

# Report to the Meeting of the

**CoG 24/18**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

# Council of Governors

**5th September 2018**

**Chief Executive’s Report**

**For: Information**

It remains the case that major contracts for FY19 have not been finalised, with the latest position on our three main contracts as follows:

* Bucks CCG – the finances have now been agreed, albeit at a lower level than planned, the performance targets are being finalised based upon what can be delivered for the level of funding and the contract should be signed shortly.
* 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 independent review into the level of investment in mental health services in Oxfordshire, currently being undertaken by Trevor Shipman, and the consequent actions agreed. The outcome of that review is expected by the end of September.
* 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. This is an NHS England expectation of all commissioners, including NHSE Specialist Commissioning.

**Local issues**

**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 July 2018 is an Income & Expenditure deficit of £2.1m, which is £0.3m adverse to plan.  After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding) the underlying performance is a deficit of £2.6m, which is £0.3m adverse to the Trust’s Control Total at month 4. However, the month 4 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 £1.0m 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, the Trust overall being behind plan on the delivery of its CIP (cost improvement programme) and lower than planned additional income from commissioners in relation to the Mental Health Five Year Forward View investment.  Based on these results 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.

**Workforce: Recruitment and Retention**

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 being arranged for September. 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.

**Electronic Health Records**

Since the last Council meeting, the Trust has participated in a bid to NHS England for funding to develop a Local Health and Care Record Exemplar (LHCRE). The proposal involved health and social care partners from the BOB, Frimley and Surrey STPs and Milton Keynes. The bid has been successful, and so we will be a part of one of only five LHCREs nationally. This will bring an additional £7.5m investment in connecting digital records over the next two years. A launch event was held in July attended by Dr Mark Hancock and Martyn Ward. Each of the local system digital steering groups, including that in Oxfordshire, which I chair, will be represented on the LHCRE governance arrangements.

**Organisational changes**

We have concluded phase 2 of the Operations Directorates restructure and are moving into phase 3 which will concentrate on the quality and clinical governance structures across the new directorates. The COO can update governors with further information in this regard. Dominic McKenny, Chief Information Officer (CIO), left the Trust at the end of July to take up a new role as the Head of Healthcare for Apple in the UK. Following his departure, it has been agreed that Martyn Ward, Director of Strategy & Performance, should become CIO and take charge of Trust ICT functions. Responsibility for Contracting functions have transferred to Mike McEnaney, Director of Finance. Some governors will be aware of Ros Alstead’s intention to retire at the end of November as Director of Nursing & Clinical Standards; a recruitment process for a suitable successor has commenced.

**Learning Disabilities (LD)**

The Board approved at its June private session, the business case for the creation of a new LD Low Secure Unit to complete the LD forensic pathway and complement the existing Medium Secure unit at Evenlode; this will be further to the community LD services which the Trust provides. A bid for STP Capital to fund this scheme was second in the overall priority list of the BOB STP; the result of those bids is awaited.

I was also delighted to welcome Ian Dalton, Chief Executive of NHS Improvement and Dave Harling (clinical lead for learning disabilities in NHSI) to the Trust last month to showcase the developments across the learning disability services at Oxford Health. Ian was pleased to hear about the transformation work in transitioning the services across from Southern Health and has given feedback that it was evident how supported staff felt and how inspired they are to pioneer new initiatives.

**Winter Preparedness**

The Council will be well aware of the 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.

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 perhaps the most respected clinician 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. We have 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 been re-written and are in the process of being submitted formally both to the Health Overview and Scrutiny Committee and to regulators.

**NHS 70**

Having extensively promoted NHS70 across the Trust it was good to see the positive stories internally and placed in local print and broadcast. Coverage including a BBC Radio Oxfordshire 4 July panel discussion with system partners, and through the week pre-recorded interviews with a range of services including Luther Street GP practice for the homeless, interviews with a long-serving health visitor Angela Cooke whose grandparents also worked for the NHS. BBC and Oxford Mail also ran items on our emergency department psychiatrists, talking therapies, eating disorders, and research and development including our innovative BlueIce app.

We also held 15 official NHS70 Tea parties across the trust with our Community Involvement Manager, Julie Pink ensuring each festivity had celebration packs and cake and fruit platters which were very much appreciated by wards and service users. A public walk through Bicester was also launched on July 5 to celebrate the 70th anniversary of the NHS, with health teams from the Bicester Community Hospital and Oxford Health Dentistry teams joining in.

The national celebration in Westminster Abbey had two staff, Lizzie Coss and Jo Preston representing Oxford Health, both nominated by the Trust to attend and both being previous Trust award winners.

**Healthfest**

It is our first Healthfest event on Saturday 8th September, and I am sure many of you will be getting involved, not least to support membership recruitment and use the opportunity to talk to our members and gather their views.

We hope many people will take this 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. Given Hospitals like the Warneford were traditionally built to be isolated from the community to act as a retreat for patients, with the advancement in community care and development of new treatments it is important for us to raise awareness about the work we do.

We will be showcasing art made by our service users, and there will be a variety of health and wellbeing stalls with activities, music and talks from local organisations, such as Dogs for Good (who provide assistance dogs to people living with disabilities).  Over 50 teams/organisations have signed up so far to be involved in the day – which is all about the Trust in partnership with its community.

**Care Quality Commission (CQC) inspection**

Governors are aware that we had received the draft report from the CQC’s Trust-wide well led inspection completed in mid-April and had submitted a detailed factual accuracy response. The final report has now been published 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). 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 a plan 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. Governors received a presentation on the Centre, from Charles Vincent (Director) and Jill Bailey (Associate Clinical Director), at the previous Council meeting on 13 June 2018.

**Older Adult Mental Health end of S75 Partnership with Oxfordshire County Council.**

The Governor Forum has requested an update about the end of the S75 Partnership for Older Adult Mental Health.  Social care staff in Local Authority funded roles have, since the formation of the Older Adult Mental Health Teams (OMHT) participated in delivering the wider assessment and treatment functions, including being part of a seven-day working rota and undertaking ‘step-up’ home treatment support. Oxfordshire County Council (OCC) has made the decision to withdraw the Section 75 funds for older adult mental health; this means that the pooled budget will no longer be available. The practical impact of this is that 11.4 whole time equivalent registered professional social workers will be TUPE’d back to OCC on the 1st September 2018.

We are still working through the full implications of this but it has been agreed with the Clinical Commissioning Group (CCG) that the new separate model of delivering health and social care to the Older Adult MH population of Oxon will launch on the 1st September, which means that the teams will have a different level of resource within the Community Mental Health Team (CMHT) to cover the same functions from the 1st September 2018, this will see the current model of staffing within the 7 day service being affected.  Consequently, we are trialling a new rota system from 1st September for a 3-month period to give the best opportunity to continue the 7 day service and maintain the older adult specialism to ensure patients, in crisis, receive the most skilled care. This will see a reduced service over the weekend with one team providing crisis support to the county of Oxfordshire.

The service will continue to review the model going forward including measuring some focussed areas to allow for this review, there will also be teleconferences set up within the first week (and these will continue if necessary) for clinical teams from both Oxford Health NHS Foundation Trust and OCC to discuss any particular cases that need a clarification of which team is supporting the patient.

In terms of Social Work staff the leadership team within service have worked very hard to communicate with both the Social Work staff affected and other members of the team by holding listening and information events in order to keep them up to date as much as possible. Social Work staff always have the opportunity to apply for Social Work posts within the Trust, however we have been clear that there will not be Social Work posts within the Older Adult Mental Health Teams as this service moves to OCC.

All of this is happening at the same time as the operational re-organisation within the Trust where Older Adult Mental Health Services are transitioning to the new place based directorate (Oxfordshire Swindon, Wiltshire and Banes Mental Health Directorate) which will start from the 1st October. The senior leadership team within the Directorate are starting to visit the teams in Older Adult Mental Health Services as part of this transition and will be keen to hear the views from staff.

**New Models of Care**

Work is continuing developing New Models of Care (NMoC) for Adult Eating Disorders and Tier 4 CAMHS, along the lines of the pilot in Secure Mental Health Services last year. Whilst arrangements for these have not yet been finalised, where it is possible to proceed with improvements to the clinical pathway in anticipation of the start of the NMoC, that is happening on an incremental basis. The Board will consider final agreements with NHS England and partners in order to commence the models in due course. The development of a NMoC for specialist dentistry is also progressing in discussion with NHS England.

**Armed Forces Covenant**

I am delighted to confirm that the Trust has committed to honour the Armed Forces Covenant and to support the Armed Forces Community in recognition of the value which service personnel, both regular and reservist, veterans and military families contribute to our work and our country. We have covenanted that those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. The Chairman and I attended a very successful event which took place in July to formally acknowledge our commitment with Aroop Mozumder, John Allison and Marty Ward each giving their stories to veterans which offered great insight into the transition from the military to a civilian life.

**National issues**

**Five Year Funding Settlement and NHS 10 year plan**

The Prime Minister recently announced a new five-year funding settlement for the NHS and also tasked the NHS with producing a 10-year plan to improve performance, specifically on cancer and mental health care. The funding is for the NHS England commissioned budget only and therefore does not include capital funding, public health, health education or social care.

However, government has since confirmed it wants to integrate plans for social care with the new NHS plan and so intends to publish the social care green paper in the autumn around the same time as the NHS plan.

Alongside the 10-year plan there is an intention to publish a long-term workforce plan recognising that there can be no transformation without the right number of staff, in the right settings and with the right skills. This applies to both new and existing staff. As part of this will be a multi-year funding plan for clinical training to support this aim. Similarly, it has been acknowledged that capital funding is critical for building NHS services of the future and again consideration will be given to proposals from the NHS for a multi-year capital plan to support the transformation strategies outlined in the long-term plan.

It will be important that as a Trust, we develop a plan for the next 10 years which is clinically-led, and is responsive to the views of patients and the public and is backed by five years of core funding. The Governors will be part of the development of this as our planning timetable emerges. Pauline Scully and I attended a meeting hosted by the NHS Confederation in late August to make our views clear to NHSE about how the plan should address mental health issues.

**BOB STP, ICS and Oxfordshire Care Alliance (with GP Federations)**

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. An important asset in that process is the Oxfordshire Care Alliance being developed between OHFT and the GP Federations. An early challenge for the OCA will be our ability to avoid unnecessary attendances at A&E and avoidable non-elective admissions to hospital, both as a general principle and as a key part of preparations for winter. At the most recent Oxfordshire A&E Delivery Board all the major system partners agreed that prioritising that would need other contractual targets to be set aside for a period of sustained focus which enabled community services to concentrate less on secondary transactional matters, but to focus instead on the key clinical imperatives. I warmly welcome that approach. We are preparing to mobilise in line with that overall strategy.

The culmination of the aforementioned 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.

One key matter 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 within the next couple of months. The COO can elaborate further as helpful to explain the benefits of collaboration and integration to our local population.

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

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

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

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

1. **Recommendation**

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

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