map out the pathway.

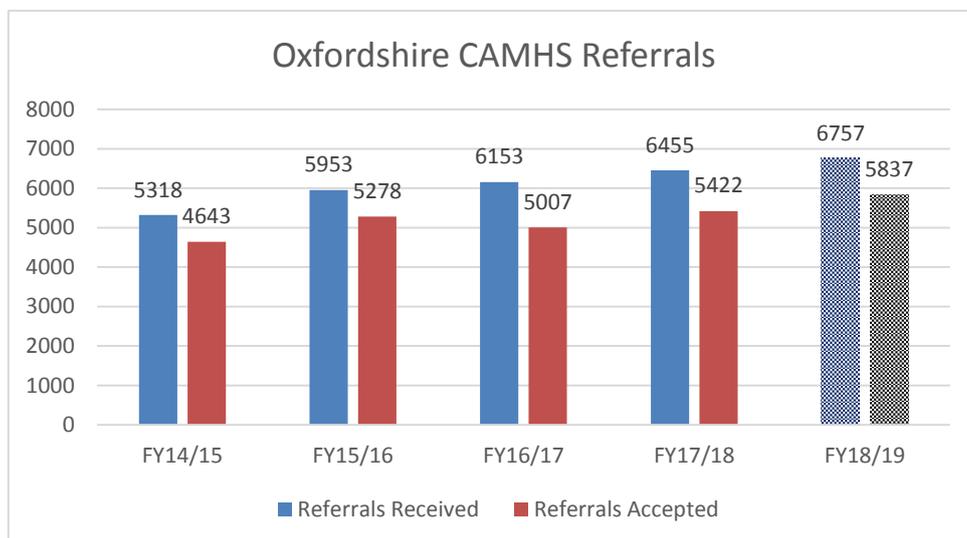
In 2017/18 the transfer of the Learning Disabilities services from Southern Health was successfully completed. We consolidated three major service components which are now integrated into a single Learning Disabilities and Autism Service. The three operational services are:

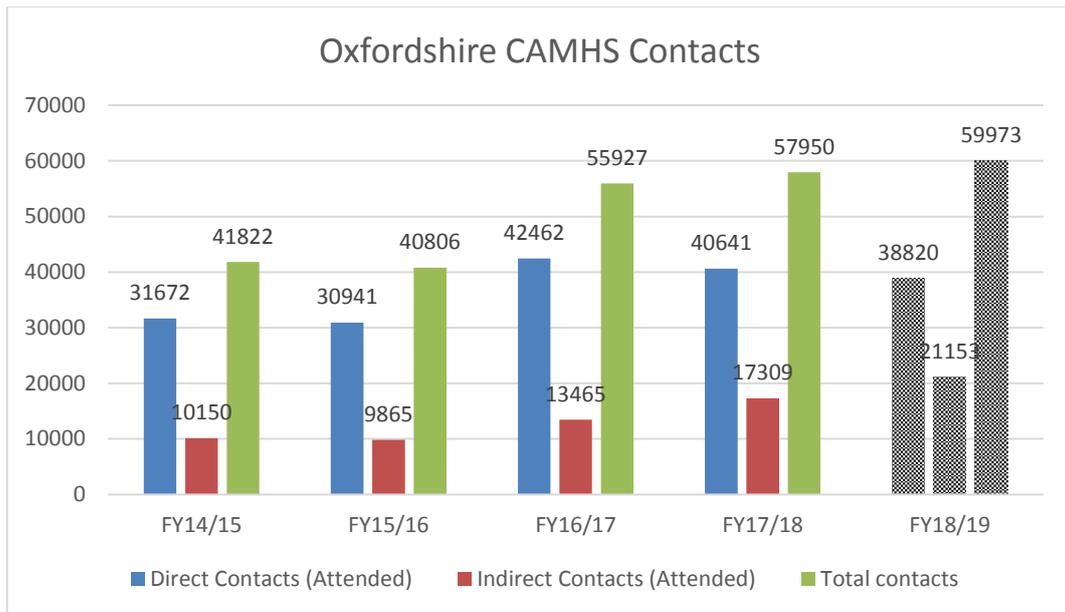
- The community Learning Disability specialist health services (including forensic step-down) which was previously commissioned by Oxfordshire CCG;
- The Evenlode forensic service, which included building a business case for a new forensic pathway to include provision of a new - 'low secure'- inpatient forensic LD service commissioned by NHS England;
- The Vision Outreach service commissioned by Oxfordshire County Council (OCC), which was an additional service added to negotiations during June 2017.

The planned outputs from the work on FYFV include: the commencement of a Safehaven in each county run by the 3rd sector, bids for capital for Beyond Places of Safety, Perinatal bid, Urgent MH Care Pathway, Individual Placement Support bid and a focussed piece of work on Physical Healthcare for our patients as well as improving access to psychological therapies (IAPT) for people with long term conditions. The adult mental health services have recruited a Nurse Consultant for Suicide Prevention who is leading on a Suicide Prevention Strategy.

Children & Young Peoples (CYP)

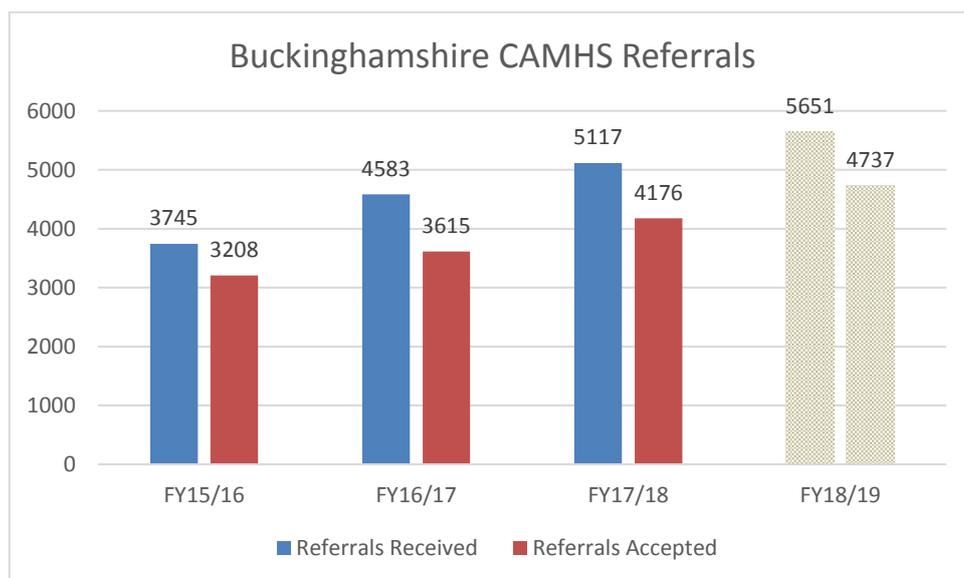
There has been sustained demand for Children and Young People services in Oxfordshire, both referrals and number of contacts.

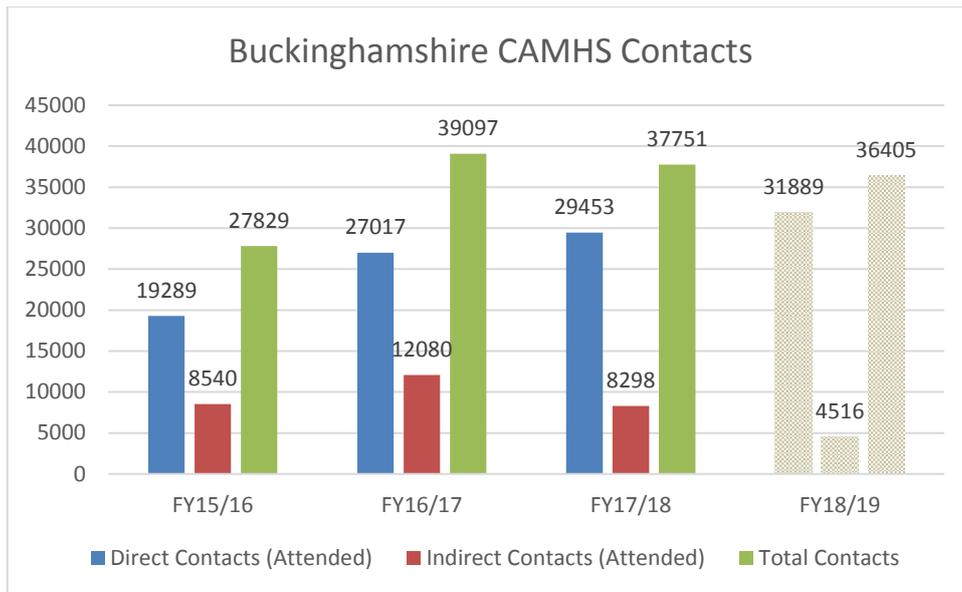




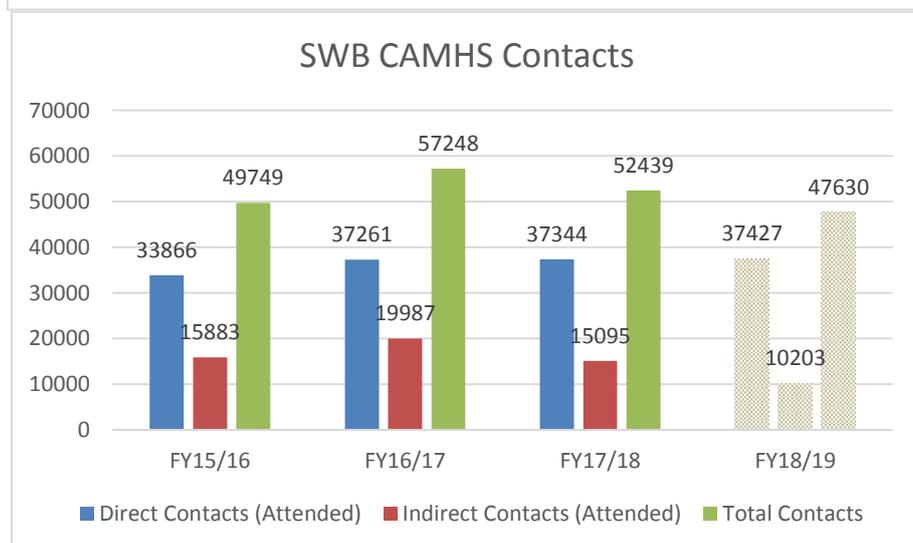
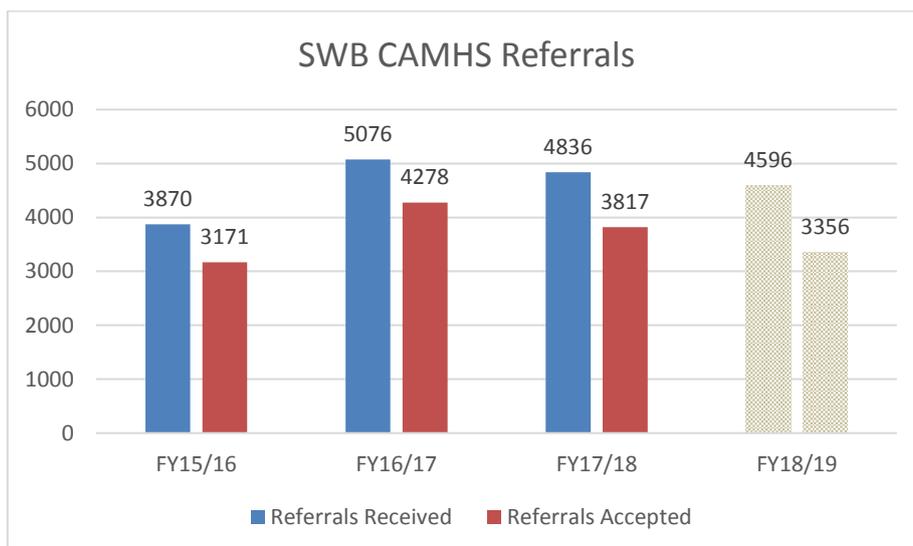
Demand for CAMHS services continues to increase significantly and achieving the performance targets for all activity not defined as emergency or urgent has been extremely difficult across all geographic areas. As of September 2017, less than half (45%) of young people referred to CAMHS services in Oxfordshire were seen within 12 weeks. Although some additional funding has been provided by commissioners, the overall investment is substantially below the regional and national averages. Without further funding increases the Trust will not be able to deliver timely and effective treatment to all those in need of its services.

Buckinghamshire CAMHS referrals volumes have increased over the past three years, and are forecast to reach 5,651 referrals received, and 4,737 accepted, in 2018/19.





The situation in Swindon, Wiltshire, BaNES (SWB) CAMHS is less clear, with activity levels fluctuating over the past 3 years.



In Oxfordshire the Trust delivers a health service to Looked After Children. Numbers of children and young people in the care of the local authority continue to dramatically increase with the current figure at 702 (February 2018). As of 31 December 2017, there were a total of 2,814 'troubled families' identified in Oxfordshire, 61% of which met the national criteria on worklessness, 47% met the criteria on domestic abuse and 37% were families where children need help (in need or subject to a child protection plan). The highest rate per households was in Oxford City (source: Oxfordshire County Council). This contract is closely monitored by the CCG and reporting of any breaches to ensure the safety of our CYP remains paramount. The Trust will review the impact of demand on our capacity and will share this information with commissioners.

Each of the Trusts CAMHS services continue to undergo transformations based on the report [Future in mind](#), and aims to ensure that the emotional and mental health needs of children and young people are appropriately met at the earliest opportunity through a schools in-reach service, with the aim of prevention and reducing the likelihood of long-term mental health problems. This re-modelling to services and the provision of training to key workers in education and primary care will improve access for young people to CAMHS services as it focusses on earlier intervention and building resilience. The proposed pathway model is based on [The Thrive Approach](#) as indicated by the Future in Mind document. There has been significant progress in redeveloping the new models of care and delivery over the past year and in Oxfordshire specifically, we are on track to deliver the remodelled services from the 1st April 2018.

2.3 Older Adults

Cross-system working continues to play a crucial role in sustaining the flow of patients through the health and social care system. Services will continue to move away from a fragmented approach to development, often driven by specific cost pressures or condition-specific interventions, to a shared set of priorities around pathway redesign. This will be based on OHFT's strategic principle of making care a joint endeavour with patients and carers, through a multidisciplinary approach.

Community health and social care services (including GP practices) play a significant role in enabling more high risk, vulnerable patients with more complex needs to be treated closer to home wherever this is clinically appropriate. Our services continue to be modernised to enable full integration at a locality level and inpatient setting and will be organised in population-based multi-disciplinary teams (health, social care and the third sector). Rather than viewing our services in vertical silos, we are considering which services should be located at a neighbourhood level (30-50 thousand population), a locality level and at a county level. Each locality will determine and deliver local integrated care across the physical and mental health spectrum within dedicated and block resources.

Further to the work of the Community Nursing Service Review and the findings of the Newton Europe Assessment, we are working closely with OCCG, OUH, OCC and GP Federations to agree principles of joint working and build the platform for OHFT and GP Federations to work together in partnership in primary and community care. Reducing

dependency on bed-based care for patients who can be better supported in their own homes is a crucial aspect of the Trust's Strategy. Over the next year we will review the longer-term role of community hospitals. This work will be based on three key principles: achieving optimum clinical outputs for patients, ensuring deliverability regarding our workforce and estates in line with demographic changes, and offering the greatest financial efficiency across the health and social care system.

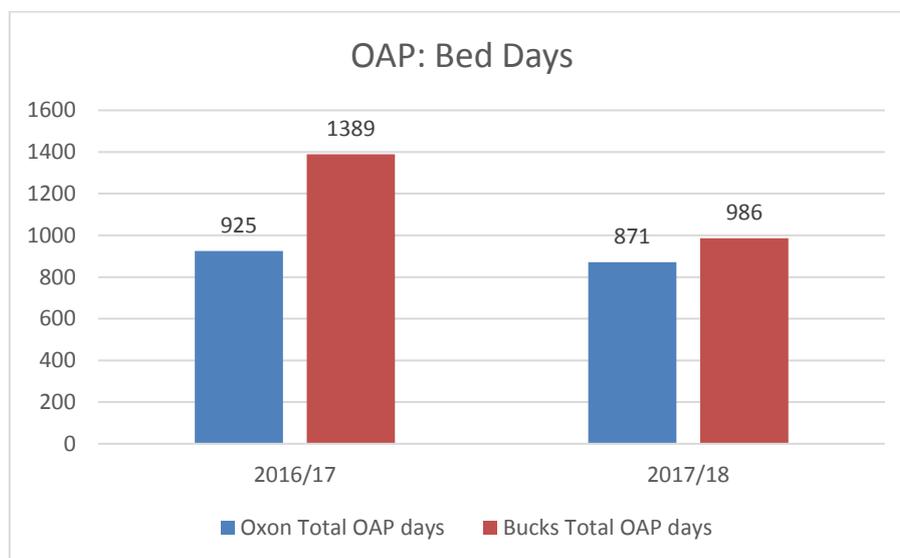
The Community Nursing Service continues to develop to take account of hospital activity and to support reducing length of stay and hospital avoidance. A Winter Pressures clinic is currently running as a pilot, and we will review the success of this model and consider the way forward collaboratively with commissioners.

2.4 Mental Health Inpatient

The Trust has approximately 540 beds available in mental health inpatient wards, including Adults of Working Age, Older Adults, CAMHS, Eating Disorders, Learning Disabilities, Forensics and community hospitals. The number of mental health beds has reduced over the past 3 years by 6 beds in Oxfordshire (which was made up of 2 PICU, 1 female acute and 3 male acute beds); this has been mainly due to ensuring the wards have a clinically appropriate number of beds as well as a mixture of safe spaces for patients to use.

Due to the fixed estate, the total number of Bed Days used in the Trusts mental health inpatient units has remained fairly static. However, due to the increased demand and capacity, the service has increased investment in extra resources, which include extra housing resource of 10 beds within the community and the Recovery College which supports people remaining in the community. Despite these extra resources we continue to have pressures on our beds, a number of 'stranded' patients within our inpatient wards (12 as of 13 April 2018) and 3 out of area adult patients in Oxfordshire.

During 2017/18, due to the lack of available capacity and long term under-funding by commissioners, the Trust had no alternative but to continue to commission out of area placements (OAPs) at a cost of c£1m.



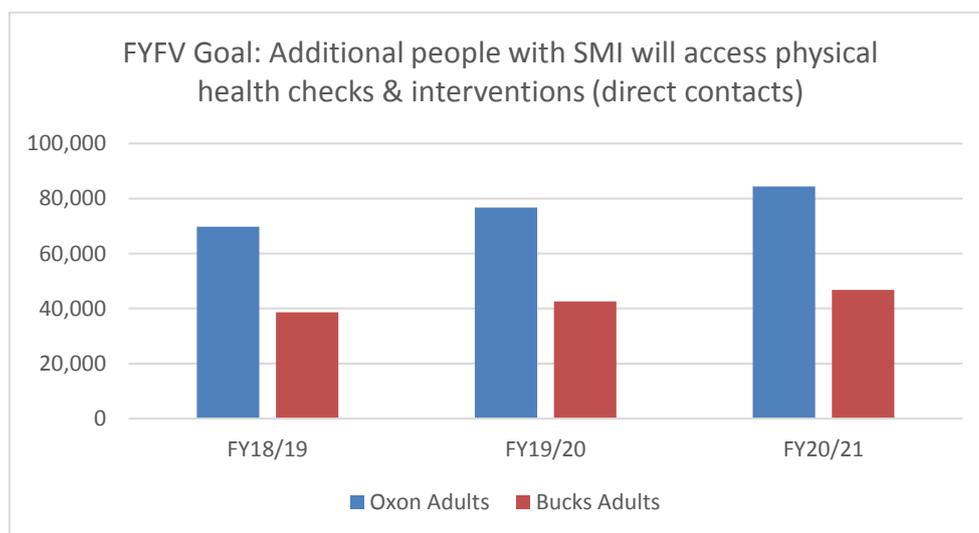
This position is forecast to continue over the next operational year unless additional funding from commissioners (Oxfordshire in particular) is made available.

The Trust has committed to reducing inappropriate Out of Area Placements (OAPs) to zero by 2021 as set out in the Mental Health Five Year Forward View. To reach this target, the Trust will have to find an additional bed day capacity but ideally receive the funding to invest in community based alternatives.

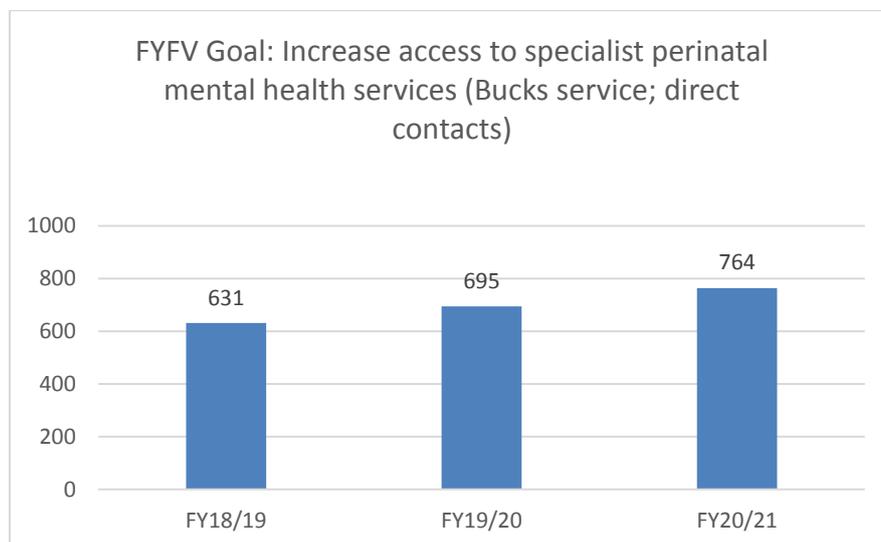
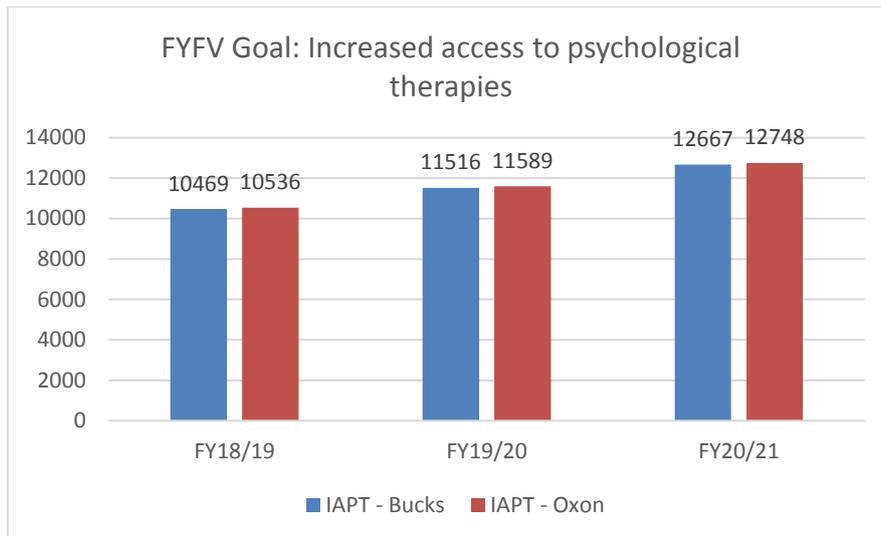
2.5 Impact of Five Year Forward View

The Trust continues to work towards the aims set out within the Five Year Forward View (FYFV) for Mental Health, as detailed in Section 6: Key Programmes of this plan.

To achieve the national objective of increasing the number of people with SMI who access physical health checks and interventions, the Trust will need to increased activity in this area by approximately 10% in each of the next 3 years, as follows. This equates to approximately 10,000 extra contacts per year.



Similarly, we are aiming to increase access to psychological therapies, perinatal mental health services by 10% per year. The associated activity levels are shown in the following graphs.



Local targets in support of the FYFV national objective of increasing the number of children accessing evidence based mental health care interventions are yet to finalised. We expect this to be confirmed by the end of the first quarter.

3. Quality Planning

3.1 Quality Improvement

The Trust operates a collaborative leadership model involving clinical leaders throughout the organisation, demonstrated by clinical representatives in the quality governance structure, 'linking leader' conferences held quarterly with front-line managers, leadership development programme, trainee leadership board etc. The Trust aims to give equal focus to the three elements that make up high quality care; patient experience, clinical effectiveness and safety.

We continue to develop the capability of clinical and non-clinical staff throughout the organisation to lead and create the conditions for continuous quality improvement. Oxford Healthcare Improvement (OHI) has been established to provide a vibrant environment of enquiry and learning, and recruitment to the OHI team is well underway. Work has commenced

on building capability for quality improvement within the organisation in the Service Change and Delivery Team, the organisational Leadership Development Programme and the Preceptorship programme.

An external governance review was conducted by Price Waterhouse Coopers in August 2017 and concluded that the Trust is a well-led organisation that is self-aware, open and transparent. The review identified many areas of good practice and some areas for improvement, with the focus of the majority of the recommendations being to ensure that the Trust continues to perform strongly in the future. In response to the recommendations an action plan has been developed with updates provided to the 'well-led' quality sub-committee, quality committee and trust board.

The Trust has an openness to learning from mistakes and taking actions to improve, with further work planned around sharing learning more widely. Clinical teams regularly trial and implement new innovations as well as achieving a range of external accreditations and awards. The Trust has an established quality governance structure for monitoring and reviewing the quality of care against the national quality domains; caring, safe, effective, responsive and well led, in addition to a clinical advisory board and council of governors. During the organisational restructure in 2018 there will need to be an increased focus on monitoring the quality of care.

Over the last year the Trust has made significant progress to develop and embed a revised governance approach to routinely reviewing and learning from deaths. The changes include:

- A revised policy
- New process for screening, categorising, reporting and investigating deaths
- A new trust-wide mortality review group supported by directorate mortality review groups
- Routine reporting on the number, themes and learning from deaths to Trust Board
- The completion of thematic reviews
- Supporting the development of new multi-agency mortality review forums.

The Trust's governance structure and processes enable the sharing of learning and the monitoring of the quality of care on a weekly, monthly and quarterly basis. The discussions and decisions within the structure help identify and test new quality improvement initiatives. On an annual basis the Trust identifies quality objectives based on learning from incidents and deaths, complaints and other sources for example peer reviews, clinical audit, feedback from patients, and discussions with partners and the outcomes from external reviews. The annual quality account identifies the key areas of learning from incidents and deaths and demonstrates the improvements taken.

The standards in the national guidance on learning from deaths launched in March 2017 are being met. The Trust has also been improving how it involves and engages with families in serious incident investigations, this has included; revising and rolling out staff training, revising the report templates, having an expectation that families are always offered and given every opportunity to be involved at a time they are ready, introducing prospective checks into the process to assess family involvement, and introducing a new information leaflet for families.

3.2 Capacity, Capability & Sustainability of Quality Improvement

The Trust has published a six-month progress report against the quality objectives in the Quality Account for 2017/18; significant progress has been made against a number of the objectives. There are four objectives where there is a risk that the impact of the actions being taken will not be achieved; these are:

- Quality priority 1: Improve staff retention and engagement
 - Seeing the impact of actions around retention on turnover/ vacancies
 - Seeing the impact of work to better prevent and support staff to manage stress
- Quality priority 4: Promote health and wellbeing of patients
 - Seeing the impact of improving physical healthcare for mental health patients
 - Developing diabetes care

Any objectives not fully completed in 2017/18 will be taken into the next year. We have started to develop the quality objectives for 2018/19 with staff and external stakeholders.

The Oxfordshire SEND (Special Educational Needs and Disability) inspection was completed in Autumn 2017, with the local authority and CCG required to provide a Written Statement of Action (WSOA). This will be monitored jointly by Ofsted and the CQC. Timeliness and Quality of Education, Health and Care plans (EHCPs) form a significant part of this plan and our ability to deliver in full cannot be considered certain.

3.3 Public Engagement

OHFT's Patient and Carers Involvement and Experience Strategy 2016-2019, "[Just ask me](#)", sets out the levels and models of involvement and informs our Public Engagement Plan. The three main aims of the Strategy are to provide person-centred care, act on feedback and to involve clients and co-design services.

3.4 Quality Measurement

Data and information are used to monitor the quality of care in near real-time, the main sources being the patient information system, incident (including SIs) complaints and deaths recording system, *I Want Great Care* (for patient and carer feedback), the training and appraisal system and ESR/e-rostering for staffing information. In addition, we use manual information from a large programme of clinical audits, fire safety and Health and Safety reviews, internal peer review programme etc., to gather intelligence and assurance around the quality of care. This information is fed back through the governance structure weekly, monthly and quarterly to monitor, query and support decision making.

3.5 Triangulation of Quality with Workforce and Finance

Triangulation of data is regularly undertaken. We have piloted an integrated performance dashboard which contains metrics on the following areas:

- Finance (incl variances, forecast spend and agency spend)
- Workforce (incl staffing levels, vacancies, sickness)
- Quality (incl incidents, NICE & audit compliance, patient satisfaction, complaints)
- L&D (incl mandatory training completed)
- Activity

The data are disaggregated to service line and cost centre level, allowing management to identify specific areas of potential concern, see linkages across quality, workforce and finance, and highlight emerging themes and risks, for reporting to Executive Team and the Board. During 2018/19 we will be reviewing, as part of our Data Quality Improvement Program, how we can better integrate this data. This will include strengthening the links to our seasonal profiling. We understand that guidance on submitting winter plans will be available by March 2018, and we will review this when the guidance is published.

4. Workforce Planning

The shortage of staff, in particular nursing staff, is the greatest limitation on the Trust's ability to deliver this operational plan. Recruitment and retention are therefore the Trust's top priority. The increasing staff turnover rate has currently stabilised at 14.7%. Further work is required to reduce the rate, and our turnover target for 2018/19 is 13.5%.

Our Recruiting and Retention Group continues to operate across the trust and this work is also focused for particular teams and professions. Oversight of staffing continues on a shift-by-shift basis as well as trust-wide at the weekly senior clinical review meeting, and clear escalation processes are in place. The monthly inpatient safer staffing reports presented to Trust Board highlighted that the Trust is struggling with substantive staffing levels.

4.1 Retaining and Engaging with our Workforce

The Trust's retention and engagement strategy includes:

- Understanding why staff stay or leave the organisation; using data to inform retention initiatives;
- Maximising, developing and promoting reward offerings;
- Reducing occurrences of workplace stress, bullying and harassment.

We have developed a joint recruitment and retention strategy with Buckinghamshire, Oxfordshire and Berkshire West STP and the Local Workforce Action Board. The Trust is promoting reward packages (funded from Health Education England).

The Trust's Employee Assistance Programme to support managing/reducing stress in the workplace is being reviewed in 2018. Other initiatives include working with Unions and Operations teams to address stress in the workplace through the Health and Safety Executive (HSE) management standards framework.

We promote and support equality and diversity within the Trust. We hold regular staff Equality Network meetings, have established a new LGBT staff group, and work in collaboration with network members on actions from the race equality and LGBT equality action plans. We marked LGBT and Black History months, as well as Anti-Bullying week. The Trust includes Equality and Diversity sessions for candidates in our Leadership Development Pathway, and has delivered two successful Linking Leaders Conferences on 'Compassionate Leadership'. We produced a draft 'Workforce Gender Identity Policy and Procedure' for staff who are proposing to undergo, are undergoing, or have undergone a process of gender reassignment.

We have improved our ranking in the Workplace Employers Index (WEI). This is an evidence-based benchmarking tool used by employers to assess their progress and achievements on LGBT inclusion in the workplace, as part of the Stonewall 'Diversity Champions' Accreditation Scheme.

We have achieved the status of 'Disability Confident Employer' and aim to improve to reach 'Disability Confident Leader' status. Similarly, we currently have a Bronze Award in the Defence Employer Recognition Scheme, and are now working towards gaining a Silver Award.

4.2 E-rostering and Agency Staffing

We are aiming to cease agency spend on Health Care Assistants (HCA'S) from May 2018, with a view to using only the HCA's from our in-house bank staff. We have increased the overall number of bank workers including sufficient numbers of HCA's, incentivised using a one-off cash reward together with increased hourly pay-scales. Further controls have been implemented with an authorisation and review process in place, at the appropriate senior level, for requests for any agency spend off cap or agency spend off framework.

5. Financial Planning

5.0 Approach to Financial Planning

OHFT's original draft financial plan for FY19 was developed as part of the FY18 planning round, when the Trust submitted a two-year financial plan. The draft FY19 plan (submitted March 2018) was updated in the context of the FY18 forecast outturn position and the Trust's latest view of system and service developments and pressures, CCG allocations and national planning guidance. The final FY19 plan (submitted April 2018) is based on the draft plan which has been updated to reflect latest information. The priority for OHFT continues to be the improvement of efficiency and productivity whilst maintaining high standards of quality and ensuring appropriate levels of CCG funding are allocated to Mental Health services.

5.1 Financial Sustainability

OHFT is facing a challenging financial future. The NHS will continue to be faced with a national efficiency target of 2% per annum leading directly to reductions in income for existing contracts each year. With the majority of our services under block contracts, there is no allowance for increasing income for the expected continued increases in activity which consequently puts additional strain on our ability to maintain financial sustainability. This pressure is most acutely realised in Oxfordshire where activity for Adult Mental Health services has increased by 30% in the last 3 years while contract income has only increased by 1.1%.

In the regions in which we provide services, the funding allocation to CCGs is significantly below the national average per head of population (Buckinghamshire 13% and Oxfordshire 17%) and this shortfall is borne disproportionately by the non-acute service providers who do not benefit from PbR at the national rate.

It is recognised in the Mental Health 5 Year Forward View published by NHS England that there has been underinvestment in mental health services for a number of years: with 70% of our

revenue derived from mental health services the impact of underinvestment on maintaining financial sustainability is material. The average proportion of CCG funds allocated to Mental Health in England for FY17 was 13.6% compared with 12.4% in Buckinghamshire and less than 10% in Oxfordshire (Source: NHSE published Mental Health Five Year Forward View Dashboard). The combined effect of the low National allocations to our CCGs and the low allocations to Mental Health services by our CCGs is to put OHFT's services under severe financial strain.

For 2018/19 Oxfordshire Clinical Commissioning Group (CCG) will receive an increase in year on year allocations 2.86% increase compared to 2017/18. The two CCGs in Buckinghamshire, our other major CCGs, also received an increase in year on year allocations; Buckinghamshire CCGs will receive a 3.065% increase compared to 2017/18. Even with adherence to the Mental Health Investment Standard (yet to be confirmed by all CCGs) this will be insufficient to meet the requirements of the MH 5YFV targets and financial sustainability.

The combination of these historically low revenue allocations to OHFT contracts, the increasing activity, and the increasing complexity of conditions makes the achievement of a breakeven position increasingly difficult. The Trust has experienced significant operational pressures in 2017/18 and the relatively high level of efficiency already achieved by OHFT (national reference cost of 92 in 2016/17, 8% more efficient than the average Trust) makes the delivery of CIPs to the level required to offset the national efficiency target extremely challenging and, when combined with the low levels of income received, these efficiency benefits cannot be realised in the bottom line.

Improving efficiency and productivity whilst maintaining high standards of quality continues to be a priority for OHFT. In recent years, we invested our own money in remodelling and transforming our services across the system but this is no longer a viable option and any further transformation will require financial investment from the CCGs. We continue to work with our CCGs and other health system providers across the Buckingham-Oxfordshire-Berkshire STP to develop joint plans that prioritise the health of the regional populations above organisational objectives, the impact of which on OHFT's short term financial position is not yet known.

The development of the FY18 Financial plan looked beyond FY18 and into later years in order to develop a financially sustainable plan. The plan set out how OHFT would, in the overall context of low funding for our services, achieve financial sustainability in the longer term and with the immediate aim of maintaining cash balances to remain a viable going concern and the longer term aim of returning to breakeven and a Financial Use of Resources Rating of 2.

The OHFT plan for FY18 was for a surplus of £1.8m, after receipt of £1.9m Strategic Transformation funding (STF), against an agreed Control Total of £1.8m surplus. The underlying position was therefore a £0.1m deficit. The actual outturn position is summarised in the table to the right.

	Plan	Actual
EBITDA	£14.2m	£12.8m
I&E Surplus/(deficit)	£1.8m	£1.2m
Control Total – performance (excluding STF)	Break-even	£2.1m adverse
CIP	£7.4m	£3.8m
Cash Balance (year-end)	£14.2m	£19.6m
Capital Expenditure	£6.7m	£6.9m
UoR	3	3

During the year the Trust has experienced a number of significant operational pressures and a £3.6m shortfall against its CIP target. The Trust started the year with £3.5m of contingency reserves and following a detailed mid-year review, £2.2m was released to support the year-to-date position. The mid-year review indicated that the remaining £1.3m of contingency would be insufficient to cover pressures for the remainder of the year and the Board of Directors agreed a re-forecast position of £1.8m adverse to plan, which was submitted to NHSI at Q3.

At the year-end the Trust is reporting an Income Statement deficit of 1.2m. However, this includes a number of items that are excluded when measuring performance against the Control Total:

Performance against Control Total		£2.1m deficit
STF - FY18 quarters 1–3	£1.3m	
- FY18 bonus at year-end	£0.6m	
- FY17 bonus at year-end	£0.4m	+£2.3m
Gain on assets – transfer of Slade House from Southern Health NHSFT		+£3.7m
Impairments – following revaluation of assets		-£5.1m
Pension valuation – reduced liability (Bucks County Council)		+£0.1m
Depreciation on donated assets		-£0.1m
Reported Position per Statutory Accounts		£1.2m deficit

The outturn position of £2.1m adverse to Control Total is slightly worse than the re-forecast of £1.8m adverse submitted to NHSI in January 2018, mainly due to late invoices received from NHS Property Services for increased rental charges. The main reasons for the inability to achieve the original plan are significant cost and activity pressures in physical health community services, particularly GP Out of Hours and Community Hospitals, high demand and acuity in adult mental health services and the shortfall in delivery of CIP targets.

5.3 Draft Plan FY19

OHFT's draft financial plan for FY19 was submitted to NHSI on 8th March 2018. It was set on the assumption that the Trust's notified Control Total of £1.9m surplus would be reduced by £1.0m to recognise the unavoidable revenue costs of capital in relation to the Global Digital Exemplar (GDE) national programme.

The key financial metrics are summarised in this table, and show an anticipated surplus of £0.9m (after STF funding). The draft FY19 plan was fundamentally determined by the following key elements:

	Draft Plan
EBITDA	£14.9m
I&E Surplus/Control Total	£0.9m
- STF	£2.7m
- CIP	£6.0m
- Income contribution	£1.6m
- Contingency reserves	-
Cash Balance (year-end)	£17.9m
Capital Expenditure	£6.0m
UoR	3

- CIP of £6.0m (1.9% of operating costs)
- Additional revenue contribution of £1.6m (from £8m additional income)
- Contingency Reserve of £3.5m is utilised at Plan stage in achieving the Control Total
- Control Total is reduced by £1.0m to recognise the revenue impact of GDE
- FY18 pressures are managed

The draft plan was considered to be highly challenging and a **high risk plan**: it required 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. It was also dependant on the Trust's Control Total being reduced by £1.0m to recognise the revenue impact of GDE.

5.4 Changes to the draft plan

The draft plan has been updated since submission to reflect the following key changes:

- FY18 outturn position, in particular an increase in the CIP recurrent shortfall from £5.2m to £5.8m – this has been off-set by a reduction in PDC dividends and residual reserves brought-forward;
- Confirmation from NHSI that the Trust's Control Total will *not* be reduced by £1.0m to recognise the unavoidable revenue costs of capital associated with the GDE national programme – this has been off-set by an assumed £1.0m increased contribution from additional commissioner income;
- Additional capital investment in relation to PICU (£2.0m) funded by national PDC, Learning Disability Low Secure Unit (£3.2m) funded from Trust cash balances and ongoing schemes carried forward from FY18 (£2.5m).

5.5 Key financial plan assumptions

The underlying assumptions in the final plan are based upon the assumptions in the draft plan, as follows, with **key revisions in the final plan highlighted in italics**:

FY18 Forecast Outturn

- The FY18 outturn position of £2.1m adverse (*£1.8m adverse in draft plan*) compared to the re-forecast position of £1.8m adverse to plan, as submitted to NHSI at Q3. The underlying deficit position has a £7.3m adverse impact on the FY19 plan (*£6.8m adverse in draft plan*) for the following reasons:
 - FY18 recurrent CIP shortfall of £5.8m (*draft plan assumed £5.2m shortfall*)
 - Increased financing costs of £1.5m, of which £1.0m relates to the Global Digital Exemplar (GDE).

Control Totals (see section 5.6)

- OHFT has been notified that its FY19 Control Total is a £1.9m surplus after STF of £2.7m (£0.8m deficit before STF);
- Strategic Transformation funding of £2.7m is assumed in FY19.

Income

- Clinical income is assumed to increase by £13.8m in FY19 (*£8m assumed in draft plan*) in relation to the Five Year Forward View which requires commissioners to meet the Mental

Health Investment Standard. It is assumed this will generate an additional revenue contribution of £2.6m in FY19 (*£1.6m in draft plan*);

- No additional revenue is assumed from commissioners in relation to new services or significant service developments other than those specified within the Mental Health 5YFV;
- Any significant contract changes have been reflected where known. It is assumed that any other potential contracts lost are replaced with new contracts won at same level of contribution.

Expenditure

- Inflation uplifts have been applied as follows:

Pay	1.2%	to cover national pay awards assumed at 1% plus 0.2% annual increments
Drugs	4.4%	initially taken to contingency reserves
Non-pay (other)	2.4%	this represents the balance of the total 2.1% uplift, this is not allocated to budgets but is taken to contingency reserves

- In accordance with guidance issued by NHSI, the final plan has not been amended to reflected the latest national pay offer;
- The Apprentice levy was applied to the Trust with effect from FY18 in accordance with national rules (0.5% gross pay costs) at an annual cost of approximately £0.9m;
- The agency ceiling notified by NHSI is £8.5m for FY19. This will be a significant challenge as the FY18 outturn was spend of £22.5m. The Trust is taking a number of actions to reduce agency spend (see section 5.7) and is forecasting that spend in FY19 will be significantly lower than FY18 at £14.0m, although we recognise that this will exceed the agency ceiling in FY19.

Cost Improvement Programme

- The plan reflects the impact of a recurrent CIP shortfall of £5.8m against the FY18 target (*£5.2m in draft plan*);
- CIP target of £6.0m in FY19;
- Further detail on CIPs is provided in section 5.8.

Service Developments

- No significant self-investments in service developments;
- Full year effect of Learning Disability services which transferred to OHFT from Southern Health in FY18;
- The Forensics New Models of Care pilot which commenced in FY18 will continue in FY19. The plan assumes nil income/expenditure/revenue contribution on services provided by 3rd parties as the contracts are held and paid by NHSE. It is assumed that any revenue contribution as a result of savings generated by the Pilot will be a contribution to the Trust's CIP target.

Contingency Reserve

- A Contingency Reserve of £3.5m has been created, in accordance with the Trust's Budgetary Control Policy which requires a 1% contingency to be held at the start of the year;
- However, the plan assumes this will be set aside as it is required to support the Trust's overall financial position;
- ***This means that the Contingency Reserve will be used to achieve the Control Total which effectively means the Trust has no contingency reserve available to meet unplanned cost pressures or events that may arise during the year.***

Capital and Cash

- Capital investment of £6.0m in FY19, which includes £2.0m of investment in relation to the Global Digital Exemplar;
- *PICU investment of £2.0m in FY19 (total scheme cost £3.0m) funded by new PDC;*
- *LD Low Secure Unit investment of £3.2m in FY19 (total scheme cost £6.5m) assumed to be funded from Trust cash balances for the purposes of planning;*
- *Capital carry forward (slippage) of £2.6m from FY18 in relation to ongoing schemes, funded from Trust cash balances;*
- *Assumed carry forward (slippage) from FY19 of £1.0m;*
- Capital receipts of £0.5m in FY19 in relation to asset disposals;
- No significant changes to working capital.

5.6 Control Totals and STF

NHSI notified the Trust on 6th February 2018 of a revised Control Total and associated Provider Strategic Funding as follows:

£m	February 2018	Previous
Control Total - including PSF	1.939 Surplus	1.931 Surplus
PSF	2.715	1.931
Control Total - excluding PSF	0.776 Deficit	Break-even

The Trust stated in the submission of its draft plan that it ***provisionally*** accepted the Control Total subject to its request for a £1.0m reduction to the notified Control Total in recognition of the unavoidable revenue cost of capital investment in relation to the Global Digital Exemplar national programme. NHSI has subsequently informed the Trust that the Control Total will *not* be reduced.

The Trust Board of Directors reviewed at length the final plan on 25th April 2018 in the context of this notification and with respect to the changes made since the draft plan (as outlined in this document), and the Board despite the significant risks inherent within this plan confirms that it accepts the Control Total of £0.776m deficit (excluding STF) whilst recognising the following serious risks:

1. That the additional CCG revenue required, particularly for mental health services, is received.

2. That Mental Health activity does not continue to increase at the rate of the previous three years and that the CCGs allow appropriate flexibility with contract KPIs.
3. That OCCG pays for any additional activity and capacity required in relation to Urgent Care.
4. That despite the recruitment difficulties, particularly in Oxfordshire, the reliance on agency staff can be materially reduced.

5.7 Agency costs

OHFT has been notified of a £8.5m ceiling for agency spend in FY19.

Temporary Staffing spend within the Trust continues to be a challenge as recruitment is a particularly difficult due to the Trust's close proximity to London. Spend in FY18 was £22.5m and actions being taken are expected to reduce spend in FY19 to £14.1m with the aim of reducing spend within the ceiling of £8.5m by the end of FY20. In summary, actions being taken include:

- Further analysis and actions to understand and reduce labour turnover;
- Continuous refinement and improvement of the recruitment process and attraction of Oxford Health as an employer;
- Continued improvement of rostering and minimisation of the use of temporary staffing;
- Continued implementation of a new Workforce Management System and centralised Bank;
- Improved pay rates for Substantive Flexible Workers have been implemented and will be kept under review;
- Pure Flexible Worker pay rates have been reviewed and will be kept under review;
- Trust agency frameworks have been renegotiated based on CPP National Framework;
- Review of skill mix in services
- Removal of the use of HCA agency workers
- Tightened agency authorisation process and review
- Increasing the number of Flexible Workers

5.8 Efficiency savings for 2018/19

The main focus for CIP development for FY19 so far has been within the operational directorates. A series of confirm and challenge workshops with each directorate has been held to review and scrutinise their financial position and CIP opportunities. Each confirm and challenge session has had an executive panel consisting of the Chief Executive and Director of Finance together with other Executive Directors.

CIP schemes are currently under development and have been scrutinised by the Strategic Delivery Group which has an oversight of the CIP. The main schemes are outlined in the table below. Each project will have a project brief which includes critical milestones, phased savings and a quality impact assessment (QIA).

Theme	Description	Target
Agency	Reduce usage and spend by £6m saving 20% premium on costs	£1.2m
Non-pay costs	Reduce utilisation and price	£1.0m
New Care Models	Savings from service optimisation	£1.0m
Service line productivity	Internal/external benchmarking, reduce usage and costs	£2.0m
Service line support functions	Indirect cost reduction	£0.5m
Technical	Reduce capital service costs, VAT and other technical adjustments	£0.2m
FY18 FYE	Full year effect of FY18 schemes	£0.1m
Total Target		£6.0m

5.9 Capital Investment and Cash

Capital investment is assumed at £12.8m in FY19 (£6m in draft plan) including £2.6m of ongoing schemes carried forward from FY18 (*nil carry forward in draft plan*). Capital investment will be funded through internally generated cash from operations, £2.0m of national PDC (*nil in draft plan*) and £0.5m of capital receipts from asset disposals in FY19.

£m	FY19	FY18 c/fwd	FY19
Estates	3.9	2.4	6.3
PICU	2.0	-	2.0
LD LSU	3.2	-	3.2
IMT	2.0	0.2	2.2
Medical equipment	0.1	-	0.1
Slippage	(1.0)	-	(1.0)
Total	10.2	2.6	12.8

Capital receipts of £450k are planned in FY19 in relation to the disposal of a property at Hill Top Road.

The outline capital programme is summarised below:

- *PICU: new build facility currently at design stage with works due to commence summer 2018 and completion due in FY20. Total scheme costs c. £3.0m. This scheme is being funded by nationally awarded PDC;*

- *Learning Disability Low Secure Unit: new build facility at the Trust's existing Littlemore site, currently at design stage with works due to commence summer 2018 and completion due in FY20. Total scheme costs c. £6.5m;*
- Operational Estate: rolling programme of works to maintain infrastructure, address sustainability and prioritised risks, including ward upgrades/refurbishments;
- Information technology: Global Digital Exemplar schemes, rolling programme of PC additions/replacements, server/network upgrades and strategic projects including mobile working, telehealth and telephony;
- Other schemes: includes capitalisation of PFI costs and medical equipment;
- *It is assumed there will be carry forward (slippage) of c. £1.0m from FY19 to FY20.*

To ensure that the Trust invests its capital appropriately, and to ensure the effective management of risks associated with the built environment, planned capital expenditure is allocated based upon an assessment of risk. Risks resulting from the condition/functionality of the built environment are identified and graded using the 5 x 5 risk rating system. All graded risks are added to the Trust's Risk Assessed Work Plan. This plan is used to allocate capital expenditure based upon the risk scores identified. In order to ensure that the risk scores assigned are robust and reasonable the risks on the Risk assessed Work Plan and reviewed by the Risk assessed work plan group, which is a multi- disciplinary group, including clinical, estates, and health and safety professionals.

IT related investment includes funding in relation to the Global Digital Exemplar. IT investment is considered by the IT Strategy Group who review ongoing and ad hoc investment requirements annually and at periodic stages throughout the year. This will include the routine replacement and upgrade of infrastructure, such as laptops and servers, as well as licensing requirements and strategic system replacements.

The capital plan outlining the proposed investment that the group consider should be funded is produced for consideration by the Capital Programme Sub-Committee (CPSC) for approval. The capital programme is then submitted to the Finance and Investment Committee and the Trust Board for approval. It is recognised that during the year additional risks and issues will be identified, and all new risks are reviewed by the risk assessed work plan group. The group considers all new risks and assesses if the risks should be addressed in year. All new risks together with the risk assessed work plans recommendations/next steps are shared with the Service Directors so they are aware of issues that may impact upon their services. Should the rawp group feel that risks need mitigating in year reports requesting additional funding /or reallocation of funding are issued to CPSC.

Cash continues to remain relatively strong and cash balances are forecast to be £13.6m at the end of FY19 (*£17.9m in draft plan*). The £4.3m reduction in cash from the draft to final plan is mainly due to increased capital investment (£7.8m) partly off-set by new PDC received (£2.0m) and increased surplus (£1.0m). There are no anticipated significant movements in working capital. Due to the high level of risk in delivering the control total and therefore the operating cash flow, it is most likely that an alternative source of capital funding will need to be found for the LD Low Secure Unit to protect the year end cash position.

5.10 Financial Plan Metrics

Based on the above assumptions, the key financial metrics for the FY19 final plan are as follows:

£m	Final Plan	Draft Plan	Change
I&E Surplus	1.9	0.9	+1.0
- CIP target	6.0	6.0	-
- Income contribution target	2.6	1.6	+1.0
- Contingency reserves	-	-	-
Capital Programme	13.8	6.0	+7.8
Cash balance at 31 March 2019	13.6	17.9	-4.3
Use of Resources	3	3	-

The final FY19 plan is for a bottom line surplus of £1.9m in line with the notified Control Total. The FY19 plan is fundamentally determined by the following key elements:

- CIP of £6.0m (1.9% of operating costs)
- Additional revenue contribution of £2.6m
- Contingency Reserve of £3.5m is utilised at Plan stage in achieving the Control Total
- FY18 pressures are managed

In summary, ***the plan is highly challenging and is regarded by the Board as a high risk plan*** – it requires a total benefit of £8.6m 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, given the relative efficiency and the risks attached to achieving additional revenue contribution may result in having to achieve a higher level.

The Trust Board of Directors has therefore accepted the Control Total subject to the consideration of the key risks set out earlier in this section.

The Trust's relatively low RCI, combined with the historically low revenue allocation to OHFT contracts, increasing activity, and the increasing complexity of conditions supports the Trust's argument to secure additional revenue contribution from commissioners. The level of additional revenue contribution, planned at £2.6m, will depend on successful contract negotiations in relation to cost and activity pressures and service developments. Experience suggests the risk of not achieving this level of increased revenue is high; hence any shortfall on additional revenue contribution is an added burden to the CIP requirement.

5.11 Risks and Opportunities

As stated earlier, the FY19 Financial Plan is considered to be very challenging and high risk. Apart from the challenging economic environment within which the Trust continues to operate, the main risks facing the Trust during FY19 include:

- Contingency Reserve is required to achieve the Control Total at Plan stage with no contingency available to deal with events and pressures that may arise during FY19;
- development and delivery of the required level of CIPs, especially delays due to system-wide working;
- securing additional revenue contribution of £2.6m from our commissioners in FY19;
- ongoing cost pressures from FY18 including agency staff, out of area treatments and drugs costs;
- the inability to flex resource to demand in a timely manner for cost & volume contracts;

Key opportunities include:

- Actual inflationary pressures may be lower than the uplift assumed in the draft plan;
- Reduced demand and activity;
- Revenue contribution negotiated with commissioners may exceed the planned £2.6m;
- Improved performance of cost per case activity;

The Trust will continue to develop its mitigation plans to address downside risks in order to meet its financial objectives but the scale of the financial challenge is not being underestimated.

6. Key Programmes

During 2017/18, OHFT centralised all project and programme resources and activities into a single organisational Service Change function. Under a newly formed Strategic Delivery Group led by the Chief Operating Officer, the Trust is in the process of rationalising and where possible consolidating all activities into the three major strategic themes defined by the Trusts Board of Directors. These major themes will be supported through specific, crosscutting, strategic plans that are being developed within the Trusts Quality, Estates, IM&T, Workforce, Finance, Nursing and Research & Development functions.

Looking ahead at the next twelve months, in accordance with the strategic themes set out by the Board of Directors, Children's and Young People will be focusing resources on the following activities. These are dependent on new funding received through bids, and recurring funding transferred from commissioners to embed sustainability into the mental health system.

Mental Health Five Year Forward View	Deliverables in 2018/19
Children and Young People	<ul style="list-style-type: none"> • Open a Children's Place of Safety in Oxford – an all age assessment facility; bid submitted mid Feb 2018, if successful will be delivered 12 months from go ahead. • Implement new CAMHS pathways in SWB (Thriving, Coping, Getting Help, Getting More Help, Risk Support) and ensuring that these are embedded with other services delivered to children and young people, for example the establishment of Hubs in schools. • SWB new pathway model go live April 2018 • SWB Review and improve pathways October 2018 • Ox CAMHS new service model go live May 2018; pathway review and improve tbc • Introduce a 'talking therapy' service for 7-18 year-olds in SWB
New Care Models for Specialised Commissioning	<p>Wessex and South West CAMHS Tier 4 New Care Model live (year 1 of pilot):</p> <ul style="list-style-type: none"> • Establish Single Point of Access and bed management protocols to sit alongside Clinical Activity Panel. • Identify Low Secure CAMHS beds accessible for Network patients. • Increase risk management and crisis community support. <p>Eating Disorders new service model live (year 1 of pilot):</p>

Mental Health Five Year Forward View	Deliverables in 2018/19
	<ul style="list-style-type: none"> • Establish Single Point of Access and bed management protocols to sit alongside Clinical Activity Panel. • Formalise collaborative admission and discharge planning across all community and inpatient settings. • Offer time limited, CBT-E admissions to Cotswold House, increase risk management and crisis community support.

Adults will be focusing resources on the following activities. These are dependent on new funding received through bids, and recurring funding transferred from commissioners to embed sustainability into the mental health system.

Mental Health Five Year Forward View	Deliverables in 2018/19
Community, Acute & Crisis	<ul style="list-style-type: none"> • IPS workers in all of our Oxfordshire and Buckinghamshire Adult Mental Health Teams and our Early Intervention Service • Open Adult's Safe Havens in High Wycombe and Oxford • Establish a Place of Safety assessment facility at our Oxford Littlemore site • Through the Oxfordshire Mental Health Partnership, launch a single point of access to our adult mental health services in Oxfordshire • Increase access to evidence based specialist perinatal mental health services
Suicide prevention	<ul style="list-style-type: none"> • Implement a suicide prevention strategy
New Care Models for Specialised Commissioning	<p>Continuing the delivery plan for secure services covered by the Thames Valley & Wessex Forensic Network (year 2 of pilot):</p> <ul style="list-style-type: none"> • Reviewing the progress of year 1 of the pilot • Determining priorities for investment/commissioning through the network

Older People will be focusing resources on delivering the Care Closer to Home programme:

Care Closer to Home	OHFT deliverables in 2018/19
Working with primary care services to integrate and align mental and physical health and care at a local level.	<ul style="list-style-type: none"> • Urgent care treatment centres providing integrated care with the community with implementation expected by the end of 2019/20 • Launch an integrated single point of access (SPA) by July 2018 • Establish a Joint Enterprise with GPs, integrating primary & community care • Begin working in Multi-Disciplinary Neighbourhood teams (to provide integrated care to high risk, vulnerable patients based around GP Federations / localities) • Patients managed through virtual wards • New Diabetes Strategy implemented • New Frailty Pathway implemented • New Bed based strategy implemented • Community Hospitals, optimised Carenotes for the Electronic Health Record

7. Local Sustainability & Transformation Partnerships

OHFT is part of a number of STPs but the majority of this plan is relevant for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP. The BOB footprint consists of 3 distinct local health and care economies with a total population of 1.8m and a total place-based allocation for 2018/19 of £2.5bn. The key partners of the BOB STP include 7 CCGs, NHS England, Buckinghamshire Healthcare Trust, Oxford Health NHS FT, Oxford University Hospitals NHS FT, Royal Berkshire FT, South Central Ambulances FT, GP Federations and 14 local authorities. Other interested and involved parties include the Oxford AHSN, Health Education Thames Valley, Thames Valley Clinical Senate, Strategic Clinical Networks, Thames Valley Urgent and Emergency Care Network, Thames Valley and Wessex Leadership Academy and the Oxford CLAHRC.

The priorities for the BOB STP footprint remain as described in our operational plan last year but with the appointment of a new BOB STP Executive lead, Fiona Wise, we expect these priorities to be reviewed and updated during the course of 2018/19.

BOB has established 7 Priorities (with 8 workstreams and projects beneath them designed to deliver):

1. **Prevent ill health**, with a particular focus on obesity to reduce demand for services over the medium to long term.
2. **Standardise access to urgent care** so a range of well-informed clinicians can safely diagnose and prescribe treatment while minimising the number of duplicated consultations a patient receives. This will release GP time so they can work together at scale, become more integrated with community services operating out of community hubs and focus on people

with more complex conditions. GPs will also be able to call on an increased number of home carers to enable more people to be cared for in their own homes rather than being sent to hospital.

3. **Improve our workforce offer and increase staff retention** by working with Trusts and Health Education England to improve recruitment, standardise terms and conditions and offer employees interesting rotational opportunities.

4. **Provide digital solutions for self-care**, virtual consultations and interoperability to increase patients' access to information and reduce duplication and travel.

5. **Increase efficiency by commissioning, where appropriate, at scale** across the BOB geography. For example, by co-commissioning specialised services with NHS England to identify alternative pathways of care.

6. **Centralise back office functions to deliver savings** by procuring at scale for example using the Shelford Group framework.

7. **Undertake meaningful engagement and consultation** activity on services, such as those at the Horton Hospital in Banbury to help inform decisions on the commissioning of future services.

8. Membership & Elections

The Trust recognises through experience that there is significant organisational gain to be had from seeking people's insights on healthcare, and it is through our membership alongside a Community Involvement Framework that we will continue to supplement our understanding of the needs of the communities we serve. Over the next 12 months the Trust will engage with a diverse range of members across constituencies in a drive to ensure membership is more representative, informed and engaged, and to develop membership information that is widely and easily accessible. The Trust has created an accurate and informative membership database to support effective communications and engagement to enable smarter working and analytical capability such that segmentation of member interests can be developed to meaningfully drive and target activity going forwards.

The Trust website continues to be enhanced to develop a people focussed orientation, with user-friendly navigation and accessibility on mobile devices such as smartphones and tablets. Its ongoing development continues to be targeted at a wider range of stakeholders. Trust social media channels including Facebook, Twitter, YouTube and LinkedIn have proved successful with a substantial increase in the use of interactive communications, video and partnership working on campaigns and initiatives attracting greater audiences supporting our aim to listen, learn, respond & improve.

Events to support wider engagement have included support from the Oxfordshire Mental Health Partnership and other partners, Health Matters talks on key health issues which we intend to increase in FY19, as well as our AGM and Staff Recognition Awards. Successful governor elections have been run across constituencies, using our innovative online election material and voting. The majority of vacant seats were appointed to and a good number of seats were contested. We will continue our work to promote and recruit into the vacancies that remain during 2018/19. For the staff constituency, regular Linking Leaders conferences continue across all counties to support delivery of effective patient care, organisational learning and improvement. We have recently become aware of a potential risk to our

membership base following the introduction of the new General Data Protection Regulations (GDPR). If that risk does transpire and we do lose members, then we will take actions to recruit new members accordingly.

Training to new and existing governors has been delivered through our Training and Development programme with the opportunity to also attend targeted training offered by NHS providers. All sessions delivered have positive appraisal by our attending governors and we will continue to develop this ongoing programme to meet the needs of our Council. Our plans for FY19 will enhance opportunities to deliver engagement between governors and membership to enable our Governors to meaningfully get closer to the needs of their constituents and to the realities of the patients' and service users' experiences of care at the Trust. As part of our operational restructure, we are also planning to revise our membership constituencies and to update our current structures to better reflect the 'all ages' geographical approach that is now being adopted.

Over the next 12 months, the Trust will continue to deliver targeted communications to engage members and promote membership to staff, patients, public, carers, and stakeholder organisations across the community and voluntary sector. Through implementation of our Community Involvement Framework and through alignment of priorities for both patient involvement/participation and membership engagement, we will involve all stakeholders locally and regionally in a positive and rewarding – mutually beneficial - relationship with the Trust's charity and volunteer services function.

With strategies for Patient Involvement and Experience, Patient and Public Involvement (PPI), membership, fundraising and volunteering all focused on Oxford Health reaching out into the community, to organise the effort and impact, we will coordinate the activities and ensure everyone can see the benefits of 'getting involved' with Oxford Health.

Over the past year, we have also worked to develop a comprehensive register of partnerships within the Trust. This will enable us to maximise the value of our partnership opportunities across our extensive network whilst ensuring that suitable governance and controls are in place to assure us of quality and safety.