

**Report to the Meeting of the**

BOD 106(i)/2018

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th September, 2018**

**Chief Executive’s Report**

**For Discussion**

**Overview**

Since the Board was last in session, NHS England has published its latest set of [combined performance data](https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/). These show a system under sustained pressure. On the one hand NHS trusts are treating more A&E patients within the four-hour standard than ever before. Yet, against the challenges of rapidly increasing demand across all sectors of care, growing workforce shortages and continuing pressure on NHS finances, performance is below the level patients should expect and these figures show that the NHS is facing an inevitably difficult winter ahead. I refer later in my report to the Trust’s and the Oxfordshire system’s preparedness plans.

With workforce being one of the key strategic risks closely monitored by the Board – it is of note that the government’s workforce strategy, due for publication in July, has been delayed to November. However, the *workforce, training and leadership* workstream of the NHS long-term plan has come to the fore with Ian Cumming, HEE, Ruth May, NHSI, as the senior responsible officers, and Navina Evans and Jim Mackey as provider CEO contributors. Furthermore, an Autumn consultation on workforce issues, commissioned by the Secretary of State, and focussed on views from the frontline has been announced. There remains a pressing need for coherent national level approaches but in the meantime my report identifies the things we are doing locally to manage this significant risk.

Since my July update to Board, it remains the case that major contracts have not been signed for FY19 with the latest position on our three main contracts as follows:

* Bucks CCG – the finances are agreed, albeit at a lower level than planned and the performance targets are being finalised based upon what can be delivered for the level of funding. There is one small matter that remains to be addressed before the contract is signed.
* Oxfordshire CCG – the finances have been finalised at a level significantly below the plan. The performance targets are being reset, based upon what can be delivered for the level of funding. The contract will be finalised following the review into the level of investment in mental health services in Oxfordshire, currently being undertaken by Trevor Shipman, and the consequent actions agreed. This review was formally presented to the CEOs of OHFT and OCCG on 18 September. It will be presented to NHS England and Improvement at the quarterly assurance meeting next week. Once the next steps are established and agreed the contract can be amended accordingly and signed.
* NHSE Specialised Services – the contract and finances are agreed and will be signed once evidence of meeting the Mental Health Investment Standard has been provided to OHFT which remains outstanding. This is an NHS England expectation of all commissioners, including NHSE Specialist Commissioning.

Detailed work is progressing with regard to our financial recovery plan and its implementation and attention is directed specifically on the key areas causing the most significant variance from plan, covered in more detail through financial reporting.

**Local issues**

1. **Never Events**

OH has reported two Never Events this month to Commissioners. Thankfully in both cases there has been a low level of harm to patients. One is an incident in dentistry with regard to the incorrect extraction of a tooth (subsequently re-implanted). NHSE who are our commissioners for this service have been made aware. The second is an incident on a mental health ward whereby a collapsible shower curtain rail did not collapse as expected when weight was applied. We have shared this incident with the manufacturer. We will also be sharing the details of this incident with other mental health trusts.

The CCG has confirmed each meets the criteria of a Never Event, and we are progressing a SI investigation for each case.

For both incidents, the degree of harm to the patients is officially classified ‘low harm’ but we regret any level of harm caused to our patients and are working swiftly to ensure we improve our systems and processes to avoid recurrence. The rationale behind a type of serious incident being included on the Never Events list is that there are barriers to prevent it from occurring and guidance is in place to ensure it should never happen. I acknowledge that the effective implementation of such procedures and guidance relies heavily on both the organisation and the workforce within it and it is therefore important that we ensure that all relevant learning is captured and implemented effectively – and this is the most crucial aspect of the policy and framework. Learning outcomes will be monitored through robust monitoring structures and processes, and more detailed reports will be provided to the Board following the outcome of investigations. The regulators have been informed in accordance with existing guidance.

1. **Financial Performance FY19**

The detail of our financial performance is routinely included in the finance report, but the headline result for the period to the end of August 2018 is an Income & Expenditure deficit of £4.3m, which is £2.2m adverse to plan. After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding) the underlying performance is a deficit of £4.7m, which is £1.8m adverse to the Trust’s Control Total at month 5. However, the month 5 year to date position includes a one-off technical gain in relation to a reduction in the Trust’s PFI liability and excluding this technical gain the underlying position is £2.6m adverse to plan.

The main reasons for the adverse position are operational pressures in the Adult directorate due to mental health Out of Area Treatments and residential care placements and also in Oxfordshire CAMHS services and lower than planned additional income from commissioners in relation to the Mental Health Five Year Forward View investment. Based on these results, which worsened noticeably in August, and the expected continued pressures in mental health and expected system pressures of the winter, we have decided to formalise our recovery activities in the form of a Financial Recovery Plan. This plan will be largely finalised in September at which time we will review our overall forecast for the year. NHSI have been informed of this action.

1. **Workforce: Recruitment and Retention**

As I mentioned in my report to our Council of Governors this month, our taskforce continues to bring additional focus and impetus to this important area for the Trust and its services. We are continuing to see high levels of agency spend and we are discussing this with NHSI on a regular basis. Our decision to cease using agency HCAs remains a course we are determined to adhere to for quality and cost reasons and the pipeline of HCAs on the staff bank is being closely monitored to ensure we have a good internal supply; at present, some additional use of qualified agency nurses is still required. The next major area of focus for the reduction of agency usage will be administrative and clerical posts across the Trust, and work is now getting underway with other areas that have traditionally relied heavily on agency staff for this type of role. A review was held in July with NHSI who have supported our approach. One consequence of this change has been significantly enhanced capacity and capability to support Trust bank workers, and this recognises that increasingly people are not regarding the traditional employment model of substantive, permanent, largely full time posts as necessarily being the most attractive. For many (not just so called ‘millennials’) a more flexible approach to work is what people look for, and we must adapt our employment and development models to take most advantage of these changes in the labour market. We have some strong examples of this at a micro level within individual teams and departments, but we are now turning our attention to what this means across the Trust as a whole.

We are also working to understand how best to support our staff who originate from EU countries, given the ongoing uncertainty of the Brexit situation. We have around 600 EU staff in total (permanent and temporary on our bank) engaged in the Trust.

Our workstreams to support retention (Equality, Diversity & Inclusion; Stress; and Reward and Development) are progressing. Our focus on diversity and inclusion continues with conferences for leaders on the theme of disability taking place this month and referenced later in my report. We are also progressing the Stress workstream discussions with good support from management and staff side colleagues.

The first cohort of the Trust’s year long leadership development programme is approaching its conclusion and we intend to gather feedback on their experience so we can learn for future cohorts.

The national pay deal for most staff was implemented in July and back-pay was paid in August, in line with the national agreement and guidelines. The deal was considerably more complex than in recent years and we have worked with NHS Employers and other trusts to make sure that we implemented the changes appropriately.

I am pleased following the Council of Governors approval of the appointment to acknowledge the Governor’s process to appoint our successor Chair, has concluded successfully. Following Martin’s departure in March 2019 we welcome David Walker who it is anticipated will join us in time to allow for a period of handover with Martin early 2019. The Director of Corporate Affairs and Company Secretary is leading on finalisation of the appointment formalities and David’s formal board induction process which includes an NHSI ‘new chair’ training package being organised for March 2019.

Finally, in the final month of Alyson Coates’ tenure at the Trust, as she steps down to migrate to Chicago, I wish to formally thank Alyson for her tireless dedication to the Trust and her commitment to supporting quality improvement and assurance processes.

1. **CQC Inspection outcome**

Since our last meeting in July, Board members have received the final published report and we are pleased that we have achieved a ‘Good’ rating overall having been rated ‘Good’ in four out of five quality measurements (*caring, responsive, well-led and effective*) and ‘Requires Improvement’ for *safe*. No enforcement notices were issued and the majority (13 out of 16) of the Trust’s core services were rated ‘Good’ (12) or ‘Outstanding’ (1). The overall rating of ‘Good’ is unchanged since the CQC inspection in June 2016. All teams have been thanked for the commitment they have shown to this important piece of work.

It is worth noting that we have more services now than we did in the previous Trust-wide inspection (19 in all), with the addition of three adult services for people with a Learning Disability (LD), including those with autism, from Southern Health in 2017. Of all of our services there are two ‘Outstanding’, fourteen ‘Good’ and three ‘Requires Improvement’.

However, three of our services are not included as ‘core services’ in the inspection report which therefore refers to 16 services. The omitted services, while not contributing to the overall rating, have been CQC inspected and are:

* Step Down Care Home (LD Oxfordshire) – inspected February 2018, rated ‘Good’;
* Luther Street GP Practice for homeless people – inspected April 2016, rated ‘Outstanding’; and
* GP Out of Hours service – inspected March 2018 and rated ‘Good’. This service has improved from its previous inspection in November 2016 when it was rated ‘Requires Improvement’ overall.

We were pleased to see ‘Good’ ratings for the majority of the remaining 16 services in adult mental health and community across the Trust (12), with some ‘Outstanding’ (1) and some ‘Requires Improvement’ (3). We have known and continue to recognise that there are areas where we need to make improvements and we are working on our plans to address those.

The CQC found that the Trust was *well-led* with: skilled, knowledgeable and experienced management. Leadership training was widely available to staff and there were good working governance systems. The Trust was *responsive* to people’s needs across services especially in a crisis, including reducing the need for police involvement in mental health crises. Patients and staff were able to give feedback; they knew how to raise concerns and there was good learning from incidents and complaints. Few services had long waiting lists. There was strong team working across most services, care and treatment was well monitored and findings from this were used to make improvements, so that services were overall *effective*. Perhaps most importantly from the Trust’s perspective, staff were found to be caring and noted to be ‘treating patients with kindness, courtesy and sensitivity’.

Improvements are required in *safety* to ensure that across all Trust services the same high standards are observed. Seven out of the core 16 mental health and community teams run by the Trust have work to do to further improve in this area and plans are underway to address this. This includes the establishment of the new Oxford Healthcare Improvement Centre, which is using international best practice and practical expertise to foster improvement skills, for all levels of Trust staff. The Centre has a particular focus on safety and quality of care.

1. **Electronic Health Records (EHR)**

*EHR Status and Update:* The Trusts Electronic Health Record (EHR) team continue to work with OneAdvanced and the Clinical Services to transform clinical processes; some of the key developments include: dashboards to clearly highlight when clinical reviews are due; text appointment reminders to reduce DNAs (Did Not Attend); transforming paper careplans and assessments to electronic for Community Hospitals; e-correspondence sending documents electronically to GPs; and records sharing across the health economies.

*AHC Contract Status and Relationship*: The OneAdvanced contract for Carenotes and Adastra has now been renewed for 5 years taking it up to May 2024. This is against a reduced set of deliverables, removing key items such as e-Prescribing. This renewal of the OneAdvanced contract for an additional five years provides operational stability around the Trusts core clinical systems.

*Electronic Prescribing and Medicines Administration (EPMA) Status and Scope:* The Trust are working alongside Sussex Partnership NHS Foundation Trust and South London and Maudsley NHS Foundation Trust to review the range of EPMA solutions currently available in the market and assess them against the Requirements Specification.

1. **Winter preparedness**

We will all recall major pressures placed on both the local and national systems last winter, and last year’s flu epidemic and weather were particularly severe. As a result, there has been a concerted effort by all parties to ensure that we have as robust plans as possible for next winter.

Given the importance of planning, I reiterate that which I highlighted to the Governors at their September meeting. A number of external reviews have taken place of urgent care performance over the past six months, including a visit by Ian Sturgess who is one of the most respected clinicians nationally for establishing improvement methodologies to ensure system flow. System leaders also recently attended a joint NHSI/NHSE winter planning event which shared both business intelligence and best practice case studies from across the country. Each system was then asked to review its winter plans in the light of this and resubmit them.

It is clear that our system faces a number of major challenges including a growing frail elderly population and prevalence of long-term conditions, gaps in workforce and funding constraints. These manifest as blockages which then increase demand on beds. Nonetheless everyone in the system feels that we can do much better within existing resources. We are taking a number of steps that we all think will make a huge difference:

* We are now conducting a weekly review of ‘stranded’ and ‘super stranded’ patients (i.e. those who have been in a hospital bed for more than 7 and 21 days respectively). Each patient’s situation is reviewed by a senior multi-disciplinary team from OUH, Oxford Health and adult social care. Everything possible is considered to return the patient to their usual place of residence, or seek a new long-term home for them when necessary. This has proved extremely fruitful both in terms of reducing demand for beds but also in fostering more effective working relationships which are truly patient-centred.
* We have undertaken an analysis of projected weekly demand and capacity throughout the winter period and then carefully designed and are implementing a range of measures to meet this gap. As part of this a more collaborative arrangement has been agreed for post-acute reablement services in which Oxford Health will now support OUH to deliver this pathway for certain postcodes within the county: If successful then this can be further expanded at a later date, subject to recruitment.
* It has been agreed to create a central ‘winter team’ under a ‘Winter Director’ who will report directly to the joint CEOs. This team will be based at OUH but have the responsibility and be empowered to deploy resources across the system to ensure flow, for example by tactically opening community hospital beds, or by deploying additional social care resources to provide ‘surge capacity’. I am pleased to report that Tehmeena Ajmal, Older Peoples’ Service Director at OHFT, has been appointed to this role and will be seconded from the Trust for 12 months to undertake it. Arrangements are being made to cover Tehmeena’s role in the interim.
* Additional capacity is being made available for mental health ‘crisis’ services and, as part of the new organisational structure, we will appoint a new Head of Mental Health Urgent Care (this post will also be the professional lead for the Trust’s social care professionals in the county).

Winter plans have subsequently been re-written and are in the process of being submitted formally both to the Health Overview and Scrutiny Committee and to regulators.

1. **Wantage Community Hospital**

By way of reminder, on the 14th of April 2016, Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) members met with Trust representatives to consider whether the following proposal was a substantial variation in service:

* Temporarily close older people’s inpatient beds Wantage Community Hospital from June 2016 (due to the persistent recurrence of legionella in the hot water system in the hospital)
* Set aside the capital investment required for the plumbing works (in 2016/17 financial year)
* Delay commencement of the capital works until early 2017, once the public consultation is completed and the future use of Wantage community hospital is determined

HOSC subsequently stated that it recognised the closure of Wantage Community Hospital as a substantial change in service. HOSC members noted the commitment by OCCG and Oxford Health FT and health organisations to a full transformation consultation which at the time was planned for the autumn of 2016. Wantage Community Hospital was closed for inpatient admissions from the 1st of July 2016 on safety grounds in anticipation of a formal public consultation across the Oxfordshire health and care system which was due to conclude in spring 2017.

The Midwifery Led Unit operated by Oxford University Hospitals and the MSK Physiotherapy service at Wantage both remained open, as they could be moved at short notice should the legionella situation reach the point where the hospital could not be used, but it would be unsafe to move the older people’s inpatient beds at short notice. The MSK physiotherapy service left the hospital when the service was tendered by the CCG and transferred to HealthShare.

The reason for not undertaking the replumbing of the hospital until after the conclusion of consultation was that one of the factors contributing to the legionella problem was the number of modifications to the pipework over the years, resulting in ‘deadlegs’ and other potential sources of legionella. Given that the consultation may result in changed functions at the hospital, it was better to know what they were, and to install a plumbing system designed to support them, rather than to renew the existing and then have to change it again.

In November, 2016 HOSC were informed that consultation over proposals contained within the transformation programme would occur in two phases, with consultation over community hospital services, including the future of Wantage Community Hospital, coming in Phase Two of the programme. At this time, OCCG reported the consultation for Phase Two was planned for the beginning of May 2017.

In March 2018 a joint statement was issued from the System Chief Executives signalling a change to the approach to service transformation. HOSC was supportive of the approach to better integration and the place-based approach outlined by OCCG during its meeting of the 19th of April 2018 and understood that local discussions to address the needs of the local population, taking into account geography and available services, was important to determine options for local provision. However, given the fact that in April 2016, the committee took the view that the closure of Wantage Community Hospital was a substantial service change and over two years has passed without public consultation on the issue, HOSC has requested that we address the future options for Wantage Community Hospital and the likely timescale for such options to be available for public consultation as a matter of priority.

At HOSC’s meeting on the 20th of September 2018, the topic of Wantage Hospital was raised following requests for OCCG to outline the timetable and framework for working with local communities to review local health needs, current and projected demographics and local assets to inform service change. The following recommendations were proposed by the Chairman and agreed by the committee:

1. The CCG consider the committee’s comments about the effective coordination of local needs with broader county health issues in their proposed framework for assessing local health needs.
2. Oxford Health to take a recommendation to their Board to release the reserved capital funds, in this financial year, to undertake remedial works on Wantage Community Hospital.
3. The CCG to accelerate the process they propose in assessing health needs and be ready to come forward with concrete proposals at the 29th of November HOSC meeting. This includes to be ready, or close to being ready, for any necessary consultation on services in Wantage Community Hospital (for example, this may include the resumption of some services or a consultation).

This request has only been confirmed in the last few days, but it is important that the Board consider the request to release funds to undertake the remedial works at the hospital this year. To do so would however be to undertake works to replace the existing plumbing at precisely the time when the HOSC has also required the CCG to embark on a process of consultation on the future of Wantage, which would result in a clearer view of the future role of the hospital. As such it would mean that the money expended may well go into a scheme which very soon afterwards required substantial revision (at further cost).

It is the case however that the Trust’s commitment to retain funds for capital investment sufficient to replumb the hospital still stands, and would be there whatever future use was deemed appropriate following consultation. The fact that the work has not been done yet should not therefore be considered as a legitimate argument to rule out consideration of any future option for the use of the hospital, including its continuation as before July 2016. It may be helpful for the Board to reconfirm that commitment.

1. **Healthfest**

It was our first Healthfest event on Saturday 8th September, and people took the opportunity to visit the beautiful grounds of the Warneford Hospital to interact with our services, and find out about how we can support their mental and physical health and celebrate the progression and achievements that have been made since the NHS was founded back in 1948. Around 200 people went along to the event and as well as the relaunch of the Oxford Health Charity, the event also featured live music, art installations and a range of information stalls, including talks from healthcare professionals, our voluntary and health sector partners and others.

The event was held in partnership with Oxford Open Doors which allows people to view behind the scenes of some of Oxford's most historic buildings. Many OH teams and local organisations attended on the day, too many to mention them all here, so I have included an addendum to this report, but included Restore, a charity offering recovery groups and employment training; Time to Change, which focusses on ending mental health discrimination; and Dogs for Good, which supports assistance, community and family dogs that enrich and improve many lives.

We have taken the learning from this inaugural community event and will build on its successes at the next event in 2020. I wish to convey my gratitude to Kerry’s teams with specific thanks to Julie Pink who made all this happen and to her supporting cast: Tom Cox; estates under Andy Blythe; Alfie Daly (for first aid cover); Rachel Cooper (for PCSO cover); Ellen Hicks and the communications team, and all the other volunteers from the day – including Paul Hicks; Mark Watts; John Rogers; Claire Sessions; Mark Bhagwandin; Laura Smith; Richard Mandunya; Amanda Colloff; Donna McKenzie; Rowan Diamond and the reception staff at the Warneford. Other senior staff and governors also attended to support the event with Lucy Weston too, interacting with the stalls along with her enthused children. Special gratitude to all the staff, teams and organisations who took part in the day and made it a truly successful first Healthfest. Thank you to all.

1. **Annual Members’ Meeting and Annual General Meeting**

I was delighted to welcome Governors, Members, the public, staff and teams to our 2018 Annual Members’ Meeting and Annual General Meeting which was well attended and allowed Trust teams and partners to showcase their achievements and developments. A big thank you to all for supporting the event, in particular to the Communications Team for their efforts to make this a successful evening.

1. **Linking Leaders – September 2018**

I was pleased to take part in the latest round of Linking Leaders, focussing on disability and the need for equality and diversity and inclusion in this important area that affects all of us personally or through the people we know – 13.9 million people in the UK have a disability. The likelihood of disability increases with age, and projections are that 1/3 of our NHS workforce will be over 50 by 2020. Of all people with protected characteristics, those with a disability are among the most discriminated against in employment and most likely to face bullying. We heard many inspirational personal stories as well as challenging presentations that underpin our commitment to be a more disability friendly employer and service provider and alongside our commitment to initiatives like Time to Change and providing employment opportunities, it is an area we will continue to work on in the coming years.

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

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

* The Oxford AHSN’s latest quarterly progress report (covering April-June 2018) includes a case study on the successful dementia webinar programme. More here: [http://bit.ly/OxYr6Q1](https://protect-eu.mimecast.com/s/P42nC6WZqTZgyBCpaMNa?domain=bit.ly)
* A report published in September highlights many ways in which the Oxford AHSN is learning together with NHS partners and Health Education England in the Thames Valley, sharing best practice towards better patient care. It includes a number of collaborations with Oxford Health including the catheter care e-learning programme (page 9), dementia initiatives (pages 11/15) and the Q community (page 14). More here: [http://bit.ly/AHSN\_HEE](https://protect-eu.mimecast.com/s/MZKbC794rsn0ZJHWVbmm?domain=bit.ly)
* The Oxford AHSN is working with Oxford Health and other trusts to implement FallSafe care bundles onto four wards (three mental health and one adult).  The aim is to manage and reduce the number of inpatient falls through implementing evidence-based falls prevention initiatives. Information on this project was available on a stand at the Trust annual public meeting earlier this month. More here: [http://clinicalinnovation.org.uk/project/supporting-implementation-fallsafe-care-bundles/](https://protect-eu.mimecast.com/s/uMohC834vCBAYKI2t6Yh?domain=clinicalinnovation.org.uk)
* The Oxford Patient Safety Collaborative (PSC) is supporting a regional ‘Reporting Excellence’ event on 15 October. More information here: [https://www.oxfordahsn.org/news-and-events/events/learning-from-excellence-and-promoting-positive-practice/](https://protect-eu.mimecast.com/s/19PPC994wsr62pFOyvHF?domain=oxfordahsn.org)
* A pilot of the Leading Together programme specifically for people with learning disabilities – supported by Oxford Health – concluded this month and will now be evaluated. The Leading Together programme aims to create equal conversations between patients and professionals to improve care. More here: [http://bit.ly/LTP-LD](https://protect-eu.mimecast.com/s/AG-JC08QksY9mLcOsujN?domain=bit.ly)
1. **CEO Stakeholder meetings and visits**

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

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| * Mental Health Resources across the BOB STP
* NHSI Ian Dalton’s visit to Learning Disabilities Service
 | * System population health management programme for Oxon, Dr Jonathan McWilliam
* Oxfordshire Winter Director interviews
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| * Oxfordshire CCG Winter Plan
 | * New Care Models CEOs Event
 |
| * BRC Steering Committee
 | * AHSC Board
 |
| * University of Oxford & Trust Joint Planning
 | * CLAHRC Board
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| * Buckinghamshire County Council meeting with CEO Rachael Shimmin
* Buckinghamshire Integrated Care System Board
* OUH Digital Workstream; maturity matrix
 | * Thames Valley & Wessex Forensic Network Event
* NHSI CEO Advisory Board
* Linking Leaders at Oxford & Aylesbury
* Digital Workstream
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| * OUH Director of Strategy, Kathy Hall
* Oxfordshire Integrated System Delivery Board
* Trust Peer Support & Lived Experience
* Thames Valley & Sussex LHCRE Board
* University of Oxford & Trust Warneford Estate & Buildings Group
* NHSI South East Event for CEOs AOs and STP Leads
* Four Eyes Insight CAMHS Review next steps
 | * Oxfordshire CCG Funding for Mental Health Review
* Oxfordshire HOSC Task & Finish Group MSK
* Oxfordshire NEDs System Group
* BRC Steering Group
* Global Digital Exemplar Network Event
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1. **National and Regional issues and transformation developments**

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

* 1. **CQC Review of Oxfordshire System 2018**

Dominic Hardisty and Jane Kershaw attended a workshop on Friday 14/09/2018 hosted by Oxfordshire County Council (OCC) to review progress with the action plan in preparation for a follow up visit by the CQC planned for 2 days on 5th and 6th November 2018 (or 6th and 7th). The previous review by the CQC was in November 2017 and the action plan following the visit was finalised back in March 2018.

The follow-up visit will review progress on the system-wide action plan agreed in March 2018 and in total, 3 of the 20 original Local Authorities (LA) are having follow up reviews (Oxfordshire, York and Stroke-on-Trent) and 3 new LAs have been selected for a review. There is a multi-agency governance structure in place which meets monthly to monitor the actions and reports to the CEOs in the system, and additionally this extra meeting was held on 14/09. There is some progress on actions although in some cases not as quickly as planned. As referred to earlier, a new Winter Director (Tehmeena Ajmal) has been appointed to lead a multi-agency team for the next 12 months which will help achieve a number of the actions to improve culture, pathways, escalation and winter planning. It is too soon to demonstrate outcomes/ improvements in patients’ experiences.

* 1. **System Integration**

As previously stated, the major focus of the BoB STP will for some time continue to be on the development of plans to enable Oxfordshire to move towards becoming an Integrated Care System along the lines of Buckinghamshire and West Berkshire.

The culmination of the new ten year 'vision' for the NHS, its underpinning five-year delivery plan and the forthcoming green paper for social care provide a pivotal opportunity for local and national health and care organisations to come together and develop a shared ambition for the future underpinned by realistic projections about delivery.  Within this wider discussion, it will be essential to clarify the future role and function of STPs and Integrated Care Systems (ICS)s.

We are fully committed to working collaboratively with local partners to improve population health and to integrate services for patients, and the CQC system review was a useful enabler in that regard.  Recent support from NHSE regarding ICS development for the whole of the BoB footprint, is a useful opportunity to progress matters and will I think be taken as part of the wider plans for Oxfordshire as a whole. Board will consider at September’s meeting, an MOU as part of Buckinghamshire ICS developments which although not legally binding, does commit the Trust to working in a particular way with a shared set of system objectives and aims.

One key matter in Oxfordshire will be to make sure that this complements rather than complicates all the other workstreams which are already under way. As part of that, ICSs form the potential for a new relationship for our local 'system' and its component organisations. Our work with the GP Federations regarding the Oxfordshire Care Alliance is intended to support the wider system and the Board will be considering developments in operational and governance structures and patient pathways very soon.

1. **Consultant appointments**

There has been one consultant appointment accepted since the last Board of Directors’ meeting: Dr Mark Hancock and Professor Sue Dopson were panel members and appointed Dr Abdul Sabir on 5th September for the Oxon Central LD community team. Dr Sabir joins us from South West London St George’s Mental Health NHS Trust following successful completion of his learning disability psychiatry higher training, achieving his CCT in August this year. Dr Sabir completed his primary medical qualification in Kazakhstan, he went on to complete further medical training in the US before coming to the UK to complete his post-graduate medical education.

1. **Recommendation**

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

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

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust):*

*1) Driving Quality Improvement*

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

*2) Delivering Operational Excellence*

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

*3) Delivering Innovation, Learning and Teaching*

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

*4) Developing Our Business through Collaboration and Partnerships*

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

*5) Developing Leadership, People and Culture*

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

*6) Getting the most out of Technology*

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

*7) Using our Estate efficiently*

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

**Appendix**

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**Healthfest contributors:**

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| --- |
| Achieve Oxfordshire |
| Action for Carers Oxfordshire |
| Afternoon Tea Party to You |
| Alzheimer’s Society  |
| AMHT - Physical Health & Wellbeing |
| Artscape |
| Autism Oxford |
| CAMHS – Patient Experience Team |
| Clinical Research Network - Primary Care Team |
| Dentistry |
| Dieticians |
| Dogs for Good |
| East Oxford Good Neighbour Scheme |
| EIS  |
| Equality Team |
| Getting Involved with Oxford Health (Membership and Volunteering) |
| Learning and Development |
| Lucy's Room |
| Mental Health films (digital exemplar/Highfield project) |
| Mental Health Research Implementation |
| National Trust |
| OCCG |
| Occupational Therapy |
| One Eighty |
| OxFed |
| Oxford Dementia and Ageing Research (OxDare) |
| Oxford Friend |
| Oxford Health Charity |
| Oxford Healthcare Improvement |
| Oxford Transgender Support Group |
| Oxford University Hospitals |
| Oxfordshire Adult Learning - Abingdon & Witney College |
| Oxfordshire Mental Health Partnership |
| Patient and Public Involvement in Research |
| Patient Experience Team - Older People Services |
| PEACE Team |
| Peer Mentors |
| Physiotherapy |
| Public Health England |
| Pulmonary Rehabilitation and Therapy Team |
| Recruitment |
| Replenish Project |
| Response - Home Care |
| Rethink Mental Illness |
| Staff Health and Wellbeing |
| Talking Space |
| Time To Change |
| Warneford Developments |
| Warneford Meadow Team |

 Music from: Joe Gibbons and his band; Matthew Varney and Jim Moray.